# **Professional** Revalidation

Susan Sapsed, Independent Healthcare Scholar

Bedfordshire, United Kingdom



### Background

- It has taken many years to consider that professional revalidation was necessary for midwives and nurses despite expecting our plumbers, electricians and other professional such as par medics to retake the qualifications yearly or by-yearly.
- English National Board for Nursing and Midwifery (ENB.-1983-2002) introduced Post-registration education and practice (PREP).
- Most District Health Authorities began to require yearly updates in lifting and handling and drug administration.
- The ENB. required a defined 35 hours study to be completed in five years, These study sessions to be reflected upon. Each year to write a personal action plan.

# **Driver for Change**

- Nursing and Midwifery Council (NMC.) had to consider changes after headline case.
- ▶ The Shipman case, 1998
- Bristol Royal Infirmary Inquiry, 2001
- Winterbourne 2011 Psychiatric Hospital vulnerable patients.
- The Mid Staffordshire NHS. Foundation Trust Public Inquiry, 2013 it sets out the appalling suffering of many patients
- University Hospitals of Morecambe Bay NHS.Foundation Trust, came under investigation in July 2013, "Eleven babies and one mother died following "a lethal mix" of failures in a "seriously dysfunctional" maternity unit at Furness General Hospital

## **NMC Action Plan**

- The NMC. meet on the 12<sup>th</sup> September 2013 to decide on a model for revalidation for all nurses and midwives in the UK.
- Jackie Smith, NMC. Chief Executive and Registrar said at that meeting: "This model of revalidation will increase the public's assurance that the nurses and midwives on our register are capable of safe and effective practice."
- Tom Sandford, Director of the Royal College of Nursing summarised the intended outcome of nurses revalidation, "knowing that every nurse, no matter when they qualified, is fit to practice in a modern setting, and competent for the role they are performing is an important issue of patient safety as well as patient confidence".

### **The Process - Public Protection**

The model requirements were set out to cover:

- Practice hours
- Professional development and related reflective accounts
- Discussions health and character
- Professional indemnity
- Practice hours Registration Minimum Total Practice Hours Required
  - Nurse 450 practice hours required
  - Midwife 450 practice hours required
    - Nurse and SCPHN 450 practice hours required
      - Midwife and SCPHN 450 practice hours required

Nurse and midwife with dual registration required 450 hours for nursing, 450 hours for midwifery. The hours have to be verified so part-time staff need to keep a record of their hours as do bank staff (Cannon & McCulcheon 2016).

# The way forward

#### **Practice Portfolio**

- 35 hours of post registration education must be recorded in which 20 hours they must have been participants.
- They must reflect on five accounts and using the feedback from patients and colleagues where possible.
- The reflective accounts do not need to be lengthy or academic, but they must identify the personal learning which has taken place.
- The reflection and discussion will take place on these five pieces of work, with an official confirmer.

#### The Confirmer

This person can be of any status as long as they have the ability and knowledge of the area to discuss the persons personal progress.

# The way forward continued

#### Fitness for practice

Both nurses and midwives and their employers will be required to sign a declaration verifying their health character.

#### **Professional Indemnity**

By law each nurse and midwife must have indemnity arrangements to cover their practice.

#### Set

- They must go line to set up the revalidation, the NMC. forms must be used for the reflection, discussion and declaration.
- The portfolio must be completed in 60 days before re-registration.
- The declaration must be completed on-line.
- They must pay the required fee and print out the summary to be kept in the portfolio.

(Cannon & McCulcheon 2016) (NMC.2018) (Coyle 2019).

# Concerns

#### **Practice Hours**

- Immediately looking at the hours I would have had difficulty to keep my double registration which I held since holding a teaching job which requires 350 hours of teaching each year, and hours on top of this for preparation and marking usually amounting to 600 hours.
- The other groups which could have problems are those who suffer from illnesses or having been pregnant .
- They can try to undertake voluntary hours to make up their short fall.
- The other group that may fail to meet this requirement are independent practice staff, as they are used to choosing their client base.
- If a nurse or midwife fails to meet this requirement without an exemption from the NMC., to continue as a registered person they would need to find a 'return to practice course' as prescribed by the NMC.
- This is a paid course and not all hospitals undertake these courses, especially if the person is not intending to practice within that Trust.

# **Professional Development**

- All staff to undertake 35 hours over three years, which is equivalent to a weeks' work.
- The staff must attend the session ensure when they write out their reflective account that they add the date, time and the hours undertaken.
- In their reflective account they must identify which part of the code it underpins and how it enhances their professional knowledge within the area they work.
- Before these reflections can be submitted as part of their revalidation, they must be discussed with confirmer.



In their reflective account they must identify which part of the code it underpins and how it enhances their professional knowledge within the area they work.

- My one problem with this area is that the standard of reflection is not required to match the staff members position and experience, as senior staff will be writing reports or forecast planning so their reflection should reflected their senior position.
- Already you can purchase examples from the internet. Would nurses steep so low, unfortunately when pressure is on a person, they may decide this is the only to keep their registration. If the reflections are skilfully altered, I would doubt the confirmer could be expected to recognise them.

#### Health and Character

- Consideration of a student's character is an ongoing process and formal part of their application for registration on completing their course.
- In the past staff have suffered from condition which have gone undetected leading to harmful practices.
- If you were qualifying a student who used lip reading or one with a medical condition that warranted and necessitated thoughtfulness while on duty for example diabetic staff their working area need to be aware of this requirement and fulfil any requirements set out by occupational health.
- Even more common handicaps such as dyslexia need to be known, as the way they write their notes may need an overview.
- Once qualified it is up to the individual to let the NMC. know of any changes in their circumstance. In the same way as, pregnant staff need to have their working area assessed to enable any adjustments.

# **Criminal Conviction**

- Recently taken into consideration are any criminal conviction of any kind, as this may be central to a nurse's character.
- If a person is cautioned by the police, they must contact the NMC. under rule 23.2 in the Code.
- One of the things we had to remind students was that if the drink the night before at a party and drive to work the next morning they could be over the limit and where I worked you could see the police checking over Christmas and New Year period in particular.
- This would be more of a problem if the work in the community. This aspect is taken on trust, so no evidence is required however falsification means immediate dismissal debarring form the profession.

### **Reflective Reviews**

- Reflection should include what you have learnt, how you have changed or improved your work, and how this is relevant to *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associate* (2018).
- This covers Prioritise people Practise effectively Preserve safety Promote professionalism and trust.
- Today staff must obtain competence which they must maintain throughout their career in order to remain registered.
- Lanlehin (2018) stated that one of their recommendation was that the revalidation process cost and time required should be shared between the staff and their employers.
- The standards for competence apply to all fields of nursing and midwifery and are set out in four main areas of professional nursing practice. These are: •professional values; •communication and interpersonal skills;
  •nursing practice and decision making; and •leadership, management and team working: (NMC. 2010).

### **Indemnity for Practice**

- Every nurse and midwife under this process of revalidation must hold an indemnity.
- Normally all staff who are members of their professional body as part of the membership will be covered. So if their practice is challenged they will have legal representation. There are exceptions mainly with the staff who practice privately as in the past their mal practice cases have been extremely expensive to settle so they are now excluded.
- To be covered they need to seek external insurance which are called 'Evidence of Insurance'.
- 'EOI's' can become more than the nurse or midwife earns in a year, if they work in private practice. So there are several people who may not register.

### **Conformation the Process**

- As the revalidation must be presented 60 days before revalidation date it is wise to find your confirmer at least six months to a year before your date of submission.
- The confirmer must allow their name and NMC.registration details.
- Allow time for the discussion on the reflected writing to be discussed so at least an hour needs to be set aside where neither of you will be interrupted.
- All the forms can be obtained from the NMC.
- How to reduce plagiarism.

## **Continued:**

- Any registered person can be a confirmer provided they have knowledge in the area where the reflective practice evidence will be presented.
- There is a problem here is that the confirmer is not being asked to assess the individual's fitness for practice or the quality of their work only to see they have demonstrated an increase in knowledge as a result of their reflective practice accounts.
- In practice it would appear 70% are the persons immediate managers. So, how can the selection of a friend to be reduced so that objectivity can be ensured.
- Can the confirmer know if they had been bought from the internet? An example "Example Nursing Essays UK Essays" (UK.Essays 2030)
- Equally most NHS. Trust have written examples so could they be altered?

## **Reflective Accounts continued:**

- The importance and value applicants place on reflection is clear from the NMC. report, with participants considering reflective discussion to be the most beneficial aspect of revalidation.
- Cope and Murray (2018) say "Creating and maintaining a portfolio can also enable nurses to identify their strengths and learning needs, and to develop a learning plan to address these need".
- Lanlehin (2018) from the service evaluation of the nurses and midwives working in the University College London hospital suggests that the staff benefit from support within the hospital system.
- This is consistent with the findings of the GMC's evaluation of revalidation, Evaluating the regulatory impact of medical revalidation, (GMC. 2018) which identified reflection as key to behavioural change.
- What is the value of patient comments?

## Conclusion

- GMC (2018) state as healthcare professionals work together increasingly in multi-disciplinary teams, we think that there is scope to work with other regulators to promote the value of reflection in practice across teams
- It would appear that the revalidation process has become a success, the small hitches will be sorted out in due time apart from the ability to buy reflections.
- BBC Panorama programme exposed at Whorlton Hall that vulnerable patients were apparently being miss treated. 10 carers have arrested the outcome is not known at present. Among those arrested were qualified staff who would have gone through the new revalidation.
- So the system is not full proof yet!
- References

Can be found in the paper.