Investing in a Safe and Effective Workforce
Continuing professional development for nurses in the UK
Acknowledgements

Project Team

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1. Introduction

The health and care needs of the population are presenting growing challenges to the health and care system, with an ageing population living with increasingly complex needs and co-morbidities. To effectively meet population health needs, it is crucial that we have greater integration, including across acute and community care, that we are able to prioritise prevention as well as treatment, and that we continue to harness the possibilities of developments in technology.

Nurses are uniquely placed to manage the change the health and care sector needs. Nurses make up 52% of the NHS workforce alone and work across the patient journey, from diagnosis to discharge, and deliver full episodes of care. Increasingly, nurses are diagnosing, prescribing and leading multidisciplinary teams, increasing quality improvement, service design and commissioning.

The nursing profession needs to stay up-to-date with the latest progress and continue to update their skills and competencies to meet changing future population health needs effectively and safely. The profession has recognised the need to raise education standards to ensure new entrants are well equipped to deal with these challenges, and to lead change across the health and care system. The Nursing and Midwifery Council (NMC), is introducing new education standards across the UK from January 2019, which the Royal College of Nursing (RCN) has welcomed, and which aim to significantly develop skill and competence levels at the point of registration.

Within health and care settings across the UK, existing registered nurses will be required to mentor and supervise students learning these skills uniformly across all service settings, which means they must have access to continuing professional development (CPD).

CPD is vital for nursing staff to maintain and develop the skills they need to deliver high quality, safe and effective care across all roles and settings. The Code for Nurses and Midwives requires registered nurses in the UK to undertake 35 hours of CPD every three years in order to remain on the NMC register. This standard practice, called ‘revalidation’, ensures skills and competence are maintained and developed in the interests of patient safety. CPD is therefore clearly not an optional extra, but a basic professional requirement, for which commitments for funding and protected employment time are required of UK governments and the health and care system.

The reality is that nurses are reporting difficulty accessing and completing CPD. In particular, funding has been dramatically cut in England, as recently noted by the Health Select Committee. It is imperative for patient safety that UK governments demonstrate coherent assessments of workforce training needs and clear strategic oversight of CPD funding, provision and access to meet current and future requirements. Each UK government should, as part of strategic workforce planning, develop a clear investment and implementation strategy.
2. Why is CPD important?

The purpose of CPD is to help nurses maintain an updated skill set so that they are able to care for patients safely and competently. There is international evidence that CPD is vitally important for nursing staff in terms of professional and personal development and in contributing to improved patient outcomes and increased public confidence.

Courses and modules funded through CPD usually carry academic credit and are taught at undergraduate and postgraduate level. CPD covers a wide range of different clinical specialisms and areas of practice such as primary care, chronic disease management and mental health, as well as generic subjects such as leadership and management.

CPD is essential to developing the skills which enable nurses to sustain services that are core to the NHS, such as accident and emergency and intensive care, as well as building a cadre of advanced nurse practitioners (ANPs). ANPs are educated at Masters level and assessed in the application of skills and knowledge in practice. They have the freedom and authority to act, making autonomous decisions in the assessment, diagnosis and treatment of patients. They can lead, manage and transform both an individual patient’s journey and wider health care services.

CPD in the UK is categorised as follows:

- **Statutory** – required for employees and employers to be compliant with specific legislation for example, the Health and Safety at Work Act 1974, and may include manual handling training.

- **Mandatory training** - deemed essential by the employer related to the nature of the role, for example training on blood transfusion processes or hand hygiene.

- **Developmental** – this can be either formal or informal, and may be for the individual’s personal development in relation to their role or to support workforce development and transformation. The NMC sets the standards for some post-registration training, which leads to an annotation on the NMC register. This includes both Specialist Community Public Health and specialist practitioner qualifications.

Undertaking CPD is formally the responsibility of the individual nurse (as outlined in revalidation requirements). Most statutory and mandatory training does not count towards the Nursing and Midwifery Council’s 35 required hours of training, unless it is directly relevant to a registered nurse’s area of speciality. Data for the small number of nurses revalidating since 2016 shows that nurses are mostly meeting this requirement. However, there is no information about the quality of the CPD hours undertaken, or the outcomes for the profession or for services. This approach to CPD drives professional development of the individual practitioner to demonstrate they can deliver safe and effective care. However, it does not drive workforce transformation for the health and care system, or associated funding commitments.

CPD should build registered nurses’ skills and competence to have a direct impact on the care they give, in addition to their aspirations, their career progression, and their earning potential. In the medical profession, CPD is considered to be both a critical regulatory requirement and a vital enabler for career progression. Depending on their level of training, many medics will have an annual study budget and study leave allowance enabling them to fund and attend external courses.

Nurses are not afforded an equivalent framework, funding, access or protected training time, demonstrating a lack of recognition and support for the profession and for patient safety.
3. CPD funding and provision

Employers and governments have a fundamental role in ensuring access and availability of opportunities. Governments across the UK will generally allocate funding as part of their health service budgets. This funding supports the delivery of short courses, modules and programmes that meet the skill needs of the health and care workforce at national, regional and local levels.

CPD training itself is then commissioned from different training providers. Responsibility for this is delegated to health system bodies responsible for training of the health workforce. Across the UK, nurses working in independent and care homes are much more likely than most other staff to have to complete the training in their own time. In England specifically, CPD funding for general practice nurses is included in wider general practice funding, leading to an inconsistent offer to general practice nurses and a fragmented approach to knowledge and skills development for them. And in Northern Ireland, post-registration education for the independent sector is not centrally funded.

Across the UK, there is variation in how CPD is designated as mandatory or statutory training. Developmental CPD may be steered by the employer or based on a need for particular services and the skills required for this, e.g. non-medical prescribing or mentorship programmes. They may then commission this training for their staff.

Some CPD needs will also be identified through annual appraisals and personal development plans. In Scotland, for example, these approaches are unified through a national system across the NHS.

For nurses across the UK, access and availability of CPD depends on the budget set at national level and the mechanisms for access to CPD, both of which depend on the country and employer. Access is also dependent on the extent to which the employer provides protected learning time and backfill.

There is no mechanism in any UK country to ensure sufficient funding for nurses to access CPD opportunities, or measure access or impact on population health outcomes.

In England, the Health Education England (HEE) budget for ‘workforce development’, which is largely used for CPD for nurses, has been cut by 60% over the past two years, from £205m in 2015/16 to £83.49m in 2017/18. In 2018/19, the budget for workforce remains at 2017/18 levels. In contrast, the ‘future workforce’ postgraduate medical and dental budget was increased by 2.7% in 2017/18. Funding cuts in England have resulted in a significant reduction in the number of places on CPD modules available to nurses, including those who plan to top up from diploma to degree level. This is significant because there is clear evidence firmly establishing the relationship between graduates in the nursing workforce and improved patient outcomes.

In Northern Ireland, the absence of a government at present means that an interim post-registration education budget for 2018/19 has been set by the Department of Health in Northern Ireland. This final budget has not been made public yet.

Data on funding is not centrally held in Scotland and Wales. In Wales, Health Boards have occasionally frozen access to CPD, refusing to release nursing staff from ward duties to undertake CPD activities.

Any financial constraints will lead to difficult and challenging decisions about which services to provide, in particular in the context of an insufficient workforce.
Across the UK, nurses have been reporting for a substantial time that they are struggling to have protected time for even mandatory training, let alone developmental as required for career development or revalidation.  

The following table shows the percentage of respondents to the 2017 RCN Employment Survey who had not completed their mandatory training. This can certainly be taken as an indicator that nurses will have had difficulty accessing developmental CPD for specialist skills and career development.

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>14.8%</td>
</tr>
<tr>
<td>Northern Ireland</td>
<td>24.7%</td>
</tr>
<tr>
<td>Scotland</td>
<td>27.8%</td>
</tr>
<tr>
<td>Wales</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

*(2017 RCN Employment Survey, unpublished)*

In 2016, one third (34%) of nurses reported to the NMC during revalidation that they had achieved only ten or fewer hours of CPD time each year, which does not meet the NMC revalidation standard.  

In England, nursing staff are reporting that even if sufficient funding were available for CPD, given the current pressures on the workforce, they are unlikely to be able to attend. RCN members in England have reported issues accessing training for specialist skills such as neonatal and critical care nursing modules, as well as advanced clinical practice skills, such as non-medical prescribing and specialist nursing in both acute and community settings. These members say that employers often have study leave policies, but that all study leave may be cancelled due to winter pressures, staff shortages, increased patient loads and staff sickness.  

There is a significant risk that nurses may struggle to achieve the 35 hours of training needed to meet revalidation requirements. The potential scale of this problem could have a catastrophic impact on workforce supply as there is already a serious shortage across the UK.  

CPD, as a major factor in career progression for nurses, plays a crucial role in recruitment and retention for the profession. Inadequate CPD funding has a significant impact on nurses leaving the profession, as this contributes to feeling undervalued and is a barrier to career progression.  

Our members tell us that staff exit interviews often reflect a lack of CPD and cite professional development opportunities as a reason for leaving organisations. More than half (58%) of responses to the 2017 RCN Employment survey cited that the main reason nursing staff feel unable to progress in their current job is due to ‘few opportunities to access training and development opportunities’.  

At its worst, any financial restrictions on CPD could mean registered nurses being unable to revalidate and further erode retention in the nursing profession. Investment in CPD by UK governments, and support from employers to access CPD, are therefore essential components of any national or local recruitment and retention strategy.
5. Meeting future population and patient needs

The current indications are that nurses are struggling to access CPD. The potential impact on the current workforce being equipped to educate the next generation of nurses to deliver safe and effective care is significant.

In developing their new nursing pre-registration standards, which go live in September 2019, the NMC engaged with nurses, educators and employers to understand future population needs. The new standards will enhance nurses’ assessment skills across all fields of practice, for example mental and physical health, as well provide an increased focus on public health and health promotion. They are also designed to enable more nurses to be able to prescribe earlier on in their careers. Given the role the existing workforce has in supervising student nurses, the current lack of CPD funding presents a real risk to the successful implementation of the new standards.

The Council of Deans of Health, which represents Higher Education Institutions providing nursing CPD has also stated that that the cuts to mentorship budgets is damaging mentorship training, which is crucial to the implementation of the expanded pre-registration requirements. They state that ‘the Government’s strategic priorities and these funding decisions simply do not add up’.
6. Calls to action

Across the UK, there must be investment in CPD, alongside pay and career development opportunities, for any meaningful effort to recruit and retain the nursing workforce. The Health Select Committee has expressly acknowledged this need for England.  

Governments across the UK

- **Governments and relevant statutory bodies for health care education funding and workforce development must urgently launch a strategic communications initiative, matched by funding, to support implementation of the new NMC standards.**

  The purpose of this must be to ensure all nursing staff are aware of the changes to the standards, have had their learning needs identified and completed sufficient training, in order to confidently and safely supervise and mentor the next generation of nursing students being trained to the new standards. The first cohort will begin in the academic year 2019/2020, so this must now be prioritised to ensure that future nurses can care safely and effectively at the point of registration. The RCN is ready to collaborate and support this work.

- **Governments must commit sufficient additional, dedicated funding for nursing CPD in all health and care sectors.** This must be ring-fenced regardless of whether allocated to funding to the statutory bodies or directly to employers as service commissioning and respective staff training. Cuts to CPD budgets impact on the quality and provision of care across all UK health and care sectors.

  In England, the current cuts must be reversed urgently (as previously committed by HEE as yet outstanding as an action) and funding allocated to trusts ring-fenced for CPD for nurses, particularly those working in the community. It should be noted that the new apprenticeship levy in England is not a substitute for CPD funding. There are substantial issues in its implementation and it does not offer employers the flexibility to develop specialist skills and react effectively to local need in the first instance.

Employers

- **Employers in every health and care setting across the UK must ensure access to CPD for their staff and guarantee that there is protected time for CPD.**

  Organisations that value their staff by investing in their learning and development are more likely to retain them. Other regulated professions, such as doctors, have their mandatory CPD time protected and guaranteed. This should be the same for all members of health care teams, including nurses.
• **Employers in every health and care setting across the UK must make CPD available to nursing staff across all levels of practice.**

Roles should be designed to ensure the enhancement of knowledge and skills to support the delivery of safe patient care and building capability.

• **Employers in every health and care setting across the UK, including independent sectors, must recognise the value of CPD.**

They must provide support for their nursing workforce to meet both workforce development needs and revalidation requirements.
6. Royal College of Nursing’s contribution

- We are embarking on a significant amount of work to engage with members on this issue, including progressing our calls to action.
- The RCN UK Learning Representative Committee is leading the co-design of a learning resource for learning representatives to enable them to apply their questioning and influencing skills and work in partnership with employers to improve provision and access to CPD. The resource follows publication of ‘Improving mandatory training: how reps can play their part’ which will launch at Congress 2018.
- The RCN provides our learning representatives with a learning and development pathway that provides them with the knowledge, skills and confidence to champion and promote the value of learning. They do this by offering support and signposting – assisting all members to plan, manage and undertake their learning in whatever way suits their learning style. This is done in collaboration with the RCN, employers and other stakeholders to negotiate, develop, protect and embed learning in the workplace.
- The RCN is mapping career development and progression as well as developing a resource collaboratively with a range of UK wide stakeholders, including HEE among others. This work has come about due to:
  - the current policy context, where perceived lack of career opportunities and lack of information for nurses contributes to attrition.
  - feedback from RCN members, that there is a lack of information for nurses and prospective nurses about possible career pathways, career planning tools and career guidance.
- Collaborative development of a joint position paper on CPD across professional bodies due to be published in Autumn 2018.

The resource will have relevance for the four pillars of nursing across the UK: education, clinical, research and leadership and management. The project’s main output will be an interactive online tool, which will benefit:
  - those who are interested in pursuing a career in nursing
  - current nurses who wish to map out a career pathway, or change direction
  - career advisers
  - commissioners.

It will also provide guidance on what an employer or patient can expect from the workforce in a variety of nursing roles.
6. References


5. EAHC/2013/Health/07 Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU available at: https://ec.europa.eu/health/workforce/key_documents/continuous_professional_development_en (accessed 06.04.18)


xxvii Alan Tovey, (7 April 2018) One year in, is the apprenticeship levy working yet?, The Telegraph, https://www.telegraph.co.uk/business/2018/04/07/one-year-infrastructure-levy-working-yet/