

Busting myths about revalidation

With thousands of midwives and nurses having now begun their revalidation process, Katerina Kolyva discusses some of the common misconceptions about the new system.

In October 2015, the Nursing and Midwifery Council (NMC) Council gave the go-ahead to introduce revalidation for nurses and midwives across the UK. The process is now a reality; our online system for submitting applications has launched, and thousands of people with a revalidation date in April have logged into NMC Online and begun the process.

Revalidation is a significant change to the way midwives renew their registration and demonstrate that they are practising to a high standard in line with the *Code* (NMC, 2015). However, this does not mean the new process should be seen as daunting or difficult. In fact, revalidation builds on, rather than completely replaces, the requirements of the old Prep system. The aim of revalidation is not to impose onerous requirements, but rather to empower you to capture and demonstrate what you are doing on a daily basis, and to share good practice with colleagues.

Many of the things you were already doing in order to renew under Prep will remain under revalidation, so a lot will feel familiar. Your practice and continuing professional development (CPD) hours are the same: 450 practice hours (900 for dual registrants) and 35 hours of CPD. The only change is that 20 of your CPD hours will need to be 'participatory'—any learning activity in which you personally interact with other people. Another element that will be familiar is the health and character declaration, which you will need to make through your NMC Online application.

Of course, there are some new requirements. You will need to produce five written reflective accounts in the 3 years since you last renewed your registration or joined the register. Each reflective account must refer to an example of your CPD, and/or a piece of practice-related feedback you have received, and/or an event or experience

in your own professional practice. These reflective accounts should form the basis for a reflective discussion that you will be required to have with another NMC registered nurse or midwife. Once you are confident that you have met the revalidation requirements, you will need to have a discussion with a confirmer—ideally your line manager—who will verify that you have done everything you need to revalidate. The purpose of these new requirements is to encourage more engagement between professionals, to share best practice and ensure no one works in isolation, and to empower everyone on our register to demonstrate that they are 'living' the values and standards in the *Code*.

When we piloted revalidation across the UK last year, we found that many of the nurses and midwives who participated found the process more straightforward and useful than they had expected, and acknowledged that revalidation builds on work they were already doing.

Revalidation involves more than 690 000 people and the cooperation of their colleagues and employers. Any process on this scale is bound to generate some myths and misunderstandings. It is important to understand the reality of what revalidation involves before you start the process. This article will address three common revalidation misconceptions.

Myth 1: You must keep an e-portfolio to revalidate

Although we recommend keeping a portfolio as a simple and effective way of storing evidence that you have met the revalidation requirements, you do not have to keep this portfolio online.

Both paper and online portfolios are equally acceptable. The important thing to remember is that you do not need to 'upload' evidence as part of your online application. As long as you can show your confirmer you have the correct evidence that you have met the requirements, you can choose to store that evidence in a way that suits you best. Just make sure that you

always use the correct NMC forms to record your evidence.

Myth 2: Dual-registered nurses and midwives will need to revalidate twice

If you are registered as both a nurse and a midwife and you want to maintain both registrations, you will need to declare that you have practised a minimum of 450 hours of nursing and 450 hours of midwifery. But the rest of the revalidation requirements are exactly the same as for a single registration.

We regulate professions rather than duties or tasks, so if you are dual registered but you practise solely as a nurse or as a midwife, you do not need to maintain both your registrations. Allowing one of your registrations to lapse does not mean you are giving up your qualification; you can apply for readmission if you want to use it again in the future.

Myth 3: Revalidation is a test of your fitness to practise, and your confirmer will judge whether you should stay on the register

Revalidation is not in place to catch people out or remove people from the register. Its aim is to improve standards and support nurses and midwives across the UK to deliver safe and effective care. Confirmers are there to make sure you have met the revalidation requirements, not to check your fitness to practise. Revalidation is not a new way to raise fitness to practise concerns.

NMC support

We are supporting nurses and midwives through the new revalidation process with a website (revalidation.nmc.org.uk) featuring case studies and films. The site has already attracted over a quarter of a million hits. A programme of emails for individual nurses and midwives is also under way, providing revalidation date reminders and supplementary information.

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Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*. NMC, London

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