Cuts to CPD funding undermine nursing

Reduced financial support for continuing professional development makes it harder to retain staff

It is worrying that for 2016-17, Health Education England’s (HEE) funding for continuing professional development has suffered significant cuts of up to 45%, with little discussion about strategic plans for CPD at a national level.

The funding cuts to non-medical CPD will hinder the NHS workforce’s ability to meet the strategic transformation objectives of the Five Year Forward View. NHS England’s plan for the future of the health service requires greater investment in staff training and the engagement of clinicians to enable them to deliver new models of care.

Previous policy initiatives, including the Willis Commission in 2012, recognised the importance of CPD in retaining staff and inspiring them to deliver compassionate care for the whole of their careers.

Despite investment in CPD, there is little research to illustrate its impact, particularly in terms of improving practice. Has the lack of evidence demonstrating CPD’s role in improved patient care, practice and service development influenced the HEE’s decision to cut funding for commissioned CPD?

Essential to quality
In medical education, systematic reviews and meta-analyses have consistently demonstrated that participation in structured CPD improves the knowledge and practice behaviours of medics, but there is no evidence of improvement in patient outcomes. Yet CPD funding for medical staff has not suffered the same financial cuts as that for nursing and allied health professionals.

As services transform and patient needs change, CPD is essential to the future development of nursing, but also for maintaining the quality of care in services that are fundamental to the NHS. Specialist training is required for staff to be able to deliver evidence-based care, and to support nurses to get research to the bedside – something that still takes too long.

CPD budgets for the non-medical health workforce are now insufficient to support the government’s vision to transform the workforce. For example, CPD funding was used to educate mentors and increase student placements in GP practices, with the aim of boosting the employment of newly qualified staff in these settings. Budget cuts are likely to have the opposite effect.

Impact on retention
Some nurses fund their CPD and many do not receive supported study leave. However, if everyone must fund themselves, questions need to be answered. Will nurses receive study leave for all CPD activities, or only for learning that is required for service change? Will universities be able to provide the type of CPD required? Without funding, cohort sizes may shrink, making some courses financially unviable for universities. What will it mean for revalidation, and professional and career development?

The nursing voice needs to be heard. If CPD does not take account of nurses’ individual and professional needs and aspirations, it is unlikely to fully engage their commitment, or capitalise on their contribution to the NHS and patient care.

CPD increases job satisfaction and reduces attrition, yet there has been no discussion about what impact the loss of CPD funding will have on staff retention.

There are difficult questions to answer about the difference CPD makes to patient care, but while the current lack of research evidence should be addressed, it should not be an excuse for budget cuts.

It is essential that changes to CPD are debated by relevant organisations and professional regulatory bodies, and planned strategically with transparency for all staff.