

# Continuing Professional Development Toolkit in Action: Delivering safe and effective care

Aimed at all employers, in all settings

















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# Background

Our members continually raise concerns about the challenges they encounter accessing continuous professional development (CPD) and lifelong learning opportunities. As the workforce crisis has grown across the UK, a lack of employer support and increasing staffing pressures have left nursing staff finding it a challenge to get both approval to take paid time for CPD and the funding needed to pay for it (RCN, 2024). This leads to challenges for individuals when revalidating and can pose risks for patient safety and staff morale (Evans, 2024). Lack of access to development opportunities can also make it difficult to obtain a promotion or progress towards career goals (IPSOS Mori, 2019; NHS England, 2022; RCN, 2024).

#### This is not a new issue...

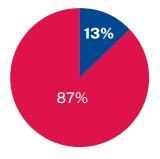


Almost a decade ago, a 2017 RCN survey showed significant numbers of nursing staff were unable to complete their mandatory training (England 14.8%, Northern Ireland 24.7%, Scotland 27.8%, Wales 35.2%) (RCN, 2018).

In 2019, an independent evaluation by Ipsos Mori showed **nearly half (44%) of nurses and midwives found it difficult to find time for CPD** (Ipsos Mori, 2019).

This is still a major concern, with a 2024 RCN survey showing **70% of respondents citing lack of time** and **67% citing costs of CPD** as barriers to pursuing learning and development opportunities.





The survey also identified that over half of respondents paid for their own CPD, with **only 13% being supported with the cost** (RCN, 2024).

The NHS Workforce Race Equality Standard (WRES) report in 2021 highlighted that staff from minority backgrounds are also less likely to receive additional training or CPD, further hampering access to more senior roles (NHS England, 2022).

### The current situation

#### **England**

The RCN UK Employment Relations Department (ERD) has continued to engage with the NHS Staff Council, including the career progression group to seek increased funding for payment of CPD for nursing staff employed in the NHS. We will continue to seek to influence the workplan of the NHS Staff Council and the NHS Social Partnership Forum in relation to progressing the issue of additional funding for, and paid working time to undertake, CPD. In the interim, RCN learning representatives are able to continue to raise the need for CPD funding and paid time for RCN members with their employers.

The RCN, along with other unions, continued to raise this need nationally and the NHS in England extended the provision of the £1,000 (over three years) available for every registered nurse and nursing associate. RCN representatives and members are encouraged to raise the use of this funding with their employer.

In October 2024, the Westminster government announced consultations to deliver a 10 Year Health Plan. This plan will influence the NHS Long Term Workforce Plan (LTWP) and the Department of Health and Social Care has indicated there will be a refresh/revision of the LTWP following the publication of the 10 Year Health Plan.

We will continue to engage with the 10 Year Health Plan and the refresh of the LTWP, including seeking improved provision of funding and paid time for CPD. We have previously included the need for CPD funding and paid time in our evidence to the NHS Pay Review Body and, having called for direct negotiations with the Westminster government will seek to include this as part of any negotiations relating to NHS pay, terms and conditions.

Collaboration will continue with the UK Policy and Public Affairs Department in relation to support for lobbying positions and advice (see below for further information).

In relation to members employed in the independent health and social care (IHSC) sectors, ERD led UK-wide work in developing the *RCN Employment Standards for IHSC* (see below for further information).

The rollout of the employment standards is continuing with promotional activity across England (and the other UK countries). RCN reps, staff and members can use the standards to support negotiations and discussions with IHSC employers for improved contractual terms and conditions, including for CPD (Standard 6). The UK ERD team of national officers is already doing this when engaging with national employers in collective bargaining on pay, terms and conditions.

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#### Northern Ireland

In Northern Ireland, we have been directly involved in developing the principles that will underpin the forthcoming safe and effective staffing legislation, a commitment to which was made by the Northern Ireland Executive in response to strike action by RCN members in 2019 and 2020. These principles include a statutory duty for health and social care trusts and health care providers to ensure appropriate staff training is in place in order to support the provision of safe and effective care. We are working with the Department of Health and Social Care and other stakeholders on the drafting of this legislation and will continue to ensure that it encompasses the right of access to training and development that will underpin the legislative intent.

In the most recent Agenda for Change draft framework agreement between the Department of Health and Social Care, health and social care employers and trade unions, is a recommitment to continued implementation of the Health and Social Care Workforce Strategy 2026. This includes a specific focus that statutory, mandatory and role dependent training can be undertaken during paid time.

#### Scotland

Scotland's safe staffing legislation, the Health and Care (Staffing) (Scotland) Act 2019, places a duty on health boards to give staff time and resources for relevant training. In addition, RCN Scotland secured a commitment to protected time for learning as part of the Agenda for Change reforms agreed in the 2023/24 NHS Scotland pay deal. Implemented from 1 April 2024, it requires NHS health boards to ensure protected time for statutory, mandatory and profession-specific learning (Scottish Government (2019) Health and Care (Staffing) (Scotland) Act 2019).

#### Wales

The RCN is represented at the Welsh Partnership Forum, which has conducted a feasibility study on CPD as agreed in the non-pay element of the 23/24 pay award.

Health Education and Improvement Wales (HEIW) was commissioned by the Welsh Government to undertake an assessment of CPD time required to maintain professional registration including the:

- time required for registrants to undertake the training needed to maintain professional registration
- implications of guaranteed protection for this time (including unintended consequences and opportunities, for example, use of the 'payback shift' for training time).

The feasibility study has now been received by trade unions and the evidence shows that time and support fall short of what is required.

#### IHSC (Independent health and social care)

The RCN IHSC team comprises the Head of IHSC and 13 lead nurses based across England (nine regions), Northern Ireland, Scotland and Wales. The lead nurses provide expert facilitation skills to promote learning and development for nurses and nursing support workers (NSWs) working within the IHSC across the UK. The lead nurse team also maintains awareness of current developments in the sector and the implications these may have for employment, patient care, practice development and the learning and development requirements of nurses and nursing support workers. In the absence of statutory funded CPD, lead nurses signpost to quality CPD resources such as RCN Learn.

The IHSC lead nurse team contributed to Skills for Care's adult social care workforce strategy for England and emphasised the need to include specific deliverables related to CPD and provision for CPD for nurses working in social care.

The lead nurses have utilised opportunities regionally to lobby Integrated Care Boards (ICBs) and Social Care Nurse Advisory Councils (SCNACs) to advocate for provision of funded CPD.

The lead nurses have formed strong links and connections with RCN forums, therefore bringing the IHSC voice to conversations and discussions regarding CPD within forum activities. In the absence of statutory funded CPD, the RCN has a web page that signposts members to where funding opportunities might be available: rcn.org.uk/employment-and-pay/Nursing-across-social-care-and-independent-health-services/IHSC-sector-funding-opportunities

# RCN Nursing Workforce Standards

The RCN Nursing Workforce Standards is the first national blueprint for tackling the nursing staff shortage levels across the UK. They set the standard for excellent patient care and nursing support in all settings, and in all UK countries.

#### Standard 6 states:

A registered nurse lead must receive protected time and resources to undertake activities to ensure the delivery of safe and effective care.

- a. Their role in the leadership team as the senior voice of nursing in the workplace must be reflected and incorporated into role descriptions and job plans.
- b. The registered nurse lead will be 100% supervisory/supernumerary and not counted in the numbers as part of the nursing workforce allocation. Exceptions to this should be considered as a red flag and a clear rationale must be documented, agreed by the board, highlighted and made accessible to commissioners, regulators, staff representatives and/or recognised trade unions.
- c. The registered nurse lead provides strong visible leadership across the four pillars of nursing: clinical, research, education and leadership. Time and resource are required for (but not limited to):
  - leading and managing the team
  - improving and monitoring the safety and quality of care delivered
  - improving and monitoring patient and service-user experience
  - improving and monitoring workforce experience and wellbeing
  - workforce planning, monitoring, recruitment and retention
  - budget management
  - clinical and regulatory audits
  - initiating quality improvement programmes
  - research and innovation
  - · clinical supervision, staff development and succession planning
  - monitoring health and safety data for adverse incidents and near misses involving staff and people who use services
  - listening, supporting and engaging with families, carers and relatives of patients/ service users, as appropriate.
- d. Organisations must invest in the leadership and management skills and capabilities of all their nursing leaders through personal and professional development.

#### Standard 7 states:

All members of the nursing workforce must have access to high quality, contractually funded continuing professional development (CPD) with protected (paid) time to undertake it.

- a. Workforce planning and setting of the nursing establishment should include a learning needs analysis to inform the commissioning and provision of education and training.
- b. All education and training must align to the needs of those using services, the practice setting, and the professional development needs of the nursing workforce.
- c. The delivery of high-quality, evidence-based care requires nursing staff to undertake CPD beyond mandatory and/or statutory training and to be supported to engage in lifelong learning.
- d. Provision should be made for the following (but not be limited to):
  - support with revalidation (for NMC registrants)
  - supervision (clinical/restorative) and reflective practice
  - · assessment, supervision, and teaching
  - · coaching and mentorship
  - access to formal education and research
  - personal and professional development plans and reviews, including annual appraisal
  - careers support and succession planning
  - leadership training for all the nursing workforces.
- e. The nursing workforce has a right to complete all their statutory, mandatory and CPD training within working time/hours or given time back.
- f. Resources, including protected time for regular professional reflection, should be in place to support ongoing learning and evidence-based practice development.
- g. Organisations should monitor, report on and record the number of training sessions cancelled due to staffing shortages and how much CPD is undertaken outside working hours, to make meaningful improvements.

#### Standard 8 states:

When calculating the nursing workforce establishment Whole-Time Equivalent an uplift (or headroom) will be applied that allows for the management of planned and unplanned leave and absence.

- a. An agreed tool for calculating uplift/headroom should be used which must consider each of the following:
- · Annual leave.
- Sickness absence (which should reflect the actual sickness level rather than the target level).
- Study leave/continuous professional development (CPD) this must meet or exceed the statutory requirements for registrants.
- · Parental leave maternity, paternity or adoption.
- Other leave, which includes (but is not limited to) carers leave, jury service, and compassionate leave. As a minimum this will give an uplift of 27%.

#### Standard 10 states:

Registered nurses and nursing support workers must be appropriately prepared and work within their scope of practice for the people who use the services, their families and the population they are working with.

This places an obligation on the registered nurse lead to ensure that all newly appointed individuals are allocated a period of supernumerary induction/preceptorship.

#### Standard 12 states:

The nursing workforce should be treated with dignity and respect and work in environments that promote, equity, diversity and inclusion.

- All of the nursing workforce should be actively encouraged to engage in any CPD
  where they can increase their knowledge and skills to be more inclusive in their
  practice, and to engage with a variety of groups to understand the full range of
  different patient needs, cultures and risk factors.
- Fair access to CPD and staff support should be in place to reduce inequalities and underrepresentation of minoritised groups in nursing leadership roles and opportunities for career progression.

More information here: rcn.org.uk/Professional-Development/Nursing-Workforce-Stand ards#healthsafetyandwellbeing

# UK employment relations and independent health and social care sectors

The RCN UK ERD worked in collaboration with RCN members and representatives from across the IHSC sectors, as well as staff engaging with the employers and organisations in the IHSC Sectors. The collaborations led to the development of the RCN Employment Standards for Independent Health and Social Care Sectors.

These employment standards include a specific section on CPD requirements.

Standard 6 highlights that the delivery of high-quality care requires nursing staff to undertake CPD beyond mandatory training. The employment standards state that employers should support paid time off and an ongoing cycle of CPD, while also stating that employers should make provision for:

- supervision (restorative/clinical)
- annual appraisal
- preceptorship
- support with revalidation for NMC registrants
- support to undertake formal education and research to improve nursing practice
- · commitment to entering into and upholding learning agreements with the RCN.

These employment standards set out the expectations of the RCN for the contractual provisions that employers should provide. They can also be used in the lobbying of commissioners to seek the inclusion of provisions in commissioned services which will deliver to the employment standards.

In October 2024, the UK government set out its agenda in relation to working people, including the publication of the Employments Rights Bill. This bill included the establishment of an Adult Social Care Negotiating Body (covering nursing homes, care homes and other nursing services in adult social care). The RCN has secured membership on the Fair Pay Agreements Working Group for the establishment of this body and will pursue the RCN engagement in the negotiating body once established.

The creation of a negotiating body for the adult social care sector will provide the RCN the opportunity to negotiate collectively for improvements to the pay, terms and conditions for RCN members, including the provision of CPD as part of contractual terms and conditions. The UK ERD will continue to lead on this work in collaboration with other RCN departments, including the Policy and Public Affairs Department which leads in relation to lobbying regarding the Employment Rights Bill as it progresses through parliament.

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# Other work to support and advocate for CPD

# Principles for continuing professional development and lifelong learning in health and social care

In May 2022, the Interprofessional CPD and Lifelong Learning UK Working Group including the RCN published the *Principles for continuing professional development and lifelong learning in health and social care* (2022).

This outlines the five principles of CPD and lifelong learning (LLL):

- 1. CPD and LLL should be each person's responsibility and be made possible and supported by the employer.
- 2. CPD and LLL should benefit service users.
- 3. CPD and LLL should improve the quality of service-delivery.
- 4. CPD and LLL should be balanced and relevant to each person's area of practice or employment.
- 5. CPD and LLL should be recorded and show the effect on each person's area of practice.

#### **NMC** revalidation

Since November 2022, registered nurses, midwives, and nursing associates must be able to demonstrate how they use the updated standards of proficiency in their revalidation to make sure they meet the latest knowledge and skills requirements for their scope of practice.

The Nursing and Midwifery Council's (NMC) **Standards of Proficiency for Registered Nurses** set out the skills, knowledge and attributes needed to practise effectively and safely in the health and social care services of today and in the future and are there to help identify any gaps in knowledge and skills, and any continuing professional development (CPD) requirements.

rcn.org.uk/Professional-Development/Revalidation/Standards-of-proficiency

#### **RCN Principles and Definition of Nursing**

Registered nurses use evidence-based knowledge, professional and clinical judgement to assess, plan, implement and evaluate high-quality, person-centred nursing care. Therefore, access to CPD is essential. There is more detail here:

rcn.org.uk/Professional-Development/publications/rcn-new-definition-of-nursing-research-and-rationale-uk-pub-011-253

There are eight principles used to describe what everyone, from nursing staff to patients, can expect from nursing. There is more detail here: rcn.org.uk/Professional-Development/Definition-and-principles-of-nursing

#### **Preceptorship**

The Nursing and Midwifery Council (NMC) strongly recommends that all new registrants have a period of preceptorship when commencing employment, describing preceptorship as a structured start for newly registered nurses, midwives, and nursing associates. This helps registrants to develop the confidence to practise competently as a nurse, nursing associate, midwife or specialist community health nurse and ensure they meet their obligations under the **NMC code** and relevant **NMC standards**.

Anyone who has entered a new part of the register or is newly admitted to the register from countries outside of the UK, should also receive a period of preceptorship. rcn.org.uk/get-help/rcn-advice/nmc-preceptorship

Current NHSE national guidance – england.nhs.uk/long-read/national-preceptorship-framework-for-nursing/

#### **Policy and International Team**

Contractual, fully funded CPD will be supported through inclusion in the RCN's budget submission as well as NHS 10 Year Plan – with proposals on how funding should be calculated. It was also in the *RCN England General Election Manifesto 2024* and introductory letter to the new Secretary of State for Health and Social Care.

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