**Continuing Education Guidelines**

**Section:** Employee Relations

**Compliance:** URAC Specialty Pharmacy 2.1

**URAC Standards:** PHARM Core 26, 27

**Policy ID:** 2.2

**Approved by:**

**POLICY**

To promote quality patient care, in-service education and staff training will be provided and documented on an ongoing basis. **[PHARM Core 26]**

**PROCEDURE**

1. In-service education will be provided as needed for new services, products or equipment prior to providing such services
2. Initial orientation and/or training for all staff before assuming assigned roles and responsibilities **[PHARM Core 27 (a)]**
3. Attendance records will be maintained for all formal in-services **[PHARM Core 27 (e)]**
4. In-service topics will be determined based on needs identified through employee skill assessments, for high volume, high risk and problem prone procedures
5. Mandatory annual in-services will be provided for the following:
	1. Training in current URAC standards as appropriate to job functions **[PHARM Core 27 (b)]**
	2. Safety testing on equipment used in the work environment
	3. Emergency/ disaster training
	4. How to handle complaints/ grievances
	5. Infection control training
	6. Cultural diversity
	7. Communication barriers
	8. Ethics training
	9. Work place and client/ patient safety – including disaster planning
	10. OSHA (right to Know laws)
	11. Client/ patient Rights and Responsibilities
	12. Confidentiality/Conflict of Interest **[PHARM Core 27 (c, d)]**
	13. Sexual Harassment
	14. HIPPA
	15. Fraud, Waste and Abuse Training
6. Professional personnel must complete the required CEU’s mandated by their professional organization. If there are no licensure requirements, professional personnel (pharmacists, nurses, etc.) must attend a minimum of 8 hours of in-service and training per year **[PHARM Core 26][PHARM Core 27 (f)]**
7. Personnel not providing direct patient services will attend at a minimum 4 hours of in-service and training per year **[PHARM Core 26] [PHARM Core 27 (f)]**

|  |  |  |
| --- | --- | --- |
| **DATE:** | **REVISED BY:** | **REVISION:** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |