

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



Health
Illawarra Shoalhaven
Local Health District

NAME OF DOCUMENT	Assignment of CE Directive Mandatory Training
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	ISLHD CORP PROC 124
DATE OF PUBLICATION	July 2018
RISK RATING	Low
REVIEW DATE	July 2023
FORMER REFERENCE(S)	N/A
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Executive Director Finance, Workforce, Corporate & Strategic Improvement
AUTHOR	Professional Development Coordinator
KEY TERMS	CE Directive My Health Learning System
FUNCTIONAL GROUP OR HUB	District-wide
NSQHS STANDARD	Standard one
SUMMARY	The procedure outlines the process to be followed to request a training program be made mandatory for staff in the Health District.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

Feedback about this document can be sent to [ISLHD- CorporateGovernance@health.nsw.gov.au](mailto:ISLHD-CorporateGovernance@health.nsw.gov.au)

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1. POLICY STATEMENT

CE Directive Mandatory Training may be assigned to staff within the LHD where an identified training need exists.

Similar to the operation of 'state-wide' mandatory training, staff who have been assigned CE Directive Mandatory Training **must** complete this training as a requirement of their job role.

CE Directive Mandatory Training is identified with a blue flag in the My Health Learning system.

2. BACKGROUND

The provision of training represents a significant investment of time and resources for the Health District. As a result it is important that the District has a process to govern the number and nature of program being assigned as mandatory training.

The process outlined in this document has been developed to ensure that programs receive appropriate consideration prior to being approved as mandatory training for staff in ISLHD. This consideration involves assessing whether it is necessary to assign the program as mandatory and whether it is feasible to do so in light of existing mandatory requirements.

3. RESPONSIBILITIES

The following section outlines the roles and responsibilities of key stakeholders in the process it should be read in conjunction with the following documents:

1. The process flow diagram shown at Section 5 of this document
2. The approved proposal form: ISLHD CORP F 486
3. The criteria to be met for approval shown at Appendix 2

3.1 Proposal Initiator will:

- Review the criteria to be met for approval and obtain all evidence and resources required, seeking advice from ISLHD's Workforce Development Unit where required.
- The proposer will obtain Director/Executive Director endorsement to commence the process.
- Complete the proposal using the approved form
 - ISLHD CORP F 486- Proposal for the Assignment of CE Directive Mandatory Training.
- Submit the proposal and all required documentation to the Workforce Development Unit at ISLHD-learningdevelopment@health.nsw.gov.au .
- Where required, update/modify proposals in accordance with advice from the:
 - Workforce Development Unit, and / or the

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- Mandatory Training Governance Committee

3.2 ISLHD's Mandatory Training Governance Committee will:

- Decide whether to approve or reject the proposal with consideration of the relevant approval criteria.
- Where the proposal is 'rejected', provide feedback on reasons for its rejection and where appropriate identify items that should be modified or updated prior to the proposal being resubmitted.
- Return **all** proposals that have been considered for approval to the Workforce Development Unit at ISLHD-learningdevelopment@health.nsw.gov.au

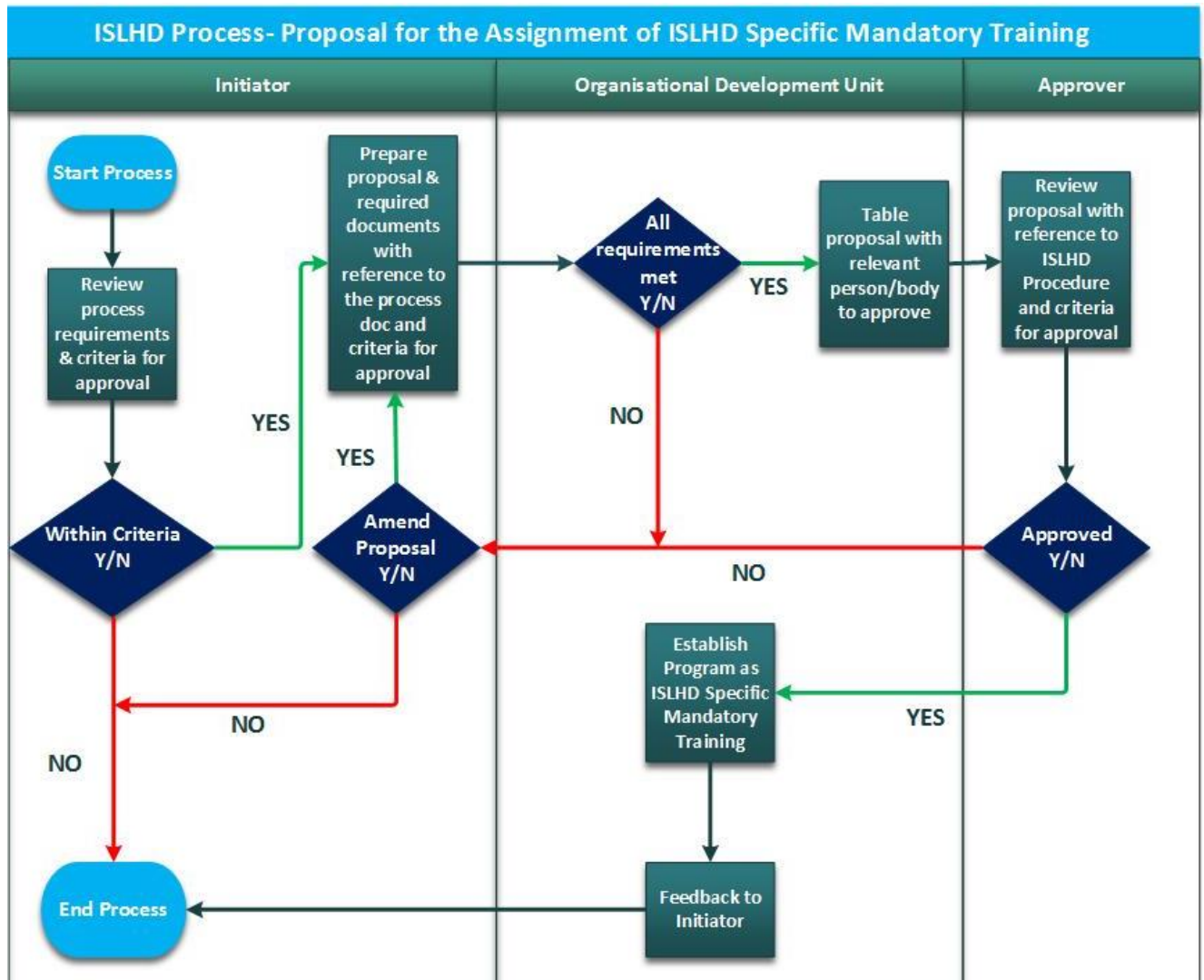
3.3 ISLHD's Workforce Development Unit will:

- Review submitted proposals to ensure that all required information has been provided and that approved forms/templates have been used.
- Provide feedback and or advice to proposal initiators on any 'incomplete' proposals.
- Table submitted proposals to the Mandatory Training Governance Committee.
- Notify the initiator whether the proposal has been approved / rejected.
- Return any rejected proposals to the initiator for attention or further action if required.
- Arrange for approved proposals to be created in the My Health Learning system and assigned to the relevant target audience.

4. PROCEDURE

The process flow to have a training program assigned as CE Directive mandatory training is shown below:

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Step 1: The proposal initiator reviews the process requirements including:

- The items to be addressed, and, documentation to be included with the application
- The assessment criteria for approval

Step 2: The proposal initiator obtains appropriate Executive Endorsement required to commence the process.

Step 3: The proposal initiator forwards the completed proposal form and all documentation required for approval by email to ISLHD’s Workforce Development Unit. Email to: ISLHD-Learningdevelopment@health.nsw.gov.au

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Step 4: The Workforce Development Unit tables the proposal with the Mandatory Training Governance Committee.

- *Note: prior to tabling the proposal for approval, the Workforce Development Unit will confirm that the application has been completed in full, that all required documentation is attached and has been completed using the approved ISLHD forms/templates.*

Step 5: The Mandatory Training Governance Committee will review the proposal with reference to the criteria for approval and decide whether to:

- Approve the proposal, or
- Reject the proposal outright, or
- Reject the proposal in its current format and suggest changes/modifications to be made prior to it being resubmitted.

Following review, the Mandatory Training Governance Committee will return all proposals, whether approved or rejected, to the Workforce Development Unit for further action.

- For rejected proposals see step 6
- For approved proposals see step 7

Step 6: The Workforce Development Unit will return rejected proposals to the initiator for attention and where appropriate further action.

- For rejected proposals that require amendments or modification, the initiator should make the required changes and recommence the process at Step 2
- For proposals that have been rejected outright, no amendments or resubmissions are to be made.

Step 7: Where the proposal has been approved, ISLHD's Workforce Development Unit will:

- Notify the proposal initiator
- Arrange for the program to be created as CE Directive mandatory training within the My Health Learning system.
- Arrange for the training to be targeted to relevant staff or groups of staff within the LHD.
- Arrange for all training resources associated with the program to be stored centrally.
- Provide feedback to the initiator confirming when this action is complete.

5. DOCUMENTATION

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- Appendix 1: ISLHD CORP F 486 - Proposal for the Assignment of Mandatory Training by Chief Executive Directive
- Appendix 2: Criteria for Approval of Chief Executive Directive Mandatory Training
- Appendix 3: Guidelines for Decision Makers
- Appendix 4: ISLHD CORP F – Education and Training Program Overview Template

6 REFERENCES

REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
19/2/2018	0	Professional Development Coordinator

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APPENDIX 1 – ISLHD CORP F 486

**Proposal for the Assignment of
Mandatory Training by Directive
of Chief Executive**



*This form is to be used when submitting a request for a training program to be made Mandatory by Chief Executive Directive or staff within the LHD. The form must be completed in electronic format, **hand written forms will not be accepted.***

All proposals should be completed with reference to, and in accordance with ISLHD CORP PROC 124

Section 1: Applicant Details	
1.1 Name of proposal initiator: (If making a proposal on behalf of a service/profession/function, the initiator should be listed as the service) For example: ISLHD Mental Health Service	
1.2 Name and Position of Key Contact:	
1.3 Telephone:	
1.4 Email:	
1.5 Date of Submission: (Note all programs assigned as ISLHD Specific Mandatory Training will be reviewed every 3 years to assess need)	
Section 2: Program Details	
2.1 Training Program Name: (Insert program name here)	
2.2 Why is this training program needed?	(Explain here, what deficit of skills, knowledge or behaviour currently exists that this training program will address? What evidence do you have to support this?)
2.3 What will participants learn from completing this training?	(Insert the learning outcomes to be achieved by participants showing the link to the required skills, knowledge or behaviour)

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<p>2.4 What effect on performance, or patient outcomes, is expected as a result of this training?</p>	<p>(Insert here, What you expect to see happening as a result of staff completing this training?)</p>
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<p>2.5 Why is it necessary to assign this training program as mandatory? (indicate your selection)</p>	<input type="checkbox"/>	Ensure compliance with legislation
	<input type="checkbox"/>	Achieve or maintain accreditation under the National Safety and Quality Health Service Standards (NSQHS)
	<input type="checkbox"/>	Meet the mandatory training requirements specified in a MoH Policy Directive
	<input type="checkbox"/>	Support or influence a clearly defined operational or strategic objective(s) of ISLHD
	<input type="checkbox"/>	Maintain or enhance clearly defined patient/client outcomes
	<input type="checkbox"/>	Other: (please specify here)

2.6 Please provide evidence that supports your selection from above:
 (include, reference to any legislation, NSQHS standard, MoH PD, operational or strategic objectives where appropriate)

2.7 Please provide an estimate of any costs required to establish this training program:
 (for example: the number and cost of facilitators required to deliver the program, any costs associated with the development of training resources to be used in the program, if eLearning the costs involved in developing this content.)

Section 3- Target Audience

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3.1 Specify the target audience to be assigned the training.	<input type="checkbox"/>	All ISLHD Staff (note that targeting of 'all staff' will include casual staff, contingent workers and visiting medical officers)
	<input type="checkbox"/>	All Clinical Staff
	<input type="checkbox"/>	All ISLHD Managers
	<input type="checkbox"/>	All ISLHD Non-Clinical Staff
	<input type="checkbox"/>	Other, (please specify here): (The target group requires to be specifically defined and must be capable of being targeted within the My Health Learning LMS. For advice on setting targeting contact, : ISLHD-Workforcesystems@health.nsw.gov.au
3.2 Please provide reasons to support your selection of the target audience, and provide an estimate of the number of employees to be targeted.		
Section 4- Timing of Training		
4.1 Please outline the time required of participants to complete this training: (E.g. hrs, days, weeks etc.)	Training Duration _____	
4.2 When is the training to be completed?	<input type="checkbox"/>	Orientation (within 4 weeks of commencing employment)
	<input type="checkbox"/>	Induction (within 6 months of commencing employment)
	<input type="checkbox"/>	Other (please specify here)
4.3 What is the proposed frequency of the training?	<input type="checkbox"/>	One Off (required to be completed once only)
	<input type="checkbox"/>	Annual (required to be completed annually)
	<input type="checkbox"/>	Recurrent (specify here, e.g.: every 2 years, 3 years etc.)
4.4 Please provide information/evidence that supports the selection of this timing and frequency. Include evidence of how this timing and frequency can be sustained by the organisation.		

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Section 5: Delivery Mode		
5.1 What method/mode will be used to deliver the training?	<input type="checkbox"/>	eLearning Only
	<input type="checkbox"/>	Face to Face
	<input type="checkbox"/>	Blended Delivery (combination of eLearning and face to face training)
5.2 Please provide reasons to support/validate your use of this delivery mode.		
Section 6: Other Requirements		
<p>All proposals submitted for consideration to be assigned as CE Directive mandatory training programs must include copies/evidence of the items shown below as applicable to the relevant training delivery mode.</p> <p>The absence of one or more of these <u>required items</u> will result in an automatic rejection of the proposal.</p>		
Required Items:	Training Delivery Mode:	
a. A program overview (ISLHD CORP F487)	All delivery modes	
b. Copies of all training resources to be used in the delivery of the program.	Face to face and blended delivery programs only	
c. The name and location of any eLearning module to be used in the delivery of the program.	eLearning and blended delivery programs only	
Section 7: Workforce Development Unit Confirmation		
All required fields complete and documents attached?	Yes / No	Date:

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Section 8: Approval ISLHD Mandatory Training Governance Committee	
Proposal: Approved / **Rejected (please circle)	Date:
**Reasons for rejection of the proposal: (Please provide feedback on sections that did not meet the required criteria below)	
Section 1:	Section 2:
Section 3:	Section 4:
Section 5:	Section 6:
<i>*All proposals, whether approved or rejected, are to be returned to ISLHD's Workforce Development Unit for further action</i>	

APPENDIX 2 – Criteria for Approval

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The purpose of this form is to guide decisions regarding the approval of CE Directive mandatory training. This form should be used with reference to the Guidelines for Decision Makers, shown at Appendix 2.

Note: The sections listed in the table refer to corresponding sections of the Proposal Form: ISLHD CORP F 486

Section	Criteria to be met	Response	Action
Section 1:	Are all applicant details fields complete?	Y / N	Yes- proceed to criteria for section 2 No- reject, but continue to review the proposal and provide feedback to the initiator to update/modify this section.
Section 2:	2.1 Name of the program has been stated.	Y / N	Yes to all- proceed to criteria for section 3. No for criteria 2.1, 2.3, 2.4, 2.5, or 2.7 - reject the proposal but continue to review providing feedback to the initiator to update/modify these sections No to criteria 2.2 or 2.6- reject the proposal outright. Provide feedback to the initiator with reasons for the rejection of the proposal.
	2.2 Training need has been identified and is assessed as legitimate	Y / N	
	2.3 Learning outcomes have been stated and are aligned to training need.	Y / N	
	2.4 Information outlining the expected impact of the training has been provided.	Y / N	
	2.5 Selection has been made.	Y / N	
	2.6 Appropriate evidence to support the selection made at section 2.5 is attached	Y / N	
	2.7 Sufficient information has been provided and is assessed as appropriate to need.	Y / N	
Section 3	3.1 The target group to receive the training has been clearly defined.	Y / N	Yes to all- proceed to criteria for section 4 No to one or more – reject, but continue to review proposal with feedback to the initiator to modify/update this section.
	3.2 The target group to receive this training is assessed as appropriate to needs.	Y / N	
Section 4	4.1 Time required for the training is stated and is assessed as appropriate to needs.	Y / N	Yes to all – proceed to criteria for section 5 No to one or more- reject, but continue to review the proposal providing feedback to the initiator to update/modify this section.
	4.2 Period of when training is to be undertaken is stated and is assessed as appropriate to need.	Y / N	
	4.3 Frequency of the training is stated and assessed as appropriate to needs.	Y / N	
	4.4 Sufficient information is provided that support choices made at sections; 4.1–4.3 and reasons given are assessed as appropriate.	Y / N	

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Section 5	5.1 Mode of training delivery has been stated.	Y / N	Yes to all- proceed to section 6
	5.2 Reasons have been provided to support the chosen mode of delivery and are assessed as appropriate to needs.	Y / N	No to one or more- reject, but continue to review the proposal providing feedback to the initiator to update/modify this section.
Section 6	6. All required documentation and resources required of the specific 'mode of delivery' are attached.	Y / N	Yes - proceed to section 7 No- reject the proposal continue to section 8 and provide feedback to the initiator on the items missing from the proposal.
Section 7:	For ISLHD's Strategic Improvement Programs Directorate <u>ONLY</u>. 7.1 All required fields completed and documents attached?	Y / N	Yes – Forward proposal to the appropriate approving person, committee. No – Return proposal to initiator with advice on missing items/documents to be included.
Section 8:	8.1 Has the proposal met all the criteria required in sections 1 – 6?	Y / N	Yes- approve the proposal, complete relevant fields in section 8 and return the form to the initiator. No- Where criteria 2.3, 2.4, 2.5 or 2.8 have not been met; reject the proposal outright Where criteria other than those shown above have not been met; reject the proposal and request amendments For all rejected proposals, complete the relevant fields in section 8, include: <ol style="list-style-type: none"> 1. Reasons that the proposal was rejected, and 2. Suggestions on any modifications/updates required prior to it being resubmitted, where appropriate. Return all proposals approved or rejected to ISLHD Workforce Development. Email to: ISLHD-learningdevelopment@health.nsw.gov.au

APPENDIX 3 – Guidelines for Decision Makers

In making a decision to approve a training program as mandatory for ISLHD staff, it is necessary to assess the merits of the proposal on two levels:

1. Whether it is **necessary** for the program to be assigned to staff as a mandatory requirement.
2. The **feasibility** of the proposal, and whether ISLHD has the capacity to meet it in conjunction with existing training requirements, mandatory or otherwise.

Whether a proposal is **necessary** or not will depend on two key factors:

- **Risk:** Is there a material risk to patients, staff, or the organisation that may be realised if the training program is not made mandatory for the targeted staff?
- **Need:** Is there a specific need for the training program to be made a mandatory?
For example:
 - Is the training a requirement of legislation, a NHQHS standard, or a MoH Policy that the LHD **must** meet?
 - Is it to meet a **key** strategic or operational priority of the LHD?
 - Does it deliver an **essential** knowledge, skill or capability required of the workforce?
 - Will it will impact/influence an **important** service outcome of the LHD?

In assessing **feasibility**, consideration should be given to the following:

- Is the timing, duration and delivery mode appropriate and sustainable?
- Does the LHD have the capacity to train the target audience within the stipulated timeframes?
- Does the LHD have the number and availability of human and physical resources needed to deliver the program?
- What mandatory training is the target audience already required to complete?
- Do they have the capacity to complete additional mandatory training?
- Does another program need to make way for this one?
- What existing training programs, are the trainers/educators expected to deliver?
- Is there capacity to add this program to their workload?
- Does another program need to make way for this one? Overall; is the financial and time cost to the LHD appropriately offset by the need to make the training mandatory for staff?

APPENDIX 3 – ISLHD CORP F487- Education and Training Program Overview Template

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1.0 Name of program:	(As per name to appear in My Health Learning system)		
1.1 Program owner:	(Program owner should be an ISLHD Department or Service, also include contact details for a key program contact)		
1.2 Date of last review:	(ISLHD training programs are to be reviewed for relevancy/currency at least every 3 years)	1.3 Date of next review:	(should be no later than 3 years from last review or program creation date)
2.0 Is this a mandatory training program: YES / NO (Delete as required, if YES identify whether State-Wide or CE Directive, If No proceed to 2.3)	<input type="checkbox"/>	State-wide mandatory training	
	<input type="checkbox"/>	CE Directive mandatory training	
2.1 Source of mandatory requirement:	(Enter details of the MoH Policy or NHQHS standard that mandates the training, if not applicable write: Not Applicable)		
2.2 Name of Content Object:	(For Mandatory Training: Enter the name of the relevant State-wide or ISLHD specific Content Object, if not applicable write: Not Applicable)		
2.3 Responsibility for data entry in My Health Learning system: (Enter details of who has responsibility for the entry of training data into My Health Learning system)	<input type="checkbox"/>	Scheduling of class room offerings:	(E.G.: Program Coordinator or Educator(s) delivering session etc.)
	<input type="checkbox"/>	Enrolment of participants:	(E.G.: Program Coordinator, Educator(s) delivering sessions, participant self-enrolment etc.)
	<input type="checkbox"/>	Updating participant completions:	(E.G.: Program Coordinator, Educator(s) delivering sessions etc.)
3.0 Program summary: (Provide a brief overview of the training program and its aim, including key learning objectives)			
3.1 Target audience: (Provide details of the target audience to receive the training, E.G.: all Clinical Staff, All Hotel Services Staff, Security Officers, Wardspersons, Stock Clerks (linen supply)			
3.2 Enrolment process	<input type="checkbox"/>	Targeted: (tick this box where enrolment has been automatically assigned to the target audience within HETI Online)	
	<input type="checkbox"/>	Self-enrolment: (tick this box where staff able to self-enrol in the program via HETI Online)	
	<input type="checkbox"/>	Other: _____ (Please specify) (Tick this box where enrolment is by some other method other than Targeted or Self Enrolment-	

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		Provide details on how staff will enrol in the program, for example: On application)
3.3 Mode of delivery:	<input type="checkbox"/>	Face to Face only (tick this box if the training is delivered in a face to face learning mode only)
	<input type="checkbox"/>	eLearning only (Tick this box if the training is delivered by eLearning mode only)
	<input type="checkbox"/>	Blended Delivery (Tick this box if the training is delivered using a blended delivery method, for example a combination of face to face training, course work and eLearning)
3.4 Duration of the training	(Enter the duration of the training program, E.G.: 30 Minutes. Where there is more than one component in a program provide an estimate of the total time required to complete each program component)	
3.5 Timeframe for training to be completed:	<input type="checkbox"/>	Orientation (tick this box if the training requires to be completed during the employees orientation period e.g. within the 1 st 4 weeks of employment)
	<input type="checkbox"/>	Induction (tick this box if the training requires to be completed during the employee's induction period, e.g. within the 1 st 6 months of employment)
	<input type="checkbox"/>	Other _____ (Provide details) (tick this box if the employee requires to complete the training at some other period which is not within orientation or induction, for example: On successful application to program)
3.6 Frequency of the training:	<input type="checkbox"/>	One Off (tick this box if training is to be completed only once)
	<input type="checkbox"/>	Annual (tick this box if training requires to be completed annually)
	<input type="checkbox"/>	Recurrent: _____ (Provide details) (Tick this box if the training requires to be completed on a recurrent basis, e.g. every 5 years)
3.7 Competency assessment required:	Yes / No (If Yes, Provide details of the competency assessment required as part of this training)	
3.8 Course pre-requisites: (provide details of any pre-requisite courses or conditions to be met by participants)	Yes / No (if yes, please specify pre-requisites required)	