

# ROYAL PHARMACEUTICAL SOCIETY

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

### Royal Pharmaceutical Society Response

#### 1. Do you agree or disagree that the purpose of the code is clear?

- agree
- disagree
- not sure

The case for why a code of practice on statutory learning disability and autism training has been made clearly which is strongly and starkly brought home with sharing Oliver's story. Having a real-life experience is very impactful in highlighting the need for this training.

It clearly highlights the need for mandatory learning disability awareness training for staff in health and social care settings and how the current provision of training has failed to make the improvements required to ensure unavoidable poor outcomes, experiences and avoidable deaths. There is an urgent need for culture change among health and social care staff and a shift in attitude and approach to support people with a learning disability and autistic people safely, respectfully, and confidently. There is a need to make the training mandatory as this is an important lever in ensuring there is a culture change and it becomes everyone's problem.

It is clearly outlined how it is regulated by The Health Care Act 2022 and who the code of practice is for. It is good to see it being made clear about how to comply with the 2022 Act, what the code of practice covers and the implications of failing to comply with the code of practice.

#### **Section 1: standards for training and related guidance**

Do you agree or disagree that Standard 1 is clear that all staff should receive training which covers a minimum curriculum of capabilities from the core capabilities frameworks?

- agree
- disagree
- not sure

#### 2. Do you agree or disagree that Standard 1 is clear that where further training is required, this should be proportionate and tailored to the requirements of staff at different levels and in different roles?

- agree
- disagree
- not sure

This list of learning outcomes from tier 2 and 3 are very comprehensive, however it is unclear in what situations additional training would be required beyond what is outlined. Some guidance or examples of what roles would require additional training would be helpful for the registered providers to understand what that is. There is an example for staff that lead on complex care or service delivery but what exactly would they be doing isn't covered in tier 2 or tier 3 training.

3. Do you agree or disagree that Standard 1 is clear that where further training is required, this should align with the tiers and capabilities set out in the core capabilities frameworks?

- agree
- disagree
- not sure

4. Please share any other thoughts you have on Standard 1

It is clear that all staff should receive training and it is clear that this is evidence based on the findings of The Oliver McGowan Mandatory Training on learning disability and Autism. It clearly states a curriculum of essential tier 1 and tier 2 capabilities. The bit that is missing is how often the training should be repeated to ensure there is a recap which also covers any updates and new developments. One-off training would not be sufficient to achieve the aims and goal of the culture change to support people with a learning disability and autism.

5. Do you agree or disagree that Standard 2 is clear that training must be tailored in content and delivery to help staff to put their learning into practice?

- agree
- disagree
- not sure

6. Do you agree or disagree that Standard 2 is clear on how training should be tailored to staff working in different settings?

- agree
- disagree
- not sure

7. Please share any other thoughts you have on Standard 2

8. Do you agree or disagree that Standard 3 is clear about the length (one hour in addition to 90-minute e-learning) of live and interactive training required for staff who require a general awareness of learning disability and autism?

- agree
- disagree
- not sure

9. Do you agree or disagree that Standard 3 is clear regarding the length (one day in addition to 90-minute e-learning) of live and interactive training required for staff with responsibility for providing care and support for people with a learning disability and autistic people, and for staff with a higher level of autonomy who manage complex care or lead on learning disability and autism services?

- agree
- disagree
- not sure

**10. Do you agree or disagree that Standard 3 is clear that live and interactive training must be co-produced and co-delivered with at least one person with a learning disability and one autistic person?**

- agree
- disagree
- not sure

**11. Please share any other thoughts you have on Standard 3**

It is important to have training materials co-produced and co-designed with individuals who have learning disabilities and autistic people but it is also important to highlight that these individuals experiences are not representative of everyone with a learning disability or autism. People with autism and learning disabilities will have different abilities and experiences depending on the severity of their conditions which is important to capture in this document. There is a risk that training providers may see this as a tick box exercise and therefore opt for people they deem 'easy' to engage with to deliver the training.

Additionally, the wording should be changed from 'at least one person with a learning disability and one autistic person' to say 'a minimum of'. Also, in tier 1 training and the e-learning package there should be case studies on lived experiences with visual representation such as videos of people with a learning disability or an autistic person sharing their experiences.

**12. Do you agree or disagree that Standard 4 is clear that staff must receive training that is evidence-based?**

- agree
- disagree
- not sure

**13. Do you agree or disagree that Standard 4 is clear that staff must receive training that is subject to an accreditation process?**

- agree
- disagree
- not sure

**14. Do you agree or disagree that both the content and delivery of training should be subject to an accreditation and quality assurance process?**

- agree
- disagree
- not sure

**15. Do you currently offer your staff training on learning disability and autism which has been accredited?**

- yes
- no
- not sure

16. **If you answered yes, please provide details of the accreditation process that the training is subject to, including any relevant accreditation bodies**

17. **Do you agree or disagree that Standard 4 is clear that staff must receive training that is subject to ongoing evaluation?**

- agree
- disagree
- not sure

18. **Please share any other thoughts you have on Standard**

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

Further guidance on procurement sets out that 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.

20. **Do you agree or disagree with this approach?**

- agree
- disagree
- not sure

21. **Please share any other thoughts you have on the section in the draft code on 'Further guidance on recruiting and supporting people with a learning disability and autistic people, procurement and record keeping'**

The point of intersectionality has been touched on very briefly. This needs to be made stronger in considering the different experiences of people with a learning disability and autism from different backgrounds, which includes both how learning disability and autism is perceived and viewed in different cultures which may impact on the way the individual acts or their carers and family members act. As well as being able to deliver culturally sensitive care about the person with a learning disability or autism e.g. what additional things need to be considered from a religious or cultural perspective.

With most mandatory training from training providers the requirement is to do it every year, perhaps the e-learning package should be recommended annually at tier 2. Tier 3 and any additional training should be every 3 years to align with other mandatory training and demonstrates the importance of the topic.

## **Section 2: The Oliver McGowan Mandatory Training on Learning Disability and Autism**

22. **Do you agree or disagree that the code clearly sets out which tier of the training is appropriate for staff to complete?**

- agree
- disagree
- not sure

23. **Do you agree or disagree that the code clearly sets out how the training meets the standards set out in section 1 of the code?**

- agree
- disagree
- not sure

**24. Please share any other thoughts you have on section 2 of the draft code**

Within the Tier 1 section a list of example roles should be included to be clear who would require Tier 1 training as has been done under Tier 2.

**Section 3: how to use the code to meet the training requirement**

**25. Do you agree or disagree that it is clear from the code how registered providers can ensure they are complying with duties to train staff to work with people with a learning disability and autistic people?**

- agree
- disagree
- not sure

**26. Please explain your answer**

It clearly states that the code sets out 4 standards for training that must be met and how these should be complied with. It also importantly highlights the role of the CQC as the regulator and the importance of the commissioners of the training in ensuring it is fit for purpose.

**Impact assessment questions**

**27. Approximately what proportion of your staff would you say would need the Tier 1 package of the Oliver McGowan Mandatory Training?**

- up to 25%
- 26% to 50%
- 51% to 75%
- over 75%

**28. Approximately what proportion of your staff would you say would need the Tier 2 package of the Oliver McGowan Mandatory Training?**

- up to 25%
- 26% to 50%
- 51% to 70%
- over 75%

**29. Approximately what proportion of your staff would you say would need training on tier 3 capabilities from the core capabilities frameworks on supporting people with a learning disability and supporting autistic people?**

- up to 25%
- 26% to 50%
- 51% to 75%

- over 75%

**We would like to understand how to define and measure the value of positive service experiences and the value of better overall health and wellbeing for people with a learning disability and autistic people.**

- **Please share any ideas, information and evidence you may have here (for example, web links, titles of papers or reports, useful contacts). This will inform the final impact assessment**

**30. Do you currently measure the effectiveness of training provided to your staff (for example, through feedback surveys or evaluation activity)? This can be any training.**

- yes
- no
- not sure

**If you answered yes, please provide details of how you measure the effectiveness of training provided to your staff, including what measures you use**