Introducing revalidation in the UK.

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practise effectively
preserve safety
promote professionalism and trust

Background

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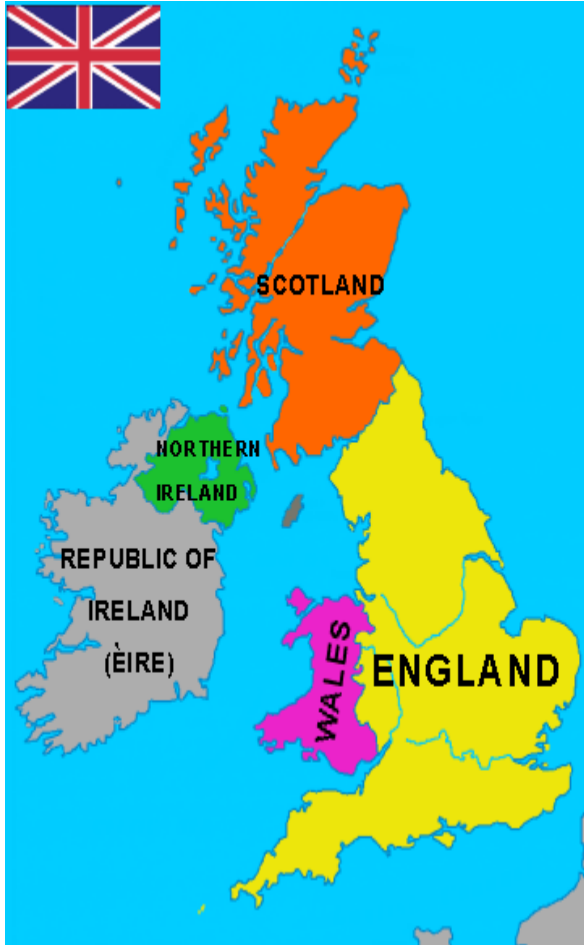
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Who are we?

The NMC is the independent regulator for nurses and midwives in the UK. Our role is to **protect the public.**

We set standards of **education, training, conduct and performance** so that nurses and midwives can deliver high quality healthcare throughout their careers.

Our role

We make sure that nurses and midwives **keep their skills and knowledge up to date** and uphold our **professional standards**

We **maintain a register** of nurses and midwives allowed to practise in the UK

We **investigate nurses and midwives** who fall short of our standards

Our role: the wider context

We are **one part of a bigger system** of organisations working to make health and care safe.

There are some things we are **not** responsible for, that other organisations do:

- regulate hospitals or other healthcare settings
- regulate healthcare assistants
- represent or campaign on behalf of nurses and midwives
- set levels of staffing or salaries
- define job descriptions
- develop content for training courses

NMC Nursing & Midwifery Council

NMC

Employers

Unions

System regulators
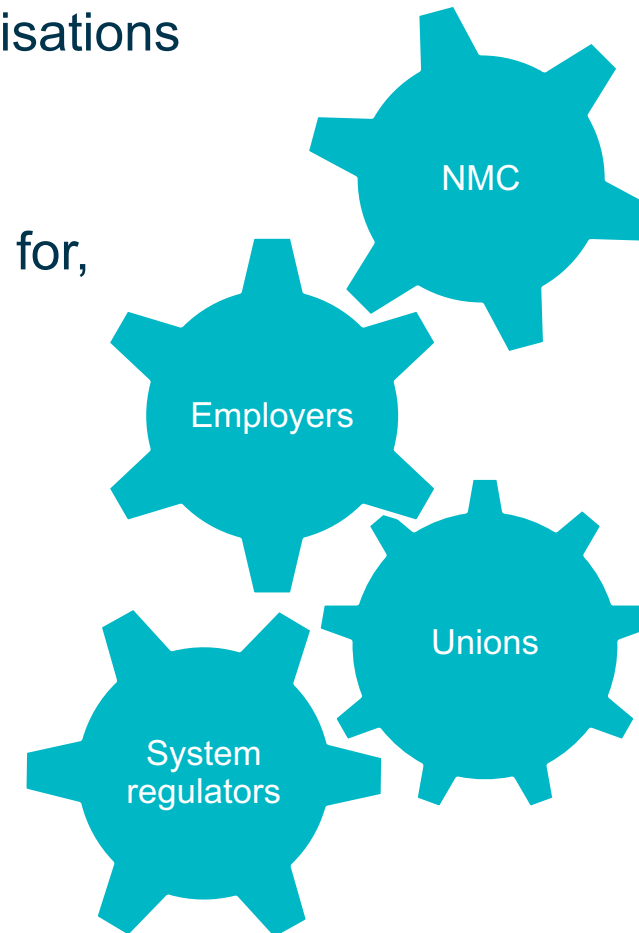
As the regulator we have a range of tools:

- We set standards to join and remain on the register
- We assess educational organisations to make sure all students are being taught to the same high standards
- We maintain a register of those eligible to practise as nurses and midwives
- We act when there are concerns about a nurse or midwife whose conduct or behaviour does not meet our standards

The register

We maintain a register of approximately 690,000 nurses and midwives

- 646,637 Nurses
- 35,830 Midwives
- 7811 Nurses and Midwives
- 5.1% trained in the EU
- 9.9% trained outside UK and EU

The Code

Setting the standards

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Why is having a Code important?

Patients and service users, and those who care for them, can use it to provide feedback to nurses, midwives and nursing associates about the care they receive.

Nurses, midwives and nursing associates can use it to promote safe and effective practice in their place of work.

Employer organisations should support their staff in upholding the standards in their professional code

Educators can use a code to help students understand what it means to be a registered professional and how keeping to a code helps to achieve that.

Raising a concern

As the regulator, we are responsible for **investigating concerns** about a those on our register

Types of allegations we might investigate:

- Misconduct
- Lack of competence
- Caution or conviction
- Not having the necessary knowledge of English
- Serious ill health

Nursing & Midwifery Council

Revalidation

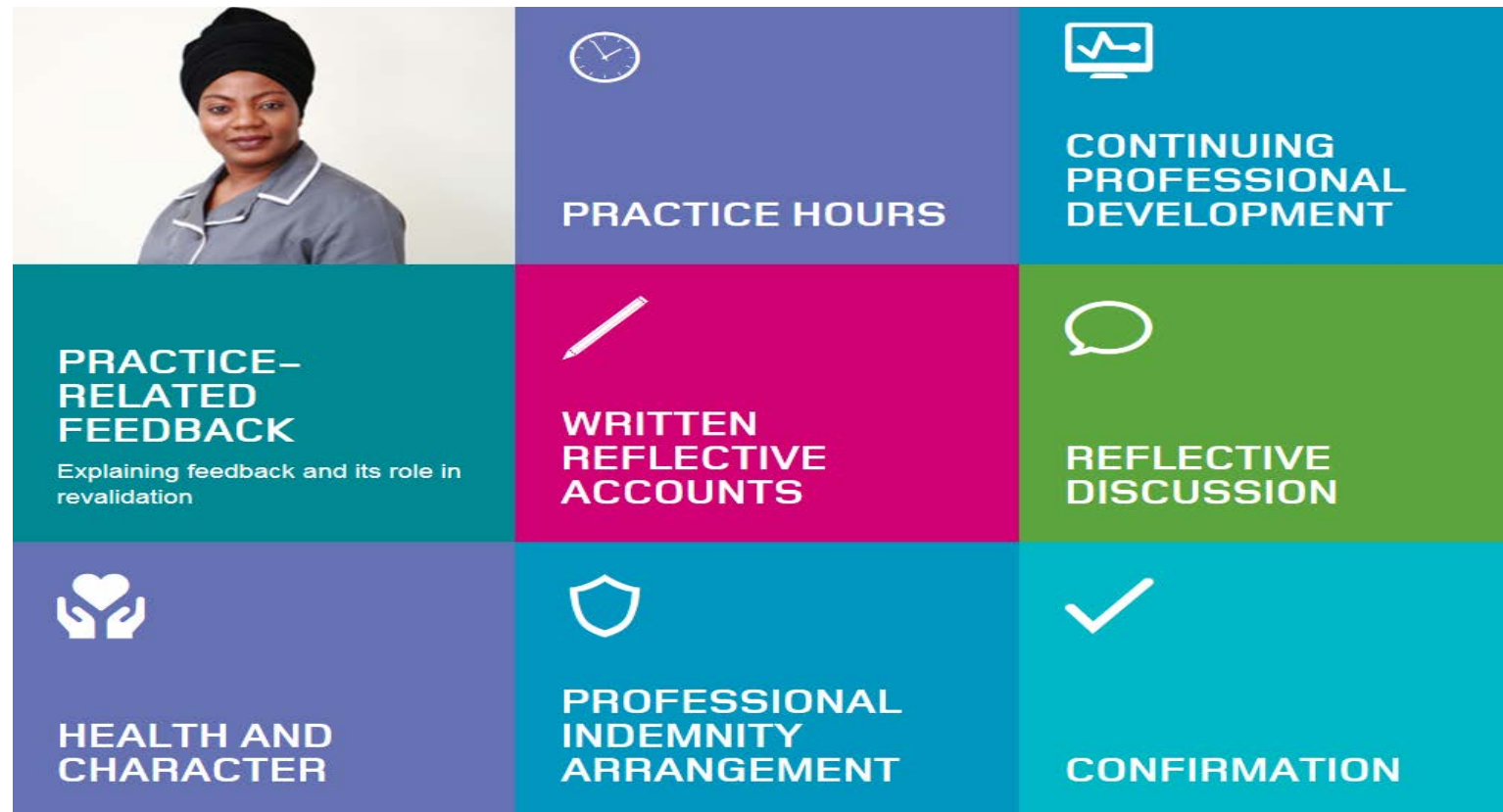prioritise people

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Why did we introduce revalidation?

➤ Government and public expectations

➤ Enabling Excellence 2011

➤ Francis Inquiry 2013

➤ Revalidation introduced in April 2016

What is revalidation?

Design and implementation

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Challenges

- ➢ Diverse practise
- ➢ Vast range of stakeholders
- ➢ Pressure in the system
- ➢ Conflicting political agendas

Approach

- ➢ Introduced a new Code
- ➢ Model based on individual practise
- ➢ Engaged everyone in the system
- ➢ Willingness to listen

Our experience so far..

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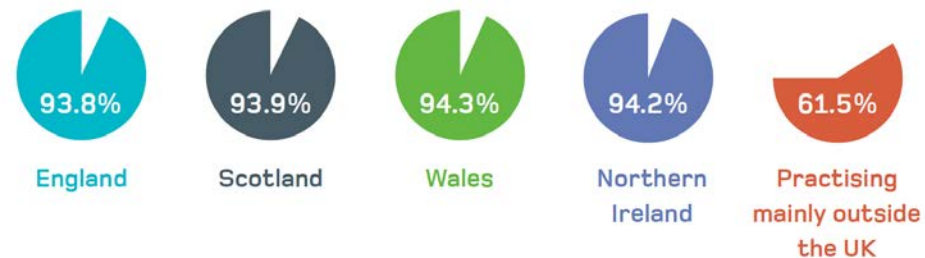
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Two years in…

- Summary of second year results
  - 204,218 nurses and midwives renewed their registration in the second year of revalidation
  - 94% revalidation rate across the UK
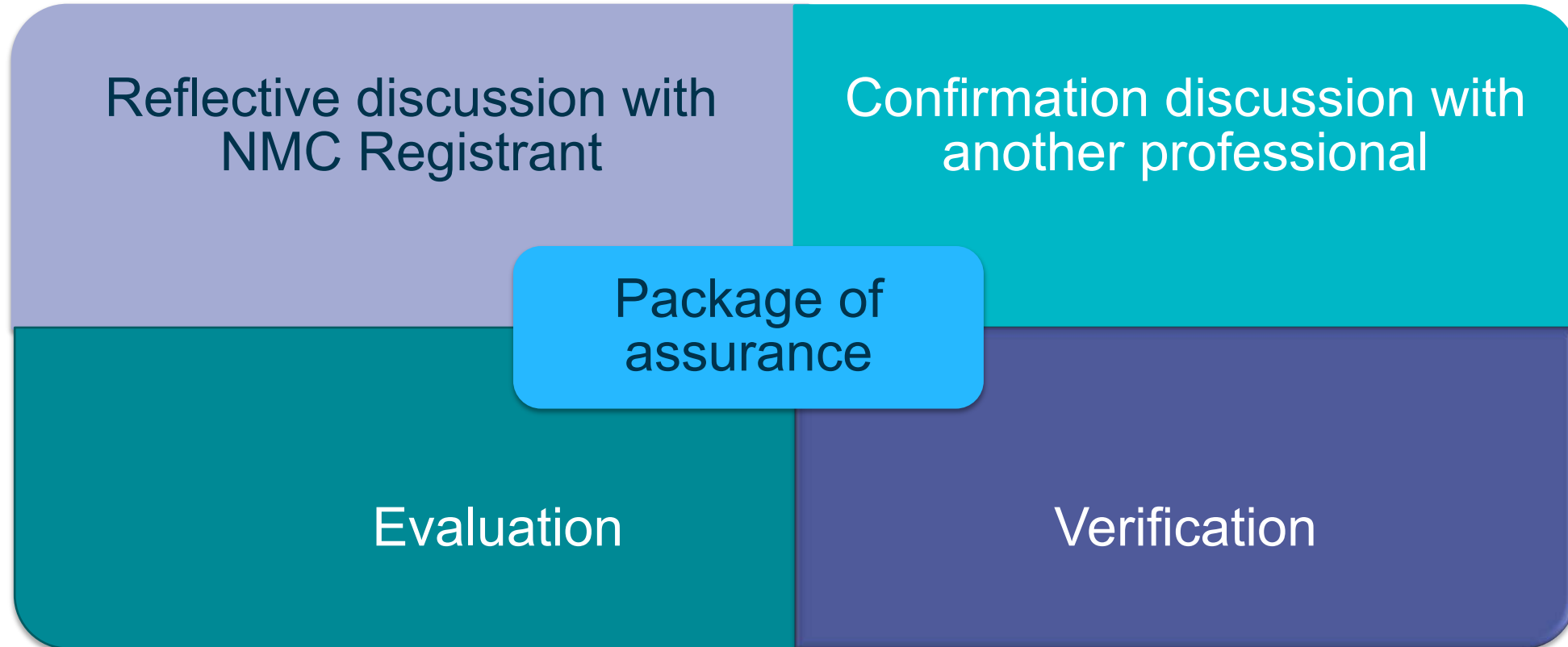 - 5.1%–5.6% percentage lapsing in the four UK countries

The proportion of nurses and midwives revalidating by country

England	80.0%
Scotland	9.9%
Wales	5.2%
Northern Ireland	3.5%
Practising mainly outside the UK	1.4%

The revalidation rates by country are:

England	Scotland	Wales	Northern Ireland	Practising mainly outside the UK
93.8%	93.9%	94.3%	94.2%	61.5%

What about those who don't comply?

- Similar rate of lapsing for nursing and midwifery registrations

- Top reasons for lapsing are retirement (50.4%), not practising (37.3%) and ill health (6.1%)

- Reflective discussion (49.4%), practice hours (39.5%) and written reflective accounts(39.3%) were the most common requirements nurses failed to meet.

- People declaring disability have a lower revalidation rate and are more likely to declare lapsing for reasons of ill health (36.7% compared to 2.3%)

Evaluation design and progress

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Theory-based evaluation

Evaluation objectives

Assess **features**, **tools** and **processes** of revalidation.

Understand **outcomes** and **impact**.

Evaluation challenges

Measuring **impact on public protection**.

Assigning **causality** to revalidation across outcomes.

Messages from evaluation

- No **adverse effect** on renewal rates, or any difficulties experienced by any particular group of nurses and midwives
- Some early signs of **behaviour change** evident

What is going well...

- Nurses and midwives report that:
  - ➤ they value the support and guidance provided
  - ➤ online system works well
  - ➤ they have acquired a thorough knowledge of the Code and realise its positive impact on their practice
  - ➤ they consider reflective discussion to be the most beneficial aspect of revalidation

Still to do...

- Update all guidance, particularly:
  - ➤ guidance on how to judge the quality of reflection
  - ➤ guidance on practice-related feedback.
- Find more innovative ways of engaging with stakeholders
- Increase awareness of verification
- Consider purpose of alternative support arrangements

Next steps

- Review and update our suite of guidance
- Engage on changes in Autumn
- Publish in December 2018
- End transitional arrangements
- Consider what further support we can give to those with long term health conditions
- Review model from February 2019