**Achieving Nursing and Midwifery Council revalidation**

**Jancis Shepherd**

Following the Nursing and Midwifery Council’s (NMC) decision to introduce the new form of revalidation from April 2016, I knew before even registering online that my revalidation would be due at this time. Although my personal professional portfolio was up to date, I realised that the new requirements would mean having a different approach to ensure my documentation for revalidation would meet the NMC criteria (NMC 2015a).

Personal communication with both educationalists and midwives suggests that the new requirements are causing anxiety as to how they may be met. A number of experienced colleagues have expressed that as they are approaching retirement they will be making the decision not to revalidate. This is due to anxiety over the work involved and in possibly not being ‘successful’ in revalidating. This is, potentially, a huge loss to the profession, especially in view of the current shortage of midwives. In reality there is a time commitment required and a need to be methodical in keeping records of activities, writing reflections and collecting feedback. However, this is achievable by understanding the requirements, and affording some effort, time and planning.

This article will demonstrate how revalidation can be achieved for those whose sphere of practice is education and will offer suggestions for midwives in management roles, clinical practice and nurse-midwives who wish to revalidate for both.

**What is needed? The NMC (2015a:7-8) list the following requirements:**

* [450 practice hours, or 900 if renewing as both a nurse and midwife](http://revalidation.nmc.org.uk/what-you-need-to-do/practice-hours)
* [35 hours of continuing professional development (CPD) including 20 hours of participatory learning](http://revalidation.nmc.org.uk/what-you-need-to-do/continuing-professional-development)
* [Five pieces of practice-related feedback](http://revalidation.nmc.org.uk/what-you-need-to-do/practice-related-feedback)
* [Five written reflective accounts](http://revalidation.nmc.org.uk/what-you-need-to-do/written-reflective-accounts)
* [Reflective discussion](http://revalidation.nmc.org.uk/what-you-need-to-do/reflective-discussion)
* [Health and character declaration](http://revalidation.nmc.org.uk/what-you-need-to-do/health-and-character)s
* [Professional indemnity arrangement](http://revalidation.nmc.org.uk/what-you-need-to-do/professional-indemnity-arrangement)
* [Confirmation](http://revalidation.nmc.org.uk/what-you-need-to-do/confirmation).

***Tip: Start to collect all your evidence in a folder and in an electronic file.***

If you need to revalidate speedily you may find the resource below on how to revalidate in 16 days useful: <http://www.enhertsccg.nhs.uk/sites/default/files/Revalidate%20in%2016%20Days.pdf>

**Practice hours**

A registrant needs to demonstrate that they have completed 450 practice hours as a midwife or 900 hours if revalidating as a dual registrant who works both as a nurse and a midwife (NMC 2015a). Both spheres of practice would need demonstration of how the practice hours relevant to the scope of practice have been met. This could be achieved by a dual registrant having had two part-time posts within the preceding three years. Alternatively this may be by having a post where both qualifications and roles are used simultaneously. Double counting of hours, for example, giving post-operative care to a woman after a caesarean section cannot be counted as both nursing and midwifery hours.

An adult nurse who is undertaking an 18- or 21- month midwifery course must be registered with the NMC to enter the course. The guidance from the NMC is that there is no NMC requirement to maintain this registration but this may be an expectation of the university or the Trust that employs the student (NMC no date). While undertaking the course the student midwife can revalidate their nursing registration provided that they can demonstrate that the requirements have been met. However, the hours and activities undertaken on the course cannot be used towards nurse registration. In reality the nurse/midwifery student would be wise commencing the course having met their revalidation requirements in their previous post. Currently the NMC stance is that if the nurse/midwifery student cannot meet their revalidation requirements they will have to let their nurse registration lapse.

On successful course completion as a midwife, revalidation will be in three years’ time. A nurse/student midwife whose revalidation lapses who then decides to defer or withdraw from the midwifery course will be in a difficult position regarding employment as they will then have to meet the requirements for readmission to the register.

***Demonstrating hours worked for revalidation***

Using the NMC template the hours worked can be completed as per the examples below of a midwife in education, a midwifery matron, and a nurse-midwife having two part-time roles.

| **Date** | **Name / address of organisation** | **Type of organisation\* and Scope of practice**† | **Hours** | **Registration**‡ | **Brief description of work** | **Evidence** |
| --- | --- | --- | --- | --- | --- | --- |
| 01.04.2013- 01.04.2016 | University of Midwifery,  Education Rd, London,  TW6 2SA | Education\*  Educational management† | 1687.5 per annum, meets minimum of 150  per annum | Midwife, Midwife Educator | Lead Midwife for Education with education, management and standards role.  Teaching on undergraduate courses.  Teaching on postgraduate modules.  Curricula and module development.  Contract, quality assurance and performance management. | Contract of employment  Job description  Pay slips  P60 annually |
| 01.05.2013- 01.5.2016 | Maternity Unit, Hill Rd,  Dingley Dell,  London  TW6 2SP | Midwifery management | 1687.5 per annum, meets minimum 150 per annum | Midwife,  Supervisor of Midwives (SoM) | Midwifery Matron and manager for antenatal and community services.  Responsible for all midwifery services, antenatal screening, antenatal clinics, home birth services, community antenatal and postnatal care.  SoM with 24hr on call supervisory support.  SoM to 15 midwives. | Contract of employment  Job description  Pay slips  P60 annually |
| \*Primary care, Secondary care , tertiary hospital, Public health, Care home sector, Ambulance service, Military, Prison, Schools, Policy, Education, Research, E-health, Other.  †Direct patient care, Management, Education, Policy, Research, Other.  ‡Nurse; Midwife; Nurse/SCPHN; Midwife/SCPHN. | | | | | | |

| **Date** | **Name/address of organisation** | **Type of organisation and Scope of practice** | **Hours** | **Registration** | **A nurse-midwife who is revalidating both qualifications and needs to demonstrate 450 hours of practice for each** | **Evidence** |
| --- | --- | --- | --- | --- | --- | --- |
| 01.08.2013- 01.08.2016 |  | Maternity Unit, Midwife | 22.5 per week, 1012.5 per annum, meets minimum 150 per annum | Nurse and Midwife | Midwife on birth centre, care and support of women in labour.  Undertake postnatal examination of mothers and newborns.  Give postnatal care and advice and support with infant feeding. | Contract of employment  Job description  Pay slips  P60 annually |
| 01.08.2013- 01.08.2016 | Surgical Ward  Hill Rd,  Dingley Dell,  London  TW6 2SP | Surgical ward  Nurse | 15 per week, 675 per annum, meets minimum 150 per annum | Nurse and midwife | Nurse on surgical ward. Give pre and post operative care. Manage a bay of surgical patients providing care, monitoring their condition, administration of medicines, wound care management. | Contract of employment  Job description  Pay slips  P60 annually |

**Achieving the** [**35 hours of CPD with 20 hours of participatory learning**](http://revalidation.nmc.org.uk/what-you-need-to-do/continuing-professional-development)

All forms of learning may be counted whether this is as an individual, through course or conference attendance, via online or other activities.

A brief outline is required and links to the relevant parts of the NMC Code (2015b): prioritise people, practise effectively, preserve safety, promote professionalism and trust.

Using the NMC template this can be completed and demonstrated as per example:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | **Method\*** | **Topic(s)** † | **Link to code**‡ | **Hours** | **Participatory hours** |
| 16.04.2015 -19.04.2015 | Independent learning  Evidence – teaching materials and powerpoint presentation | Preparation of teaching materials for NMC Code (NMC 2015b) and other NMC document changes.  Preparation of materials for study day on record keeping.  Preparation of materials for teaching on revalidation. | All sections | 12 |  |
| 20.04.2015 | Teaching and reflection.  Evidence – powerpoint presentation, personal reflection and group reflection, timetable and diary entry | Leading on session with student SoM on revalidation and discussions on Fitness to Practise, what SoM/managers are verifying  – completion of requirements  – revalidation is about meeting the requirements not assessing an indiviiduals Fitness to Practise. | All sections  Relevance to revalidation, professional practice, the Code, possible roles with being a SoM and a possible confirmer.  Group learning and a group reflection  undertaken to demonstrate the theory and practice.  Students to complete further personal reflection using the NMC Code (NMC 2015b). | 2 | 2 |
| 09.04.2015  05.04.2015 | Independent | Investigation, report writing and presenting at Fitness to Practise hearings. Relevant to public protection and public safety. | All sections but particularly in relationship to 20:   * promote professionalism and trust, * uphold the reputation of the profession and the university * honesty and integrity. | 10 |  |
| 21.09.2015  11.08.2015 | Group activity | Panel member at Fitness to Practise or disciplinary hearings  Protection of the public, protection of the reputation of the university, preserving safety. | All sections but primarily protection of the public by making informed decisions on outcomes. | 10 | 10 |
| 15.10.2015 | Group activity | Chair for Academic Offences panel | Promote professionalism and trust – particularly in the case of plagiarism relationship to 20.2 act with honesty and integrity at all times.  23.3 tell any employers you work for if you have had your practice restricted or had any other conditions imposed on you or by any other relevant body. | 2 | 2 |
| 13.10.2015 | Study day for strategic planning of the midwifery workforce.  Programme | Making a difference to the provision of midwifery care in the region. | All sections.  Discussions on current evidence base for care, the need to promote personalised maternity care and how this can be achieved in both low and high risk situations | 5 | 5 |
| Oct 2014 | Gained Senior Fellowship of Higher Education Academy  Application, presentation and HEA certificate | Review of role and activities of my teaching and learning in relationship to the requirements of the HEA. Update of educational knowledge, preparation of application by essay and presentation.  Support of other staff in gaining accreditation. | Practise effectively within my sphere of practice  6.2 Maintain my knowledge and skills for safe and effective practice | 12 | 3 |
| 15.01.2016 | Online learning on Perinatal Mental Health.  Certificate | PNMH, signs, symptoms, types, management | Good to refresh knowledge base and relate to code re prioritise people, practise effectively and preserve safety. Useful case histories  Useful learning about personality types that enhance my understanding.  6.2 Maintain my knowledge and skills for safe and effective practice | 2 |  |
| \*For example: Online learning, Course attendance, Independent learning.  †A brief outline of the key points of the learning activity, how they are linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.  ‡State which section it links to: prioritise people; practise effectively; preserve safety; promote professionalism and trust.  CPD hours= 53, Participatory hours = 22 | | | | | |

**Practice-related feedback, five pieces of feedback in three years**

Individual feedback upon practice may occur in all spheres of midwifery practice. It is rewarding to receive feedback that is complimentary, however learning and reflection may occur through feedback that is both positive and where constructive guidance is given in order to aid improvement. Care needs to be taken not to request feedback just in situations that have gone well; or to inadvertently coerce — perhaps by asking students for feedback before undertaking their practice assessment.

**Examples:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Source of feedback – where from?** | **Type of feedback** | **Content of feedback. What was this and how has it influenced your practice?** |
| 01.12.2015 | Colleague undertaking a peer review of my teaching | Verbal and written | Positive feedback re group dynamics, method of teaching with a super suggestion for development of my presentation of putting templates into the presentation as sharing paper copies was challenging. |
| 15.03.2016 | Colleague – observed a birth I facilitated. | Verbal | Positive over my communication skills but suggested that I may find it useful to review the evidence about the use of hot compresses in reducing perineal trauma. |

***Feedback needs to be relevant to the sphere of practice and can occur in a wide variety of forms for example:***

* Patients, relatives or service users
* Colleagues — nurses, midwives, other health care professionals
* Students
* Annual appraisal
* Team performance reports
* Contract performance
* Student evaluation
* Peer review
* Group reflection
* Critical incident review
* Clinical audit
* Serious event reviews
* Complaints about care.

***Tip: Feedback needs to assist you in developing as a professional therefore consider constructive guidance as well as positive endorsements of your practice.***

**Five reflective accounts. A mandatory requirement using the form provided on the NMC website**

This will be required within your professional portfolio and each reflection will form part of a professional reflective discussion with another NMC registrant. Depending on local arrangements, this person may be a line manager, or a Supervisor of Midwives (SoM), this may form part of your annual review. The line manager or SoM may also be your confirmer.

Although it is not an NMC requirement you may choose if you wish to use a structured reflective cycle to guide your reflection. A simple model that may aid reflection is the Rolfe reflective model ‘*What, so what, now what*’ (Rolfe *et al* 2001). This is a reflective model that I found was concise and easy to work with for revalidation within the NMC template, as shown on the National College for Teaching and Leadership website: <https://www.nationalcollege.org.uk/transfer/open/mentoring-and-coaching-core-skills/mccore-s06/mccore-s06-t01.html>.

***Reflection examples — these need presentation on the NMC reflection form:***

|  |
| --- |
| I have chosen to use the Rolfe reflective model – ‘*What, so what, now what*’  Adapted from Rolfe G, Freshwater D, Jaspar M (2001). *Critical reflection for nursing and the helping professions: a user’s guide*. Basingstoke: Palgrave Macmillan.  <https://www.nationalcollege.org.uk/transfer/open/mentoring-and-coaching-core-skills/mccore-s06/mccore-s06-t01.html> [Accessed 11 July 2016]. |
| **What was the nature of the CPD activity/practice-related feedback?**  **What?**  Attendance at conference – supporting together, four speakers each were inspirational in their own way.  First speaker - spoke on female genital cutting (FGC), and to use the term FGC not FGM [female genital mutilation] .  Second speaker – being a lay reviewer for a National Institute for Health and Care Excellence (NICE) guideline (really reinforced the benefit of having lay representatives working with health professionals).  Third speaker – a support charity for women diagnosed with cancer in pregnancy or the year after birth.  Fourth speaker – spoke on student buddying and on launching a midwifery society. |
| **What did you learn from the CPD activity and/or feedback?**  **So what?**  Excellent and enjoyable day, lots of learning points.  FGC – increased awareness of the topic and how I perceive this with a western view not necessarily a holistic worldwide perspective. My biggest learning point was about the terminology and to use the term FGC not FGM as this is so value laden.  Innovative approach from the lay representative over how to apply research to practice and in taking ‘the cup of tea challenge’. A useful tool to adopt for my own teaching – take things in bite sized chunks.  How to support and refer women with a diagnosis of cancer in pregnancy – positive support re diagnosis, treatment and possible charitable bursaries. |
| **How did you change or improve your work as a result?**  **What now?**  This has sparked ideas as to how new topic areas and the use of use of lay representatives can be further incorporated in our curricula and ways in which we can do this. |
| **How is this relevant to the Code?**  **Select a theme: Prioritise people – Practice effectively – Preserve safety – Promote professionalism and trust**  FGC – Practice is directly relevant to many aspects of the Code:  **Prioritise people**:  3. Make sure that people’s physical, social and psychological needs are assessed and responded to.  3.4 Act as an advocate for the vulnerable, challenging poor practice and discriminatory attitudes and behaviour relating to their care. Women and young girls may be vulnerable where a family history of FGC exists.  4. Act in the best interests of people at all times. Tact and diplomacy as western values may not be the same as if a woman is part of a culture where FGC is practised and not having this performed can make the girl a social outcast.  4.1 Balance the need to act in the best interests of people at all times with the requirement to respect a person’s right to accept or decline treatment.  **Practise effectively**   1. Always practise in line with the best available evidence. Evidence is clear re FGC and the detrimental health effects. 2. Keep clear and accurate records relevant to your practice.   Good record keeping is essential, particularly where safeguarding issues may become apparent.  **Preserving safety**  Safeguarding of female children and the role of the midwife in protection of girls particularly over the school holidays and what is termed ‘The cutting season’.  Relevant to the duty to report where concerns lie, ensuring this is known by students. |

**Reflective discussion**

Once you have undertaken your five reflections, time needs to be put aside to have your reflective discussions with your NMC registered colleague. The NMC Reflective discussion form must be completed. The colleague will need to write a short summary, provide their name, NMC PIN, email address and consent to be contacted by the NMC. This form must be stored in paper form and not shared electronically.

***Tip: Ensure there is no confusion with your confirmers PIN number over the numeral 1 and letter I, or numeral 0 and letter O.***

[**Health and character declaration**](http://revalidation.nmc.org.uk/what-you-need-to-do/health-and-character)

To uphold the reputation of the profession and protect the public, each registrant has to declare that their health and character is sufficient for safe and effective practice.

As a registrant there is an expectation in line with the NMC Code (NMC 2015b) that registrants should be honest and trustworthy with personal integrity. Registrants are expected to notify the NMC contemporaneously if they receive any police charge, caution or conviction. When completing the online declaration each registrant will be asked to declare any police charges, cautions or convictions that are not protected, or actions taken by a regulatory body that may affect the registrant’s fitness to practise. (NMC2016a)

[**Professional indemnity**](http://revalidation.nmc.org.uk/what-you-need-to-do/professional-indemnity-arrangement)

In July 2014 it became mandatory for all health care professionals to have professional indemnity in place to be able to practise and give care. Each registrant is responsible for ensuring that this cover is in place. You will be asked to declare this when completing your online revalidation. Professional indemnity may be through your employer, a professional body or private insurance. This arrangement should provide a level of cover that is appropriate to your scope of practice. Registrants will be asked to provide the name of the professional body or indemnity provider.

You will need to declare that you have indemnity cover:

* On the first occasion you register with the NMC.
* Each time you renew your registration.
* If you reapply for readmission to the register if your registration has lapsed.
* If you have been struck off the register through fitness to practice proceedings and are seeking readmission.

(NMC 2016b:3)

[**Confirmation**](http://revalidation.nmc.org.uk/what-you-need-to-do/confirmation)

Once you have met all the requirements and prepared your portfolio, you will need to meet with your designated confirmer. Preferably your confirmation meeting will be in a face-to-face situation. Depending on local arrangements your confirmer may be the person with whom you have had your reflective discussions. This meeting may form part of your annual appraisal with your line manager or it may be as part of an annual supervisory review. You will need to demonstrate how you have met each revalidation requirement, with the exceptions of good character and professional indemnity — these are by self-declaration online. This meeting and the signing of the confirmation form provided by the NMC can occur within the 12 months leading up to your revalidation date. Your confirmer will need to sign the confirmation form, giving their name, work address, telephone number and NMC PIN. The confirmer and the registrant need to retain a copy of the signed form.

**The online application**

Provided the registrant has registered online, the NMC will send an email 60 days in advance of the revalidation date. The revalidation process is completed electronically by logging onto NMC online and answering each of the questions. This will allow you to verify that you have met each requirement. You will need your confirmation form with the details and PIN of your confirmer. Be very wary that some numbers and letters can be difficult to distinguish eg: 1, I and 0, O. It is wise to have checked this in advance! It is also sensible to select the option to print the copy of your application for your portfolio.

You will have to give consent that your revalidation details can be checked through your employer or confirmer. If your documentation is to be audited you will receive notification of this within a few days of your application.

Your annual payment will also be due; once this is received and your revalidation application processed you will receive a confirmatory email. To ensure that your updated registration is live on the NMC register you should check your entry at: [www.nmc.org.uk/search–the–register](http://www.nmc.org.uk/search–the–register)

**Without completion of your revalidation and inclusion in the live register it is illegal to practise**

With an understanding of what is needed, a methodical approach and a couple of hours to put your portfolio together, the requirements for revalidation are realistic and achievable. There is no need for the fear and anxiety that some registrants are expressing. Try to view this as an opportunity to demonstrate how you meet the requirements and enjoy having the opportunity for a one-to-one discussion about your reflections with your NMC confirmer.

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**Resources**

Nursing and Midwifery Council (2016). *Welcome to revalidation.*

<http://revalidation.nmc.org.uk/welcome-to-revalidation>

Nursing and Midwifery Council (2016). *Forms and templates for revalidation*.

<http://revalidation.nmc.org.uk/download-resources/forms-and-templates/>

Nursing and Midwifery Council (2016). *Alternative support arrangements. NMC guidance sheet.* <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/alternative-support-guidance-sheet.pdf>

East and North Hertfordshire Clinical Commissioning Group (2016). *How to revalidate in 16 days.*

<http://www.enhertsccg.nhs.uk/sites/default/files/Revalidate%20in%2016%20Days.pdf>

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