CHAPTER 95

INDIVIDUAL TRAINING

(Sponsor: NAVY PEOPLE-PSP LD Pol SO1)

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CHAPTER 95

INDIVIDUAL TRAINING POLICY

SECTION 1

GENERAL

Note. *JSP 822 Defence Training and Education Policy, Chapter 3: Individual Training, Version 8.0 (Jan 26), introduced revised terminology, this chapter retains primacy and should clarification be required it should be sought from the sponsor.*

9501. Introduction

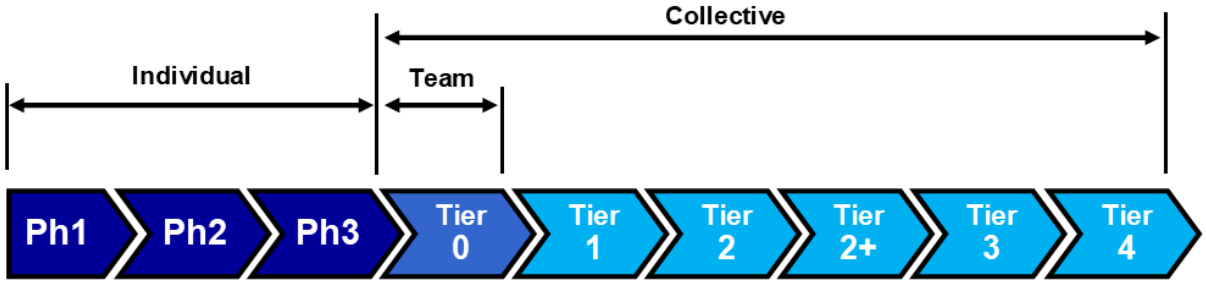
a. Defence training policy is laid down in JSP 822. This chapter outlines the RN specific interpretation and application of that policy and should be considered normative. Where there is a perceived discontinuity between Defence and RN policy, this chapter should be taken as primary. Like all doctrine and policy, the direction contained in this chapter should be considered authoritative but requires judgement in application. Requests for clarification or exemption, or recommendations for amendment, should be directed to the Sponsor, who also acts as RN-MOD liaison for JSP 822.

b. The policies within this chapter are to be applied to all Individual Training (IT) conducted in the RN: training delivered to RN personnel within Defence TEs under Army, RAF or UKStratCom command will be conducted in accordance with Defence and respective Military Command policy.

c. Operational Capability (OC) depends, along with other factors, on the employment of a sufficient number of trained personnel to deliver military effect. IT is concerned with developing the right mix of Knowledge, Skills, Experience and Behaviours (KSE-B) in individuals to function effectively in defined roles. IT therefore straddles both the People and Training Lines of Development (PLOD and TLOD) and is the responsibility of Director People & Training (Dir P&T). Together, the TLOD and PLOD form a supply chain for Military Capability. Training is necessary, but not sufficient alone, to ensure the demand for capable people, units and formations is met. This also depends on other DLoDs.

d. **The Training Continuum.** IT is distinguished from, but forms part of a continuum with and enables, Collective Training (CT) which deals with improving the ability of teams, units or formations to function as a cohesive entity and so enhance OC (see Fig 1 below) through mission-focused training. CT is the responsibility of FOST Ships and COMFOST, with Director Force Generation (Dir FGen) acting as the CT Requirements Authority. The generation of Force Elements at Readiness (FE@R) depends on the right mix of capable, specialist personnel, delivered to appropriate roles at the right time and developed into effective teams, to provide the People dimension of Military Capability.

Figure 95.1 The Training Continuum



9502. The Training Management Function

a. Training Management refers to the overarching principles, processes, and procedures by which the People element of Force Generation, is optimised as efficiently and effectively as possible. Training is an integral component of military capability but is complex and encompasses a significant range of interdependencies, stakeholders, and resource limitations, all operating against frequently changing priorities and an evolving strategic context. Training Management is therefore concerned with the 'end-to-end' operation of the 'training system' – from Concept and Acquisition, through-life, to Disposal. The optimisation of a single element will not yield an increase in output unless the system is considered as a whole and orientated towards the final desired military effect.

b. 'Training' must therefore be Capability-focused and should never be artificially divorced from 'operations'. Requirements for training are ultimately orientated on a discrete contribution towards a defined Military Task, and the effectiveness of training should be considered against the delivery of that Task. Training requirements thus flow 'down' rather than 'up': Training exists to enable the organisation to meet its mandated roles and specified duties. The Training Management function must ensure this 'golden thread' of operational readiness remains prioritised.

c. Training is fundamentally a mitigation of risk. The risk of employing personnel without sufficient training is ultimately to capability, though risks to life, safety, and reputation are also often present. The nature and amount of training required for a task is therefore dependent on the risk appetite surrounding a capability or a contributory element of it. Where the risk appetite is high, training may constitute a minimum viable product. Where risk appetite is low, training will be more robust. The competing resources of time, equipment availability, and financial resource mean that not all training solutions will receive prioritisation. An agile risk-based approach is therefore commended, noting that such analyses must be evidenced and recorded, and a named Risk Owner nominated.

d. The Systems Approach to Training has four stages: Requirements Analysis, Training Design, Training Delivery, and Assurance. These should be considered a 'quality loop', rather than a linear process. Although these stages will normally occur in the order listed, for operation exigencies, or other reasons, the process can be entered at any point of the loop at conscious risk and providing that sufficient consideration is given to how the full process loop will be completed. For example, in a context of rapidly advancing technology and high geopolitical uncertainty, it may be required to rapidly create interim training solutions before a full Concept of Employment for a new technology is developed. The risk associated with doing so can be mitigated by the establishment of highly effective evaluation mechanisms which will, in turn, enable subsequent development of the concept documentation, incorporating lessons already identified from trial use.

e. Expertise in a subject being trained is distinct from experience in Training Management as outlined above. There must exist sufficient experienced and qualified RN personnel to effectively manage the training system and provide command advice and options to achieve the required outputs. For this reason, although the range of personnel involved in Training Management encompasses members of multiple branches and disciplines, and military and civilians alike, the RN also retains a dedicated cadre of embedded Training Manager (TM) specialists, operating at sea and ashore across all functional areas to provide military advice to Command, at organisational and sub-organisational level, for the management of all training-related issues and risks.

9503. The Nature of Maritime Training

a. The purpose of Maritime Training, both individual and collective, is to provide a key enabler of battle-winning capability, now and in the future, through delivery of the right mix of capable and motivated people. Training prepares people, units and formations with the knowledge and skills necessary to deliver success on operations against the specified Military Tasks; indeed, it should be understood as the primary way that Defence achieves Force Generation and manages risk.

b. New Entry training (Phase 1 – Ph1) feeds professional foundation training (Phase 2 – Ph2), which has some limited commonality between professional streams. As people become more senior, and the specialism of their employment increases, the diversity of (Phase 3 – Ph3) training grows, while the numbers attending courses fall. Progress through the various phases of training is non-linear with individuals routinely moving back and forth through the training continuum up to Tier 0, sometimes to receive refresher or continuation training, sometimes to broaden or deepen their skills as their careers progress, and sometimes to develop the knowledge, skills and attributes of the next higher rank or rate.

c. **Training Pipelines.** Maritime training is complex: more than 2,500 different maritime training courses are provided across the RN and other Defence organisations. Some courses are common across different cadres while others are highly specialised. Many courses fit into broader schemes of training ('pipelines') where the sequencing of events is important. Scheduling training is a challenging, multi-dimensional activity with high time-sensitivity. Conflicting demands for resources are common. In TEs where there are facilities which can be used for both IT and CT scheduling is normally built around the needs of the former with CT supported through spare capacity. On occasions where there is a defined operational need to prioritise CT, the process is outlined at Annex A.

d. Training is enabled by and is complementary to education; both contribute to the learning and development necessary to maintain an intellectual advantage over our adversaries by optimising human performance. Elective Learning policy is found in BRd3 Ch 96 and the Officer Professional Military Education pathway in Chapter 97.

SECTION 2

THE GOVERNANCE OF INDIVIDUAL TRAINING

9504. Intent of the training system

a. JSP 822 sets out the Defence Systems Approach to Training (DSAT). As with any Systems Approach, it consists of a suite of processes and procedures designed to deliver an optimal output. Large amounts of JSP 822 are discretionary and DSAT is intended as an agile process. The JSP's various sections and subordinate manuals are fundamentally concerned with four considerations:

(1) Is there a requirement for new or revised training?

(2) What should the training activity look like? Who will deliver it, and with what resources?

(3) Once running, is the resulting training being delivered correctly and does it meet the requirement?

(4) Is the whole training system fit for purpose?

b. Consideration of these questions, and the ability to evidence their answers, therefore constitute the *essential principles* of Defence and RN training policy. Unnecessary adherence to bureaucratic processes is to be avoided: justifiable deviation from the JSP and this Chapter, following specialist TM advice, and based on suitable risk analysis, should always be recorded and referred to the NCHQ Training Policy desk.

9505. Roles and responsibilities within the governance of individual training

a. In accordance with the Defence Systems Approach to Training (DSAT), the governance of RN IT is founded on the interaction of a number of defined roles. There are variances and nuances between RN practice and that outlined by JSP 822, particularly regarding the roles of the Training Requirements and Delivery Authorities. All the positions and organisations below sit under Dir P&T and receive formal, written delegations for the following responsibilities.

b. **Training Policy.** The Learning & Development Policy (Training) SO2 position within the NCHQ P&T Policy, Strategy & Plans department acts as Sponsor for this Chapter and as RN single point of contact for JSP 822 Volumes 1 and 2 and 4-6. The purpose of this role is to provide coherence to the management of IT policy across the RN and translate relevant Defence policy change into RN action. They represent the RN as lead desk officer for Defence-wide training policy activity and provide SME advice and briefings to Senior Officers ahead of the Training, Skills, Learning & Development (TSLD) Policy Assurance Group (PAG) and other similar steering groups. They report to the RN Learning & Development Policy SO1 and Hd People Policy, Strategy and Plans.

c. **Training Requirements Authorities (TRAs).** Director People and Training (Dir P&T) is the RN's ultimate delegated TRA for Individual Training, responsible for setting the training Requirement. Dir P&T delegates elements of this responsibility to a number of positions. Overall TRA responsibilities are delegated to Hd Workforce Planning & Talent Management (WFPT) and further sub-delegated to respective Branch Managers who manage the capability for their workforce disciplines and act as end-user of the trained output. These delegated TRAs are responsible for defining and articulating the Training Requirement in terms of content and volume[1]. NAVY PEOPLE-WFPT TRA Gen SO1 acts as TRA for generic, non-Branch-specific training (for example Ph1 and Naval Mandatory Training, see Paras 9511 and 9509 below respectively). For RN Air training, elements of TRA responsibility are shared with Navy FGen-NAvn Head Air Eng for Air Engineering training and Navy FGen-NAvn Head Op War for Aviation training. Specifically, TRAs are responsible for the following functions, although their execution may be further-delegated:

(1) Production and maintenance of Role Performance Statements (RPS) and as co-signatory of the Training Authorisation Document (TrAD), *i.e. 'who must be trained, what, and to what standard?'*

(2) Production and maintenance of the Statement of Trained Requirement (SOTR) (see Annex D), *i.e. how many people each year require the training?*

(3) Planning and prioritisation of External Validation (ExVal) activity in conjunction with the Training Management Group (TMG), *i.e. is the training effective in achieving the required subject matter competence?*

(4) The identification of training gaps and to direct steps to close them, for example the commissioning of a Human Capability Training Needs Analysis via the TMG.

(5) Where a major training change must be resourced, the TRA acts as the lead desk in identifying and securing additional required funding.

d. **Training Delivery Authorities (TDA).** Dir P&T is the RN's ultimate delegated TDA for individual training, responsible for effective, efficient and safe training delivery. Elements of these responsibilities are delegated to subordinate TDAs. These TDAs are organisations responsible for the delivery of individual training detailed in the Training Performance Statement (TPS – see sub-para (1) below)[2]. Responsibility for delivery of Workplace Training sits with the relevant 1* employing area (see para 9508). TDA responsibilities for the majority of RN IT are delegated to Deputy Director People Training (DDPT) as head of the TMG, which is tasked with the governance and management of the SELBORNE (SEL) contract (see Para 9506). A full list of RN TDAs is at Annex 95B. The TDA delivers the following functions:

[1] JSP 822 Defence Training and Education Policy, Chapter 3: Individual Training, Version 8.0 (Jan 26), paras 3.19 and 3.29.
[2] JSP 822 Defence Training and Education Policy, Chapter 3: Individual Training, Version 8.0 (Jan 26), paras 3.20 and 3.88.

(1) Deriving and maintaining the entirety of the Formal Training Statement (FTS) in conjunction with the TRA. The FTS consists of three separate documents:

(a) The TPS – usually for delivery in a RN Training Establishment (TE), although elements may be delivered by other Military Commands or by external training providers (see para 9507).

(b) The Workplace Training Statement (WTS) – for contextual delivery in the workplace, on completion of residential training. Although responsibility for delivery, management, and assurance of the WTS sits within the 1* employing area, the TDA is responsible for the generation and maintenance of the document(s).

(c) The Residual Training Gap Statement (RTGS) – those elements of required training that it acknowledged, on risk, cannot be delivered.

(2) Ensuring that Training Design activity has been appropriately conducted.

(3) Assuring training through conducting 2nd Party Audits of TEs and ExVal of individual training.

(4) Generating and completing the Statement of Training Task (SOTT) in response to the SOTR and developing this into a deliverable training plan). For IT delivered under SEL, this function is contracted to TF.

(5) Coordinating and managing the Customer Executive Board (CEB) training governance process (see CEB section below).

(6) Acting as lead IT stakeholder for in-service projects, programmes, or capabilities (see Training Capabilities section below), prioritising competing demands across programmes.

(7) Determining the necessary number, specialisation, grade, competences and qualifications of all Service, civilian, and Contracted personnel required for the management, evaluation, quality assurance, design and development, delivery and assessment of training and the supervision of trainees.

(a) For complement staff, this information is to be detailed in Staff Training and Development Records, Terms of Reference and the Unit Personnel List (UPL) as it is used by CMs to identify and select personnel suitable for employment in the training roles. It is to be subject to regular review. The UPL must be annotated with the extended hand-over period/pre-employment training requirement. DCTS courses provide the minimum level of training required by training practitioners.

(b) **Adventurous Training.** Where training involves an element of Adventurous Training (such as the Brecon Beacons element of Command Courses), trainers, in addition to undertaking DTc, are to be trained in the appropriate skills in accordance with JSP 419 Adventurous Training in the UK Armed Forces. Advice on where and how this training may be obtained should be sought from Staff Officer Adventurous Training, HMS TEMERAIRE.

(c) **Visiting Lecturers / Tutors.** Consideration is to be given to the requirements for training of visiting lecturers. The following factors should be among those taken into account: frequency of delivery, existing qualifications, employing organisation, degree of contact with trainees and subject matter. If visiting lecturers (for example music tutors) have unsupervised access to Ph1 or Ph2 trainees, they are to attend the Advanced COT course.

e. **Training Provider (TP).** The TP is the organisation that conducts the training. For elements of RN training fully delivered under SEL TPs are known as Training Delivery Units (TDUs)[3]. For the majority of RN IT delivered against the TPS, the TP is Team Fisher (see Section 2 – The Management of Individual Training). Any RN TP is responsible for following activities:

(1) Providing functional management of Defence Trainers. These can be military, civil service, or contractors, but all must be qualified iaw Defence Trainer Capability (DTC) policy (see JSP 822 Vol 2 Chap 8).

(2) Programming, scheduling and resource allocation of training. For IT delivered under SEL this is managed centrally by TF staff embedded in the TMG.

(3) SME support to the TDA with regard to Training Design.

(4) Providing training support staff.

(5) Assuring training through Internal Validation (InVal) and 1st Party Auditing.

(6) Maintaining training records.

(7) Maintaining the Training Quality Management System (QMS) in conjunction with the TDA.

(8) Delivering training in accordance with the agreed SOTT.

[3] JSP 822 Defence Training and Education Policy, Chapter 3: Individual Training, Version 8.0 (Jan 26), paras 3.21 and 3.99.

f. **Commanding Officers of Training Establishments (COTE).** COTEs are responsible for the safe delivery of training to meet the required output, except in those TEs within the SEL contract where this responsibility is retained formally by DDPT and functionally executed by the TF Regional Training Manager (RTM) . Notwithstanding their status under SEL, all COTEs have responsibility for the following activities:

(1) Welfare and Duty of Care (WCoD) for trainees as detailed in the CO's Risk Assessment and Supervisory Care Directive (SCD).

(2) Establishment security.

(3) Provision of safe training place in which to conduct safe training activities with safe people.

(4) Provision of Executive Department personnel to support training, specifically Physical Trainers, Chaplains, Ceremonial Training staff.

g. **Customer Executive Boards (CEBs).** A CEB is, ultimately, simply the meeting of the TRA, TDA, or TP (or their empowered representatives) and any other relevant stakeholders to provide the empowered governance mechanism for stakeholders to develop the scale and content of training to match the RN requirement within the available resource. In so doing, the process should hold all parties, including the TDA and the TRA, to account for the execution of their responsibilities in relation to the quantity, quality, timeliness and effectiveness of the training. Although a CEB is usually a scheduled meeting which follows the sample agenda laid down in JSP 822, however, as long as the TRA, TDA, and TP are present and the requirements listed below are met and formally recorded, a CEB may be considered to have taken place[4].

(1) Endorsing or re-endorsing a Training Authorisation Document (TrAD). Although referred to as a 'document', the TrAD is essentially a cover sheet or other formal means of recording the existence and accuracy of the:

(a) RPS

(b) FTS

(c) AStrat

(d) ASpec

(e) A full suite of Lesson Specifications (LSpecs)

(2) Agreement of the projected volumetric throughput (the SOTR / SOTT) of personnel to be trained over the next three years – see Annex 95D.

[4] JSP 822 Defence Training and Education Policy, Chapter 3: Individual Training, Version 8.0 (Jan 26), paras 3.13-3.16 and 3.25-3.26.

h. **Strategic CEB (Strat CEB).** The Strat CEB provides overarching direction and guidance to all subordinate RN CEBs and their respective WGs. Assuming that individual CEBs have been successful in endorsing their respective SOTR / SOTT (or in identifying the risk to be carried), the Strat CEB should be able to maintain a 'high-level' discussion to endorse the overall SOTR / SOTT. As such, the following are to be in attendance (noting that other personnel may attend in support):

(1) DDPT and Hd WFPT – Co-Chairs as delegated TDA and TRA respectively.

(2) CEB Chairs (TMG Ops and Perf Pillar) to escalate issues from their respective CEBs and take direction from the Strat CEB.

(3) Capability sponsor representatives from FGen, NAvn, UKCF, COMFOST, CMR, and Navy Healthcare to represent end user issues, including prioritisation between individual and collective training.

(4) COTEs to represent establishment issues, including training and WDoC. This is to include representatives from Joint TEs that deliver training to RN personnel.

(5) SOTR team to present the annual SOTR.

(6) TMG Cdr Training Plans to represent pipeline and GTS issues.

(7) SO1 Learning & Development Policy.

(8) Fisher Director Learning to represent the Training Provider and training delivery issues.

(9) TMG SO1 TGA to provide assurance input and provide the Secretary.

SECTION 3

THE MANAGEMENT OF INDIVIDUAL TRAINING

9506. An Outsourced-Approach to the Management of Individual Training

a. **Introduction.** The RN has chosen an outsourced model for the delivery of the majority of its individual training. Project SELBORNE (SEL) is a 12-year training delivery contract, delivered by Capita as the Tier 1 (Lead) Contractor with Raytheon, Fujitsu, Elbit and University of Lincoln who are collaboratively known as Team Fisher (TF) who will work over the life of the contract to transform and modernise maritime training. TF delivers the full range of training services for in-scope elements, from analysis and design through to planning, deliver, support, assurance and the maintenance and support of training equipment. For the purpose of SEL, the RN is referred to as 'The Authority' and TF 'The Contractor'.

b. **Scope.** Ph1, Ph2 and Ph3 training is delivered and supported through a mix of Service personnel, Civil Servants and TF employees. The scope includes the transition of the Training Services at HMS Sultan (METG) in May 2025. This is the final Service Commencement Date (SCD) planned within the SEL Scope; there have been nine previous SCDs to bring in all the historical TEs / contracts under one single service.

c. **Training Management Group (TMG).** The TMG is a joint RN-industry organisation, providing the basis of a Whole Force approach to IT. The TMG is accountable for the effective and efficient governance, control and commercial delivery of the SEL contract. In addition, the TMG executes certain TDA functions to TPs outwith SEL as the RN's 'super-TDA'. The TMG HQ is divided into four functional areas, each led by an OF5 / B2:

(1) **Training Change**, which comprises five elements:

(a) **Modernisation and Transition**. Monitors progress and evaluates delivery of all projects, activities and deliverables within the extant contracted Modernisation Plan. Develops and recommends priorities, requirements and resourcing for future SEL contract Modernisation Periods ('epochs'). Assures TF activity to prepare for, manage and implement the transition of additional scope and /or services into the SEL contract.

(b) **Modelling and Synthetics**. Provides intelligent customer oversight of Synthetic Training being developed in TMG. Delivers the next generation of surface warfare synthetic training for the RN.

(c) **Underwater Training Change**. Provides consultancy advice and guidance on all aspects of the PLOD (Individual Training) to DE&S / SDA Delivery Teams and Joint and RN Programme Teams for all New Capability Underwater Programmes and Projects. Supports the integration of all New Capabilities into the SEL Contract. Provides advice on contracting options for TNA and Training Design work. Assures the Support Solution Envelope (SSE) Core Development Area (CDA)7 submission for all new DE&S/SDA Projects and Programmes to ensure training has been properly considered. Provides general SM advice to Underwater New Capabilities Projects and Programmes and In-Service change requests. Supports and monitors Underwater Tasking Orders and In Year Changes submitted by the Authority.

(d) **Above Water Training Change**. Provides consultancy advice and guidance on all aspects of the PLOD (Individual Training) to DE&S Delivery Teams and Joint and RN Programme Teams for all New Capability Above Water Programmes and Projects. Supports the integration of all New Capabilities into the SEL Contract. Provides advice on contracting options for TNA and Training Design work. Assures the Support Solution Envelope (SSE) CDA7 submission for all new DE&S Projects and Programmes to ensure training has been properly considered. Provides branch SME advice to Above Water New Capabilities and In-Service change requests. Support and monitor Above Water Tasking Orders and In Year Changes submitted by the Authority.

(e) **Plans and Assurance**. Provides quality assurance of TNAs for Above Water and Underwater capabilities. Coordinates pan-pillar activity within the Change area. Support the TF change process including through continuous improvement activity.

(2) **Training Delivery**. This area is further sub-divided into five OF4-led teams:

(a) **Training Plans**. Previously referred to as Training Pipeline Coherence, which is responsible for setting requirement targets and the planning and tracking of Ph1 and Ph2 trainees from initial entry Untrained Strength (UTS) to Gains to Trained Strength (GTS). It also oversees the Ph3 training pipelines, the Sea SOTR and includes the Course Booking Cell (CBC). The objectives are to ensure the correct timely entry of new recruits to specific branches into Ph1 training such that a seamless transition into Ph2 training is achieved. This includes all aspects of RN and RM training, including Flying Training and some Maritime Reserves training, and also covers training provided for the RFA. This includes the following:

i. **GTS Targets**. GTS targets are set by WFPT based on detailed workforce modelling conducted with Defence Statistics (Navy) (DS(N)). They take account of the whole workforce requirements and are used against projected inflow / outflow rates. These figures are utilised to establish the recruiting targets which are subsequently set on Navy Recruit and Attract (R&A).

ii. **Management of UTS**. The planning of Ph1 and Ph2 trainees is the responsibility of the UTS Pipeline Manager. They will produce and instruct R&A of the required recruitment loading profile into Ph1 training such that on completion (10 weeks) the trainee will move directly into their Ph2 Trade training while additionally ensuring all relevant courses are booked and recorded in TAFMIS. In the event of any training delays the UTS Pipeline manager will also programme a re-entry point into training pipeline to ensure that branches GTS requirements are fulfilled.

iii. **Post-GTS**. Once a trainee has achieved GTS their career path is managed by their branch Career Manager. Training Plans provides a coherent training flow through Ph3 Professional Career Courses, however, and will provide oversight of course bottlenecks and un-programmed time through the Ph3 Pipeline Manager role. The team will also assist in the tracking of TAFMIS data and KPIs for SEL based around training success rates.

(b) **Training Operations (T Ops)**. Leads modernisation of training in collaboration with TF and acts as Authority representatives at TDUs as:

i. Delegated local TDA.

ii. Provider of Training Management consultancy to resolve issues related to training delivery.

(c) Training Governance Assurance and Analytics (TGAA), which is tasked:

i. To ensure RN Training conforms to policy requirements, with formal dispensations from relevant duty holder chain(s) where divergence is required.

ii. To continually improve RN training to meet the current and future requirements of Naval and Joint operations.

iii. To support training staff in enhancing the quality of training and the lived experience for the trainee, ensuring a degree of creative freedom where appropriate.

iv. To ensure trainers and training adhere to appropriate constraints and standards to safeguard trainees (in particular, vulnerable trainees) and ensure training is fair and uniform in standards, conduct and experience where appropriate and as far as is practical.

v. Support TDUs in raising and escalating issues that are impacting their capacity to deliver training.

(d) **Training Equipment Support**. Responsible for leadership and management of all equipment support elements of the TMG to enable the successful delivery of the SOTT.

(e) **Learning and Development Organisation (LDO)**. Delivers education and resettlement services, including frontline delivery for these and general IT consultancy, support, and assurance through the LDO (Operations) team.

(3) **Commercial**. Lead and manage the delivery of all commercial aspects of the SEL contract.

(4) **Business Support**. Responsible for the delivery of all business management services, including Finance, HR and Risk.

9507. OEM-Delivered Training / 'K-Courses'

a. **Introduction.** Occasionally, time, cost, or performance considerations will recommend against (or outright preclude) the implementation of a training solution within the RN Training Estate. In such instances, it may be identified that an external provider's solution constitutes better VfM. Frequently, the external provider best placed to deliver timely, relevant training of this nature is the Original Equipment Manufacturer (OEM). This OEM solution may be employed either as an Interim Training Solution (ITS) until an in-service Steady State Training Solution (SSTS) is developed, or it may be decided that the OEM course is itself to be regarded as the SSTS.

b. **Terminology.** OEM (or other third-party) training solutions are designated 'K-courses'. For management and administrative purposes, interim iterations are labelled 'K1', while steady state iterations are labelled 'K2'. Transition from K1 to K2 is not always clear and depends on a number of factors. As a rule, once the Delivery Agency Project Team has fulfilled their obligations under Core Development Area 7 (Training and Training Equipment) of the Support Solutions Envelope, a K-course should be considered to be steady state.

c. **Considerations.** The range of K-courses is significant, and they vary in length, throughput, and cost. Nonetheless, the decision to employ a K-course must always be weighed against three considerations:

(1) How can the RN assure that OEM-delivered training closes the identified training gap to ensure Operational Capability?

(2) How can the RN ensure that the proposed solution represents the best VfM for Defence? The cost to the Authority for running K-courses are often high and tend to increase over time. There is a duty to understand these costs and realistic future increases to inform the decision whether an Authority-owned SSTS should be developed, with a view to end-dating the K-course.

(3) How will the supervisory care of those personnel assigned to such training be managed? Although delivered externally, the RN retains its legal obligations with regard to WDoC of trainees.

d. **Governance of K-courses.** The decision to adopt a K-course solution carries with it the acceptance that that the resultant training will not conform with all the usual processes and procedures of DSAT-compliance. Nonetheless, the key principles of DSAT (as summarised in Para 9504) apply, along with the considerations above, should be applied. While their responsibilities and remit are variously constrained when compared to SSTS, there should nonetheless exist designated holders for the following roles:

(1) **TRA**. The Branch Manager within WFPT ultimately owns the requirement for training, to meet the needs of the Capability Sponsor. For K1-courses, the TRA will be facilitated by the Project Team in selecting an appropriate course or courses that meets those requirements not met by RN-delivered training.

(2) **TDA.** The TMG act as TDA for all K-courses but has significant latitude in designing processes and procedures for their management. For K1-courses, the Project Team is again a stakeholder, with the TDA conducting agreed administrative elements and ensuring observance with this policy. For K2-courses, the TRA conduct the contractual and mandated assurance activities (see sub-para (f) below).

e. As with all training, there must be a formal capture of agreement between the TRA and TDA as to the assurance mechanisms and their periodicity relating to a K-course, along with the annual throughput. A process must be established by the TDA for the regular review of this agreement. Where the validity of the training solution or its costs give cause for concern, the relevant stakeholders (as determined by the nature of the K-Course) should convene a Training Steering Group to identify COAs. These might include a decision to tolerate and continue, or else to seek an alternative solution to the requirement.

f. **Management of K-courses.** The formal agreement between TRA and TDA is designated a TrAD. As always, this term refers principally to the proper capture of the required information, rather than any specific template used. A non-standard approach to TrADs (as compared to either the templates offered by JSP 822 or by those drafted by Team Fisher) may be more appropriate where K-courses are concerned. However captured, the following information must be recorded:

(1) A Requirement document detailing what elements of one or more RPS, not met by RN-delivered training, are to be met as training objectives by the K-Course(s).

(2) An external validation process, including timelines, to ensure the K-course solution continues to meet the RN requirement.

(3) Risk assessments covering all K-course activities. These may be provided by the OEM, although the TDA remains the risk holder.

(4) An Assessment Strategy (AStrat). Again, this can be OEM-provided and does not need to take the form of an RN AStrat, except that it must contain any information deemed necessary for effective workforce management (e.g. any assessment criteria, consequences of failures, etc). A suitable process for the recording of competence on JPA must be in place. The requirement for an AStrat is not circumstantial. Even where a K-Course provider cannot commit to formal assessment of trainees, the non-provision of an assessment would itself constitute an Assessment Strategy (albeit likely not the one the TRA would prefer). A formal record of such is essential.

(5) A statement concerning WDoC provision for trainees on the course. Where trainees are in Ph1 or Ph2, these arrangements must be captured within the Commanding Officer's Risk Assessment and Supervisory Care Directive, with designated supervisory staff oversight. In all other cases, the usual Divisional System should apply.

9508. Workplace Training

a. The workplace is a fertile learning environment, where people can learn quickly and powerfully in ways that complement learning from feedback and from formal courses. Here, our people are immersed in their role and are surrounded by others who share their experience and will go on to face real operational circumstances together.

b. Formal Training Statements will usually apportion specific elements of required individual training to be delivered in the workplace, upon completion of a residential training course. Although a JPA training competency may be awarded on completion of the residential elements, full competence is not achieved until successful completion of the Workplace Training Statement (WTS).

c. Workplace Individual Training forms part of Operational (Capability) Assurance. It is distinct from, but contributes to, Tier 0 and 1 Collective Training. Responsibility for the delivery, management, and assurance of the WTS sits with the employing 1* organisation (e.g. SURFLOT, SUBFLOT, NAvn,3 UKCF, etc), with Flotillas / Air Squadrons / UKCF units as the Workplace Training Provider (WTP). Close liaison is required, however, with the TDA responsible for the management and delivery of a related TPS, to ensure all individual formal training requirements are met. Regulations for unit-level assessment of operational requirements and standards are laid down in BR 9274, owned by Force Plans.

d. There is a collective responsibility on all WT stakeholders to validate through measuring and monitoring the extent to which operational roles are populated by appropriately skilled people, and a system must be in place for the recording and rectification of any training shortfalls with regard to the TPS for personnel joining complement billets from a residential training course. The increased use of Acting Higher Rate inevitably increases the amount of Training Gaps for individuals, which Units must track and actively mitigate the risk from.

e. The LDO (Operations) team can support employing areas and WTPs in the Continuous Improvement of individual training delivery within operational units. One element of this will be through the provision of individual and team coaching, specific policy for which can be found in BRd3 Ch21 sect 40.

f. **On-the-Job Training.** On-the-Job Training (OJT) is non-formal WT that takes place in the workplace but does not form part of a WTS. Examples include: training required in the workplace to facilitate the development and/or continuation training of personnel (including local briefing requirements and mandatory training delivery); training needed for a specific local task not carried out elsewhere and therefore not part of an FTS. OJT must be delivered safely and with appropriate record-keeping to enable effective tracking of completion, but otherwise is not governed by the policies within this section.

g. **Workplace Trainer competence.** JSP 822 policy states that all trainers – including those delivering the WTS in the workplace – must be DTc qualified. This requirement is deemed aspirational, but unachievable by the RN. Instead, personnel delivering Formal WT are classed as RNWTs, and must meet a lower-minimum level of trainer competence, aligned to leadership & coaching skills and subject matter expertise.

(1) **Achieving RNWT Status.** An individual may be awarded the *Instructional|RN Workplace Trainer|Navy* competence if the following criteria are met:

(a) **Leadership & Coaching skills.** Ratings must have completed LRLC or equivalent; Officers must have completed JOLC 1 or equivalent. RM OR3s assisting in the delivery of training must do so under the supervision of a nominated OR4 or above.

(b) **Subject Matter Expertise.** Full qualification in their own role (including completion of all WT requirements – e.g. taskbook, career development journal, competency board, etc).

(c) **Trainer Familiarisation.** Personnel with existing DTC trainer qualifications are automatically qualified as RNWTs. Otherwise, an RNWT must complete DTc Stage 1 – the online pre-learning for DTc – to familiarise themselves with Defence training principles.

(2) **Responsibility for RNWT assurance.** Each WTP should have a Training Coordinator who should identify those personnel involved in the delivery or assessment of workplace training within their department and ensure appropriate training and JPA competence recording is conducted in accordance with this policy. Smaller ships that do not carry departmental Training Coordinators should fulfil this requirement as a wholeship function. Assurance that RNWT competence is being tracked ultimately lies with the employing organisation.

h. **Continuation Training.** Continuation Training refers to directed formal learning and / or assessment required for an individual or team to be deemed 'in-date' and retain competence. Individual Continuation Training maintains the competence of an individual – or selection of individuals – even where the activity is conducted as a group. By contrast, Collective Continuation Training maintains the competence of a team or unit. Requirements for such training should be captured in a course Assessment Strategy and Specification by the TRA.

Note. *There is a need for further policy development to drive the creation of more robust management and assurance structures for individual Workplace Training in support of wider Operational Capability Assurance. In particular, consideration should be given for whether CEBs should be established to ensure 1* employing areas, who are tasked with delivery of the WTS, have representation when the FTS is endorsed. Clarification of roles and responsibilities of the TRA, FGen, and receiving employing areas as personnel transition between the TPS and WTS elements of training, and in the management of individual Continuation Training is also desirable.*

9509. Mandatory Training

a. Mandatory training refers to specific learning interventions which are directed universally for all military RN personnel and require periodic repetition throughout the career of the individual. These interventions are mandated to either fulfil legal obligations on the MOD, or as part as mitigation of a formal organisational-level risk, or both. Mandatory training directed at Defence-level is known as Defence Mandatory Training (DMT); where directed at RN-level it is term Naval Core Learning (NCL).

b. As universal training - directed indiscriminately and repeatably to all military personnel – mandatory training represents a considerable investment of time and human resource. Careful attention must also be given to the total volume of mandated training requirements which – beyond a certain level – become inversely effective. Over-training is wasteful and bad for morale; while incorrectly targeted training, or that based simply on rote knowledge recall, can represent a greater risk than no training at all - by giving the organisation false confidence of risk mitigation. The delivery of mandatory training must therefore be subject to strict governance and management to ensure effectiveness and efficiency.

c. The decision to introduce a universal mandatory training burden must be carefully justified and the presumption will normally be against it. Universally mandated training, where employed, should be succinct, memorable, and designed to elicit behavioural change. Consideration must always be given to alternative ways of delivering desired content through existing training opportunities, such as in specialist and command courses. Where desired behavioural changes can be achieved without a dedicated learning intervention (for example, through signage, email bulletins, and campaigns) this should always be preferred. Repeated mandatory training should never be the first or sole learning intervention for a topic. Neither should it be the sole mitigation for a Defence or Service held risk.

d. **Governance of Mandatory Training.** Proposals for mandatory training often arise from recommendations from wider policy areas who own organisational-level risks which are believed could be mitigated by a universal training intervention. A clear governance process is in place:

(1) **Training Requirements Authority (TRA).** NAVY PEOPLE-WFPT TRA Gen SO1, as owner of all non-Profession training requirements acts as TRA for all mandatory training within the RN. The TRA ultimately defines the Learning Outcomes (articulated as desired behaviours) and Assessment Strategy for training, based on SME advice from the Training Delivery Authorities and Professional Standards Advisors (below).

(2) **Training Delivery Authority (TDA).** The role of the TDA is to take the Learning Outcomes and determine how best these should be achieved by determining the Learning Activity (including format, content, periodicity and assessment) based on advice from the Professional Standards Advisors. The TDA is also responsible for assurance of training. There are two TDAs for RN mandatory training, distinguishing between when it is delivered in Initial Training subsequent periodic delivery:

(a) **Initial Delivery.** NAVY PEOPLE-TMG OP SO1.

(b) **Periodic Delivery**. NAVY PEOPLE-PSP LD Pol SO1.

(3) **Professional Standards Advisors (PSA).** These are policy areas, either at Defence or RN level, who advise the TRA, TDAs and Training Policy desk as to training requirements and assist in the development of training content. In many cases they will represent the Risk Owners and thus have overall responsibility for tracking completion rates of any training. PSAs advise on any legal and policy considerations.

(4) **Training Provider (TP).** Mandatory training is delivered via multiple mechanisms and therefore has several TPs:

(a) **Initial Delivery.** This occurs within Initial Training and therefore the TP is the Ph1 or Ph2 TE. Such training may either be delivered as face-to-face training or as a Defence Learning Environment (DLE) package provided by the PSA. Initial delivery must occur within one year of joining the Service and be delivered within a formal TE, with completion recorded.

(b) **Periodic Delivery.** Subsequent mandatory training may comprise either:

i. Entirely as online learning via the DLE, in which case the TP is functionally the Category Managers and the TMG DLE Support Cell.

ii. Optionally, NCL1, NCL2 and NCL3 may be delivered as formal face-to-face briefs, delivered by suitably qualified personnel who act as TP/WTP in these instances. NCL4 (Diversity & Inclusion) must always be delivered as a workshop discussion.

(5) **Royal Navy Mandated Training Working Group (RNMT WG)**. The RNMT WG meets every six months and is responsible for all issues relating to Mandatory Training within the RN. Even when mandated by Defence, via the Defence Mandatory Training Working Group (DMT WG), no mandatory training 'requirement' is accepted without formal recommendation by the RNMT WG and endorsement by Dir P&T. NAVY PEOPLE-PSP LD Pol (Training) SO2 chairs the RNMT WG on behalf of the TRA and TDAs.

e. **Management of Mandatory Training.** The RNMT WG is the primary management body for mandatory training and meets twice a year. It is chaired by NAVY PEOPLE-PSP LD Pol (Training) SO2 and its terms of reference are:

(1) The review of existing mandatory training requirements to determine if they are still valid (including whether they apply to all personnel), and the scrutiny of any proposals for additional training areas.

(2) Review of training material and the authorisation of amendments where required.

(3) Ownership of the NCL e-Handbook and responsibility for its routine update.

(4) Assurance of mandatory training, including discussion of feedback on received and its action (Internal Validation).

(5) Management of associated competences and the reporting of completion statistics to PSAs and other senior stakeholders.

(6) The coordination and scheduling of NCL campaigns.

(7) The review of the efficacy of mandatory training against endorsed Measures of Effect for each training area

f. **Proposals for new Mandatory Training.** Mandatory training should be underpinned by a Training Needs Analysis that demonstrates there exists a *universal* training requirement for personnel in order to safely or legally discharge their duties. Where a TNA suggests that training may be required, sponsoring areas should engage with NAVY PEOPLE-PSP LD Pol (Training) SO2 to discuss. Where training is clearly more applicable to personnel in only certain contexts (e.g. on operations or in specialist employment), or where the risk to personnel not employed in such environments is low, the presumption is that learning should be delivered as pre-job / pre-deployment training.

9510. International Defence Training

a. **Introduction.** International Defence Training (Royal Navy) (IDT(RN)) is part of the TMG and is tasked to achieve effective defence engagement with partner nations through UK-based IT at the International & Commonwealth Training Unit, as well as securing spaces on RN courses arranged through Government to Government (G2G) activity or larger training contracts under the Wider Markets team. IDT(RN) sponsors and produces a catalogue of maritime training courses available to partner nations. An electronic version is available at the International Defence Training website[5]. Bespoke IDT requests will also be considered. These will usually be covered under the banner of Wider Market activity, with requirements met through RN spare capacity.

b. **Prioritising and Allocating IDT**. IDT(RN) training requirements feed into the RN training planning process and captures all IDT(RN) G2G training requirements approximately 15 months ahead of the relevant Training Year. At eight weeks prior to the delivery of training, changes to dates or course schedules are frozen.

[5] https://www.royalnavy.mod.uk/idt

c. IDT is grouped into three tiers to optimise its effect. Tiering reflects the importance and value of particular training to meet Defence Engagement objectives and consequently controls how IDT is offered and allocated:

(1) **Tier 1.** Selected training courses with prestigious status and high defence engagement value, where demand exceeds capacity. Places are formally allocated by MOD Head Office through the Forward Allocation Baseline (FAB) process.

(2) **Tier 2.** Selected training courses with recognised defence engagement value, where demand often exceeds supply. Prioritisation of course places is managed by MOD Head Office through IPS programmers.

(3) **Tier 3.** All other IDT courses, the allocation of which is delegated to the single-Service IDTs, who will refer to MOD Head Office for guidance on allocation by exception only.

d. **WDoC for International & Commonwealth Trainees.** G2G trainees will be afforded the same level of welfare and medical support as that provided to UK personnel.

SECTION 4

THE DELIVERY OF INDIVIDUAL TRAINING

9511. Management of Trainees

a. RN training should occur in a manner that delivers the required trained output whilst guaranteeing trainee welfare and positive lived experience. These elements may sometimes be in conflict with operational requirements and, while the generation of frontline capability takes precedence, efforts should be made to ensure an appropriate balance of these priorities.

b. All training must be conducted safely, legally and ethically, but it must also prepare our people to operate in dangerous environments, against an adaptable, intelligent enemy. Various standards and controls apply to training activities. These processes and procedures for the management of trainees are mostly delegated to the TDA, although the sub-paras below establishes general direction which must be adhered to.

(1) **Naval General Training (NGT).** The RN expects the highest standards from its personnel, befitting membership in a disciplined military fighting force. Training regarding Core Values and standards of bearing and behaviour must be conducted throughout Initial Training. This includes, but is not limited to, the Beliefs and Values in the Royal Navy curriculum delivered by the Naval Chaplaincy Service and the initial delivery of Royal Navy Mandatory Training (see Para 9509). Training related to the NGT Role PS should be complete by the end of Ph1.

(2) **Handovers.** Handover procedures for trainees between TEs, especially when moving between Ph1 and elements of Ph2, must be robust. Where trainees have been placed on NGT warnings this should be communicated to the receiving Divisional staff. End of Course reports should also be forwarded between TEs and to subsequent employing units.

(3) **Parity.** Every attempt should be made to maintain and communicate a consistent set of expectations regarding dress and discipline across TEs for trainees at an equivalent stage of training. In general, as an individual passes through the Phases of Training, greater expectation and encouragement should be placed upon them regarding self-leadership and responsible behaviour. Attention should be paid by Command to the significantly varying lengths of Ph2 and Ph3 training to ensure that both expected conduct and received treatment are consistent, as far as possible, with trainee's peers across different TEs and wider RN employment.

(4) **Unprogrammed Time (UPT).** Personnel in receipt of training are on duty and the TP has a responsibility to fill UPT falling within core working hours with meaningful employment or learning (for example, information regarding the appraisal system, additional Core Values training, or wider briefings on topics such as the RN Culture Blueprint or Command Plan).

(5) **Out of Hours (OOHs).** The SCD must consider adequate OOH supervision for U18s and Vulnerable Adults. The use of OOHs for additional training (for example Ceremonial or Physical Training) must be fair, retention positive, and observe the principles of parity in sub-para (3) above as far as is practical given individual role requirements.

> ***Note.*** *Multiple – and divergent – Failure and Warning policies are in place across Naval TEs. It is unclear whether these reflect a genuine need for distinction in this regard or this has merely developed over time. By default, parity across TEs and courses should be applied by the TDA, unless a positive reason can be articulated by the TRA for why a different system is needed. This is particularly true when training is managed under Projected SELBORNE but TEs outside the Contract should also seek to ensure consistency.*

9512. Training Quality Manual (TQM).

TDAs and TPs must cooperate to put in place a TQM, which include the following quality procedures:

a. Training Management Review of the Management of Training System (MTS).

b. Production and review of the SOTT.

c. Training Design, including document control, and accreditation.

d. Review of published course information.

e. Procurement and Support of Training Equipment.

f. Control and review of customer supplied services via Customer Supplier Agreements (CSA), Service Level Agreements (SLA), and contracts.

g. Verification of trainee course prerequisites.

h. Assessment and testing, including analysis of results, records and review

i. Management and reporting of training deficiencies.

j. Training failure policy including reporting procedures following a trainee failure and remedial training guidelines (but see the Note under Para 9511 above). TDAs are to ensure that, within this procedure, they include an action to inform the relevant Career Manager of any trainee failure at the earliest opportunity in order to avoid the individual being employed in an inappropriate manner.

k. Management of trainees.

l. Definitions for the working (training) week, day and period.

m. Identification and recording of staff training.

n. Internal Validation (InVal) of Training.

o. Conduct of internal (1st Party) training audits, including corrective and preventative actions.

p. Control of Quality Records. In addition to any other quality records identified in JSP 822 or locally, the following are to be retained by RN TDAs for the period specified.

Table 95-1. RN Training Quality Record Retention

Quality Record	Minimum Retention Requirements
SOTT	For life of the course.
TrADs	Until superseded, then archived in perpetuity.
Management review records	Until superseded by a later management review.
JPA Establishment	Maintain continually and update as required.
Training documentation	For 5 years after changes to, or cessation of, course then archived in perpetuity.
Contract review records	For the duration of the contract (regardless of any amendments).
Job scalar and other appropriate analysis and design source documentation	For life of the course.
Records of unsuitable customer-supplied product	Until cessation of the course.
Course and test result forms	For life of the course and then archived in perpetuity.
InVal reports	Until after completion of next course review or 5 years, whichever is the shorter.
ExVal reports	Until after completion of next course review or 5 years, whichever is the shorter.
Training and customer feedback reports/reply (e.g. TFAs, S3018s)	Until after completion of next course review or 5 years, whichever is the shorter.
Document review and management plans	Continually update and maintain.
Test software and hardware status records	Continually update and maintain.
Non-conformity concessions[6]	For 5 years after changes to, or cessation of, course then archived in perpetuity.
Training audit reports	For 5 years.
Records of action taken to correct non-conformities reported in training audits (e.g. Quality Improvement and Action Plans)	For 5 years.
Records of staff training	Duration of training staff appointment.
Dispensation for training system or documentation to vary from DSAT[7]	For 5 years after changes to, or cessation of, course then archived in perpetuity.

[6] Non-conformity concessions are only to be approved by NAVY PEOPLE-TMG TGA SO1 in consultation with NAVY PEOPLE-PSP LD Pol SO1. Any non-conformity concessions approved prior to 1 Jan 19 are to be re-submitted to NAVY PEOPLE-TMG TGA SO1 for approval.
[7] As above.

9513. Trainee Feedback Mechanisms

a. **Training Feedback Application (TFA).** The TFA is a SCIO-based tool for RN personnel to use to highlight issues with training and replaces the previous S3018 process.

(1) **Purpose.** Training feedback will continue to be captured as part of the ExVal assurance process and should be used to highlight:

(a) Undertraining. Part of a role is missed or not covered in sufficient detail during training.

(b) Overtraining. During a training course, there might have been a section, or sections, of the training that was considered excessive or not required for a role.

(c) No formal training currently exists. A TFA submission should be completed if an individual is conducting a task or using equipment when there has been no formal training received but is considered to be a requirement.

(2) **Submission.** There are three routes to submit training feedback via the TFA process:

(a) Through the individual SCIO profile page under ‘Listed Courses’. This is the simplest route to submit feedback on a specific course by capturing data already available through JPA.

(b) Directly from the TFA by clicking the “Create Submission” button. This is a suitable option for submitting feedback not related to a specific course. For example, where no formal training is provided or to submit feedback on the training of other personnel.

(c) Via the PDF offline submission form. This is the best route if you do not have a RN SCIO account, such as RFA, or connectivity to SCIO/TFA is unsuccessful. Units are recommended to download the form to their system from the link above to facilitate access later if required.

(3) **Review.** Once feedback is submitted, the TFA investigation process can take a few weeks to several months, depending on the issues raised within the submission. The investigating analyst will update via the SCIO app when there have been developments, or if they require further information. The submission Originator can also leave comments on their feedback if they have any questions. The TFA facilitates a number of different automatic email notifications throughout the whole investigation process. To prevent them going into a junk folder, the SCIO-NoReply@ahe.r.mil.uk should be added to the “safe senders” list on the device. Automated emails are expected to be received when:

(a) A training feedback form has been successfully received by the TFA.

(b) An analyst has been assigned to the investigation process.

(c) The investigation is complete with the closure statement ready to view via the TFA.

(4) **User Guide.** A full user guide for the TFA is available at Annex 95E.

b. **Recruit Trainee Survey (RTS) / Officer Cadet Survey (OCS).** The RTS and OCS are surveys that are independently managed by IFF Research with the annual summaries reported to Ministers. The surveys are administered in Ph1 and Ph2 TEs, with the data collated and visible via an online system. Establishment Executive teams and training providers are to ensure processes are in place that enable exploitation of the survey data, allow identification of problems and improvement of delivery areas quickly, usually via the QIAP. All trainees must be encouraged to complete the survey during their time in Ph1 and Ph2 Training, or on discharge from the Service, as it is their opportunity to raise any issues of concern anonymously and provide feedback to improve the training for future recruits. Access to RTS / OCS Portal staff training is available from IFF Research via NAVY PEOPLE-TMG EVAL SO2 who can advise on dates and details of the training. This policy is the responsibility of Navy Sec-2. Further advice can be obtained from NAVY SEC-2 DISCIPLINE 1.

SECTION 5

THE ASSURANCE OF RN INDIVIDUAL TRAINING

9514. Individual Training Assurance

a. **Requirement**. JSP 822 Vol 5 requires the RN to undertake assurance of individual training. This is achieved via the processes of Audit, ExVal, InVal and to a lesser extent, Inspection.

b. **Responsibilities.** The following individual training assurance responsibilities apply for the majority of training in the RN. The Assurance function for RN IT sits within the TMG TGAA pillar, however, assurance chains may vary where RN training sits under another Military Command.

(1) **First Party Audit (1PA).** 1PA responsibilities differ depending on whether the TP is a TF TDU or not.

(a) **TF TDU.** TF is responsible for conducting 1PA.

(b) **Non-TF TP.** Where 1PA is not contracted via TF, 1PA is to be conducted by the TP or as a peer review provided by another TP.

(2) **Second Party Audit (2PA)**. Conducted by TMG Audit team for both TF and non-TF training units. Planning for these audits is conducted by TMG Audit SO2 with endorsement required at the Strat CEB each year. Follow up of audit findings is essential to ensure the training environment risk is ALARP and effective. It is the responsibilities of TDUs/TPs to deal with audit findings iaw the timeframe stipulated in their Action Plan. The TMG Audit team should report issues of significant Non-Conformity or Deviation (see sub-para d, below) to the Training Policy desk.

(3) **Third Party Audit (3PA) / Inspection.** Required for Ph1 & Ph2 TEs and conducted by the Office for Standards in Education (Ofsted).

(4) **Evaluation.** External Validation (ExVal) and wider Evaluation of Individual Training, delivered at a TDU and in the workplace is conducted by the TMG Evaluation Team, on behalf of the Individual Training TRAs, and includes following:

(a) Course ExVal.

(b) Role ExVal.

(c) Pipeline Evaluation.

(d) Bespoke Evaluation.

(5) All the above Evaluation must be explicitly operationally and capability focused. JSP 822 articulates the use of Kirkpatrick's Evaluation Model[8] as to how Evaluation may be undertaken by a TRA. The RN's approach to Evaluation also adopts Pulley's 'Responsive Evaluation Model'[9] to enable a risk-based approach in terms of prioritisation and resource allocation. This risk based approach supports the prioritisation of workforce and time dedicated to Evaluation. An Evaluation prioritisation meeting is to be held no less than twice per annum, chaired by Hd WFPM; detail can be found in Annex 95F.

(6) **RN Evaluation Strategy.** The production of an Evaluation Strategy (EStrat) for Individual Training undertaken is, per JSP 822, the responsibility of a TRA. The TMG Evaluation Team will produce a pan-RN Evaluation Strategy on behalf of all IT TRAs. The endorsed EStrat can be found in Annex 95F. Any iteration must contain the following:

(a) **Scope.** The extent to which the Evaluation can be undertaken, any limitations in terms of responsibilities, and what activities, specifically, will constitute the outputs.

(b) **Objectives.** A clear outline of what the purpose of the Evaluation Strategy is and exactly what processes it articulates.

(c) **Detailed Methodology.** Information regarding how the theoretical underpinning of Evaluation pertain to the processes and procedures of conducting the specific outputs, such as activity prioritisation or primacy of data sources.

(d) **Data Sources.** A comprehensive list of the key sources of information that support all aspects of an Evaluation process. This must include detail on how AI is utilised and be coherent and compliant with JSP 936[10] and JSP 822 Annex C.

(e) Key Stakeholders and Responsibilities.

(f) Reporting Outputs.

(g) **Escalation Processes.** The procedures by which Evaluation Observations, Deviations, Non-Conformities, and Good Practice are appropriately managed, assigned to stakeholders for resolution/rectification, and subsequently escalated where needed. This process must be linked to the CEB cycle.

(h) **Interface with Collective Training domain.** How the findings and analysis undertaken via IT Evaluation processes can inform and support improvements in Collective Training.

(i) **Whole Force.** Any Evaluation approach must capture, where applicable, Reserve- and RFA-specific elements.

[8] Defence Training Support Manual 5: Evaluation of Individual Training p8
[9] Pulley, M. (1994). Navigating the Evaluation Rapids, Training and Development, Vol 48.
[10] JSP 936 – Dependable Artificial Intelligence in Defence.

(7) **InVal.** InVal responsibilities differ depending on whether the TP is a TF or TDU or not.

(a) **TF TDU.** Where contracted for by the Statement of Requirement, TF is responsible for conducting InVal iaw TF QMS.

(b) **Non-TF TP.** Where InVal support is not contracted via TF, InVal is to be conducted by the TP.

c. **Self-Assessment Report (SAR).** All TP / TDUs are to maintain a regime of Continuous Improvement through the maintenance of a SAR and a 'live' Quality Improvement and Action Plan (QIAP) which should monitor progress against, and active management of, identified risks and issues. TPs are encouraged to adopt a peer review process through links with other similar units to help inform the development of their SARs. SARs should be reviewed, updated and re-published prior to summer leave each year so that they are ready for subsequent Ofsted inspection between Sep and Feb. SARs are to be made available to P&T / TMG HQ staff on request.

d. **Findings.** In addition to the JSP 822 nomenclature of Non-Conformities, Observations, and Good Practice, RN Assurance uses a fourth term: **Deviation**. RN assurance assists both 3* areas with ensuring the Service is equipped with required capabilities, including SQEP. TMG 2PA & ExVal teams will classify a finding as a Deviation when they ascertain that the finding is likely to have downstream impact to the sustainable delivery of enduring operations due to insufficient SQEP. This includes (but is not limited to): insufficient quality or quantity of training, insufficient equipment, retention negative activity, failure to address institutional / foundational issues impacting the attraction, training and / or deployment of personnel downstream.

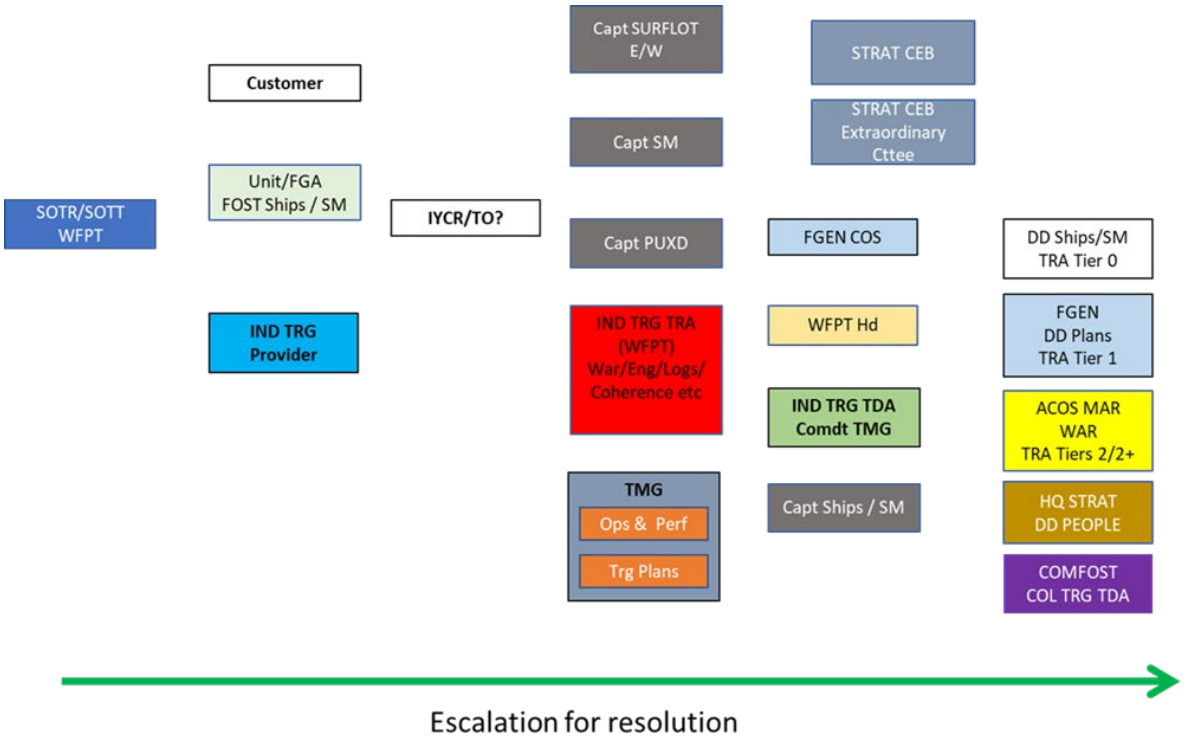
ANNEX 95A

PRIORITISATION OF INDIVIDUAL AND COLLECTIVE TRAINING

1. In certain TEs there are facilities which can be utilised for both Individual Training (IT) and Collective Training (CT), good examples being the MCTS facility at COLLINGWOOD and Devonport, bridge simulators, and the RAS rig at RALEIGH. While the scheduling is normally built around the needs of IT, there is sometimes spare capacity that can be used to support CT, and this can be routinely reserved through the training planners. Equally, there can be times where there is a defined operational need for a ship's teams to be trained prior to deployment. As such the needs of IT versus CT need to be prioritised.

2. The diagram below illustrates the escalation of prioritisation process. Starting at the lowest level of the SOTR/SOTT demands, the escalation process will need to consider whether In Year Change Requests or Tasking Orders need to be raised, or further escalation is needed to OF5, ultimately through the Strategic CEB or to the 1* level.

Figure 95A-1. Escalation Of Prioritisation Process



ANNEX 95B

RN INDIVIDUAL TRAINING DELIVERY ORGANISATIONS

1. TMG. The following organisations deliver an RN Individual Training Requirement under the TDA authority of the TMG.

TDA	TP
Training Management Group (TMG)	Astute-Class Training System (ACTS)
	Chalfont Shore Facility (CSF)
	Nuclear Ship Control Operator Trainer (NUSCOT)
	Trident Training Facility (TFF)
	Command Wing (CW)
	Commando Training Wing (CTW)
	Defence Diving School (DDS)
	Engineering Training Squadron[1] (ETS)
	Initial Naval Training Officers (INT(O))
	Initial Naval Training Ratings (INT(R))
	Marine Engineering Training Group (METG)
	Military Training Unit (MTU)
	Military Information Exploitation Group (MIXG)
	Nuclear Department (ND)
	RN Flight Safety Centre (RNFSC)
	RN School of Aircraft Control (RNSAC)
	RN School of Flight Deck Ops (RNSFDO)
	RN School of Music (RN SoM)
	RN School of Physical Training (RNSPT)
	RN School of Seamanship (RNSoS)
	RN Submarine Training Centre (RNSTC)
	RN Submarine School (RNSMS)
	Royal Naval Leadership Academy (RNLA)
	SM Escape, Rescue, Abandonment, Rescue (SMERAS)
	Royal Navy Submarine Training Centre (RNSTC)
	Underwater Escape Training Unit (UETU)
	Warfare Training Group (WTG) – including the Military Training Unit (MTU), the Chemical, Biological, Radiological, and Nuclear Damage Control Training Unit (CBRNDCTU), and Royal Navy School of Survival (RNSoS)
	Weapons Engineering Training Group (WETG)

[1] Those elements included within the SELBORNE Statement of Requirement (v4.3 p. 20).

2. Other RN. The following organisations deliver an RN Individual Training Requirement under the authority of TDAs other than the TMG.

TDA	TP
CO CU	700X Naval Air Squadron
	750 Naval Air Squadron
	814 Naval Air Squadron
	820 Naval Air Squadron
	824 Naval Air Squadron
	Merlin Training Facility
CO VL	727 Naval Air Squadron
	815 Naval Air Squadron
	825 Naval Air Squadron
	Engineering Training Squadron[2]
	RN Centre of Maritime Survival (RNCMS)
	Wildcat Training Centre (WTC)
CO CHF	845 Naval Air Squadron
	846 Naval Air Squadron
	847 Naval Air Squadron
	Command Support Squadron (CSS)
	Military Training Unit (MTU)
CO Commando Forces	40 Commando
	42 Commando
	43 Commando
	45 Commando
	47 Commando
	Commando Logistics Regiment (CLR)
COMMARRES DACOS T	All Maritime Reserve units
Other[3]	Royal Navy Medical Service School (RNMSS)
	Legal Training
	Training Manager Officers' Courses

3. Other TLBs. Although not exhaustive, the list below articulates other non-RN TDAs and TPs that deliver an RN Individual Training requirement:

a. **Defence College of Support (DCSp).** Delivers Phase 2 and 3 training to the Logistics Branch through its subordinate schools and training wings, which act as the TP[4].

b. **Defence Intelligence Training Group (DITG).** Delivers Phase 2 and 3 training to the Warfare and RM Branch through its subordinate schools, which act as the TP[5].

c. **Defence College of Technical Training (DCTT).** Delivers Air Engineers through the RN Air Engineering and Survival School (RNAESS) which, along with the ETS units at CD and VL, act as TPs.

[2] Elements not included within the SELBORNE Statement of Requirement (v4.3 p. 20).
[3] TDA ownership for these Training Providers / courses is unresolved.
[4] Defence School of Logistics and Security (DSLA); Defence School of Policing and Security (DSPS) and Defence School of Transport (DST).
[5] Defence School of Intelligence (DSI) and Defence School of Geospatial intelligence (DSGI). Transformation expected in Q2-25 ad DITG becomes the Defence Intelligence and Targeting Academy.

d. **22 Group, RAF.** Delivers initial aircrew officer training through the UK Military Flying Training System's Flying Training Schools (FTS)[6] and through the Defence SERE Training Organisation (DSTO), who act as TPs. It also delivers Warfare Phase 2 and Phase 3 training through the Defence College of Air and Space Operations as the TP.

[6] 1 FTS. Delivers Rotary training at RAF Shawbury; 3 FTS. Delivers initial Fast Jet training at RAF Cranwell and 4 FTS. Delivers secondary Fast Jet training at RAF Valley.

ANNEX 95C

CUSTOMER EXECUTIVE BOARD – TERMS OF REFERENCE

1. Structure. The Strategic CEB is supported by a series of CEBs governing training by capability or functional areas of activity and these CEBs in turn are supported by a series of CEB Working Groups (WG) that govern training at the Training Delivery Unit (TDU) level. This structure is intended to provide a more streamlined relationship between the TDA and TRA, as well as link up into NCHQ capability areas. Whilst the CEBs provide the forum for the TDA and TRA to hold each other to account, for those training elements delivered through the SEL contract, the TDA and Training Provider (TP) – Team Fisher – hold each other to account through monthly SEL Management Boards and quarterly SEL Leadership Boards, the latter chaired by Dir P&T. The CEBs and supporting WGs are held biannually, reporting into a spring Strategic CEB that will oversee production of the SOTR, and a summer Strategic CEB that will endorse the annual SOTT. The CEB process is managed by the TMG's Governance and Assurance pillar.

Table 95C-1. CEB Battle Rhythm

Timing	Serial	Lead	Comment
Nov	SOTR updated	Respective BMs	
Jan	SOTR Screenings	Trg Req SO2	
Jan	Pre-CEBs	TMG SO1 Trg Ops	Resolve issues in training delivery. Those that cannot be resolved should be taken to CEBs
Feb	Interim CEBs	TMG SO1 Trg Ops	Aim: Tactical in-year management. To endorse respective SOTR and to consider impact on training resources as well as Yrs 2-4 issues.
Mar	Interim Strat CEB	DDPT / Hd WFPT	im: to discuss in year changes and consider GTS Targets.
Mar-May	Compilation of draft SOTT	TMG SO1 Trg Plans and Team Fisher	Note: SOTR locked down. No adjustments can be made until draft SOTT compiled.
Jun	Interim CEBs	TMG SO1 Trg Ops	As per Feb
Jun	Individual CEBs	TMG SO1 Trg Ops	Aim: to approve respective SOTR/SOTT and understand risks not resolved at WGs.
Jul	Strat CEB	DDPT / Hd WFPT	Aim: to endorse the SOTT for the next training year such that the Training Plan can be completed by end Sep, thereby giving Career Managers 6 months' notice to assign personnel to courses commencing the following Apr.

2. Procedure for CEB Process. Each CEB will be chaired by the relevant TDA, normally from the TMG Ops and Perf pillar, the rationale being that the TDA will be best placed to provide the necessary training data and, additionally, understand the resources required to deliver that training. Defence CEBs are to be attended by the RN TRA and their representatives as the SOTR/SOTT and requirements setting are integral to Naval training.

3. The Chair will be responsible for determining the shortfall or surplus between the training demand (SOTR) and the training supply (SOTT) that cannot be resolved by SOTR SO2 before the CEB and ensure clear articulation of actions. The product should be a clear holding to account of people and organisations that are responsible for managing resources, setting the requirement and delivering the training, including endorsement of key training documentation iaw JSP 822 and this BR. Unresolved issues and risks should be raised to the Strat CEB.

4. The Lead TRA plays a vital role in developing the SOTR and it is critical that the Yr 1 figures agreed at the end of the SOTR process are valid and accurate. It is recognised that the figures for Years 2, 3 and 4 will require increasing refinement as the SOTR progresses year on year. In compiling the SOTR, the following issues are among those that should be taken into account:

a. New capability/capability upgrades.

b. Changes to policy and legislation.

c. Impact of ABC measures.

d. Defence priorities.

e. Results of external validation.

f. Changes to infrastructure.

g. Changes to workforce structures.

h. Known difficulties of recruiting in specific trades/branches.

i. Historic data on take up and pass rates on courses.

j. Requirements for team and collective training.

5. In order to build up meaningful data on the accuracy and validity of SOTR figures, at the end of each training year a comparison of the relevant forecast requirement (SOTR) versus actual achievement is to be undertaken by the training organisation/school. The results of this comparison are to be reported at the CEB, with records maintained to establish trends3.

6. Two weeks before the annual Strategic CEB meeting, the Chair of each CEB should forward a short briefing note to the Strat CEB Secretary (TMG SO1 TGAA) to inform the ensuing Strat CEB. This will permit the Strat CEB to record formally the areas where risk has been agreed.

7. Management of Risk. SOTR screening meetings and review of outturn data by BMs and CMs should refine the SOTR figures on an annual basis and thereby ensure that the requirement identified is as close to likely ‘take up’ as possible. In areas where outturn data indicates that course take up is consistently below the requirement, then CEB chairs are permitted to take qualified ‘risk’ against the SOTR (by up to 10%) without further approval, taking into account the ‘risk’ already incorporated into these figures by improved screening meetings. The level of risk should be articulated and justified in the Strat CEB brief. It is accepted that this ‘risk’ will be taken by the TDA, rather than collaboratively, unless circumstances otherwise deem it appropriate.

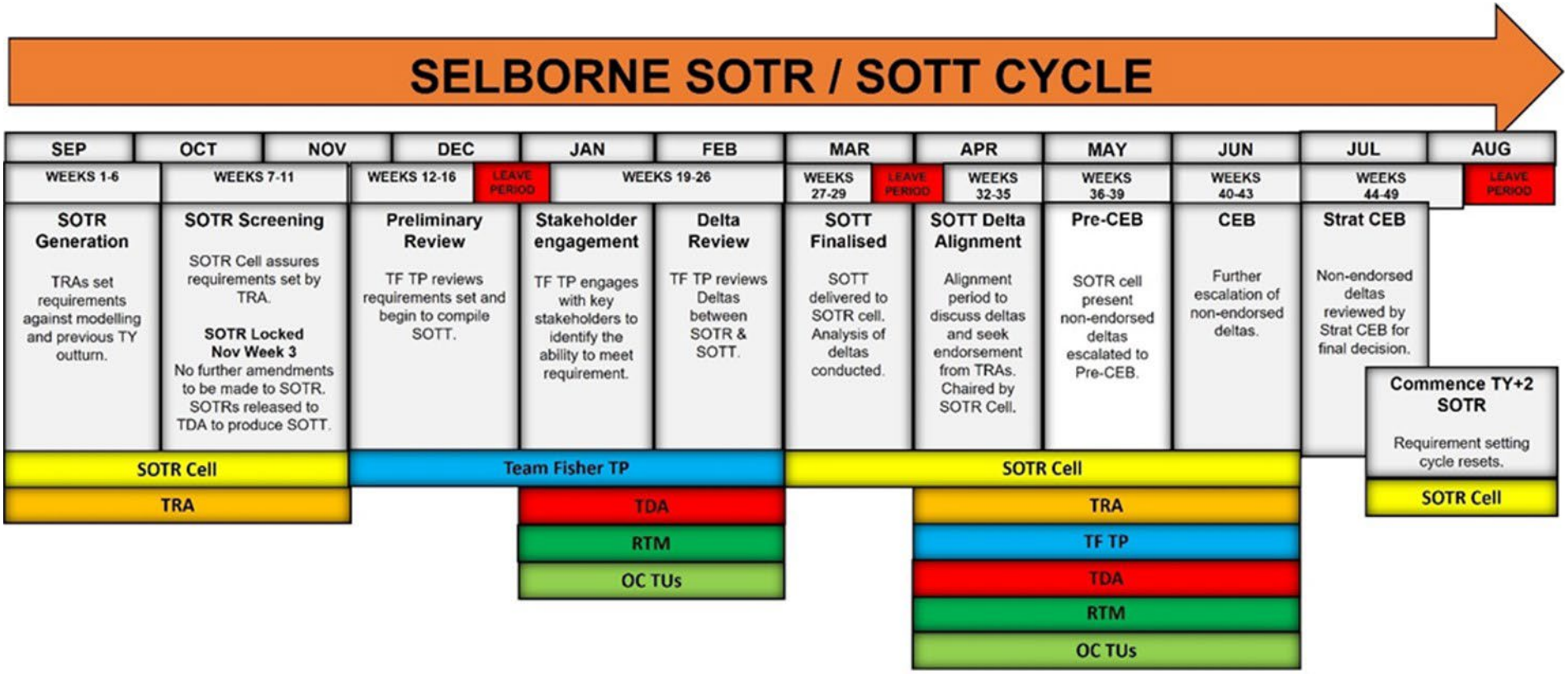
ANNEX 95D

SOTR / SOTT CYCLE

1. SOTR Production. The SOTR is to be produced in accordance with the diagram below. The SOTR should capture all individual training requirements, as well as those from FGen for ships' teams that are generating and need to make use of individual training facilities such as MCTS, bridge simulators, RAS Rig, etc. The same is true for FOST Ships and FOST SM where they also need to use individual training facilities to deliver elements of Operational Sea Training (see BRd 9275). Capturing both individual and team/collective training requirements will enable a SOTT to be produced that has capacity for both individual and team/collective training. The SOTT needs to be endorsed by the Strat CEB in sufficient time for the TP to produce a training plan against which Career Managers can assign personnel to respective courses. In order to give individuals the recommended six months' assignment notice, training plans need to be complete by the end of each September for courses to be loaded from the following April.

2. There are two RN SOTR/SOTT processes for training in and out of scope of the SEL outsourced training contract. For SEL training managed by the TMG please see diagram below. Non-SEL SOTRs are screened in Jan/Feb and SOTTs completed by Mar May of the preceding training year.

Figure 95D-1. SOTR/SOTT Cycle



ANNEX 95E

TRAINING FEEDBACK APP (TFA) SUBMISSION GUIDE

1. Introduction

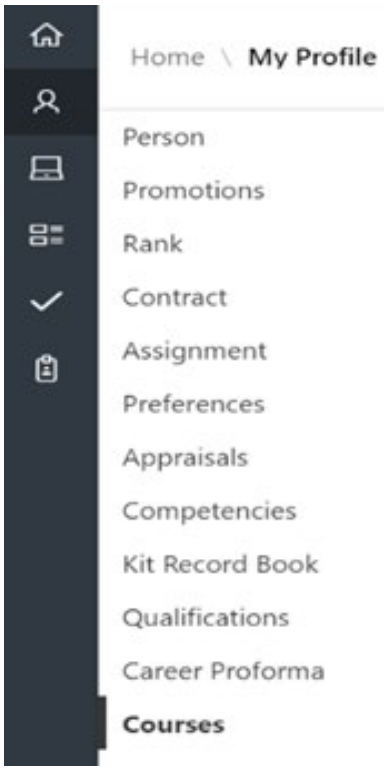
a. To access via the online routes, you need access to SCIO. If you are using MODNET you can access via the MODNET button using your usual PUID and MODNET password. If you are not on a MODNET terminal, then you should access via the deployed route.

b. If you cannot connect to SCIO then you will need to download the offline submission form.

2. SCIO Submission Routes

a. **"My Profile" Route.** If you are submitting feedback on a course that you have attended personally, then this is the easiest way to submit feedback.

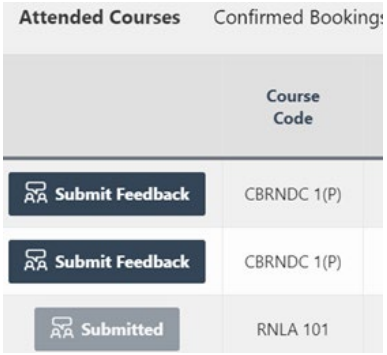
(1) Click on the "my profile" icon found on the top left-hand side under the "My SCIO" title (*pictured right*).



(2) Then select the "Courses" tab near the bottom of the list.

(3) On this page you should have a list of all the courses you have attended. On the left-hand side of the course code you can click on "Submit Feedback" button (pictured right). This will open the TFA submission form and also auto populate your personal, professional, and course information, allowing you to move straight to logging your issues.

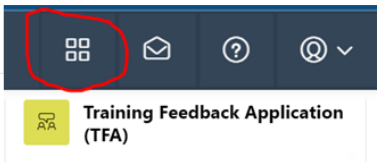
(4) After your submitting your feedback, you will return to the same page and the course you selected will have changed from “Submit Feedback” to “Submitted”.



(5) In order to review your submission and track it you will need to go into the TFA itself. Refer to the second submission route below on how to access the app.

b. **TFA Submission Route.** This is the best route for providing feedback if no formal training currently exists, or you are submitting on the behalf of, or about someone else’s training. To access the app, to review your submissions, or to raise a new one:

(1) Click on the four tiles button, located at the top, right hand side. You should see the TFA from the drop-down menu, it will look like the picture below.



(2) Once in you can create a submission using the button found on the right side of the page. This route does not auto-populate so provides you the ability to search for courses or select no training course provided. Mandatory information fields are highlighted with a red corner depicted on the right.

3. TFA Offline Submission Form

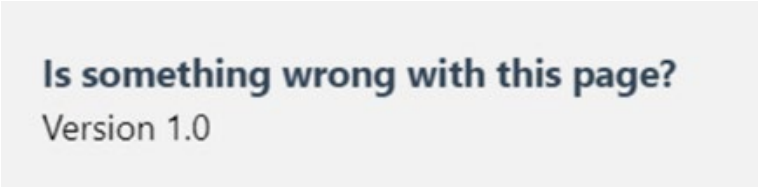
If you cannot utilise either of the online routes, then submit using the offline pdf form[1]. You can submit up to five issues per form. Once complete send to NAVYPEOPLE-TMGTRGFEEDBACK@mod.gov.uk.

[1] modgovuk.sharepoint.com/teams/60086/Shared Documents/Forms/AllItems.aspx?id=%2Fteams%2F60086%2FShared Documents%2FTraining Feedback App %28TFA%29 Offline Submission Form%2Epdf&parent=%2Fteams%2F60086%2FShared Documents

4. Points to Note

a. Notifications can take a while to receive, please wait at least 5-10 minutes before assuming it has not worked and check your junk folder. If they start to go into your junk folder, then right click on the email and select “not junk” and this will prevent future notifications ending up in your junk.

b. If you find any issues with the TFA, or would like to suggest future enhancements, submit feedback by the link on the bottom of the application home page depicted in the picture below.



ANNEX 95F

ROYAL NAVY INDIVIDUAL TRAINING EVALUATION STRATEGY

1. Introduction

This Evaluation Strategy (EStrat) and the contents therein apply to all Individual Training undertaken by the RN, inclusive of those both within and outwith the SELBORNE contract, the RM, and the MR; all Individual Training TRAs are to adhere this.

2. Purpose

a. The purpose of a unified, whole-force RN Evaluation Strategy (EStrat) is to improve how Individual Training Evaluation is conducted. This enables the Training Management Group (TMG), the wider People and Training Directorate, and other stakeholders to assess and enhance the effectiveness of training programmes, operational processes, and individual performance within the Royal Navy. The EStrat serves as a comprehensive framework for current and future practices, providing detailed guidance where necessary. It supports the systematic evaluation of roles, training courses, workplace training, exercises, and operational activities related to Individual Training, ensuring they align with strategic objectives and meet operational needs.

b. By conducting Evaluation and External Validation (ExVal), the Royal Navy can identify strengths, weaknesses, and areas for improvement in training and how that training prepares its individuals for conducting their various roles. The underpinning policy that drives this Evaluation activity is enhanced by this single service Strategy and is contextualised to the specific needs of the Royal Navy. Undertaken successfully, adherence to the detail contained within will lead to more informed decision-making, continuous improvement, and the enhancement of operational readiness and capability. The strategy also serves to promote accountability, transparency, and a culture of learning and development within the Royal Navy.

3. Scope

This EStrat sets out the processes, data inputs, and responsibilities for conducting Evaluation and External Validation across RN Individual Training, including Workplace Training and the Maritime Reserves. It outlines the function of TMG's Training, Governance, Assurance, and Analytics (TGAA) team in delivering Evaluation via continually improving data triangulation, enhanced analytics, and clarity of ownership. It specifies the inputs, reporting processes, and hand-offs required to prioritise, deliver, and act on any Evaluation/ExVal findings. These efforts aim to ensure that Evaluation outputs are actionable, transparent, and aligned with the Royal Navy's commitment to operational excellence and Whole Force integration.

4. Objectives

a. The singular objective of this EStrat is to meet the clear, simple and two-part focus of Evaluation/ExVal[1], namely:

(1) To determine the degree to which training prepares individuals for the specified Role.

(2) To determine whether the Role (or elements of training thereof) remains valid.

b. To achieve this aim, this EStrat sets out further detail to enable the above, namely:

(1) **Enhance Training Effectiveness.** Establish a structured, risk- and operationally-based approach to evaluating Roles, training courses, and workplace training, ensuring alignment with strategic objectives and operational requirements whilst addressing critical gaps.

(2) **Integrate Data and Expand Scope.** Leverage multiple data sources and broaden Evaluation to more explicitly and robustly include Individual Training Workplace Training, Maritime Reserve-specific training, and feedback from Collective Training.

(3) **Promote Continuous Improvement and Accountability.** Implement and outline the contents of mechanisms such as a QIP, or any other data coherence mechanisms, and Quarterly Assurance Report due to ongoing monitoring, feedback, and refinement of training programmes, ensuring transparency and stakeholder collaboration.

(4) **Support Whole Force Integration and Flexibility.** Ensure the inclusion of Maritime Reserve training in Evaluation processes, provide bespoke evaluation outputs, and foster a culture of continuous improvement.

(5) **Standardisation of Activity.** Seek to ensure that all activity pertaining to Evaluation is standardised across TRAs and wider areas, and where deviations are required that they are captured formally and by exception.

5. Methodology

Whilst adherence to the Level-based approach as outlined in Kirkpatrick's Evaluation Model, in accordance with JSP 822, is key across all three Services, RN Individual Training Evaluation will additionally utilise Pulley's 'Responsive Evaluation' model to support prioritisation of activity and utilisation of resource. Broadly, this entails the following:

[1] DTSM 5 Evaluation of Individual Training para 2.1.2

a. **Risk Identification.** Mechanisms to identify potential risks shall be utilised and triangulated where these risks might impact operational readiness, performance in Role, or wider mission success. Risks may include but not be limited to: consistent evidence of gaps in training content delivery, training resource constraints, workplace training shortfalls, workforce gapping, trends from Training Feedback App data, findings from Collective Training assurance, and emerging changes in operational environments.

b. **Evaluation Prioritisation.** This methodology utilises the risks identified to enable a more flexible and responsive approach to planning particular foci of Evaluation, across the RN Professions, ensuring that the allocation of staff, time, and resource is towards those Roles (and associated courses) that will have the greatest impact on achieving operational outcomes. See Prioritisation at Section 15.

c. **Data Collection and Analysis.** As Evaluation relies on the collection and subsequent analysis of data, to both identify risk and assess any impact on training effectiveness, as comprehensive a range of data sources as possible must be utilised, with a standardised approach to this the default across the Training Requirements Authorities. Further detail can be seen at Section 6 to this Annex.

d. **Continuous Monitoring.** This Strategy must include a mechanism for the continuous monitoring of risks and evaluation outcomes to track progress, adapt strategies, and ensure that any prioritisation is fully aligned with operation requirements. Regular reviews and updates to any prioritisation processes, as well as escalation processes, to enable the EStrat itself able to remain responsive to changing circumstances.

6. Data Sources

The wider process of Evaluation and the subsequent quality of its outputs depend on an increasingly triangulated approach to data that not only enables feedback to key stakeholders, but which also supports responsive prioritisation and iterative improvements to Evaluation. Each data source plays a crucial role in in providing valuable insights, and any Evaluation should utilise, as a minimum, the following:

a. **Previous ExVal Reports and Findings.** Such reports, and the findings therein, offer a historical perspective on training evaluations, conducted by external assessors and enabled the TMG and wider RN to identify strengths, weaknesses, and areas for improvement, as well as enable an understanding of issues and actions that remain open.

b. **Elements from InVal Findings.** InVal findings provide detailed assessments conducted internally, and aim to evaluate specific training exercises, scenarios, or courses. These include specific feedback on training delivery, content relevance, instructor effectiveness, and trainee performance. Information from InVal may be useful to triangulate against both previous and current ExVal findings, and should be considered, where appropriate, to support in ExVal prioritisation. InVal findings should not be used when ascertaining validity of the Role.

c. **MI Hub.** The Management Information (MI) Hub is an evolving repository for various training-related data and metrics, much of which is used to provide quantitative data for performance analysis, trend identification, and decision-making. Key content, which include metrics on training completion rates, assessment scores, course uptake rates, and first-time pass rates, should be considered within any ExVal where the data exists.

d. **Training Feedback App.** The Training Feedback App (TFA) (see Annex 95E for submission guide) allows service personnel (Regular and Reserve) to provide real-time feedback on their training experiences following training and whilst undertaking the Role, and looks to consider factors such as Undertraining, Overtraining, and where Training Objectives are not being trained. It captures immediate concerns in support of ExVal and empowers service personnel to drive improvements in their lived experience and is a clear route to make views heard. TFA is also vital in enabling Line Managers to offer a different perspective and support the TRA in adjudging where Role requirements may have altered.

7. Evaluation Outputs

a. **Course ExVal.** An assessment of the appropriateness/suitability of the training undertaken to the Operational PS/CF from which the TOs/EOs are mapped. This provides detailed snapshots of training efficacy to the TRA and beyond and enables feedback as to the validity of elements of the Operational PS as relates to those TOs/EOs assessed.

b. **Role ExVal.** The comprehensive analysis of a particular Role, comprising of the various elements that entail conduct of that Role (both technical/specialisation specific as well as Leadership and Management training), with an emphasis on the workplace training across platforms that engenders a deeper understanding of how the totality of training impacts on the knowledge, skills, and attributes gained and therefore assurance that the business/operational focus of training is being maintained.

c. **Pipeline Evaluation.** A holistic and qualitative undertaking providing understanding of an entire career pipeline, with further emphasis on Value for Money (VfM) and applicability to new platforms and proposed crewing solutions to future platforms.

d. **Bespoke Evaluation.** The ability to provide ad-hoc work in support of Programmes, to provide information regarding training efficacy as needed.

8. Feedback Populations

a. As part of the conduct of ExVal, and for the full output required as per Defence Training Support Manual (DTSM) 5, there are different populations that must provide feedback. These are:

(1) **Trainees.** These comprise of individuals who have undertaken the training that is being assessed within the last 6-18 months upon completion of a particular course or commencement of a new Role. This population will provide feedback as to whether they are able to conduct the Role based on the training that has been provided to them.

(2) **Line Managers.** As the Line Managers of the above population, they will provide further detail, often due a more holistic level of awareness, as to the ability of the former trainees in completing the Role, but also as to changes to the Role over time and the overall Role (and thus Operational PS) validity.

b. Additionally, the following population may be consulted to provide information in support of Evaluation:

(1) **Subject Matter Experts.** Where there are recognised experts in the subject matter for which the training was designed, they should be identified and consulted. This may include individuals no longer directly working in roles ordinarily in scope for Evaluation, however they should not be disqualified from contributing purely on the grounds of their current employment.

9. Findings

a. The findings of any ExVal are a key output that enables empowered stakeholders to effect change. ExVal will be focussed on ascertaining, when referenced against key training documentation, whether the following has taken place:

(1) **Undertraining.** Where either the volume of training or the format of training undertaken is less than the specified requirement, or where de facto in-Role activity demonstrates an incorrect Training Category that is lower than it should be, this will constitute Undertraining.

(2) **Overtraining.** Where either the volume of training or the format of training undertaken is more than the specified requirement, or where de facto in-Role activity demonstrates an incorrect Training Category that is higher than it should be, this will constitute Overtraining. If possible, any finding captured as such should articulate any financial savings that correction would provide.

(3) **No training.** Where a required element of training contained within the TPS or WTS has not been carried out, or where de facto in-Role activity is found to be undertaken without a commensurate mapping to the FTS and/or any type of training to conduct this activity has not been provided, this will constitute No Training.

b. To support higher level, pan-RN analyses, the capturing of these findings must contain the following:

(1) **Stakeholder(s).** Individuals who are able to enact the proposed recommendation(s).

(2) **Profession/Specialisation.** The Profession and/or Specialisation against which the Role is borne.

(3) **Type**. See Paragraph 9c of this Annex for further explanation.

(4) **Category/Sub-Category.** A grouping of related finding types, further broken down where appropriate. For all ExVal-related findings, a sub-category of either **No Training**, **Undertraining**, or **Overtraining** will be given, as related to specific Training Objectives (or Task, Sub-Task etc when linked to an Operational PS).

(5) **Operational PS/FTS Element.** Categorisation as to whether the issue pertains to the Training Performance Statement derived training, Workplace Training Statement, Residual Training Gap Statement, or the Role Performance Statement.

(6) **Recommendation.** Detail as to what the proposed course of action should be to mitigate any deficit or shortfall.

(7) **Location.** The TDU/Training Establishment (or Unit for Workplace Training) linked to the finding.

(8) **SOTR.** Which SOTR the related Course features on.

(9) **Service Type**. Whether this finding is related to Regular, Reserve, or Royal Fleet Auxiliary courses.

(10) **Proposed Review Point.** A proposed review date for the mitigation of the finding, to be endorsed or amended at Stakeholder meetings (see para 12).

(11) **Provisional '4T'.** The analyst will recommend the assignation of one of the '4Ts' (see para 12b), to be endorsed or amended at Stakeholder meetings (see para 12).

(12) **RAG Status.**

c. RN Evaluation findings must be categorised in a manner aligned with the nomenclature of JSP 822 and BR3(1) Chap 95 Paragraph 9514d. For Evaluation findings specifically, these will be:

(1) **Non-Conformity.** Any finding showing evidence of No Training is to be classified as such.

(2) **Observation.** Where evidence has been found that changes to current practices would be beneficial, but of a level that does not meet the threshold for **Deviation.**

(3) **Good Practice.** Any finding showing evidence that the practices of the organisation require positive comment, with a view to improve practices across the RN via continuous improvement.

(4) **Deviation.** This includes any finding that is assessed as likely to have downstream impact to the sustainable delivery of enduring operations due to insufficient SQEP. This includes (but is not limited to): insufficient quality or quantity of training, insufficient equipment, retention negative activity, failure to address institutional / foundational issues impacting the attraction, training and / or deployment of personnel downstream. Whilst it is expected that the majority of these will be Undertraining findings, when considering attractional issues or issues relating to the deployment of personnel, Overtraining may be the categorisation applied.

10. Coherence of Findings

a. The capturing of key findings should be undertaken in a unified manner and in a format that supports a wider Assurance view and analysis. A data coherence system, featuring findings from Evaluation, Audits, and Internal Validation should be the primary method by which this is achieved.

b. Every Evaluation task undertaken must have the evidence presented and captured formally to the requisite Professions Manager, with the findings and proposed actionees clearly stated (see Para 10).

c. Where, during the process of conducting Evaluation, evidence arises showing that there are Assurance deficits in areas outwith Evaluation/ExVal, the findings are to be added to the any data coherence system and appropriately tagged.

11. Products

a. The primary output of any Evaluation or ExVal undertaken is the findings captured within a data coherence system, accessible to all key stakeholders. Additionally, access to the analysis, methodology, supporting DSAT documentation, question set, ethical declarations, is required and all such data is to be retained in accordance with organisational requirements.

b. **Quarterly Report.** A three-monthly report providing a summary of Evaluation undertaken, those findings/actions that require first level of escalation, as well as trend analyses of key findings. This will be undertaken in conjunction with the TMG TGAA 2PA team. This report will be provided to DDPT, DDPC, and COMMARRES.

12. Stakeholders

There will likely be several stakeholders linked to any one Evaluation output. These will generally include (but are not limited to) the following, which each has differing responsibilities:

a. **Training Requirements Authority:** Has overall responsibility for Evaluation. Leads in the prioritisation of Evaluation outputs. Responsible for actioning Evaluation feedback relating to the Operational PS and FTS.

b. **Training Delivery Authority:** Responsible for actioning Evaluation feedback relating to the management and delivery of Individual Training[2] as well providing valid information that may support the prioritisation process, especially as relates to known risks and issues with delivered training.

c. **Training Provider:** Responsible for actioning Evaluation feedback relating to the conduct of training where this is separate from the TDA. This also includes the Workplace Training Provider[3] (WTP) when considering Individual Workplace Training.

d. **TMG Audit Team:** Responsible for the provision of information where necessary to support the prioritisation of Evaluation.

e. **Career Managers:** Where feedback or findings relate to career pipelines or the appropriateness of training for a Role or Roles, Career Managers may be added as a stakeholder.

f. **Training Capability Managers:** Where feedback or findings relate to new capabilities or training, the relevant Capability Managers may be added as a stakeholder.

g. **Team Fisher:** Where relevant, Team Fisher personnel may be added as a stakeholder.

h. **WFPM Role Analysis:** The TRA may call on WFPM Role Analysis where Evaluation findings suggest an issue with the Operational PS. Supports prioritisation.

i. **Non-RN Single Service Representatives:** Where non-RN personnel attend RN courses, Single Service Representatives will be added as stakeholders to input on any single-service considerations.

j. **Collective Training/FOST Representatives:** Will be added as a stakeholder on findings relating to Collective Training. They will also feed into the Evaluation team any findings from their own work relating to training. Supports prioritisation.

[2] BRd 3(1) Chapter 95 Paragraph 9505d.
[3] BRd 3(1) Chapter 95 Paragraph 9508c.

13. Stakeholder Meetings

a. Training Evaluation analysts and the key stakeholders linked to ExVal must discuss findings at Stakeholder meetings. These meetings should be held at intervals no less than two months apart. These meetings will enable the provisional findings contained within any report to be amended where necessary, particularly when considering the category details as described in paragraph 9b and 9c of this Annex.

b. Every finding will be required to have a '4T' categorisation confirmed. These will have been provisionally assigned within an initial report, however a Stakeholder Meeting is the point at which the empowered actionee for such a finding will formally confirm (or amend). Where there is a fundamental disagreement as to assignation, the action is to be immediately tagged **Red** (as per para 9b (12)) and raised at the next OF5 CEB. These assignations may have impact on the escalation of these findings (see para 13). The '4Ts' and their values are as such:

(1) **Tolerate.** Where no action is required, or where any risk associated with no action being taken is deemed within tolerable threshold. Reviewed annually and captured in Quarterly Report (see para 10b) for TMG Hd Delivery/Hd WFPM awareness and reassigned if necessary.

(2) **Transfer.** Where transfer of risk to a suitably empowered role holder or organisation is required to resolve any action. This will often be required where training requirements or training delivery sits outside RN control, or where a non-RN third party provides the best path to action resolution.

(3) **Terminate.** Where the risk revealed by a finding poses an unacceptable level of risk, and which cannot be reduced to an acceptable level by any other means, the root cause action will cease.

(4) **Treat.** Where action is to be taken to reduce risk likelihood or impact of finding issue, through the implementation of mitigation measures. Each action assigned as such will be required, at the relevant Stakeholder Meeting, to have a Review Point assigned that is between a minimum of two months post-meeting and a maximum of twelve months post-meeting.

14. Escalation Process

a. Any finding that requires addressing, particularly those Non-Conformities and Deviations, must be embedded into a process that enables the appropriate and timely escalation to an appropriate stakeholder if and when it becomes evident that the initial stakeholder assigned the action does not possess the levers required to address the issue, or where the level of risk associated with the '4T' assignation of 'Tolerate' or 'Terminate' is such that it requires higher level decision making.

b. To support this, as well as ensure that Evaluation processes are linked to the CEB processes, a clear sequence of escalation for findings is a necessity.

c. Following the capturing of a finding from Evaluation, the below process will be triggered:

(1) As per paragraph 12.b(1), where an assignation of **Tolerate** is agreed at a Stakeholder Meeting, a Review Point will be agreed for 12 months hence, RAG rating on the requisite data coherence system is to be set to **Green,** and the details added to the Quarterly Report for 1* awareness.

(2) As per paragraph 12.b (3), where an assignation of **Terminate** is agreed at a Stakeholder Meeting, RAG rating on the requisite data coherence system set to **Red,** and this action will be immediately raised to the requisite Duty Risk Holder.

(3) As per paragraph 12.b (4), where an assignation of **Treat** is agreed at a Stakeholder Meeting, the following escalation process will follow:

(a) Review Point confirmed (per paragraph 12b). RAG rating on the requisite data coherence system set to **Green**.

(b) By the set Review Point, if the proposed action has not been achieved, RAG rating on the requisite data coherence system set to **Amber** and a second period, with a second Review Point of no later than 12 months hence set to enact the action. These outstanding actions will be added to the Quarterly Report and should be raised at the requisite pre-CEB.

(c) By the second Review Point, if the proposed action has still not been achieved, RAG rating on QIP set to **Red** and immediately added as an action point at the OF5 CEB for higher level deliberation and decision.

(d) Where the levers required to enact the change required are such that action requires raising at the OF5 CEB, then **Red** can be immediately assigned at the stakeholder meeting.

15. Prioritisation of Evaluation

a. As well as the underpinning methodology contained in Paragraph 5a of this Annex, a singular process for Evaluation Prioritisation and the subsequent workplans that derive from this is an essential activity, and one that is to be undertaken twice annually, post-Strategic CEB.

b. Each Individual Training TRA is to ensure a list of proposed Evaluations/ExVal are compiled, based on a range of data sources. These are to be prioritised via consideration against four main metrics, namely:

(1) **Operational Criticality.** The extent to which the Role being trained for and conducted is critical for the conduct of Defence Operations.

(2) **Strategic Alignment.** Whether the Role being trained for and conducted directly supports the RN's top strategic priorities.

(3) **Training Risk.** Where there are known issues and risks associated with the training pipeline that means a high likelihood of risk to individuals, the delivery of courses, and the subsequent degree to which the individual is sufficiently trained.

(4) **Workforce Capability Gap.** Where the related Role is classified as being in a Workforce Capability Gap, and thus the likelihood of issues/training shortfalls is higher.

c. Each TRA will be required to present this proposed workplan at the biannual prioritisation meeting for review by Hd WFPM; this will form the finalisation of the process and enable the management of workforce to meet the agreed Evaluation need following further input from other stakeholders.

d. The composition of the biannual prioritisation meeting should include:

(1) Hd WFPM – Chair

(2) Individual Training TRAs.

(3) SO2 TRG EVAL. Representative from the TMG TGAA Eval.

(4) WFPM RA Coherence Hd. Representative from Role Analysis team.

(5) Collective Training/FOST QMC. Representative to provide Collective Training input in support of prioritisation.

(6) TMG Ops. Representative to provide additional insight on training risk and issues pertaining to Training Establishments.

e. Where a TRA for Individual Training exists that sits outside of WFPM, they should follow any prioritisation processes promulgated by TMG TGAA Eval and should where possible cohere WFPM prioritisation activity.

16. Workplace Training

a. Workplace Training is an essential component of RN Individual Training and is integral to the achievement and maintenance of competence in Role. As such, Workplace Training is within scope of this EStrat and must be evaluated in a manner that is proportionate, risk-based, and aligned with the two-part objective at para 4a of this Annex.

b. Evaluation of Workplace Training is to consider, as a minimum:

(1) **Adequacy of the Workplace Training Statement (WTS).** Whether workplace training requirements remain current, complete, and aligned to the Operational PS and operational need.

(2) **Transfer of Learning.** Whether formal course learning is effectively translated into competent performance in the workplace, including confidence, frequency of task performance, and readiness for independent duty.

(3) **Supervision and Assurance.** Whether supervisors, coaches, and assessors are appropriately prepared and resourced to deliver and assure workplace learning, including consistency of assessment and recording.

(4) **Enablers and Constraints.** Whether time, equipment, platform availability, operational tempo, and local processes enable delivery of workplace training, and where these factors create risk or variance.

(5) **Variability Across Units and Platforms.** Whether workplace training is delivered consistently across locations, and where variation exists, whether it is justified by context or indicates an assurance deficit.

c. Workplace Training evidence is to be triangulated using trainee and Line Manager feedback (para 8), relevant training documentation (Operational PS, WTS, and RTGS where applicable), and available performance data. Where workplace training shortfalls indicate an issue in the WTS or Operational PS validity, this is to be recorded as a finding and managed through Stakeholder Meeting process.

d. Findings relating to Workplace Training are to be categorised in accordance with para 9, assigned a provisional 4T, and actioned through the standard escalation process at para 14. Where workplace training delivery is constrained by factors outside the immediate control of the actionee, Transfer should be considered to ensure the risk is held at the appropriate level.

17. Maritime Reserves

a. All policy surrounding the conducting of Evaluation equally applies to the Maritime Reserve, however nuances around differences in Reserve training procedures may necessitate commensurate differences to Evaluation procedures when focussing on RNR or RMR training. This, however, should be by exception and all efforts made to align with the Regular service. Where possible, specialist Reservist input to any RN Evaluation team should occur.

b. There are several key considerations pertaining to Reserve Evaluation that must feature in any processes, namely:

(1) **Periodicity of Activity.** The baseline requirement for PTVR activity is 24 Reserve Service Days (RSDs) per annum. This should be accounted for when understanding the impact of training on a PTVR's ability to conduct a Role.

(2) **Training Sequencing.** The MR differs from the Regular service in that training, as part of the Certificate of Professional Qualification (CPQ) (BR3(1) Chap 101 para 10128) requires key training to be undertaken as pre-promotion or pre-selection requirements. As there is no timing requirement attached to this, key training for *future* Roles may often occur years in advance of the actual conduct of said Role.

(3) **Mobilised Output.** As the function of MR mobilised Roles can be either contingent or auxiliary and are often the focus of the PTVR training pipeline, Role validity should be ascertained against these outputs.

18. Value for Money

Value for Money considerations are integral to any Evaluation undertaken and underpin proportionate, risk-based decision making across the training system. Evaluation undertaken needs to incorporate a focus on identifying whether training outcomes are being achieved efficiently, whether alternative delivery models could equivalent or improved effect at lower cost, and whether continued investment remains justified. This approach ensures that Evaluation and External Validation activity provides demonstrable value, supports informed resource allocation, and contributes directly to improved capability outcomes while making best use of public funds.

19. Use of Artificial Intelligence

a. Use of Artificial Intelligence (AI) in support of Evaluation is to be encouraged, should that use increase the effectiveness or volume of work undertaken, however any such use must adhere to the policy contained within JSP 936 and JSP 822 Vol 3 Annex C. Where the raw data obtained during the undertaking of Evaluation/ExVal contains sensitive information, AI must be used ethically and if a medium to high risk by such use is a possibility, then the requisite RAISO is to be informed.

b. An ethical risk assessment is to be undertaken to ensure that the use of AI for Evaluation purposes complies with MOD's AI ethical principles, with the Probability Impact Diagram contained within JSP 892 used to achieve this.

20. Strategy Review

Any EStrat must be reviewed for currency and to update on any wider policy or procedural changes; it is to be re-endorsed by Hd WFPM and TMG Hd Delivery annually.