Department of Health & Social Care

The Oliver McGowan draft code of practice on statutory learning disability and autism training

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Ministerial foreword

This government has set out the 3 big shifts we need to achieve to make our health service fit for the future, including the critical shifts from sickness to prevention and from hospitals to communities. Ensuring that health and care staff have the right knowledge and skills to provide compassionate, informed care for people with a learning disability and autistic people is an important part of these goals.

Publication of this code of practice as required by the Health and Care Act 2022 is a significant step towards improving the care and treatment of people with a learning disability and autistic people. The code provides the detail of how we expect registered health and care providers to meet the new requirement for training and lets people with a learning disability and autistic people and their families know what to expect from their service providers. The code emphasises the importance of person-centred care which is crucial to identify and support a person's needs sooner, ultimately improving outcomes and tackling health inequalities.

Evidence from the Learning from lives and deaths - people with a learning disability and autistic people (LeDeR) programme helps build a picture of the improvements needed, locally and at a national level, to tackle health disparities faced by people with a learning disability and autistic people. The introduction of mandatory training on learning disability for health and social care staff has been consistently recommended by annual LeDeR reports.

I want to take the opportunity to remember Oliver McGowan, a young autistic teenager with a mild learning disability, who sadly died in 2016 after having a severe reaction to medication which he and his family had asked for him not to receive. I have had the privilege of meeting with Oliver's parents, Paula and Tom, and thank them for their contribution to the development and ongoing delivery of The Oliver McGowan Mandatory Training on Learning Disability and Autism. The training is named in Oliver's memory, in recognition of his story, his family's continued campaigning for better training for staff, and to remember him and others whose lives were cut tragically short. I have heard about the difference Oliver's Training is making to the lives of people with a learning disability and autistic people, their families and carers, and to many dedicated health and social care staff. Oliver's Training represents and clearly demonstrates the standard that the government expects training in this area to meet, as set out in further detail in this code of practice. It is the government's recommended training package to support providers to meet the new legal requirement for learning disability and autism training. I have completed the first part of this training myself and found it to be insightful and impactful.

Oliver's Training has been trialled with over 8,000 participants and independently evaluated to ensure the final package is robust and high quality. What truly sets this training apart is that co-production with people with a learning disability and autistic people has been embedded from the outset throughout its development and trial and continued in its ongoing delivery and evaluation. A long-term, independent evaluation is now underway which will look at the delivery and impact of the training over 3 years.

People with a learning disability and autistic people, their families and carers, the charitable sector, health and social care stakeholders and the Care Quality Commission (CQC) have been consulted during the development of this code. I give my thanks to those who have shared their own experiences of giving and receiving care. It is important to listen to the voices of people with a learning disability and autistic people and work together to tear down the barriers they face so that we can build a health and care system that truly services everyone. In this foreword, I would like to acknowledge the amendment introduced by Baroness Hollins, which led to the inclusion of the requirement for learning disability and autism training in the Health and Care Act 2022. Her contributions and expertise have been valued throughout the development of this code.

Our ambition is for the code to guide our health and adult social care services and staff to have the right attitudes, skills and culture to deliver care and support that is safe, appropriate and tailored to people with a learning disability and autistic people. While we have seen progress, we still have a long way to go to achieve our objectives. To drive tangible and sustainable change, we will need genuine partnership between senior leaders and staff in health and social care services - and crucially the people who draw on care support - to build a health and care system that works better for everyone and puts people first.

Stephen Kinnock
Minister of State for Care

Oliver’s story

As told by Oliver’s mother, Paula McGowan OBE

The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after my teenage son Oliver. Therefore, I would like to tell you about who Oliver was as a person, what happened to him, and exactly why his training is so important. From the moment Oliver was born we knew he was special and our love for him was overwhelming. Oliver was born premature and at 3 weeks of age he developed bacterial meningitis. As a result of an infarction, Oliver was left with a mild hemiplegia, focal partial epilepsy and later a diagnosis of a mild learning disability and autism.

Oliver’s disabilities did not hold him back. He had a can-do attitude. He played for the England Development football squads. He was a registered athlete and was ranked third best in the UK for track 200 metres and was being trained to become a Paralympian.

Oliver was a natural leader and became a prefect at school. He attained and passed many higher examinations. He went on to attend National Star College. Their opinions of Oliver were very complimentary, writing how friendly and kind he was, supporting students who were less able than himself, his wicked sense of humour, and the aspirations they had for him to start a sports course at a local ski centre.

Oliver brought so much fun and happiness to our lives; he always saw the best in everything and taught us to challenge our own unconscious biases. He never failed to light up a room with the sound of his laughter. He wanted to make everybody happy and did his best to achieve that. Despite his limitations, he never complained or asked, “Why me?” His courage and enthusiasm were inspirational. Importantly we were told by his neurologist that Oliver had a full life expectancy, and it was expected he would live an independent life with a little support.

In October 2015 Oliver was admitted to a children’s hospital, having a focal or ‘partial’ seizure. This caused Oliver to be scared and confused. After several weeks of tests Oliver was discharged home and for the first time in his life, was administered antidepressant medication. We were told this was to help treat anxiety when in seizure. We were surprised as Oliver was not depressed. He loved life and life seemed to love him. Nobody discussed this medication with Oliver, who had full capacity, or us. An increased dose caused a change in Oliver’s mood and increased his seizure activity greatly - a known side effect of this medication. As a result, Oliver’s seizures dramatically increased and he was re-admitted to the same hospital in December 2015, but this time Oliver was prescribed antipsychotic medications.

Oliver did not have a diagnosis of psychosis or a mental illness; he had cerebral palsy, epilepsy, a mild learning disability and autism. We strongly believed that doctors were misunderstanding Oliver’s normal autistic behaviour. We tried many times to explain this to them, but they would not listen. The effects on Oliver were catastrophic. Oliver’s seizure threshold and agitation deteriorated; we did not recognise our once vibrant son. We were terrified at the sudden changes in Oliver. Because of these medications, he was eventually held against his will under section 2 of the Mental Health Act for assessment. We challenged this on numerous occasions stating we felt it was the drugs that were causing the changes to Oliver’s mood and increase of seizures.

A mental health bed could not be found and doctors decided to remove the antipsychotic medications. Within days Oliver’s mood and seizure activity returned to normal and he was discharged back home into our care. The discharging consultant psychiatrist wrote that Oliver was sensitive to antipsychotic medications. In April 2015, Oliver was re-admitted back to the same hospital, having simple partial seizures. Unbelievably, Oliver was again prescribed antipsychotic medications. Lessons from his previous admission to this children’s ward had not been learned. We walked into Oliver’s room one day and found him having an oculogyric crisis, a serious dystonic side effect causing his eyes to roll upwards. He was left like this for 6 hours as the doctor at first believed it was behavioural. Procyclidine had to be administered to counteract this reaction.

Again, Oliver’s mood changed significantly. He was hallucinating, having up to 30 seizures a day which we had never seen happen, problems urinating, extreme high blood pressure readings, sweating, all of which was linked to his medication. We strongly believed the

drugs were the cause of decline in Oliver's mood difficulties. It was obvious that doctors and nurses had little to no understanding of autism and how autistic behaviours could present in a person with ongoing seizure.

At my request, Oliver was transferred to a specialist adult hospital who I thought would have understood Oliver's epilepsy better. Oliver was provided with a letter stating his reactions to previous medications. This hospital was very intolerant of Oliver's autistic and learning-disabled behaviours. They had no understanding of sensory crisis or overload. They refused to take any direction from us or the learning disability nurse.

Horrifically, the use of physical restraint was increased with up to 8 staff being involved. Oliver was suddenly not allowed any privacy with his personal care. He had 3 staff members sit around his bed and he was kept in a darkened room. Back in the children's hospital, Oliver had been allowed to shower and go to the toilet without any supervision; we were taking him out to the local museum and shops to help break up his day. (Can I ask you to imagine what it would feel like to have 3 men standing over you while you are using the toilet.) How degrading and humiliating that must have been for Oliver. Oliver was very frightened, and he told me just how scared the staff were making him feel. Remember this was a young teenager who always accepted everything and went with the flow, so it was very unusual for him to be telling me this.

Oliver was again given different antipsychotic medications and because of the effects it had on him, he was consequently detained against his will under section 2 of the Mental Health Act for assessment and transferred to a specialist mental health hospital. Oliver was now beyond scared, as were we. Nobody thought to take any time to explain to him what to expect and where he was going. Instead, he was escorted into a black van with people he was not familiar with. We were not allowed to travel with him. Remember Oliver was autistic; can you imagine how traumatising this must have been for him?

The different approach from skilled staff allowed Oliver to improve almost instantly. They were following the law and making reasonable adjustments for him. The words from staff, including doctors from the unit, were that Oliver was not psychotic or mentally ill and that his placement there was a total misuse of the Mental Health Act. They immediately reduced all antipsychotic medications and Oliver was discharged after a few days into the care of a specialist learning disability team, again with a letter saying that he was sensitive to antipsychotic medications and, this time, benzodiazepine.

The community learning disability team was very supportive and specialised in people with autism and learning disabilities. The community consultant psychiatrist in learning disability wrote that Oliver was not psychotic or mentally ill. He believed Oliver's behaviours were a result of autism, a mild learning disability and a busy environment that was not adapted to meet his needs. It is important to remember that reasonable adjustments are a

requirement under the Equality Act 2010 and form part of the autism strategy issued under section 1 of the Autism Act 2009.

In October 2016, Oliver had a cluster of partial seizures and was admitted to a different general hospital. This time we thought we were prepared; we gave the doctors a small file of supporting letters including a hospital passport, stating Oliver's previous reaction to antipsychotic medications and this was subsequently written in bold red ink on Oliver's medical care and drug charts that he was intolerant to all antipsychotic medications. The neurologist treating Oliver in A&E followed it up in an email to all doctors treating him.

Oliver was intubated to facilitate an MRI scan. The safeguarding officer was consulted on how to manage Oliver's anxiety when sedation was reduced. His advice to the doctors was a non-pharmaceutical approach, to use soft handcuffs, and we were told we should be present as we would be able to reassure and comfort him. This advice was not listened to, and sedation was reduced without our presence. He would have been terrified waking to find tubes in his throat and in unfamiliar surroundings without familiar faces. This was the last opportunity I would have had to tell Oliver how much we loved him and that he was safe, but he was not safe at all.

We were consulted by a neuropsychiatrist who had met Oliver for two 10-minute appointments in the community. They asked us about giving Oliver an antipsychotic medication. We made it very clear about Oliver's previous reactions to this type of medication and she did not have our permission to administer any antipsychotic medications. Oliver had made an advance verbal decision to ambulance staff and to doctors in A&E that he did not want to be given antipsychotic medications giving good reason, saying, "They mess with my brain and make my eyes roll up." He had the capacity to remember the dystonic reaction back in the children's hospital several months earlier.

Despite this, Oliver was given an antipsychotic medication that evening. We again made it clear to all doctors and nurses that they did not have our or Oliver's permission to administer this medication.

Over the next few days Oliver developed a temperature of 42°C. Because doctors said his liver function was elevated, he was not given any medication to control the temperature other than a blow-up mattress filled with cold air. This was not effective. Doctors could not understand the decline in Oliver's condition. They sent him for a scan of his liver and lungs. Oliver was now having tonic-clonic seizures despite heavy sedation and paralysis drugs. We were very worried because Oliver did not have these types of seizures and it was at this point that we begged doctors to do a scan of his brain, explaining that Oliver could not afford any further damage to it, but we were told that they were not concerned.

Two days later, doctors told us they were sending Oliver for an emergency MRI scan of his brain as one of his pupils was very slow to react. When Oliver returned, we instantly saw

the worried expression on the ICU consultant's face. We were then taken to the side room nobody wanted to enter and we were told that Oliver's brain was badly swollen; it was bulging out the base of his skull. The neurosurgeons and emergency doctors suspected neuroleptic malignant syndrome, a serious side effect of antipsychotic medications.

We were told that Oliver's brain was now so badly damaged that he would be profoundly disabled, have no speech or understanding of language, and no way of communicating. He would need a tracheotomy and would be tube-fed for the rest of his life. Oliver was now paralysed, blind and could no longer represent his country in athletics or football. That beautiful smile, sense of humour and words of wisdom were gone forever.

A week later the decision was made to turn Oliver's life support machines off. Oliver passed away several days later on Armistice Day, 11 November 2016 - poignant, given Oliver was a military child and had lived his life as part of the Royal Air Force family.

An independent learning disability mortality review (LeDeR) unanimously concluded that Oliver's death was potentially avoidable. The review made 31 recommendations. Oliver was given excessive drugs due to medical staff not understanding learning disability and autism, impacted by seizure activity. They did not ever try to adapt the environment to meet his needs but used excessive restraint methods. They failed to make any communication with community-based professionals who were working with Oliver daily and knew him well.

Oliver died because clinicians did not understand learning disability, autism and how this affects a person. They did not understand how to make reasonable adjustments for Oliver or read his hospital passport which would have told them exactly how to do this. Clinicians did not follow the relevant laws: the Human Rights Act 1998, the Autism Act 2009, the Equality Act 2010, the Mental Health Act 1983 and the Mental Capacity Act 2005. They were misunderstanding Oliver's autism which resulted in diagnostic overshadowing. They were not familiar with STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) or Ask Listen Do. These are all core ingredients that are at the heart of The Oliver McGowan Mandatory Training.

I believed that all health and social care staff should receive appropriate and meaningful training to help them understand people who have a learning disability or are autistic or both. During the inquest into Oliver's death, it became apparent that health and social care staff did not receive this training. I felt so strongly this was wrong - firstly for patient safety, but also that clinicians are not given the skills to help and support people like Oliver when they are in sensory crisis and overload, especially when they are ill.

As a result, I launched a Parliamentary petition. This was subsequently debated and gained cross-party support. In November 2019, Right to be heard, the government's response to the consultation on learning disability and autism training for health and care

staff, confirmed overwhelming support for the principle of mandatory training for health and social care staff, and committed £1.4 million to develop and test a learning disability and autism training package, named in Oliver's memory. Importantly, it would be co-designed and delivered by people with a learning disability and autistic people. The response to The Oliver McGowan Mandatory Training has been outstanding, with many attendees saying it has empowered them to change their practices.

A video version of Oliver's story can be found on the e-learning module of The Oliver McGowan Mandatory Training.

Introduction

The case for improved training on learning disability and autism for health and social care staff is clear. The LeDeR programme provides the largest body of evidence on deaths of people with a learning disability at an individual level anywhere in the world. It was expanded in 2022 to include the deaths of autistic people. Learning from LeDeR reviews has helped to inform and shape what further action is required to reduce avoidable deaths. One of the commonly reported learning points in local LeDeR reviews, and a consistent theme in annual LeDeR reports, is the need for mandatory learning disability awareness training for staff in health and social care settings. The current provision of training across health and social care has failed to make the improvements required as evidenced by the ongoing poor outcomes, experiences and lost lives of people with a learning disability and autistic people.

According to LeDeR data from 2022, on average, males with a learning disability die 19 years younger than males from the general population, and females 23 years younger than females from the general population. In 2022, 42% of deaths of people with a learning disability were rated as avoidable in comparison to 22% for the general population. Evidence from a study into premature mortality in autism spectrum disorder also suggests that autistic adults on average die 16 years earlier than non-autistic adults. The health disparities and premature mortality experienced by people with a learning disability and autistic people can be reduced when staff are equipped with the right skills and knowledge to care for them. With a growing number of people receiving an autism diagnosis each year, the case for training is even stronger. All the evidence points to a need for culture change among health and social care staff - a shift in attitudes and approach to support people with a learning disability and autistic people safely, respectfully and confidently. The desire among staff for additional training and a better understanding of learning disability and autism was also clearly reflected in the response to the consultation on introducing learning disability and autism training.

The introduction of the statutory requirement for training on learning disability and autism is an important lever in achieving this culture change. The requirement aims to ensure that staff working at all levels across the diverse settings that make up our health and social care sectors receive high quality and appropriate training on learning disability and autism.

The legislation aims to improve the knowledge and skills of staff and the code of practice (the code) supports implementation of the legislation by setting out the standards that training needs to meet, in terms of both content and delivery. The code supports registered providers and their staff to understand their training needs, identify the right level and content of training to meet those needs, and to understand what excellent learning disability and autism training looks like.

Evidence and learning from the trial and evaluation of The Oliver McGowan Mandatory Training has been used to inform and set the standards contained in the code. Oliver's Training was trialled in 2021 with over 8,000 participants from across health and social care, and the government accepted the findings of the independent evaluation of the trial. This evidence builds on existing knowledge about effective training and the importance of involving people with personal experience in shaping and delivering training, as outlined in the guidance that accompanies each standard.

All health and social care staff must receive training that meets the 4 standards set out in the code. The Oliver McGowan Mandatory Training is the government's preferred and recommended package to support registered providers to meet the legislative requirement. The knowledge gained through the development, trial and evaluation of The Oliver McGowan Mandatory Training has been used to inform and set the standards in the code. Oliver's Training sets the bar high as a package which covers the essential capabilities required by all staff, has been tried and tested, and meaningfully involves people with a learning disability and autistic people in the design and delivery of the training.

The code includes a section dedicated specifically to The Oliver McGowan Mandatory Training as well as references to it throughout the code. It is the government's expectation that all health and care staff will undertake one of the 2 tiers of the training package, whichever tier being most appropriate to their role. Some staff may require further training in addition to The Oliver McGowan Mandatory Training in order to meet all of their learning requirements. Further guidance on assessing the right level of training is provided at annex A and relevant training frameworks are set out at annex B.

Ensuring that staff understand the needs of people with a learning disability and autistic people, and how to make adjustments to their care, is not only good practice, but will improve health outcomes. Building the skills and capability of staff should also lead to increased confidence and better job satisfaction for individuals and teams.

The Health and Care Act 2022

Section 181 of the Health and Care Act 2022 (the 2022 Act) introduces a requirement into the Health and Social Care Act 2008 (the 2008 Act) and regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the 2014 Regulations) that, from 1 July 2022, service providers registered with CQC must ensure their staff receive training on learning disability and autism appropriate to their role. It applies to all registered providers of all health and adult social care in England. We will refer to the Health and Care Act 2022 (the 2022 Act) throughout the rest of the code.

This requirement builds on the existing staffing requirements set out in regulation 18 of the 2014 Regulations which require registered providers to ensure staff receive such appropriate support, training, professional development, supervision and appraisal as is

necessary to enable them to carry out the duties they are employed to perform. CQC's website sets out further details on regulation 18.

Because NHS trusts (as an entity), primary medical and dental care, independent healthcare, independent sector ambulance providers and adult social care providers are all required to register with CQC as providers of health or social care, they are referred to in this document as 'registered providers'.

The 2014 Regulations describe the health and adult social care activities that may lawfully only be carried out by providers that are registered with CQC and set out the registration requirements that these providers must meet to become and stay registered. The 2008 Act and the 2014 Regulations are law and must be complied with. CQC has enforcement powers that they may use if registered providers do not comply with the law. More information about enforcement can be found in section 4, 'How to use the code to meet the training requirement'.

Section 21A of the 2008 Act, as inserted by the 2022 Act, places a duty on the Secretary of State for Health and Social Care to issue a code of practice about compliance with the requirement for staff of registered providers to receive training on learning disability and autism. CQC will take into account the code and how registered providers are meeting and complying with the requirements of regulation. If a registered provider has not followed the relevant guidance contained in the code then they will be expected to give good reasons to CQC on why they have departed from it and be able to demonstrate that it meets the requirement in a different way.

Who the code of practice is for

The 2022 Act sets out a requirement for registered providers to ensure their staff receive learning disability and autism training that is 'appropriate to the person's role'. The act also introduces a requirement for the Secretary of State for Health and Social Care to issue a code of practice about compliance with this requirement.

The purpose of the code is to explain what is meant by training that is 'appropriate to the person's role' and to provide guidance on how to ensure all staff receive such training. As set out in section 21A(2) of the 2008 Act, the code must make provision about a number of areas relating to learning disability and autism training. This provision is captured in the 4 standards and accompanying guidance set out in the code. The standards and guidance are intended to support practical implementation of the legislation.

Compliance with the standards is expected to ensure that every person receives high quality learning disability and autism training that meets their learning needs and is appropriate to their role. This means that registered providers must ensure that they

provide each member of staff with training that meets the standards set out below in order to deliver the best possible outcomes.

Evidence and learning from the trial and evaluation of The Oliver McGowan Mandatory Training has been used to inform and set the standards in the code, set out below. These standards have been developed in consultation with relevant stakeholders and by drawing on additional evidence from a range of sources, including responses to the consultation on introducing mandatory learning disability and autism training in 2019 and the government's response ('Right to be heard'), data from the LeDeR programme and the National Development Team for Inclusion's evaluation report (2022) from the trial of The Oliver McGowan Mandatory Training.

For guidance on how to meet these standards, see section 2 ('Guidance for meeting standards').

Some staff may require further training in addition to The Oliver McGowan Mandatory Training in order to meet all of their learning requirements. Further guidance on assessing the right level of training is provided at annex A and relevant training frameworks are set out at annex B.

Compliance with the 2022 Act

Providers of registered health and social care services in England must comply with the requirements in the 2022 Act, the 2008 Act and the 2014 Regulations. The code may be used in the following ways:

- CQC staff may take compliance with the code into account when making an assessment about compliance with the requirements on statutory learning disability and autism training. CQC staff may also use the code as a prompt to understand the overall culture of an organisation, with regard to their attitude toward and knowledge of people with a learning disability and autistic people and the reasonable adjustments they have in place for care and support

- CQC may use their enforcement powers or take other action where they decide that a registered provider is not meeting its legal obligations as set out in the regulations. CQC will reach this decision by looking at whether a registered provider can demonstrate regard to the code

- the code may provide information to the general public, including people with a learning disability and autistic people and their families

- people who use the services of a registered provider may refer to the code to understand how much training the staff employed by service providers should have

- national delivery partners including professional bodies and training providers should refer to the code when developing training

- health and social care providers who are not CQC registered should use the code to understand the optimum way to ensure their staff are trained to care for and support people with a learning disability and autistic people

- commissioners of services should use the code to understand what they should expect of their providers and to help set standards for non-regulated commissioned services through contracts, for example

What the code of practice covers

The code explains the requirement for statutory training on learning disability and autism as set out in the 2008 Act, as amended by the 2022 Act, and how it interacts with existing requirements for registered providers. The Secretary of State for Health and Social Care has determined standards which training on learning disability and autism must meet in order to comply with the legislation. The code sets out these standards and provides guidance on how registered providers must meet those standards.

The code also provides information about The Oliver McGowan Mandatory Training which is the preferred and recommended training package developed by the government to support registered providers to meet the legal requirement. Additional training beyond the curriculum covered by The Oliver McGowan Mandatory Training may be required for some people to ensure that all staff have all of the skills and knowledge appropriate for their role.

The code also explains how a registered provider should use the code and what would happen if they fail to comply with the code.

Section 1 sets out the standards for learning disability and autism training and section 2 sets out related guidance. As required by section 21A of the 2022 Act, the code must make provision about the following elements which are set out in this section:

- the content of training

- training appropriate to different roles

- circumstances in which it is appropriate for training to be delivered in person

- the involvement of people with learning disability, autistic people, or their carers, in the provision of training

- accreditation of training

- procurement of training
- monitoring and evaluation of the impact of training

Section 3 outlines The Oliver McGowan Mandatory Training package, who it is for and how to access it.

Section 4 explains how the code should be used by registered providers.

Section 5 explains how often the code will be reviewed.

1. Standards for training

CQC must take the code into account when assessing whether providers have met the relevant registration requirements, particularly whether they have provided their staff with learning disability and autism training that is appropriate to their role and that meets the following standards. Guidance on how to meet these standards is set out below, in 'Guidance for meeting training standards'.

Evidence and learning from the trial and evaluation of The Oliver McGowan Mandatory Training has been used to inform and set the standards in the code.

Standard 1

> All staff receive training that covers a minimum curriculum of capabilities from the 'Core capabilities framework for supporting people with a learning disability' and the 'Core capabilities framework for supporting autistic people' on the Skills for Health Supporting autistic people and/or people with a learning disability page. Further training beyond this minimum curriculum is proportionate and tailored to the requirements of staff at different levels and in different roles, taking into account the tiers and capabilities set out in the core capabilities frameworks.

In response to the consultation for mandatory learning disability and autism training (2019), the vast majority of respondents agreed that training should reflect the different levels of training in the 'Core capabilities framework for supporting people with a learning disability' and the 'Core capabilities framework for supporting autistic people' (hereafter the core capabilities frameworks). In 'Right to be heard', the government proposed to amend the 2014 Regulations to require all regulated health and social care providers to ensure that their staff have achieved the learning outcomes relevant to their role as described in the core capabilities frameworks. The 2022 Act introduces the requirement for learning disability and autism training while the code sets the standard that all staff receive training on the capabilities from the core capabilities frameworks most appropriate for their role, including a minimum curriculum of essential capabilities.

Staff must receive training that covers a minimum curriculum of essential capabilities. The trial of The Oliver McGowan Mandatory Training provided an opportunity to test and refine the most important and universal capabilities and learning outcomes for staff working across health and social care. Different packages were trialled by over 8,000 participants from health and social care. Evidence from the trial evaluation and the consultation on mandatory learning disability and autism training, plus conversations with stakeholders across health and social care organisations and with people with a learning disability and autistic people, supports a curriculum of essential tier 1 and tier 2 capabilities. This is a minimum curriculum and registered providers are responsible for ensuring that staff are trained and equipped with all the skills and knowledge required to carry out their role. The

minimum capabilities that all staff employed by registered providers must develop from learning disability and autism training are set out in the guidance on meeting Standard 1 below.

Each person working for a registered provider who carries out regulated activities must have the necessary skills and knowledge to interact with and support people with a learning disability and autistic people, even if their role does not ordinarily include caring for people with a learning disability and autistic people. This is because people with a learning disability and autistic people access a range of services throughout their lifetime and all services should be set up to meet their needs. Staff may interact with someone with a learning disability or an autistic person without realising it. Appropriate training will enable staff to recognise learning disability and autism and make the necessary adjustments to care and service provision. Further guidance on assessing the right level of training is provided at annex A.

The core capabilities frameworks are nationally recognised frameworks that have been developed to capture the skills, knowledge and behaviours needed for staff working across health and social care to support people with a learning disability and autistic people. The capabilities (skills, knowledge and behaviours) in the frameworks are relevant to staff working in any setting and role because people with a learning disability and autistic people, like everyone else, will access a range of services across their lifetime, not just specialist services.

The core capabilities frameworks defines 3 tiers of capabilities for health and social care staff:

- tier 1: for staff who require a general awareness of people with a learning disability and autistic people and the support they need

- tier 2: for health and social care staff and others with responsibility for providing care and support for a person or people with a learning disability or autistic people, but who would seek support from others for complex management or complex decision making

- tier 3: for health and social care staff and other professionals with a high degree of autonomy, able to provide care in complex situations and may also lead services for people with a learning disability and autistic people

The core capabilities frameworks are incremental. This means that someone acquiring a tier 3 capability must already possess the relevant tier 1 and tier 2 capabilities. Further information about the tiers and how they relate to different job roles can be found in section 3 and annex A of this document, and in the core capabilities frameworks on the Skills for Health Supporting autistic people and/or people with a learning disability page.

Standard 2

> All staff receive training that enables them to explore how they will put their learning into practice. Examples include the provision of augmented materials and learning tools to help staff understand how to apply their learning to their specific work setting and the people they work with.

For training to be effective, learners need to see the connection between training content and the work that they perform. Training must have a practical, problem-solving focus, where each learner can see how the content applies to their own role and responsibilities, understand how to put their learning into practice, and identify the real-world benefits for them and their service. This particularly applies to training content which seeks to address stereotypes and assumptions, where without careful thought it is possible for learners to avoid confronting the prejudgements in their own work.

An evidence scan by the Health Foundation (2012) of quality improvement training for healthcare professionals showed that “to be most effective, training should examine the needs of learners, target content appropriately and illustrate how the content applies to the participants’ work environment”. Evidence from the trial of The Oliver McGowan Mandatory Training showed that content should be relevant to the setting where staff work, with a particular focus on ensuring there is sufficient content relevant to social care staff. As long as the standards set out in the code of practice are adhered to, trainers can use localised examples and case studies to make the standardised material relevant to roles or services, through small group discussions and by encouraging self-reflection and further learning.

Standard 3

> All staff receive a minimum amount of live and interactive training that is co-produced and co-delivered by people with a learning disability and autistic people. For staff who require a general awareness of learning disability and autism, this is a minimum of one hour of live and interactive training with a person with a learning disability and an autistic person. For staff with responsibility for providing care and support for a person or people with a learning disability or autistic people and for staff with a higher level of autonomy, who manage complex care or lead on learning disability and autism services, this is a minimum of one day of in-person training. This is in addition to a compulsory e-learning module of at least 90 minutes covering the tier 1 capabilities set out in Standard 1 which all staff must complete.

Involving people with a learning disability, autistic people, and their families and carers in the production and delivery of training is vital. Co-production and co-delivery refer to the meaningful involvement of people with personal experience in the design and delivery of a

service or product. People with personal experience include people with a learning disability and autistic people, as well as their family members and carers.

Co-production and co-delivery ensure that people with a learning disability and autistic people can contribute their knowledge and perspectives to both the design and delivery of the training. In response to the consultation on introducing mandatory learning disability and autism training for health and care staff, there was a clear consensus in people's responses that it was essential to involve people with a learning disability and autistic people in delivering training.

Evidence from the trial of The Oliver McGowan Mandatory Training (National Development Team for Inclusion, 2022) showed that the involvement of people with a learning disability and autistic people, and their families and carers, was a clear strength of the training; it made the training feel real and authentic and enabled better discussion and learning among the group. Trial evidence also showed that people with a learning disability and autistic people valued being fully involved in co-production and co-delivery. Further information on how The Oliver McGowan Mandatory Training has been co-produced and examples of how it continues to be co-delivered in practice can be found in NHS England's FAQs on Oliver's Training.

Receiving interactive or face to face training which is co-delivered by people with a learning disability and autistic people is crucial for learning and for changing attitudes. It enables staff to hear first-hand the challenges and barriers that people with a learning disability and autistic people face as well as real world examples of both poor and excellent quality care and support.

'Right to be heard' (2019), the government's response to the consultation on learning disability and autism training for health and care staff, showed that there was consistent recognition among consultation respondents of the importance of face to face training which involved autistic people and people with a learning disability and autistic people, and potentially carers and family members. The consultation proposed that only people who had regular contact with people with a learning disability and autistic people as part of their job should have face to face training. Of those providing a clear answer to the question, 48% disagreed. This reflects the strong concern that emerged through the consultation that as many people as possible receive effective training, and that face to face encounters with a person with a learning disability or an autistic person were the best means to developing understanding.

The evaluation report from the trial of The Oliver McGowan Mandatory Training highlighted that having direct contact with people with a learning disability and autistic people was a clear strength of the training, as reported by many trial participants. A literature review by the Royal College for Psychiatry in 2021 also concluded that working in collaboration with people with personal experience to deliver training can "significantly enhance the learning

process for medical students and provide important authentic insights into the delivery of a holistic person-centred approach".

The amount of live and interactive training will depend on the skills and capabilities required by staff, and the level of interaction with people with a learning disability and autistic people that they have in their job. Staff who require a general awareness of people with a learning disability and autistic people and the support they need must receive a minimum of one hour of interactive training to meet the standard. As is the case with the Tier 1 package of The Oliver McGowan Mandatory Training, a compulsory e-learning module of at least 90 minutes must be supplemented with a one-hour live interaction with a person with a learning disability and an autistic person.

Staff with responsibility for providing care and support for a person or people with a learning disability or autistic people and staff with a high degree of autotomy, able to provide care in complex situations and who may also lead services for people with a learning disability and autistic people, must receive a minimum of one day of interactive, in-person training which is co-delivered by people with a learning disability and autistic people to meet the standard. All trainers, including trainers with a learning disability and autistic trainers, must also deliver the training in person. This is relevant to staff who require tier 2 and tier 3 capabilities from the core capabilities frameworks.

As a minimum, at least one person with a learning disability and one autistic person must be involved in the co-production and co-delivery of this live and interactive learning disability and autism training. The code sets out minimum expectations for co-production and co-delivery of training. As set out under Standard 2, registered providers have the flexibility to augment training with additional co-trainers with personal experience or case studies relevant to local contexts if they wish to do so.

Standard 4

> All staff receive training that is based on evidence and is quality-assured through trialling, ongoing evaluation and accreditation. People with a learning disability and autistic people must be meaningfully involved in these processes.

As set out in 'Right to be heard', ensuring training has the right content is crucial to ensure that training is worthwhile. As well as aligning to the core capabilities frameworks, excellent training will draw on existing best practice and academic expertise, while taking into account the views of people with a learning disability and autistic people and the needs of health and social care staff. This is why the government invested in the development, testing and evaluation of The Oliver McGowan Mandatory Training as a standardised training package drawing on existing best practice and academic expertise.

Accreditation refers to a quality assurance process and, in the case of training, must apply to both training content and training providers. Training content must be quality assured and subject to review and revision to ensure it reflects the latest available evidence and meets the needs of health and social care staff. This may take place through a formal accreditation body and through a quality assurance process as determined by the training provider. Training providers must also accredit the individuals or organisations responsible for delivering training, to ensure that they are delivering it to a consistently high standard.

Without good evaluation it will not be possible to establish that needs are being met, the methods of learning are effective, and that positive change is resulting from the training. Further information on accreditation and evaluation of learning from The Oliver McGowan Mandatory Training can be found in NHS England's FAQs on Oliver's Training.

2. Guidance for meeting standards

To achieve compliance with the requirement for learning disability and autism training, registered providers must demonstrate how their training arrangements meet all of the standards listed below. The standards for training represent the minimum steps that registered providers must take and were developed using evidence and learning from the trial and evaluation of The Oliver McGowan Mandatory Training.

Standard 1

Capabilities for staff who require a general awareness of people with a learning disability and autistic people and the support they need (tier 1)

The person will know basic facts including:

- what a learning disability is
- what autism is
- how they affect people
- how you see invisible disability

The person will have:

- an understanding of reasonable adjustments, what they are and how to make them
- an opportunity for self-reflection of own attitudes and behaviour

This list captures all of the tier 1 capabilities from the core capabilities frameworks.

Capabilities for all other staff, including people who are responsible for providing care and support, professionals with a higher degree of autonomy, who provide care in complex situations and who may lead service design and delivery (tier 2 and 3)

The person will have an understanding of all tier 1 learning outcomes plus the following:

- avoiding diagnostic overshadowing
- frequently co-occurring conditions (co-morbidities)
- the laws: Mental Capacity Act 2005, Human Rights Act 1998, Autism Act 2009, Equality Act 2010, Accessible Information Standard
- reasonable adjustments: what they are in health, including hospital passports

- Ask Listen Do, which is about making it easier for people, families and paid carers to give feedback, raise concerns and complain, and supporting organisations to learn from that feedback.

- stopping over medication of people with a learning disability, autism or both (STOMP) and supporting treatment and appropriate medication in paediatrics (STAMP)

The person will also consider:

- the impact of culture (stereotypes and assumptions) and professional behaviour on outcomes and on other people's behaviour

- how to communicate in an accessible way and how to understand what the person (and their family) is saying

- learning from LeDeR

- appropriate application of do not attempt cardiopulmonary resuscitation (DNACPR) decisions

Registered providers with staff who require additional tier 2 or tier 3 capabilities beyond those outlined here must procure further training to fulfil this. Providers are responsible for ensuring that their staff receive sufficient and appropriate training on learning disability and autism, even where this goes beyond the standards set out in the code.

To support compliance with the requirement for learning disability and autism training, registered providers must carry out regular skills assessments for all staff to understand the level of learning disability and autism training required and to ensure that learning from training is put into practice. These assessments should form part of wider learning and development plans for staff, teams and departments.

The Oliver McGowan Mandatory Training meets, represents and clearly demonstrates the standard as the content of the training covers all of the minimum sets of capabilities listed above. The government recommends that all health and social care staff undertake either the Tier 1 or Tier 2 package of the training, with further training as appropriate to their role covering additional tier 2 or tier 3 capabilities as needed.

The Tier 1 package of The Oliver McGowan Mandatory Training is suitable for staff who require a general awareness of people with a learning disability and autistic people and the support they need. The Tier 2 package of the training is suitable for all other staff - however, additional training must be provided where additional capabilities are needed (for example, for staff who lead on complex care or service delivery).

The Oliver McGowan Mandatory Training is intended to cover key capabilities and does not include training on areas such as diagnosis, interventions or treatments. Registered providers must consider the appropriate routes for tier 3 training including apprenticeships, vocational or subject-specific training.

Other training frameworks

In addition to the core capabilities frameworks, registered providers may wish to refer to other frameworks when assessing the training needs of their staff and how to meet them. Some examples are provided at annex B.

Standard 2

Registered providers must ensure that all staff receive training on learning disability and autism which allows staff to apply learning to their own setting, role and responsibilities. Registered providers should look for training that includes elements which enable learners to apply their learning in practice such as:

- delivery of training with a co-trainer that has personal experience of a specific service or setting relevant to the role and responsibilities of learners
- use of training material that is most relevant to each cohort of learners
- small group or one to one discussion to understand how content applies to different settings
- prompts for learners to carry out self-reflection or self-directed learning with other staff to explore improvements to their service and practice

At an organisational level, managers of service providers must ensure there are genuine opportunities for staff to put their learning into practice by challenging and improving the way that services for people with a learning disability and autistic people are designed and delivered. Learning can be shared and consolidated through peer support, team meetings and supervision sessions.

The Oliver McGowan Mandatory Training meets, represents and clearly demonstrates this standard as the content has been designed with a range of settings and job roles in mind. The interactive elements of the training package, particularly the use of case studies and the co-delivery by trainers with a learning disability and autistic trainers, also allow learners to discuss and examine how learning is applicable to different settings. Registered providers, or training providers of The Oliver McGowan Mandatory Training, can augment training to make it relevant to local contexts, as long as the standardised training content and the standards set out in the code of practice are adhered to. Examples of how this has

been done in practice can be found in NHS England's FAQs on The Oliver McGowan Mandatory Training and will be added to as the training continues to be rolled out.

Standard 3

The standard is that all health and social care staff must receive a minimum amount of live and interactive training which is co-produced and co-delivered by people with a learning disability and autistic people. The one-hour training can be delivered online, but both the trainees and the trainers must attend in person for the one-day training. This is in addition to a compulsory e-learning module of at least 90 minutes which must cover the tier 1 capabilities set out in Standard 1.

Registered providers must provide training that is co-designed and co-delivered by people with a learning disability and autistic people when procuring training for their staff. Ideally, a wide range of people would be involved in the co-production of training, to ensure that diverse voices are reflected in the training. Family members and carers are also valuable in co-production and co-delivery and may be able to represent people with profound and multiple learning disabilities and people who have difficulty communicating. However, family members and carers cannot take the place of a person with a learning disability or autistic person. For guidance on how to fairly and sustainably recruit and support people with a learning disability and autistic people to deliver training, see Standard 4 below.

The Oliver McGowan Mandatory Training meets, represents, and clearly demonstrates this standard. The training materials have been co-produced by people with a learning disability and autistic people and they will continue to be involved as the training materials are reviewed and revised. At least one person with a learning disability and one autistic person must be involved in the delivery of The Oliver McGowan Mandatory Training. Registered providers, or training providers of The Oliver McGowan Mandatory Training, have the flexibility to augment training with additional co-trainers with personal experience if they wish to do so. Information on how to ensure co-trainers are best supported to deliver The Oliver McGowan Mandatory Training can be found in NHS England's FAQs on Oliver's Training. The employer resources section of the site is regularly updated.

The Tier 1 package of The Oliver McGowan Mandatory Training includes a one-hour online interactive session with at least one person with a learning disability and one autistic person. The Tier 2 package includes a one-day face to face training which is co-delivered by at least one person with a learning disability and one autistic person. The Tier 1 and Tier 2 packages also include a 90-minute e-learning module which covers tier 1 capabilities from the core capabilities frameworks. Further detail about these 2 packages is covered in section 3. Examples of how organisations have successfully delivered The Oliver McGowan Mandatory Training at the appropriate tier for staff can be found in NHS England's FAQs on Oliver's training.

People with a learning disability and autistic people must always be meaningfully involved in both the production and delivery of learning disability and autism training.

Standard 4

Registered providers must ensure that all staff receive training that is evidence based. This means training that draws on best practice, current research and the expertise of relevant academic and people with a learning disability and autistic people, and that has been trialled or tested.

To ensure ongoing quality assurance of training content and delivery, training must be subject to an accreditation process. The government also expects that any such accreditation and quality assurance process will use the standards set out in the code in addition to other quality standards as determined by the accreditation or quality assurance body.

Registered providers must source training that has been independently accredited and quality assured, ensuring that any training meets the expected standards set out in the code.

All staff must also receive training that is subject to ongoing evaluation by training recipients and by an independent body or group. Evaluation of training providers may form part of an accreditation process, as is the case with The Oliver McGowan Mandatory Training. For further information on record keeping and how this supports evaluation see ‘Record keeping’ below in the section ‘Further guidance on recruiting and supporting people with a learning disability and autistic people, procurement and record keeping’.

The Oliver McGowan Mandatory Training meets, represents and clearly demonstrates this standard. The training was trialled over a year with more than 8,000 participants to ensure the content and delivery were right. The training content will be reviewed and updated as needed at regular intervals to account for legislative changes, new research, and to ensure the training covers the most essential capabilities for health and social care staff. Training providers also need to be accredited in order to deliver The Oliver McGowan Mandatory Training. More information on this accreditation process is covered in section 3. The tight quality control applied to the training materials and the trainers provides assurance that the training will always be delivered to a high standard.

As set out in Standard 3, people with a learning disability and autistic people must be meaningfully involved in the design, delivery and evaluation of any learning disability and autism training. Registered providers must seek out training which meets this standard, such as The Oliver McGowan Mandatory Training.

Further guidance on recruiting and supporting people with a learning disability and autistic people, procurement and record keeping

Recruitment and support

People with a learning disability and autistic people must be treated fairly and equitably and may also require tailored support during co-production and co-delivery of training. This was strongly reflected in the responses to the 2019 consultation on introducing mandatory learning disability and autism training for health and care staff. The following guidance draws on good practice for working with people with personal experience, in this case people with a learning disability and autistic people.

When registered providers engage people with a learning disability and autistic people in co-production, co-delivery, involvement and participation activities, they must ensure that:

- as a minimum they meet their responsibilities and duty of care under UK employment law, and the Equality Act 2010, including the public sector equality duty where appropriate
- people are recruited fairly and equitably, and reasonable adjustments are anticipated and met, including during the interview process
- their workforce is representative of their local population and service users, including people with a learning disability and autistic people who may experience intersectionality
- appropriate independent welfare rights and tax advice is clearly signposted to people who may need it
- trainers with a learning disability and autistic trainers are appropriately remunerated for their time associated with training activity and no distinction is made to levels of pay because the person has a learning disability or is autistic
- people with a learning disability and autistic people have been properly trained on how to deliver training
- the emotional and practical support needs of trainers who have a learning disability or are autistic (before, during and after training delivery) are recognised and addressed appropriately to meet their personal needs

Registered providers should also consult the ‘Involving people with lived experience guidance’ (available on NHS England’s employer resources on Oliver’s Training). This guidance sets out best practice for the employment and payment of people with a learning disability and autistic people to co-deliver training. Further information on how to ensure

co-trainers are best supported to deliver The Oliver McGowan Mandatory Training can be found in NHS England's FAQs on Oliver's Training.

Procurement

Registered providers must source or develop appropriate training to meet the training needs of their staff in line with the standards set out above. Procuring appropriate training should be considered as part of a wider approach to staff and team skills and training assessments. Registered providers must ensure that staff are supported to complete training and must assess their learning after training to ensure learning is embedded.

Registered providers are responsible for ensuring that their staff undertake training on learning disability and autism at least every 3 years or more regularly if a member of staff requires it. This may be, for instance, if a staff member's role or responsibilities change or to address an identified learning need. It is the responsibility of registered providers to identify if staff need to access training more regularly than 3 years and to support them to access it.

The development of The Oliver McGowan Mandatory Training as a standardised package, complete with quality assurance processes, provides the opportunity for registered providers to be confident that staff who change employers are all trained to the same standards and do not require additional training until the 3-year time limit is reached.

Record keeping

Registered providers should continue to use their existing staff record management systems to record and monitor their staff's completion of learning disability and autism training unless otherwise specified by the training provider. Registered providers and training providers are expected to make training data available to the relevant monitoring body (for example, their integrated care board or local authority) and collaborate in any future impact evaluation activity.

CQC will look at how registered providers are ensuring that staff are appropriately trained to meet the requirements of the regulations.

Registered providers and commissioners should also monitor uptake and analyse the impact of learning disability and autism training within their organisations.

3. The Oliver McGowan Mandatory Training on Learning Disability and Autism

The Oliver McGowan Mandatory Training is the government's preferred and recommended training for health and social care staff. The training, which was trialled with over 8,000 participants, has been developed to capture the most important skills needed by all staff working across health and social care. Evidence and learning from the trial and evaluation of the training has been used to inform and sets the standards contained in the code, including the duration and delivery mode of the training, which aims to suit the learning styles of different people while being cost-effective to deliver. Section 3 sets out in detail the curriculum and delivery requirements of The Oliver McGowan Mandatory Training.

Training curriculum

Two training packages have been co-designed with people with a learning disability, autistic people and their family members and carers. The curriculum has been developed to incorporate the essential tier 1 and tier 2 capabilities from the core capabilities frameworks which make up the minimum curriculum in Standard 1. Each capability is made up of key learning or performance outcomes.

The Tier 1 package of The Oliver McGowan Mandatory Training is for people who require a general awareness of the support that autistic people or people with a learning disability may need.

The Tier 2 package of The Oliver McGowan Mandatory Training is for people who may need to provide care and support for autistic people or people with a learning disability.

Tier 1 package of The Oliver McGowan Mandatory Training

All staff who require a general awareness of the support that autistic people or people with a learning disability may need are expected to receive training that covers all tier 1 capabilities from the core capabilities frameworks. The Tier 1 package of The Oliver McGowan Mandatory Training covers all tier 1 capabilities from the core capabilities frameworks and consists of the e-learning for healthcare e-learning module and a one-hour online interactive session.

Tier 1 package content covers:

- understanding learning disability
- understanding autism

- reasonable adjustments
- self-reflection on our own attitudes and behaviours

Tier 2 package of The Oliver McGowan Mandatory Training

Health and social care staff with responsibility for providing direct treatment, care or support, and other professionals working in health and care settings with a high degree of autonomy are expected to complete the Tier 2 package of The Oliver McGowan Mandatory Training.

This should include, but is not limited to:

- regulated health professionals
- registered managers
- team leaders
- students and trainees
- care assistants
- support workers
- educators
- allied health professionals conducting functional assessments
- staff conducting capacity, best interest and Mental Health Act assessments

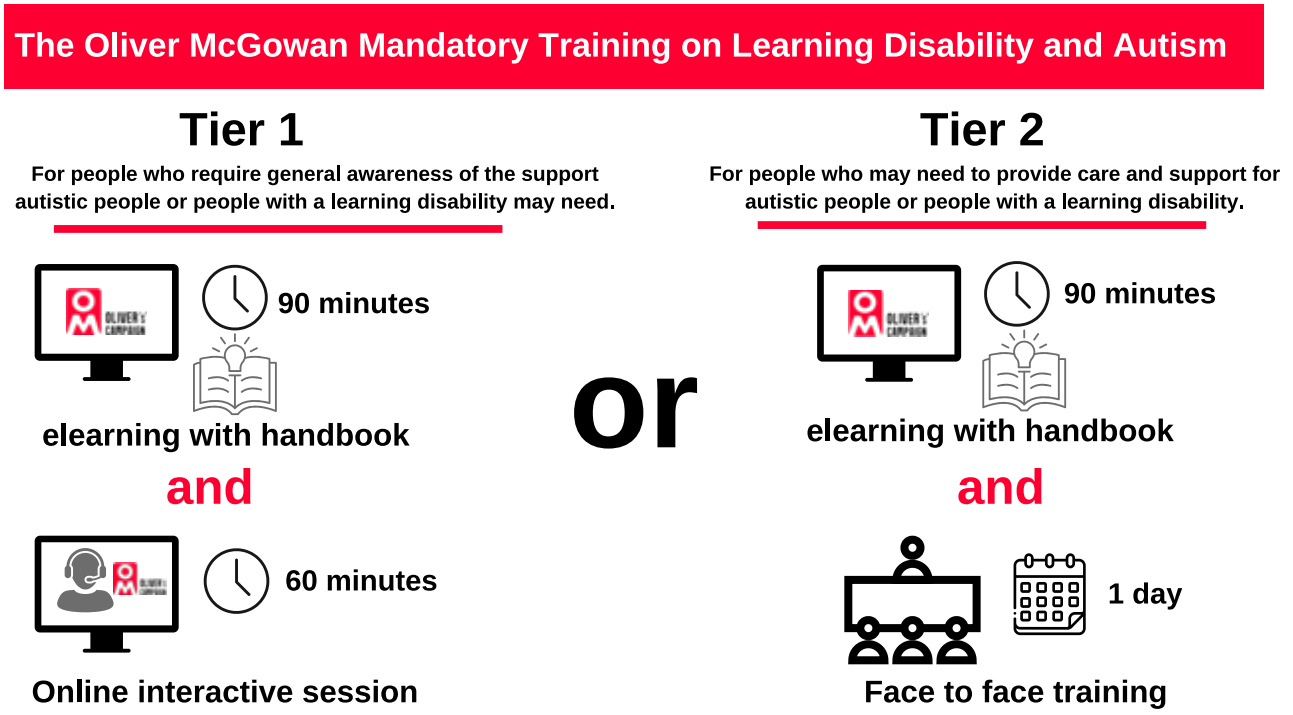
The Tier 2 package consists of the e-learning for healthcare module and a one-day face to face training session. The Tier 2 package covers all tier 1 capabilities from the core capabilities frameworks and maps to an essential selection of key learning outcomes from tier 2 capabilities in the core capabilities frameworks, including the following:

- avoiding diagnostic overshadowing
- frequently co-occurring conditions (co-morbidities)
- the laws: Mental Capacity Act 2005, Human Rights Act 1998, Autism Act 2009, Equality Act 2010, Accessible Information Standard
- reasonable adjustments, including hospital passports

- culture (stereotypes and assumptions) and professional behaviour and its impact on outcomes and other people's behaviour
- how to communicate in accessible ways
- how to understand what the person (and their family) is saying
- Ask Listen Do, which is about making it easier for people, families and paid carers to give feedback, raise concerns and complain, and about supporting organisations to learn from that feedback
- STOMP and STAMP
- learning from LeDeR
- appropriate application of DNACPR

Both training packages include training materials which have been developed to account for the diversity of roles and responsibilities across health and social care. They also include opportunities to reflect on the materials and test how learning would be applied to different settings. Trainers are supported to understand how to tailor the materials and delivery to suit a variety of learners. In this way, The Oliver McGowan Mandatory Training meets Standard 2 set out in the code.

Figure 1: Tier 1 and Tier 2 packages of the training



Text description of figure

There are 2 tiers of the training.

Tier 1 is for people who require a general awareness of the support autistic people or people with a learning disability may need.

The training is 90 minutes e-learning with handbook and a one-hour online interactive session.

Tier 2 is for people who may need to provide care and support for autistic people and people with a learning disability.

The training is 90 minutes e-learning with handbook and a one-day face to face training.

Involving people with a learning disability and autistic people in the training

It is vital that people with a learning disability and autistic people contribute their knowledge and perspectives to the relevant subjects within the training. The Oliver McGowan Mandatory Training must be co-delivered by at least one person with a learning disability and one autistic person. As such, The Oliver McGowan Mandatory Training meets Standard 3 in the code.

The Tier 1 online interactive session requires a facilitator and the live contribution of at least one person with a learning disability and one autistic person, as a minimum.

The Tier 2 face to face training is delivered in 2 parts - one on learning disability and one on autism. Each part requires in-person delivery from both a facilitator and a trainer who has a learning disability or is autistic as a minimum. In some cases, the facilitator may have a learning disability or be autistic, in which case they must be joined by another person with a learning disability or autistic person.

Registered providers, or training providers of The Oliver McGowan Mandatory Training, have the flexibility to augment training with additional co-trainers with personal experience if they wish to do so. Further information on how to ensure co-trainers are best supported to deliver The Oliver McGowan Mandatory Training can be found in NHS England's FAQs on Oliver's training.

Family members who do not have a learning disability or are not autistic cannot take the place of people who have a learning disability or are autistic in the co-delivery of training, but are encouraged to be involved with the co-production, co-delivery and co-evaluation of the training. They may also provide support to their family members who have a learning disability or are autistic who are co-delivering the training. Family members may also provide the valuable perspective of their family members with profound or multiple learning disabilities who are unable to communicate for themselves.

It is essential to the success of The Oliver McGowan Mandatory Training that trainers with a learning disability and autistic trainers are supported before, during and after training. There are also a number of considerations with regard to remuneration and employment support which registered providers and training providers must take into account. These are detailed in section 2 and in the 'Involving people with lived experience guidance' (available on NHS England's employer resources on Oliver's Training (linked to above)).

Delivery requirements for the training

The Oliver McGowan Mandatory Training is designed to be re-taken at least every 3 years or more regularly if needed. This may be, for instance, if a staff member's role or responsibilities change, if they are promoted or move teams, or to address an identified learning need.

Registered providers should identify if staff need to access The Oliver McGowan Mandatory Training earlier than 3 years and to support them to access it - for example, by releasing staff from work and providing access to a computer and the internet.

The e-learning and handbook

The Oliver McGowan Mandatory Training e-learning and handbook are hosted on the elearning for healthcare hub. Registered providers should make arrangements for their staff to access the e-learning directly from the elearning for healthcare hub or through a learning management system that plays the source material. Technical support can be found on the hub.

Accreditation

The Oliver McGowan Mandatory Training must be delivered to a consistently high standard and training providers must be able to ensure that trainers with a learning disability and autistic trainers are being appropriately supported in their roles. Therefore, organisations or individuals providing the training must undergo a quality assurance process to become an accredited provider of The Oliver McGowan Mandatory Training on Learning Disability and Autism. Only accredited training providers are allowed to deliver The Oliver McGowan Mandatory Training.

NHS England has an approved trainer process in place that will be replaced by an accreditation process when a provider is appointed. Accreditation of the content will be managed separately to ensure the training meets Standard 4 in the code. Registered providers must either procure the training from an accredited training provider or become an accredited training provider to delivery directly to staff. Further information on accreditation and evaluation of learning from The Oliver McGowan Mandatory Training can be found in NHS England's FAQs on Oliver's training.

Data collection and monitoring training

As the government-backed training package on learning disability and autism, it is important that the government understands how and where The Oliver McGowan Mandatory Training is being adopted and whether any changes are needed to ensure the widest uptake.

Registered providers and training providers are expected to ask staff to complete the standardised pre and post-training surveys and make such feedback available to the Department of Health and Social Care (DHSC) or its delivery partners when requested. This data will help identify areas for improvement and how staff are putting their learning into practice.

DHSC is committed to evaluating the impact of The Oliver McGowan Mandatory Training on the knowledge, skills and confidence of health and social care staff. A long-term evaluation study conducted by the University of Leicester is underway to assess the delivery and impact of the Oliver McGowan Mandatory Training between 2024 and 2027. People with a learning disability, autistic people and their carers will be actively involved at all stages of the research.

4. How to use the code to meet the training requirement

Applying the code of practice

As the regulator of health and adult social care in England, CQC makes sure that health and social care services provide people with safe, effective, compassionate and high-quality care and encourages these services to continuously improve.

CQC monitors, inspects and regulates services and when CQC registers services it checks whether they are likely to meet the fundamental standards of quality and safety. These standards are set out in the 2014 Regulations. CQC must take the code into account when making certain decisions, including about whether the registration requirements - for example, staff training requirements set out in regulation 18 of the 2014 Regulations - are met.

Section 1 of the code sets out the 4 standards for training that must be met by registered providers. To ensure that health and social care staff receive training appropriate for their role, it is essential that all registered providers read and consider the whole code and its application to their staff and not just selective parts.

By following the code, registered providers will be able to show how they meet the requirement for learning disability and autism training.

Registered providers must be prepared to demonstrate to CQC how their chosen approach meets the code. Providers of regulated activities need to recognise that ensuring their staff have the right level of skills is an important service-user safety issue for people with a learning disability and autistic people.

How compliance is judged

CQC is responsible for assessing compliance with the registration requirements set out in the 2014 Regulations. CQC will take into account the code and how registered providers are meeting and complying with the requirements of regulation. It will do this in a way which considers the risk of inappropriate care or treatment (in all its forms) of, and the improper interaction with, people with a learning disability and autistic people.

All registered providers will need to ensure that staff receive training appropriate to their role in order to comply with the law. The chosen training package must meet the standards set out in the code, which CQC will take into account.

Registered providers have a duty to consider what is appropriate training, to ensure their staff can provide care safely. Providers should familiarise themselves with CQC's

webpage on the training requirement on learning disability and autism, and continue to regularly check for latest updates.

Commissioning organisations

Commissioning organisations may wish to assure themselves that the services they commission are meeting expected requirements. They may do this by commissioners robustly testing provider compliance with the code at the point of tender and again at every contract review. In doing so, commissioners must make it clear to the provider that this does not replace or duplicate the regulatory role of the CQC.

What happens if a registered provider does not meet the requirements in the code of practice

CQC may use their enforcement powers or take other action where they decide that a registered provider is not meeting its legal obligations as set out in the 2014 Regulations. In making this decision, CQC must take account of the code and will consider the extent to which the registered provider complies with it.

If a registered provider is not following the code, then CQC will consider whether that is because it is not appropriate to the type of service being provided. The onus will be on the provider to explain its rationale for not following the code. If it is appropriate, CQC will consider whether a registered provider is still protecting people with a learning disability and autistic people from the risk of inappropriate care or treatment in another, equally effective way. CQC has the power to take civil enforcement action against a provider who fails to meet the registration requirements.

Where to find out more

Further information about how CQC will assess registered providers and what action it can take if a registered provider does not comply with the regulation can be found on its website.

CQC has published guidance about how to comply with all the requirements other than the requirement on statutory learning disability and autism training. This guidance is contained in the CQC guidance for providers on meeting the regulations.

5. Reviewing the code

Section 21A(4) of the Health and Social Care Act 2008 places a duty on the Secretary of State for Health and Social Care to review the code and lay before Parliament a report setting out the findings of the review at least once every 5 years.

This review may include findings from the ongoing monitoring and evaluation of the government's recommended package for meeting the legislative requirement, The Oliver McGowan Mandatory Training on Learning Disability and Autism.

Annex A: examples of roles mapped to tiers in the core capabilities frameworks

The following are illustrative examples to help employers understand which tier of capabilities their staff may need (see Standard 1). Some staff may need a combination of capabilities from across different tiers.

Example 1

In a local authority, staff who work in regulated adult social care services and have contact with the public are likely to need tier 2 capabilities. This is because these staff will need to make their service accessible and effective for people who are autistic or have a learning disability. Staff in regulated adult social care services who do not have contact with the public, such as a person working in finance, may only need tier 1 capabilities.

Example 2

In an acute hospital trust, all clinical and support staff are likely to need tier 2 capabilities because they may need to provide care and support to people with a learning disability or autistic people. This includes front of service reception staff who may have significant interaction with or impact on a patient journey. Administrators and scientists who do not have patient-facing roles, such as accountants or microbiologists, may only need tier 1 capabilities.

Example 3

In a trust offering mental health and learning disability services, everyone who offers care and support to people, including front of service reception staff, are likely to need tier 2 capabilities. Senior managers and board members who do not routinely meet the public but are involved in decision making about services are likely to need tier 2 capabilities. Other staff who do not make decisions about services or meet people who use the trust's services may only need tier 1 capabilities.

Example 4

In a wheelchair service team within a community trust, any member of the team who meets the public, including reception staff, is likely to need tier 2 capabilities. Staff who do not meet the public, such as a person employed to maintain wheelchairs or the facilities and estates electricians, may only need tier 1 capabilities.

Example 5

Care home staff are likely to need tier 2 capabilities so that they can make their service accessible to current and potential residents and visitors who are autistic or have a learning disability or may be undiagnosed. Staff who do not meet the public, such as a person employed to do laundry or maintain gardens, may only need tier 1 capabilities. People responsible for making service decisions about the home are likely to need tier 2 capabilities since they will need to make their service accessible to residents and visitors who are autistic or have a learning disability.

Example 6

In a domiciliary care agency, which is frequently asked to provide support for people at short notice, all staff who have contact with the public are likely to need tier 2 capabilities so that they are ready to support people who have a learning disability and autistic people.

Example 7

In primary care services, all those who provide clinical services such as general practitioners, practice nurses and phlebotomists are likely to need tier 2 capabilities. Staff that work on reception or speak with patients on the phone are also likely to need tier 2 capabilities, as they need to recognise when reasonable adjustments are required and know how to put them in place. Members of the team who are not involved in direct patient contact or making decisions that affect them may only need tier 1 capabilities.

Example 8

Call handlers, 111 health advisors, and clinical practitioners working in 111 and integrated urgent care teams all need to facilitate clear communication, access to care and provide inclusive interventions. As such, they are likely to need a minimum of tier 2 capabilities. Managers and decision makers whose work may influence how reasonable adjustments are put in place are also likely to need tier 2 capabilities. Staff such as those maintaining technology infrastructure, cleaning and maintenance may only need tier 1 capabilities.

Example 9

Tier 3 capabilities are likely to be relevant to staff working intensively with people with a learning disability and autistic people including those who take a lead in decision making and developing or disseminating good practice. For example, this may include (but is not limited to) learning disability nurses, clinical psychologists, psychiatrists, GPs with special interest in learning disability, allied health professionals and senior social workers. It may also include registered managers and other social care leaders including operational

managers who have responsibility for services which provide care and support to people with a learning disability and autistic people. The core capabilities frameworks are incremental. This means that someone acquiring a tier 3 capability must already possess the relevant tier 1 and tier 2 capabilities.

Annex B: other training frameworks

In addition to the core capabilities frameworks, providers may wish to refer to other frameworks when assessing the training needs of their staff. Examples include, but are not limited to, the following list.

Advanced clinical practice capabilities framework when working with people who have a learning disability and autistic people

The ‘Advanced clinical practice capabilities framework’ (on the Skills for Health Supporting autistic people and/or people with a learning disability page) describes advanced clinical practice for allied health professionals and nursing staff working with people who have a learning disability or are autistic. The purpose of the framework is to support development and planning of the current and future workforce, to inform the design of curricula and the delivery of education and training programmes - working in partnership with people who have a learning disability and autistic people. It has been developed to sit alongside the core capabilities frameworks.

Skills for Care’s developing your workforce framework

Skills for Care provides tools to invest in staff expertise. The Developing your workforce website provides tools for providing induction training and support for new starters, and guidance on providing opportunities for more experienced staff to develop new skills. There is guidance on qualifications and apprenticeship options plus a list of endorsed training providers. There are also guides on different care topics to help develop capabilities to support care of people with a learning disability and autistic people.

Core skills training framework

The Skills for Health core skills training framework sets out minimum learning outcomes, the frequency of repeating training and links to relevant legislation or expert guidance. It is designed for healthcare providers across the NHS, independent and voluntary sectors. The framework includes a subject guide and mapping tool.

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