

# Establishing and Maintaining a Training Record

Document No.:	HR001 v7.0
Author:	Lorn Mackenzie
Issue Date:	27 FEB 2025
Effective Date:	13 MAR 2025

## 1 Introduction

- 1.1 The Academic & Clinical Central Office for Research & Development (ACCORD) is a joint office comprising clinical research management staff from NHS Lothian (NHSL) and the University of Edinburgh (UoE).
- 1.2 All staff within ACCORD will be qualified by education, training and experience to carry out their respective tasks in accordance with the principles of Good Clinical Practice (GCP) and the UK Policy Framework for Health and Social Care Research. This is evidenced in individuals training records.

## 2 Purpose

- 2.1 To document the procedure for establishing and maintaining training records within ACCORD.

## 3 Scope

- 3.1 This procedure applies to all ACCORD staff.

## 4 Responsibilities

- 4.1 The Quality Assurance (QA) Manager, or designee, is responsible for;
  - Providing a template training record to staff.
  - Providing training in the maintenance of the training record.
  - Annual review of training records.
  - Archiving copies of training records of personnel who leave the department.

- 4.2 It is the responsibility of the individual to establish and maintain their own training record, identify gaps in their training and maintain NHSL mandatory training or UoE Learn training, where appropriate.
- 4.3 The Line Manager is responsible for ensuring that the individual is trained in appropriate procedures necessary for them to conduct their job responsibilities, and for review of training records at appraisal, and that all mandatory training is complete and up to date at annual review of training records.

## **5 Procedure**

### **5.1 Establishing a Training Record**

- 5.1.1 New staff within ACCORD will be given a Staff Training Record Template (HR001-T01) and folder by the ACCORD QA Manager, or designee, within one month of commencing employment.
- 5.1.2 The training record will be labelled with the name of the individual.
- 5.1.3 Based on their role, the Line Manager will advise the individual which Standard Operating Procedures (SOPs), Policies and Guidelines must be read (HR001-W01 Required SOP, Policy and Guideline Training).
- 5.1.4 If training on a SOP/policy/guideline is required, this will be conducted by the Line Manager, QA Manager, or designee and documented in form QA001--F01 (SOP/Document Training Form).
- 5.1.5 When all that is required is for the individual to read a SOP/policy/guideline, staff will confirm they have read and understood the document by completing form QA001-F02 (SOP/Document Circulation Form).
- 5.1.6 Within the probationary period, the Line Manager will identify additional training needs, together with the individual (HR002 Induction, Training and Continuity).

### **5.2 Content of a Training Record**

- 5.2.1 A training record will contain, as a minimum, the following documents;
- Current CV – this should be signed and dated and include current position
  - Current job description

- Previous relevant job descriptions – to be provided if detail of previous posts not already given in CV
- Current GCP training certificate – this should be dated within the last two years
- Certificates or evidence of attendance from all relevant courses attended
- Evidence of relevant SOP training as determined by HR001-W01 (Required SOP, Policy and Guideline Training).
- Evidence of in- house or other task/competency training e.g. Monitoring/Auditor/ACCORD Competency Record (HR003-F01/HR003-F02/HR002-F01)
- Evidence of training record review by Line Manager and QA Manager
- Evidence of NHSL mandatory training and UoE Learn training (where applicable).

5.2.2 A training record may contain the following documents at the staff member's discretion;

- Records of attendance at training sessions, seminars, forums and relevant meetings, where a certificate is not provided e.g. training materials/handouts (internal and external training), e-mails or file notes.

### **5.3 Maintaining a Training Record**

5.3.1 The individual will update their training record each time they attend training courses, seminars, forums or if their job description/title changes.

5.3.2 Training records should be kept in a secure but accessible manner and should be available for audit by ACCORD QA personnel and/or regulatory authorities as appropriate.

5.3.3 Training records will be taken with individuals if they leave their current employment.

5.3.4 A photocopy of the training record will be left with the ACCORD QA Manager, or designee, and archived indefinitely (with an initial retention period of 6 years) by the ACCORD QA Manager, or designee.

### **5.4 Training Record Review**

5.4.1 The ACCORD QA Manager, or designee, will review all new staff members' training folder after approximately 6 weeks, using HR001-F01 (Training Record Review) and subsequently on a yearly basis.

5.4.2 Line Managers will review staff training records at appraisal to identify any training needs.

5.4.3 HR001-F01 (Training Record Review) will be used to document review of training records by the QA Manager, or designee and the Line Manager. The completed form will be included in the training record in the section titled "Training Record Review".

## 5.5 Mandatory Training

5.5.1 The Line Manager will review ACCORD staff compliance with mandatory NHS training and UoE Learn training during annual review of the training record.

## 6 References and Related Documents




- HR001-T01 Training Record Template
- HR001-F01 Training Record Review
- HR001-W01 Required SOP, Policy and Guideline Training
- HR002 Induction, Training and Continuity
- HR003-F01 Clinical Trials Monitor Competency Record
- HR003-F02 Auditor Competency Record
- HR002-F01 ACCORD Competency Record
- QA001-F01 SOP/Document Training Form
- QA001-F02 SOP/Document Circulation Form

## 7 Document History

Version Number	Effective Date	Reason for Change
1.0	12 AUG 2011	New Procedure.
2.0	22 MAY 2014	Updated required contents and described optional contents of the training record.
3.0	04 APR 2016	New SOP template. Minor edits made throughout text. Reference to SOP HR002 Induction, Training and Competency Assessment added to section 5.1.9, and reference to Monitoring/Auditing Competency Records (HR003-F01/HR003-F02) added to section 5.2.1. Addition of requirement for Line Managers to review training records at time of appraisal (sections 4.3 and 5.4.2). Removal of

		references to obsolete HR001-T02 from relevant sections. Removal of references to Training Log in Training Record Template (HR001-T01), as this has been removed.
4.0	16 SEPT 2016	New SOP template. Added reference to HR001-W01 to section 6.
5.0	05 DEC 2018	Addition of reference to completion of mandatory NHSL LearnPro and UoE Learn Training to HR001 and HR001-F01. HR001-W01 updated to reflect additional SOPs and job titles in ACCORD.
6.0	14 FEB 2023	Author changed. Procedure and responsibilities around compliance with NHSL/UoE mandatory training requirements updated – now a line manager responsibility. HR001-W01 updated to v13.0
7.0	13 MAR 2025	Change of author. Update to section 5.3.4. - training records to be retained for 6 years in line with NHSL policy. Removal of reference to NHS LearnPro. SOP and associated documentation transferred to new ACCORD templates, where applicable.

## 8 Approvals

Sign	Date
 AUTHOR: Lorn Mackenzie, QA Manager, NHS Lothian, ACCORD	Feb 21, 2025
 <small>Heather Charles (Feb 24, 2025 08:24 GMT)</small> APPROVED: Heather Charles, Head of Research Governance, NHS Lothian, ACCORD	Feb 24, 2025
 <small>Gavin Robertson (Feb 21, 2025 15:55 GMT)</small> AUTHORISED: Gavin Robertson, QA Coordinator, NHS Lothian, ACCORD	Feb 21, 2025










# HR001 Establishing and Maintaining a Training Record v7.0

Final Audit Report

2025-02-24

Created:	2025-02-21 (Greenwich Mean Time)
By:	Roisin Ellis (v1relli8@exseed.ed.ac.uk)
Status:	Signed
Transaction ID:	CBJCHBCAABAAf5wyyCmlxjnLctRbaXG2vbRZjCOx7Zxl

## "HR001 Establishing and Maintaining a Training Record v7.0" History


-  Document created by Roisin Ellis (v1relli8@exseed.ed.ac.uk)  
2025-02-21 - 3:16:44 PM GMT- IP address: 62.253.82.233
-  Document emailed to Lorn Mackenzie (lorn.mackenzie@nhslothian.scot.nhs.uk) for signature  
2025-02-21 - 3:17:47 PM GMT
-  Document emailed to heather.charles@nhslothian.scot.nhs.uk for signature  
2025-02-21 - 3:17:47 PM GMT
-  Document emailed to Gavin Robertson (gavin.robertson@nhslothian.scot.nhs.uk) for signature  
2025-02-21 - 3:17:48 PM GMT
-  Email viewed by Lorn Mackenzie (lorn.mackenzie@nhslothian.scot.nhs.uk)  
2025-02-21 - 3:30:24 PM GMT- IP address: 52.102.16.149
-  Document signing delegated to Lorn MacKenzie (v1lmack5@exseed.ed.ac.uk) by Lorn Mackenzie (lorn.mackenzie@nhslothian.scot.nhs.uk)  
2025-02-21 - 3:30:30 PM GMT- IP address: 82.4.25.149
-  Document e-signed by Lorn MacKenzie (v1lmack5@exseed.ed.ac.uk)  
Signature Date: 2025-02-21 - 3:30:47 PM GMT - Time Source: server- IP address: 82.4.25.149
-  Email viewed by Gavin Robertson (gavin.robertson@nhslothian.scot.nhs.uk)  
2025-02-21 - 3:54:45 PM GMT- IP address: 52.102.17.101
-  Document e-signed by Gavin Robertson (gavin.robertson@nhslothian.scot.nhs.uk)  
Signature Date: 2025-02-21 - 3:55:17 PM GMT - Time Source: server- IP address: 62.253.82.233

 Email viewed by heather.charles@nhslothian.scot.nhs.uk

2025-02-24 - 8:22:51 AM GMT- IP address: 52.102.17.101

 Signer heather.charles@nhslothian.scot.nhs.uk entered name at signing as Heather Charles

2025-02-24 - 8:24:10 AM GMT- IP address: 62.253.82.231

 Document e-signed by Heather Charles (heather.charles@nhslothian.scot.nhs.uk)

Signature Date: 2025-02-24 - 8:24:12 AM GMT - Time Source: server- IP address: 62.253.82.231

 Agreement completed.

2025-02-24 - 8:24:12 AM GMT