Mandatory training can be defined as that deemed essential by an organisation for it to run safely and efficiently, to reduce organisational risks and to comply with policies and government guidelines (Royal College of Nursing, 2009). Most trusts include statutory training, such as fire safety, on mandatory training days. This can be defined as training that organisations are legally required to provide or training that they have been instructed by a statutory body to provide (RCN, 2009). Trusts must demonstrate that they meet certain statutory/mandatory training obligations set out by, for example, the:

- Health and Safety Executive;
- NHS Litigation Authority;
- Standards for Better Health;
- Knowledge and Skills Framework;
- Information Governance Toolkit.

No government guidelines specify what mandatory training for nurses should comprise; it is for employers to decide (Taylor, 2008). Typically, it incorporates key themes including cardiopulmonary resuscitation, infection control, risk management, medicines management, safeguarding adults/children, and moving and handling.

**Current useful quotes from key websites.**

**London Deanery**
Please copy and paste link to view

http://www.londondeanery.ac.uk/professional-development/medical-workforce-development/primary-care/working-in-primary-care-in-london/gp-partner/mandatory-training/?searchterm=mandatory training

**RCGP**
‘As employees there are certain requirements which health and safety legislation require such as fire training and moving and handling training.

*Child Protection Training: All nurses and HCAs working in general practice will require initial and regular updates to ensure that they are kept aware of child protection issues.*

*Annual Basic Life Support training is a requirement of QOF for all clinical staff working in general practice.*

*Immunisation and Anaphylaxis training would be necessary for all nurses who are immunising or carrying out travel vaccinations in general practice.*

*Cervical Cytology Training is increasingly becoming mandatory by PCTs and recommended by all cytology laboratories.*

*Information provided by RCGP General Practice Foundation RCGP do not take responsibility for the content in the links included in this document*
Independent Prescriber Training: Nurses wishing to extend their role to become prescribers will need the support of a GP to be able to become safe and competent as a prescriber. The Department of Health has produced guidance on these courses.

HSE
‘The Health and Safety Executive (HSE) describes mandatory training as an essential principle that influences safety behaviour, promotes a positive health and safety culture, and leads to good health and safety performance.’

GMC
‘Good Medical Practice: Maintaining & improving your performance’

14. You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must:
   a. maintain a folder of information and evidence, drawn from your medical practice
   b. reflect regularly on your standards of medical practice in accordance with GMC guidance on licensing and revalidation
   c. take part in regular and systematic audit
   d. take part in systems of quality assurance and quality improvement
   e. respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary
   f. help to resolve uncertainties about the effects of treatments
   g. contribute to confidential inquiries and adverse event recognition and reporting, to help reduce risk to patients
   h. report suspected adverse drug reactions in accordance with the relevant reporting scheme
   i. co-operate with legitimate requests for information from organisations monitoring public health – when doing so you must follow the guidance in Confidentiality.

Good Medical Practice: Keeping up to date

12. You must keep your knowledge and skills up to date throughout your working life. You should be familiar with relevant guidelines and developments that affect your work. You should regularly take part in educational activities that maintain and further develop your competence and performance.

13. You must keep up to date with, and adhere to, the laws and codes of practice relevant to your work.

The aims of CPD
2 Your CPD activities should maintain and improve:
   a the quality of care you give your patients and the public
   b the standards of the teams and the services in which you work

3 Your CPD should keep you up to date and competent in all the work that you do. It should affirm what you do well, address areas requiring improvement and explore new knowledge, skills and behaviours.
Systems regulators

Organisations such as the Care Quality Commission in England, the Health Inspectorate Wales, the Regulation and Quality Improvement Authority in Northern Ireland and Healthcare Improvement Scotland is responsible for overseeing the quality of care provided by organisations across the UK. This includes making sure that organisations have arrangements in place for staff to obtain appropriate training, professional development, supervision and appraisals so that they can deliver care and treatment to an appropriate standard.’

Suggested training to be mandated in Wandsworth

Mandatory

- Basic Life Support/CPR & Anaphylaxis- annually for all practice staff (attendance or in-house)
- Information Governance/Record Handling & Confidentiality- all practice staff (NHS Online if necessary)
- Safeguarding Children- initial training then updates required (GPs and Practice Nurses need to undertake Level 3, HCAs Level 2. Local attend or in-house)
- Safeguarding Vulnerable Adults – GPs are required to update every 3 years, awaiting information regarding Nurses/HCAs. (Local attend or in-house)

Good Practice/Maintenance of competency/Legal protection

- Conflict Resolution- Once then 3 yearly update (Local attend or in-house)
- Medicines Management- Annual update PGDs (Local attend)
- Accountability/Code of conduct-refresher every 3 years (Local attend)
- Lifting and Handling – Half Day then annual refresher for all staff (Local attend or in-house)
- Fire & Safety annually (In-house)
- Infection Control- update required within 3 years (Local attend)
- Cervical Screening- all smears takers require 3 yearly updates following initial training (Local attend or in-house pending provision by Public Health England post April 2013)
- Immunisation Adult/Child and Travel- Annual updates following initial training (Local attend)

For Managers of Administration/Non clinical staff or appointed leads it is also recommended that the following are covered at least once: all would be provided locally

- Managing Performance- Managers
- Recruitment and Selection- Managers & other recruiting staff
- Appraisal/PDP training- All staff who line manage or supervise
- Managing sickness and absence- Managers
- Risk assessment-Managers
- Health and Safety- All staff
- Telephone/Reception Skills- Reception/Patient Facing staff
- Customer Service- Reception/Patient Facing staff

**Example from Wessex LMC: Mandatory Training for Practice Staff**

Mandatory training differs for Staff/Managers and Practice Nurses but is basically as follows:

**Induction:** once (within first month of employment)
**Fire Safety:** annually
**Manual Handling:** annually
**Infection Control:** annually
**CPR/Basic Life Support:** annually

All of the above are outlined in the Health and Safety at Work Act 1974 except CPR which comes under the CNST/Resuscitation Council guidelines but is required as part of the BLS requirement for QOF.

**There are also a number of recommended/DOH guidelines which can be mandatory and include:**

- **Safeguarding** (adults and children)
- **Information Governance:** 2 yearly cascade training is acceptable
- **Conflict Resolution:** Once then 3 yearly refresher
- **Equality and Diversity:** Once with refresher if required.
- **Mental Capacity Act:** Once with refresher if required