Here are some training courses that every relevant member of staff has to complete – it is a legal requirement. But organising statutory and mandatory training for a huge workforce is a massive undertaking. It has an impact on patient care and is a challenge for NHS employers and employees alike. And this challenge isn’t made any easier by the various interpretations of who is required to do what. So how do trainers, managers and human resources or education and training departments cope?

But before we get started, it’s worth pointing out that each organisation will have its own view of what constitutes ‘statutory’ and ‘mandatory’. As a rule the terms ‘statutory’ or ‘statutory and mandatory’ relate to training that applies to everyone who works in the NHS, whether manager or clinician, administrative or support staff, employee or self-employed contractor. This training must be done whether you work in a hospital, health centre, strategic health authority or general practice (an example is fire safety training). Sometimes statutory training applies only to groups of staff. For example, anyone who is involved in ordering or taking X-rays or other procedures involving radiation is required to abide by the Ionising Radiation (Medical Exposure) regulations and to undertake specific training. ‘Mandatory’ on its own is often interchangeable with ‘essential’ or ‘compulsory’ and tends to mean training that specific staff need for their jobs. Some professions require evidence of completion of specific training courses as part of continued registration. An example is the General Dental Council, which requires dental care professionals to undertake a minimum number of hours’ training in medical emergencies, disinfection and decontamination, radiography and

Getting the right staff through the necessary courses is no easy task. Andy Cowper takes a look at what trusts are legally obliged to undertake – and how they’re doing it.

Statutory & mandatory training


radiation protection, legal and ethical issues and complaints handling.

Deciding what your trust must offer in terms of training first requires a risk assessment, taking into consideration the number of employees and the types of roles they have. But after that is when the logistical difficulties begin.

As far as I know, no one thinks they’ve cracked it yet,” says Jane McVey, HR Director of Milton Keynes Primary Care Trust (PCT). ‘The practical aspects of delivering statutory and mandatory training are all about the sheer volume of training we must deliver. Delivering mandatory training is the key challenge, which I know rings bells with my NHS colleagues.’

Allan Jolly, until recently Head of Personnel Development and Training at Hampshire Partnership NHS Trust, agrees. ‘Whether training is deemed “mandatory” or “essential” is a decision taken by each local organisation. We have 19 different types of training that are deemed “essential” for the staff of our organisation. That means we deliver more than 3,000 courses annually for a staff of about 25 people, training employees for over 25,000 training attendances.’

Volume isn’t the only difficulty. According to Mr Jolly, in addition to the lack of transferability between employers has added to the problem. ‘The lack of national standards has been a challenge. There is a financial incentive too. NHS organisations are compelled to meet risk management standards set out by the NHS Litigation Authority (NHSLA). The level an organisation achieves determines what they may pay in insurance premiums, so there are financial savings available. What’s more, trusts are required to maintain a training stock and consolidating their training practices: a review of mandatory training by Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust resulted in an annual saving equivalent to employing about 25 people.

Streamlining practice

There are attempts to simplify matters. ‘One thing we’ve done locally is to develop a very clear policy of what is absolutely essential for which staff group,’ says Mrs McVey. ‘So we keep the training requirement to an absolute minimum. We’ve had to become more sophisticated and our mandatory category may just have four elements across all our staff (induction for new starters, fire awareness, load or people handling and infection prevention and control) but there are, of course, more specialist training needs for specific roles. The start of our process is getting the organisation to agree on what is mandatory training and to whom it applies.’

A significant piece of work is under way, led by Emma Wiltton, Widening Participation Manager in the NESC Innovations, Development and Wider Impact team, to develop a ‘training passport’ across trusts and PCTs within NHS South Central. The purpose of this project is to promote statutory and mandatory training and to enable skills to be transferred across the region.

The use of current statutory and mandatory training must make a real difference to patient safety’

to develop and deliver e-learning

of e-learning to meet the required learning outcomes is wholly dependent on its implementation and is proven to be most effective when incorporated as part of a blend,’ she says.

Learning and development professionals understand the potential of e-learning, according to Ms Wright, ‘but may lack the skills and expertise to develop and deliver e-learning as part of a blend. As regards staff, there are further significant barriers that need to be addressed, such as low levels of computer literacy.’ She acknowledges that there remains a lot to do in terms of increasing staff competence and confidence to deliver e-learning. In an effort to address the skills deficit, NESC has funded training for 50 learning and development staff to undertake a certificate in blended learning.

To support the implementation of e-learning strategy across South Central, Ms Wright has set up the Regional E-learning Strategy Group for all learning and development leads for further information go to tinyurl.com/npme2.

For Mrs McVey, the guiding principle is that ‘mandatory and statutory training must make a real difference to patient safety.’

The training is available online and can be accessed from a PC, a laptop, or a handheld device such as an iPod with training software on them. ‘But it was very well evaluated, and people felt they nailed all the required training. So we’ve commissioned several more of these for 2009,’ she adds that it was particularly useful for district and community based nurses, who don’t necessarily have easy access to a computer.

Mrs McVey acknowledges that managers are very taken with e-learning ‘because they think staff can do it in the odd hour’, but feels that its all-round effectiveness in outcomes remains to be proven. ‘You can see it would have a place in helping to keep staff up to date annually, such as in infection control, following an initial face-to-face or two. We need to get smarter in managing that.’

Mrs McVey’s cautious attitude towards e-learning is not an isolated one. When Ms Wright was first seconded to NESC from Portsmouth Hospitals NHS Trust she found trusts and PCTs were at ‘widely differing stages in their efforts to embed e-learning into their learning infrastructure’. Most organisations do not have a dedicated lead team or blend staff to deliver direct patient care. Clearly, this isn’t the most effective way of delivering training to those staff, so we look at a range of factors such as frequency – for example, is two-yearly training better than annual? Or mode of delivery, such as training booklets, and e-learning. ‘His organisation is considering giving staff iPads with training software on them. The Department of Health’s Standards for Better Health and the NHSLA risk management standards have been instrumental in increasing attention to alternative training methods. This is key to implementing e-learning across the NHS. E-learning and other modern education techniques will be needed to deliver the training to meet these standards. The results of a large scoping project I undertook early last year highlighted that the NHSLA risk management standards remain a big driver for trusts and PCTs introducing e-learning,’ says Alison Wright, E-learning Programme Manager for NESC (The NHSLA standards themselves, however, do not stipulate any requirement for e-learning.)

She adds: ‘As a consequence, I have been very closely involved with the project being led by Ms Wiltton and the NESC Innovations team. Having common resources, such as e-learning modules for infection control, mapped directly to the standards, is critical to achieving transferability and achieving economies of scale. Large-scale national initiatives such as the national learning management system should help improve access to e-learning and make transferrability a reality.’

Different methods

Different approaches work for different organisations. Mrs McVey says: ‘One recent success for us was an organisation-wide day dedicated to mandatory training. Our clinical staff found it very successful. Initially, we did fear the resource issues of a group of our staff taking a whole day out. But it was very well evaluated, and people felt they nailed all the required training. So we’ve commissioned several more of these for 2009.’

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