

Governing Body meeting (held in public)

DATE: 28 January 2016

Title	Revalidation of Nurses and Midwives	
This paper is for Information		
Recommended action for Governing Body	That the Governing Body: Note 1. The process of Revalidation of Nurses and Midwives.	
Potential areas for Conflicts of interest	None.	
Executive summary	<p>An outcome of the Mid Staffordshire NHS Foundation Trust Public Inquiry was Nursing and Midwifery Council (NMC) commitment to implementing an effective system of revalidation of nurses and midwives to improve public protection. The NMC also committed to revise 'The Code' which sets out the professional standards of practice and behaviour for nurses and midwives. Revalidation supports professionalism through closer alignment with 'The Code'.</p> <p>This paper was submitted to the Quality and Safety Sub-Committee on 14 January 2016 and the following amendments were agreed:</p> <ul style="list-style-type: none"> • Correction to be made to the second page of the report CPD should read 35 hours (20 hours participatory and 15 on line training). • Cost implications to be strengthened within the paper. • CCG to disseminate information about revalidation, access to training, training budget and website link to NMC via Communications and Nurse Forum meetings. 	
How does this paper support the CCGs objectives?	Patients:	Assurance on a safe workforce.
	People:	Supporting Nurses and Midwives employed in CCG and Primary Care.
	Pounds:	Investment in HeART supports objectives.
	Process:	NMC regulated process for practicing Nurses and Midwives.
What are the Organisational	Key risks	Nurse and Midwives being deregistered if process incomplete.

Clinical Commissioning Group

implications	Equality	
	Financial	On-going investment in HeART.
	Data	
	Legal issues	
	NHS constitution	
Engagement		
Audit trail	Quality and Safety Sub-Committee meeting, 14 January 2016.	
Comms plan	Communications and Nurse Forum Meeting to disseminate information.	
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Date	19 January 2016	

Revalidation of Nurses and Midwives

INTRODUCTION

Background to Revalidation of Nurses and Midwives: improving public protection through demonstrating continuous fitness to practice.

1. An outcome of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC (2013) was NMC commitment to implementing an effective system of revalidation of nurses and midwives to improve public protection. The NMC state that revalidation contributes to their core regulatory purpose, aiming to deliver a proportionate, risk-based and affordable system that will provide greater public confidence in professionals regulated by the NMC that are required to remain fit for practice throughout their careers.
2. The NMC also committed to revising 'The Code,' which sets out the professional standards of practice and behaviour for nurses and midwives. Revalidation supports professionalism through closer alignment with 'The Code.' The revised NMC Code is provided in Appendix A.
3. From December 2015, all nurses and midwives who are due to renew their registration will need to comply with the proposed revalidation model requirements and standards within 'The Code.' Therefore by December 2018, every nurse and midwife on the NMC register will have gone through revalidation. Nurses and midwives who fail to meet the requirements and standards will not be able to renew their registration and therefore will not be able to practice. An appeal process will be put in place by the NMC; however, the details of this process have not yet been published.

The Code: Professional Standards of practice and behaviour for nurses and midwives

4. In January 2015 the NMC published the revised 'Code,' which places public expectations at the heart of good nursing and midwifery practice and is a key tool in safeguarding the health and wellbeing of the public. All nurses and midwives who are on the NMC register commit to upholding 'The Codes,' professional standards and behaviour in their professional practice. 'The Code,' which was co-produced by patients, carers, nurses and midwives, is shaped around four statements/themes, that signify what good nursing and midwifery practice looks like:
 - Prioritise people (putting the interests of people first, preserving dignity, respecting and upholding patient rights and challenging discrimination)
 - Practice effectively (using the best evidence available, ensuring clear and accurate records, sharing knowledge and skills, and reflecting and acting on feedback to improve practice)



- Preserve safety (working within the limits of each nurses competence, exercising the duty of candour, raising concerns immediately, and taking the necessary actions to deal with concerns)
 - Promote professionalism and trust (upholding the reputation of the profession at all times, displaying a personal commitment to the standards of practice and behaviour, and being a model of integrity and leadership for others to aspire to)
5. The Code puts the interests of patients and service users first, is safe and effective, and promotes trust through professionalism.

The Proposed Revalidation Model

6. Revalidation of nurses and midwives will replace the current process of registration renewal through the post-registration education and practice (PREP) standards from 31 December 2015. It will also replace the existing three-year renewal cycle and the notification of practice form.
7. The proposed revalidation model consists of the following requirements that all nurses and midwives must meet in order that they can demonstrate (in a portfolio) that they are keeping up to date and actively maintaining their fitness to practice:
- Practiced at least 450 hours during the last 3 years. Practice hours must relate to the individuals specific scope of practice and are not limited to direct patient care. This can be as part of paid employment or doing unpaid voluntary work in a role that requires registration e.g. an established healthcare charity.
 - Undertaken at least 40 hours of continuing professional development (CPD), again this needs to be relevant to their scope of practice. The 40 hours is in addition to any mandatory training.

Demonstrated capability and safe effective practice by:

- Obtaining at least 5 pieces of practice related feedback. The feedback can come from a variety of sources but does need to link to the 'Code.'
- Recording a minimum of 5 reflective accounts on the 'Code,' CPD and practice related feedback. This must include a professional developmental discussion with another NMC registrant.
- Making a health and character declaration (including disclosure of any convictions of an criminal offence or a formal caution)
- Having, or will have, appropriate professional indemnity arrangements in place



- Having obtained confirmation from a third part (the confirmer) that they have demonstrated that they have met the revalidation requirements. This will include discussing their revalidation portfolio with the confirmer. The NMC recommends that the third party confirmer is the individuals line manager, however, if this is not possible guidance is given on who this could be, e.g. another NMC registrant or another healthcare professional that the individual works with and who is regulated in the UK such as a doctor.
 - Payment of fees for renewal.
8. The NMC revalidation model positions 'The Code,' at the heart of everyday practice, providing the opportunity to confirm practice and celebrate professionalism. Revalidation brings 'The Code,' back to the heart of nursing and midwifery, with self-confirmation based on individuals reflecting on their practice against 'The Code.' A third party confirmation, as part of an existing employer process such as appraisal will focus on how nurses and midwives follow 'The Code.' Nurses and midwives who do not comply will no longer be registered.

Revalidation Pilots: January 2015

9. There are a number of pilot sites for the proposed revalidation model across the country that have commenced in January 2015 .These pilot sites include: Hospital Trusts, General Practice, Public Health England, Universities, self-employed nurses through the British Association of Cosmetic Nurses (BACN), self-employed nurses through the 4 Private Independent Aesthetic Practices Association (PIAPA), and South West Region Defence Primary Healthcare.
10. Once the pilots have concluded, the NMC will review each one independently and use the findings to refine the final revalidation model, process, forms and guidance. The NMC aims to report the leaning from the pilot sites in Autumn 2015.

Preparation for Revalidation

11. Nationally a revalidation Board has been established that includes the Department of Health, NHS England and the NMC. Regionally, a nurse revalidation implementation group has been established alongside sub regional implementation groups. The purpose of the meetings is to deliver against the objective that includes: revalidation readiness, communication and appraisal standards. Initially to support all organisations to prepare for revalidation an Organisational Readiness Self-Assessment (ORSA) has been developed to help understand each organisations readiness for revalidation.
12. Bexley CCG Liz Nicholls, Primary Care Tutor and Pauline Wortman, Primary Care Development Manager, have been working with NHS England to pilot the



HeART (Healthcare e-Portfolio for Appraisal, Revalidation and Training) electronic system for CCG nurses and General Practice Nurses, which enables nurses and midwives to collate the evidence to demonstrate they are practising in line with 'The Code,' to support revalidation. The pilot is currently being evaluated.

13. NHS England is providing information for GP Practices.
14. In Bexley CCG the Primary Care Tutor and Practice Nurse leads have throughout 2014 and early 2015 been raising awareness and providing information for practice nurses and practice managers about revalidation via email communication, at nurse forum sessions, by visiting individual practice teams, and at Practice Manager meetings. In addition the CCG nurses have received regular communication and up-dates, and have held meetings with the NHS England revalidation project leads to ensure understanding of the process and readiness.

Considerations and implications for NHS Bexley CCG

15. The considerations by the CCG for revalidation will be related to the following groups of nurses:

- Nurses directly employed by the CCG
- General Practice Nurses
- Nurses within commissioned provider organisations

16. The considerations include the following:

- **Organisational:** As there is a risk to organisations if registered nurses fail to meet the requirements of revalidation, which will obviously impact on the organisations ability to deliver services, they need to ensure they are ready for revalidation -with robust processes in place to support this for the end of 2015. General Practice (GPs and practice managers) will need to clearly understand their contractual requirements and responsibility for regularly checking and monitoring NMC registration of nurses, and they will need to have a good understanding of the revalidation process and the NMC Code, in order to ensure their staff can meet the requirements and standards for fitness to practice.

Likewise, it is essential for CCG contracted Provider organisations to have robust mechanisms in place for nurse and midwife revalidation, which is being ensured through contractual arrangements and that will be monitored via the hosted contract quality teams and the contract quality review process.

For the CCG nurses again there is requirement for robust processes to be in place to ensure appropriate senior managers and nurses understand the NMC requirements for revalidation and their responsibilities.



- **Reflection and discussion:** Every nurse and midwife will need to access to an NMC registrant to undertake the reflective discussion/professional development discussion, which will need to be a face to face conversation and where the NMC registrant signs a form recording their name, NMC PIN, email, professional address and the date of the discussion. Arrangements need to be in place for nurses that work in settings with few or no NMC registrants (for example General Practice) in order that they can access NMC registered peers from their wider professional networks.
As reflective practice is an essential component of nurse revalidation (five pieces of reflection are required for evidence) in order that they can ensure continuous quality improvement through learning and changes to practice, there is a requirement for this to take place with other registrants in the form of clinical supervision. This will have implications for organisations in terms of releasing staff and allocation of time to participate in clinical supervision.
- **Third party confirmation:** It is recommended that the ‘confirmer,’ is the nurse or midwives line manager, however, the ‘confirmer,’ does not have to be a NMC registrant. In General Practice, this could be the practice manager or GP. This will require the ‘confirmer to have a good understanding of the revalidation process and ‘The Code,’ in order to determine compliance with the revalidation requirements. Guidance, training and support are essential to ensure this role is undertaken effectively and is of high quality.
- **Appraisal:** The proposed model of revalidation aligns revalidation to appraisal. Every nurse and midwife will require a robust appraisal that is of high quality and is linked to the ‘The Code.’ Appraisers will need to have a good understanding of ‘The Code,’ ‘which has implications for training.
- **Practice hours:** Only hours that are relevant to registered nurse practice contribute towards meeting the required 450 practice hours. The practice hours relate to each nurse and midwives scope of practice and are not limited to direct patient care, which will need to be evidenced in job specifications and role profiles. Nurses who are unable to meet the practice hour’s requirements will need to successfully complete an appropriate NMC approved return to practice programme.
- **Continuing professional Development:** As this is an essential requirement of the revalidation model the CCG and General Practice needs to ensure continued support for CPD through Protected Learning Time (PLT) for nurses.
- **Communication:** Communication will be essential so that nurses, doctors and managers are clear of their individual and managerial responsibilities in relation to revalidation and the potential risks of failure to meet the requirements of this.



- Resource: Unlike medical revalidation there is no resource for the implementation of nurse revalidation.
 - Responsibility: It is each nurse and midwives individual responsibility to ensure they renew their registration through revalidation from December 2015 and maintain their fitness to practice. Employer engagement will be required to enable individuals to comply with revalidation.
17. For those services we commission we will need to ensure that these and other contractual arrangements include responsibilities for assurance regarding revalidation via service level agreements and service specifications.

Next Steps

18. Continue with the programme of effective communication throughout 2015 led by the Assistant Director of Nursing and Quality and Practice Nurse leads to increase awareness and understanding of nurse revalidation utilising existing mechanisms that includes, nurse forums, practice manager meetings, the CCG Bulletin, GP locality meetings, and CCG directorate meetings.
19. Receive feedback from practice managers, GPs, practice nurses and CCG nurses to identify the support required for implementation of robust processes for revalidation, training, and reflective practice for quality assessment and confirmation of nurses and midwives fitness to practice- to ensure that all nurses meet the NMC requirements for revalidation.
20. NHS Bexley CCG to complete the Organisational Readiness Self-Assessment for NHS England

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November 2015

