

EVIDENCE AND COMPLIANCE

Mandatory training in general practice: what CQC checks

CQC AI Auditor team · Published 27 October 2026 · 13 min read

Read online: <https://www.cqcaudit.ai/blog/mandatory-training-gp-practice-cqc-checks>

In short: CQC does not publish a mandatory training list for GP practices. Its GP mythbuster 70 says each practice decides what training is mandatory for its own team, makes that clear to staff and monitors it. CQC checks whether staff have the training their role needs, from induction onwards, and whether you can show it. It names training it expects evidence of, such as basic life support and safeguarding, and learning disability and autism training is set in law. This post brings CQC's wording together, covers what has changed recently, and ends with a list of what to have ready.

Most guides to CQC mandatory training for GP practices are lists of courses and how often to repeat them. CQC is less interested in whether a course is on your list than in whether each person has the training their role needs, and whether you know when it is due. Everything quoted below is CQC's, the Department of Health and Social Care's, the Royal College of Paediatrics and Child Health's or the BMA's own wording, apart from one line from our own home page, from pages read on 27 October 2026. Where we give practical examples of our own, we say so. Our [glossary of CQC terms](#) explains any unfamiliar terms.

Does CQC have a mandatory training list for GP practices?

No. [GP mythbuster 70: Mandatory training considerations in general practice](#) answers the question directly: "It is not CQC's role to identify specific training for providers and we do not specify any mandatory training for members of the GP practice team."

The reason CQC gives is that training needs depend on the "role and specific responsibilities" in the practice and the "needs of the people using the service."

So the responsibility sits with you. Mythbuster 70 says: "Each GP practice is responsible for determining what mandatory and additional training its staff need. They are also responsible for how this is delivered." It then sets out three things every practice must do:

- "decide what training is mandatory and how they deliver it"
- "make this clear to staff"
- "monitor how staff engage with it."

Statutory and mandatory training: what the practice decides

The two terms are often used together, and CQC's guidance on Regulation 18 uses both. It says staff should be supported to take part in:

- "Statutory training."
- "Other mandatory training, as defined by the provider for their role."
- "Any additional training identified as necessary"

Statutory training is what the law requires, such as the learning disability and autism training covered below. Mandatory training is what you decide each role must complete, "as defined by the provider". Your training policy and training matrix are where those decisions live.

On delivery, mythbuster 70 says "Online training may be acceptable as long as providers show staff have the competency, skills and knowledge to perform their roles."

What CQC checks under Regulation 18

When CQC looks at training, it does so under [Regulation 18: Staffing](#). The regulation requires that staff "receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform".

Mythbuster 70 explains that CQC looks at whether you have enough suitably qualified, competent and skilled staff at three points: "when they start their employment; when they take on new responsibilities; on an ongoing basis." It adds: "We check how you identify the learning needs of staff, and whether they have the appropriate training to meet these needs and cover the scope of their work."

CQC's guidance on the regulation says "Providers must ensure that they have an induction programme that prepares staff for their role", and adds: "All learning and development and required training completed should be monitored and appropriate action taken quickly when training requirements are not being met." The emphasis is on knowing when training is due or overdue and acting on it.

Where training sits in the assessment framework

In the single assessment framework, training belongs to the [Safe and effective staffing](#) quality statement under Safe. CQC's description of what the statement means includes: "Staff receive training appropriate and relevant to their role."

For GP practices, CQC's [evidence categories for Safe](#) list three sources for this statement: "people's experience of health and care services; feedback from staff and leaders; processes". Our [guide to the 34 CQC quality statements](#) shows where this statement sits alongside the others, and [how CQC scores a GP practice](#) explains how statement scores build a rating.

The training CQC expects to see evidence of

Although there is no list, mythbuster 70 names examples: "Although we do not have a definitive list of mandatory training, we expect to see evidence of training. For example, this could include: basic life support; infection control; fire safety training; Mental Capacity Act and Deprivation of Liberty Safeguards; training to the appropriate level on safeguarding adults at risk and safeguarding children; information

governance."

Basic life support and resuscitation

This is the one area where CQC now gives a frequency. [GP mythbuster 1: Emergency care in general practice](#), updated in February 2026, says staff should train "at induction and at regular intervals thereafter" and that "Clinical staff should train at least once a year. Non-clinical staff should generally also receive annual updates, but a local risk assessment may allow longer intervals if they have limited contact with patients."

"Practices must keep evidence of approved and completed resuscitation training", which "can be online or face-to-face". All clinical staff "must be able to attempt defibrillation using an automated external defibrillator (AED)". The mythbuster also covers training on oxygen, pulse oximeters and NEWS, and expects "a named resuscitation lead".

Some guides still describe annual basic life support updates as encouraged but not required, so it is worth checking your policy against CQC's current wording.

Safeguarding children and adults at risk

[GP mythbuster 33: Safeguarding children](#) says "All healthcare staff must be competent to recognise abuse, clearly understand their responsibilities and take effective action appropriate to their role." The designated lead "makes sure that fellow staff are suitably trained in safeguarding."

[GP mythbuster 25: Safeguarding adults at risk](#) takes the same approach: all practice staff should be able to show they understand what an adult at risk is and how to raise a concern, and each practice "should have a designated lead for safeguarding adults at risk."

On levels, the [BMA's training resource for GP practice staff](#) recommends Level 2 safeguarding children competency for all staff who have contact with children, parents or carers, and Level 3 for GPs and practice nurses, including nurse practitioners. For adults, it recommends Level 1 for reception staff, Level 2 for practice nurses and healthcare assistants and Level 3 for GPs.

One update is easy to miss. Mythbuster 33 refers to the 2019 intercollegiate document. The Royal College of Paediatrics and Child Health published the [5th edition of the Intercollegiate Document](#) in autumn 2025, updating the 2019 and 2020 documents. If your policy or training matrix still cites 2019, it is worth updating the reference and checking your role levels against the current edition.

Infection prevention and control

[GP mythbuster 99: Infection prevention and control](#), updated in December 2025, says the practice's IPC policy should include "staff training requirements and frequency of training updates" and the use of personal protective equipment, including "training staff in safe use and disposal of PPE". It also expects "A lead person with overall responsibility for IPC." So your IPC policy sets the frequency, and your records should match it.

Fire safety, Mental Capacity Act and information governance

Mythbuster 70 names these without further detail, so the practice sets content and frequency. The BMA says fire safety training should include staff "who work outside of normal working hours, such as

contract cleaners or maintenance staff", and that e-learning on its own "is not sufficient". For the Mental Capacity Act, it lists all clinical staff and says inspectors will want evidence "that staff have been trained, but more importantly that they understand" how the Act applies.

Learning disability and autism training: the legal requirement

This is the one training area CQC names as a specific legal requirement. Mythbuster 70 explains: "The Health and Care Act 2022 introduced a new legal requirement from 1 July 2022. All providers registered with us must make sure their staff receive training to support autistic people and people with a learning disability." CQC's Regulation 18 guidance says this training should be "at a level appropriate to their role."

The [Oliver McGowan code of practice](#) from the Department of Health and Social Care sets the standard for that training. The code became final on 6 September 2025. It sets two levels:

- **General awareness:** staff "must receive a minimum of one hour of interactive training to meet the standard." In the Tier 1 package of The Oliver McGowan Mandatory Training, "a compulsory e-learning module of at least 90 minutes must be supplemented with a one-hour live interaction with a person with a learning disability and an autistic person."
- **Staff who provide care and support:** staff with responsibility for care and support for people with a learning disability or autistic people "must receive a minimum of one day of interactive, in-person training which is co-delivered by people with a learning disability and autistic people to meet the standard."

The code says "The government recommends that all health and social care staff undertake either the Tier 1 or Tier 2 package of the training". Where CQC considers whether a provider is meeting this legal requirement, the code says it "will reach this decision by looking at whether a registered provider can demonstrate regard to the code". In practice, a clear way to show this is a record of which tier each role completes, and evidence that the live part has been done as well as the online module.

Clinical training linked to the role

Beyond the core areas, mythbuster 70 says CQC "could ask you to show evidence of training for clinical staff that is linked to their specific clinical responsibilities. For example, nursing staff could have training in taking samples for the cervical screening programme or administering vaccines. For extended roles, it could be in treating minor illness and long-term conditions."

This links training to scope of practice: "Healthcare workers should not be expected to take on activity they have not been trained to do or do not have the skills for." Training records, competency sign off and supervision work together here. Our post on [clinical supervision in GP practices](#) covers the supervision side in detail.

Health and safety training from other law

Some training comes from other legislation. The BMA points to the Health and Safety at Work Act 1974, which, in the BMA's words, requires employers to provide the "information, instruction and training and supervision necessary" for staff health and safety, and to the Manual Handling Operations Regulations

1992, depending on the tasks staff do. On first aid, it says a GMC registered and licensed doctor or an NMC registered nurse is qualified to give first aid in the workplace, so "there is no need for other staff to hold a First Aid at Work / Emergency First Aid at Work, or equivalent qualification."

How often should GP practice staff train?

Apart from resuscitation training, the CQC pages quoted in this post do not set frequencies. Mythbuster 99 says the IPC policy should state how often updates happen, and Regulation 18 guidance says training needs should be "reviewed at appropriate intervals". The frequency is your decision, and the place to record it is your training policy or matrix.

Local medical committees and training providers publish suggested frequencies, which are a sensible starting point. What matters is that your chosen frequency is written down, suits the role, and that your records show it being met.

Why training records slip

CQC's [State of Care 2025/26](#), published on 23 October 2026, describes pressures staff reported in some practices, including "high workloads and difficulty managing demand, insufficient cover for sickness or annual leave, limited protected time to complete training". On locums, it found that in several cases there was "limited evidence that locum staff had received appropriate induction, supervision, or that their competencies and training had been adequately reviewed."

Two practical points follow. The BMA says "Training which practices / employers insist is compulsory should always be carried out within paid work time", so building protected time into rotas helps. And for locums and PCN staff, it helps to hold evidence of their training, or an assurance that someone else has checked it.

What to have ready

This is our practical list, built from the CQC wording above. It is not a CQC checklist, and the evidence that fits will vary with your practice.

- **A training policy.** What is statutory, what you have made mandatory for each role, how it is delivered and how often. Dated, with a named owner.
- **A training matrix that matches the policy.** Every member of staff, including locums and PCN staff, with each required course, date completed and date due.
- **Induction records.** A completed induction for each new starter, including resuscitation training.
- **Learning disability and autism training by tier.** Which tier of The Oliver McGowan Mandatory Training each role completes, and evidence of the live interaction as well as the online module.
- **Safeguarding levels by role.** The level each role is expected to hold, linked to the current Intercollegiate Document, plus named leads for children and adults.
- **Clinical competency evidence.** Sign off for role specific skills such as cervical screening and immunisations, matched to what each person does.
- **Action on overdue training.** Overdue entries are common. Show when each was spotted and when it was booked or completed.

- **Leads and appraisals.** Named leads for resuscitation, IPC and safeguarding, and a recent appraisal for each person with training needs followed up.

How CQC AI Auditor helps

Training policies, matrices, induction records and appraisals are the kind of evidence CQC looks at under Safe and effective staffing. The AI assisted audit in CQC AI Auditor reads the documents you choose to give it, questions you on them the way an inspector would, cross references your answers against what the documents say and scores each quality statement on what your evidence shows. The sample finding on our home page is typical: "The training matrix shows nine overdue entries, and four appraisals are outside their review date." [How it works](#) explains the self check and the AI assisted audit, and the [sample report](#) shows what you get back. It is our assessment of your evidence, not a prediction of your CQC rating. You can [run your first self check free](#).

Frequently asked questions

Does CQC have a mandatory training list for GP practices?

No. GP mythbuster 70 says "we do not specify any mandatory training for members of the GP practice team." Each practice decides what training is mandatory, makes it clear to staff and monitors it. CQC does expect to see evidence of training such as basic life support, safeguarding and infection control.

How often do GP practice staff need basic life support training?

CQC's mythbuster 1, updated in February 2026, says "Clinical staff should train at least once a year." Non clinical staff "should generally also receive annual updates, but a local risk assessment may allow longer intervals if they have limited contact with patients."

Does Oliver McGowan training apply to GP practices?

Yes. Since 1 July 2022, all CQC registered providers must make sure staff receive training on supporting autistic people and people with a learning disability. The Oliver McGowan code of practice, final since 6 September 2025, sets the standard, and the government recommends all health and social care staff complete either the Tier 1 or Tier 2 package.

Is online mandatory training acceptable to CQC?

It can be. Mythbuster 70 says "Online training may be acceptable as long as providers show staff have the competency, skills and knowledge to perform their roles." Tier 1 of The Oliver McGowan Mandatory Training also includes a live session.

Ask us

We do not run comments on Insights. If you have a question about mandatory training and CQC, ask on [our LinkedIn page](#) or reply to the newsletter.

Sources

- CQC, [GP mythbuster 70: Mandatory training considerations in general practice](#) (page last updated 3 September 2024). Read 27 October 2026.
- CQC, [Regulation 18: Staffing](#) (page last updated 16 May 2025). Read 27 October 2026.
- CQC, [Safe and effective staffing](#) quality statement (page last updated 22 February 2024). Read 27 October 2026.
- CQC, [Primary health services: evidence categories, Safe](#) (page last updated 22 February 2024). Read 27 October 2026.
- CQC, [GP mythbuster 1: Emergency care in general practice](#) (page last updated 25 February 2026). Read 27 October 2026.
- CQC, [GP mythbuster 33: Safeguarding children](#) (page last updated 25 April 2024). Read 27 October 2026.
- CQC, [GP mythbuster 25: Safeguarding adults at risk](#) (page last updated 4 September 2024). Read 27 October 2026.
- CQC, [GP mythbuster 99: Infection prevention and control in general practice](#) (page last updated 15 December 2025). Read 27 October 2026.
- CQC, [State of Care 2025/26: patients' needs and capacity in GP services](#) (published 23 October 2026). Read 27 October 2026.
- Department of Health and Social Care, [Oliver McGowan code of practice](#) (published 19 June 2025, last updated 18 September 2025). Read 27 October 2026.
- Royal College of Paediatrics and Child Health, [Safeguarding children and young people and children and young people in care: competencies for health care staff](#) (5th edition, autumn 2025). Read 27 October 2026.
- BMA, [Training resource for GP practice staff](#) (updated 14 September 2026). Read 27 October 2026.