Reducing funding for CPD courses: what does it mean for tissue viability?

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There has been minimal discussion in the literature regarding cuts to Continuing Professional Development (CPD) provided by Higher Education Institutions (HEIs) for nurses and allied healthcare professionals (AHPs) across England. Many healthcare professionals rely on funding from Health Education England (HEE) — either provided to Trusts or HEIs — to access modules and courses delivered by HEIs with some staff being able to secure study leave from their employers to complete a programme of study. Funding in England for CPD has been the subject of severe cuts across the country during 2016/2017, from 12% in the East Midlands to 45% in the North East according to the Council of Deans (2016). Their report 'A False Economy', stated that these cuts could undermine the NHS in achieving its own strategic objectives as set out in the Five Year Forward View (NHS, 2014) and the General Practice Forward View (NHS, 2016) because CPD is vital to equip staff with the knowledge, skills and values required by the huge transformation programmes currently taking place in the NHS. Examples of modules and courses provided as accredited CPD include, but are not limited to, mentorship, tissue viability and management of leg ulceration. Nurses and AHPs access these courses and modules for a range of reasons: to update and develop knowledge and skills; to acquire new knowledge; to be able to apply for senior posts such as specialist roles and, in the case of nurses and midwives, to meet revalidation requirements as demanded by the Nursing and Midwifery Council (NMC) in 2016.

Tissue viability services offer a range of interventions to their patient groups with the role of the tissue viability nurse encompassing a range of healthcare specialties including paediatrics, adults, older people, mental health and learning disabilities (Ousey et al, 2014). As such, tissue viability teams are required to possess specialist knowledge and skills to expertly manage a range of skin integrity issues (Ousey et al, 2014). These skills and the underpinning knowledge can to some degree be studied and developed through experiential learning. Arguably the importance of developing and understanding how to critically analyse research and evidence and use this to support interventions that enhance patient outcomes can only be fully exploited through post-registration courses. If there is limited or no access to funding, HEIs will be unable to develop and deliver modules and courses that meet the needs of the workforce and that recognise the ever-changing needs of health care. Staff will be unable to access degree, master's or doctoral level studies at their local HEI. We run the risk of having a workforce that is unable to access the education required to enhance or develop new skills and knowledge that can be integrated into patient care maintaining 'High Quality Care for All' as defined by the Department of Health (DH, 2008). This debate explores if cuts to CPD will affect tissue viability, how as practitioners we can prepare for the cuts and if there are alternative ways to access funding opportunities. *Karen Ousey*

1. How do staff in your region finance and access CPD activities?

JSH: Staff can finance CPD activities either through support from their employers via Learning Beyond Registration (LBR), which provides the opportunity for post-registration healthcare professionals (excluding doctors and dentists). This is funded from Health Education England West Midlands (HEEWM) which supports the education delivery of the strategic priorities. In some cases, HEEWM have provided funding for specific circumstances — e.g. advanced clinical practice and fundamentals of GP practice nursing — to meet a particular workforce or government-led agenda. In addition, charitable funds monies may be accessed and staff may self-fund as many clinicians know that their enhanced knowledge is in demand and can lead to progression in the NHS.

JT: Currently within our organization staff finance and access CPD activities via LBR funding. This is the main funding stream

our organisation relies upon for band 5–8 accredited development. Sadly, no similar funding stream is available for bands 1–4.

JR: Previously HEE funding has been through a contract with the HEI provider; this stops in April 2017.

AB: CPD activities have become harder to access over recent years. Staffing shortages and lack of available funding have resulted in more staff having to fund and complete CPD in their own time unless they are fortunate enough to obtain funding through alternative means, such as charitable grants or company sponsorship. Specialist and senior staff can argue the need for completion of CPD more persuasively and are often more successful in seeking sponsorship from commercial companies, but even they are more frequently having to self-fund and complete the studying in their own time. In some areas, like my own, income generated from the provision of student placements can be designated for CPD activities, such as university modules. In order to ensure staff are well placed to support those university students, we need to mentor as well as provide optimum care to patients. However, this is not so easily done in other areas, including large hospitals, where the income is swallowed up in the system rather than allocated to the department hosting the student(s). Some postgraduate training has been more difficult to access as HEE cuts have taken effect and support from employers can be difficult to gain. In some Trusts, training has been restricted to essential only and in others even essential training has been put on hold; a clear sign that funding and resource shortages are affecting staff here in the South West. Traditionally, much of the training has been updated on an annual basis. This is now reducing to once every two years and even once every three years for some courses. Additionally, the number of CPD activities available as face-to-face education has significantly reduced, with nurses and AHPs completing many CPD activities via e-learning, often during a break or at the end of the working day.

2. What are your thoughts on the reduction of CPD funding across England?

JSH: There has been a decrease in funding available through HEEWM but it is as yet unclear what the full impact of this might be. Postgraduate loans are available but only for a full master's programme as opposed to individual modules. In addition, there is the potential to develop degree apprenticeships at level 6 and 7, which would enable employers to use their levy funds to support CPD activity. Thus there are several changes, but it has been argued that these changes are necessary due to financial constraints. However, a highly skilled workforce is necessary and the delivery of evidence-based care is essential and will by far offset the costs of achieving it.

JT: I feel that when finances are tight, CPD funding is always the first to suffer. Within our organization our allocation is half the amount from the previous year, making it difficult for the development team to allocate. From our local HEI, modules such as tissue viability and infection control have been cancelled due to poor recruitment numbers. This in turn will affect those on award pathways and those completing stand-alone modules.

FD: This is difficult as we recognise that the NHS is financially challenged however, this needs to be balanced with keeping our staff fit for purpose.

AB: CPD activities are essential to maintain competencies, ensure safe, optimum, evidence-based care for patients and improve staff morale. The reduction of funding is undoubtedly going to affect the confidence of staff and has a risk of impacting the level of care received by patients. Indeed, the Royal College of Nursing (RCN) has warned that HEE cuts will have an effect on patient care and Stephanie Aiken, RCN Deputy Director of Nursing, highlighted that with patient care changing at such rapid pace, nursing staff will struggle to keep up with these changes without access to CPD (RCN, 2016). Team leaders and managers who are keen for their nurses and AHPs to develop their skills and maintain competencies are having to spend more time helping staff to seek alternative sources of funding and encourage some attendance of CPD activities out of work time. There has been concern for some time about the quality of services if CPD funding cannot be sourced, especially in specialist areas (Gibbs, 2010). HEE offer free events and CPD activities regionally, but these are focused on encouraging new or returning healthcare professionals into certain roles or are limited to high profile topics. A big concern is the lack of information that has been communicated on this subject and how such cuts will affect staff in different regions. A significant proportion of NHS staff will be affected by the changes, with nurses, midwives and AHPs making up approximately 75% of the clinical team (Council of Deans, 2016).

3. Do you believe that these cuts will affect staff accessing tissue viability/ wound management/leg ulceration courses?

JSH: This is possible, but it is typically clinically-related modules such as these that continue to be supported by employers, given the impact on the failure to provide appropriate education and training on patient morbidity and in

some instances mortality. The delivery of quality care is a driving force within the NHS and thus there will be support for these courses by those who are aware of the clinical impact.

JT: Definitely. If funding is cut/reduced, I feel that specialist courses such as these will not be deemed as priorities by organisations.

FD: Undoubtedly, these cuts will affect how staff access wound management courses/education; it seems, at present, that it will make it harder for staff to develop wound management knowledge and skills. However, it may present opportunities for new ways of delivering wound management education, such as commercial companies working in partnership with HEI/clinicians to develop accredited courses. Any event that has an educational aspect, such as conferences or new product/equipment launches, could be HEI accredited with some form of assessment process attached.

AB: Yes. These cuts are going to make it more difficult for nurses and AHPs to access specialist training, particularly as available funding is going to be funnelled towards essential and more general training and competencies. There is a significant risk that nurses and AHPs will have difficulty maintaining best practice and that specialist nurses will be unable to fully support and supervise them. In an attempt to work towards addressing this, a UK-wide competency framework has been developed in conjunction with the University of Huddersfield and Urgo Medical. The Tissue Viability Leading Change (TVLC) Framework was launched in November 2015 and is appropriate for registered and unregistered staff. It can be accessed for free and much of it involves self-directed learning, some of which can be done within work time if supported by colleagues. Initial feedback seems to be positive with staff reporting it as easy to use, although many continue to use it for their personal development rather than it forming part of their CPD at work (Ousey, Stephenson & Carter 2016). In some areas these competencies are being linked to training already offered, to ensure consistency throughout the country. However, the same funding issues will remain regarding attendance on the courses. In 2016, The RCN's online learning resource, RCNi, introduced a 1hour2empower campaign in which employers pledge to ensure nurses and AHPs receive one protected hour a month for completing CPD (RCNi, 2016). In my own region, Livewell South West have pledged their support to the scheme. While this doesn't fund the training, it does prevent staff needing to take annual leave or using time off for some CPD activities. The campaign is aimed at helping registered staff to complete the level of CPD required to re-validate their Nursing and Midwifery Council (NMC) registration.

4. If staff are unable to access funding from their employer, what other opportunities are there for staff to find and successfully receive funding to access HEI degree/masters/doctoral studies?

JSH: See also my response to question 2. With regards to PhDs, there are grant posts that are available but this would mean staff leaving or being seconded to take up a post for 4 years during which time they undertake their PhD and a Postgraduate Certificate in Learning and Teaching in Higher Education Practice (PGCLTHE). They are paid in the region of £16K per year. In addition, there are PhDs that can be jointly funded by employers and companies who have an interest in research in a particular area and, again, self-funding.

JT: Our organization and staff are looking at accredited education opportunities within the apprentice framework. Other funding streams/awards/grants are also available but often these are not advertised or are stipulated to be used for a particular topic. It may be worth looking at the RCN and large charities for funding opportunities in education, but of course one would need time and resources to be able to research and apply for external grants and funding. Funding from industry may be an option but this may not fit with the requirements of the Trust or the NMC.

JR: Staff can apply for grants/scholarships to fund HEI degrees. Again, it is possible to work with commercial companies, in the form of scholarships or partnerships. We also generate income through being a an education/training provider which aids funding.

AB: In such circumstances, staff need to look at funding from charitable sources, grants and commercial company sponsorship or educational grants. Charitable grants can be found by searching online and others by word of mouth from local specialists, such as the tissue viability specialist, or via the RCN. Many such grants will only assist with up to 50% of the course cost. However, once some funding has been secured elsewhere it may be possible for a nurse or AHP to put forward a justification for some funding from their employer, which may be viewed upon more favourably. Other grant information can be found through resources like the RCN, particularly their specialist updates, including that for research and innovation. Another method suggested for freeing staff to complete higher level training/studies is to back-fill existing posts, although this may not always be practical. With fees set to rise again later this year, funding for courses will doubtless become even more of an issue.

5. If the local HEI is unable to deliver tissue viability/wound management/ leg ulceration courses, what effect could this have on staff in tissue viability services and this specialist patient group?

JSH: It could increase patient morbidity and mortality as a result of an undereducated workforce who lack the fundamental assessment skills to identify and manage tissue viability problems at the earliest opportunity. A good example is diabetic foot ulceration that can, without skilled care, result in amputation, which may have been avoided by skilled care by appropriately educated clinicians. Another good example are patients with lower leg needs who will benefit from being seen by a skilled clinician who is able to provide appropriate care.

JT: The staff within these specialties would be expected to deliver similar programs without, I expect, increased resources. This would place increased pressure on the teams. If the course was not delivered, there is a risk of increased referrals to the specialist service, delayed treatment due to lack of skills and knowledge to effectively manage the patient's condition and potential delayed wound healing and increased negative impact on the patients' quality of life. I also think we need to consider the impact on the community nursing teams as with this training not being so widely available, patient outcomes will undoubtedly be negatively affected. This will reduce the efficiency of patient flow through the community nursing caseloads, resulting in growing patient caseloads and ultimately even more pressure on the community nursing teams.

FD: Any reduction in staff accessing wound management courses/education will have an impact on the staff currently working in the speciality of tissue viability, as well as the impact this will have on succession planning for the future of these services. As previously discussed, an area where staff could develop their knowledge and skills is attendance at events such as HEI accredited conferences. With reduced access to CPD funding, it will be important that national and regional tissue viability nurse networks look at new ways they can work together to deliver wound management education in clinical practice, for example any study sessions/ days held by these groups would need to have HEI accreditation; this would require joint working between tissue viability clinicians/ organisations/HEIs, and would require time and thought to set up.

AB: If this were to happen, already stretched tissue viability services would be tested further and the patients would not always be guaranteed to receive optimum care. Consistency of care would also be at risk and subsequently wound healing and patient outcomes would be adversely affected. The strain on departments other than tissue viability, such as vascular, would also increase as nurses and AHPs would be less able to make decisions about care without specialist support and more patients might experience complications with their ulcers. Overall, costs associated with these patients would increase, not to mention the deterioration of patients' quality of life. Dedicated tissue viability teams are working hard to ensure courses can still be accessed by those clinicians who need them and are fighting for training to be considered as part of the overall funding for patient care. With little or no new funding avenues on the horizon, the future is unknown. WUK

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