

Ensuring your team is ready for revalidation

KEY WORDS

- » Competence
- » Feedback
- » Fitness to practice
- » Reflection
- » Registration
- » Revalidation

With an eye to contemporary topics of interest to today's nurse managers, this series explores the issues and challenges associated with becoming a leader. In this article we explore revalidation for nurses, giving advice to managers on how to support their staff through the process.

In spring 2016 the Nursing and Midwifery Council (NMC) will introduce revalidation for nurses in order to ensure registered nurses are fit to practice. Individual nurses are responsible for their own revalidation but managers should think about how they will help their staff with this new challenge so they can be certain they have a workforce ready to care for patients.

All registered nurses will have to declare that they are fit to practice each year and some individual nurses will be required to give evidence to prove this. This article will describe what the NMC is likely to require during revalidation and suggest ways managers might help nurses in their teams to meet these requirements.

THE REASON FOR REVALIDATION

Revalidation has gained momentum as a result of the Francis report (2013) although it is worth remembering that doctors have had to revalidate with the General Medical Council since 2011. The NMC (2015a) regard revalidation to be one means of demonstrating that nurses are fit for practice. It is worth noting as the Royal College of Nursing (2015) reminds us that revalidation is nothing new for nurses being largely the same as the post-registration education and practice (PREP) requirements which nurses have been subject to for many years now.

The NMC (2015a) regards the process of revalidation as an opportunity for nurses to reflect on their practice, particularly in relation to the new code of conduct. Revalidation is strongly linked to the four themes of the code (NMC, 2015b) which requires nurses to:

- » Prioritise people by actively seeking and reflecting on any direct feedback received from

patients, service users and others to ensure that you are able to fulfil their needs.

- » Practise effectively by reflecting on your professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities.
- » Preserve safety by practising within your competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in your practice through continuing professional development (CPD).
- » Promote professionalism and trust by providing feedback and helping other NMC colleagues reflect on their professional development, and being accountable to others for your professional development and revalidation.

The NMC (2015a) says that nurses need to reflect with a registered peer as this provides an opportunity to clarify, debate and share good practice; this is especially important where the registrant usually works alone.

THE ELEMENTS OF REVALIDATION

The *Code of Conduct for Nurses and Midwives* (NMC, 2015b) identifies that nurses need to:

- » Meet any reasonable requests so we can oversee the registration process.
- » Keep to our prescribed hours of practice and carry out CPD activities.
- » Keep your knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop your competence and improve your performance.

The code then identifies the three areas which nurses must attend to in order to fulfil the

requirement of revalidation, these are:

- ▶▶ The registrant must have completed the required minimum hours of practice (450 hours per registration; so dual qualified need to do 450 in each area they are registered to) and they must have completed at least 40 hours of CPD of which at least 20 must be face to face over three years.
- ▶▶ The registrant will need to have obtained five or more pieces of feedback over the three years from a range of sources including patients, families and colleagues (although there is no need for this to be recorded word for word)
- ▶▶ The nurse will also have to demonstrate they have engaged in at least five reflections on the feedback they have received and/or the code and/or some of their CPD from the previous three years. Some of the reflection must be undertaken with another NMC registrant

An “appropriate third party” must confirm the registrant has met each of these requirements. Nurses will also need to make a declaration that they are healthy enough to do the work they are required to undertake, and also that they are of “good character” being free of cautions and convictions since their previous registration (of course nurses are required to declare these in real time anyway). A final requirement is that nurses must have indemnity insurance covering their practice be this personal, through a union or an employer.

ADVICE FOR MANAGERS

The majority of nurses will meet the requirements in the course of their normal duties. If staff are very part time and/or they have a significant break in service (for example more than one extended maternity leave) it may be helpful if the manager created a plan with them to make up their hours.

The requirement for CPD may be made up in a number of ways such as updates and clinical teaching, journal clubs, self-directed study and reading as well as the more usual attendance at university or a conference — remembering half of the 40 hours does need to be interactive.

Managers should consider how they might check their staff are doing their CPD as well as how they might help staff maintain a record of their training. The annual appraisal is a good time for managers to check where staff are up to with their CPD, while personnel might allow access to a database for staff to record what they have done and when.

Feedback is an essential element of good practice and developing practice, regardless of the requirements of revalidation. Some staff will benefit from peer feedback, especially more junior staff or those who often work alone. One mechanism to enable this is the introduction of peer review perhaps encouraging staff to shadow each other, which is especially helpful in the community or clinic settings, so they can share good practice on a one-to-one basis and perhaps even undertake reflection together.

Staff might also be encouraged to keep a log of any feedback they receive and managers might do the same for individual staff and share this with them, especially during appraisals.

Reflection may occur during clinical supervision which is a good opportunity for staff to think about their feedback, learning and their shared code. Managers can help by ring-fencing time for clinical supervision and perhaps providing a template for staff to use to record their reflections and add them to their papers or electronic portfolio.

The NMC (2015a) identifies some advice for managers:

- ▶▶ Become familiar with the code.
- ▶▶ Keep a record of when nurses need to revalidate.
- ▶▶ Identify resources to support revalidation early.
- ▶▶ Think about how you might assimilate revalidation into the appraisal process.

Managers might use the time from now until revalidation is introduced to consider how they will support their staff through the process, how they will help them document the various elements they need to record but perhaps, most importantly, how they will enable staff to assimilate some of the elements of the process into their day-to-day practice.

A final note of caution is that the NMC are now clear that there is no period of grace for staff who fail to revalidate in time which means nurses who do not engage in revalidation will not be able to work as nurses from the moment their registration expires until they have managed to reregister; this may take up to six weeks. Nurses should therefore be encouraged to set up an online account with the NMC and to pay their registration fee by direct debit.

CONCLUSION

Managers who choose to support their staff to accommodate the requirements of revalidation early will help make the process both more useful and easier for nurses.

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REFERENCES

- Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Available at: <http://www.midstaffpublicinquiry.com/report> (accessed 19/09/2013)
- Nursing and Midwifery Council (2015a) *Revalidation*. Available at: www.nmc.org.uk/standards/revalidation/why-we-are-introducing-revalidation/ (accessed 19/09/2013)
- Nursing and Midwifery Council (2015b) *The Code for Nurses and Midwives*. Available at: www.nmc.org.uk/standards/code/ (accessed 19/09/2013)
- Royal College of Nursing (2015) *NMC Revalidation: what nursing staff need to know*. Available at: www.rcn.org.uk/development/practice/revalidation (accessed 19/09/2013)