

# Are midwives ready for revalidation?

From April 2016 the only way midwives and nurses will be able to renew their registration with the Nursing and Midwifery Council (NMC) will be through a process called revalidation, the purpose of which is to improve public protection by making sure that midwives and nurses continue to remain fit-to-practise throughout their career (NMC, 2015a).

Revalidation is built on existing arrangements and adds requirements that encourage registrants to seek feedback from patients (for midwives this will mean women and their families) and colleagues, reflect on the *Code* (NMC, 2015b) by having a professional discussion with another registrant and, importantly, seek confirmation that they have met those requirements from a third party. Nurses and midwives will need to use their judgement to choose who should provide confirmation. The NMC recommend that it is provided by their line manager and that the line manager does not need to be an NMC registered nurse or midwife. If the line manager is not an NMC registrant then the reflective professional discussion with another NMC registered nurse or midwife must happen first.

The NMC is confident that revalidation will reinforce the duty on midwives and nurses to maintain their fitness-to-practise within the scope of their particular areas of practice and to incorporate the *Code* in day-to-day practice and personal development. It is also hoped that for some registrants revalidation will encourage engagement in professional networks and discussions, and reduce professional isolation.

Another perceived benefit is that revalidation will enhance employer engagement by increasing their awareness of the regulatory standards that midwives and nurses practise within, encouraging early discussions about practice concerns before they escalate or require referral to the regulator, and increase access and participation in appraisals and professional development. Griffiths (2015: 54) cites Jackie Smith, NMC chief executive as stating that revalidation takes PREP to a new level: 'simply put, PREP was not fit for purpose—when was the last time we asked for someone's PREP portfolio?'

However, before we consider revalidation and start thinking about meeting the requirements it is important to take a step back and consider the crucially important document that underpins the practice of all nurses and midwives in all settings and is the basis of the revalidation process. This

## Abstract

Launching in October 2015 and effective from April 2016, the only way a nurse or midwife will be able to renew their registration with the Nursing and Midwifery Council will be through a process called revalidation. Revalidation builds on the current PREP requirements and is underpinned by the four themes of the new *Code*. It is a mechanism by which each nurse and midwife will provide the evidence that they are 'living the *Code*' in their professional practice and personal development. There are certain requirements that must be met and then confirmed by a third party. It is suggested that the supervision framework can contribute to revalidation and support and enable midwives to demonstrate they have met the requirements. Midwives need to familiarise themselves with the requirements and start planning as to how they can demonstrate they have met them. A good place to start is by having 'revalidation conversations' with their colleagues and their Supervisor of Midwives.

**Keywords:** Living the *Code*, Revalidation, Improve public protection, Reflection and discussion, Supervision of midwifery, Action planning

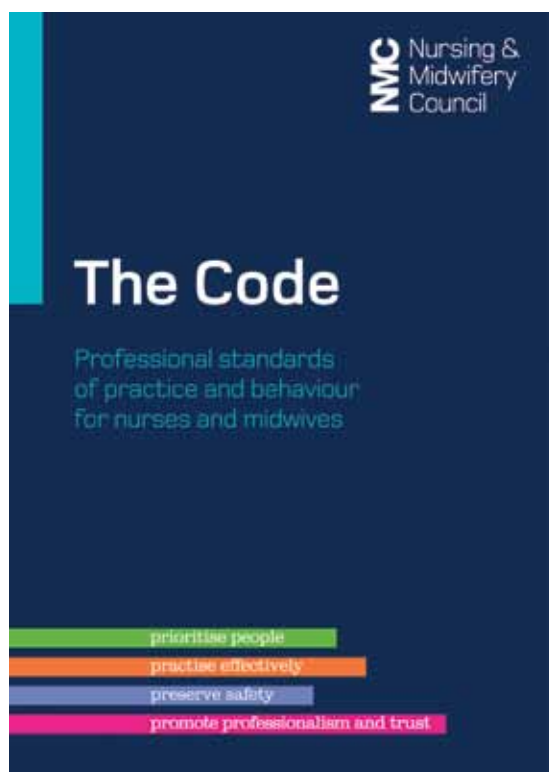
of course is the *Code* (NMC, 2015b), which all registrants should have received at the beginning of 2015 and came into effect on 31 March 2015. There are over 680 000 nurses and midwives registered with the NMC, all of whom are required to uphold the new *Code* of professional standards of practice and behaviours. The new *Code* builds on the existing foundation of good midwifery and nursing practice and reflects current professional and public expectations of today's professionals.

## The *Code*—where it all begins

Revalidation supports professionalism through a closer alignment with the *Code* and the revalidation model aligns to the four themes of the *Code*:

- Prioritise people by actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that you are able to fulfil their needs
- Practise effectively by reflecting on your professional development with your colleagues, identifying areas for improvement in your practice and undertaking professional development activities
- Preserve safety by practising within your competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in your practice through continuing professional development (CPD)
- Promote professionalism and trust by providing

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*The revalidation model aligns to the four themes of the Nursing and Midwifery Council's Code*

feedback and helping other NMC colleagues reflect on their professional development, and being accountable to others for your professional development and revalidation.

Furthermore, *The Code* (paragraph 22) requires all nurses and midwives to fulfil all registration requirements by:

- 22.1 meeting any reasonable requests so the NMC can oversee the registration process
- 22.2 keeping to prescribed hours of practice and carrying out CPD activities
- 22.3 keeping knowledge and skills up-to-date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop competence and improve performance (NMC, 2015b).

It is evident, therefore, that the revalidation process is clearly structured and linked to the *Code* in a way that PREP never was. Revalidation is the process by which a midwife will demonstrate that they are 'living the Code' and that this is an ongoing process in their professional life—not a one off at the point of renewal. The application to revalidate will be made at a certain point in time but participation in the process is ongoing. In order to assist midwives with the concept of 'living the Code', the RCM has written a short module 'Introducing the new NMC Code' as part of their i-learn range with helpful midwifery examples.

## Revalidation requirements

There are five key requirements for revalidation, which all midwives should now be familiarising themselves with to use as a basis for their own action-planning to ensure that they are in a position to be able to successfully revalidate. These requirements are explained clearly by the NMC. Put simply these are as follows:

### Practice hours

Nurses and midwives must practise for a minimum of 450 hours (900 for those with dual registration) over the 3 years prior to the renewal of their registration.

### Continuing professional development

Forty hours of CPD, which is relevant to the individual's scope of practice as a midwife must be undertaken over the 3 year period prior to renewal. Of these hours, 20 must be through participatory learning.

### Practice-related feedback

At least five pieces of practice-related feedback over the 3 year period must be obtained prior to renewal.

### Reflection and discussion

A minimum of five written reflections on the *Code*, CPD and practice-related feedback must be recorded over the 3 years prior to renewal. These must be discussed with another NMC registrant.

### Confirmation by a third party

Each registrant will need to demonstrate to a third party that the revalidation requirements have been met. In addition, there will be a health and good character declaration and a professional indemnity declaration.

Revalidation has been piloted across the UK in a variety of settings and employment circumstances in which midwives will be practising. In total, 19 organisations are taking part. Participants in the pilot process are using provisional revalidation guidance to compile a portfolio of evidence that meets the requirements. Much has been learnt from the testing of revalidation, which many of the sites are sharing with colleagues and other stakeholders as the process moves forward. It is this learning and the accompanying evaluation from the pilot sites which will be used to refine the revalidation model before the anticipated finalised guidance is published by the NMC in the autumn.

## Revalidation and midwives

There is some thought and suggestion 'out

there' that possibly midwives have a head start with revalidation as they are familiar with reflecting on their practice with another midwife through the current mechanism of the annual supervisory review.

All midwives will know that the statutory supervision of midwives will change forever as per recommendation from the recent report, *Midwifery regulation in the United Kingdom* (The King's Fund, 2015) in that statutory supervision should no longer be part of a legal framework. While this historic decision will affect the statutory aspect of supervision of midwives, it was clearly stated within the report that supervision of midwives has a wider role to play within the midwifery profession and is highly valued by many midwives.

Supervision provides a mechanism of support and guidance to every midwife registered in the UK and one clear example of this is the current requirement to meet the *Midwives rules and standards* (NMC, 2012: 26) that 'at least once a year, a supervisor of midwives meets midwives for whom she is the named supervisor of midwives (SoM) to review the midwife's practice and to identify her education needs'. In this context, the annual review provides a basis by which the midwife can begin to think about revalidation and use the review to support and prepare for this process. In this secure environment, practice can be evaluated, areas for development can be discussed and appropriate development opportunities identified (Local Supervising Authority Midwifery Officers (LSAMO) Forum UK, 2013). Griffiths (2015) reported that at one of the pilot sites, midwives were positive about revalidation, seeing it as straightforward. They had less anxiety in general around the process, citing the annual review, which already assesses standards and professional development as contributing to this view.

Partnerships between midwives and their named SoM should be enabling and supportive so midwives can fulfil their responsibilities. This relationship is unique and a named supervisor should enable midwives to focus on ongoing personal and professional development and life-long learning. This, along with clear alignment of practice to the *Code*, is central and pivotal to the revalidation process. The contribution and support that the supervision framework can make to revalidation cannot be underestimated and should be viewed as one of the 'valued aspects' that the LSAMO Forum refer to in their response to the King's Fund Report (LSAMO Forum UK, 2015).

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### Conclusion

What all midwives need to do now is to start thinking about, and planning for, revalidation using the framework of supervision and the relationship with her named SoM. Partnerships between midwives and their named SoM should be enabling and supportive so midwives can fulfil their responsibilities and revalidation requirements.

Midwives will be required to revalidate electronically. Therefore, developing a personal action plan and creating an online NMC account is essential and a good place to begin. Once this has been achieved, it is important to be familiarised with the revalidation requirements and what they mean. Having revalidation conversations with colleagues and your SoM will also help to get the process started.

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For further information about revalidation visit [www.nmc.org.uk/standards/revalidation](http://www.nmc.org.uk/standards/revalidation)

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