

Resuscitation Council (UK) courses or 'equivalent' local training?

In response to constraints on training budgets many NHS Trusts are developing their own in-house resuscitation 'equivalent' training. In the short term this may help Trusts to balance their books but, in the long term, poor quality non-standardised training and assessment may be very costly. It should be noted at the outset that the Resuscitation Council (UK) receives only £22 for each candidate registration on the ALS, EPLS, NLS and GIC (and cost of the manual) accredited course. Any additional cost charged to candidates is retained by the Trust or those administering the course. Centres registered for ILS and/or PILS pay an annual registration regardless of the number of candidates.

Resuscitation Council (UK) course certificates are recognised across Europe and are valid for 4 years (ILS/PILS are valid for 1 year). The holder of any Resuscitation Council (UK) course certificate has achieved a standard defined by the Resuscitation Council (UK). The tight quality control applied to the course programmes, the teaching scenarios, the instructors and the assessment provides some assurance of this standard. Since we have no such information or control over the standards of the 'equivalent' local training we clearly cannot offer any similar guarantee concerning successful participants. This would be a matter for individual Trusts to validate, agree and recognise.

Resuscitation Council (UK) courses involve revision of a subject specific manual written by national experts. Resuscitation Council (UK) course candidates are sent course manuals in advance of any course and have to complete a pre-course MCQ. Manuals provide all the essential knowledge so that time on courses can be devoted to skills training. All the course materials and assessment tools have been tested robustly and this material is copyrighted and cannot be used outside Resuscitation Council (UK) courses. To avoid breaking copyright, Trusts will have to develop their own training materials for their courses and use of the Resuscitation Council (UK) logo is not normally permitted. In exceptional circumstances, permission may be given for the reproduction and use of some Resuscitation Council (UK) teaching materials, but only after a detailed written application has been made and accepted.

There is a very real risk that 'equivalent' resuscitation training will not be delivered in a standardised or managed way. Inevitably, there will be significant variation between organisations in the content of the training and in its assessment. Candidates who fail local 'equivalent' resuscitation courses will have to appeal through local channels.

Training in resuscitation requires experienced instructors, who are available to teach, supervise and assess the practical training necessary to equip staff with the skills essential to manage these patients. Resuscitation Council (UK) instructors have been trained to teach on these courses but many struggle to obtain leave to teach despite much of this being in their own time and without remuneration. Their skills and experience benefit the patients and the NHS trusts. These individuals are unlikely to teach on 'equivalent' local resuscitation courses when there is no standardisation or recognition. A central feature of all the Resuscitation Council (UK) courses is the multidisciplinary approach to training in recognition of the multidisciplinary team involvement during a resuscitation attempt. Doctors, nurses, resuscitation officers and others each have a unique contribution to the courses and providing a balanced, multidisciplinary faculty remains a priority for the Council. Resuscitation training without input from doctors will quickly lose its credibility with the medical Colleges.

We are investing considerable resources in the development of e-learning materials to enable ALS training to be delivered more efficiently and cost-effectively. This will reduce the time that NHS staff need to be away from their workplace. Training will remain standardised and the quality preserved.

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