

RCN Factsheet: Continuing Professional Development (CPD) for nurses working in the United Kingdom (UK)

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Introduction

Continuing professional development (CPD) is described internationally by a variety of terms. These include: continuing nursing education, life-long learning and professional skills development (among others). While there is no universally agreed term for CPD, there is a generally accepted understanding of its purpose – to help nurses maintain an updated skills set so that they are able to care for patients safely and competently.

The role of the Nursing & Midwifery Council (NMC)

The Nursing & Midwifery Council (NMC) is the legal regulator of nurses and midwives in the UK. All nurses and midwives must register with the NMC in order to work.

Since 1995, in order to remain on the NMC register all nurses had to undertake a minimum of 35 hours of CPD every three years. This formed one part of the NMC's 'Post-registration education and practice' (PREP) standard. Completion of PREP is mandatory if a nurse wants to continue to work in the UK.

The impact of revalidation

In 2013, the NMC launched a public consultation to review how nurses maintain their registration and whether the PREP system was still fit-for-purpose.

This led the NMC to conclude that PREP should be replaced with a new system called 'revalidation'. Design and testing of revalidation took place throughout 2013 until 2015.



In October 2015 the NMC's ruling Council agreed the final design for revalidation and confirmed that it would be launched in April 2016.¹

Under revalidation, nurses must continue to undertake at least 35 hours of CPD every three years. However, 20 hours of this will have to be committed to 'participatory' learning activities, such as seminars, learning workshops, shadowing other colleagues, etc.

Nurses are required to ensure that when they do undertake any CPD-related learning that they are able to evidence learning outcomes which are directly relevant to their specialty. To help monitor this, the NMC requires nurses to record all learning outcomes in a portfolio which should be kept up-to-date.

In its entirety, revalidation will require every registrant to meet the following requirements every three years, in order to renew their registration:

- A minimum 450 hours of practice and 35 hours of continuing professional development (CPD), 20 of which must be participatory
- five pieces of practice-related feedback from patients, service users, carers, students or colleagues
- five written reflections on the NMC Code, the registrant's CPD and/or practicerelated feedback
- a reflective discussion with another registrant
- confirmation that they've met these requirements
- a health and character declaration
- professional indemnity arrangements in place

More information on revalidation can be accessed here: https://www.rcn.org.uk/revalidation

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¹ NMC, 'Consultation on Revalidation', 2014, available at: http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/ (accessed on 25 April 2014)



Employer and employee responsibilities for CPD

Currently, there is no legal requirement for employers to provide time for CPD-related learning. Despite this, the NMC is clear that employers have a responsibility to support their staff to meet these requirements - even in the absence of protected time.²

Best practice in the UK is for employers to negotiate with their nursing staff on how much CPD time they need for the coming year. This is usually agreed during a nurse's annual appraisal. It is up to the employer and the nurse to negotiate a cost and time sharing agreement which ensures that at least 35 hours of CPD is achieved every three years.

Different workplaces will have different approaches, but a large number of nurses in the UK are required to fund at least part of their 35 hour learning requirement. An RCN survey of 14,000 nurses in March 2015 for example found that around a third had to pay for CPD themselves without employer support.

Furthermore, around a quarter of respondents reported that they had no access to structured CPD, and that CPD opportunities have worsened over the past 5 years. It is possible that revalidation's focus on CPD – especially around the participatory element – might help to change this.

Support for nurses in attaining CPD

As a trade union, the RCN helps nurses plan their CPD needs and negotiate learning time with their employers. This is done through the RCN's learning representatives who help nurses keep up-to-date with the latest developments across the various fields of nursing practice, and to plan their career development.

RCN learning representatives are professionally trained and legally accredited representatives, entitling them to paid time off for training, education and representative duties. Among their roles, they:

- assess continuing professional development (CPD) needs
- act as a source of information about learning activity/resources
- support nurses with CPD activity

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² NMC, 'Employer responsibilities', 2014, available at: http://www.nmc-uk.org/employers-and-prep (accessed on 25 April 2014)



- help nurses with portfolio development
- organise events such as seminars, study days and workshops, either with employers or local branches
- discuss career development
- refer members for expert professional support if required.

CPD for nurses in the public sector (NHS)

Most nurses in the NHS undertake CPD that has been paid (at least in part) by their employer.

It is important to note that while employers will have mandatory training (such as manual handling and infection control for example), this does not count towards CPD unless the content is directly relevant to a nurse's area of specialty.

NHS and private institutions often have internal CPD opportunities that nurses can attend. For example, in the NHS there are nurse specialists who provide in-house education. However, only well-funded specialties such as critical care usually have the resources to be able to offer this.

CPD for nurses in the independent sector

The independent sector (non-NHS) is growing in the UK and a significant number of registered nurses work in private settings. As of 2014, approximately one-third of the RCN's membership were independent providers of nursing care.

The NMC requires that all registrants (both public and private) meet its CPD requirements. A key challenge however is that regulations within the private sector are less well-established.

Consequently, there is a significant risk that private employers don't see as much value in CPD and may not provide nurses with as much support as their NHS counterparts. An RCN survey of members working in the Independent Sector in 2011 found that generally training and confidence were at lower levels than in the NHS.



Different types of CPD in the UK

In this factsheet, the following terms listed below are used to differentiate between different types of CPD in the context of the UK.

- 1. Higher education CPD refers to training/learning which is provided by an accredited institution of higher learning in the UK. A common practice is for employers to agree with nurses a range of development courses, some of which may result in the acquisition of a formal qualification (such as a Master's degree). These are frequently funded by a nursing employer (usually within the public sector). It is rarer for employers to fully fund a PhD-level qualification. Nurses are also able to select specific university modules, rather than an entire course.
- 2. **Non-higher education CPD** encompasses learning outside of the higher education sector. This can include: conferences, webinars, online learning modules, reading, mentoring, etc. It can also include mandatory workplace training but only if the learning content is directly applicable to a nurse's area of practice.

Providers and accreditation of CPD

In terms of content and providers, CPD in the UK is unregulated. The NMC does not set any formal conditions on what valid CPD looks like. The only requirement is that any learning outcomes must be relevant to a nurse's area of practice.³

As a result, there is a myriad of options for nurses to fulfil their CPD obligations, including formal training courses, online learning modules, seminars or even undertaking shadowing/mentoring opportunities in their workplace.

The Royal College of Nursing (RCN) does offer a voluntary accreditation service however. Providers of CPD can request that the RCN endorse a particular learning module. This is not a legal requirement however.

Examples of providers of CPD in the UK context can include any of the following:

• **universities** (including through specific CPD courses and any further education leading to a formal qualification which has relevance to a nurse's specialty)

³ NMC, 'CPD requirements', 2014, available at: http://www.nmc-uk.org/Employers-and-managers/Your-responsibilities/CPD-and-practice/ (accessed on 25 April 2014)



- places of employment (including hospitals/clinics)
- colleagues and work associates (including mentoring and shadowing)
- professional associations (including the Royal College of Nursing)
- nursing magazines (including the Royal College of Nursing's 'Nursing Standard'
 magazine which includes a CPD practice profile. This profile includes a professional
 article on a specific nursing issue/patient illness, advice on how to improve
 outcomes in this area and a self-assessment form which asks questions on the
 topic discussed. Nurses are able to keep this assessment form as evidence of their
 undertaking CPD)
- **private companies** (including private colleges who often provide professional development across any number of occupations. As an example, one provider might specialise in training for nurses and lawyers).

View of the RCN

The NMC revalidation model

The RCN supports the underlying intentions of revalidation. We believe that it will help to protect patients and to support a culture of professionalism. We also believe that revalidation provides an opportunity to highlight the value of CPD and the need for this to be better supported.

In the run-up to revalidation, the RCN listened closely to the views and concerns of its members. In 2013-14, an extensive members' survey was conducted which looked at the NMC's initial revalidation proposal. This highlighted significant concerns by nurses across the healthcare sector which were then fed back to the NMC.

We also engaged members who were involved in the 2015 revalidation pilot sites, collecting intel on how effective these pilots were and what key issues would need to be addressed before full roll-out in April 2016.

The RCN is currently considering how best to engage with the NMC's monitoring and evaluation processes for revalidation once roll-out occurs in April 2016. The first few months after the launch will be critical for identifying issues and proposing any refinements to the model. We will ensure that we gather feedback from our members who are going through revalidation during that period and relate this back to the NMC.



CPD and its use in improving nursing outcomes

In a joint statement with over 16 other health care regulators, professional associations and trade union bodies, the RCN stated unequivocally that CPD is a critical tool in delivering improved patient health outcomes and for ensuring a high quality health workforce.⁴

The RCN, along with these other organisations, supports a minimum CPD requirement and would ideally like to see the current minimum of 35 hours increased to 45 hours.

The RCN recognises however that the effectiveness of CPD should be measured in learning outcomes achieved, instead of minimum hours spent on development activities. A pressing concern is that many nurses do not receive sufficient time and financial support from their employers to achieve this.

For its part, the RCN provides its members with an online learning portal where training courses across a range of specialties can be accessed in addition to its workplace learning representatives.⁵

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http://www.rcn.org.uk/__data/assets/pdf_file/0003/78708/003064.pdf (accessed on 25 April 2014)

http://www.rcn.org.uk/development/practice/cpd_online_learning (accessed on 25 April 2014)

⁴ Joint Position Statement, 2007, available at:

⁵ RCN, 'Online Learning Portal', 2014, available at: