NHS Digital

Data Security Standard 3 Training

Clinical Coding Specialist Training Guidance – Acute and Mental Health Trusts

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Contents

Purpose

This document provides the specific guidance for clinical coding specialist training associated with Data Standard 3 in the Data Security & Protection Toolkit. It must be used by clinical coding departments when completing their annual assessments for the Data Security & Protection Toolkit.

Overview

1. The organisation must ensure that all its clinical coders are sufficiently trained to maintain the highest standards of clinical coding. It is important that all staff, including clinicians, who code using ICD-10 codes (and OPCS-4 codes where systems allow) are trained in the basics of clinical coding by attending the appropriate training courses as detailed in this Guidance. Staff must attend clinical coding standards refresher course training every three years. The training given should use material that conforms to national clinical coding standards. Further information can be found in the National Clinical Coding Training Handbook.

2. The training may be provided by the organisation itself, as part of a local clinical coding consortium, or by independent Approved Clinical Coding Trainers. The training must be delivered by a Terminology and Classifications Delivery Service Approved Clinical Coding Trainer in accordance with the trainer requirements framework and license agreement using only materials developed or endorsed by the Terminology and Classifications Delivery Service or developed in accordance with national clinical coding standards.

3. The organisation should provide a training and assessment framework which supports its clinical coders to gain Accredited Clinical Coder (ACC) status by passing the National Clinical Coding Qualification (UK). This is a marker of good practice and by doing so the organisation demonstrates due recognition of the professional status of clinical coding.

Guidance

Required to meet standard (**Mandatory**):

There is a programme of clinical coding standards and standards refresher training conforming to national standards for all staff assigning and entering coded clinical information for submission to the Admitted Patient Care (APC) Data Set. This includes clinical coders and clinicians. All standards and standards refresher course training is delivered by a Terminology and Classifications Delivery Service Approved Clinical Coding Trainer either from within their own organisation, a Clinical Coding Academy, or an independent company using only materials developed by the Terminology and Classifications Delivery Service*.

a) All clinical coding staff who assign ICD-10[1] and OPCS-4[2] codes must complete the mandatory eLearning packages 'A Basic Introduction to Clinical Coding' and 'Anatomy and Physiology' prior to attendance on formal clinical coding standards course training (21days).

b) The clinical coding standards course which is of no less than 21 days duration for an Acute Trust coder and three days for a Mental Health Trust coder, must be attended within six months of commencing employment.

c) All clinical coding staff who assign ICD-10 and OPCS-4 codes must complete the mandatory 'Four Step Coding Process – ICD-10' eLearning package prior to the classroom-based clinical coding standards refresher course training (4 days).

d) The clinical coding standards refresher course which is of no less than four days duration for an Acute Trust coder and one day for a Mental Health Trust coder, must be attended every three years.

e) Mental Health coders (including clinicians) can attend the 21-day Clinical Coding Standards and four-day Clinical Coding Standards Refresher Courses where organisations prefer this more in-depth option.

f) Where clinical coding is performed by mental health clinicians, they can attend the three-day Mental Health Standards Course in a series of six half-day sessions to support mandatory data flows. Attendance on this course is important because, whilst clinicians are fully trained and experienced in the clinical aspects of documenting a patient's episode of care, they may be unaware of some of the information that is needed for coding purposes, for example, the importance of recording both primary and secondary diagnoses (and procedures where systems allow) and the subsequent sequencing rules.

Non-Mandatory (**Advisory**):

Clinical coders have attended clinical coding specialty and update training workshops when classification revisions require.

a) Clinical coding staff who assign ICD-10 and OPCS-4 codes within the organisation have attended all specialty workshops relevant to their work, and update training workshops when classification revisions require.

b) The clinical coding specialty and update workshops are delivered by a Terminology and Classifications Delivery Service Approved Clinical Coding Trainer using only materials developed or endorsed by the Terminology and Classifications Delivery Service or developed in accordance with national clinical coding standards.

All clinical coders are supported in gaining Accredited Clinical Coder (ACC) status by passing the National Clinical Coding Qualification (UK).

a) The organisation supports all clinical coders in gaining Accredited Clinical Coder (ACC) status by passing the National Clinical Coding Qualification (UK). National Clinical Coding Qualification training, i.e. the NCCQ (UK) Revision Programme

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[1] ICD-10 – International statistical classification of diseases and related health problems (10th revision)

[2] OPCS-4 Classification of Interventions and Procedures Version 4.8 (2017) – the procedure/intervention classification in use in the UK by members of the clinical coding profession

(details of which can be found in the National Clinical Coding Training Handbook), is based on national standards for ICD-10 and OPCS-4 and is delivered by a Terminology and Classifications Delivery Service Approved Experienced Clinical Coding Trainer.

b) Where mental health coding is performed by clinicians, they should be supported to gain Accredited Clinical Coder (ACC) status if they have a desire to do so.

c) It is recommended that any mental health coder looking to sit the NCCQ (UK) successfully completes a full 21-day Clinical Coding Standards Course, details of which can be found in the National Clinical Coding Training Handbook.

There is active promotion of the Clinical Coding Trainer Programme and Clinical Coding Auditor Programme.

a) Where an organisation has identified the need for an Approved Clinical Coding Trainer and/or Auditor, there is a framework in place to support their training and ongoing Approved status, details of which can be found in the Clinical Coding Trainer Programme (CCTP) Handbook and the Clinical Coding Auditor Programme (CCAP) Handbook.

b) Where mental health clinical coding is performed by clinicians, they should be supported to gain Approved Clinical Coding Trainer and/or Auditor status if they have a desire to do so.