

BJN Education Matters: August 2018 (941 words)

Title- CPD: a priority for nurse retention?

Declining nurse retention has been an issue UK and globally for some years (Heinen et al 2013). It is not too dramatic now to describe this as reaching a crisis point, as more nurses are leaving the NMC register than joining it (NMC 2017). On the ground many clinical nurses tell of diminishing staff resources, funding constraints, alongside increasing acuity and demand for care. Moreover, to maintain high standards, many report having to regularly work outside paid hours and foregoing breaks (RCN 2018). The long-term effects on health and well-being are evident (RN4CAST 2012) leading to increased sickness and absence, making staffing even more challenging. In discussing the nursing workforce in England, a report from the House of Commons Health Committee (HoC 2018) highlights that over many years in managing the nursing workforce, the focus has been on nurse recruitment perhaps at the expense of maintaining and sustaining the *current* workforce. One key issue to emerge from a range of evidence that they reviewed (eg PH 2017) was that many nurses do not feel valued and that a lack of continuous professional development (CPD) opportunities is one key reason for this.

Support for CPD has been a benefit of working for the NHS; some independent health and care providers also have CPD entitlement built into their terms and conditions. Different systems operate across the UK; each country has responded differently to financial constraints in terms of impact on CPD provision. England does not seem to have fared well in this respect: according to the HoC health committee (2018:15) 'The budget for nurses' CPD has fallen from £205 million to £84 million over the last two years'. Access to CPD for nurses working in social care is even more limited. Ironically those that are supported to undertake CPD, because of staff shortages, increasingly find it difficult to take the time to do this or have to do so in their own time (HoC 2018). Further the process as to why some are supported and others are not is often not clear and given the scarcity of support, this can lead to some resentment from colleagues.

How does the NHS CPD system work? Mandatory updating and training is provided in-house by the NHS employing organisation. Health Education England manages funds for wider CPD needs on a regional basis. Funds are allocated to support staff employed by organisations providing clinical NHS services. The fund for nurses comes under non-medical healthcare staff (doctors have a separate budget) and covers multidisciplinary staff working at Band 1 to 9. Funds can only be used for courses that last less than one year, although further applications can be made for subsequent years. Usually CPD is purchased from local/regional Higher Education providers and covers the course fees only, not backfill; hence to support a staff member, the employing organisation also has to contribute replacement costs. It can be seen therefore that many staff are competing for the same limited funds. It is also of note that because courses have not been purchased recently, universities have had to cut their provision and staff. This is problematic because even if funds became available, gearing up to provide this would take some time.

What is the impact of disinvestment in CPD on individuals and organisations? According to the HoC (2018) health committee report, NHS employers report responding to service development is compromised by lack of education opportunities at all levels from advanced practice and specialist practice to fundamental skills development to enable staff to carry out the jobs they need to do on a daily basis. It should also be noted that nursing is an ageing workforce (RN4CAST 2012) with many reaching retirement age in the next five years, so succession planning is also vital. At the level of individuals, people clearly want and

need the education and training to do their job well. Understandably nurses want to develop in their career, gain promotion and gain recognition for their developing expertise. In a climate where workload is high and in some care areas, physically and mentally very demanding, CPD is often viewed as a reward for commitment the provision of high patient care, despite working over hours. Denying this can have profound effects on staff sense of value and could be the trigger for some to leave the profession (HoC 2018).

To conclude retention and recruitment go hand in hand. Various ideas to provide more flexible routes into the profession, such as nurse associates and nurse apprenticeships may over time increase the registered nurse workforce. But if we don't look after the current nursing workforce, then care demand will not be able to be fulfilled and the staff trying to do this may feel demoralised and exhausted in trying to do so. Well-funded CPD seems a small price to pay to support and develop expertise as the NHS moves forward another 70 years; it is vital to recognise and reward the staff who make it such an amazing institution.

References

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