

Statutory and mandatory training for medical staff in the NHS

The mere mention of ‘statutory and mandatory training’ is guaranteed to raise negative and often adversarial responses from the majority of doctors working within the NHS. Why should this be so?

Employers, individual NHS trusts, health boards and other organizations are under an obligation to ensure all their staff have been adequately trained in a core set of subjects to ensure safety in the workplace (Garcarz and Wilcock, 2005). Some of these are set out in UK statute (Table 1). Others are mandated as part of the contractual obligations of employees since, although not explicitly required by law, employers feel they are vital for safe and efficient service provision (Table 2).

It is difficult to argue against the need for NHS staff to be trained and competent in these core subjects. The reason these subjects need to be covered is because the consequences of failure can be profound for patients and their relatives, the employer, and individual employees. Major drivers for inclusion of topics in mandatory

and statutory training programmes include the NHS Litigation Authority, NHS Risk Management Standards and recommendations from the National Patient Safety Agency and similar organizations. Inspections of hospitals by bodies such as the Care Quality Commission will typically require evidence of staff compliance with mandatory and statutory training (Care Quality Commission, 2010). Serious incident investigators and coroners take a dim view of errors when it transpires that those involved have not received basic training or, equally importantly, are unable to evidence such training.

So why is there such antipathy about statutory and mandatory training?

First, people, perhaps especially doctors, instinctively take against anything that they are forced to do. Second, there is a perception that mandatory and statutory training, even if it is a good idea, is something for other people. There may be a perception that nurses and health-care assistants need mandatory and statutory training, but doctors are above this.

However, there are more substantial barriers to the delivery of mandatory and statutory training. Most training needs to be repeated frequently, e.g. yearly for fire safety. Doctors and others sometimes complain that the training is required far too often. The frequency is often arbitrarily set by agencies external to the employer who has little flexibility if they are to remain compliant with the requirements.

Doctors frequently move from one NHS organization to another, and the lack of portability of training records is a constant source of frustration. While some topics may be site-specific, e.g. fire safety, others, e.g. equality and diversity, are much more generic. Discussions have been ongoing for many years to develop a ‘mandatory and statutory training passport’ that can move with employees from one NHS organization to another, but even in

relatively well-defined geographical regions, this is still problematic.

Another cause of concern is that NHS trusts often seem more exercised by compliance figures for attendance at training rather than the quality of the teaching and making the sessions interesting and valuable. A vicious circle can be set up in which doctors, who are already antagonistic at having to attend the sessions, become increasingly disengaged and frustrated at having to sit through poor quality training. Mixed messages can also be sent out; the importance of mandatory and statutory training is emphasized to doctors by education or human resource departments, yet doctors find it difficult to be released from clinical duties to attend pre-booked sessions.

Doctors have increasingly become accustomed to greater regulation and scrutiny. Postgraduate trainees have a list of workplace-based assessments and competencies they must achieve and also evidence. Career-grade doctors must have annual appraisals, audit their work, and undergo regular revalidation. The price of greater patient safety is sometimes seemingly frustrating demands. After all, our motor vehicles must all pass an MOT test every year, even if they have been stored in a garage all year and been regularly serviced. In order to protect the wider community from the minority who would otherwise drive unsafe vehicles, we all have to comply with an agreed standard, however irrelevant it appears to our personal circumstances.

How can we improve mandatory and statutory training?

Doctors should accept that serious incidents and fatalities often occur when simple things are not done properly. While it is understandable to want to attend a specialist meeting or learn a complex procedure, doctors should appreciate that there is significant clinical risk in day-to-day activities such as taking blood, hand

Table 1. Statutory training for NHS doctors

Safeguarding Children (level 3)	Every 3 years
Safeguarding Adults	Every 2 years
Good Clinical Practice	Every 2 years if involved in clinical trials

Table 2. Typical mandatory training for NHS doctors

Resuscitation training
Blood transfusion competency
Use of point of care testing machines (e.g. blood gases)
Hand hygiene training
Conflict resolution
Information governance

hygiene, and information governance. Rather than obstinately battling against mandatory and statutory training, they should lead by example and make it a priority. In this way, other members of staff will see it as important as well.

NHS employers should ensure the sessions are delivered using blended-learning techniques. Some content can be covered on-line, some by booklets, and some by face-to-face teaching (ideally in small groups). The emphasis should be on tailor-

ing the content to the learners rather than focussing on the minimum statutory requirements. Staff should be released to attend sessions, perhaps by timetabling a fixed 'mandatory and statutory training day' into the diary of every doctor. Accurate and robust evidence of attendance should be collected. Ideally, doctors should be encouraged to deliver some of the sessions to their peers.

Prevarication over the portability of mandatory and statutory training records

between NHS organizations should cease. Likewise, clarity and a degree of stability are required regarding the content of mandatory and statutory training. It is difficult for doctors to keep up to date when the goalposts of what is required keep moving. **BJHM**

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KEY POINTS

- All NHS staff, including doctors, must undertake mandatory and statutory training.
- Topics included in mandatory and statutory training relate to important patient and/or employee safety issues.
- Serious incidents commonly occur when simple things are not done correctly.
- Doctors should lead by example and ensure they are up to date with their training.
- The NHS and employers must develop systems to deliver mandatory and statutory training in an effective and efficient manner.

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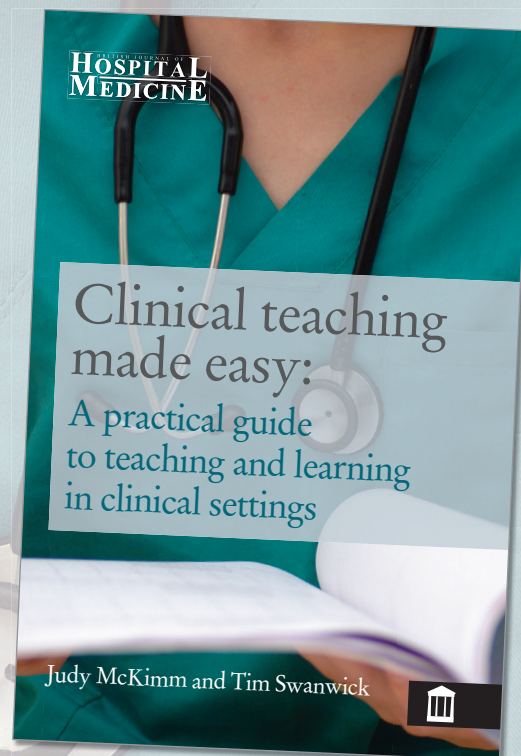
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