|  |
| --- |
| **Applying for CRP Registration - Template 2: Documented Assurance****V1.2 | August 2020** |

As part of meeting the requirements of the Standards of Proficiency you must demonstrate that you meet the requirements of a named Competency Framework\*. The competency framework you use should be aligned with the domains of the NIHR Integrated Workforce Framework (IWF) and the relevant IWF elements and levels that apply to your personal competencies you are listing should also be noted. The [NIHR IWF Resource Site](https://sites.google.com/nihr.ac.uk/integrated-workforce-framework/iwf-resources) and the [IWF Digital Tool](https://iwf.nihr.ac.uk/) are available to support you.

\*Your named Competency Framework may be unique to your employing organisation. Alternatively, it may be one of those listed below or a closely related derivative that has been developed with approval from the owners of the original. Specific Competency and Induction Frameworks have been developed for research staff and alignment of these resources to the NIHR Integrated Workforce Framework is already established. If you have any queries in relation to the competency framework that applies to your role, please contact your local CRN Workforce Development Lead (inset link) or email crncc.training@nihr.ac.uk

Named and published Competency and Induction Frameworks that are aligned with the NIHR IWF currently include:

|  |
| --- |
| [UKCRF Induction Framework for Clinical Research Staff](https://drive.google.com/drive/folders/1LHjs8lZs-mYkv7Ieas_g9Xse8fma75P8)[CRN East Midlands Competency Framework for all research staff](https://crnemwfd.nihr.ac.uk/competency-framework)[CRN West of England Research Competency Framework](https://www.wetraining.nihr.ac.uk/research-competency-framework) |

**2.1 Documented Assurance of Competence**

|  |  |  |
| --- | --- | --- |
| **Name of individual applying for CRP Registration** | **First name:** | **Last Name:** |
| **Role Title:** | **Start Date:** |
| **Employing Organisation:** | **Start Date:** |
| **Name of Competency Framework used in relation to your role:** |  |
| **Competencies attained and date signed off as part of your development in role** | **Align your competencies to the NIHR IWF\*** |
| Insert new rows below to complete a record for all of your relevant competencies.  | Indicate the name of the most relevant NIHR IWF domain or element and the level for each competency.  |
| **Sign off date** | **Competency** | **IWF Domain/Element Name and IWF Level** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**\* You may generate your IWF profile as a PDF using the** [**IWF tool**](https://iwf.nihr.ac.uk/) **and then upload this as part of your supporting documents if you wish.**

**2.2 Documented Assurance of Communication Style**

Please record two examples, from within the past 12 months, in which you have demonstrated an effective, inclusive and appropriate communication style that has been observed for documentation as such by a supervisor. You may refer to the competencies noted under section 2.1 above. If relevant to your role, please include an example that relates to you or a colleague obtaining Informed Consent from a clinical research study participant. Please ensure you do not record any information that might identify an individual, whether that individual is alive or deceased. *Please refer to CRP Standards of Proficiency 4, 5 and 12 to guide you in completing this section.*

|  |  |  |
| --- | --- | --- |
| **Date of observation**  | **Brief description of the example**  | **Name and position of observer**  |
|  |  |  |
|  |  |  |

**2.3 Documented Assurance of Practice Development**

Use this section to record a confirmation that you have discussed your practice knowledge and experience with a statutory registered healthcare professional as part of a development conversation that includes review of your current practice in relation to the CRP Standards of Proficiency:

* The clinical contexts(s) of your clinical research experience in the last 12 months and preceding years where this is relevant.
* Your practice hours and clinical skills that are intrinsic to your clinical research activities within these clinical context(s)
* Your workplace setting(s)
* Feedback that you have received (2 examples)

Please discuss your most recent practice first. You can describe your practice hours in terms of proportion in relation to standard working days or weeks. *Please refer to the CRP Scope of Practice and Standards of Proficiency to guide you in completing this section.*

|  |
| --- |
| **Following discussion of your practice as a Clinical Research Practitioner with a statutory registered professional, please summarise information for the subjects below as your practice relates to the CRP Scope of Practice and Standards of Proficiency:** |
| **your clinical context(s)** |  |
| **your workplace setting(s)** |  |
| **your practice hours and experience** |  |
| **your knowledge and skills, including clinical skills** |  |
| **Also note two examples of feedback that you have received:** |
| ***Where and when did this feedback come to you?***e.g. research participants, colleagues, annual PDR, via compliments of complaints | ***How did you receive it?***e.g. verbally, via letter, email, report | ***What was the feedback about and how has it influenced your practice?*** |
|  |  |  |
|  |  |  |
| ***Confirmation of development discussion by statutory registered professional*** |
| ***Name:***  | ***Registration number/PIN:*** |
| ***Signature:*** | ***Date:*** |

**2.4 Documented Assurance of Certified Training**

As part of meeting the requirements of the Standards of Proficiency you must demonstrate that you have undertaken Good Clinical Practice (GCP) training as well as the relevant and necessary Statutory and Mandatory Training, i.e. all subjects as they apply to staff groups and UK nations as described in either the [UK Core Skills Training Framework v1.6](https://www.skillsforhealth.org.uk/index.php?option=com_k2&view=item&id=677), published June 2019 or the [Core Skills Training Framework (England v1.0)](https://www.skillsforhealth.org.uk/index.php?option=com_k2&view=item&id=998-cstf-nhs-england-guidance-and-download), published February 2020, which is derived from the UK CST Framework and applicable to NHS Trusts in England.

In the separate Framework for NHS Trusts in England, ‘Proposed Frequency of Refresher Training or Assessment’ is now ‘Required Frequency of Refresher Training or Assessment’ and ‘Suggested Standards for Training Delivery’ are now ‘Standards for Training Delivery’. Moving and Handling is amended with addition of required frequencies for refresher training/assessment.

|  |  |  |
| --- | --- | --- |
| **Good Clinical Practice Training****(Transcelerate accredited)** | **Date GCP training first completed** |  |
| **Date GCP refresher due** |  |
| **Statutory and Mandatory Training**  | **Date completed** | **Statutory and Mandatory Training**  | **Date completed** |
| Equality, Diversity and Human Rights |  | Safeguarding Adults (Version 2) |  |
| Equality and Diversity (Scotland) |  | Preventing Radicalisation |  |
| Health, Safety and Welfare |  | Safeguarding Children (Version 3) |  |
| NHS Conflict Resolution (England) |  | Resuscitation |  |
| Fire Safety |  | Information Governance and Data Security |  |
| Infection Prevention and Control |  | Information Governance (Scotland) |  |
| Moving and Handling |  | Information Governance (Wales) |  |

|  |
| --- |
| D**eclaration of completion of all statutory/mandatory training requirements as directed by the employing organisation, which must include (but is not limited to): Annual appraisal, Fire Safety, Basic Life Support,  Infection Prevention & Control, Health & Safety,  Information Governance/ Data Security,  Moving and Handling (proportionate to context of role), Prevent Level 3 and Safeguarding Adults Level 1'**NB. In paediatrics, and since consent will be sought from adults, both Safeguarding of Children and Safeguarding of Adults is required.In line with leadership expectations and proportionate to context of the role, Conflict Resolution is desirable. |
| ***Name of Line Manager:***  | ***Registration number/PIN (if applicable):*** |
| ***Signature:*** | ***Date:*** |