Revalidation has caused anxiety among some practitioners, but it can empower nurses to reflect on their practice and make positive changes to the way they work.

In this article...

- Benefits of revalidation
- Outcomes of the revalidation pilots
- What nurses and midwives need to do to revalidate

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Abstract

From April 2016 nurses and midwives will undertake a process of revalidation every three years. This has created some anxiety among practitioners. However, the Nursing and Midwifery Council pilot sites have shown that many nurses and midwives have found the process beneficial. This first article in a series of eight outlines why nurses need to revalidate, the potential benefits for patients and the profession and how revalidation links to the NMC Code. Subsequent articles will explore how revalidation works in practice.

E very day nurses and midwives across the UK deliver high standards of care to patients. The individual and collective power of the professionals on the Nursing and Midwifery Council’s register to improve the quality of healthcare cannot be underestimated; this collective power can be harnessed through the revalidation process.

Introducing revalidation
Revalidation is a process that allows nurses and midwives to maintain their NMC registration. It builds on existing renewal requirements and demonstrates nurses’ and midwives’ continued ability to practise safely and effectively. It should be viewed as a continuous process that registrants will engage with throughout their career (NMC, 2015a).

Nurses and midwives are responsible for their own revalidation and ensuring safe and effective practice as outlined in the NMC Code (NMC, 2015b). The Code requires them to fulfil all registration requirements and they must:

- Undertake prescribed hours of practice;
- Keep knowledge and skills up to date;
- Take part in appropriate and regular learning and professional development activities that aim to maintain and develop competence and improve performance (NMC, 2015b).

Box 1 outlines the NMC revalidation requirements. Revalidation should lead to improved practice and protect the public.

Pilot
At the NMC we recognise that any new process can be daunting and, having successfully piloted revalidation in 19 sites across the UK, we know it is essential that the process works well for all nurses and midwives, no matter where they practise. Over the course of three months, more than 2,000 nurses and midwives went through revalidation for the first time. Their experiences have been invaluable in improving and refining the process before it becomes a reality for everyone on the register.

Pilot results
The initial findings from the independent evaluation of the pilots show many of the participants found revalidation more straightforward and beneficial than they expected (NMC, 2015c). Far from being an extra burden, revalidation builds on things that a lot of nurses and midwives are already doing, such as regularly reflecting on...
Communication with non-traditional revalidation, we are focusing resources on managing the process straightforward, there was a large number of participants found the pilots are outlined in Boxes 2 and 3. As well as showing the positive elements of the revalidation experience, the pilot has been hugely valuable in highlighting areas that required work. While a large number of participants found the process straightforward, there was a general feeling that the guidance needed to make explicit the purpose of each requirement and how it links to all the others.

To make sure that everyone has a fair opportunity to become acquainted with revalidation, we are focusing resources on communicating with non-traditional practice. The evidence suggests that nurses and midwives find the revalidation process manageable and useful. Experiences from the pilots are outlined in Boxes 2 and 3.

Mr Lee had prior experience of reflection as it is taught as a higher-level university skill; however, he found that reflection in the revalidation process is very different. Reflection as a revalidation requirement centres on the Code and, in the case of Mr Lee and his colleagues, is about lying in their work as nurses with their work in education. Once he had this understanding, he found reflection to be the most useful element of revalidation.

While he recognises that revalidation will be slightly different depending on the employment setting, Mr Lee does not think there are any particular challenges faced by people revalidating in education institutions. He feels many of the revalidation requirements are not “extra”, as he and his colleagues are already doing continuing professional development and having appraisals.

Mr Lee’s advice for other nurses and midwives is not to overthink or worry about revalidation; it is achievable. Think broadly about what CPD actually means, and use the online resources provided by the NMC for support.

**BOX 2. PILOT EXPERIENCE IN HIGHER EDUCATION**

John Lee is head of undergraduate studies and revalidation pilot lead at the University of Dundee. He took part in the revalidation pilot and supported others through the process.

Before Mr Lee took part, he was concerned revalidation was designed to be an exercise in dealing with fitness-to-practise issues and getting people off the register. The information from the Nursing and Midwifery Council resolved this as it was clear and helped him understand the aims of revalidation.

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**BOX 3. PILOT EXPERIENCE OF A NURSE PRACTITIONER**

Jan Glaze, nurse practitioner and locality nurse member at Bracknell and Ascot Clinical Commissioning Group took part in the revalidation pilot.

Ms Glaze counts herself as an unusual participant because she likes change and was excited by revalidation. She knew doctors needed to revalidate and felt it was an excellent opportunity for nurses to prove their professionalism in a similar way. However, she knew from speaking to others that many people were anxious about what the process would involve.

When she piloted the revalidation process, Ms Glaze was pleased to find it was more straightforward than she had expected. She could see particular benefit in the reflection requirement and thinks everyone should ensure reflection is embedded in their daily practice. Ms Glaze believes reflection could play a big part in boosting the reputation of the nursing profession, as nurses will be consciously focusing more on the quality of their practice.

Ms Glaze found the reflective discussion with a fellow registrant extremely valuable. Talking about her practice with someone else led her to think deeply about the kind of practitioner she is and how she can develop in the future. During her discussion she and her revalidation partner identified that many practice nurses may lack access to clinical supervision, so they are now developing this capacity in the CCG.

Ms Glaze would advise other nurses to start preparing for revalidation early, which includes gathering feedback and identifying confirmers and reflective discussion partners. Booking discussions in the diary as early as possible means there is something concrete to work towards. She would reassure everyone that revalidation is not a difficult process, and has the potential to bring great benefits to individuals and the profession as a whole. She believes it will give everyone on the register a chance to become more mature in their practice, and to take responsibility for their own professional development.

**Implications for nurses**

This month the NMC confirmed the arrangements for revalidation. The first people to revalidate will be those with a renewal date that falls in April 2016. However, no matter what their renewal date, nurses and midwives should familiarise themselves with what they will need to do. This includes:

- Signing up to NMC Online.
- Revalidation will be an online process, so it is essential to have an account;
- Checking renewal dates. NMC Online accounts provide this information;
- Reading the How to Revalidate guidance (NMC, 2015a) on the nmc.org.uk.

**Conclusion**

Revalidation can be instrumental in helping to empower all NMC registrants to make positive changes to the way they work. The process will involve nurses and midwives reflecting on feedback from colleagues and patients, and engaging with fellow professionals to raise standards by bringing the Code (NMC, 2015b) to life in everyday practice. Just imagine the impact even small improvements on the part of 685,000 nurses and midwives could have. NT

**References**

Nursing and Midwifery Council (2015a) How to Revalidate with the NMC: Requirements for Renewing your Registration. Bit.ly/revalidGuide

**FUTURE ARTICLES IN THIS SERIES**

- Part 2: reflection
- Part 3: feedback
- Part 4: comparing revalidation with PREP
- Part 5: keeping a portfolio
- Part 6: role of the confirmer
- Part 7: continuing professional development
- Part 8: revalidation myth-busters

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- Changes introduced into the revised NMC code
  Bit.ly/NTRevisedNMCode