

Nursing and Midwifery Revalidation and Regulation Policy

SCCG QP09

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1.0 Introduction

This policy is intended for use in Southend (SOUTHEND) CCG and for adoption by co-commissioned services.

SOUTHEND CCG recognises the importance of professional regulation and is committed to supporting Registered Nurses and Midwives in complying with the process of maintaining professional registration.

The Francis Report (2013) recommended that the Nursing and Midwifery Council (NMC) implement a system of revalidation for Registered Nurses and Midwives.

Taking effect from April 2016, revalidation builds on and replaces the previous post registration education and practice (PREP) standards (2008 and 2011). The purpose of the process is to improve public protection by making sure that Nurses and Midwives continue to practice safely and effectively throughout their career. It also aims to give confidence to the public, employers and fellow professionals. It is expected that all Registered Nurses and Midwives will demonstrate compliance in order to maintain on the Nursing and Midwifery Council Register.

This policy has been developed using the Nursing and Midwifery Council (2015) guidelines and in conjunction with members of the CCG to ensure that there is a system in place to support the implementation of revalidation.

2.0 Purpose and Scope

This policy provides the guidance for all Registered Nurses and Midwives required to revalidate and should be used alongside the Nursing and Midwifery Council's 'How to revalidate' document (2015).

This policy applies to all the Registered Nurses and Midwives employed within the CCG and also any that may be employed in co-commissioned services. It is applicable to all Registered Nurses and Midwives working in all environments, be that clinical, research, education, management or leadership roles.

Other commissioned services will be expected to have a policy in place.

This policy sets the standards of best practice in relation to revalidation and also sets out the process to be followed for registration and revalidation as well as the process to be followed if a nurse/midwife does not re-register/ revalidate.

The CCG has a responsibility to ensure that all members of staff employed are suitably qualified to carry out their role and that they are able to carry out their duties without risk to themselves or others.

3.0 Definitions

CP& R	Southend
CCG	Clinical Commissioning Group
NMC	Nursing and Midwifery Council

4.0 Process and Guidelines

All registrants are required to meet the minimum standards for the three year period preceding the date of their renewal. Individuals who fail to revalidate will be immediately removed from the NMC register and therefore will not be able to practice legally anywhere within the United Kingdom.

All registrants are required to have an online account with the NMC, this is necessary in order to submit the revalidation evidence.

4.1 Legal and statutory responsibilities

Registered Nurses and Midwives have to declare that during the preceding 3 years to their renewal date they have achieved the following;

- The requirement is 450 practice hours, or for dual registrants who want to keep their registration active as both a nurse and midwife, they will need to demonstrate 450 hours as a nurse and 450 hours as a midwife (900 hours in total).
It is important to note that these practice hours do not have to be where an individual is carrying out direct patient care and can be within scopes of practice such as management, education, social care or independent health settings.
- Registered nurses and midwives must have undertaken 35 hours of CPD relevant to their scope of practice as a nurse or midwife in the three year period since their registration was last renewed, or when they joined the register. Of those 35 hours of CPD, at least 20 must have included participatory learning.
- Registered nurses and midwives must have obtained five pieces of practice-related feedback in the three year period since their registration was last renewed or they joined the register. These five pieces of feedback can come from a variety of sources and in a variety of forms. It can be written or verbal, formal or informal. It may come from patients and service users, colleagues or managers. It can also include feedback from team performance reports or the annual appraisal.
- Registered nurses and midwives must have prepared five written reflective accounts in the three year period since your registration was last renewed or they joined the register. Each reflective account must be recorded on the approved form and must refer to how it has improved or changed how they work as a result and how it relates to the NMC Code (2015).
- Registered nurses and midwives must have had a reflective discussion with another NMC registrant, covering their five written reflective accounts.
- When nurses and midwives log in to NMC online to revalidate they are asked to provide a health and character declaration. They must declare if they have been convicted of any criminal offence or issued with a formal caution. They will be asked to declare if they have been subject to any adverse determination that their fitness to practise is impaired by a professional or regulatory body.
- Registered nurses and midwives are legally required to have a professional indemnity arrangement in place in order to practise.
- The role of confirmer is an important one. This is the person who looks at the evidence collected and 'confirms' that the nurse or midwife has met the revalidation requirements.

4.2 Practice related feedback

Practice related feedback can be from patients, relatives, colleagues, service users, managers, students or any other members of staff. If feedback is being sought from patients, carers, relatives or service users this should not be actively sought after on an individual basis, in order to ensure that there is not any pressure applied to this group of people. However, surveys and questionnaires can be used.

Feedback can also be a written record by the registrant of a verbal exchange but must be anonymised.

4.3 Reflective Discussion

This must be a face to face discussion with another NMC registered nurse or midwife. The five written reflective pieces must be discussed with the focus on learning and development. There must also be reference to how practise has changed and how it relates to the Code (2015).

The NMC reflective discussion form must be completed and must include a summary of the discussion. It is important that the name and the NMC Pin Number of who the discussion is held with are documented.

4.4 Confirming Revalidation

4.4.1 Agency Staff

Confirmers at SOUTHEND CCG should not be confirming any members of agency staff. Agency staff providers will have their own process in place.

4.4.2 Practice Staff

Confirmers at SOUTHEND CCG will not be confirming any members of GP practice staff. It is expected that the practices will have their own processes in place following guidance from the NMC and this policy.

4.4.3 Care Home with Nursing Staff

Confirmers at SOUTHEND CCG will not be confirming any members of staff from care homes. It is expected that the service provider will have their own process in place.

4.4.4 EPUT

Confirmers at SOUTHEND CCG will not be confirming any members of staff from EPUT as it is expected that the service provider has its own process in place.

4.4.5 111 and Out of Hours

Confirmers at SOUTHEND CCG will not act as confirmers for this provider as it is expected that the service provider has its own process in place.

4.4.6 Confirmer

The CCG has decided that the reflective discussion and confirmation will be the same person. Hence, the Chief Nurse (or the deputy chief nurse).

The role of the confirmer is to confirm that the nurse/midwife has completed the necessary requirements of the revalidation process. They are expected to challenge any part of the process that does not demonstrate changes in practice or relate to the Code (2015).

The confirmer is not judging the registrants fitness to practice, therefore it should be noted that members of staff can be revalidated even if undergoing a performance management or fitness to practice investigation.

The NMC have produces a form which **must** be used to record the confirmation meeting. Although registrants will not be required to submit this form to the NMC at any point, this should be kept safe in either paper or electronic format. It is important to note that this form contains personal data about the confirmer, and registrants must uphold their obligations in relation to confidentiality and data protection.

4.5 Extenuating Circumstances

As preparation form revalidation is a three year process, extenuating circumstances should be minimal. If it is felt that extenuating circumstances are an important factor affecting the

revalidation process, the registrant should contact the NMC and discuss the situation as there are provisions in place. However, the registrant should be aware that they are likely to need to discuss the reason for extenuating circumstance.

Ultimately it is the responsibility of the individual to remain registered and revalidated. However, the CCG will support any extenuating or exceptional circumstances and make reasonable adjustments.

4.6 Process if registered nurse/midwife fail to maintain registration/revaluation

Registered Nurses/midwives that fail to register and/or revalidate cannot work as a registered professional.

Failure to maintain registration is a breach of staff's contractual agreement and Terms and Conditions of employment. This may result in disciplinary action being taken and/or dismissal from post.

In all cases, staff will be suspended from duty, without pay until the time that the staff member is re-registered. The staff member will be unable to return to work until the Human Resource department can confirm that the staff member has had their registration renewed and are placed back on the register.

Staff should be mindful that any period of unpaid leave will affect pension membership as contributions will be affected.

Staff that is on annual leave at the time of the lapse will still be suspended without pay and could potentially have their annual leave entitlement recalculated.

4.7 Record keeping and confidentiality

Nurses and midwives will keep their own records of evidence for each component of revalidation. It is the responsibility of the nurse/midwife to access the NMC website and use the forms provided by the NMC for the revalidation process. The NMC reflective account form, reflective discussion form and confirmation form are mandatory.

All documents will be signed and dated with the necessary information written on them.

Confirmers must remember that evidence is to be considered in confidence in order to obtain confirmation and if left in their care locked away securely.

4.8 Training and support

The CCG has provided training sessions to all co-commissioned services in regards to revalidation. The Patient Safety and Quality Senior Nurses are available to offer guidance should it be needed.

Registered Nurses and Midwives should access the NMC websites micro site on revalidation in order to gain more information on the process.

5.0 Duties and Responsibilities

5.1 Governing Body

The governing body has the responsibility to ensure that all processes followed are agreed and

signed off in accordance with CCG guidance.

5.2 Accountable Officer

The Accountable Officer has overall responsibility for ensuring that there are processes in place to ensure that all Registered Staff maintain their professional registration within the organization.

5.3 Chief Nurse

The Chief Nurse has overall responsibility for ensuring that all Registered Nurses/ Midwives are supported in the process of revalidation in order to remain a registered professional. However, in the absence of the Chief Nurse this will be delegated to the Deputy Chief Nurse. It has been agreed that the Chief Nurse (or the deputy in the absence of the Chief Nurse) will act as the confirmer for the CCG

5.4 Quality and Patient Safety Senior Nurses

The Patient Safety and Quality Senior Nurses are responsible for monitoring the compliance with professional registration and revalidation within their co-commissioned services. They will review the register to provide assurance that all Registered Nurses and Midwives are registered with the NMC.

5.5 CCG Leads

CCG Leads for teams are responsible for ensuring that members of their teams comply with the revalidation and registration process and be able to address any service delivery needs that may arise from non-compliance.

5.6 Nurses and Midwives

Registered Nurses and Midwives are responsible and will be, held accountable for their own revalidation and registration process. All registration fees will be paid when required (currently yearly) and every three years will demonstrate fitness to practise through the revalidation process in order to remain on the NMC register.

5.7 The Confirmer

The Confirmer is responsible for conducting the reflective discussion and for ensuring that all elements of the revalidation process is evidenced and deemed acceptable by the NMC and the CCG.

6.0 Implementation

This policy will be available to all staff, for use in the circumstances described on the title page. All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

6.1 Training implications

Registered Nurses and midwives are expected to complete the training that has been outlined in NMC guidance.

7.1 Documentation

Other related Policy documents.

- CCG Managing Performance Policy
- CCG Disciplinary Policy
- NMC Code
- NMC 'How to revalidate with the NMC'
- NMC Policy for the revalidation of nurses and midwives
- NMC Revalidation templates
- CCG Human Resources Employment Policy

8.0 Legislation and Statutory Requirements and References

The Nursing and Midwifery Order (2001) can be found at:
<https://www.legislation.gov.uk/ukxi/2002/253/contents/made>

The Health Act (1999) can be found at: <https://www.legislation.gov.uk/ukpga/1999/8/contents>

8.1 Best Practice Recommendations

The NMC revalidation guidance can be found at: <http://revalidation.nmc.org.uk/>

8.2 References

Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry: Executive summary. Available at: www.midstaffspublicinquiry.com

NMC (2015) The Code. Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council. Available at: www.nmc.org.uk/standards/code.

NMC (2015) How to revalidate with the NMC. Nursing and Midwifery Council. Available at: www.nmc.org.uk/standards/revalidation

NMC (2016) Revalidation Microsite [Online], available:
<http://revalidation.nmc.org.uk/> [16/03/2016]

PREP (2008 and 2011) Post registration education and practice standards. Nursing and Midwifery Council. London

9.0 Monitoring, Review and Archiving

9.1 Monitoring

This policy will be monitored by the Quality and Patient Safety Nurse within the Quality Team at the CCG.

9.2 Review

The policy will be reviewed by the Quality and Patient Safety Nurse within the Quality Team and updated yearly.

Staff will be notified of changes to the policy electronically once approved.

If the review results in changes to the document, then the initiator should inform the policy and corporate governance lead who will renew the approval and re-issue under the next "version" number. If, however, the review confirms that no changes are required, the title page should be renewed indicating the date of the review and date for the next review and the title page only should be re-issued.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document. NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

9.3 Archiving

The Head of Performance and Corporate Services will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

10.0 Equality Impact Assessment Statement

NHS Southend CCG is committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications. The policy applies to all groups. This policy has been assessed using the former CCG's Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues:

Age	Disability	Gender	Gender Reass.	Sexual Orient.	Religion	Preg/Mat.	Race	Marital Status	Total Points	Impact
0	0	0	0	0	0	1	0	0	1	Low

Points	Scoring
3 – This area has a high relevance to equalities	13-21 points – High Impact
2 – This area has a medium relevance to equalities	7-12 points – Medium Impact
1 – This area has a low relevance to equalities	0-6 points – Low or No Impact
0 – This area has no relevance to equalities	

Rationale:

The equality target groups are all covered by the policy. This policy is intended to ensure that all individuals are treated fairly during the recruitment and selection process. It is intended to bring clarity for both managers and staff.

a) Please provide a brief description of the function/strategy/policy/service:

As a public body, NHS Southend CCG has a duty to ensure fairness and honesty in its relationships with suppliers, contractors, service providers and service users. All employees and others acting on behalf of the CCG must uphold the highest standards of business conduct within such relationships. This policy covers all business activities, employees or others acting on its behalf. The policy provides guidance and advice on the offer and or receipt of gifts, hospitality, sponsorship, or the provision gifts, hospitality or sponsorship to others in connection with business activities.

b) What type of positive and negative equality and diversity implications are you aware of that arise from your function/strategy/policy/service?

This policy applies equally to all members of staff, and contains no negative equality and diversity implications.

c) In line with our statutory duty under equality legislation do your functions/strategies/policies/services make reference to equality wherever relevant?

In line with the Equality Act 2010 and in order to eliminate discrimination, harassment, promoting equality of opportunity and good relations between people of different racial groups NHS Southend CCG aspire to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients their carers, public, staff, stakeholders and the use of public resources. In order to provide clear and consistent guidance, NHS Southend CCG will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

The NMC will make reasonable adjustments for nurses and midwives who cannot access NMC Online, for example due to a disability. They also have special arrangements in place for nurses and midwives who cannot meet the revalidation requirements as a result of exceptional circumstances. Further information is available in the NMC's How to revalidate guidance document.

It is possible that nurses or midwives who are pregnant or on maternity leave may not always be included in discussions or have information circulated to them if absent from the workplace. It is imperative that employers remember to include absent employees in any correspondence that may be beneficial to them. It is equally important that employed registrants also maintain communication channels and continue to access the NMC and other resources to keep their knowledge up-to-date

11.0 Version Control

Policy Title:

Version	Date issue/review	Author Name and title	Comment
1.0	September 2016	Quality and Patient Safety Senior Nurse	New Policy
2.0	April 2018	Quality and Patient Safety Senior Nurse	Revised minor changes

12. Stakeholder involvement

Name	Designation
Chief Nurse	Chief Nurse Southend CCG
Quality Team	Southend CCG
Nursing teams within the CCG	Southend CCG

Appendix 1

Revalidation Process Flowchart

