PURPOSE

The purpose of this policy is to:

- Establish support for employee development in relationship to institutional goals;
- Distinguish between the various types of programs (e.g., internal, external, mandatory, optional); and
- Describe support for staff development and training programs.

POLICY STATEMENT

It is the policy of The University of Texas MD Anderson Cancer Center (MD Anderson) to provide opportunities for employees to broaden their knowledge and skills, both in the interest of achieving and maintaining high performance in the work environment and promoting employee development. Staff development is a key management responsibility, and all managers are expected to support development programs and encourage employee participation.

SCOPE

Compliance with this policy is the responsibility of all faculty, trainees/students, and other members of MD Anderson’s workforce.

TARGET AUDIENCE

The target audience for this policy includes, but is not limited to, all faculty, trainees/students, and other members of MD Anderson’s workforce.

DEFINITIONS

Eligibility: Individual training programs list any Eligibility requirements (e.g., regular full-time, part-time, and hourly). Any employee meeting these requirements and receiving manager approval may participate.

External Programs: Courses, seminars, or workshops conducted by outside sources. Attendance may be initiated by an employee’s manager (e.g., a work-related seminar), or by the employee (e.g., a college course; see Tuition Assistance Policy Related to Institutional Job Needs (UTMDACC Institutional Policy # ADM0270)).
**Internally Sponsored Programs:** Conducted by, or under the direction of, MD Anderson departments and divisions (e.g., Human Resources, Performance Improvement, Nursing, Pharmacy, Environmental Health and Safety).

**Mandatory Programs:** Departmental or institutional participation is required. Such requirement may be based on:

- A regulatory agency ruling (see the Education Section of the [Hospital Compliance Plan](#));
- Institutional committee recommendation;
- Presidential request; or
- Departmental decision based on identified needs.

Managers make the necessary arrangements for the employee to attend. Whenever possible, attendance is during regular work hours.

**Optional Programs:** Participation in Optional Programs conducted during work hours is subject to manager approval.

**Physician Assistant (PA):** A person licensed as a Physician Assistant by the Texas Physician Assistant Board.

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### PROCEDURE

**1.0 Employee's Responsibility**

It is the employee’s responsibility to:

1.1 Successfully complete required training assigned by the institution (see the Education Section of the [Hospital Compliance Plan](#)) or department within identified timeframes and deadlines;

1.2 Seek training opportunities to improve job performance;

1.3 Initiate and follow through with planned personal development activities to improve job performance;

1.4 Seek manager’s prior approval for training, including arrangements for funding and scheduling;

1.5 Inform manager about completed training programs; and

1.6 Meet educational requirements for maintaining professional licensure or specialty certification required for assigned position (includes responsibility for maintaining documentation of requirements being met).

**2.0 Manager's Responsibility**

The manager’s responsibilities include supporting staff development by approving employee participation in training programs and supporting completion of mandatory and designated programs. Managers will:

2.1 Help employees identify developmental needs arising from changing institutional needs and based on job expectations, performance, and individual interests.
2.2 Assist in identifying, evaluating, and selecting appropriate methods for employee development.

2.3 Use institutional resources to develop specialized departmental training programs as necessary and appropriate (e.g., Departmental Health Insurance Portability and Accountability Act (HIPAA) Privacy Training).

2.4 Provide support for approved training (including allocation and commitment to time and/or expenditure necessary for the development activities), and establish adequate staff coverage to enable periods of absence, if necessary.

2.5 Ensure that employees complete all mandatory institutional training programs (not licensure/certification requirements) as part of scheduled on-duty time, and verify completion (see the Education Section of the Hospital Compliance Plan).

2.6 Monitor and evaluate the effectiveness of any approved training chosen to meet identified needs (employee and institutional).

2.7 Ensure the verification of current credentials, except for medical staff having clinical privileges and Physician Assistants (see the Job Description Database). Renewal of credentials should be conducted in accordance with the provisions of the applicable regulatory agency. Records of renewed licenses and certifications are maintained in the departmental records.

2.8 Ensure documentation of required training and verify that educational records are collected and entered into the institution's educational database (see the Official Personnel Files (OPF) Policy (UTMDACC Institutional Policy # ADM0280)).

2.9 The Medical Staff Office maintains training documentation including medical credentials and licenses, and continuing medical education documentation for all Practitioners (employees and independent) and Physician Assistants.
ATTACHMENTS / LINKS

Hospital Compliance Plan.
Privacy and Confidentiality site.

RELATED POLICIES

Confidentiality Policy (UTMDACC Institutional Policy # ADM0264).
Official Personnel Files (OPF) Policy (UTMDACC Institutional Policy # ADM0280).
Patient Privacy: Uses and Disclosures of Protected Health Information Policy (UTMDACC Institutional Policy # ADM0401).
Performance Evaluation Policy (UTMDACC Institutional Policy # ADM0304).
Recruitment and Selection Policy (ADM0307).

JOINT COMMISSION STANDARDS / NATIONAL PATIENT SAFETY GOALS

HR.01.05.03:

HR.01.06.01:
“Staff are competent to perform their responsibilities.” Comprehensive Accreditation Manual for Hospitals (CAMH), 2017.

HR.01.07.01:

OTHER RELATED ACCREDITATION / REGULATORY STANDARDS

None.

REFERENCES

None.
POLICY APPROVAL

Approved With Revisions Date: 01/27/2017
Approved Without Revisions Date: 01/27/2017
Implementation Date: 01/27/2017
Version: 22.0

RESPONSIBLE DEPARTMENT(S)

Human Resources