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# The end of the road? CPD in the NHS

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This article considers how cuts in Government funding will affect continuing professional development and mentorship training for NHS staff

Local education and training boards (LETBs) that are responsible for the training and education of NHS staff (both clinical and non-clinical) within their area. Our LETBs, which will be committees of Health Education England (HEE), are made up of representatives from local providers of NHS services and cover the whole of England. Although all health professionals complete a prescribed programme of study (pre-registration education) before they can practice, opportunities for education after they join the workforce vary depending on their profession or the organisation for which they work. HEE, an arm's length body of the Department of Health, funds a measure of this education, or continuing professional development (CPD), for nurses, midwives and allied health professionals (AHPs) via its allocation to its LETBs.

LETBs either provide NHS trusts with an overall CPD budget that the trusts then use to commission universities to deliver education and training, or they spend the funding directly with universities under learning beyond registration (LBR) contracts. The funding supports the delivery of short courses, modules and programmes to meet the rapidly changing needs of the NHS workforce at national, regional and local levels. These are taught at undergraduate and postgraduate level, and cover subjects relating to 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.

## *The impact of cuts*

In 2016/17, the funding in England has been the subject of deep cuts, often without much warning and with little evidence of strategic planning at national level. These cuts will have a material impact both on universities and on the NHS and its workforce. There is little in the public domain that sets out the extent of the cuts, and almost no policy discussion of the potential consequences—either for the NHS or the higher education sector. These cuts could undermine the NHS in achieving its own strategic objectives, as set out in the Five Year Forward View and the General Practice Forward View (NHS England, 2014; 2016) as CPD is vital to equip staff with the knowledge, skills and values required by the huge transformation programmes currently taking place in the NHS.

The cuts are also already damaging mentorship preparation for NHS staff in some areas. Courses which are crucial to delivering the pre-registration programmes for nursing, midwifery and AHPs that the Government wants to expand in England. Every student spends a substantial part of their course in practice placements, so mentors and practice educators are essential to support students during their practice placements. These reductions in mentorship training for qualified staff put at risk the Government's ambition to increase nursing, midwifery and AHP pre-registration places during the current Parliament, due to the possibility that there will be too few mentors available to support practice placements in pre-registration education.

The LETBs' CPD budgets are at odds with the Government's vision, both to transform the workforce and to create more placement capacity to meet the aspiration of expanding student places. The NHS is facing a period of immense change and universities are trying to support the *Five Year Forward View* and the *General Practice Forward View* by supporting employers to transform their workforce—at the same time the funding to do this is being cut. There was consensus across all interviews that CPD is central to the transformation programmes currently taking place in NHS in terms of ensuring staff have the skills needed for the new services.

Although these cuts impact on universities, the most significant impact is on the NHS workforce and the NHS's ability to meet its own objectives. Nurses, midwives and AHPs make up around 75% of the NHS clinical workforce. Although

policy attention is often focused on the future workforce, most of the health professionals that will be in the workforce in 20 years are already there. Given this, and the profound changes that are expected to nursing, midwifery and AHP roles as demand for services grows and patient needs and service configurations change, CPD is vital. CPD is equally important for sustaining services that are core to the NHS, such as accident and emergency and intensive care, where specialist training is required for staff to be able to deliver the care that patients require.

The impact of the cuts will be largely confined to universities' CPD activities because those institutions with large CPD portfolios have (to varying degrees) different people involved in delivering their CPD provision than their pre-registration provision. There is one particular area in which cuts to CPD funding could be detrimental to pre-registration provision. Specific, serious concerns were expressed about cuts to the funding that LETBs provide to train qualified people to become clinical mentors. Unless universities start to run mentorship courses at their own cost (which some may do) or individuals were willing to fund themselves (unlikely), these cuts will have a ripple effect on pre-registration courses. They will limit the numbers of mentors in the system and the ability of universities to offer clinical placements to undergraduates. This would clearly have implications for the Government's strategy (HM Treasury, 2015) of expanding student places across the current parliament.

In conclusion, there is already evidence that the significant cuts to mentorship budgets are damaging mentorship training for NHS staff, which is central to the current strategy to expand preregistration programmes in the coming years. The Government's strategic priorities and these funding decisions are on one level crude but ultimately destructive.

## *References*

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