Barriers to implementing frailty education across Wessex

Operational
- During time of operational pressure, planned training is often cancelled
- Different organisations have different approaches to delivering education

Technical
- Ability to share and edit training module across Wessex (and nationally)
- Different organisations may wish to deliver the module in different formats, e.g. online, via tablet, 1-1, group, modular.

Cultural
- Frailty education not cited within organisational education strategy
- Not recognised as an educational must within all specialities/organisation
- Strategic governance and having a joined up approach - too many silos within an organisation it makes it difficult to ensure there is a unified plan and thus the ability to rapidly deploy frailty education.

Individual
- Poor previous perception/experience of e-learning
- Difficulty in adapting to change
- Difficulty in putting learning into practice
- Individual learning styles will vary
- Lack of confidence/knowledge
- Own perception of need for training
- English not primary language

Competing educational priorities
- Frailty education is not nationally mandated, so including into local induction and training is against a backdrop of local and national mandated requirements.

Time
- Releasing staff time to champion approach against a backdrop of operational pressures
- Releasing staff time to complete the frailty training

Lack of organisational frailty education champions
- Maintenance of the key message importance of the Board to Porter, frailty is everyone’s business is key in maintaining momentum and uptake and ensuring developed materials are up to date and reflective of local and national requirements
- Evidencing of change in local practice will help embed frailty awareness
- Role of STP education groups (and scope of group)