RCN Factsheet: Continuing Professional Development (CPD) for nurses working in the United Kingdom (UK)
July 2014

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 to maintain an updated skills set in order to remain fit to practise, and to respond to the changing technologies and demands of health service delivery.

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 this body in order to work. Since 1995, in order to remain on the NMC register, all nurses working in the UK must undertake a minimum of 35 hours of CPD every three years. This is to satisfy the NMC’s ‘Post-registration education and practice’ (PREP) standard on CPD.

Proposed changes to the UK system of nursing regulation

In 2013 the NMC launched a public consultation to review how nurses maintain their registration and re-register. In the future, this process will be called ‘revalidation’.¹ The new revalidation model will require that nurses undertake at least 40 hours of CPD every three years, up from the current minimum of 35 hours. In addition, half of this requirement (20 hours) will have to be committed to ‘participatory’ learning activities, such as seminars, learning workshops, shadowing other colleagues, etc. This system is due to go online in December 2015.

CPD and the regulation of nurses in the UK

Currently, the requirement for nurses to undertake CPD forms one part of a dual standard adopted by the NMC known as Post-Registration Education and Practice (PREP). The CPD PREP standard requires that every nurse:

- must undertake at least 35 hours of learning activity (CPD) relevant to their practice every three years

• must also maintain a professional profile of this learning activity – recording what they have done, its duration and learning outcomes

• must submit all records of learning undertaken if requested to do so by the NMC.

**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. 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 10,000 nurses in April 2014 for example found that 10 per cent had to pay for CPD themselves without employer support.

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 must be kept up-to-date.

**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, meet CPD requirements and help 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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- 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**

Most nurses carry out CPD that has been paid (at least in part) by their employers. The employer will have mandatory training, for example in manual handling and infection control, but this cannot count towards CPD unless the learning content is directly related to a nurse’s area of specialty.

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

**CPD for nurses in the independent sector**

The independent sector (non-NHS) is growing in the UK and many registered nurses work in various private settings. As of 2014, approximately one-third of the RCN’s membership are independent providers of nursing care. The NMC requires that all registrants (both public and private) adhere to the PREP standards. A key challenge however is that regulations within the private sector are less well-established. There is a significant risk of private employers not seeing value in CPD and nurses in these settings are unlikely to receive as much support as their public sector counterparts.

**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, the UK CPD market is unregulated. The NMC does not set any formal conditions on what does and does not constitute valid CPD (both employer and non-employer). The only requirement is that any CPD undertaken produces learning outcomes that are relevant to a nurse’s area of practice.³ The Royal College of Nursing (RCN) does offer a voluntary accreditation service. Providers of CPD can request that the RCN endorse a particular learning module, however this is not a legal requirement.

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.

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)

- **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).

RCN view

Effectiveness of the NMC PREP standards

The RCN does not have an official position on the effectiveness of the NMC’s PREP standards, although it has noted widespread concern among nurses that the organisation is under-funded and suffers significant structural challenges in delivering its regulatory function. The RCN maintains that its role is to support its members in meeting the regulator’s CPD requirements and to ensure that best practice is identified, disseminated and integrated across the profession.

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. 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.

The proposed NMC revalidation model

The RCN supports the underlying principles behind revalidation, namely ensuring that the nursing profession is consistently well-skilled and that nurses are fit to practise. However, the RCN also recognises that the development of a revalidation model that balances the financial cost to nurses (who fund the NMC) and the need for a system which is robust in promoting best practice will be difficult to achieve – especially given the size of the NMC register.

Although the RCN supports the principle of revalidation, it remains concerned over a number of the tenets being considered for the new structure – especially the integration of employer appraisals into the revalidation process. In 2013-14, the RCN conducted an extensive members’ survey which drew just under 10,000 responses.

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This reaffirmed that the functions of the employer appraisal and a decision as to whether a nurse should remain on the NMC register should remain separate.

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