

## Revalidation for Nurses and Midwives

Issue Date	Review Date	Version
February 2016	Extended to August 2022	1.1

### Purpose

The Nursing and Midwifery Council (NMC) has introduced revalidation for registered nurses and midwives. Designed to strengthen the three-yearly registration process, revalidation enables registrants to demonstrate that they practice safely and effectively.

University Hospitals Plymouth NHS Trust is committed to supporting the nurses and midwives employed in the Trust with revalidation. The Trust will provide guidance and training to ensure both registrants and their confirmers are fully supported with the process of revalidation.

It is the professional responsibility of the individual NMC registrant to revalidate.

### Who should read this document?

- All NMC registrants
- All nurses and midwives

All line managers

### Key Messages

This policy outlines the roles and responsibilities of those who are required to revalidate in line with the requirements of their NMC registration.

This policy also outlines what support is available to our staff during revalidation and what steps are to be taken where a registration lapses due to unconfirmed revalidation.

### Core accountabilities

<b>Owner</b>	HR Business Partner
<b>Review</b>	JSNC
<b>Ratification</b>	Director of People
<b>Dissemination (Raising Awareness)</b>	HR Business Partner
<b>Compliance</b>	HR Business Partner

### Links to other policies and procedures

- Verification of professional registration policy
- Performance and Conduct policy

### Version History

1	February 2016	Approved by JSNC and ratified by Deputy Director of Workforce
1.1	August 2021	Extension Granted until August 2022

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote*

*equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents.  
Larger text, Braille and Audio versions can be made available upon  
request.**

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## 1 Introduction

The Nursing and Midwifery Council (NMC) has introduced revalidation for registered nurses and midwives. Designed to strengthen the three-yearly registration process, revalidation enables registrants to demonstrate that they practice safely and effectively,

University Hospitals Plymouth NHS Trust is committed to supporting the nurses and midwives employed in the Trust with revalidation. The Trust will provide guidance and training to ensure both registrants and their confirmers are fully supported with the process of revalidation.

It is the professional responsibility of the individual NMC registrant to revalidate.

## 2 Purpose

The purpose of this policy is to detail the responsibilities of NMC registrants with regards to revalidation. It also details the role of the confirmer, which in most instances will be the registrant's line manager.

This policy aims to ensure the Trust has the required processes and systems in place to support NMC registrants and deliver the requirements of both the NMC and the Trust.

This policy applies to all NMC registered staff employed directly by the Trust.

## 3 Requirements of revalidation

NMC requirements for revalidation are:

- At least 450 practice hours over 3 years since your registration was last renewed or joined the register (additional 450 if dual registered as a nurse/midwife).
- At least 35 hours of Continuing Professional Development relevant to your scope of practice as a nurse or a midwife (of which 20 hours must include participatory learning).
- 5 pieces of practice related feedback.
- 5 written reflective accounts.
- A reflective discussion with another NMC registrant.
- Declaration of Health and Character.
- Declaration of Professional Indemnity arrangements.
- Confirmation by registrant's manager.

## 4 The revalidation process

### Practice hours

Practice hours do not have to always be direct clinical practice and can be hours worked in roles such as nursing management, policy and education. Registrants can rely on the following as a record of hours worked:

- NMC hours template (available on NMC website).
- Healthroster.
- Agency/Bank timesheets.
- Job description.

### Continuing Professional Development (CPD)

Registrants are required to demonstrate and provide evidence of at least 35 hours of CPD activity, of which 20 must include participatory learning. Some examples of CPD are:

- Trust mandatory training, study days, workshops, in house learning from colleagues.
- Training undertaken that is relevant to the NMC code.
- Coaching, mentoring and shadowing.
- Participation in group discussions / meetings which are relevant to the NMC code.

Details and evidence of registrants CPD details should be kept within their portfolio and recorded on the NMC CPD template.

## **Practice related feedback**

Registrants are required to provide five pieces of feedback which can be collected from a variety of sources (written / formal / verbal) and in a variety of forms (patients / service users / colleagues / line manager / appraisal).

Registrants will be required to provide details of any feedback they receive, including how they used it to improve practice. In line with data protection, registrants should not record any information which may identify another person.

## **Reflective accounts**

Registrants must have prepared five written reflective accounts in the three year period since their registration was last renewed or they joined the register. The NMC has provided a template to record the reflective accounts and these must be used. They can be found on the NMC website or by [clicking here](#). Each reflective account must be recorded and must refer to:

- An instance of your CPD, and/or
- a piece of practice-related feedback you have received, and/or
- an event or experience in your own professional practice, and
- how they relate to the code.

In relation to the reflective accounts, registrants will be required to have a reflective discussion with another NMC registrant and this must be recorded on the form provided by the NMC, which can be found by [clicking here](#).

## **Declaration of health and character**

Registrants must provide a health and character declaration which includes declaring if they have been convicted of any criminal offence or issued with a formal caution.

Registrants must also declare if they have been subject to any adverse determination that their fitness to practise is impaired by a professional or regulatory body (including those responsible for regulating or licensing a health and social care profession).

## **Declaration of Professional Indemnity arrangements**

Registrants are legally required to have a professional indemnity arrangement in place in order to practise. As an employee of Plymouth Hospitals NHS Trust, registrants have the required professional indemnity in place.

## **Confirmation by line manager**

Within the Trust, it will be the nurse or midwife's line manager who undertakes confirmation.

The purpose of confirmation is to verify the declarations that have been made during a registrant's revalidation process. A registrant's line manager will be responsible for confirming revalidation (or your Matron if your manager is unavailable).

Registrants must provide the name, NMC Pin or other professional identification number (where relevant), email, professional address and postcode of the confirmer.

Some nurses and midwives have more than one line manager. In these circumstances, the nurse and midwife will need to decide which line manager is the most appropriate one to provide their confirmation which covers all of their practice.

Guidance for confirmers can be found in section 5 of this policy.

## 5 Confirmation, timings and compliance

### Role of the confirmer

The confirmer checks the evidence that has been collated and 'confirms' that revalidation requirements have been met. Confirmers do not need to be NMC registrants. However, reflective pieces do need to be reviewed by a registrant and a non NMC registered confirmer needs to ensure this has taken place.

A confirmation meeting should be arranged by the registrant with all the relevant documentation being available to show that all of the requirements have been met. Confirmers will be notified via email of the requirement to confirm a registrant one year before the revalidation date, with a reminder 3 months before the revalidation date.

Confirmers will be required to undertake confirmer training which is available by request from the Learning and Development team or the revalidation administrator. Details of the training will be included in confirmers notification emails.

Confirmers will be required to complete a NMC confirmation template which can be found on the NMC website or by [clicking here](#).

### Timings

In the **12 months preceding** a registrant's revalidation date, registrants are able to discuss and confirm their revalidation with their line manager/confirmer. This discussion can be specific to revalidation or as part of the appraisal process.

The NMC online function will allow you to submit a revalidation application **60 days prior** to the registrant's revalidation date.

### Compliance – failure to revalidate

In line with the Verification of Registration of Clinical Staff Policy, where a registrant fails to revalidate and therefore their registration lapses, the registrant will be subject to the procedures outlined in the verification of registration policy. This could include;

- Temporary movement to a non-clinical role or non-registered role, (whichever is agreed by the Director of Nursing or Deputy, taking into account associated clinical risks). This role will be paid at top of band 3 or at band 4 where band 4 roles are available.
- Being placed on unpaid special leave.
- Suspension from duty.
- Informal or formal action in line with the Performance and Conduct Policy.

Registrants will be required to formally apply for readmission, which can take up to 6 weeks. Subject to an assessment of the specific circumstances by the Director of Nursing (or Deputy) registrants may not be able to work in a clinical area until the registration has been confirmed.

## 6 Overall Responsibility for the Document

The Director of Nursing is responsible for approving this document. The HR Business Partner has the responsibility for the dissemination, implementation and review of this policy.

## 7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the JSNC and ratified by the HR&OD Committee.

Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the nominated author. These must be ratified by the Executive Director and should be reported, retrospectively, to the approving JSNC

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **8 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **9 Monitoring Compliance and Effectiveness**

The Trust will undertake regular audit of the processes specified in this policy. It should be noted that the responsibilities in this policy are legally enforceable and that managers failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies and legislation.

## **10 References, associated documentation and useful information**

NMC website	<a href="http://www.nmc.org.uk">www.nmc.org.uk</a>
NMC online	<a href="http://www.nmc.org.uk/registration/nmc-online">www.nmc.org.uk/registration/nmc-online</a>
NMC revalidation guidance	<a href="http://revalidation.nmc.org.uk/what-you-need-to-do">http://revalidation.nmc.org.uk/what-you-need-to-do</a>

Dissemination Plan			
<b>Document Title</b>	Revalidation for Nurses and Midwives Policy		
<b>Date Finalised</b>	February 2016		
Previous Documents			
<b>Action to retrieve old copies</b>			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Information Governance StaffNet Page	Information Governance Team

Review Checklist		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes

<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes
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<b>Core Information</b>	
<b>Date</b>	February 2016
<b>Title</b>	Revalidation for Nurses and Midwives Policy
<b>What are the aims, objectives &amp; projected outcomes?</b>	The Nursing and Midwifery Council (NMC) has introduced revalidation for registered nurses and midwives. Designed to strengthen the three-yearly registration process, revalidation enables registrants to demonstrate that they practice safely and effectively.
<b>Scope of the assessment</b>	
All NMC registrants	
<b>Collecting data</b>	
<b>Race</b>	There is no evidence to suggest that there is a disproportionate impact on race. However, data collection of the staff affected by the policy will be monitored.
<b>Religion</b>	There is no evidence to suggest that there is a disproportionate impact on religion. However, data collection of the staff affected by the policy will be monitored.
<b>Disability</b>	The NMC website has an accessibility approach which is the minimum standards required under WAI and WCAG. Data collection of the staff affected by the policy will be monitored.
<b>Sex</b>	There is no evidence to suggest that there is a disproportionate impact on sex. However, data collection of the staff affected by the policy will be monitored.
<b>Gender Identity</b>	We do not collect data in regard gender identity therefore this will be monitored via staff feedback.
<b>Sexual Orientation</b>	There is no evidence to suggest that there is a disproportionate impact on sexual orientation. However, data collection of the staff affected by the policy will be monitored.
<b>Age</b>	There is no evidence to suggest that there is a disproportionate impact on age. However, data collection of the staff affected by the policy will be monitored.
<b>Socio-Economic</b>	There is no data collected on this area and no evidence that there are socio-economic issues relating to revalidation.
<b>Human Rights</b>	There is no data collected on this area and no evidence that there are no human rights issues relating to revalidation.
<b>What are the overall trends/patterns in the above data?</b>	None
<b>Specific issues and data gaps that may need to be addressed through consultation or further research</b>	N/A

<b>Involving and consulting stakeholders</b>				
<b>Internal involvement and consultation</b>	Senior Nursing Team Practice Educators Human Resources			
<b>External involvement and consultation</b>				
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>				
<b>Action Plan</b>				
Action	Owner	Risks	Completion Date	Progress update