



**RCN Policy and International Department**  
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# **RCN Briefing on the Nursing and Midwifery Council consultation on a proposed model of revalidation**

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## Purpose of this briefing and consultation process

The Nursing and Midwifery Council (NMC) is currently consulting on a future model for the revalidation of nurses and midwives. The NMC's remit is UK wide, and revalidation is an issue which will affect every registered nurse and midwife.

The RCN will be submitting a formal response to the NMC. This briefing has been produced to inform members about the purpose of revalidation and the model being proposed by the NMC.

The RCN encourages all members to respond directly to the NMC. We would also like members to provide feedback and comments on revalidation to the RCN, so that we can reflect these in our response to the consultation.

Please visit our consultation page for more information on how to contribute to the RCN response: <http://www.rcn.org.uk/support/consultations/pages/revalidation>

## Introduction

Revalidation is the process by which nurses and midwives will demonstrate to the professional regulator, the Nursing and Midwifery Council (NMC) that they continue to be fit to practise and to remain on the register. The NMC has publicly committed to begin implementing a model of revalidation for nurses and midwives on its register (registrants) by December 2015.

The NMC states that its aims for revalidation are to:

- improve public protection
- increase public confidence in nurses and midwives by allowing them to demonstrate that they are always fit to do their work
- ensure nurses and midwives on the register continue to meet NMC standards
- enable nurses and midwives to be accountable for demonstrating their continuing fitness to practise
- promote a culture of professionalism and accountability.<sup>1</sup>

The NMC's governing council agreed a draft revalidation strategy in September 2013<sup>2</sup>; and on 6 January 2014, published a 12 week consultation on the proposed model for revalidation.

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<sup>1</sup> <http://www.nmc-uk.org/Documents/Revalidation/Revalidation%20factsheet.pdf>

<sup>2</sup> <http://www.nmc-uk.org/About-us/The-Council/Meetings-of-the-Council/Council-meeting-12-September-2013/>

## **Key features of the NMC's proposed model for revalidation**

In September 2013, the NMC Council agreed to a 'phased' approach to revalidation, in order to be able to move ahead quickly and deliver by the December 2015 deadline. The Council agreed however, to consider lessons from phase one and potentially to review the model, at a later date.

For the first phase of revalidation it was agreed to develop a model based on self-declaration by individual nurses, confirmed by third party sign off.

The NMC have stated that in order to be proportionate and cost effective, the revalidation model must build on existing systems. Therefore, the core delivery mechanism is a strengthened appraisal and oversight system, for example including multi source feedback in appraisals and better audit of Continued Professional Development portfolios.

Under the model proposed by the NMC in this consultation, individual nurses and midwives must confirm that they:

- continue to remain fit to practise by meeting the requirements of the revised Code
- have completed the required hours of practice and learning activity through continuing professional development (CPD)
- have used feedback to review and improve the way they work
- have received confirmation from someone well placed to comment on their continuing fitness to practise.

It is proposed that nurses will be revalidated every three years at the point of their renewal on the NMC register. Registrants will be required to constantly collect evidence demonstrating their fitness for revalidation based on criteria in the NMC Code and standards.

The NMC code will be revised and updated guidance published in December 2014, in time to inform revalidation.

## **Background**

For a number of years, the Department of Health (DH) and the Professional Standards Authority (the regulator of the NMC and other health professional regulatory bodies) have been clear that systems must be developed to ensure that all health professionals continue to be fit for practise, in order to protect patient safety.

The urgency of the need to put a revalidation system in place was highlighted by serious care failings in high profile cases such as at Mid Staffordshire hospital. In 2013, a second public inquiry into events at mid Staffordshire, headed by Sir Robert Francis, was tasked to look specifically at the regulatory failings which contributed to events at Mid Staffordshire hospital. One of the key

recommendations in the final Francis report in relation to the professional regulation of nursing was to implement a system of revalidation<sup>3</sup>.

### Francis report recommendations

In the final report following the second public inquiry into Mid Staffordshire, Sir Francis recognised the importance of revalidation in protecting patient safety. His recommendations included that the NMC should introduce a system of revalidation similar to that of the General Medical Council (Recommendation 229); and specifically, that this might include the establishment of employment liaison officers, whose function would support Directors of Nursing in each organisation to ensure the nursing workforce remains compliant with the NMC's Code (Recommendation 232)<sup>4</sup>.

The report also recommended minimum standards for appraisal and the importance of professional development, proposing that "without introducing a revalidation scheme immediately, the Nursing and Midwifery Council should introduce common minimum standards for appraisal and support with which responsible officers would be obliged to comply. They could be required to report to the Nursing and Midwifery Council on their performance on a regular basis.

As part of a mandatory annual performance appraisal, each Nurse, regardless of workplace setting, should be required to demonstrate in their annual learning portfolio an up-to-date knowledge of nursing practice and its implementation. Alongside developmental requirements, this should contain documented evidence of recognised training undertaken, including wider relevant learning. It should also demonstrate commitment, compassion and caring for patients, evidenced by feedback from patients and families on the care provided by the nurse. This portfolio and each annual appraisal should be made available to the Nursing and Midwifery Council, if requested, as part of a nurse's revalidation process".

Although the Francis report recognised the potential role of employment liaison officers, similar to those developed for medical revalidation; it conceded that "if this is impractical, a support network of senior nurse leaders will have to be engaged in filling this gap".

In the final official response to the Francis inquiry in November 2013, the government in England supported the general direction set out in relation to revalidation, and committed to the following, "when the Nursing and Midwifery Council turns around its current poor performance we will work with them to introduce a proportionate and affordable national scheme to ensure all practising nurses are up to date and fit to practise."<sup>5</sup>

In our own organisational response to the Francis report, the RCN supported most of the recommendations made in relation to the NMC and professional regulation<sup>6</sup>. We were clear in our

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<sup>3</sup> Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. Available at: [www.midstaffpublicinquiry.com](http://www.midstaffpublicinquiry.com)

<sup>4</sup> <http://www.midstaffpublicinquiry.com/sites/default/files/report/Volume%202.pdf>

<sup>5</sup> <http://francisresponse.dh.gov.uk/>

<sup>6</sup> [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/530824/francis\\_response\\_full\\_FINAL.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/530824/francis_response_full_FINAL.pdf)

belief that providing an appropriate revalidation model to ensure nurses' practice remains up to date is essential to public protection and as such should be a core function of the NMC. We noted that an effective revalidation system must ensure that registrants continue to meet core standards of conduct and practice through continuing professional development (CPD) and is therefore dependent on employers investing in proper processes of clinical supervision and appraisal. The RCN stated that the recommendation to establish the post of employment liaison officer should be looked at carefully as it may support organisations in overseeing systems of annual appraisal and, ultimately, revalidation.

### **Background note on the medical revalidation model**

The need for a system of ensuring that doctors, once licensed, continue to practice to the highest standards and competencies has been recognised by the GMC since 2000. High profile cases of failings in care by doctors resulted in public and political pressure to introduce safeguards for patient safety.

Revalidation for the medical profession came into force on 12 December 2012. All licensed doctors are expected to have undergone revalidation by March 2016, and most will be required to undergo revalidation every five years.

The GMC developed a new role of 'responsible officers (ROs)' which are central to the success of the revalidation model. Their role of ROs is to ensure that doctors are subject to appraisal each year to ensure they continue to be fit to practise. Any concerns will result in investigation and if required, action to rectify any concerns relating to that doctor, or ultimately, referral to the GMC. Every five years, the RO is then responsible for confirming to the GMC that a doctor continues to be fit for practise.

Under the GMC model, employers must ensure that systems for appraisal meet the requirements of the GMC and to provide adequate resourcing for the RO to carry out their statutory function effectively.

The guidance for ROs issued by the DH describes the core purpose of the role, which includes:

- ensuring that those doctors who provide care continue to be safe
- ensure doctors are properly supported and managed in sustaining, and where necessary, raising their professional standards
- for the very small minority of doctors who fall short of the high professional standards expected, ensure that there are fair and effective local systems to identify them and ensure appropriate remedial, performance or regulatory action.

## Note on midwifery supervision

In 2013 the Health Service Ombudsman reported the results of an investigation into the deaths of three babies and a mother at Furness General hospital in 2008<sup>7</sup>. The Ombudsman recommended that the supervision of midwives should be separated from regulatory functions, so that senior midwives are not in a position of both supporting colleagues and investigating complaints about colleagues.

## RCN initial thoughts and concerns

The RCN is clear that providing an appropriate revalidation model to ensure nurses' practise remains up to date, is essential to public protection and as such should be a core function of the NMC. The RCN also believes that revalidation will play a role in creating and sustaining a strong culture of professionalism in the nursing community.

An effective revalidation model must ensure that registrants continue to meet core standards of conduct and practice through continuing professional development (CPD) and therefore is dependent on employers investing in proper processes of clinical supervision and appraisal. The RCN is aware that nurses do not always receive CPD and we work hard to encourage employing organisations protect the time and resources necessary for nurses to undertake CPD.

We believe the benefits of the Francis report recommendation to consider establishing the post of employment liaison officer, should be looked at carefully, as it may support organisations in overseeing systems of annual appraisal and ultimately, revalidation.

We are aware however, that with over 600,000 nurses and midwives on the NMC register, the revalidation project will require resources. We are concerned about the financial impact this may have on the NMC at a time when it is recovering from a period of poor financial and organisational management. It is critical that the NMC is realistic about the resources required to deliver an effective and efficient revalidation model. We consider that the DH may have to consider how best to support the NMC to achieve these shared goals.

The RCN believes that the costs associated with revalidation must not result in an increase of the registration fee paid by nurses and midwives to the NMC.

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<sup>7</sup> <http://www.ombudsman.org.uk/reports-and-consultations/reports/health/midwifery-supervision-and-regulation-recommendations-for-change>