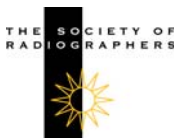


# A joint statement on continuing professional development for health and social care practitioners

A collaborative statement from:



THE SOCIETY OF CHIROPODISTS & PODIATRISTS



## Overview

**Continuing Professional Development (CPD) is fundamental to the development of all health and social care practitioners, and is the mechanism through which high quality patient and client care is identified, maintained and developed.**

Health and social care practitioners work in a range of settings, and all areas and grades are affected by statutory training requirements under *The Health and Safety at Work etc. Act 1974* (HMSO, 1974), which should be supported separately from the CPD referred to in this statement.

Qualified health and social care practitioners must meet their regulatory bodies' CPD requirements, and those working in the NHS must meet the Knowledge and Skills Framework (KSF) requirements by undertaking CPD.

It is important to note that both the KSF, and the regulatory bodies' CPD requirements, must be supported to meet the continuing demand for a wider range of skills from practitioners.

We firmly believe that six days (45 hours) per year should be the

*minimum* time granted by employers (which will include 'writing up' time) to facilitate CPD, but we also recognise the importance of learning outcomes, as opposed to the fulfilment of hours.

## Purpose of the joint statement

This statement has been agreed by the nursing, midwifery and allied health professional bodies listed on the cover in recognition of the fact that continuing professional development is fundamental to the development of all health and social care practitioners, and to the enhancement of quality patient/client care within uni- and multi-professional teams.

The purpose of the joint statement is to:

- ◆ influence health and social care employers
- ◆ influence UK-wide health and social care policymakers
- ◆ support workplace representatives and the union learning agenda
- ◆ facilitate the health care quality agenda
- ◆ facilitate the workforce modernisation agenda.

## Enhancing quality care and service delivery

The professional bodies explicitly acknowledge that:

- ◆ the purpose of CPD is to enhance the quality of care that patients and clients receive from health and social care practitioners
- ◆ the connection between CPD and quality of care has been made explicit in UK Government and regulatory body documents (SEHD, 1999; DH, 1999, 2000, 2004; WAG, 2005)
- ◆ there is a demonstrable link between the application of CPD learning outcomes to practice and high quality care and service delivery (HPC, 2005; NMC, 2006)
- ◆ enhanced service delivery and patient/client care is not possible without appropriate resources and support
- ◆ initiatives such as Improving Working Lives have shown that staff who are given training and development opportunities are likely to be more motivated and satisfied at work, leading to increased staff retention (DH, 2000).

## Access to appropriate and equitable resources

The professional bodies expect that:

- ◆ Six days (45 hours) per year protected CPD time should be the minimum time granted to support health and social care practitioners' CPD, above existing statutory and mandatory training and formal study leave arrangements. This is a realistic amount of time, and is in keeping with existing regulatory and professional body requirements
- ◆ the above allocation incorporates the documentation of learning outcomes from CPD alongside direct involvement in CPD activities
- ◆ employers will ensure appropriate staffing to maintain standards of care and service delivery when protected time is taken
- ◆ this provision should be made available to both qualified health and social care practitioners and support workers
- ◆ CPD is based on identifiable learning outcomes which demonstrate the value and impact of learning activities on health and social care delivery

- ◆ employers will go beyond the minimum protected time allocation when appropriate to ensure individual learning needs are met.

## The range of learning activities

When defining the scope of CPD activities which can be undertaken within the protected time allocation, the professional bodies:

- ◆ use a broad definition of CPD, in accordance with existing professional and regulatory body protocols (HPC, 2005; NMC, 2006), which encompasses a mix of formal and informal learning activities appropriate to individual and service needs
- ◆ exclude training required under *The Health and Safety at Work etc. Act 1974* (HMSO, 1974), and other mandatory employer training, from the protected time allocation.

## CPD and employers

The professional bodies recognise that support for CPD is required:

- ◆ across the spectrum of health care providers, including NHS employers, independent sector health care providers, the education sector (schools etc.), and social care employers
- ◆ from employers committed to providing staff with resources to maintain and develop health and social care services. Employer support for practitioner CPD is essential to ensure organisations have appropriately skilled staff to meet the demands for new and improved services for patients and clients
- ◆ to facilitate implementation of the KSF in the NHS.

## Equality of access

Employers provide equal access to CPD, regardless of individual working patterns, to ensure that equality policies are implemented.

## **Benefits to patient/ client care**

CPD has important implications for the public. Recipients of care have a right to access health and social care practitioners who possess up to date knowledge, skills and abilities appropriate to their sphere of practice.

In addition, the development and complexity of organisations continually demand a wider range of skills from practitioners. These increasing demands require efficient, supported and structured development for CPD for health and social care practitioners.

## References and further reading

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Scottish Executive Health Department (1999) *Learning together: a strategy for education training and lifelong learning for the NHS in Scotland*. Edinburgh: SEHD

Welsh Assembly Government (2006) *Designed for life: quality requirements in adult critical care*. Cardiff: Health and Social Care Department

## Website contact addresses

<a href="http://www.ahpf.org.uk">www.ahpf.org.uk</a>	Allied Health Professions Federation
<a href="http://www.baat.org">www.baat.org</a>	The British Association of Art Therapists
<a href="http://www.baaudiology.org">www.baaudiology.org</a>	British Academy of Audiology
<a href="http://www.badth.org.uk">www.badth.org.uk</a>	The British Association of Dramatherapists
<a href="http://www.bda.uk.com">www.bda.uk.com</a>	The British Dietetic Association
<a href="http://www.britishparamedic.org">www.britishparamedic.org</a>	British Paramedic Association. College of Paramedics
<a href="http://www.cot.org.uk">www.cot.org.uk</a>	British Association of Occupational Therapists. College of Occupational Therapists
<a href="http://www.csp.org.uk">www.csp.org.uk</a>	The Chartered Society of Physiotherapy
<a href="http://www.feetforlife.org">www.feetforlife.org</a>	The Society of Chiropodists and Podiatrists
<a href="http://www.sor.org">www.sor.org</a>	The Society of Radiographers
<a href="http://www.rcm.org.uk">www.rcm.org.uk</a>	The Royal College of Midwives
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