

Working together with

NMC Nursing &
Midwifery
Council



Revalidation round-up Update from the South – December 2015

23 December 2015

Dear colleague,

As we reach the end of the year it is a time for reflection on achievements during 2015. I am really proud of everyone who has worked so hard to move us from readiness to now the implementation of revalidation. I am looking forward to 2016 - in the coming months the NMC will be providing us with some resources to help ensure every nurse and midwife can be ready to revalidate. This includes a web based "microsite" with some filmed and animated case studies and they have also paid attention to areas that need additional guidance. .

In the South we have developed a clear implementation plan which starts with me demonstrating leadership by living the standards and completing the documentation. There are real benefits to both the professions and to patients from a focus on continued practice – regular professional reflection on the way we work - rather than fitness to practice. This requires a sustained effort throughout the year rather than a rush to cram. So, my request to all of you as we move into 2016 is to work on revalidation in manageable chunks gathering evidence of good practice as you move through the year.

I know that many of you will be working over the festive period whilst others will be with family and friends. Wherever you are, I wish you all a peaceful Christmas and a Happy New Year and I look forward to working with you to implement revalidation starting in 2016.

Sarah Elliot
Regional Chief Nurse NHS England (South)

The 4 P's of the Code

The Code contains the professional standards that registered nurses and midwives must uphold. UK nurses and midwives must act in line with the Code, whether they are providing direct care to individuals, groups or communities or bringing their professional knowledge to bear on nursing and midwifery practice in other roles, such as leadership, education or research. While you can interpret the values and principles set out in the Code in a range of different practice settings, they are not negotiable or discretionary.

There are 4P's to the Code:

- Prioritise People
- Practise Effectively
- Preserve Safety
- Promote Professionalism and Trust

In this edition Wessex Patient Experience Manager Costin Matei looks at Prioritise People and in the next three issues we will consider each of the remaining four P's.

“The clue is in my job title – It is fundamental that patients come first in my work. But it is very different to hands on nursing where you are caring for individual patients,” says Costin

“My role is about changing culture and systems both inside NHS England and working in partnership with others such as local authorities on safeguarding for example.”

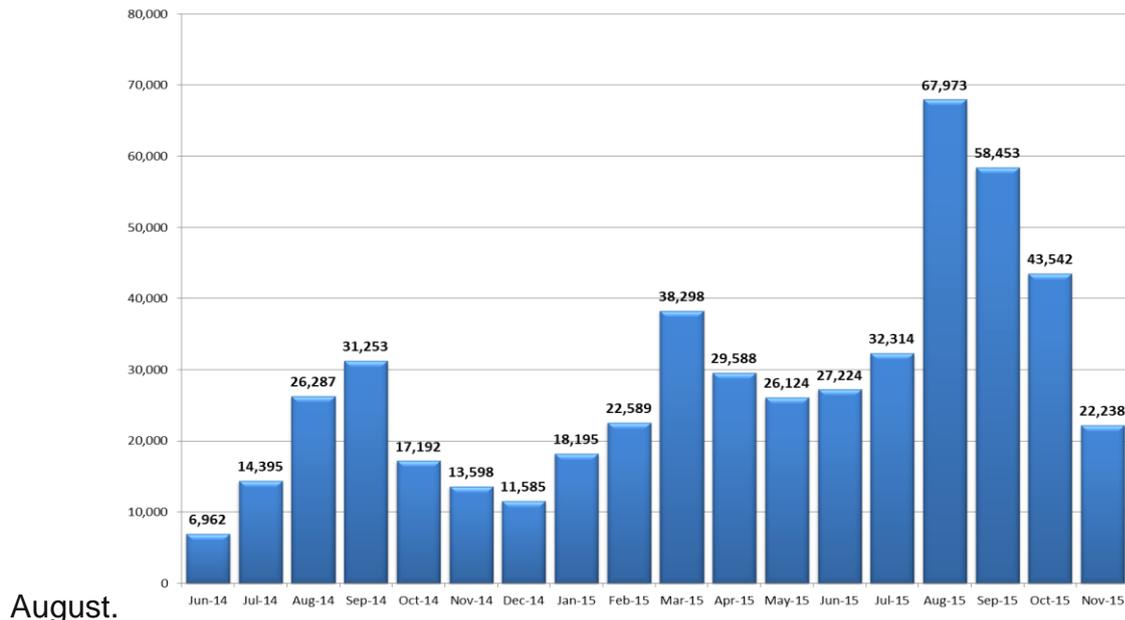
Costin's work allows him to influence and innovate not only nurses but the wider NHS and social care – learning lessons from situations that could have been handled better and celebrating success by sharing good practice. It is also about recognising and helping colleagues to recognise that patients are experts in their own right and add value by bringing their experience to co-design services we commission.

The five elements of this part of the code are:

- 1 Treat people as individuals and uphold their dignity
 - 2 Listen to people and respond to their preferences and concerns
 - 3 Make sure that people's physical, social and psychological needs are assessed and responded to
 - 4 Act in the best interests of people at all times
 - 5 Respect people's right to privacy and confidentiality
-

Sign up online

[NMC Online](#) is a secure service which allows you to manage your registration online. Over the last six months the numbers signing up have increased – peaking in



'Your Personal Revalidation' Webinar – latest dates

These are training sessions set up for all nurses and midwives to outline what needs to be done for their revalidation. Hosted by Suzie Cro, Head of Quality (NHS England South Region).

As with all change, first reactions are not favourable and the process of understanding what and how the change applies to me is never as clear as it should be and gut feeling is 'oh no'. I was very pleased this webinar was delivered by someone who needs to do the revalidation themselves - someone who had started to do it and worked it out. I am not in 'hands-on' nursing anymore but using my nursing knowledge and meeting with clinicians in my job all the time. I had some difficulty understanding how to apply the revalidation to my current role. Suzie was able to show me how I can still meet the revalidation criteria. Although still a daunting task I have a clearer understanding of how I might do this. The webinar was well presented and Suzie was very approachable and understanding. Thank you for giving me a better understanding of a process via an interactive medium.

Jennie Shine
Quality Improvement Lead
SW SCN for Maternity & Children

When are they being held?

The same session is being repeated on several dates - details can be found in the

table below (please allow one hour):

Date	Time	Link
30 th December	12pm	Join WebEx meeting
4 th January	10am	Join WebEx meeting
8 th January	3pm	Join WebEx meeting
11 th January	1pm	Join WebEx meeting
15 th January	11am	Join WebEx meeting
18 th January	1pm	Join WebEx meeting
22 nd January	10am	Join WebEx meeting
	3pm	Join WebEx meeting
25 th January	12pm	Join WebEx meeting
26 th January	3pm	Join WebEx meeting

What do you need to join the webinar?

You will need a computer with internet access and a telephone to dial in

1. Go to the link provided
2. If requested, enter your name and email address.
3. Click "Join".

How do you register?

To register, please email [Katie Luxon](#) to reserve your place. She will need to know your chosen session time, your name, organisation name, job title and email address.

NMC/MIAD workshops – Q&A

The MIAD workshops generated some helpful discussion. Below are the questions raised and the answers given. It is also worth noting that many people have raised a concern about needing to buy a portfolio for revalidation. This is not necessary as everything can be done online.

From the South (Reading)

Q What happens if the NMC choose a nurse or midwife for verification checks and the confirmer is no longer contactable

A As part of the verification process we will contact the confirmer by email and ask them to verify that they provided confirmation for a nurse or midwife. If the confirmer does not respond within two weeks we will send them a reminder.

We will also email the nurse or midwife concerned, and ask them to contact their confirmer directly and let them know we are waiting for a response from them. If we still do not hear from a confirmer we will ask the nurse or midwife to have their confirmation discussion again with a different confirmer.

In cases where we cannot contact a confirmer, we will ensure that nurses and midwives

have a reasonable amount of time to either make contact with their confirmer themselves or seek confirmation from another appropriate person.

Q The guidance on verification checks is not explicit about making and storing copies. Some people may choose to have a different reflective partner for all 5 pieces and some reflective discussions may have happened 2.5 years previously. Without copies confirmers might not remember who they have confirmed or who they have had reflective discussions with. Where are you advising that these copies should be stored?

A There is no requirement for the confirmer or reflective discussion partner to store these forms. If they choose to, it is up to the individual or the organisation to develop processes for storing these forms, and to ensure that they do this in accordance with the Data Protection Act. Guidance sheet 1 in the How to revalidate guidance provides information on this, and there is also a guidance sheet about revalidation and e-portfolios on our website that may be helpful:

<http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/e-portfolios-and-revalidation-guidance-sheet.pdf>

Q What happens if you have been a confirmer (line manager) and are then retiring or moving on to a new role but remaining on the register) where do you keep all your forms in case of verification checks after you have left?

A Again, there is no requirement for the confirmer to store these forms. They would not be required to send these forms to the NMC.

Q What does the final NMC application for renewal online electronic form look like so we can tell people exactly what information will need to be inputted?

A The NMC Online application will be a straightforward series of screens, and nurses and midwives will only be asked to enter information that they will already have collected and shown to their confirmer. This will be the same information required on the forms and templates that you can download from the NMC website.

Q Why do registrants who hold dual nurse and midwife registrations only have to do double the hours (900) and not all of the requirements as they hold 2 primary registrations?

A Dual-registered nurse/midwives need to demonstrate 450 hours of nursing and 450 hours of midwifery, so that we can be assured that they are keeping their skills up to date and maintaining safe and effective practice for both registrations. In relation to the other requirements, these will be relevant to their current scope of practice. If, for example, they work some of the time as a nurse and some of the time as a midwife then they could obtain two pieces of feedback based on their nursing and three pieces based on their midwifery. We feel that this is a reasonable and proportionate approach to take for dual registrants.

From the South West event

Q Can the colour of the mandatory reflection form be changed from **green** as some people find it difficult to read?

A We've fed this back to the design team and are looking into changing this.

Q When the NMC make changes to documents can there be an alert to identify that changes have been made?

A This is helpful feedback, and something we will definitely consider.

Q Lots of people would like further explanation about the need to keep the 2 mandatory forms (confirmer form and reflective discussion form) in hard copy only

A There is a [new guidance sheet](#) on eportfolios on our website, which covers this in detail:

Q What is the advice for employers when nurses and midwives cannot meet the practice hours requirement due to long term health problems combined with maternity leave?

A If a nurse or midwife cannot meet the practice hours requirement then they will need to completed an approved Return to Practice course. Please see page 14 of the guidance.

Q What actions need to be taken with nurses and midwives who need to revalidate in April 2016 but are currently on maternity leave (or long term sick)?

A We have special arrangements in place for nurses and midwives who cannot meet the revalidation requirements as a result of exceptional circumstances such as long term leave. Please see page 34 of the guidance for more information.

These nurses and midwives should contact us well in advance of their revalidation application date to discuss their situation.

From the South East (Ashford) Event:

Q A concern raised at workshops is the need to keep the 2 mandatory forms (confirmer form and reflective discussion form) in hard copy only and the group wanted some more information about why this was necessary. Some managers with multiple registrants will have a lot of paperwork to keep secure but not everyone has lockable drawers or an office

A See above.

Q more information and practical examples would be useful to dispel concerns about how School Nurses and Health visitors can evidence their practice hours

A There are examples of completed templates on our website. We are in the process of developing more resources, including case studies, which may be helpful in understanding how nurses and midwives may choose to approach this.

Q One dual registered full time nurse & midwife was told that she could count hours for

both midwifery and nursing in her full time midwifery role but would have to let her nurse registration lapse. At another event the advice was they could count both midwifery and nursing hours in the same post as long as they were not the same hours and that the nursing hours related to nursing practice.

A We recognise that this has been a grey area so we have developed specific guidance as follows:

As a regulator, we regulate professions and not duties or tasks. Nursing and midwifery are separate professions and if you are practising solely as a nurse or solely as a midwife it is not necessary for you to maintain both of your registrations.

If you are registered as both a nurse and a midwife you must practise a minimum of 900 hours over the three years preceding the date of your application for renewal. This must include at least 450 hours of nursing and 450 hours for midwifery.

If you work in two different roles, one in nursing and one in midwifery, you should record each role separately, with separate practice hours and separate evidence for each. When you complete your revalidation application you will need to be able to demonstrate how you met the practice hours requirement for both nursing and midwifery.

If you practise in one role in which you are practising as both a nurse and a midwife, such as a lecturer in nursing and midwifery or a nursing and midwifery hospital lead, you can renew both registrations. Please note that you cannot double-count hours, so you will still need to declare a minimum of 900 hours – at least 450 hours for nursing and at least 450 hours for midwifery.

If you practise in just one role, for example if you practise solely as a midwife, then when you complete your revalidation application you will have to specify midwifery as your scope of practice. You cannot select any individual tasks undertaken as part of your practice as a midwife in order to maintain your nursing registration. The same applies if you work solely as a nurse.

If you are in a role where you do not undertake any practice that relies on one of your registrations, and you are therefore unable to meet the practice hours requirement for that registration, then you can either complete a return to practise course or you will need to consider cancelling that registration. Allowing your registration to lapse does not mean that you are giving up your qualification. You can apply for readmission if you want to use this qualification again in the future.

Please remember that you must always work within the limits of your competence, as set out in 'The Code: Professional standards of practice and behaviour for nurses and midwives'

Q No version control on the NMC website - not clear when documents have been updated.

A Again, this is useful feedback.

Q Some issues seem open to interpretation - for example NMC recommends you avoid using a friend or relative/spouse as your confirmer but doesn't explicitly say you **must not**

A Please see page 30 in the guidance – 'Conflicts of interest and perceptions of bias'

Wessex

Q Evidence of 450hrs: As owner of the business eg a Nursing Home director will be self-employed so cannot produce payslips or contracts of employment. Is there anything else they should / could consider instead?

A Keeping a log of practice hours, such as the one available from our website, would be appropriate. Ultimately they will need to provide sufficient evidence to satisfy their confirmer that they have met this requirement .

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Please share this newsletter with your staff, networks and contacts who would find this information useful.

Next issue...

The next South Revalidation round-up will be published at the end of January 2016.

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