

Livewell Southwest

Spirometry competence protocol

Version No 1.1

Review: July 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.

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Asset Number: 837

Reader Information

Title	Spirometry Competence Protocol V.1.1
Asset number	837
Rights of access	Public
Type of paper	Policy
Category	Clinical
Document purpose/summary	This policy will outline agreed key principles for assessing competency in performing and interpreting spirometry. It will also identifying individual training and development needs, through the annual appraisal process, in line with LSW Clinical Training and Development Policy. The overall aim of the policy is to ensure all LSW staff are competent to perform spirometry to an agreed national standard.
Author	Respiratory Nurse Specialist and Team Lead for the Plymouth Community Respiratory Service.
Ratification date and group	15 th July 2015. Policy Ratification Group
Publication date	20 th July 2015
Review date and frequency (one, two or three years based on risk assessment)	2 years after publication, or earlier if there is a change in evidence.
Disposal date	The PRG will retain an e-signed copy for the archive in accordance with the Retention and Disposal Schedule. All copies must be destroyed when replaced by a new version or withdrawn from circulation.
Job title	Respiratory nurse Specialist
Target audience	Clinical healthcare staff, employed by Livewell Southwest and likely to perform spirometry.
Circulation	Electronic: LSW intranet and website (if applicable) Written: Upon request to the PRG Secretary on ☎ 01752 435104. Please contact the author if you require this document in an alternative format.
Consultation	Consultation via email with clinical and team leaders in both LSW and PHNT. Sarah Stone, Physiologist. Lung Function Lab. Derriford Hospital
Equality analysis checklist completed	Yes
References/sources of information	Workforce development Strategy June 2010 NHS Southwest (Southwest SHA) Learning and development strategy 2008-2011; South West learning for Health at www.learning4health.org.uk

	<p>ARTP handbook of Spirometry (2000)</p> <p>British Thoracic Society (BTS) Spirometry in Practice (2005)</p> <p>NICE Spirometry Guidelines (2004).</p> <p>GOLD Guide to Spirometry (2010)</p>
Associated documentation	<p>Lifelong Learning UK (2010) National occupational Standards for Learning and Development www.lluk.org LLUK London</p> <p>Department of Health (2010) The NHS Constitution DH London</p> <p>ARTP handbook of Spirometry (2000)</p> <p>British Thoracic Society (BTS) Spirometry in Practice (2005)</p> <p>National Institute for Clinical excellence (NICE) Spirometry Guidelines (2004).</p> <p>Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guide to Spirometry (2010)</p>
Supersedes document	Spirometry Competence Protocol V.1
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Document review history

Version no.	Type of change	Date	Originator of change	Description of change
0.1	New	May 2013	Community Respiratory Service Team Lead	New draft
1	Ratified	July 2013	Policy Ratification Group	Minor amends
1.1	Review	May 2015	Community Cardiac and Respiratory Services Manager	Reviewed no changes

Contents	Page
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1	Introduction	5
2	Purpose	6
3	Duties	6
4	Definitions	7
5	Principles	7
Appendix 1	Clinical/Professional Competency: Self-Declaration for Registered Practitioners	11
Appendix 2	Clinical/Professional Competency Assessment Form	15
Appendix 3	Non Registered Clinical Competency Assessment Form	18

Spirometry Competence Protocol

1 Introduction

- 1.1 Section 2a of the NHS Constitution (DH2010) states that the public have the right to be treated with a professional standard of care, by appropriately qualified and experienced staff.
- 1.2 It is the commitment of LSW to provide person-centred, evidence based care to its service users is dependent on the maintenance and empowerment of a well-trained, knowledgeable and competent workforce.
- 1.3 The term 'competence' can be defined as the possession of a satisfactory level of relevant knowledge and acquisition of a range of relevant skills and abilities that are necessary to perform (acceptably) those duties and tasks related to practice.
- 1.4 Competence may differ from 'performance', which denotes actions taken in a real life situation. Competence is, therefore, not the same as 'knowing'; on the contrary it may well be about recognising one's own limits. It is possible to be technically competent but not confident. Also assessment of competence reflects a specific point in time, and this may change at another time. Therefore performance needs to be reflected on a continuing basis in clinical performance, and maintained through supervision.
- 1.5 Clinical or professional competence identifies the specific training, education and skills required to perform a clinical or professional activity. It also describes the criteria (based on protocols, standards and guidance) against which each practitioner will be assessed under the supervision of an existing competent practitioner.
- 1.6 Competence can be seen as a continuum along which people can move backwards as well as forwards. Competence needs to be assessed and confirmed on a regular basis if practitioners are to ensure they are meeting the needs of their patients and their organisation.
- 1.7 Spirometry is the most commonly performed lung function test. It is not only performed by specialist technicians in hospitals, but also by health professionals support staff (GP's, Respiratory Specialist Nurses, Practice Nurses, Respiratory Physiotherapists, and specially trained support staff) most commonly in community settings.
- 1.8 Spirometry is used to detect the presence (or absence) of lung disease, confirm the findings of other investigations (like chest X-ray) quantify the extent of lung impairment, and differentiate between different lung conditions, and to investigate the effects of other diseases on lung function. It is also used to monitor the effects of occupational exposure, and to determine the effects of interventions (like the introduction of medication).
- 1.9 To be meaningful, spirometry must be performed to an acceptable, repeatable and consistent standard.

2 Purpose

- 2.1 The purpose of the Assessing Competence in Practice Protocol is to ensure that the performance of particular procedures and activities that are competence based is assessed following a common framework. In the case of spirometry, these should comply with those set by the Association of Respiratory Technology and Physiology (ARTP) and the British Thoracic Society (BTS).
- 2.2 The framework used applies to all competencies developed for particular activities undertaken during the delivery of care under the auspices of LSW.
- 2.3 The standards required of assessors have been developed following the National Occupational Standards for learning and development, specifically Standard 9, and those set by the ARTP/BTS.
- 2.4 The assessment framework will assist managers to identify when an individual is not reaching a satisfactory level of competence in spirometry, and to target and agree what measures are in place to address this (including consideration of extenuating circumstances, changing roles).

3 Duties and Responsibilities

- 3.1 The **Chief Executive** has overall responsibility for the safe care and treatment of patients and the implementation of this policy.
- 3.2 The **Director of Professional Practice, Quality and Patient Safety** is ultimately responsible for the content of all professional policies and their implementation.
- 3.3 **Directors/Locality Managers** are responsible for ensuring that all staff follow the standards set out in this policy and for ensuring that sufficient resources are provided to support the requirements of this policy.
- 3.4 **Unit / Ward Managers / Service Managers/Matrons** are responsible for ensuring that the policy and its supporting standards and guidelines are built into local processes to ensure compliance. Managers are also responsible for identifying the training needs of their staff groups and seeking appropriate training opportunities. Managers are also responsible for ensuring that the electronic staff record (ESR) is updated following assessment by forwarding any training information to the ESR Manager.
- 3.5 **All staff** involved in clinical practice must adhere to the guidelines and codes of their professional bodies and are responsible for assuring they are aware of the requirements of this policy and implement it accordingly
- 3.6 Staff must reflect on their own personal professional accountability for achieving and maintaining competence in clinical practice.

4. Definitions

- 4.1 **Competency Document** identifies the specific requirements a practitioner needs to perform a role or task, and how this will be measured.
- 4.2 **DH** is the Department of Health
- 4.3 **ESR** is the Electronic Staff Record
- 4.4 **Registered Professional** is any practitioner who is registered with a professional body, i.e. Nursing and Midwifery Council, Health Professions Council.
- 4.5 **LSW** is Livewell Southwest.
- 4.6. **PHNT** is Plymouth Hospitals NHS Trust.
- 4.7 **ARTP** is the Association of Respiratory Technology and Physiology.
- 4.8 **BTS** is the British Thoracic Society.

5. Principles

- 5.1 Competency in spirometry will follow the same format as all competencies, and be agreed before being made available to staff.
- 5.2 Competencies in spirometry have been developed by the Community respiratory service, in consultation with other health professionals, both in LSW and PCT. Any competence that is a self-declaration will be clearly identified as such.
- 5.3 Competencies in spirometry will be designed to assess the knowledge and skills of the practitioner in the specific skill/attribute being assessed and will be linked to clinical pathways and to the knowledge and skills framework.
- 5.4 Competencies in spirometry will embrace key constructs (as appropriate) to the skill being assessed and the grade of the individual; these include factors such as:
- Leadership (ability to make and lead decisions)
 - Professional development (participation in continuing development and upgrading standards)
 - Assessment (ability to observe and diagnose client needs)
 - Planning (ability to plan accurate actions)
 - Intervention (ability to carry out actions effectively and with flexibility; evaluate interventions)
 - Cognitive ability (ability to analyse, judge and think critically)
 - Ego strength (confidence and assertiveness) and professional attitude.
- 5.5 The development of any practice skill will include identification of:
- Education and training packages required to equip the individual with underpinning knowledge

- Supervised practice to enable the individual to develop the skill
 - Specific assessment criteria to measure competence.
- 5.6 Registered practitioners may be required to make a self-declaration of competence in spirometry in order to update a seldom-used skill, or on transferring from another organisation or practice area. They will also be required to demonstrate **practical** competence in performing spirometry on a patient in their new clinical area. This should take place in accordance with the requirements of registration bodies and using the template at Appendix 1 of this protocol.
- 5.7 Staff submitting a self-declaration must be able to provide current, dated evidence to support their claim. At least two out of the following evidence sources must be submitted:
- Reflective journals
 - Logs of practice/procedure undertaken
 - Previous assessment by another competent practitioner
 - Witness statement
 - Record of training
- 5.9 Staff who are unable to provide evidence of previous training and assessment will be expected to undertake a LSW approved training course/session for the performing of spirometry, and undertake an assessment of competence by a recognised assessor of practice, using template at Appendix 2 of this protocol.
- 5.10 Once an individual has reached a satisfactory level of competence following supervised practice and self-assessment (a formative assessment may also be conducted), they will be formally assessed within three months of theory training. The record of achievement allied to each skill will be signed when an individual has achieved competence and this record will be kept in an individual's practice area by their line manager.
- 5.11 Assessors of practice will assess individual performance against a five stage framework (see the acronym below: OASCSu). This will enable assessors to give structured feedback on progress and assist learners to identify any additional learning or practice requirements. The framework (to be included in all competencies) is as follows
- **Observation** - awareness through observation of the performance criteria; at this stage the learner does not actively participate
 - **Assistance** - performing with assistance; at this stage the learner is learning the activity but still needs the help of a registered practitioner to complete it effectively to the required level.
 - **Supervision** - performing under supervision; at this stage the learner can largely fulfil the performance criteria, but only with the oversight of a registered practitioner to check for safety and efficiency.
 - **Competent** - performing competently and independently; the learner is competent in relation to the performance criteria, (recognising that trainee Assistant Practitioners will always work under the supervision of a

registered professional).

- **Sustained** - the skill continues to be in active use enough for the practitioner to feel they continue to be competent in this area; this should be reviewed annually in appraisal, with evidence for this having been sustained.

5.12 Individuals must achieve at least **Competent** to be 'signed off'.

5.13 In order to assess an individual practitioner's knowledge and competence, an assessor must:

1. Be either a registered healthcare professional working within LSW, an accredited external assessor (in this case, must be accredited in the relevant field) or a designated internal assessor.
2. Have comprehensive knowledge with experiential skills – i.e.
 - i. have sound knowledge of the relevant evidence, policies and procedures
 - ii. practice the skill regularly as a core part of their job
 - iii. be confident and competent in performing the skill
3. Have read and understood the protocol for assessing competency in clinical practice
4. Have the support of their manager for undertaking assessment of competence
5. Have evidence of reflection and evaluating their own practice
6. Show understanding of the principles of respect and confidentiality
7. Have evidence of their own continuing professional development

5.14 **All staff** undertaking new skills (or reviewing their skills) will demonstrate understanding in and the necessity for:

1. Identifying own professional accountability and responsibility for maintaining competence
2. Accepting own limitations and knowing when to seek advice and from whom, or to refer on
3. Accepting responsibility for their own practice
4. Identifying relevant national and local policies
5. Selecting and using relevant research as an aid to practice
6. All aspects of diversity, equality and respect pertaining to performing the skill
7. Involving the patient in decision making and ensuring informed consent is gained
8. Recording achievement of competencies in their portfolio in order to evidence development at appraisal.

5.15 Review of competence and learning needs in spirometry should form part of every staff member's annual appraisal, but is not limited to these occasions.

5.16 As a rule more than one method of assessment should be used, direct observation being paramount, with a maximum of three methods used (these can include simulation, reflection, questions and answers, witness statements, etc). Caution should be exercised in relying on results from a single method of

assessment as re-assessment would have to use the same method only, to be reliable and valid.

- 5.17 Following periods of extended absence, or where lack of clinical opportunities has compromised potential competence, further updates/ training should be accessed to enable staff to practice competently and confidently, prior to recommencing unsupervised practice.
- 5.18 Peripatetic (i.e. locum or staff on rotation) and temporary staff must provide evidence of training and competence in a particular skill before utilising it.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Deputy Director of Governance

Date: 15th July 2015

Clinical/Professional Competency: Self-Declaration for Registered Practitioners
Competency: Spirometry

This self-declaration is to be used to assess your current performance, to assist in the identification of learning needs and to provide evidence of development.

Care Quality Commission Essential Standards of Quality and Safety reference(s)	1,2,4,7,8,10,11,12,13,14,15,16,17
Author	Stephen Pearse
Date agreed	
Version number	V.1

It is the responsibility of all practitioners to ensure they are working to current and relevant policies, standards and guidelines.

Practitioners Name:

Department:

<p>This statement of competence will provide evidence towards the following dimensions in the Knowledge and Skills Framework:</p> <ul style="list-style-type: none"> C1 Communication. C2 Personal and People Development. C4 Service Improvement. C5 Quality. HWB2 Assessment and care planning. HWB6 Assessment and treatment planning. G1. Learning and development.

Aim: For Registered Practitioners to demonstrate evidence of competence in:

Spirometry

Objectives/criteria	Self assessed as competent Y / N	Further learning needs
Able to provide evidence of competency; Reflective journals Logs of practice/procedure undertaken Previous assessment by another competent practitioner Witness statement Record of training		
Identifying own professional accountability and responsibility for maintaining competence in spirometry.		
Able to demonstrate an in depth knowledge of spirometry, its use and contribution to patient care, including knowledge of equipment and when to calibrate.		
Able to identify own training needs and the needs of others, and what action to take if standards are not met.		
Able to identify issues around infection control, and general health and safety, and what appropriate action to take.		
Able to identify when spirometry testing is appropriate.		
Able to identify if not appropriate to perform spirometry and able to inform referrer in an appropriate manner.		

Knowledge of decontamination processes – (please refer to LSW’s policy – Decontamination Guidelines and Procedures (Cleaning & Disinfection))		
Able to identify appropriate time and situation to perform spirometry.		
Able to identify when not appropriate to continue with spirometry test.		
Able to analyse and interpret the results of a spirometry test, and report accordingly.		
Outcome: Practitioner will be able to perform this skill/activity safely and competently		

Evidence used to support claim	
Agreed action plan (if relevant)	
<p>Statement of Competence</p> <p>Having reviewed my current practice against this competency assessment I declare myself to be competent at this time to undertake the management of patients requiring the above procedure.</p>	

Registered Practitioner's Signature:

Printed name:

Date:

Place of work and job role:

.....

Please keep a copy for yourself and give a copy to your manager.

Appendix 2

Clinical/Professional Competency Assessment Form

Competency: Spirometry

This form is to be used in the assessment of your current performance and to provide evidence of development.

Care Quality Commission Essential Standards of Quality and Safety reference(s)	1,2,4,7,8,10,11,12,13,14,15,16,17
Author	Stephen Pearse
Date agreed	
Version number	V.1

It is the responsibility of all staff to ensure they are working to current and relevant policies, standards and guidelines.

Staff Name:

Department:

<p>This statement of competence will provide evidence towards the following dimensions in the Knowledge and Skills Framework:</p>

C1 Communication.

C2 Personal and People Development.

C4 Service Improvement.

C5 Quality.

HWB2 Assessment and care planning.

HWB6 Assessment and treatment planning.

G1. Learning and development.

Aim: For Registered Practitioners to demonstrate evidence of competence in:

Spirometry

Objectives/criteria	O	A	S	C	Su
Adequate preparation for performing spirometry including: <ul style="list-style-type: none"> • Obtaining full medical record of patient including previous spirometry tests (if appropriate). • Preparation of room in which patient is to perform spirometry (including suitability of performing in patient's own home if appropriate). • Preparation of equipment. • Knowledge of what test is required. 					
Ensuring it is appropriate to perform spirometry with patient, including explanation of when/when not, to perform spirometry.					
Explanation and demonstration of procedure to patient.					
Correct positioning of patient.					
Correct performance of spirometry.					
Understanding of when to stop/interrupt test.					
Correct recording and reporting of results.					
Correct interpretation of results.					
What further action to take including, where appropriate: Further testing. Prescribing/recommending medication.					
Cleaning of equipment and disposal of waste.					

Outcome: the individual will be able to perform this skill/activity safely and competently

Evidence used to support claim	
Agreed action plan (if relevant)	
<p>Competency Statement (Assessor)</p> <p>I confirm that the above named member of staff has achieved the required competency level.</p>	
<p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>	
<p>Competency Statement (staff member)</p> <p>Having received appropriate training I am competent in t his procedure at this time. I have discussed this role as part of my job description with my manager.</p>	
<p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>	

Non Registered Clinical Competency Assessment Form
Competency: Spirometry

This form is to be used in the assessment of your current performance and to provide evidence of development.

Care Quality Commission Essential Standards of Quality and Safety reference(s)	1,2,4,7,8,10,11,12,13,14,15,16,17
Author	Stephen Pearse
Date agreed	
Version number	V.1

It is the responsibility of all staff to ensure they are working to current and relevant policies, standards and guidelines.

Staff Name:

Department:

<p>This statement of competence will provide evidence towards the following dimensions in the Knowledge and Skills Framework:</p> <ul style="list-style-type: none"> C1 Communication. C2 Personal and People Development. C4 Service Improvement. C5 Quality. HWB2 Assessment and care planning. HWB6 Assessment and treatment planning. G1. Learning and development.

Aim: For Non Registered Practitioners to demonstrate evidence of competence in:

Spirometry

Objectives/criteria	O	A	S	C	Su
Adequate preparation for performing spirometry including: <ul style="list-style-type: none"> • Appropriate request for testing; • Obtaining previous spirometry tests (if appropriate). • Preparation of room in which patient is to perform spirometry (including suitability of performing in patient's own home if appropriate). • Preparation of equipment. • Test required. 					
Ensuring it is appropriate to perform spirometry with patient, including explanation of when/when not, to perform spirometry.					
Explanation and demonstration of procedure to patient.					
Correct positioning of patient.					
Correct performance of spirometry.					
Understanding of when to stop/interrupt test.					
Correct recording and reporting of results.					
Correct cleaning of equipment and disposal of waste.					
Outcome: the individual will be able to perform this skill/activity safely and competently					

Evidence used to support claim	
Agreed action plan (if relevant)	
<p>Competency Statement (Assessor)</p> <p>I confirm that the above named member of staff has achieved the required competency level.</p>	
<p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>	
<p>Competency Statement (staff member)</p> <p>Having received appropriate training I am competent in t his procedure at this time. I have discussed this role as part of my job description with my manager.</p>	
<p>Name:</p> <p>Designation:</p> <p>Signature:</p> <p>Date:</p>	