Is training the answer to everything?

Is training the answer to everything? The news coming out of health care at the moment is that things are going wrong and so all health-care professionals need training to get back on track again. There are lots of examples. Members of parliament think that the suicide strategy has failed and doctors 'need better training in assessing risk' (O'Dowd, 2016). The Royal College of Obstetricians and Gynaecologists say that we should 'train all maternity staff to treat postpartum haemorrhage' (Wise, 2016). And the trend is international. In the USA more home-based care will require doctors to be trained in new skills (O'Brien and McKoy, 2016).

Will training help?

Are all these reports correct and will training help? There is no question but that health care needs to improve. But whether training has all the answers is a moot point. The problem with the training strategy is that training is different to education. Training is about learning a specific skill or procedure. It is about learning to do a task that someone else has assigned to you. Training courses have a start, a middle and an end – so it is clear when training is completed. Training discourages independent thinking – it is one-size-fits-all and it is usually about learning to follow a protocol.

It is worth pausing for a second and reflecting on whether this approach will help the health service solve the problems mentioned above. For example, even if all doctors received training to assess suicide risk, would they be able to put their training into action for the benefit of patients? Or would the barriers of short appointment times and inadequate access to specialist services prevent them from doing this – even if they were fully trained?

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Training *vs* education

The alternative to training is education. This is lifelong and comes from within the learner. It is a bottom-up approach and is never completed. It involves thinking through strategy and deciding what options are best, putting them into action and overcoming barriers. It is about reflecting on practice and on learning and then on practice again. It is also about making explicit choices to decide between priorities that are based on the learning needs of different types of professionals (Walsh, 2007).

The top-down approach involved in training does not work any more – if it ever did. Curricula are already filled to bursting point and adding more resources in psychiatry, obstetrics or other specialties is unlikely to help. Over 100 years ago Thomas Clifford Allbutt wrote that:

> **'for two generations we have been loading and loading this brief curriculum as if we desired to teach many things ill rather than a few things well' (Allbutt, 1905).**

That was over 100 years ago. Undoubtedly a fair bit has been added to the curriculum since then. Statutory and mandatory training can cause similar problems. Clinicians complain about having to do lots of such training that often has little effect on their working lives and that takes up so much time that there is little time left to do the learning that they actually need to do. Continuing professional development programmes should be based on educational needs but all too often they become an exercise in the accumulation of continuing professional development credits instead.

KEY POINTS

- Continuing professional development programmes should be based on educational needs.
- Education involves thinking through strategy and deciding what options are best, putting them into action and overcoming barriers.
- Education is about a continuous cycle of reflecting on practice and on learning, and then on practice again.

Another way?

Is it time to think about a different approach? This will mean autonomous health-care professionals evaluating the needs of their patients and populations and deciding on their learning based on those needs. Only health-care professionals themselves have a holistic overview of all the needs of their communities that they can then prioritize. Only they can know when to say yes or no to the needs of special groups. **BJHM**

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