CoDH Briefing: Nursing and Midwifery Council - Revalidation

Introduction

The question of revalidation for health professionals has an extensive policy background. In 2006 the Department of Health (DH) published *The Regulation of non-medical healthcare professions* paper, which stated that revalidation would be necessary for all healthcare professions. This was followed by a government White Paper setting out a proposed programme of reform to the system for the regulation of all health professionals in the UK. In 2008 the DH also published Principles for Revalidation, establishing 12 principles for any revalidation model, including requirements that any model should be risk-based and effective in confirming fitness to practise.

In 2012, a number of reports, including from the Council for Healthcare Regulatory Excellence (now the Professional Standards Authority), the second Francis Inquiry and the Health Select Committee recommended that the NMC should develop a revalidation mechanism with some urgency and this has therefore become an increasing priority for the NMC throughout 2013. The GMC introduced medical revalidation in December 2012 and expects to revalidate the majority of licensed doctors in the UK for the first time by March 2016.

The NMC has made commitments to the PSA and the Health Select Committee that it will introduce a system of revalidation by December 2015, to cover all registrants. Following agreement at NMC Council in September of the outline approach to revalidation, the NMC is now running a public consultation, the first phase of which runs until 31 March.

As we prepare to respond to this consultation, this paper sets out the main elements of the NMC’s plans for revalidation and some key questions on which we are seeking members’ input.
Decisions to Date

In September 2013 the NMC Council decided that it would pursue a model of revalidation based on a self-declaration from registrants, with third party confirmation and a revised Code and Standards. The following is an extract from the NMC Council paper on which this decision was based:

- All nurses and midwives on the NMC register will be revalidated every three years at the point of their renewal. Current legislation will apply.
- Each nurse and midwife will remain accountable for their revalidation. The NMC will lapse those who choose not to revalidate and remove them from the register.
- Those who wish to revalidate will be required to continually gather evidence for their revalidation based on the criteria defined in the revised Code and standards.
- Every nurse and midwife will be required to confirm that they:
  - Continue to remain fit to practise
  - Have met the required hours of practice and Continuing Professional Development (CPD), and have reflected on the revised Code and standards and continue to adhere to them.
  - Have sought and received third party feedback which has informed their reflection on their practice. This feedback could come from patients or peers, etc. The details regarding the sources of feedback will be informed by the public consultations.
  - Have sought and received third party confirmation that they are fit to practise. This third party confirmation could come from employers where applicable. In the case of employer confirmation, the appraisals would be the main source for confirming that a nurse or midwife is compliant with the Code and standards in their practice. The confirmation model will be flexible to take into account the diversity in scope of practice and employment situations. The details regarding the sources of confirmation will be informed by the public consultations.
- Any documentation collected as a part of the third party input would be retained by the registrant. They will only need to submit this to the NMC when they are selected for the audit where the documentation will be called for as a part of the audit.
- There will be an audit which will select nurses and midwives throughout the year to assess the validity of the information provided for revalidation. The audit will be a mix of a random sample and a risk-based sample informed by the NMC’s risk intelligence and that of other professional and systems regulators. Summarised audit results will be made available in the public domain.
- The registered nurse or midwife will be solely responsible for the submission of their revalidation information sought by the audit to the NMC. Third parties will not
be expected to submit any information directly to the NMC for revalidation of nurses and midwives.

- The revised Code and standards will define the criteria that nurses and midwives will be required to demonstrate in order to remain on the register. Clear guidance for revalidation will be provided to inform the registrants and employers as well as information for patients and public.
- Registrants will be given sufficient time to prepare before introducing revalidation.
- It is anticipated that if a nurse or a midwife is not able to revalidate, they will lapse from the register. After lapsing, they can apply to be re-admitted into the register on the basis of the re-admission process that is in place at the time of their application.
- After implementation, the proposed model will be continually evaluated to inform improvements to the system and assess whether further changes to our legislation are required.

Questions

Even with decisions taken on the framework of the revalidation model that the NMC will pursue, numerous questions remain for debate and discussion. These include:

- The evaluation approach: What is the best way of evaluating the implementation of the proposed model? What can be put in place now to enable the evaluation once the system is set up?
- Sample size: what would be the appropriate sample size for auditing revalidation? What advice should we be giving in terms of audit size and methodology?
- Risk profiling: the approach agreed by NMC Council states that the audit will be a mix of ‘a random sample and a risk-based sample informed by our risk intelligence’. What approaches could the NMC take to profile risk appropriately?
- Processes: a number of processes remain to be elaborated, for example, what happens if a registrant fails to comply with revalidation?
- Financing: there is no clear financial model yet elaborated for revalidation. This information is vital if revalidation is to be implemented successfully.
- Applicability for educators and researchers: revalidation must be fit for purpose for a vast variety of settings in which registrants work. We have an opportunity as a Council to describe how this would work for registrants in education and research roles, for example how the 120 hours of CPD (if that is retained) would apply and how third party confirmation would work in a university setting.
- Phase 2: the papers put to NMC Council suggest that the approach to revalidation should be phased, with an initial model then developed further. The evolution of the model is therefore an area for discussion and debate in terms of shaping its content.
NMC Revalidation Groups

There are two principal revalidation groups run by the NMC with which we engage: the Revalidation Strategic Advisory Group and the Revalidation Task and Finish Group. Margaret Rowe (Northumbria University) sits on the Strategic Advisory Group and Lizzie Jelfs (Director of Policy) on the Task and Finish Group. The terms of reference for the Strategic Advisory Group are given as an annexe to this paper. There is also a Communications Group, where we are represented by our Project and Communications Officer, Jon Eames.

Next Steps

Please send comments or evidence on revalidation that you want the Council to take into discussions with the NMC to Margaret Rowe or Lizzie Jelfs by 14 March 2014 if you want them included in our response to the first phase of consultation.

There is four nation representation on both the Strategic Advisory Group and Task and Finish Group, and colleagues in Wales, Scotland and Northern Ireland can also direct comments via these national representatives (Jean White and Helen Whyley (Wales), Glynis Henry and Angela McLernon (NI) and Mike Sabin and Rose Ann O’Shea (Sc) are all actively involved).

We would also encourage you to respond directly to the consultation, to ensure that the voice of registrants who are educators and researchers is well-represented in the responses. Consultation responses are due by 31 March 2014.
Annexe 1: Revalidation Strategic Advisory Group Terms of Reference

The Revalidation Strategic Advisory Group was formally established by the Executive Board in October 2013. The Group feeds into the work of the Revalidation Programme Board and reports to the NMC Executive Board.

Membership

The Revalidation Strategic Advisory Group will consist of the following members:

- The Chief Executive and Registrar of the Council (Chair).
- Two members of the NMC Council.
- The Director of Continued Practice, NMC.
- Representatives of the 4 UK governments.
- Representatives of stakeholder organisations as appointed by the Chair of the Revalidation Strategic Advisory Group. Deputies for these representatives can be nominated in advance of meetings by the stakeholder organisation involved.
- Representatives from two regulators (one professional and one systems regulator).

Meetings will require a majority of the members to be present in order to be quorate. The group may, by exception, co-opt members who shall be entitled to attend and speak at meetings but not entitled to vote or count towards the quorum.

Meeting frequency

Meetings will be held once every eight weeks unless otherwise agreed by the group.

Remit

The remit of the Revalidation Strategic Advisory Group is to engage and collaborate with key stakeholders in the development of the revalidation programme; and to support the Revalidation Programme Board in providing assurance that the outcomes and benefits of the revalidation programme are aligned toward ensuring public protection.

Responsibilities

Revalidation programme

- Ascertain stakeholder views on the development of the revalidation programme and ensure that these views are considered in the development and delivery of the programme.
- Plan the co-ordination of communication with wider stakeholders on development of the programme.
- Review the cross-organisational strategic and directional information and intelligence arising from the programme and highlight cross-organisational risks and benefits for the programme.