“Nurse revalidation will help ensure continual improvement”

I believe revalidation will help us meet the professional imperative to improve the service we provide. It is not enough to assume that, once qualified, a nurse or midwife is fit to practise for the rest of his or her life.

Care interventions change and so does the context in which we practise – as Florence Nightingale said, “Unless we are making progress in our nursing every year, every month, every week, take my word for it, we are going back.”

While appraisals focus on how we are contributing to an organisation’s objectives, revalidation focuses on professional skills and ensures everyday work meets current best evidence standards, and that we have the skills needed to achieve this. The NMC’s revalidation proposals have a number of elements, but for me the most powerful are the five reflective accounts and the discussion with another registrant.

Reflection is necessary, as well as CPD, because there is a distinction between technical competency (know how to), which can be learnt through educational activities, and decision-making competency (know when to), which is how education is applied in practice.

Patricia Benner, in her book From Novice to Expert, described expert practice as subliminal synthesis of theory with experience. As it is subliminal, it is not conscious, so making this process explicit at times through reflection and discussion with another registrant allows practitioners to assess whether they are truly thinking critically rather than practising by habit. Linking reflection to CPD is critical; if practice is based on out-of-date theory, decision making will no longer be appropriate and possibly be unsafe.

Reflection facilitates awareness of the quietly developed expertise that comes with experience. People who have been in the same role for a long period can struggle to demonstrate their personal development. Reflection helps to articulate the professionalism that is a key element of safe, high-quality organisations, and ensures that employers (and others) celebrate and support professional practice as much as academic education.

Reflection also allows practitioners to consider care from a person-centred perspective and think about how learning is applied to the unique characteristics of the individual patient.

Reflections are personal but rehearsal with another registrant reinforces the learning, making it easier to implement in practice situations. Discussion also crystallises the nature of further development, which may say more about how to apply existing knowledge than about gaining knowledge of new areas of practice.

The additional requirements proposed in the NMC’s model of revalidation provide nurses and midwives with a powerful opportunity to describe how they maintain their ability to provide high-quality care. The process also allows them to identify specific education needs that will proactively update their professional skills, meaning nurses and midwives are more satisfied and patients are safer.

Elaine Maxwell, principal lecturer in leadership, London South Bank University.

The care failings at Mid Staffordshire Foundation Trust could have been addressed at an earlier point if concerns raised by one of its nurses were not ignored.

The Francis report into the failings recommended that a legal duty of candour be introduced requiring healthcare providers and professionals to own up to mistakes resulting in severe harm or death, or with the potential to do so. While organisations now have a legal duty of candour, nurses and other health professionals are required by their professional regulators to disclose mistakes.

Our review on page 17 summarises the duty of candour requirements for nurses. If organisations and individuals adhere to them and develop cultures in which mistakes are seen as learning opportunities, professionals’ insights could prevent a repeat of the mistakes made at Mid Staffs.

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Duty of candour could prevent care failings

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