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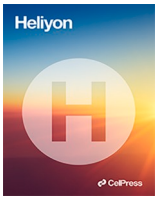

Research article

Continued professional development (CPD) provision for nurses: A qualitative exploration

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ABSTRACT

Background: For approximately 1.5 million healthcare practitioners working and registered within the United Kingdom there exists a mandatory requirement to undertake Continued Professional Development. Internationally, healthcare Continued Professional Development is fundamental for frontline staff to practice safely, effectively and maintain up to date skills combined with knowledge. A generally accepted purpose for these regulations is to help nurses and midwives maintain an updated skill set to care for patients safely and competently. This qualitative paper presents the findings from the first phase of, "Converting Willingness to Engagement" project conducting focus groups and interviews with stakeholder nurses in England, UK. This study used a phenomenological approach to draw on the lived experiences of the nurse participants who organise, manage and budget Continued Professional Development activities.

Objectives: To explore ways to capture and retain nursing staff in postgraduate training and education to facilitate professional advancement, maintenance of registration and improve patient care.

Design: Phase one involved a series of qualitative online (virtual) focus group discussions and interviews with stakeholder nurses who commission Continued Professional Development.

Settings: A series of online (virtual) focus group discussions and interviews were then conducted between February and May 2021.

Methods: A purposive sample was identified consisting of clinical service leads, advanced practitioners and matrons involved in workforce development as stakeholders.

Results: Three key themes were identified; the role of the healthcare providers in staff development, staff support provision requirements, and the university's provision including Continued Professional Development.

Conclusion: Partnership working allows academic partners in universities and healthcare institutions to support nurses in their endeavors to maintain their registrations, develop professionally through further education and Continued Professional Development.

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1. Introduction

This qualitative paper presents the findings from the first phase of the "Converting Willingness to Engagement" project [1], which conducted focus groups and interviews with nurse stakeholders. This study used a phenomenological approach to explore the lived experiences of the nurse participants who organise, manage and hold the staff budgets for Continued Professional Development (CPD) activities [2]. It highlights the techniques used by this UK project team to engage these participants within the Covid-19 pandemic lockdown and provides learning to support health organisations with access to staff training and CPD. The research provides insights into the innovation process as highlighted by Ref. [3] using technology, collaboration, and resource allocations. The project provides a unique insight into health provider needs in relation to CPD and postgraduate education, one that is not much researched but can support Higher Education Institutions (HEIs) to plan and review their health training offer. Thus, ensuring that training continues to meet the needs of the healthcare staff and organisations. This is not often discussed in the literature on healthcare training, particularly at the postgraduate and CPD level.

The aim was to explore ways to capture and retain nursing staff in postgraduate training and education to facilitate professional advancement, maintenance of registration and improve patient care. The primary objectives were to explore ways in which the provision of CPD and postgraduate training could be delivered and to support nursing healthcare staff with training access enabling both staff retention and regulatory requirements. The project necessitated three phases and this article addresses phase one, a series of marketed online (virtual) focus group and interview discussions. These interviews targeted clinical service leads, advanced practitioners and matrons involved in workforce commissioning and development, and the stakeholders.

Internationally, to maintain frontline staff competency, safety, and effectiveness, CPD is fundamental [4]. In the United Kingdom, CPD is a mandatory requirement for approximately 1.5 million healthcare practitioners [5].

Nurses and midwives within the UK are regulated by the Nursing and Midwifery Council (NMC) [6] who aim to increase public confidence and promote a culture of professionalism and accountability [7]. In March 2023, there were more than 788,638 nurses, midwifery and nursing associates on the professional register [8]. In 2021, the NMC [9] states that CPD helps nurses and midwives to continue their practice, as well as enhance and acquire new abilities that ensure they are 'fit to practice' (p.24). Those on the NMC register are required to undertake a minimum of 35 h of CPD, every three years. Under the revalidation requirements, those on the NMC register must commit to 20 h participatory learning activities, such as seminars, university courses or learning workshops [10]. Standards are set by the NMC for education, training, professional conduct, and performance [11]. Public protection relating to the health and wellbeing of the population is aligned to the care provided by nurses and midwives. A generally accepted purpose for these regulations is to help nurses and midwives maintain an updated skill set to care for patients safely and competently [12]. However, CPD is more than regulations, it should be about enhanced confidence and self-esteem, keeping up to date with trends in research to stay motivated and open to possibilities or debate. CPD enhances patient care allows for the discovery of new opportunities, creates support networks, develops new skills and can be reflective for practice to enhance practitioners' emotional intelligence.

While healthcare professionals are willing and committed to CPD activities, they can encounter difficulties with engagement. Health Education England manages CPD funds on a regional basis and it is usually purchased from local universities to cover courses, not backfill of staff, which results in organisations paying staff replacement costs [13]. Further difficulties include the challenges of full-time employment, often combined with rotational antisocial shift patterns, unclear career advice, confusing postgraduate courses, balancing family time [12] and most recently, the global Covid-19 pandemic. These challenges are exacerbated for those who "trained" within hospital systems, who are unfamiliar with universities or have not engaged in higher education for long periods of time and therefore may encounter difficulties with digital literacy [14].

Nevertheless, mandatory requirements remain, with colleagues and managers aware that healthcare practitioners need support to maintain themselves on their professional register. As healthcare practitioners must regularly renew their registration, there is a potential misalignment with individual long-term professional goals. Clear pathways are not always obvious for practitioners and in the current open market, individuals may fulfil their commitments through a variety of mechanisms. This frequently results in practitioners investing in out of county universities, online platforms or when needed in-house training which might not meet their CPD requirements, assist in career progression or even address service requirements [1].

2. Methods

Nursing stakeholders (n = 7) who are responsible for commissioning or developing CPD activities across the National Health Service (NHS), private providers and other health Trusts (organisations within the NHS which are specific to a particular service or

Table 1
Demographic profile of participants.

Data Collection	Participant Roles	Gender	Pseudonyms
Focus group 1	Manager in Resuscitation department, Head of Professional and Practice Development	Female (n = 1) Male (n = 1)	1. Helen 2. Jed
Focus group 2	Manager, Adult/Child Mental Health, Head Research, Quality & Safeguarding	Female (n = 1) Male (n = 2)	1. Janet 2. Stephen 3. Jacob
Interview 1	Deputy Chief Nurse	Female (n = 1)	1.Annie
Interview 2	Operating Department Manager	Female (n = 1)	1.Tracey

geographical area) in the Midlands, UK were recruited to explore the current training provisions (see Table 1). Staff identified in these roles were invited to participate by the local linked university-established networks and through secure emails. The targeted participants were purposive, that is, known to hold responsibility for staff development within a variety of managerial roles, were involved in supervision of staff, staff development and were budget or stakeholders (see Table 2).

A phenomenological approach [2] was applied to gain the 'lived experience' of the everyday practices of the stakeholder participants who manage, budget, and organise CPD activities. This methodology allows the researchers to delve into the perspectives of the individual and achieve an in-depth understanding. Two focus groups (n = 5) and two interviews (n = 2) explored the stakeholder roles and responsibilities from four local health care settings based in the Midlands, UK. Staff roles varied from managerial roles in supervising staff to leading on staff development within their healthcare Trust. In total, seven nursing health care stakeholder practitioners engaged in this phase of the project, four females and three males.

The data collection was undertaken virtually via Microsoft Teams. The interviews and focus groups were audio recorded on digital recorders and transcribed by the researchers. The focus groups and interviews averaged 36 min (range: 27 min–48 min). Each focus group and interview involved two members of the research team. One researcher facilitated the interview or focus group while the other operated the recording device and scribed additional notes, for example on body language. The second researcher answered the chat room comments, monitored for questioning by noting raised hands and generally supported and prompted the research facilitator.

The key factors enabling the university project team to engage with healthcare practitioners during the second UK Covid-19 lockdown were based on the following insights. The research team were able to contextualise (place, system, social structure) and were 'participant centered' [15], having previously worked within healthcare and maintained links. The focus groups and interviews were undertaken on a virtual platform. Virtual platforms were highlighted by Ref. [16] as one of the benefits for participants to feel safe, less intruded on and more convenient, especially during the Covid 19 pandemic. However, they also acknowledge the virtual platform may lack non-verbal communication, privacy and involve access issues [16]. The time and day of focus groups were based around the participants and were no longer than 1-h sessions to facilitate maximum engagement. Those unable to attend focus group discussions were invited to attend a one-to-one interview at convenient times, demonstrating the team's flexible approach. The potential invited stakeholder participants were emailed to create participant awareness of the project and potentially engage external colleagues who knew each other through different forums. This facilitated transparency across the geographic healthcare settings, encouraged regional participation and potentially created an element of inclusive necessity. Individual event reminders, information and consent forms were sent via secure blind copied email prior to the events and reviewed at the beginning of the focus groups or interviews. This supported greater regional engagement in the project and flexed around demanding work schedules while maintaining privacy for the stakeholders.

Ethics approval was granted in December 2020, (REF: FHSRECHEA000252) by the Health Faculty Research Ethics Committee at the University of Northampton. The participants involved were NMC registrants capable of making informed decisions on the focus group and interview discussions including withdrawal. The participants were the decision makers within their organisations and therefore held positions of authority as commissioners. The participants granted written consent sent via email before the start of the focus groups, and this was reviewed verbally at the start of each interview. Participants were given information sheets and the opportunity to ask questions before the focus groups or interviews began.

Thematic analysis was employed on the transcribed qualitative data from the focus groups and interviews [15] using a six-stage process. This developed the themes inductively from the conceptualization based on the data [2]. The reflexive thematic analysis was undertaken in pairs by the research team on a live data system [2]. Cross-checking systems create greater transparency of the research analysis process and mentored less experienced members of the research team. This analysis technique helped researchers question their own preconceptions, assumptions, and beliefs through their reflexivity. This mentored process facilitated peer learning and highlighted the importance of trustworthiness and rigor in qualitative research.

The use of paired researchers on live systems enhanced the trustworthiness and creditability of the findings in line with the principles cited under the standards for reporting qualitative research (SRQR) [17] and relating to consolidated criteria for reporting

Table 2
Three Key themes.

Themes	Sub themes
Staff Development Roles	• Fit into future planning and needs of Trust objectives • Managerial role in staff development • Challenge of meeting competing needs & Trust benefits • Funding • Release staff time
Staff support provision requirements	• Trust's role in development of courses • Range of course options, delivery, and length • Quality of provision • Seeking information
Universities and CPD provision	• Transparency & partnership working • Flexible & responsive • Competitor identification • Future scanning opportunities • Information sharing with Trusts and students • Career Clinics & Pastoral care

qualitative research (COREQ) [18]. The participants were given initial numbers for transcription, which were anonymized, then provided with pseudonyms for readability.

3. Findings

The demographic profile of the participants is presented in the table below. Of the seven participants four were female and three were male.

The data from the focus groups and interviews identified three key themes including staff development roles, staff support provision requirements, and the university's CPD provision. The table below lists the three primary themes along with their corresponding subthemes.

The next three sections introduces these three key themes with explanations and verbatim quotes to highlight the findings of this project.

1. Staff development roles

Those involved in staff development are charged with the administration of staff and professional programmes or training to expand an individual's knowledge, skills, professional effectiveness and maintain registration. Stakeholders reported their planning, training and education needed to align to the objectives and development of whole service. Organisational benefits of this alignment were noted with the focus on improving quality of patient care, empowering staff, and supporting a two-way flow for learning with practitioners to bring their skills back to the workplace. The staff discussed that there was a negotiation between staff and the organisation when it came to training and skills development, that could bring reciprocal benefits. This centered around staff working to gain skills that the Trust can benefit from if they support staff in return. The following quote illustrates the subtheme around how staff fit into the Trust objectives to benefit both the staff and the Trust.

> *'The staff are prepared to put the effort in and actually help the Trust with - support the Trust, bring other skills in that they probably wouldn't have been able to do and it just helps everybody.'* (*Helen FG1)*

Stakeholders reported that the healthcare practitioner annual review process identified developmental training needs and how these fit into available funding. These discussions enabled conversations with staff about their expectations and whether these could be met in terms of type of course, length of study and cost. Staff retention, career development and NMC revalidations were considerations within these discussions. Furthermore, the participants reported having an overview of what training was required to support organisational needs and opportunities. They worked towards supporting their staff to meet these opportunities and so help improve overall staff satisfaction. The following quote highlights the subtheme around the management role around staff development.

> 'You know what's available within your Trust and what options or opportunities are coming up; you know what transformation work's happening and where roles might be coming available because you want to try and retain your own staff don't you, not lose them to other people.' (Janet FG2)

The stakeholders discussed funding, one of the subthemes, and the release of staff for specific times. Release of staff time could have significant impact on service provision, and this was particularly challenging due to the global Covid-19 pandemic, placing additional pressure on front line services and limiting training options:

> 'It's our finances to be able to go and do this, the availability of people to help you; the availability of people to progress you as well.' (Annie I)

Staff development roles need recognition of opportunities, mentoring and coaching, identification, and development of skills and creating career pathways for practitioners. These included, for example, developing apprenticeships, Nurse Cadet and Nurse Associate pathways, and identifying different routes to meet career needs. A Nurse Career Framework, guiding managerial conversations with practitioners about training, career needs and aspirations was highlighted in the following quotes as a potential useful tool for future planning.

> "*What I want us to have is a structured framework so that if you come into this Trust and you get to Band 7 and you still want to remain clinical but you want more responsibility" (Annie I)*
>
> From a career point of view, talking about career pathways, we use the Nurse Career Framework to frame our conversations' (Stephen FG2)

In an endeavor to release staff time, one of the subthemes around staff development roles, highlighted that these stakeholders were aware they needed to manage expectations in relation to the release of staff time. These expectations were particularly discussed in terms of what staff could expect after training. The participants were often in more strategic roles with a wider knowledge of the organisational needs, opportunities, and future plans and as such were aware of how certain training requirements would be of benefit to staff as well as the Trust.

> 'Because then that's how you think about how does it fit into my other strategies? Because you want people to open their minds but also you want to manage expectations, that we then are not going to send everyone off on the same day for the same programme.' (Jed FG1)

However, they were mindful that staff development was ultimately concerned with patient care, and that training needed to demonstrate a direct benefit to be prioritised, as stated in this following quote:

> It's about improving the quality of the care that we are delivering, that's how you bench it' (Tracey 1).

2. Staff support provision requirements

Considerations under this theme included design and delivery of inhouse training, for example 'train the trainer' modules, using simulation suites and co-designing courses with external universities to provide accreditation, were all aspects of training provision. There existed a focus on the practical application of skills with direct patient benefits and module by module education that could lead to accreditation toward the attainment of a Master's degree. The more traditional route of a two or three-year Masters course was considered prohibitive in terms of time commitment and cost for the participating Trusts and hospitals. This was highlighted, under the subtheme 'range of course options, delivery and length' and quotes below exemplify the commitment of undertaking long-term training juxtaposed by the need for this higher level of qualification.

> "But sending someone off to do a three-year Masters is a massive, massive commitment for us as a Trust to pay for three years but also for them to do it for three years." (Helen FG1)

> "We absolutely agree with this postgraduate qualifications and development but three to five years is a massive commitment" (Jacob FG 2)

Several gaps in current training provision were identified, with stakeholders increasingly seeking CPD, smaller courses or micro-credentials with a focus on practical skills. Specific skills were identified in cardiology, chest auscultation, cannulation, reading bloods, ECG training and other clinical skills that could provide direct application to improved patient care. The participants' highlighted the importance of regular refresher courses, CPD and training that met career pathways.

> 'These little courses like we're after - fluids, cannulation, syringe drivers, things like this, the small course, it would be nice' (Jed FG 1).

Alongside the type of course and the content of training required, the participants discussed what quality of provision meant. This was discussed in relation to educators being reputable, with good references from former students and courses reflecting value for money. They sought clear information on cost, length of study and module alignment for decision making and availability.

> "I think education is a real motivator in terms of helping with your retention of staff as well and giving them something else to do. So, if you can't provide it externally then we'd need to look at alternative ways that we could do that internally". (Annie 1)

Decision making on training and education access was based on ease and availability of information, not just the practicality of where delivery occurred.

Under the subtheme, seeking information, participants discussed the need to increase the awareness of the commitment of undertaking training and further education by practitioners. This was particularly related to those who were returning to education and undertaking longer courses. Stakeholders felt that there could be significant impact on individuals' personal and family life, which could have an emotional impact when trying to balance study, work, and family life.

> "… sometimes the staff haven't got the appreciation of actually what does it mean to study at Masters level and what is your commitment of actual study time and what are you going to need to put into this and what adaptations are you going to have to put into your life, your work/life balance". (Jacob)

3. Universities and CPD provision

The university's role in the delivery of education and development was scrutinised and considered. Universities are accredited with CPD provisions enabling them to improve all areas of the healthcare landscape. Stakeholders felt they had a positive relationship with their local university and wanted to extend their collaboration in co-designing future training and CPD provision. They discussed specific contacts with university academics to enable the expansion of training provision. Developing the partnership was explored in relation to offering staff opportunities as visiting lecturers to enhance their career prospects and enhance student experience.

> 'I think it's just about partnership working isn't it? If we co-create things then I'm going to invest in it, I know you are going to invest in it. That's a good way of looking at [it]' (Tracey1)

In terms of transparency and partnership the stakeholders believed in a collaborative approach to provision as demonstrated in this quote.

> "It shouldn't be a case of it being separate. So, by sharing we might actually make it better, sharing ideas and linking" (Stephen FG 2)

Stakeholders discussed a flexible and responsive, single point of access, to streamline enquiries and enhance communication with the university. One participant suggested having an 'old fashioned' information display board for practitioners at their organisation with university contacts. Information sharing such as the pass and completion rates of students was also noted as a way of assisting students make informed choices. The participants recognised that staff would benefit from pastoral support and joining information, for example at course commencement, e.g. joining instructions, where to park and library access.

> 'It's things like correspondence with the students - do they get joining instructions, how easy are they to follow? How easy is it for them to access the blackboard? How much notification do they get?' (Tracey 1)

This quote highlights the stakeholders' understanding of the importance of providing timely information to students, support when issues arise, and how to use online tools at the HEI, such as their interactive blackboards.

Importance was placed on the university to provide flexible and responsive information on commencement of learning, to enable practitioners across a whole ward to attend training rather than the traditional university calendar.

> 'So, if you think September, everyone goes out on a course, it's the start of the flu season, you've got students coming out, it's a really busy time.' (Jed FG 1)

As well as working with the local university, stakeholders identified many competitors, which led the researchers to undertake a competitor review, presented in the discussion section. Competition amongst universities in the UK exists with a merger of previously identified barriers such as geography, enabling practitioners to access the most appropriate course to meet their needs often online or blended generated in response to the Covid-19 pandemic. To facilitate local university engagement Stakeholders supported the development of regular 'online career clinics' (18) to engage and hopefully capture local practitioners in postgraduate learning.

The final subthemes identified the requirement to develop future scanning opportunities for university courses and CPD opportunities.

> "Trying to align the funding stream to fund the work and it gives them a framework. So, I'm bringing in a new education strategy so that we can look at it quite differently" (Janet FG 2)

4. Discussion

Practical clinical skills development was highlighted by Ref. [12], when exploring postgraduate education for nurses and midwives in line with this current research. This shifting need for shorter courses identifies a change in direction for training providers and highlights the need for learning to have immediate practical benefits that healthcare providers can map to their wider strategies and needs.

This research raised partnership learning opportunities between universities and healthcare providers. Similarly, Dodds and Hess' [19] report discussed the need for Health Education England to work closely with hospitals and Trusts to 'ensure that workforce plans are more closely aligned with NHS service plans' (p.7) and to ensure collaborative working across organisations in the training and development of staff. This joint approach to training development and identification of training priorities was also highlighted by Ref. [20], advocating different departments and academic staff work collaboratively to develop staff training and practice. Staff stakeholders within this present study identified the potential benefits of working across disciplines and that learning from nursing, mental health and other clinical areas can benefit practice through enhanced offers to patients. Training offers may not be discipline specific as staff from many backgrounds may benefit from overlapping skills development. Lazenby et al. [21] make the additional assertion that academic nursing leaders and workforce managers should participate in joint governance, joint appointments, and joint projects to strengthen healthcare education as well as provisions.

Several challenges were identified through this study that make access to training difficult, not least the potential costs, releasing staff and identification of appropriate courses. Similarly, Buchanan et al.'s [20] report identified that there are significant time frames for which training can be accessed. In the context of the global Covid-19 pandemic, when healthcare staff were redeployed to front-line services and prompted service changes of an unprecedented scale, these considerations are even more important. The global Covid-19 pandemic challenged the opportunities and capacity of staff to maintain their registers and acquire CPD with almost eight out of ten nurses (77 %) having their training and development disrupted [22]. However, the Covid-19 pandemic has undoubtedly highlighted that education need not be restricted by geographical boundaries, as blended and online resources became more readily accessible allowing staff access to a wider competitor market. Universities should not become complacent in maintaining established networks nor underestimate these partnership links especially when health education is reliant on practical experience and teaching.

The stakeholders interviewed for this project highlighted the complexity encountered with quality provision and course information. They cited the need for accurate and accessible information on websites with a single communication point of contact to support their training and education needs. The development of relationships between healthcare and training providers being key to this sharing of information.

A review of 29 Higher Educational Institutions (HEI) Master's level and CPD course information was undertaken as part of this project [1], which identified an extensive number of choices available to practitioners within the UK, with an average of 12 Masters in healthcare and 41 CPD healthcare courses available per organisation. The UK has over 140 universities and higher education authorities [13]. The project review explored the difficulty of websites and lack of transparency when trying to navigate information including costs and other core course information. Through the wider "Converting Willingness to Engagement" project, an online career clinic was offered to healthcare staff, this proved to be a successful way to meet with potential students, to share course

information and provide career guidance [14]. Review of this approach was found to be more successful in meeting postgraduate healthcare professionals' requirements in terms of information sharing than the traditional university open days [14]. This provided an evidence trail to support ongoing engagement with providers and a positive mechanism for supporting career development decisions with frontline staff.

The importance of supporting staff development and interest in younger generations moving into health professional roles and education across disciplines requires consideration. Hickey et al. [23] highlight the importance of well-functioning healthcare systems as reliant on staff retention. In the UK, retention amongst nurses and midwives is high according to the Office for National Statistics findings, at 92 % in 2016–17 [24]. However, an investigation for The Health Foundation [20] reports there are approximately 41,000 vacant registered nursing posts, it raises concerns that retention varies across geographic locations within the UK. While the report identifies areas where staff retention can be improved, one of the key focuses was on training and development, with insufficient investment being provided for CPD. Staff retention is supported through the provision of postgraduate training [25]. This project has enhanced our understanding of UK healthcare Trusts' requirements, where they plan to access training and how academic partners can support this provision.

Key stakeholders were engaged within the project and learning from this study has wider implications. The findings may well be transferable to other universities especially when considering the scoping review of the 29 institutions working with healthcare providers delivering training and education [1]. They offer initial insights that could be strengthened by future research into the needs of management and frontline staff when making decisions that impact on staff careers, retention and NMC revalidation, as well as meeting patient and organisational needs.

5. Limitations

This study provides evidence from a small sample of NHS Trusts and private providers in England, UK which could potentially be extended to the UK or internationally to explore CPD. Development of this research into a larger study would add valuable insight into the training needs of healthcare providers, which in turn can feed into what and how training is planned so that it best meets these needs. A purposive sample was used because the stakeholders identified had relevant expertise and knowledge on the research topic to be able to respond to the project aims. The third phase of the project acknowledged the student perspective and is presented within the report [1].

6. Conclusion

Emphasis should be placed on development of a reciprocation between the organisations requiring CPD, such as NHS Trusts and other healthcare providers, and those providing training, such as universities, for future delivery of training and education to enhance the healthcare landscape. These conversations often occur locally and 'in-house'. This research has brought this into the fore to enable wider learning across HEIs and health care partners, and for training needs and delivery to be transparent and collaborative. There is a repositioning towards shorter, more practical skills-based training from the traditional Master's level courses, and with this comes modifications in thinking for HEIs as they navigate ever more competitive markets while responding to the changing needs of healthcare providers. The context of the global Covid-19 pandemic and the lessons learnt on engagement with practitioners should additionally be acknowledged, including its impact on widening geographic boundaries for access to training and education. As Buchanan et al. [20] stated, enhancing partnerships requires an urgent need to recalibrate clinical education in our new pandemic age to ensure competent, confident and credentialed providers.

Data availability statement

The datasets, of transcripts of interviews and focus groups data used to support the findings of this study are available from the corresponding author, Dr Tracey Redwood on reasonable request under the title of 'Converting Willingness to Engagement' repository 2024. https://doi.org/10.24339/2fd83d67-bd85-4b22-8030-ceecf09ea85c.

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Ethics statement

This study was reviewed and approved the University of Northampton's' Faculty of Health, Education and Society's Ethics Committee with the approval number: FHSRECHEA000252. All participants provided informed consent to participate in the study and the for the publication of their anonymized case details.

CRediT authorship contribution statement

Tracey Redwood: Writing – review & editing, Writing – original draft, Validation, Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Alison Ward:** Writing – review &

editing, Validation, Supervision, Resources, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Tracey Ali:** Writing – review & editing, Validation, Formal analysis. **Cindy O'Dell:** Writing – review & editing, Validation, Formal analysis, Data curation. **Claire Poole:** Writing – review & editing, Validation, Formal analysis, Data curation. **Denisa Rebaudo:** Writing – review & editing, Formal analysis, Data curation.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:Dr Tracey Redwood reports financial support was provided by University of Northampton - Innovation funding. Dr Tracey Redwood reports a relationship with University of Northampton Faculty of Health, Education & Society that includes: employment.

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Appendix A. Supplementary data

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