Professional Revalidation for Nursing and Midwifery Staff in United Kingdom

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Abstract

The introduction of structured professional revalidation came into the profession in April 2016 and the three-year trail period was completed in April 2019. This means that every trained member of staff should have been revalidated during this period. The final report has yet to be received, however the two reports on Years 1 and 2 have led to small alterations. Will it achieve its aims to ensure that every nurse and midwife is safe to practice, and therefore that patients will know they are going to receive high quality care? This paper argues that while the revalidation process is not perfect, there remain a few anomalies that must be discussed. Overall, we assumed it was working well and achieving its aim so how did Wharton Hall happen? The structure of the revalidation will need to be continually refined.

Background

In United Kingdom has taken many years to consider that professional revalidation is necessary for midwives and nurses despite the fact that we expect our plumbers, electricians and other professionals to retake their qualifications yearly or biannually. In the 1990s, the English National Board for Nursing and Midwifery (ENB) attempted to start the practice of assessing competences, which was called Post-Registration Education and Practice (PREP). Most District Health Authorities began to require yearly updates in lifting and handling and drug administration since these were areas where problems had occurred. The portfolio introduced by the ENB required a defined number of hours to be completed in five years, study sessions to be attended amounting to 35 hours and for these study sessions to be reflected upon. Each year, a personal action plan was to have been written. These portfolios were to be made available for each ENB visit so they could assess portfolios as a way of revalidation.

However, nurses could go many years before their ward or department had a visit, therefore it was difficult to know if every member of staff was adhering to the requirements. During their yearly Trust appraisal their portfolios should be considered but it often was not the most important aspect of the nurse's work. Whereas, all midwives had a yearly appraisal of practice with a nominated supervisor, so it meant that midwives all kept theirs up to date as they could not fill in an 'Intension to Practice' form which had to be submitted by the end of March each year without this being signed by their supervisor. Most supervisors required a week to read the contents of a portfolio before session. Also, they would check over the five-year period you were keeping up all your skills as a midwife meaning that you could worked in all the areas: Antenatal, Labour, Postnatal and the Community.

This process was a little bit hit and miss and recent incidents such as the well know Shipman case of 1998 (Guardian 2002) he was a G.P., he was alleged to have killed at least 215 people. His defence was that he was helping them die as they were in the last stages of life. It took a long time before he was prosecuted however it could have been investigated by looking at the number and type of death certificates he signed. There were also other organisational failings for examples: *Bristol Royal Infirmary Inquiry, 2001: is one of the most far-reaching and detailed investigations in to the NHS ever undertaken, addressing fundamental issues of clinical safety and accountability, professional culture in the health service, and the rights of patients. Set up in 1998 to investigate the deaths of 29 babies undergoing heart surgery at the Bristol Royal infirmary in the late 1980s and early 1990s, the vast 529-page report effectively provided a blueprint for wider reform of the NHS. It lifted the lid on an "old boy's" culture among doctors; patients being left in the dark about their treatment; a lax approach to clinical safety; low priority given to children's services; secrecy about doctor's performance, and a lack of external monitoring of NHS performance" (Guardian 2002).*

The next major investigation was in Staffordshire (Francis, 2013). *"The Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013 it sets out the appalling suffering of many patients. This was primarily caused by a serious failure on the part of a provider Trust Board. It did not listen sufficiently to its patients and staff or ensure the correction of deficiencies brought to the Trust's attention. Above all, it failed to tackle an insidious negative culture involving a tolerance of poor standards and a disengagement from managerial and leadership responsibilities. This failure was in part the consequence of allowing a focus on reaching national access targets, achieving financial balance and seeking foundation trust status to be at the cost of delivering acceptable standards of care" (Francis 2013).* The repost was led by Robert Francis QC (Francis, 2013). "He called for a change in culture within the NHS several witnesses involved in the Mid Staffordshire Foundation Trust public inquiry made references to a negative and uncaring culture that was detrimental to patient care". Mr Francis' response to this was to propose a "common culture" throughout the NHS (Hayter 2013).

At the same time the University Hospitals of Morecambe Bay NHS Foundation Trust, came under investigation in July 2012 (NICE 2013): *"Eleven babies and one mother died following "a lethal mix" of failures in a "seriously dysfunctional" maternity unit at Furness General Hospital. The independent investigation into Morecambe Bay found serious incidents at Furness General Hospital in Barrow, Cumbria, between 2004 and 2013 uncovers a series of failures "at every level" from the maternity unit to those responsible for regulating and monitoring the trust which ran the unit. Dr Kirkup likens the scandal to Mid Staffs and says has Morecambe Bay adds its name to a roll of "dishonoured NHS names: Because 30 mothers*

*and babies died at University Hospitals of Morecambe Bay NHS Foundation Trust as a result of substandard care made worse by professional rivalries" (*Dowler 2012).

The Nursing and Midwifery Council (NMC) meet on the 12th September 2013 to decide on a model for revalidation for all nurses and midwives in the UK. Jackie Smith, NMC Chief Executive and Registrar said at that meeting:

"This model of revalidation will increase the public's assurance that the nurses and midwives on our register are capable of safe and effective practice."

"We hope to see nurses and midwives take ownership of this process. It will promote their professionalism and will encourage them to reflect on the standard of care they provide to patients and clients throughout their career.

"It will provide a means of checking that those nurses and midwives continue to meet our standards in terms of conduct and competence, and that they have continued to keep their skills and knowledge up to date."

"We appreciate the work that our stakeholders have put in so far to help develop this model and we look forward to hearing from a range of people in the consultation that follows to ensure that revalidation is as robust as possible."

"The NMC believe the proposed model of revalidation will provide a means of checking all nurses and midwives will continue meet the NMC standards of conduct and competence and each nurse and midwife will continue to keep their skills and knowledge up to-date."

Tom Standford**,** Director of the Royal College of Nursing summarised the intended outcome of nurses revalidation, "knowing that every nurse, no matter when they qualified, is fit to practice in a modern setting, and competent for the role they are performing is an important issue of patient safety as well as patient confidence" (Stanford 2013).

The process began by the NMC set up an initial formal consultation ran from April –June 2013 with the second phase being from January – March 2014. This would ensure that every patient would know they were receiving quality care. They set a three-year period in which they would look and see if any changes would be needed to the format. This period completed April 2019, so we await the final report. Between 2016 and 2019 an estimated 690,000 nurses and midwives could register to date about 94% of the expected number have completed their revalidation process (NMC 2018). The proposed model met some of the recommendations in Lord Willis report in 2012 which was an Independent Review of Pre-Registration Nursing (RCN 2012). Nursing publications have gone to town with helpful hints and tips for staff amongst these are the ones written by Edwards (2016) Finch (2016). Flaherty (2016) Kolpyva (2016) Mc Dowell (2103) and Marks (2015) with so much material do they help or just cause CONFUSION.

The structure of the Model to be used was:

The instrument of revalidation ensures that every nurse and midwife will have a complete understanding of NMC Code (NMC 2018) where public protection remains its core (Cannon & McCulcheon 2016).

PUBLIC PROTECTION

PRIORTISE PEOPLE	**PRACTICE EFFECTIVELY**	**PRESERVE SAFETY**	**PROMOTE PROFFESSIONALISM AND TRUST**
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 them 4 Act in the best interests of people always 5 Respect people's right to privacy and confidentiality.	6 Always practise in line with the best available evidence 7 Communicate clearly 8 Work co-operatively 9 Share your skills, knowledge and experience for the benefit of people receiving care and your colleagues 10 Keep clear and accurate records relevant to your practice 11 Be accountable for your decisions to delegate tasks and duties to other people 12 Have in place an indemnity arrangement which provides appropriate cover for any practice you take on as a nurse, midwife or nursing associate in the United Kingdom	13 Recognise and work within the limits of your competence achieve this, you must: 14. Be open and candid with all service users about all aspects of care and treatment, including when any mistakes or harm have taken place. 15 Always offer help if an emergency arises in your practice setting or anywhere else 16 Act without delay if you believe that there is a risk to patient safety or public 17 Raise concerns immediately if you believe a person is vulnerable or at risk and needs extra support and protection 18 Advise on, prescribe, supply, dispense or administer medicines within the limits of your training and competence, the law, our guidance and other relevant policies, guidance and regulations 19 Be aware of, and reduce as far as possible, any potential for	**Promote professionalism and trust** 20 Uphold the reputation of your profession at all times 21 Uphold your position as a registered nurse, midwife or nursing associate 22 Fulfil all registration requirements 23 Cooperate with all investigations and audits 24 Respond to any complaints made against you 25 Provide leadership to make sure people's wellbeing is protected and to improve their experiences of the health and care system (NMC Code p.6-21) (NMC Code 2018)

		harm associated with your practice.	

The model requirements were set out to cover:

- Practice hours
- Professional development and related reflective accounts
- Discussions health and character
- Professional indemnity

Practice hours	**Registration**	**Minimum Total Practice Hours Required**
	Nurse	450 practice hours required
	Midwife	450 practice hours required
	Nurse and SCPHN	450 practice hours required
	Midwife and SCPHN	450 practice hours required

Nurse and midwife with dual registration required 450 hours for nursing, 450 hours for midwifery. The hours have to be verified so part-time staff need to keep a record of their hours as do bank staff (Cannon & McCulcheon 2016).

Practice Portfolio

35 hours of post registration education must be recorded in which 20 hours they must have been participants. They must reflect on five accounts and using the feedback from patients and colleagues where possible. The reflective accounts do not need to be lengthy or academic, but they must identify the personal learning which has taken place. The reflection and discussion will take place on these five pieces of work, with an official confirmer

The Confirmer

This person can be of any status as long as they have the ability and knowledge of the area to discuss the person's personal progress.

Fitness for practice

Both nurses and midwives and their employers will be required to sign a declaration verifying their health character.

Professional Indemnity

By law each nurse and midwife must have indemnity arrangements to cover their practice.

Set Timetable

They must go on-line to set up the revalidation, the NMC forms must be used for the reflection, discussion and declaration.

The portfolio must be completed 60 days before re-registration.

The declaration must be completed on-line.

They must pay the required fee and print out the summary to be kept in the portfolio.

(Cannon & McCulcheon 2016) (NMC 2018) (Coyle 2019).

Concerns: Practice Hours

Immediately looking at the hours I would have had difficulty to keep my double registration which I held since qualification as holding a teaching job requires 350 hours of teaching each year, and hours on top of this for preparation and marking usually amounting to 600 hours. The other groups which could have problems are those who suffer from illnesses or having been pregnant. They can try to undertake voluntary hours to make up their short fall. The other group that may fail to meet this requirement are independent practice staff. As they are used to choosing their client base and it may be, they have a year where they reduce their clients or two then become busy in year three and four, but they could possible miss out on the practice requirement. It would appear any exclusion form the number of hours to be undertaken would be unlikely. If a nurse or midwife fails to meet this requirement without an exemption from the NMC, to continue as a registered person they would need to find a 'return to practice course' as prescribed by the NMC. This is a paid course and not all hospitals undertake these courses, especially if the person is not intending to practice within that Trust.

Professional development

Often called Continuing Professional development, the NMC requires all staff to undertake 35 hours over five years, which is equivalent to a weeks' work. The staff must attend the session ensure when they write out their reflective account that they add the date, time and the hours undertaken. In their reflective account they must identify which part of the code it underpins and how it enhances their professional knowledge within the area they work. Before these reflections can be submitted as part of their revalidation, they must be discussed with confirmer. In practice the confirmer is normally their line manager, unless they are working outside the NHS. NMC say that all the confirmers must have the correct knowledge to undertake this aspect. I would like to think the recent graduates would have these skills. My one problem with this area is that the standard of reflection is not required to match the staff members position and experience, as senior staff will be writing reports or forecast planning so their reflection should reflected their senior position. Also, that the informer is not a friend asthis would not be picked up in the declaration. Sadly, already you can purchase examples from the internet could I say that all nurses would not steep so low, unfortunately no,

when pressure is on a person, they may decide this is the only to keep their registration. If the reflections are skilfully altered, I would doubt the confirmer could be expected to recognise them.

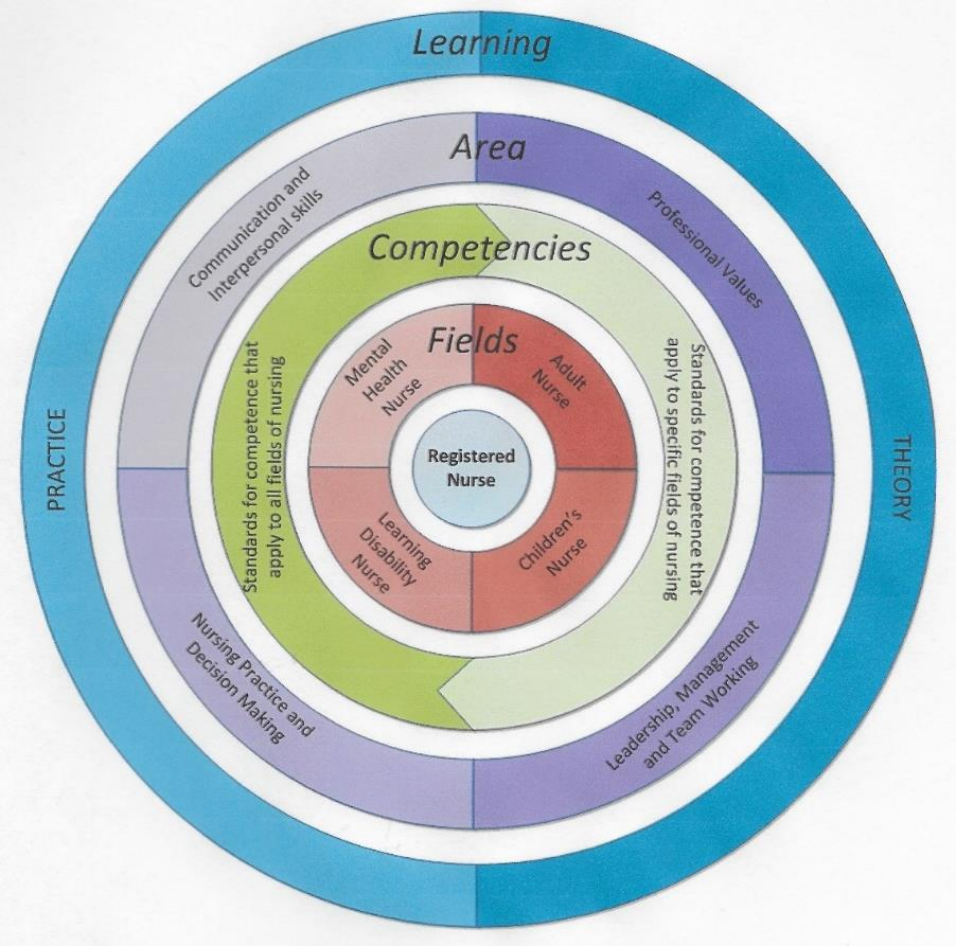
Health and Character

Consideration of a student's character is an ongoing process and formal part of their application for registration on completing their course, the education centre is required to sign off this aspect. In the past staff have suffered from condition which have gone undetected leading to harmful practices. If you were qualifying a student who used lip reading or one with a medical condition that warranted and necessitated thoughtfulness while on duty for example diabetic staff their working area need to be aware of this requirement and fulfil any requirements set out by occupational health. Even more common handicaps such as dyslexia need to be known, as the way they write their notes may need an overview. However once qualified it is up to the individual to let the NMC know of any changes in their circumstance. In the same way as, pregnant staff need to have their working area assessed to enable any adjustments.

Recently taken into consideration are any criminal conviction of any kind, as this may be central to a nurse's character. If a person is cautioned by the police, they must contact the NMC under rule 23.2 in the Code. One of the things we had to remind students was that if the drink the night before at a party and drive to work the next morning they could be over the limit and where I worked you could see the police checking over Christmas and New Year period in particular. This would be more of a problem if the work in the community. This aspect is taken on trust, so no evidence is required however falsification means immediate dismissal debarring form the profession.

Reflective Reviews

Reflection should include what they have learnt, how they have changed or improved your work, and how this is relevant to ***The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associate*** (2018) which covers • Prioritise people • Practise effectively • Preserve safety • Promote professionalism and trust. Nurses and midwives must also practise in line with the most recent version of the code which is regularly updated to keep pace with changes health practices. In the diagram the areas that enable a nurse/midwife to prove their competencies. Today staff must obtain competence which they must maintain throughout their career in order to remain registered. Lanlehin (2018) stated that one of their recommendation was that the revalidation process cost and time required should be shared between the staff and their employers. The standards for competence apply to all fields of nursing and midwifery and are set out in four main areas of professional nursing practice. These are: •professional values; •communication and interpersonal skills; •nursing practice and decision making; and •leadership, management and team working: (NMC 2010).



Indemnity for Practice

Every nurse and midwife under this process of revalidation must hold an indemnity. Normally all staff who are members of their professional body as part of the membership will be covered. So if their practice is challenged they will have legal representation. There are exceptions mainly with the staff who practice privately as in the past their mal practice cases have been extremely expensive to settle so they are now excluded. To be covered they need to seek external insurance which are called 'Evidence of Insurance', unfortunately this immediately removed the staff who worked without insurance, as their client groups are happy for this to be the situation. Although the professional organisation put up their fees annually it is still affordable for all the staff working with in the NHS or private systems. Whereas 'EOI's' can become more than the nurse or midwife earns in a year. So, there are several people who may not register.

Conformation the Process

The Portfolio for revalidation must be presented 60 days before the submission date, therefore it is wise for the staff to find their confirmer at least six months to a year before your date of submission. The confirmer must allow their name and NMC. Registration details to be recorded with them. Time for the discussion on the reflected writings will need at least an hour to talk over the points without interruption. All the forms can

be obtained from the NMC (see appendix 2) to complete but they do not have to be submitted to the NMC. Each year to substantiate good practice a selection will be read by the NMC, which would help to maintain standards and hopefully reduce plagiarism.

Any registered person can be a confirmer provided they have knowledge in the area where the reflective practice evidence will be presented. The process is called confirmation. There is a problem here in that the confirmer is not being asked to assess the individual's fitness for practice or the quality of their work only to see they have demonstrated an increase in knowledge as a result of their reflective practice accounts. The NMC does identify the person who could be confirmers. In practice it would appear 70% are the person's immediate managers. So, provided time is set aside the account can be discussed but would the confirmer know if they had been bought from the internet? An example **"Example Nursing Essays - UK Essays" (UK Essays 2030)** these essays are examples of the work produced by our professional essay writers. Or one could read completed portfolios for example the one on the internet produced by the Chelsea and Westminster NHS Trust which can be downloaded as a PDF, so it makes access very easy. "*Nursing revalidation Portfolio example 2: My Portfolio will help me as a **Nurse** demonstrate that **I practice** safely and effectively. It will encourage me to reflect on the role ... **PRACTICE** HOURS 450 **nursing** hours **Mary Jones**. Guide to completing **practice** hours log to record your hours of **practice** as a registered **nurse** and/or midwife, please fill in a page for each of your periods of **practice.** Please enter your most recent **practice** first" (Chelsea and Westminster 2016).*

You may ask would professional people use this type of service, I would suggest it is possible if their deadline is approaching fast and they have not completed their five required accounts. Would a line manager notice plagiarism? I would doubt neither we could expect when the NMC seeks a sample of portfolios they would recognise a fake account.

Conclusion - Revalidation

Initially there were many concerns from the profession as some had not written reflective accounts. Early in the process 22% (NMC 2018) of respondents considered they would be disadvantaged as they were not graduate staff and had not taken any professional updating apart from what a Trust provided. Some people choose to lapse, and some choose to leave the profession. As the last group of the three-year registration were going through this April they felt a degree of anxiety. Some who have yet to revalidate to avoid this they choose to relapse.

The importance and value applicants place on reflection is clear from the report, with participants considering reflective discussion to be the most beneficial aspect of revalidation. Cope and Murray

(2018) say "*Creating and maintaining a portfolio can also enable nurses to identify their strengths and learning needs, and to develop a learning plan to address these need".* Lanlehin (2018) from the service evaluation of the nurses and midwives working in the University College London hospital suggests that the staff benefit from support within the hospital system. This is consistent with the findings of the GMC's evaluation of revalidation, *Evaluating the regulatory impact of medical revalidation*, (GMC 2018) which identified reflection as key to behavioural change. As healthcare professionals work together increasingly in multi-disciplinary teams, we think that there is scope to work with other regulators to promote the value of reflection in practice across teams (GMC 2018). It would appear that the revalidation process has become a success, the small hitches will be sorted out in due time for example the ability to buy reflections.

Unfortunately, it cannot yet ensure good Practice. As in this month (May 2019) the recent BBC Panorama programme exposed at Whorlton Hall a Psychiatric Hospital where vulnerable patients were apparently being mistreated. Ten Carers some of whom were qualified staff who have been through the new process, were arrested, the outcome is not known at present. Whorlton Hall now closed.

The conclusion must be the profession has made a start however ongoing changes must continue. This will be helped by the Government investigating a new model for the care of Autism, Learning Disabilities and Mental illness patients, which remains a difficult and demanding area of care.

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Appendix 1

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in the section on non-identifiable information in How to revalidate with the NMC.

Reflective account:
What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?
What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?
How did you change or improve your practice as a result?
How is this relevant to the Code? Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

Appendix 2

Nursing & Midwifery Council

REVALIDATION

Completed forms and templates

Contents

The forms and templates in this pack are examples of how a nurse or midwife may record how they meet the requirements of revalidation. These include real life examples taken from nurses or midwives who have already revalidated.

This is not a sample portfolio of one individual nurse or midwife. The pack includes a variety of forms and templates, designed to reflect multiple practice settings and different ways of approaching the process.

The reflective accounts, reflective discussion and confirmation forms are all **mandatory** for revalidation.

PRACTICE HOURS LOG TEMPLATE

Nursing & Midwifery Council

Guide to completing practice hours log

To record your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

Work setting

- Ambulance service
- Care home sector
- Community setting (including district nursing and community psychiatric nursing)
- Consultancy
- Cosmetic or aesthetic sector
- Governing body or other leadership
- GP practice or other primary care
- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal
- Maternity unit or birth centre
- Military
- Occupational health
- Police
- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

Scope of practice

- ☐ Commissioning
- ☐ Consultancy
- ☐ Education
- ☐ Management
- ☐ Policy
- ☐ Direct patient care
- ☐ Quality assurance or inspection

Registration

- ☐ Nurse
- ☐ Midwife
- ☐ Nurse/SCPHN
- ☐ Midwife/SCPHN
- ☐ Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:
10/12/2010 – Current	London Hospital, London Road, London.	Hospital	Direct patient care	Full time 37.5 hours per week	Nurse and midwife	Midwife on labour and PN ward, also rely on nursing skills, knowledge & experience every day. Caring for women and babies in labour and postpartum period; caring for women post-operatively; CTG monitoring; suturing; breastfeeding support; examination of the new born.

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Registration

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- ☐ Nurse/SCPHN
- ☐ Midwife/SCPHN
- ☐ Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work settin	Your scope of	Number of	Your registration	Brief description of your work:
June 2013 – June 2016	Norwich University, Norwich Road, Norwich.	University	Education	1600 hrs per year	Nurse	Teaching pre-registration nurses, and teaching post qualifying courses at under and post graduate level.

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- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal
- Maternity unit or birth centre
- Military
- Occupational health
- Police
- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

Scope of practice

- ☐ Commissioning
- ☐ Consultancy
- ☐ Education
- ☐ Management
- ☐ Policy
- ☐ Direct patient care
- ☐ Quality assurance or inspection

Registration

- ☐ Nurse
- ☐ Midwife
- ☐ Nurse/SCPHN
- ☐ Midwife/SCPHN
- ☐ Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:
6 January 2008 - Current	Heatherfield GP Practice, Leeds Road, Leeds.	GP practice	Direct patient care	12 hours per week = approx. 560 hours per year	Nurse	Part of primary healthcare team, with duties including: - Venepuncture - Travel health advice and vaccinations - Smoking cessation - Family planning & women's health

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Nursing & Midwifery Council

Guide to completing CPD record log

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to Guidance sheet 3 in *How to revalidate with the NMC*.

Examples of learning method

- Online learning
- Course attendance
- Independent learning

What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

Link to Code

Please identify the part or parts of the Code relevant to the CPD.

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Dates:	**Method** Please describe the methods you used for the activity:	**Topic(s):**	**Link to Code:**	**Number of hours:**	**Number of participatory hours:**
4.4.14	Independent learning – online course	**Clinical mandatory training** Update for all clinical aspects relevant to my role, including blood transfusion, manual handling and safeguarding. Some of what we covered I already knew, but it was good to refresh. I learned that there was a new blood transfusion policy and a new procedure for collecting blood from the fridge. I haven't done this in practice for a while so it was	Practise effectively Preserve safety	7.5	0

27.5.14	Course attendance	**IV Therapy.** This course enabled me to learn the theory and practice behind IV therapy. Also got to practise aseptic non touch technique (ANTT). I have increased my knowledge and am now able to deliver IV therapy safely.	Practise effectively Preserve safety	7.5	7.5
3.6.2015	Independent learning – reading article	**Caring for people who are dying: priorities at the end of life.** Read CPD article in Nursing Standard. Gained new ideas which I will reflect on and discuss with my team, with a view to making changes to our practice.	Prioritise people	2	0
16.6.14	Meeting attendance	**Mentor update.** Face to face session which informed me of recent changes to student nurse training and reminded me of the standards I need to achieve as a mentor. Allowed me to reflect on my role as a mentor and role model to students in the last six months.	Prioritise people	3	3
1.3.16	Conference attendance	**RCN Education Conference.** Attended two-day conference. Presentations on quality surgical nursing and its impact on clinical practice were particularly relevant to me. I will present these ideas to the team at our next meeting, and have gained some ideas on implementing more training in my area.	Practise effectively Preserve safety	15	15
				Total: 35	**Tota l:**

FEEDBACK LOG TEMPLATE

Nursing & Midwifery Council

Guide to completing a feedback log

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased.
Guidance Sheet 1 in *How to revalidate with the NMC* provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

Examples of sources of feedback

- Patients or service users
- Colleagues – nurses midwives, other healthcare professionals
- Students
- Annual appraisal
- Team performance reports
- Serious event reviews

Examples of types of feedback

- Verbal
- Letter or card
- Survey
- Report

Date	Source of feedback Where did	Type of feedback How was the	Content of feedback What was the feedback about and how has it influenced your practice?
1.7.2015	Student	Verbal, in a meeting to review placement documentation	The student found it valuable when I let her take the lead in a postnatal baby check. I will encourage my students to take the lead more often and try to only provide direction when they need it. Linked to 'promote professionalism and trust' in the Code.
10.8.2015	Woman I looked after on PN ward	Thank you letter	Thanking me for supporting her and her partner throughout the discharge process. Highlighted the importance of taking time to make sure women feel confident and comfortable before they are sent home with their new baby. Linked to 'prioritise people' in the Code.
12.11.2015	Annual appraisal	Verbal	Gave me feedback on my leadership style. We discussed what works well, and areas where I could improve. We also talked about a leadership course which I am going to attend next month.
3.2.2016	Patient	Written complaint	A complaint was received about the ward, from a woman who felt she received poor care, inadequate support with breastfeeding and was not kept in the loop about discharge process. Will reflect on this in one of my reflective accounts. Linked to 'prioritise people' in the Code.

7.5.2016	Colleague	Verbal	I asked a more experienced midwife on the ward to observe a breastfeeding support session I lead, and give me feedback. We talked about what I did well, and some new ideas and techniques I could include in my session. Will reflect on this in one of my reflective accounts.

Nursing & Midwifery Council

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account: **Community – District nurse**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

CPD participatory activity. Attending a Manual Handler Transfer Specialist course.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

As an experienced community nurse I have had to adapt to various environments to deliver care safely and effectively. Working within the community team we provide care for patients with complex health care needs at home, most presenting with limited ability to mobilise and transfer independently. I participated in the manual handling transfer specialist training course to develop the team's knowledge and skills in patient handling. The role of transfer specialist will also promote the team's compliance with the Trust's mandatory training programme.

The statistics highlighting that 24% of NHS staff are injured through poor manual handling practice, and that poor practice contributes to 40% of sickness and absence, emphasise the need for raising awareness of the consequences of poor practice. The cost to the NHS for compensation claims is approximately £150 million a year; money that should go directly to patient care.

The role of transfer specialist will focus on organisational and individual training needs to move safer handling practice forward across the organisation, in line with current best practice. Each trainer will be expected to attend a minimum of one update training session every year facilitated by a board manual handling advisor.

Staff will complete a structured manual handling passport and will be assessed carrying out practical modules relevant to their workplace. For new staff an induction will be carried out and a checklist of training needs must be met prior to commencement of work. Self-assessments will be carried out every two years and, if required, training will be provided by the transfer specialist.

The legislation regarding risk assessments and safety at work was discussed and the importance of assessment prior to performing any task was reinforced, with the aim to reduce risk of injury to both patient and staff member.

How did you change or improve your practice as a result?

We have arranged a teaching programme which includes individual task assessments, control measures, risk assessments, care plans and review dates. We have offered to accompany colleagues on home visits to carry out complex assessments, enabling us to initiate safer handling principles. We will act as a resource to the team in relation to the ordering of equipment, with the purpose of reducing the risk of injury to colleagues and patients as a result of poor manual handling practice.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

All four themes of the NMC Code are linked to this CPD activity:

Prioritise people - the majority of people referred to the CRT are older with chronic limitations including social needs. For some patients to remain at home safely, functional assessments are necessary to perform the fundamentals of care safely. The extended knowledge and skills in identifying appropriate aids for transferring patients enables them to remain independent with formal support at home.

Practise effectively – the ongoing manual handling updates enables staff members to maintain the knowledge and skills needed for safe and effective practice.

Preserve safety – As a transfer specialist I am to be a resource for the team, supporting colleagues to take account of their own personal safety as well as patient safety by attending manual handling training sessions.

Promote professionalism and trust - I intend to be a model of integrity and leadership by being committed to the standards of safer handling practice.

Nursing & Midwifery Council

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Reflective account: **Community – Health visitor**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I received written feedback on a record keeping and documentation and train the trainer training day that I delivered with a colleague. The audience included health visitors, student health visitors and managers. The organisation was in the process of moving to a new record keeping system and had concerns about the quality of their practitioner's records. There had been a number of serious case reviews where poor record keeping was highlighted as a contributing factor. My colleague and I delivered the record keeping session and I delivered the train the trainer session. Feedback was received from participants who completed an evaluation form. I also received a thank you email from the manager who commissioned the session.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

The feedback from participants was positive and demonstrated that expectations of the session had been met. The content, materials and delivery of the session were rated excellent or very good, indicating it had been well received and was beneficial. There were a number of additional comments. It was suggested there could have been more focus on the how participants themselves could deliver the training, more on the basics of record keeping in relation to current NMC guidelines and, rather than maintaining the same members of a group within the different interactive sessions, it would have been beneficial if members were moved around.

I was pleased with the feedback, in particular the additional comments from participants that would enable me to improve future sessions.

How did you change or improve your practice as a result?

I reviewed the training package based on the feedback provided and the programme for future sessions was amended, addressing the suggestions made.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

It is relevant to the theme ‘prioritise people’ in terms of listening to people and responding to their preferences and concerns. I had a number of meetings and communications with the management team and representatives to ensure the training day would meet their requirements, and I made changes based on the feedback received.

It is also relevant to the themes ‘practise effectively’ and ‘promote professionalism and trust’ in terms of practising in line with the best available evidence, working cooperatively, communicating clearly, and sharing skills and knowledge. It was important that the best available evidence was used in the presentation, which required me to research the subject area and ensure I was confident in my knowledge. I also had to ensure that I communicated clearly and varied the teaching methods to facilitate participants’ engagement, recognising that people learn in different ways. The session encouraged participants to uphold the standards and values set out in the Code.

Nursing & Midwifery Council

REFLECTIVE ACCOUNTS FORM

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Reflective account: **Cosmetic sector – self-employed aesthetic nurse**

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

- An experience from a clinic treatment day, during the pre-treatment discussion with a patient.
- When I asked if there were any changes to medical or drug history, the patient said there had been no changes. T
- Patient did not consider that taking oral low dose aspirin was a medical or drug related issue, and therefore did not inform us that six weeks ago she'd commenced prophylactic oral low dose aspirin after reading an article in a newspaper.
- This resulted in her subsequent bleeding during the elective procedure which had to be abandoned.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

- Learnt that patients do not always have a clear understanding of the information we are requesting from them.
- I reflected on how we asked patients for general information - it is quite possible that patients do not consult with Health Care Professionals when making choices - in this case they read an article, purchased an OTC medication and commenced self-medication.
- This highlights that patients may not consider self-medication either a 'medical' or 'drug' change and therefore would not report a change to us.

How did you change or improve your practice as a result?

- Reviewed the written information we give to patients prior to treatment
- Introduced a risk assessment for bruising
- This risk assessment includes a list of possible medications they may be taking and might not think to mention, such as low dose Aspirin, Vitamin E supplements, cod liver oil capsules etc.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This is relevant to all principles of the Code, but in particular:

- Practising effectively – this experience is about communicating clearly, and taking steps to ensure people understand what is being asked of them.
- Preserving safety – I took steps to reduce as far as possible any potential for harm associated with my practice by introducing a new risk assessment for bruising.

Nursing & Midwifery Council

REFLECTIVE DISCUSSION FORM

You **must** use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in *How to revalidate with the NMC* for further information.

To be completed by the nurse or midwife:

Name:	**A. Nurse**
NMC Pin:	**12A3456S**

To be completed by the nurse or midwife with whom you had the discussion:

Name:	L. Manager
NMC Pin:	**0684567E**
Email address:	l.manager@nurse.com
Professional address including postcode:	London Hospital Jones Road London **LN1 2NM**
Contact number:	020 1234 5678
Date of discussion:	**30/01/2016**
Short summary of discussion:	We discussed all five of Amy's reflective accounts and linked them back to the Code. We had a very beneficial discussion about some of the issues raised, and shared our different perspectives. We also identified some professional development objectives for Amy, and she is now going to write an action plan for the future.
I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.	**Signature:** *L. Manager*
I agree to be contacted by the NMC to provide further information if necessary for verification purposes.	**Date:** 1../ *30/1/2016*

Confirmation Form

Nursing& Midwifery Council

You **must** use this form to record your confirmation.

To be completed by the nurse or midwife:

Name:	A. Nurse
NMC Pin:	12A34565
Date of last renewal of registration or joined the register:	30/4/03

I **have received confirmation from (select applicable):**

D A line manager who is also an NMC-registered nurse or midwife

D A line manager who is not an NMC-registered nurse or midwife

D Another NMC-registered nurse or midwife

D A regulated healthcare professional

D An overseas regulated healthcare professional

D Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	L. Manager
Job title:	**Policy Director**
Email address:	I.manager@nurse.com
Professional address including postcode:	London Hospital Jones Road London LN1 2NM
Contact number:	*02012345678*
Date of confirmation discussion:	30/01/2016.

If you are an NMC-registered nurse or midwife please provide:

NMC Pin: O6B45567E

If you are a regulated healthcare professional please provide:

Profession:
Registration number for regulatory body:

If you are an overseas regulated healthcare professional please provide:

Country:
Profession:
Registration number for regulatory body:

If you are another professional please provide:

Profession:
Registration number for regulatory body (if relevant):

Confirmation checklist of revalidation requirements

Practice hours

☒ You have seen written evidence that satisfies you that the nurse or midwife has practised the minimum number of hours required for their registration.

Continuing professional development

☒ You have seen written evidence that satisfies you that the nurse or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife

☒ You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.

You have seen accurate records of the CPD undertaken.

Practice-related feedback

You are satisfied that the nurse or midwife has obtained five pieces of practice-related feedback.

Written reflective accounts

You have seen five written reflective accounts on the nurse or midwife's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion

You have seen a completed and signed form showing that the nurse or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself].

I confirm that I have read *Information for confirmers,* and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over the three years since their registration was last renewed or they joined the register asset out in *Information for confirmers.*

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for **verification information I may put the nurse or midwife's revalidation application at risk.**

Signature:

Date: 30/01/2020