Introducing revalidation in the UK.

- prioritise people
- practise effectively
- preserve safety
- promote professionalism and trust
Background

- prioritise people
- practise effectively
- preserve safety
- promote professionalism and trust
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
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 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
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?

<table>
<thead>
<tr>
<th>Practice Hours</th>
<th>Continuing Professional Development</th>
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<tr>
<td>Practice-Related Feedback</td>
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<td>Written Reflective Accounts</td>
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<td>Reflective Discussion</td>
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<td>Health and Character</td>
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<td>Professional Indemnity Arrangement</td>
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<td>Confirmation</td>
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Design and implementation
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..
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:

<table>
<thead>
<tr>
<th>Country</th>
<th>Rate</th>
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<tbody>
<tr>
<td>England</td>
<td>80.0%</td>
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<tr>
<td>Scotland</td>
<td>9.9%</td>
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<tr>
<td>Wales</td>
<td>5.2%</td>
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<tr>
<td>Northern Ireland</td>
<td>3.5%</td>
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<tr>
<td>Practising mainly outside the UK</td>
<td>1.4%</td>
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The revalidation rates by country are:

- England: 93.8%
- Scotland: 93.9%
- Wales: 94.3%
- Northern Ireland: 94.2%
- Practising mainly outside the UK: 61.5%
How do we know it's working?

Reflective discussion with NMC Registrant

Confirmation discussion with another professional

Package of assurance

Evaluation

Verification
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
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

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• Some early signs of **behaviour change** evident
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