Revalidation; developing an effective system for Nurses and Midwives

Howard Catton
Head of Policy and International Affairs
Royal College of Nursing
Purpose of revalidation

- For the **public**: to protect patient safety

- For **individual registrants**: to support nurses in taking responsibility for their continued professional development and fitness to practise in the modern healthcare environment

- For **the nursing profession**: to promote a wider culture in which nurses value working in an environment in which ‘keeping up to date’ and the challenging of poor practice is the norm

- One of multiple levers to improve quality and safety of healthcare
Francis inquiry recommendations: the professional regulation of nurses

- **Recommendation 192**: The Department of Health and Nursing and Midwifery Council should introduce the concept of a **Responsible Officer** for nursing, appointed by and accountable to, the Nursing and Midwifery Council.

- **Recommendation 193**: 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.

- **Recommendation 194**: 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.

At the end of each annual assessment, the appraisal and portfolio should be signed by the nurse as being an accurate and true reflection and be **countersigned by their appraising manager** as being such.
Revalidation – starting point

- Individual nurses should be responsible for their own professional development and practice
- But employers/managers have a critical role
- Effective revalidation requires strong links between the professional regulator (NMC) and nursing leadership throughout health system
- Realistic and adequate resourcing is needed
- Revalidation must not over burden an already stretched nursing workforce
- Improve patient safety and quality
Support for revalidation

Do you agree that revalidation will bring benefits for the nursing profession and patient care?

- Agree: 68%
- Don't know: 11%
- Disagree: 21%
Appraisal and revalidation

◆ Appraisals:
  - help nurses to demonstrate fitness to practice and continuous development of professional skills
  - provide a forum to demonstrate participation in mandatory training and share a portfolio of evidence demonstrating learning and development
  - offer the chance for nurse and manager to discuss and agree a plan detailing future CPD and training needs

◆ Poor appraisal processes demonstrate a lack of organisational commitment to a culture of continued professional development and accountability
Appraisal procedures for nurses can be inconsistent and of poor quality

RCN’s biannual employment survey reveals many nurses still do not receive an appraisal or agree a Personal Training and Development Plan (PTDP)

The survey further survey highlights:
- over a third (38 per cent) of nurses received no CPD provided or paid for by their employer
- older nurses (aged 55 and over) are less likely to receive CPD than younger colleagues
- Only six in ten have a personal training and development plan
Current provision of CPD for nurses

<table>
<thead>
<tr>
<th></th>
<th>None</th>
<th>1 to 2 days</th>
<th>3 to 6 days</th>
<th>1 to 2 weeks</th>
<th>3 to 4 weeks</th>
<th>1 to 2 months</th>
<th>More than 2 months</th>
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<tbody>
<tr>
<td>2013</td>
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<td>20.9</td>
<td>6.4</td>
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<td>1.6</td>
<td>4.2</td>
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<tr>
<td>2011</td>
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<td>4.2</td>
<td>2.0</td>
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</table>
Personal training and development plans

- Nurses working in NHS community settings, GP practices and NHS hospital settings are most likely to receive a PTDP.
- Bank/agency and independent sector care home workers are least likely to receive a PTDP.

**Chart 28: Do you currently have a personal training and development plan? (By sector)**

<table>
<thead>
<tr>
<th>Sector</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>60.2</td>
<td>62.9</td>
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<tr>
<td>Bank/agency</td>
<td>30.9</td>
<td>32.8</td>
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<tr>
<td>Ind. sector care home</td>
<td>41.1</td>
<td>57.3</td>
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<td>Ind. sector hospital</td>
<td>56.5</td>
<td>43.4</td>
</tr>
<tr>
<td>Charity/voluntary</td>
<td>56.6</td>
<td>63.5</td>
</tr>
<tr>
<td>NHS hospital</td>
<td>60.7</td>
<td>62.0</td>
</tr>
<tr>
<td>GP</td>
<td>66.3</td>
<td>67.5</td>
</tr>
<tr>
<td>NHS community</td>
<td>70.1</td>
<td>72.1</td>
</tr>
</tbody>
</table>
A significant minority of nurses (24%) do not actively engage with their manager when developing their PTDP.

Chart 29: Has your line manager been actively involved in drawing up this plan? (By sector)

<table>
<thead>
<tr>
<th>Sector</th>
<th>2013</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>75.6</td>
<td>78.9</td>
</tr>
<tr>
<td>Bank/agency</td>
<td>35.3</td>
<td>44.4</td>
</tr>
<tr>
<td>Ind. sector care home</td>
<td>62.1</td>
<td>69.9</td>
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<td>GP</td>
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</tr>
<tr>
<td>NHS community</td>
<td>81.2</td>
<td>82.7</td>
</tr>
<tr>
<td>Charity/voluntary</td>
<td>84.2</td>
<td>80.6</td>
</tr>
</tbody>
</table>
Third party confirmation of fitness to practise

Should a person who is not a registered nurse or midwife be able to confirm continuing fitness to practice?

- 66% Don't Know
- 19% Yes
- 15% No

Yes, providing that the assessor is a health care professional and has an understanding of a nurse's role.”

“Only if employed as sole practitioners or where they are the only registered nurse in the workplace.”

“It would be patronising, challenging and frustrating to say the least to be ultimately ‘judged’ by someone who has no idea or little experience of what our jobs involve, in real time.”

“A nurse’s role is complex. To confirm someone is fit for practice requires someone who fully understands that role with all it’s facets.”
Which of the following should be able to confirm continuing fitness to practise?

- An NMC registered nurse, or midwife, who oversees the work of the nurse or midwife: 86%
- A peer NMC registered nurse, or midwife, who has worked alongside the nurse, or midwife, undergoing revalidation: 64%
- A peer NMC registered nurse, or midwife, who has discussed a colleague's continuing fitness to practise with them: 46%
- Another UK regulated health professional who has worked alongside the nurse, or midwife, undergoing revalidation: 44%
- Supervisor of midwives: 35%
- Employer or manager who is not a registered nurse or midwife, who oversees the nurse, or midwife's, work: 25%
- Other, please specify: 6.5%
Should the revalidation model reflect nurses working at advanced practice level?

- Yes: 72%
- No: 8%
- Don't know: 20%
Barriers and challenges

- What are the barriers to making revalidation effective and fit for purpose?

- Other barriers members perceived included:
  - Lack of resources
  - Lack of confidence in the NMC to deliver
Lessons from medical revalidation: the medical model

- Revalidation of doctors has been a statutory obligation since December 2012
- It is the process by which doctors demonstrate to their professional regulator, the General Medical Council, that they are up to date and fit to practise
- Doctors must participate in annual appraisals and keep a portfolio of supporting information to demonstrate how they meet standards
- Each employing organisation must designate a Responsible Officer (RO)
- Every five years the RO will make recommendations to the GMC on individual doctors’ revalidation
Lessons from medical revalidation: evaluation of early experiences of ROs

Revalidation: the early experiences and views of responsible officers from London (Kings Fund, October 2013) key findings:

◆ revalidation process works best where boards and executive leaders prioritise revalidation through investment in systems
◆ revalidation best supported where robust systems of appraisal and clinical governance were already in place
◆ ROs were hopeful of a long term positive impact on culture, with revalidation encouraging greater reflection on practice
◆ Some ROs felt the system was not suitably patient focused and that more work is needed to obtain ‘meaningful multi-source feedback’
◆ ROs felt process could be strengthened by focusing on increasing the quality of the appraisal process
Summary

- Nurses broadly support revalidation in principle
- Wary about the use of appraisals – potential conflicts, barriers and implications of pay announcement
- Third party confirmation of continuing fitness to practise must be by a registered nurse
- Concerns about the challenge of maintaining professional accountability and leadership
- Lots of work to do on supporting access to CPD
- Fears revalidation will become a ‘box ticking’ exercise, distracting from patient care
- Additional resources will be needed
- But revalidation must not result in an increased NMC registration fee
- Are there other models and what’s the International evidence