RCN response to a request from the Information Governance Review for evidence on workforce education, training & regulation

With a membership of over 410,000 registered nurses, midwives, health visitors nursing students, health care assistants and nurse cadets, the Royal College of nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues working closely with the Government, the UK parliaments and other national and European political institutions, trades union, professional bodies and voluntary organisations.

Introduction
We have responded to those questions that we consider to be within the scope of a professional organisation, specifically focusing on education, training and regulation of nursing staff, including healthcare assistants and assistant practitioners (HCAs/APs). A number of key messages emerged as we considered the questions - these are presented as a summary of the RCN’s position on workforce education, training and regulation related to Information Governance (IG).

Key messages
1. People must be able to trust health and social care staff to keep information about them safe and secure (NHS Constitution, 2012). They expect that information will be shared with others providing care.

2. Practitioners and support workers need to feel confident about routinely sharing information with other professionals and care staff in support of safe, high quality care.

3. In most circumstances, information sharing should be seen as a shared decision making process followed by a clinical communication. Shared decision making is an NHS quality standard that includes: discussion, decision, action and outcome (and recording of same).

4. Education and training about information sharing should be integrated with education and training about shared decision making, which in turn should be a core part of all health professional education. The focus should be on when and how to have the discussion about what is recorded and shared, supported by clear, practical guidance - see point 7 below.

5. All health and social care staff need to feel confident about when and how to disclose information if they have a concern about a vulnerable person. Safeguarding competences
should be a mandatory part of preparatory education and training for all staff and then further advanced depending on specific roles. See example *Safeguarding Children and Young people: roles and competences for health care staff*. There should be similar joint specifications of roles and competences related to other vulnerable groups.

6. Information governance should be part of clinical governance. It should have similar risk management strategies and the same reporting and management of incidents / ‘near misses’ i.e. there should not be different disciplinary / regulatory approaches.

7. There should be ‘one source of truth’ i.e.:

- A combined regulatory standard for all clinical professionals - the MUSTs of confidentiality and information sharing. This should include a single glossary of terms used by all other sources.

- One *NHS Confidentiality Code of Practice* (updated) that is aligned with the *NHS Care Records Guarantee* - the MUSTs, SHOULDs and MAYs of Information Governance for all staff, including Commissioners.

- One set of information sharing guidance for all practitioners and managers - based on the simple, practical *DfE guidance* and ‘How to’ advice sheets. This should include best practice templates for recording of information sharing decisions, along the lines of consent templates. Context specific examples such as sharing information about *mental health* belong in educational materials not in separate, duplicative and sometimes conflicting guidance documents.

Local policies must refer staff to these national sources, not attempting to duplicate or summarise their content but rather adding the detail of who, what and how for the local situation.

8. Information governance management and technical support requires specialist staff with appropriate education and training so that health and social care staff are adequately supported in their information sharing and information management roles - See *Skills for Health - Information Governance Management Competences*.

9. There should be a national, cross agency approach to information sharing protocols so that staff are in no doubt about what rules apply locally - See example *The Wales Accord on the Sharing of Personal Information*. 


Specific Responses

1. Terminology and Definitions

We agree that this is a valid concern and believe that confusion and uncertainty is caused by multiple, inconsistent national and local guidance / policy documents. There should be a single glossary as part of joint regulatory guidance and the terms and definitions in that source should be used by all other guidance documents / learning materials.

2. Education and Training

Future provision of education and training - Major challenges

We do not have evidence on the quality or effectiveness of the IG education and training for nursing staff at undergraduate level, for CPD or for HCAs/APs. However, we are aware that provision varies widely and that qualified staff particularly are not well provided for - we see this variation in provision as the major challenge.

Given the wide variety of need and of provision, we would recommend that the Review Panel focuses on the adequacy of national educational standards and competence specifications and whether existing educational quality assurance mechanisms could be used to ensure that standards are being met.

The Nursing and Midwifery Council sets standards for pre-registration nursing and midwifery education. Core standards include confidentiality and information sharing which are further detailed in Essential Skills Clusters for Care, Compassion and Communication. However, information sharing is presented as an exceptional issue, rather than a normal part of the care process that is regularly discussed with the person. We recommend that the next review of the NMC’s educational Standards and Essential Skills Clusters considers information sharing as a shared decision making process with a focus on practical competences such as when and how to have the discussion about what is recorded and shared and how to access support on information sharing issues.

E-learning and additional support - e-learning may be an appropriate medium for all staff groups (provided they have access to the right materials and time for learning). The RCN has linked with eICE (Embedding Informatics in Clinical Education) to signpost nurses to online modules on topics such as information governance, information sharing and record keeping. We believe that such materials should be tailored and then signposted to specific staff so that learning is enhanced with relevant examples and scenarios. However, the acquisition of knowledge about information governance principles and practice must be supplemented with clinical skills training and clinical supervision so that skills in shared decision making around information sharing can be developed.

Should the training be tailored to the professions/role based? If so, what should each staff group/profession need to know? Please comment on whether it should be a “one size fits all” approach? Should there be a common curriculum?

Principles and codes provide a common core but there is a need for additional role based training. As the joint collegiate safeguarding guidance example shows, one size does not fit all - training should be based on level and type of competence required for the job role as specified in Skills for Health...
and professional organisation competence frameworks. For clinical staff, there should be joint professional training wherever possible so that roles and responsibilities are clear.

**Which elements of IG training should be mandated** and for which categories of staff? Elements of IG related to safeguarding should be mandatory for all staff and competences should be reviewed annually as part of staff appraisal in conjunction with individual learning and development plans. See [Safeguarding Children and Young people: roles and competences for health care staff](#).

### 3. Regulation & organisational requirements

We agree that confusion and uncertainty is caused by multiple national and local guidance / policy documents. This uncertainty means practitioners lose confident and may not share information appropriately. Regulatory and professional bodies need to work together with DH, DfE and others to ensure that there is ‘one source of truth’ that is used by all providers of targeted educational content/materials and local implementation policies - see key message 7 above.

**Should IG be included on all job descriptions?** If so, which elements should be mandated? All job descriptions should include adherence to Regulatory and/or NHS codes and standards for record keeping, confidentiality, privacy, data protection, and using and sharing information. Mandatory elements for senior managers include rules for use of identifiable data.

**Consequences for IG failures either through negligence or misconduct** Information governance should be part of clinical governance. It should have similar risk management strategies and the same reporting and management of incidents / ‘near misses’. This means that there should be the same attitudes towards reporting and learning as there is for critical incidents so that personal blame is not the default but rather root cause analysis and organisational / system learning. IG negligence or misconduct by a health professional is the same as professional negligence or misconduct i.e. there should not be different disciplinary / regulatory measures.

**Education and training needs of commissioners and senior staff** We agree that some decision makers do not understand that a) identifiable data must not be used and b) their data needs can probably be met without identifiable data. Senior staff should have specific data use IG requirements in their job descriptions and organisations should be strongly encouraged to employ specialists in information governance management - see key message 8 above.

**Social media and other emerging technologies** The RCN has published a set of guides for using technology to complement clinical practice, a number of which include consideration of IG issues. See example [Using text messaging services](#). The NMC provides [advice on social networking sites](#) which has also informed recent fitness to practise hearings.

**Staff members using their personal devices for work** Our recently published guidance on Nursing staff using personal mobile phones for work purposes advises that staff do not use these ‘for recording, transmitting or storing patient identifiable information at any time’. Professional organisations, Regulators and DH should produce joint guidance for all staff i.e. ‘one source of truth’.

RCN, October 2012