Revalidation: case study from a pilot site

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Before the new system of nurse and midwife revalidation was approved, it was piloted at a range of sites. This article reports on experiences at a primary care site.

Healthcare knowledge and evidence are continually progressing, and to ensure best practice, nurses and midwives need to refresh existing skills throughout their careers. This was made mandatory in 1995 with the introduction of post-registration education and practice (PREP), which required nurses and midwives to do 35 hours of continuing professional development (CPD) every three years.

From April 2016, a new system – known as revalidation – replaces PREP. All nurses and midwives will be required to go through the revalidation process before renewing their registration with the Nursing and Midwifery Council (NMC) every three years. The system has been introduced to enable nurses and midwives to prove that they continue to practise safely and effectively (Box 1).

Experiences of a pilot site

Late in 2014, the nurse director of Bracknell and Ascot Clinical Commissioning Group gave a talk at a nursing study day and asked if practice nurses would be interested in joining the revalidation pilot. Seeing this as an opportunity to practise the process before revalidation became a reality, we agreed, and I took on the role of pilot lead. Bracknell and Ascot CCG is made up of 15 GP practices employing some 50 practice nurses, mainly on a part-time basis; some practices employ several nurses and some only one. This presented the first challenge to the pilot, as there was little scope for nurses engaging as a group to offer mutual support.

A monthly education session was held for all clinical staff in the CCG and the session, in January 2015, was used to launch the revalidation pilot. An inspirational speaker, Jamie Ripman, a faculty member of the NHS Leadership Academy, helped us to start thinking about how we could make a difference to our own work area, and beyond, by recognising and using our leadership capability. This was a good start. People began to sign up to NMC Online, the secure server on which revalidation is carried out and revised on the basis of pilot-site experiences. The first nurses and midwives to use it will be those whose registration renewal date falls in April 2016. They must declare to the NMC that they have fulfilled their revalidation responsibilities by the first day of the month their renewal date falls in, using a secure online NMC account. A random sample will be asked to submit the actual evidence of their revalidation activities as part of a quality-control system.

Workshops were used to help participants understand how to do reflective accounts.
dation applications are submitted.

The NMC sent frequent emails to the nurses on the pilot, encouraging them to keep on track with their revalidation activities. The nurse director and I also sent regular encouraging messages; hers were particularly useful, as she is a “last-minute” person, and was able to share how she took ages getting around to organising herself. Her input was key to many nurses completing the process because they saw that they were being encouraged rather than judged. We also held a “sharing stories” evening in a local surgery, where we shared experiences of the process over a buffet supper. The event renewed enthusiasm for the pilot among many nurses.

Completing revalidation activities

Participants generally found no difficulty in completing more than the required hours of CPD, or ensuring at least 20 hours were participatory. Most used information meetings and study sessions to learn. However, the reflective accounts caused significant anxiety, so I organised some well-attended workshops on the subject, using my own accounts as an example. These were about feedback on a leadership profile I had received; a piece of academic work; the results of a patient survey; a patient compliment letter; and a significant event in which I was held culpable for a mistake during a clinical process. This last reflection in particular helped participants to understand the power of using feedback from Significant Event Analysis.

The workshops seemed to reassure participants that they were not required to write a referenced essay using a reflective model, like Johns or Gibbs. I simply used the “What? So what? Now what?” approach and wrote three short paragraphs for each reflective account. Each ended with a reference to the part of the NMC Code it pertained to; it seemed to me a good idea to find a piece to illustrate each part of the four parts, but this is not necessary within the requirements.

The activity that caused the most difficulty was the confirmation. Some nurses’ line managers were nurses themselves, and most of these completed the reflective discussion and the confirmation at the same time (this took one-to-two hours on average). However, most lone nurses and senior practice nurses were managed by the practice business manager; while they undertook the nurses’ appraisals, most were reluctant to be confirmers. The guidance states that a line manager is the most appropriate confirmers and does not have to be an NMC-registered nurse or midwife.

If not a line manager, the confirmers should be an NMC registrant or a healthcare professional registered with another UK regulatory body (such as a doctor or pharmacist) (NMC, 2015b). GPs, who also undergo revalidation, were generally unwilling to take on the confirmers role because they felt it was too time-consuming. Interestingly, none of the pilot participants used a practice manager as confirmers and only one used a GP. Several opted for the nurse director or me to take on the role.

Some confirmers worried that they were being asked to assess nurses’ fitness to practise but this was not the case. Confirmers are simply asked to confirm that they have complied with all the above requirements must be obtained, usually from a line manager.

The new system retains the requirement for 35 hours of CPD but adds:

- CPD is divided into “participatory” (undertaken alongside others) and “non-participatory” (undertaken alone) – a minimum of 20 of the required 35 hours must be participatory
- At least five pieces of feedback must be collected from colleagues, patients, or their families
- At least five reflective accounts must be written about CPD, practice-related feedback, or an event or experience in practice
- A reflective discussion with another NMC registrant must be undertaken, focusing on the reflective accounts, practice-related feedback or an event or experience in practice
- Confirmation that they have complied with all the above requirements must be obtained, usually from a line manager

BOX 1. ELEMENTS OF REVALIDATION

The lack of GPs willing to act as confirmers has given nurses in the CCG the opportunity to come together to discuss our appraisal process. As a result, we recognised that it depends on practitioners’ support and being able to provide good evidence, and are taking steps to ensure all practice nurses and healthcare assistants have a meaningful annual appraisal and ongoing support around development.

At the end of the pilot, 29 of the 32 participating nurses completed the process; the reason given for not completing was time and nothing to do with being unable to show the evidence needed. Participants then filled in surveys and answered questions in focus groups to help the NMC gather evidence; seven of us (me included) were asked to upload our evidence to the NMC website as part of its research into how well people had met the requirements.

One of the most common responses to the question, “What has doing the pilot meant for you?” was, “I now know a lot about the Code and feel really prepared for when I have to revalidate.” My favourite was from Helen, who said: “Everybody thought revalidation was going to be this huge new thing, it’s not – nurses reflect together on their practice every day, we just don’t write it down.”

Implications for practice

At the beginning of the pilot, I began to think about how I could best deliver revalidation in the CCG and what would be the best outcome. But on understanding how revalidation is inherently linked to the NMC Code, I realised there was a need to help people understand the true value of the process. Revalidation is all about how nurses and midwives understand and use the Code in their practice. We have a new, simplified Code, which is divided into four main areas: Prioritise People, Practise Effectively, Preserve Safety, and Promote Professionalism and Trust (NMC, 2014c). Each of these areas adds something to our understanding of care; all we are being asked to do in the revalidation process is to link our learning with the Code using a reflective approach in a lifelong process, rather than as an assessment at any given time. I see this as a way in which we can increase our professionalism and recognise the value of learning through feedback, as well as the more traditional learning style.

Nurses and midwives now have a means of assuring the public, employers and, shortly, commissioners, that we realise how important CPD is to the safety of those who rely on us for care. NT

References

Nursing and Midwifery Council (2015a) How to revalidate with the NMC. Bit.ly/revalGuide
Nursing and Midwifery Council (2015b) Information for confirmers. Bit.ly/NMCCfirmer

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