

## Mandatory Training - Criteria for Approval as a NSW Health Requirement

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**Functional Sub group** Corporate Administration - Governance  
Corporate Administration - Communications  
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**Summary** The Policy Directive outlines the process for approval of mandatory training requirements within NSW Health. This document outlines the evidence required to address six criteria for the Mandatory Training Standing Committee (MTSC) to endorse a mandatory training requirement within a Policy Directive or otherwise.

**Replaces Doc. No.** Mandatory Training Requirements in Policy Directives [PD2014\_023]

**Author Branch** Workforce Planning and Development

**Branch contact** Workforce Planning and Development 02 9391 9983

**Applies to** Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health System Support Division, Community Health Centres, Dental Schools and Clinics, NSW Ambulance Service, Ministry of Health, Public Health Units, Public Hospitals, NSW Health Pathology, Cancer Institute (NSW)

**Audience** Policy officers, managers, education and training staff

**Distributed to** Public Health System, Ministry of Health

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**Policy Manual** Not applicable

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**Status** Active

### Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

## MANDATORY TRAINING – CRITERIA FOR APPROVAL AS A NSW HEALTH REQUIREMENT

### PURPOSE

The Policy Directive outlines the process for approval of mandatory training requirements within NSW Health. The process includes the requirement to provide an application to the Mandatory Training Standing Committee (MTSC) requesting endorsement of a mandatory training requirement for NSW Health. This document outlines the evidence required to address six criteria in order for the MTSC to endorse a mandatory training requirement within a Policy Directive or otherwise.

### MANDATORY REQUIREMENTS

The six criteria as described in this document must be addressed when proposing new mandatory training or when reviewing Policy Directives that contain mandatory training requirements in NSW Health. The MTSC will assess the evidence as provided in the proposals against the criteria and will make decisions on the requirement of mandating training, the frequency of the training and whether the training is targeted at a state-wide or is for local determination.

### IMPLEMENTATION

It is the responsibility of the authoring NSW Health Organisations (including Affiliated Health Organisations) and Branches in the NSW Ministry of Health to be aware of the six criteria required to be addressed prior to the development of proposed mandatory training or when reviewing policy directives that contain mandatory training.

### REVISION HISTORY

Version	Approved by	Amendment notes
November 2016 (PD2016_048)	Deputy Secretary, Governance, Workforce and Corporate	Criteria have been expanded to include details about evidence required
July 2014 (PD2014_023)	Deputy Secretary, Governance, Workforce and Corporate	New policy

### ATTACHMENTS

1. Mandatory Training – Criteria for Approval as a NSW Health Requirement: Procedures

**Mandatory Training – Criteria for Approval as a NSW  
Health Requirement**



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**Issue date:** November-2016

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## **1 BACKGROUND**

### **1.1 About this document**

This Policy Directive outlines the process for endorsement of mandatory training requirements within NSW Health. The process includes the requirement to provide an application to the Mandatory Training Standing Committee (MTSC) requesting endorsement of a mandatory training requirement for NSW Health. The application must provide a statement to address each of the six criteria and include relevant supporting evidence as detailed in this document.

An initial consultation with the secretariat of the MTSC, the Workforce Planning and Development Branch is highly recommended prior to progressing or reviewing any mandatory training requirement within Policy Directives or otherwise.

All new and revised NSW Health policies must adhere to the principles contained within *NSW Health Policy Directives and Other Policy Documents* [PD2016\_049].

### **1.2 Key definitions**

#### Mandatory Training

Mandatory training is training and / or education in a defined subject matter that must be undertaken by specified staff of a NSW Health entity. The majority of mandatory training in NSW Health is delivered online and / or with face to face sessions.

For NSW Health the requirement for mandatory training maybe derived from one or more of the following:

- A legislative requirement
- A requirement arising from the National Safety and Quality Health Service Standards (NSQHSS)
- An organisational requirement.

Within NSW Health training can be mandated in two ways:

#### 1. State-wide targeted

The training requirement has been endorsed by the MTSC as mandatory and where relevant groups of staff can be easily identified for targeting at a state-wide level e.g. all medical and all nursing staff can be identified using the Australian and New Zealand Standard Classification of Occupations (ANZSCO) Codes.

#### 2. Local Determination

The training requirement has been endorsed by the MTSC as mandatory but the relevant groups of staff cannot be identified for targeting at a state-wide level. LHD / Ns will be instructed to identify the relevant groups of staff required to undertake the training at a local level.

In the instance of mandatory training with local determination the policy authors must broadly define the group(s) of staff to whom the training applies e.g. clinical staff that work in mental health facilities.

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### **1.3 Mandatory Training Standing Committee (MTSC)**

The NSW Health Mandatory Training Standing Committee (MTSC) oversees standards for Mandatory Training in NSW Health. MTSC will assess the evidence as provided in the applications against the criteria for inclusion and make decisions on the requirement of mandated training, the frequency of the training, whether the training is targeted state-wide or is for local determination. In assessing applications, the MTSC may seek advice from the Mandatory Training Operational Advisory Group in relation to operational issues associated with the implementation of mandatory training requirements.

The MTSC may either endorse the training requirements as mandatory or, in the instance an application is not endorsed the MTSC will provide advice in accordance with the criteria as outlined in this document.

## **2 CRITERIA FOR INCLUSION OF A MANDATORY TRAINING REQUIREMENT**

The Workforce Planning and Development (WPD) Branch provide the secretariat support to the MTSC and are available for consultation and further advice regarding the criteria and required supportive evidence as outlined in this document. It is highly recommended an initial consultation with WPD Branch is arranged prior to reviewing or including any new mandatory training requirements in a Policy Directive or otherwise.

### **2.1 Criteria 1**

Provide a statement identifying if the proposed training has been derived from (a), (b) or (c) or a combination of these as explained below –

#### **(a) Comply with a Legislative obligation**

For example - Section 19 of the *Work Health and Safety Act 2011* states that an employer has a duty of care to ensure “the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking” Legislative requirements will not always require the employer provide training but may require that employees are informed of particular procedures or systems.

For example – there are several sections within *The Children and Young Persons (Care and Protection) Act (1998)* that requires Health Services and employees have an understanding of the mandatory reporting requirements of children and young people at suspected risk of significant harm which include to respond, report, collaborate and assist where required.

#### **(b) Achieve or maintain accreditation under the National Safety and Quality Health Service Standards (NSQHS)**

For example - Standard 9.6.1 stipulates that ‘the clinical workforce is trained and proficient in basic life support’

#### **(c) Meet organisational requirements**

For example – Within a Policy Directive - *Respecting the Difference: An Aboriginal Cultural Training Framework for NSW Health* [PD2011\_069] was developed in response to the State and Federal government identifying the urgent need to address health inequalities between the Aboriginal and non-Aboriginal population.

### **2.2 Criteria 2**

Provide a statement to support the requirement of training and that the training needs to be mandatory.

#### **(a) The requirement of training**

Education and training of staff can occur by alternative learning mechanisms such as facilitated clinical scenarios, lectures, presentations, workshops, community of practice, learning interprofessionally, guidelines, references, fact sheets or other accessible workplace learning resources. Evidence to support the requirement of training such as completing an online training module or face-to-face training must include a needs analysis outlining consideration of alternative learning mechanisms and why they are not suitable.

**(b) The requirement the training is mandated**

Training of staff can occur effectively without the requirement of mandating it at a state-wide or local level. Provide supporting evidence that mandating the training is the best approach to affecting behaviour change; this can be linked to requirements in Criteria 1. When preparing a statement to support this criteria it must be noted that health professionals have a responsibility to undertake continuing training and development to maintain currency of practice, any proposed mandated training requirements should consider these existing professional responsibilities and should not impose a further training burden.

### **2.3 Criteria 3**

Provide a statement with evidence to support the educational effectiveness of the proposed training.

Educational effectiveness is measured by determining if learning outcomes have been applied into practice such as staff behavioural change or transferability of skills. The educational effectiveness of training can often be diluted or lost within volumes of information provision especially when employees are required to undertake a number of modules with different subject matter within a short period of time (e.g. at orientation).

Evidence to support educational effectiveness can be demonstrated by measuring impacts or outcomes in the workplace to reflect the training such as behavioural changes or transferability of skills. It can be measured by obtaining information related to the current training that has been in place such as measuring if the staff who undertook the training found it valuable, did the staff apply the new skills into practice, have the objectives of the training been understood and are they currently in practice, has acquiring the new skills helped the employee to do their job better, or has there been a measurable benefit to the organisation. Consideration may be given to lessons learnt in other organisations or other jurisdictions and any possible international outcomes

### **2.4 Criteria 4**

Provide a statement with evidence to support the cost effectiveness of the proposed training strategy.

Evidence in support of this criterion should include an estimate of the cost of developing the training, the cost to the system for staff to undertake the training and justification of how this is a cost effective use of resources. Evidence may also include a basic comparative cost analysis for undertaking E-learning vs. other forms of learning vs. risk of behaviour not changing (or learning objective not achieved).

### **2.5 Criteria 5**

Provide a statement to describe the:

**Learning objectives**

Provide detail of the learning objectives. Include a statement of what the main objectives of the training are, what the user is expected to achieve and what they will gain, learn or understand by undertaking the training.



### **Training content**

A brief description of what is included in the training and the structure of the training e.g. does it include an online component or a face-to-face component, does it include educational videos or other forms of conceptual training, will there be an assessment at the end. Outline the main topics and subject matter.

### **Frequency**

Provide information related to when the user is expected to undertake the training and how often e.g. at orientation (within 4 weeks commencing employment), at induction (within six months of commencing employment), once only, annually or every five years if training is required to be repeated. Evidence to support frequency should be included.

### **Duration**

Provide information describing the length of time it will take a user to complete the training.

## **2.6 Criteria 6**

Provide a statement to identify the group(s) of staff required to undertake the training and if they are for state-wide or local determination.

NSW Health engages a diverse range of professionals and other staff in varying and ever changing roles and in clinical and non-clinical settings. Incorrect targeting of staff to undertake particular training can lead to organisational risk including time to undertake the training, cost to the service to provide the training, undertaking training that is outside the scope of practice for a health professional or other clinical support staff.

Identify if the relevant groups of staff are to be:

#### **(a) Targeted state-wide**

The training is relevant to large groups of staff across various settings OR

#### **(b) For local determination**

The training is relevant for specific groups of staff in particular settings or for staff with exposure to particular client groups or particular processes or procedures.

Evidence in support of this criterion must provide clear details of the target group(s) of staff and how they will be identified e.g. using ANZSCO codes. Evidence must show understanding of role variation based on clinical setting and reasoning to support the targeted group(s) of staff. For example – a nurse working in an acute care setting will have the same ANZSCO code as a nurse working in a community setting but could be performing different tasks with a different scope of practice and therefore the same training will not always be relevant.

### 3 LIST OF ATTACHMENTS

1. Process chart for endorsement of proposed mandatory training requirements

#### Attachment 1: Process chart for endorsement of proposed mandatory training requirements

