Oliver McGowan Mandatory Training

Frequently Asked Questions for Sussex Primary Care

1. What is the Oliver McGowan Mandatory Training?

The Oliver McGowan Mandatory Training on Learning Disability and Autism is the government's preferred and recommended training package for meeting the statutory requirement for learning disability and autism training. It was developed following the death of Oliver McGowan and is designed to help health and care staff provide safer, more compassionate and more informed care for autistic people and people with a learning disability. (GOV.UK)

In Sussex, the programme is being rolled out across primary care through the Sussex Primary Care Provider Collaborative, working with NHS Sussex and approved local training providers. The aim is to improve staff knowledge, confidence and skills, support reasonable adjustments, and reduce health inequalities for autistic people and people with a learning disability.

2. Is the training mandatory?

Yes. CQC-registered providers must ensure that staff receive learning disability and autism training appropriate to their role. The requirement was introduced through the Health and Care Act 2022 and is supported by the Oliver McGowan Code of Practice. (NHS England)

The Oliver McGowan Mandatory Training is the government's preferred and recommended package. Other training routes may be used, but providers would need to assure themselves that any alternative meets the standards set out in the Code of Practice. **The funding available to support this mandatory training can only be used for the Oliver McGowan Mandatory Training from approved providers from the training collaborative.**

3. What is the Oliver McGowan Code of Practice?

The Oliver McGowan Code of Practice sets out the standards that training should meet for CQC-registered providers and their staff. The final Code applies in England and became final on 6 September 2025.

Primary care providers should use the Code to support their local training decisions, including how staff are mapped to Tier 1, Tier 2 or any additional specialist training. The Code also helps providers evidence that their approach is role-based, proportionate and aligned to statutory expectations. (GOV.UK)

4. Who needs to complete the training?

All staff in scope should complete role-appropriate training. In practical terms, this means all staff should complete the e-learning first, followed by the correct interactive training element for their role.

This includes, where relevant:

Staff group	Likely requirement
Corporate, admin, estates, facilities, finance, HR and IT roles	E-learning plus Tier 1, unless role assessment indicates otherwise
Reception and care navigation roles	E-learning plus Tier 1 or Tier 2, depending on patient contact and responsibilities
GPs, nurses, HCAs and clinical roles	E-learning plus Tier 2
ARRS roles including pharmacists, paramedics, care coordinators, social prescribers, health and wellbeing coaches, mental health practitioners and first contact practitioners	E-learning plus Tier 2 where the role may involve care, support or adjustment planning
Managers with clinical or service accountability	E-learning plus Tier 2 where they oversee services involving direct patient support

Practices should apply local judgement and document the rationale for each staff group.

5. What are the different parts of the training?

All staff must complete both part 1 of the training and part 2 (tier relevant to their role).

Part 1: E-learning

This is baseline learning for all staff and should be completed before the interactive element. The national e-learning covers learning disability, autism, communication and reasonable adjustments. Completion of the pre- and post-learning surveys is required to receive the certificate. (e-Learning for Healthcare)

Part 2: Tier 1

Tier 1 is for staff who require general awareness of the support autistic people and people with a learning disability may need. This is usually for staff with lower, indirect or limited contact.

Part 2: Tier 2

Tier 2 is for staff who may need to provide care or support for autistic people and people with a learning disability. In primary care, this will usually include most clinical and patient-facing roles.

6. What is Tier 1 training?

Tier 1 is the interactive part of the Oliver McGowan Mandatory Training for staff who need general awareness of the support autistic people and people with a learning disability may require. It is a 1.5 hour long interactive workshop which is delivered virtually. A maximum of 35 attendees can attend each course which is delivered by a facilitator and co-trainer with lived experience.

It is usually suitable for staff who have lower, indirect or limited contact with patients, or whose role does not involve providing direct care, treatment or support.

In primary care, this may include some:

- Administrative staff
- Reception staff with limited patient interaction
- Corporate or support roles
- Finance, HR, IT or estates roles
- Managers without direct clinical or service delivery responsibilities

Tier 1 must be completed after the e-learning. It should be recorded on the training matrix as a role-specific mandatory training requirement, with a suggested three-year renewal cycle. Training providers will ask for a disclaimer that every staff member enrolled on T1 training has completed the e-learning module.

Practices should still apply local judgement. Some reception, care navigation or administrative roles may require Tier 2 if they regularly support patient access, communication, reasonable adjustments, complaints, distressed patients or care coordination.

7. What does Tier 2 training involve?

Tier 2 is a **full day** face-to-face training session for staff whose roles involve, or could involve, direct engagement with autistic people and people with a learning disability. It is co-delivered by trainers with lived experience alongside a facilitator, which is a core feature of the national model. The structure of the day (and content) is mandated by NHS England and cannot be amended. A 3-hour workshop with a focus on supporting patients with learning disabilities in the morning, followed by 3-hour workshop on supporting autistic people in the afternoon. Breaks are also mandated to support the wellbeing of the co-trainers as well as participants. Both sessions must be delivered on the same day, training cannot be split across 2 dates. A maximum of 35 attendees can attend each course.

Tier 2 must be completed after the e-learning. It should be recorded on the training matrix as a role-specific mandatory training requirement, with a suggested three-year renewal cycle. Training providers will ask for a disclaimer that every staff member enrolled on T2 training has completed the e-learning module.

Topics include:

Topic	**Why it matters**
Understanding learning disability and autism	Builds awareness of different needs and experiences
Communication	Supports clearer, more accessible patient interactions
Reasonable adjustments	Helps practices adapt care and access
Diagnostic overshadowing	Reduces the risk of symptoms being wrongly attributed to autism or learning disability
Legal and ethical duties	Supports compliance with equality, consent and capacity requirements
Person-centred care	Encourages care tailored to the individual

8. What does primary care need to evidence to meet CQC requirements?

Primary care providers should be able to evidence:

Evidence required	**What this means in practice**
Role-based training assessment	A documented decision on which staff groups require e-learning, Tier 1, Tier 2 or additional training

Evidence required	What this means in practice
Completion records	Records showing e-learning completion, interactive training completion, date, tier, provider and renewal date
Approved delivery route	Use of approved trainers/providers, or assurance that any alternative meets Code standards
Renewal plan	A plan to ensure training is refreshed at least every three years, and sooner if roles change or learning needs are identified
Risk mitigation	Evidence of how risks are managed while staff are awaiting training

9. How often does the training need to be refreshed?

The local interpretation for Sussex primary care is that the e-learning module, Tier 1 and Tier 2 should be recorded on the training matrix with a three-year renewal period. Training should also be reviewed sooner if a staff member changes role, takes on new responsibilities, or if a learning need is identified.

10. Is the Oliver McGowan training the only training we can use?

The Oliver McGowan Mandatory Training is the government's preferred and recommended training package, but it is not the only possible route. If a provider chooses another training package, they must be able to assure themselves that it meets the Code of Practice standards.

For Sussex primary care, the recommended approach is to use the local approved OMMT delivery route wherever possible, because this supports consistency, quality assurance and reporting across the system. **This is also the only funded option available to primary care.** Invoices from other providers will not be approved and will need to be self-funded by primary care providers.

11. How is the rollout being supported in Sussex?

NHS Surrey Sussex has established a local OMMT programme to support rollout across the Sussex health and care workforce.

Funding has been allocated to support primary care implementation through the Sussex Primary Care Provider Collaborative. This funding is intended to support training delivery and infrastructure. It does not cover all costs and must not be used for staff backfill or venue costs. It is not sufficient to cover costs of training for all staff members in primary care.

A place- based approach supported operationally by GP federations (ABC in West Sussex, Brighton Hove Federation for B&H and SDHC for East Sussex) is being rolled out following engagement with stakeholders.

In East Sussex, Kirstie Ingram (kirstie.ingram@nhs.net) is implementing a hybrid model of PCN level delivery supported by open sessions across the patch.

In Brighton and Hove, Kate Waller (kate.waller@nhs.net) is implementing a series of workshops open to staff from any GP practice in B&H.

In West Sussex, Kellie Tamkin (kellie.tamkin@nhs.net) is implementing a hybrid model of neighbourhood level delivery supported by open sessions across the patch.

12. Will every member of staff be trained immediately?

No. Rollout will need to be phased because of workforce size, trainer capacity, venue availability and the need to release staff safely from operational duties.

Practices should prioritise staff whose roles involve direct care, support, clinical assessment, communication with patients, or adjustment planning.

13. Which staff should be prioritised first?

Practices and PCNs should prioritise:

1. Staff in direct patient-facing clinical roles
2. Staff who provide care, treatment, advice or support
3. Staff involved in care coordination, navigation or adjustment planning
4. Managers with responsibility for services accessed by autistic people or people with a learning disability
5. New starters and staff moving into roles with greater patient contact

Reception and care navigation roles should be considered carefully. Some may sit within Tier 1, but where staff regularly support access, communication, complaints, reasonable adjustments or distressed patients, Tier 2 may be more appropriate.

14. What should practices add to their training matrix?

The suggested approach is:

Matrix item	Requirement	Renewal
OMMT e-learning / Part 1	Mandatory for all staff in scope	Record completion; review alongside role and mandatory training cycle. Every 3 years.

Matrix item	Requirement	Renewal
OMMT Tier 1 / Part 2	Mandatory for staff requiring general awareness	Every 3 years
OMMT Tier 2 / Part 2	Mandatory for staff who may provide care or support	Every 3 years

The matrix should also record the date completed, tier, provider, certificate evidence and renewal due date.

15. What if staff have not yet completed the training?

CQC may ask what training has been completed and what plans are in place. Practices should therefore be able to show:

- Which staff are in scope
- Which tier applies to each staff group
- Who has completed e-learning
- Who has completed Tier 1 or Tier 2
- Who is booked or awaiting training
- How any risks are being managed while rollout is underway

This is particularly important during the phased implementation period.

16. How does this link to CQC?

CQC-registered providers must ensure staff receive learning disability and autism training appropriate to their role. Practices should expect to evidence both completed training and the plan for staff still awaiting training. (NHS England)

Useful evidence includes the role assessment, training matrix, certificates, booking records, rollout plan and any risk mitigation during transition.

17. How will training places be made available?

Training places will be made available through local delivery arrangements, including open sessions and planned place-based training opportunities. Practices should look out for communications through Sussex Primary Care Provider Collaborative, PCN, neighbourhood leads, LMC/LDC and GP federations.

Because places are limited, practices are encouraged to identify priority staff early and support timely booking.

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18. What should practices do now?

Practices should:

1. Identify all staff in scope
2. Ensure all staff complete the national e-learning
3. Complete a role-based assessment for Tier 1 and Tier 2
4. Prioritise Tier 2 staff for available sessions
5. Confirm arrangements for accessing approved OMMT T2 training with GP federation provider
6. Update the practice training matrix
7. Record certificates and renewal dates
8. Plan for three-year renewal
9. Include OMMT in induction for new starters
10. Review reasonable adjustment and accessible feedback processes
11. Use Ask Listen Do resources to support quality improvement

19. Where can practices find national resources?

Practices should use the live NHS England, DHSC and e-learning resources as the source of current national guidance. These include the Oliver McGowan Code of Practice, the national e-learning package, employer resources, approved trainer/provider information, and Ask Listen Do resources. (GOV.UK)

20. What is the key message for Sussex primary care?

The key message is that OMMT should now be treated as part of statutory and mandatory training governance. All staff need role-appropriate training, practices need to be able to evidence their tiering decisions, and training records should be maintained through the local training matrix.

For Sussex, the rollout will be phased, but practices should not wait for all local arrangements to be complete before starting preparation. Completing e-learning, mapping staff roles and identifying Tier 2 priorities are the immediate next steps.