How to revalidate

A step by step guide
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Revalidation is the new way of renewing and maintaining registration with the Nursing and Midwifery Council (NMC). Revalidation encourages nurses and midwives to keep up to date in their professional practice, supporting safe and effective patient care and thereby improving public protection. It also aims to reduce professional isolation.

There is some concern among nurses and midwives about meeting the revalidation requirements, however revalidation is straightforward and easily achievable. The processes, tools and guidance were ‘tested’ in 2015 in 19 pilot sites across all four countries of the UK, with Aneurin Bevan University Health Board (ABUHB) being the only pilot site in Wales. ABUHB accounted for more than 38% of the entire registrant pilot population with experience of revalidation in primary, community and secondary care settings. The learning and experiences from the pilot, along with the most up-to-date information provided by the NMC, is shared in this booklet.

This booklet provides a useful step-by-step guide for nurses and midwives covering all aspects of revalidation:
1. How to prepare for revalidation.
2. How to record and evidence practice hours.
3. How to record and evidence continued professional development.
4. How to record practice-related feedback.
5. How to write a reflective account.
6. How to engage in a reflective discussion.
7. How to obtain confirmation.
8. How to submit your revalidation application.

The NMC recommends that registrants keep a portfolio of evidence, either as a paper or an electronic copy. Each section of this booklet provides an easy-to-read practical approach to everything nurses and midwives need to know to meet the NMC revalidation requirements, including, how information can be recorded in the portfolio and what supporting evidence can be used. It also covers reflective discussion and confirmation requirements as well as the submission and verification processes.

Revalidation also raises awareness of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives and the professional standards that are expected of nurses and midwives. Registrants will need to use The Code as a reference point for all revalidation activities. They will be required to familiarise themselves with the four themes: prioritise people, practise effectively, preserve safety and promote professionalism and trust. Nurses and midwives will have an opportunity at all stages of revalidation to reflect on The Code and demonstrate that it is at the centre of their nursing and midwifery practice.
How to prepare for revalidation


This article first appeared in Nursing Standard, volume 30, number 42, 42-44.

Rationale and key points
This is the first in a series of eight articles providing information about the Nursing and Midwifery Council (NMC) revalidation process, which was introduced in April 2016. This article focuses on setting up an online NMC account, preparing for revalidation and understanding revalidation requirements.

Revalidation is a mandatory process for nurses and midwives, enabling them to demonstrate their ability to practise safely and effectively.

Registered nurses and midwives are required to revalidate with the NMC every 3 years.

Revalidation encourages nurses and midwives to stay up to date in their professional practice.

Reflective activity
How to revalidate articles can help to update your practice and provide information about the revalidation process, including how you can successfully submit your revalidation request to the NMC. Reflect on and write a short account of:

1. The strengths of revalidation compared to post-registration education and practice requirements.
2. The revalidation requirements and how these can be met.

Subscribers can upload their reflective accounts at: rcni.com/portfolio.

Keywords
Nursing and Midwifery Council, portfolio, professional development, registration, revalidation

Preparation
Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (tinyurl.com/pd93lgz).

Ensure you have a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

Download and print copies of the NMC (2016a) revalidation templates and forms (tinyurl.com/j5slcwe).

Procedure
Registered nurses and midwives are required by the NMC to revalidate every 3 years. This article provides an overview of the preparation required for revalidation. All revalidation processes will be explained in the relevant articles throughout this series.

1. Set up an online NMC account at: www.nmc-uk.org. This is a quick and easy process. You will be required to type in your demographic data, such as your name, address and telephone number. You will need an email address and a secure password to open the account (NMC 2016b).

2. Check your revalidation date. On the front page of your online account, you will see your personal details and on the top right-hand side are your NMC personal identification number, fee expiry date (the date your next annual payment is due), revalidation application date (the last date on which your revalidation request must be submitted) and renewal date (the date on which your registration expires).

3. Read the NMC (2015a) booklet on revalidation.
how to revalidate / a step-by-step guide

how to revalidate, The Code (NMC 2015b) and the NMC (2016a) revalidation templates and forms. Further information is also available from the NMC (2016c) (Figure 1).

4. Set up a portfolio (either paper or electronic) and organise it into four chapters: practice hours, continuing professional development (CPD), feedback and reflection (Figure 2).

5. Put copies of the NMC (2016a) revalidation templates and forms that you downloaded and printed inside your portfolio under the relevant chapters. You will be provided with detailed information about each chapter of your portfolio in the relevant articles throughout this series.

6. In relation to the chapter on practice hours, think about gathering and recording evidence of 450 hours of practice, or 900 hours if revalidating as both a nurse and midwife.

7. In relation to the chapter on CPD, think about gathering and recording evidence of 35 hours of CPD, 20 hours of which must be participatory in nature.

8. In relation to the chapter on feedback, think about collecting and recording five examples of feedback on your practice.

9. In relation to the chapter on reflection, think about the topics for your five written reflective accounts. These can be taken from your CPD and/or feedback and/or an event or experience in your practice. You should not write all five reflective accounts about CPD. Your reflective accounts must be relevant to The Code (NMC 2015b).

10. Contact your professional nursing or midwifery line manager or other appropriate person and arrange a date for your reflective discussion and confirmation. The same person can undertake both activities at the same time provided they are an NMC registrant. The NMC has supplied a form to record the details of the reflective discussion, along with information about the person who undertook this. A second form is provided to record the confirmation details. These forms must be used and retained, for example in your portfolio.

11. Consider your indemnity insurance arrangement; check whether your employer provides this for you.

12. Think about your character and health self-declarations; are you able to confirm these two elements?

13. 60 days before the first day of the month in which your revalidation application is due to be submitted, prepare your revalidation request online through the portal on your NMC online account. You do not need to submit your portfolio.

14. It is your responsibility to ensure that your revalidation request is submitted in a timely manner. The last day for your submission will be on the first day of the month in which your revalidation is due.

15. Following your submission, you may be asked to provide further information via the verification process. You will be notified within 24 hours if this is the case and you and your confirmer will be contacted to provide further information.

Figure 1. Revalidation resources

Figure 2. Portfolio of evidence
Evidence base

The NMC is the largest healthcare regulator in the world, with over 680,000 registered nurses and midwives in the UK (NMC 2014). The NMC is responsible for setting the standards for nurse and midwifery education, professional conduct and performance, as well as investigating allegations of misconduct within the UK, thereby ensuring patient and public protection (NMC 2015a). The post-registration education and practice (PREP) standards, which expired 31 March 2016, required registrants to provide a self-declaration to the NMC on a triennial basis to confirm they had met the PREP requirements (NMC 2011). There has been a shift from a self-declaratory to a third-party sign-off process under revalidation, which was introduced in April 2016 and is a compulsory regulatory process that supersedes the PREP standards and reinforces the existing renewal processes (NMC 2015a).

Revalidation is a priority of the Department of Health and was cited as a crucial action in the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (Francis 2013). Revalidation aims to increase public confidence that nurses and midwives are up to date in their practice (NMC 2015a). In comparison to the PREP standards, revalidation introduces several new elements, including participatory CPD, and the requirement to provide five examples of feedback on practice and five written reflective accounts based on CPD and/or feedback and/or events or incidents in practice. It also requires that the nurse or midwife has a professional reflective discussion with another registrant and that there is confirmation of meeting the NMCs requirements from a third party. This third party does not have to be an NMC-registered nurse or midwife.

The NMC (2015a) states that revalidation is a declaration of best practice and is not intended to address fitness to practise issues. Revalidation was piloted in 19 organisations across the UK. The Aneurin Bevan University Health Board in Newport, South East Wales, was the largest pilot site comprising more than 38% of the population of UK pilot registrants. The pilot feedback (unpublished data) demonstrated that revalidation was not as daunting as first expected and was easily achievable. The feedback and reflective elements of revalidation gave rise to the majority of queries from registrants locally. Examples of such queries were: who can I collect feedback from? How should I record the feedback? Do I need evidence of the feedback? Do I have to use a reflective model for my reflective accounts? How many words long must the reflective account be? These and other questions will be answered in relevant articles throughout this series. The reflective discussion proved to be the most professionally valuable activity, bridging the theory-practice gap, with registrants reporting revalidation to be a valuable and enjoyable process.

Revalidation reinforces The Code (NMC 2015b), which has four domains: prioritise people, practise effectively, preserve safety, and promote professionalism and trust. The Code (NMC 2015b) provides a central means of supporting and reinforcing professionalism, with revalidation enabling nurses and midwives to become familiar with its contents in their provision of CPD evidence to support safe and effective practice (NMC 2015a).

References

Nursing and Midwifery Council (2014) Better Legislation for Better Regulation: The Case for Legislative Reform. tinyurl.com/j0d69x (Last accessed: 16 May 2016.)
Nursing and Midwifery Council (2016a) Revalidation/Resources: Forms and Templates. revalidation.nmc.org.uk/download-resources/forms-and-templates (Last accessed: 13 May 2016.)
Nursing and Midwifery Council (2016b) Revalidation: Your Step-by-Step Guide through the Process. revalidation.nmc.org.uk
Royal College of Nursing (2016) Revalidation. www.rcn.org.uk/professional-development/revalidation

Disclaimer

Please note that information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse’s responsibility to ensure their practice remains up to date and reflects the latest evidence.

USEFUL RESOURCES

Royal College of Nursing (2016) Revalidation. www.rcn.org.uk/professional-development/revalidation

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How to record and evidence practice hours for revalidation

Date submitted: 5 April 2016; date of acceptance: 25 April 2016. doi: 10.7748/ns.2016.e10513

This article first appeared in Nursing Standard, volume 30, number 43, 42-46.

Rationale and key points
This is the second in a series of eight articles providing information about the Nursing and Midwifery Council’s (NMC) revalidation process. This article focuses on recording and providing evidence that you have practised for a minimum of 450 hours, or 900 hours if revalidating as both a nurse and midwife.

- Revalidation is a mandatory process for nurses and midwives, enabling them to demonstrate their ability to practise safely and effectively.
- Revalidation encourages nurses and midwives to stay up to date in their professional practice.

Reflective activity
“How to” revalidate articles can help to update your practice and provide information about the revalidation process, including how you can record and evidence practice hours for revalidation. Reflect on and write a short account of:

1. Some of the direct, indirect and non-clinical practice activities you have undertaken over the past 3 years.
2. How you could provide evidence to support your practice hours.

Subscribers can upload their reflective accounts at: rcni.com/portfolio.

Keywords
Nursing and Midwifery Council, portfolio, practice hours, professional development, registration, revalidation

Preparation
- Download and print a copy of the NMC (2016a) practice hours log template (revalidation.nmc.org.uk/download-resources/forms-and-templates).
- Download and print a copy of the NMC (2016b) practice hours guidance sheet for multiple registrations (revalidation.nmc.org.uk/download-resources/guidance-and-information).

Procedure
1. Demonstrate that you have practised for a minimum of 450 hours, or 900 hours if revalidating as both a nurse and midwife, during the 3-year period leading up to your revalidation date (Table 1). For example, if you are a paediatric nurse and a general nurse you are required to provide evidence of a minimum of 450 practice hours. Similarly, if you are a mental health nurse and a general nurse you are required to provide evidence of a minimum of 450 practice hours.

2. Practice hours can include direct or indirect patient care as well non-clinical activities. Practice hours must relate to a role in which you rely on your skills, knowledge and experience of being a registered nurse or midwife (Table 2) (NMC 2015).

3. Only hours worked can be used as evidence to reflect practice hours,
therefore annual, sick, compassionate, unpaid or maternity leave cannot be included.

4. Practice hours can be recorded from any time during the 3-year period preceding your revalidation date. This may include all practice hours during year 1, year 2 or year 3, or practice hours dispersed over the 3-year period.

5. Note that 450 hours equates to 12 weeks of full-time work. If you work part-time you can still meet the required practice hours as shown in Table 3.

6. Practice hours should reflect your current scope of practice, but do not have to be related to your original field of practice when you first joined the register. Irrespective of your role, you have a duty to recognise and work within the limits of your competence (NMC 2015).

7. You can include overtime hours, hours resulting from bank or agency shifts as well as contract hours.

8. You can include hours worked overseas, providing you were registered with the appropriate regulator in the country where you were practising (NMC 2015).

9. You can include hours worked in a voluntary role, where you relied on your skills, knowledge or experience as a registered nurse or midwife.

10. If you have two roles, practice hours from both roles can be included. For example, if you work 3 days a week as a ward nurse and have a separate contract to work 2 days a week as a clinic nurse, you can include hours from both roles to meet the 450-hour requirement. Similarly, if you have changed your job during this 3-year period, you can include practice hours from both posts.

11. If you are unable to meet the required practice hours in the 3 years preceding your revalidation date, you will be required to undertake an NMC-approved return to practice programme (NMC 2015).

12. It is recommended that you maintain a record of practice hours using the practice hours log template (Figure 1) (NMC 2016a). The template is not mandatory and you can use alternative methods to record practice hours. For example, if you work in theatres you could use the theatre list template,

**TABLE 1. Practice hours requirement**

<table>
<thead>
<tr>
<th>Registration</th>
<th>Minimum total practice hours required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse</td>
<td>450 hours</td>
</tr>
<tr>
<td>Midwife</td>
<td>450 hours</td>
</tr>
<tr>
<td>Nurse and SCPHN*</td>
<td>450 hours</td>
</tr>
<tr>
<td>Midwife and SCPHN*</td>
<td>450 hours</td>
</tr>
<tr>
<td>Nurse and midwife (including nurse/SCPHN and midwife/SCPHN)</td>
<td>900 hours (450 hours for nursing and 450 hours for midwifery)</td>
</tr>
</tbody>
</table>

* SCPHN = a registered nurse or midwife who is also registered in the specialist community public health nurses’ part of the register. (Nursing and Midwifery Council 2015)

**TABLE 2. Examples of roles and activities contributing to practice hours**

<table>
<thead>
<tr>
<th>Type of care</th>
<th>Examples of roles</th>
<th>Examples of activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct patient care</td>
<td>Nurse or midwife, clinical nurse specialist, nurse practitioner.</td>
<td>Meeting personal hygiene, medication, and fluid and hydration needs, ensuring privacy and dignity, undertaking continence care, wound care, observations and pressure ulcer prevention, providing pain relief.</td>
</tr>
<tr>
<td>Indirect patient care</td>
<td>Nurse or midwife, senior nurse or nurse manager, practice educator, nurse adviser.</td>
<td>Cleaning and maintenance of patient equipment, undertaking clerical tasks, supporting patient care, answering telephone or face-to-face queries, preparing rotas, ordering stock, participating in educational updates or training sessions, undertaking audits, attending meetings, working collaboratively with staff to implement best practice.</td>
</tr>
<tr>
<td>Non-clinical activities</td>
<td>Corporate nursing, policy roles, educational roles.</td>
<td>Ensuring a strategic vision for nursing, governance structure, high quality patient experience and effective systems for workforce planning, providing leadership and strategic direction, writing policies, undertaking audit and research.</td>
</tr>
</tbody>
</table>

**TABLE 3. Meeting the 450 practice hours requirement**

<table>
<thead>
<tr>
<th>Hours worked per week</th>
<th>Number of weeks</th>
<th>Total hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 hours per week (1 day)</td>
<td>60 weeks</td>
<td>450</td>
</tr>
<tr>
<td>15 hours per week (2 days)</td>
<td>30 weeks</td>
<td>450</td>
</tr>
<tr>
<td>22.5 hours per week (3 days)</td>
<td>20 weeks</td>
<td>450</td>
</tr>
<tr>
<td>30 hours per week (4 days)</td>
<td>15 weeks</td>
<td>450</td>
</tr>
<tr>
<td>37.5 hours per week (Full time)</td>
<td>12 weeks</td>
<td>450</td>
</tr>
</tbody>
</table>
or if you predominantly work in an outpatient clinic setting, or as a practice nurse, you may wish to use the clinic template to record your practice hours.

13. Your record of practice hours should include: dates of practice, number of hours worked, name, address and postcode of the organisation, scope of practice, work setting and a description of the work undertaken.

14. You will be required to produce evidence of the practice hours recorded.

**Evidence base**

The NMC is the largest healthcare regulator in the world (NMC 2014). It maintains a register of every individual who has met the registration requirements and is therefore entitled to practise as a nurse or midwife in the UK. Revalidation supersedes the post-registration education and practice standards, which expired on 31 March 2016, and reinforces the existing renewal processes.

The practice hours component of revalidation is a legal requirement aimed at ensuring registrants have undertaken sufficient time practising as a nurse or midwife to maintain safe and effective practice, and to ensure their skills are up to date. Revalidation supports the continued improvement required to support public protection.

Revalidation requirements include recording and evidencing a minimum of 450 practice hours, or 900 hours if revalidating as both a nurse and midwife, over the 3-year period preceding revalidation, to remain on the NMC professional register. The NMC piloted the revalidation processes and guidance in 19 organisations in the UK. Aneurin Bevan University Health Board (ABUHB) in South East Wales, was the largest pilot site comprising more than 38% of the population of UK pilot registrants. The

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**USEFUL RESOURCES**


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**Figure 1. Practice hours log template**

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**PRACTICE HOURS LOG TEMPLATE**

Guide to completing practice hours log

To record your hours of practice as a registered nurse and/or midwife, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example, if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Name and address of organisation:</th>
<th>Your work setting (choose from list above):</th>
<th>Your scope of practice (choose from list above):</th>
<th>Number of hours:</th>
<th>Your registration (choose from list above):</th>
<th>Brief description of your work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(Please add rows as necessary)

* SCPHN = A registered nurse or midwife who is also registered in the specialist community public health nurses’ part of the register

(Nursing and Midwifery Council 2016a)

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nursingstandard.com
pilot feedback (unpublished data) indicated that recording of practice hours was not reported by the ABUHB pilot registrants to be a difficult task; some noted that it was time consuming, but it was certainly not unachievable. Examples of practice hours recorded by pilot registrants at ABUHB are shown in Figure 2.

Following completion of the revalidation pilot, the NMC provided further examples of practice hours taken from the wider UK pilot. These examples are shown in Figure 3.

There were some queries, specifically from pilot registrants from ABUHB, regarding the type of evidence that could be used to reflect practice hours. Examples of types of evidence produced during the pilot are as follows:

- Off duty rota.
- Time sheets.
- Pay slips.
- Electronic staff record print outs.

- Clinic templates.
- Hard copy diary entries.
- Electronic diary entries.

Confidentiality must be maintained and any information included in the portfolio must be recorded in a way that no patient, healthcare professional or other individual can be identified. Nurses or midwives using an off duty rota or diary entry as evidence of their practice hours must photocopy the required page(s) and redact the names or other identifiable details of any members of staff (from off duty rota) and the names, hospital numbers, dates of birth or addresses of any patients (from a diary).

Nurses and midwives who are due to revalidate imminently will need to retrospectively record practice hours worked and use supporting evidence to substantiate these hours. For those who are not due to revalidate for some months

Figure 2. Examples of practice hours recorded by pilot registrants at Aneurin Bevan University Health Board

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### PRACTICE HOURS LOG TEMPLATE

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Name and address of organisation:</th>
<th>Your work setting:</th>
<th>Your scope of practice:</th>
<th>Number of hours:</th>
<th>Your registration:</th>
<th>Brief description of your work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>Aneurin Bevan University Health Board</td>
<td>Hospital setting</td>
<td>Direct patient care</td>
<td>450 hours</td>
<td>Nurse RNCHN*</td>
<td>• Provision of high quality nursing care for children and young people.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indirect patient care</td>
<td></td>
<td></td>
<td>• Provision of high dependency care to sick children aged 0-16 years.</td>
</tr>
<tr>
<td>24/11/14 - 29/11/14</td>
<td>Aneurin Bevan University Health Board</td>
<td>Primary care, Public health Schools</td>
<td>Direct patient care Education policy Child protection</td>
<td>9 hours</td>
<td>Nurse/SCPHN*</td>
<td>• Meet with parent and complete action plan for child with an adrenaline auto-injector device.</td>
</tr>
<tr>
<td>Jan 2012 - 2015</td>
<td>Aneurin Bevan University Health Board</td>
<td>Education department</td>
<td>Non-direct patient care Education</td>
<td>2 hours per month = 60 hours total</td>
<td>Nurse</td>
<td>• Work as internal verifier for the diploma in health and social care.</td>
</tr>
</tbody>
</table>

* RNCHN = Registered sick children's nurse; SCPHN = Specialist community public health nurse

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Disclaimer

Please note that information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse’s responsibility to ensure their practice remains up to date and reflects the latest evidence.
or years, they can identify and record practice hours and insert the corresponding evidence into their portfolio as they work the hours. Recording and evidencing practice hours as part of revalidation helps nurses and midwives maintain safe and effective practice while ensuring their skills are up to date.

References


(Please add rows as necessary)

(Nursing and Midwifery Council 2016c)

Figure 3. Examples of practice hours recorded by registrants from the wider UK pilot

### PRACTICE HOURS LOG TEMPLATE

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Name and address of organisation:</th>
<th>Your work setting:</th>
<th>Your scope of practice:</th>
<th>Number of hours:</th>
<th>Your registration:</th>
<th>Brief description of your work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/15 - current</td>
<td>Independent healthcare provider</td>
<td>Management</td>
<td>Full time 37.5 hours per week = approximately 1725 hours per annum.</td>
<td>Nurse</td>
<td>Group director of nursing</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy</td>
<td></td>
<td></td>
<td></td>
<td>• The development of nursing practice through competency programmes.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• Identify and implement appropriate continuing professional development (CPD) training for nurses to develop their skills.</td>
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<td></td>
<td></td>
<td>• Develop a corporate nursing strategy.</td>
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<td></td>
<td></td>
<td>• Implementation of the TCs across the group.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>• Implementation and management of nurse revalidation.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>• Implementation of an improved clinical supervision programme for nurses.</td>
</tr>
<tr>
<td>1/7/96 - current</td>
<td>District nursing</td>
<td>Direct patient care</td>
<td>Full time 37.5 hours per week = approximately 1725 hours per annum.</td>
<td>Nurse</td>
<td>• Community nursing.</td>
<td></td>
</tr>
<tr>
<td>1/4/11 - 31/12/14</td>
<td>Independent healthcare provider</td>
<td>Management</td>
<td>Full time 37.5 hours per week = approximately 1725 hours per annum.</td>
<td>Nurse</td>
<td>Service line operations director</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy</td>
<td></td>
<td></td>
<td></td>
<td>• To ensure consistency of safe nursing practice through effective governance, safeguarding, risk management (clinical and environmental), audit and adapting service delivery to published National Institute of Health and Care Excellence (NICE) guidelines.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td>Department of Health (DH) statutory notices and changes in legislation.</td>
</tr>
<tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• To ensure service users have a positive experience of care by involving them fully in all aspects of service provision.</td>
</tr>
</tbody>
</table>

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How to record and evidence continuing professional development for revalidation


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Conflict of interest  
None declared

Rationale and key points

This is the third in a series of eight articles providing information about the Nursing and Midwifery Council (NMC) revalidation process. This article focuses on recording and providing evidence of continuing professional development (CPD). Nurses and midwives must have undertaken 35 hours of CPD, of which at least 20 hours must have included participatory learning, relevant to their scope of practice, in the 3-year period since their registration was last renewed or they joined the register.

- CPD enables nurses and midwives to ensure their knowledge and skills are up to date.
- The participatory component of CPD encourages engagement and communication with others, thus challenging professional isolation.

Reflective activity

‘How to’ revalidate articles can help to update your practice and provide information about the revalidation process, including how you can record and evidence CPD for revalidation. Reflect on and write a short account of:

1. How recording and evidencing CPD will demonstrate the skills, knowledge and experience you have gained in practice.
2. How you could use this article to educate your colleagues.

Subscribers can update their reflective accounts at: rcni.com/portfolio

Keywords  
continuing professional development, NMC, Nursing and Midwifery Council, portfolio, professional development, registration, revalidation

Preparation

- Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).
- Download and print a copy of the NMC (2016a) continuing professional development (CPD) template (revalidation.nmc.org.uk/download-resources/forms-and-templates).
- Ensure you have a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

Procedure

1. You must undertake 35 hours of CPD relevant to your scope of practice during the 3-year period since your registration was last renewed or you joined the register.
2. Of those 35 hours of CPD, at least 20 hours must be participatory (undertaken with one or more health and/or social care professional). Participatory learning can take place in the same physical environment as other health or social care professionals or in a virtual environment, such as an online discussion forum.
3. You must maintain accurate records of your CPD. These records must include:
The CPD method; a description of the topic, main learning points and how this learning relates to your practice; the dates the activity was undertaken; the number of total CPD hours, including participatory hours; and identification of the part of The Code (NMC 2015b) most relevant to the activity.

4. There are many different learning opportunities or activities that can enable you to update your professional knowledge and skills. Any learning activity should relate to your individual scope of practice.

5. CPD learning opportunities can present themselves within your ward or department; alternatively there may be updating opportunities or activities provided by the organisation or an external source.

6. You can include mandatory training, providing it directly relates to your scope of practice. For example, infection control or volumetric pump training would be appropriate for clinical nurses or midwives and training on equality legislation would be suitable for registrants in a policy role. It is important to note that generic updates for all staff, such as fire training, cannot be included.

7. If you have two roles, CPD relating to both areas of your employment should be used. For example, you may work 3 days a week as a ward nurse and have a separate contract to work 2 days a week as a theatre recovery nurse. In this case, you can use updating or refresher training activities from both roles to meet the 35-hour CPD requirement, for example falls assessment learning for the ward setting and airway management updates for the theatre recovery setting.

Figure I. Continuing professional development log template

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Guide to completing CPD record log

Examples of learning method
- Online learning
- Course attendance
- Independent learning

What was the topic?
Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice, what you learnt, and how you have applied what you learnt to your practice.

Link to Code
Please identify the part or parts of the Code relevant to the CPD.
- Prioritise people
- Practice effectively
- Preserve safety
- Promote professionalism and trust

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and the types of evidence you could retain, please refer to Guidance sheet 3 in How to revalidate with the NMC.

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Method</th>
<th>Topic(s):</th>
<th>Link to Code:</th>
<th>Number of hours:</th>
<th>Number of participatory hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Please add rows as necessary)

(Nursing and Midwifery Council 2016a)
Similarly, if you have changed your job during the 3-year period since your registration was last renewed or you joined the register, you can use CPD from both posts to contribute to the 35-hour requirement.

8. It is recommended that you maintain a record of CPD using the CPD log template (Figure 1) (NMC 2016a). This template is not mandatory and you can use alternative methods to record CPD.

9. You must provide evidence of each CPD activity that you have undertaken and recorded. There are several types of evidence that could be used, such as a certificate of attendance, a meeting or event agenda or flyer, an email or a copy of an attendance list, study material, a journal article or your handwritten notes relating to the learning undertaken.

10. Continue to enter examples of CPD you have undertaken until the ‘number of hours’ column adds up to a least 35 hours and the ‘number of participatory hours’ column adds up to at least 20 hours.

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**Figure 2. Examples of continuing professional development log for Aneurin Bevan University Health Board**

<table>
<thead>
<tr>
<th>Dates:</th>
<th>Method / Topic(s):</th>
<th>Link to Code:</th>
<th>Number of hours:</th>
<th>Number of participatory hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>27/1/2015</td>
<td>Safe staffing / nursing skill mix conference: Safe staffing, nursing skill mix. Looked at tools and concepts for setting safe staffing levels. Although this</td>
<td>Preserve safety Promote professionalism and trust</td>
<td>6 hours</td>
<td>3 hours</td>
</tr>
<tr>
<td></td>
<td>was mainly general adult acute, these concepts translate to mental health. Generated a presentation on key points and delivered to the corporate assurance committee (evidence in online folder). Main learning – actual versus planned staffing is irrelevant unless the planned is correct and includes acuity and dependence, not just number of service users.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>February 2015</td>
<td>Course attendance: Attended a training session on medicines and the law. Learned about all aspects of medicines management, including ordering, storage, prescribing, administering and disposal of waste medicines including controlled drugs. Also documentation and record keeping. The session focused on the importance of ensuring that there are no omissions on medication charts and that medicines are not signed for until the patient has ingested them.</td>
<td>Practise effectively Preserve safety</td>
<td>3 hours</td>
<td>3 hours</td>
</tr>
<tr>
<td>2/3/2015</td>
<td>Online learning: To gain understanding of current legislation in relation to infection prevention and control. Describe the principles of hand hygiene and look at the standard infection control procedures.</td>
<td>Links to all four themes of the Code</td>
<td>0.5 hours</td>
<td>0 hours</td>
</tr>
<tr>
<td>12/2/2015</td>
<td>Study session: This session was presented by one of our paediatric doctors. It looked at the roles and responsibilities of each member of staff and whether or not they class themselves as a leader.</td>
<td>Links to all four themes of the Code</td>
<td>1 hour</td>
<td>1 hour</td>
</tr>
<tr>
<td>13/8/2015</td>
<td>Away day: Update of mandatory training including: child protection, infection control, Child and Adolescent Mental Health Services, motivation and team building, mentorship update. Links to all four themes of the Code</td>
<td></td>
<td>4.5 hours</td>
<td>4.5 hours</td>
</tr>
</tbody>
</table>
11. When recording CPD, you must ensure confidentiality is maintained and any information included in your revalidation portfolio must be recorded in a way that no patient, healthcare professional or other individual can be identified (NMC 2015a).

Evidence base
The Department of Health (1998) have long recognised that CPD is an effective means of improving patient health and maintaining standards of care, as well as recruiting, motivating and retaining quality staff. CPD contributes to best practice (Brown et al 2002), and it is imperative that any updating activities are undertaken regularly throughout the nurse’s or midwife’s career. Professional updating activities may involve learning something new or updating existing knowledge, or psychomotor or technical skills (Schostak et al 2010). Updating activities can enable a nurse or midwife to fulfil their personal and professional potential, and meet the present and future needs of patients (Brown et al 2002). Some updating activities will be self-assessed, while others will involve a formal assessment for competency, with an objective measurable result.

Figure 3. Examples of continuing professional feedback recorded by registrants from the wider UK pilot

<table>
<thead>
<tr>
<th>Dates</th>
<th>Method</th>
<th>Topic(s):</th>
<th>Link to Code:</th>
<th>Number of hours:</th>
<th>Number of participatory hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21/1/15</td>
<td>Corporate Leadership Conference Conference attendance</td>
<td>Leadership across the organisation, people development, strategic direction, developments. Included a 1 hour lecture from a psychologist.</td>
<td>Prioritise people Preserv safety</td>
<td>7 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>4/2/15</td>
<td>Developing Leadership and Facilitation Capacity of the Nursing Workforce Conference and workshop attendance</td>
<td>Covered a number of regional guest speakers. Two afternoon workshops looking at innovative practices in the region related to developing leaders on the frontline.</td>
<td>Links to all four themes of The Code</td>
<td>6 hours</td>
<td>3 hours</td>
</tr>
<tr>
<td>19/2/15</td>
<td>Corporate Healthcare Conference Conference attendance</td>
<td>1 hour presentation on people skills.</td>
<td>Prioritise people</td>
<td>1 hour</td>
<td>0 hours</td>
</tr>
<tr>
<td>4/3/15</td>
<td>Department of Health Independent Advisory Forum Workshop attendance</td>
<td>Shape of the Department of Health and impact on independent sector. Presentation on revalidation.</td>
<td>Links to all four themes of The Code</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>15/1/14</td>
<td>Police Training and Conference Centre Course attendance</td>
<td>Review on multi-agency working, cross county boundaries, individual and organisational responsibility and accountability, communication.</td>
<td>Links to all four themes of The Code</td>
<td>2 hours</td>
<td>2 hours</td>
</tr>
<tr>
<td>14/4/15</td>
<td>Regional Directors of Nursing Conference Conference attendance</td>
<td>The theme was ‘Inclusion’. The Workforce Race Equality Standard has been included in the contract for 2016/16 and the author was one of the speakers on the day. Update on the latest nursing policy included among a number of other topics including revalidation and transforming care.</td>
<td>Links to all four themes of The Code</td>
<td>6 hours</td>
<td>6 hours</td>
</tr>
</tbody>
</table>

(Nursing and Midwifery Council 2016b)
To be meaningful, CPD must be relevant to the individual’s scope of practice. Clear learning objectives should be set, previous knowledge and expertise considered, relevant learning styles and opportunities reviewed, and the perceived effect on practice assessed.

The NMC piloted the revalidation processes and guidance in 19 organisations across the UK. Aneurin Bevan University Health Board (ABUHB) in South East Wales was the largest pilot site, comprising more than 38% of the population of UK pilot registrants. The pilot feedback (unpublished data) enabled registrants to collate examples of CPD (Figure 2).

Many of the ABUHB pilot registrants reported that meeting the CPD requirement of 35 hours was easy to achieve and it was straightforward to record the hours. There were some concerns about providing evidence of updating activities where certificates had not been issued, but in most cases it was not difficult to find alternative evidence, such as a flyer, a diary entry, a meeting agenda or notes from a meeting, or an email relating to the updating activity.

Nurses and midwives who are due to revalidate imminently will need to record CPD activities retrospectively. Those who are not due to revalidate for some months or years can identify and record CPD activities as they are undertaken. Following completion of the revalidation pilot, the NMC provided further examples of CPD taken from the wider UK pilot. These examples are shown in Figure 3.

Once the CPD component of revalidation has been completed, registrants can select some of their updating activities and write these up as reflective accounts. The written reflective accounts component of revalidation will be discussed in a later article in this series. Recording and evidencing CPD as part of revalidation helps nurses and midwives to maintain safe and effective practice, while ensuring their skills are up to date.

References


How to record practice-related feedback for revalidation

Rationale and key points
This is the fourth in a series of eight articles providing information about the Nursing and Midwifery Council revalidation process. This article focuses on recording 5 examples of practice-related feedback for revalidation.

» Feedback encourages individuals to assess and improve their practice.
» Feedback aids communication and interpersonal skills.

Reflective activity
‘How to’ revalidation articles can help to update your practice and provide information about the revalidation process, including how you can record and evidence practice-related feedback for revalidation. Reflect on and write a short account of:
1. How your practice will change as a result of obtaining feedback from patients and colleagues.
2. How you could use this article to educate your colleagues.
Subscribers can upload their reflective accounts at: rcni.com/portfolio.

Keywords
continuing professional development, NMC, Nursing and Midwifery Council, portfolio, practice-related feedback, professional development, registration, revalidation

Preparation
» Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).
» Download and print a copy of the NMC (2016a) feedback log template (revalidation.nmc.org.uk/download-resources/forms-and-templates).
» Ensure you have a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

Procedure
1. You are required to obtain 5 examples of practice-related feedback in the 3-year period since your registration was last renewed or you joined the NMC register.
2. Feedback can be about your individual practice or about your ward, unit, team or organisation’s practice.
3. Feedback should be obtained from a variety of people. Some examples include: patients, service users, relatives, carers, students, doctors or healthcare professionals in your team or outside of it, colleagues in management roles, receptionists, clinical or academic teachers, researchers and policy makers.
4. Feedback can be obtained from other sources such as complaints, compliments, audits, patient satisfaction surveys, team performance reports, serious incident or event reviews, inspections, annual appraisal reviews and testimonies.
5. Feedback can be formal or informal, written or verbal, and positive or
constructive. You may prefer to receive positive feedback about your performance; however, we tend to learn more about ourselves from constructive feedback, reviewing areas of concern and amending practice as a result.

6. The feedback must have some tangible content. For example, it is not sufficient to have a card saying ‘thank you’; there must be some specific content that directly informs practice. In other words, you must be clear about the effect the feedback had on your practice.

7. When recording feedback, confidentiality must be maintained and any information included in your revalidation portfolio must be recorded in a way that no patient, healthcare professional or other individual can be identified (NMC 2015a).

8. You can solicit feedback for the purposes of revalidation, but you must ensure that those you request feedback from understand its intended use (NMC 2015a). However, it is likely that you will be able to gather enough feedback as part of your daily practice.

9. When seeking feedback, you should be sensitive to the timing and circumstances, assure the individual that your professional relationship with them will not be adversely affected by any feedback they provide and assure them that they do not have to provide

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**Figure 1. Feedback log template**

**FEEDBACK LOG TEMPLATE**

**Guide to completing a feedback log**

<table>
<thead>
<tr>
<th>Examples of sources of feedback</th>
<th>Examples of types of feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patients or service users</td>
<td>• Verbal</td>
</tr>
<tr>
<td>• Colleagues – nurses midwives, other healthcare professionals</td>
<td>• Letter or card</td>
</tr>
<tr>
<td>• Students</td>
<td>• Survey</td>
</tr>
<tr>
<td>• Annual appraisal</td>
<td>• Report</td>
</tr>
<tr>
<td>• Team performance reports</td>
<td></td>
</tr>
<tr>
<td>• Serious event reviews</td>
<td></td>
</tr>
</tbody>
</table>

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased. Guidance Sheet 1 in *How to revalidate with the NMC* provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of feedback</th>
<th>Type of feedback</th>
<th>Content of feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Where did this feedback come from?</td>
<td>How was the feedback received?</td>
<td>What was the feedback about and how has it influenced your practice?</td>
</tr>
</tbody>
</table>

(Nursing and Midwifery Council 2016a)
Feedback if they would prefer not to (Royal College of Nursing 2016).

10. It is recommended that you maintain a record of feedback using the feedback log template (Figure 1) (NMC 2016a). The template is not mandatory and you can use alternative methods to record feedback.

**Evidence base**

Feedback is widely used as a means of improving practice in clinical settings (Clynes and Raftery 2008, McKimm 2009, Ivers *et al* 2012). Clinical situations can often be stressful, requiring that practitioners demonstrate high levels of knowledge and skills, as well as appropriate behaviour.

Feedback has a vital role in developing practitioners’ confidence and competence. Performance-based feedback enables identification of optimum performance, thus providing an opportunity to reinforce this individually and throughout the organisation (Cantillon and Sargeant 2008, Ramani and Krackov 2012). Practice-related feedback enables nurses and midwives to work towards closing the gap between current perhaps less positive performance and desired future performance.

Revalidation was piloted in 19 organisations across the UK. The Aneurin Bevan University Health Board (ABUHB) in South East Wales, was the largest pilot site comprising more than 38% of the population of UK pilot registrants. The pilot enabled registrants to collate and record feedback on their practice, examples of which are shown in Figure 2. The pilot feedback (unpublished data) found that registrants from ABUHB considered the practice-related feedback component of revalidation to be important and not an arduous task. Following completion of the revalidation pilot, the NMC (2016b) provided further examples of practice-related feedback taken from the

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**Figure 2. Example of practice-related feedback for Aneurin Bevan University Health Board**

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of feedback</th>
<th>Type of feedback</th>
<th>Content of feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2015</td>
<td>Infection control audit.</td>
<td>Written audit report.</td>
<td>Outline compliance with hand hygiene within the ward area. The feedback was generally very positive, however it identified that not all professional groups achieved sufficiently high standards. This enables targeted improvement to ensure patient safety. This relates to the practise effectively and preserving safety themes of the Code.</td>
</tr>
<tr>
<td>February 2015</td>
<td>Annual personal appraisal development review.</td>
<td>Written and verbal feedback from line manager.</td>
<td>The feedback reviewed my performance against my job role and objectives for the previous 12 months. The feedback was very complimentary, highlighting that I had performed above and beyond my role. However, I had not achieved one of the objectives set which related to a change in practice. This will be a priority to carry over to the next year.</td>
</tr>
<tr>
<td>December 2014</td>
<td>Patient satisfaction audit report.</td>
<td>A written report from the department manager on the results of a patient satisfaction survey.</td>
<td>The audit was quite broad and outlined areas that patients were very satisfied with such as a good overall clinic experience, enough time in the consultation, understood the information given to them. Areas that were not as positively evaluated included patients wanting more written information and reporting they were not aware of a patient helpline. I will ensure in future that this information is readily available in my clinics and provided for patients. This relates to the prioritising people theme of the Code.</td>
</tr>
<tr>
<td>March 2015</td>
<td>Patient feedback event.</td>
<td>Verbal face-to-face feedback from patients at an organised feedback event.</td>
<td>The patients gave some really useful ideas for changes that they felt would improve access to information and services. In relation to The Code, this covered the themes of prioritising people and practising effectively. At the meeting the three highest priority actions were agreed. It is now important to ensure that these actions are put into place. Another feedback event in 6 months will be organised.</td>
</tr>
</tbody>
</table>
Figure 3. Examples of practice-related feedback recorded by registrants from the wider UK pilot.

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of feedback</th>
<th>Type of feedback</th>
<th>Content of feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/7/15</td>
<td>Student.</td>
<td>Verbal, in a meeting to review her</td>
<td>She found it valuable when I let her take the lead in a postnatal baby check. I</td>
</tr>
<tr>
<td></td>
<td></td>
<td>placement documentation.</td>
<td>will encourage my students to take the lead more often and try to only provide</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>direction when they need it. Links to the promote professionalism and trust theme of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Code.</td>
</tr>
<tr>
<td>10/8/15</td>
<td>Woman I looked after on the</td>
<td>Thank you letter.</td>
<td>Thanking me for supporting her and her partner throughout the discharge process.</td>
</tr>
<tr>
<td></td>
<td>postnatal ward.</td>
<td></td>
<td>Highlighting the importance of taking time to make sure women feel confident and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>comfortable before they are sent home. Links to the prioritising people theme of</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The Code.</td>
</tr>
</tbody>
</table>

Nurses and midwives who are due to revalidate imminently will need to review emails, reports and letters retrospectively, for example, to identify appropriate feedback. For those who are not due to revalidate for some months or years, they can identify and record examples of practice-related feedback as they occur. Once the practice-related feedback component has been completed, registrants can select some of their feedback examples and write them up as reflective accounts, outlining what has been learned from the feedback, how this changed their practice and how this relates to The Code (NMC 2015b). The written reflective accounts component of revalidation will be discussed in the relevant article in this series.

References

Revalidation made simple

**RCNi Portfolio** lets you store, build and track your evidence in one easy to manage online space

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- **Track hours and evidence** stored for each section against the NMC's requirements. Progress bars make it clear how much is left to complete.

- **RCNi Portfolio works perfectly** on your smartphone or tablet so you can update your evidence on the go.

- When ready, you can **download your portfolio easily** into one organised and professional PDF report.

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To view our latest subscription offers, please visit [secure.rcni.com/subscribe](http://secure.rcni.com/subscribe)
How to write a reflective account for revalidation


This article first appeared in Nursing Standard, volume 30, number 46, 42-44.

Rationale and key points

This is the fifth in a series of eight articles providing information about the Nursing and Midwifery Council (NMC) revalidation process. This article focuses on preparing five written reflective accounts for revalidation.

- Reflective practice encourages nurses and midwives to use their learning to identify areas for improvement.
- Reflective practice encourages nurses and midwives to relate their learning to the NMC code of professional standards of practice and behaviour.

Reflective activity

“How to” revalidate articles can help to update your practice and provide information about the revalidation process, including how you can write a reflective account for revalidation. Reflect on and write a short account of:

1. How writing a reflective account helps you to reflect on your practice.
2. How you could use this article to educate your colleagues.

Subscribers can update their reflective accounts at: rcni.com/portfolio

Keywords

NMC, Nursing and Midwifery Council, portfolio, professional development, reflective practice, registration, revalidation

Preparation

- Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).
- Download and print a copy of the NMC (2016a) reflective accounts form (revalidation.nmc.org.uk/download-resources/forms-and-templates).
- Ensure you have a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

Procedure

1. You are required to prepare five written reflective accounts in the three-year period since your registration was last renewed or you joined the register.
2. Each reflective account can relate to your continuing professional development (CPD) and/or feedback and/or an event or experience in your practice.
3. You must use the reflective accounts form provided by the NMC (2016a) to record your reflective accounts.
4. Each reflective account must include a description of the nature of the CPD activity and/or practice-related feedback and/or an event or experience in your practice, what you have learned from this, how this learning has altered or improved your practice and how this learning relates to The Code (NMC 2015b, 2016a).
5. Your reflective accounts can be typed or hand written.
6. Your reflective accounts can be written in a formal or informal way. You can use bullet points for some parts of the reflective account to convey information if you wish.
7. There is no minimum or maximum word count for your reflective accounts.
8. You can use a model of reflection such as Gibbs’ (1988) reflective cycle if you wish, but this is not required by the NMC.
9. You can use references in your reflective accounts, but this is not required by the NMC.
10. When recording your reflective accounts, confidentiality must be maintained and any information included in your revalidation portfolio must be recorded in a way that no patient, healthcare professional or other individual can be identified (NMC 2015a).

11. Keep a record of your reflective accounts to show your confirmers to demonstrate that you have met this revalidation requirement, and to inform your reflective discussion. You are not required to submit your written reflective accounts to the NMC.

**Evidence base**
Revalidation superseded the post-registration education and practice requirements (NMC 2011) from April 2016. The NMC (2015a) states that the introduction of revalidation will encourage a culture of reflection leading to improvements in practice.

Reflection enables nurses and midwives to understand and learn from the events and experiences they encounter during their practice (Caldwell and Grobbel 2013, Howatson-Jones 2013, Jasper et al 2013). Experiences may be drawn from CPD, feedback, or events or incidents in practice, such as ethical dilemmas, staffing problems, conflict, an emergency situation or a complaint.

Reflection enables individuals to return to an event or experience and analyse it in detail to identify, for example, what happened, the main influences, and how
one felt about it (Bulman and Schutz 2013).

Reflection also provides an opportunity to engage in learning and consider what one might do differently if a similar situation were to occur. Importantly, reflection provides an opportunity to share learning with colleagues (Jasper et al 2013). Reflection is therefore a dynamic process. It enables nurses and midwives to develop their professional practice and enhance their clinical knowledge through critical thinking and reasoning, while demonstrating professional accountability and improving patient care (Caldwell and Grobbel 2013).

The Code (NMC 2015b) provides a focal point for professional reflection, and nurses and midwives are encouraged to consider how it applies to their practice to ensure that they continue to practise safely and effectively.

The NMC piloted the revalidation processes and guidance in 19 organisations across the UK. Aneurin Bevan University Health Board (ABUHB) in South East Wales was the largest pilot site, comprising more than 38% of the population of UK pilot registrants. Initially, some of the ABUHB pilot registrants raised queries about the written reflective accounts. The ABUHB registrants also commented that the NMC (2015a) reflective accounts form provided structure to help them organise their thoughts. The NMC (2016b) provides an example of a written reflective account, shown in Figure 1.

Nurses and midwives who are due to revalidate imminently will need to retrospectively write reflective accounts about CPD activity, and/or practice-related feedback and/or an event or experience in their practice. Those who are not due to revalidate for some months or years can write reflective accounts as events or experiences occur.

Reflection is a central component of revalidation that enables nurses and midwives to reflect on their practice and identify changes or improvements to inform future practice and enhance patient care. The five written reflective accounts can be used by nurses and midwives to inform their reflective discussion, which will be discussed in the relevant article in this series.

References


Nursing and Midwifery Council (2016b) Revalidation: Completed Forms and Templates. revalidation.nmc.org.uk/download-resources/forms-and-templates (Last accessed: 24 June 2016.)
How to engage in a reflective discussion for revalidation

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Conflict of interest
None declared

Rationale and key points
This is the sixth in a series of eight articles providing information about the Nursing and Midwifery Council (NMC) revalidation process. This article focuses on the requirement for nurses and midwives to engage in a reflective discussion with an NMC registrant. The purpose of the reflective discussion is to encourage a culture of sharing information to support professional development and improve practice.

» The reflective discussion must be undertaken with an NMC registrant.
» The reflective discussion should cover the five written reflective accounts required to renew registration.

Reflective activity
“How to” revalidate articles can help to update your practice and provide information about the revalidation process, including how you can engage in a reflective discussion. Reflect on and write a short account of:
1. How engaging in a reflective discussion with an NMC registrant helps you to view a situation from another person’s perspective.
2. How you could use this article to educate your colleagues.
Subscribers can upload their reflective accounts at: rcni.com/portfolio

Keywords
NMC, Nursing and Midwifery Council, portfolio, professional development, reflection, reflective discussion, registration, revalidation

Preparation
» Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).
» Download and print a copy of the NMC (2016a) reflective discussion form (revalidation.nmc.org.uk/download-resources/forms-and-templates).
» Obtain a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

Procedure
1. Once you have registered online with the NMC and completed your revalidation portfolio, you are required to take part in a reflective discussion with an NMC registrant, covering the five written reflective accounts you produced as a requirement for revalidation.
2. The NMC registrant that you have your discussion with does not have to be on the same part of the register as you. For example, if you are a nurse, the NMC registrant can be a midwife.
3. The NMC registrant can be your line manager if they are a nurse or midwife, or someone that you work with frequently or occasionally. If you are a midwife, you can have your reflective discussion with your midwifery
supervisor. If there are no other registrants in your practice setting, the NMC (2015a) suggest that you choose a registrant from a professional network or similar educational or learning group to undertake your reflective discussion.

4. The NMC registrant does not have to be a higher grade than you.

5. The NMC registrant must be on the NMC register and cannot be subject to any kind of suspension order at the time of having the reflective discussion.

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**Figure 1. Completed reflective discussion form**

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**REFLECTIVE DISCUSSION FORM**

You must use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in How to revalidate with the NMC for further information.

**To be completed by the nurse or midwife:**

- **Name:** Amy Nurse
- **NMC Pin:** 12A3456S

**To be completed by the nurse or midwife with whom you had the discussion:**

- **Name:** Louise Manager
- **NMC Pin:** 06B4567E
- **Email address:** L.manager@nurse.com
- **Professional address including postcode:** London Hospital Jones Road London N1 2NM
- **Contact number:** 0201 234 5678
- **Date of discussion:** 31/01/2016
- **Short summary of discussion:** We discussed all five of Amy’s reflective accounts and linked them to The Code. We had a very beneficial discussion about some of the issues raised, and shared our different perspectives. We also identified some professional development objectives for Amy, and she is now going to write an action plan for the future.

**I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.**

**I agree to be contacted by the NMC to provide further information if necessary for verification purposes.**

**Signature:**

L. Manager

**Date:** 30/1/2016

(Nursing and Midwifery Council 2016d)
6. The reflective discussion must take place face-to-face, except in exceptional circumstances, in which case video conferencing could be considered.
7. The reflective discussion can form part of your annual review.
8. The reflective discussion will cover your five written reflective accounts. The information included in your written reflective accounts will relate to your continuing professional development and/or feedback and/or an event or experience in your practice. Your written reflective accounts will inform your reflective discussion, so the broader the scope of your accounts the more comprehensive the reflective discussion will be.
9. The NMC registrant who engages in the reflective discussion with you will assess your knowledge and understanding of the learning you have undertaken, the effect this learning has had on your practice and how it relates to The Code (NMC 2015b).
10. The reflective discussion may be challenging because you need to discuss your learning, view a situation from another person’s perspective, debrief after an event and think about professional development objectives.
11. When engaging in the reflective discussion, confidentiality must be maintained and the discussion should be conducted in a way that no patient, healthcare professional or other individual can be identified.
12. The NMC (2016a) provides a mandatory form on which a brief summary of the reflective discussion must be recorded, along with the details of the person who carried out the reflective discussion, including their name, NMC Pin, email, professional address and contact number, as well as the date of the discussion. This form must be signed by the NMC registrant with whom you had your reflective discussion.
13. You can keep the completed reflective discussion form as a paper or electronic copy.
14. Further information about the reflective discussion requirement is available from the NMC (2016b, 2016c).
15. You must undertake your reflective discussion before you can seek confirmation that you have met the revalidation requirements.

**Evidence base**
The purpose of the reflective discussion is to encourage a culture of information sharing, reflection and improvement by enabling registrants to discuss their professional development and improvement activities (NMC 2015a). The reflective discussion must not be used as an opportunity to raise any fitness to practise issues.

Reflection within nursing practice enables registrants to examine, analyse and evaluate their learning or work-based experiences in a structured way (Caldwell and Grobbel 2013, Howatson-Jones 2013, Jasper et al 2013). The reflective discussion builds on this, enabling the person to reflect on a situation from their perspective and to consider another person’s point of view (Tsang 2011). It allows the nurse or midwife to recognise the limitations of their knowledge, and develop and enhance their understanding by asking questions and being questioned (Finlay 2008, Ruan and Griffith 2011).

The reflective discussion also enables knowledge to be applied to practice, thus enhancing professional development and patient care (Tsang 2011, Mettiäinen and Vähämäa 2013, Kwong et al 2016). It supports the sharing of thoughts and feelings, providing new insight into the event being discussed (Mettiäinen and Vähämäa 2013). Being a reflective practitioner is considered to be a desirable professional attribute, and a means of assuring quality (Tsang 2011).

The reflective discussion should be challenging but constructive, focusing on the content of the reflection and how it relates to The Code (NMC 2015b). Participating in regular reflective discussions can support professional growth and help to motivate and transform nursing and midwifery (Tsang 2011, Mettiäinen and Vähämäa 2013). The NMC piloted the revalidation processes and guidance in 19 organisations across the UK. Aneurin Bevan University...
Health Board (ABUHB), in South East Wales, was the largest pilot site comprising more than 38% of the population of UK pilot registrants. The pilot feedback (unpublished data) found that ABUHB registrants considered the reflective discussion to be an important tool in bridging the gap between theory and practice, by enabling learning to be translated into practice. This view is supported by Finlay (2008) and Tsang (2011).

Historically, some nurses and midwives have perceived reflection in a negative way, suggesting that it is difficult and time consuming (Somerville and Keeling 2004, Jayatilleke and Mackie 2013). However, engaging in a reflective discussion offers unique benefits. It can improve understanding of the need for reflection, develop confidence and reduce anxiety about reflective activities. It can also enhance professional engagement and motivate registrants to be involved in ongoing learning (Finlay 2008, Tsang 2011, Mettiäinen and Vähämäa 2013).

The NMC (2016d) provides an example of a completed reflective discussion form as shown in Figure 1. Once the professional reflective discussion has been undertaken, confirmation of meeting the NMC revalidation requirements will be required. These elements can be undertaken at the same time if the person conducting them is an NMC registrant.

References


Rationale and key points

This is the seventh in a series of eight articles providing information about the Nursing and Midwifery Council revalidation process. This article focuses on obtaining confirmation for revalidation.

- Revalidation is a mandatory process for nurses and midwives, enabling them to demonstrate their ability to practise safely and effectively.
- Confirmation provides assurance that nurses and midwives have met the requirements of revalidation.
- Confirmation does not involve making judgements about whether a nurse or midwife is fit to practise.

Reflective activity

‘How to’ revalidate articles can help to update your practice and provide information about the revalidation process, including how you can obtain confirmation for revalidation. Reflect on and write a short account of:

1. The information that nurses and midwives are required to collect to meet the revalidation requirements.
2. How you could use this article to educate your colleagues.

Subscribers can upload their reflective accounts at: rcni.com/portfolio

Keywords
confirmation, evidence, NMC, Nursing and Midwifery Council, portfolio, professional development, registration, revalidation

Preparation

» Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).
» Download and print a copy of the NMC (2016a) confirmation form (revalidation.nmc.org.uk/download-resources/forms-and-templates).
» Download and print a copy of the NMC (2016b) booklet providing information for confirmers (www.nmc.org.uk/globalassets/sitedocuments/revalidation/information-for-confirmers.pdf).

Procedure

1. Once you have completed your revalidation portfolio and participated in a reflective discussion with an NMC registrant, you must seek confirmation. This means you will need to demonstrate to an appropriate confirmer that you have met the revalidation requirements.
2. The NMC (2015a) recommends that your line manager acts as your confirmer, wherever possible. If your confirmer is an NMC registrant, they can undertake both your reflective discussion and your confirmation at the same time (NMC 2015a).
3. If your line manager cannot provide confirmation, you can seek confirmation from another UK-regulated healthcare professional. The confirmer is not required to be an NMC registrant. The NMC (2016c) provides a list of suitable confirmers (Box 1).

4. If you undertake more than one role or have more than one employer, you only need to obtain confirmation once. The NMC (2015a) recommends that you obtain confirmation from the line manager where you undertake most of your work.

5. Confirmation should take place through a face-to-face discussion, except in exceptional circumstances, in which case video conferencing could be considered.

6. Confirmation should take place during the final 12 months of the 3-year renewal of registration period to ensure that it is recent.

7. The NMC (2016b) recommends that confirmation takes place as part of your annual appraisal.

8. The confirmer will look at your revalidation portfolio and ensure there is evidence that you have met the revalidation requirements.

9. The confirmer is not required to verify the information you provide in your revalidation portfolio. For example, they do not need to contact continuing professional development (CPD) providers to check whether you have completed a particular CPD activity. You are, however, required to be honest and therefore all entries in your revalidation portfolio must be accurate.

10. The confirmer is not being asked to assess the quality of the evidence in your revalidation portfolio; however, they are required to ensure that your CPD is related to your scope of practice as a nurse or midwife.

11. If the confirmer believes that you have not fully met the revalidation requirements, they will explain to you which requirements you have not completed. You will be given the opportunity to fully complete these elements so that you can seek to obtain confirmation again.

12. You must use the confirmation form provided by the NMC (2016a) to record your confirmation. The form includes a checklist for the confirmer to indicate that they have seen evidence that you have:
   - Completed 450 hours of practice, or 900 hours if revalidating as both a nurse and midwife.
   - Undertaken 35 hours of CPD, 20 hours of which must be participatory in nature.
   - Recorded five examples of feedback on your practice.
   - Written five reflective accounts.
   - Engaged in a reflective discussion with an NMC registrant.

You will need to provide the name, NMC Pin or other professional identification number, email, professional address and postcode of the confirmer. The confirmer will need to provide their name and contact details, and will sign and date the form. The confirmer is not being asked to

**BOX 1. List of suitable confirmers**

- Art therapist
- Biomedical scientist
- Chiroprist
- Chiropractor
- Clinical scientist
- Dentist
- Dietician
- Doctor
- Hearing aid dispenser
- Occupational therapist
- Operating department practitioner
- Optician
- Optometrist
- Orthodontist
- Osteopath
- Paramedic
- Pharmacist
- Physiotherapist
- Podiatrist
- Prosthetist/orthotist
- Psychologist
- Radiographer
- Social worker
- Speech and language therapist
(Nursing and Midwifery Council 2016c)
**Disclaimer**

Please note that information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse’s responsibility to ensure their practice remains up to date and reflects the latest evidence.

**USEFUL RESOURCES**

- Nursing and Midwifery Council (2016) Revalidation. [revalidation.nmc.org.uk](http://revalidation.nmc.org.uk)
- Royal College of Nursing (2016) Revalidation. [www.rcn.org.uk/professional-development/revalidation](http://www.rcn.org.uk/professional-development/revalidation)

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make an assessment of your fitness to practise. Only the NMC can assess a nurse or midwife’s fitness to practise. The NMC (2016d) has produced an example of a completed confirmation form as a guide.

13. You can keep the completed confirmation form as a paper or electronic copy.

14. The confirmer will be asked if they agree to be contacted by the NMC to provide further information, if required, for the purpose of verification. If this is the case, the confirmer is sent an email by the NMC and asked to follow a link and answer specific questions about your revalidation portfolio. If the confirmer cannot be contacted, for example if they have changed employment, the NMC will request that a second confirmation is undertaken and the new confirmer will be contacted accordingly.

**Evidence base**

In the context of revalidation, confirmation refers to a process whereby a registered healthcare professional, not necessarily an NMC registrant, checks whether or not a nurse or midwife has met the requirements for revalidation (NMC 2015b). Therefore, confirmation provides additional assurance that the nurse or midwife has met the revalidation requirements.

The NMC (2015a) states that the confirmation process can enhance professionalism by making individuals increasingly accountable for their own practice and improvement. Professionalism is central to effective nursing care; however, it is a multidimensional concept that can be difficult to describe (Ghadirian et al 2014). It includes the positive behaviours that are expected of nurses and midwives to practise safely and effectively (The Scottish Government 2012, Ghadirian et al 2014, NMC 2015a).

The NMC (2015a) suggests that the interactive nature of the confirmation process may help to reduce professional isolation by enabling regular appraisal processes and encouraging a culture of sharing, reflection and improvement. The confirmation process encourages review of the practice hours, CPD, feedback, and reflective elements of revalidation, all of which contribute to the development of competent nurses and midwives (NMC 2016b).

The confirmation process is an objective means of ensuring that a nurse or midwife has met the mandatory revalidation requirements (NMC 2016b). The confirmer must not be influenced by any personal or commercial relationship they might have with the nurse or midwife when providing confirmation (NMC 2016b).

The confirmer is not required to check the validity of the information provided in the revalidation portfolio, such as confirming attendance at, or completion of, any CPD activities. As part of their professional conduct (NMC 2015b), the nurse or midwife must be honest and trustworthy, and the evidence they provide must be accurate. Confirmation is also not an assessment of the quality of evidence provided, nor is it an assessment of a nurse or midwife’s fitness to practise (NMC 2016b). Only the NMC can determine an individual’s fitness to practise.

**References**


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How to submit your revalidation application


This article first appeared in Nursing Standard, volume 30, number 49, 40-43.

Rationale and key points
This is the final in a series of eight articles providing information about the Nursing and Midwifery Council revalidation process. This article focuses on submitting a revalidation application to the NMC.

» Nurses and midwives must demonstrate that they have: completed 450 hours of practice, or 900 hours if revalidating as both a nurse and midwife; undertaken 35 hours of continuing professional development, 20 hours of which must be participatory; recorded five examples of feedback on their practice; written five reflective accounts; had a reflective discussion with an NMC registrant; and sought confirmation that they have met these requirements.

» Nurses and midwives who fail to submit their revalidation application by the stated date will put the renewal of their registration at risk.

Reflective activity
‘How to’ revalidate articles can help to update your practice and provide information about the revalidation process, including how you can submit your revalidation application. Reflect on and write a short account of:
1. The professional accountability associated with declaring that you have met the revalidation requirements.
2. How you could use this article to educate your colleagues.
Subscribers can upload their reflective accounts at: rcni.com/portfolio.

Keywords
NMC, Nursing and Midwifery Council, portfolio, professional development, registration, revalidation, revalidation application, verification

Preparation
» Download and print a copy of the Nursing and Midwifery Council (NMC) (2015a) booklet on how to revalidate (www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf).

» Ensure you have a copy of The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (NMC 2015b).

» Go to revalidation.nmc.org.uk/ready-to-submit-online (NMC 2016a) to watch the revalidation application process video.

Procedure
1. If you have not done so already, set up an online NMC account, as described in a previous article in this series (Middleton and Llewellyn 2016). All NMC notifications will be sent via email, so it is important to check your email regularly during the revalidation process.

2. Sixty days before the first day of the month in which your revalidation application is due, the NMC will inform you via email that your submission portal is open. The ‘Go to application’ link will appear on the front page of your online account.
3. You must submit your revalidation application by the first day of the month in which your registration is due for renewal. You can submit your application at any time during the 60 days preceding this date. Failure to submit your application on time will put the renewal of your registration at risk.

4. Before beginning the online submission process, check that you have met the revalidation requirements. Have your revalidation portfolio to hand so that you can use it for referencing purposes. You do not need to submit your portfolio online.

5. Log in to your NMC online account and click on the ‘Go to application’ link. The information you enter will automatically be saved and you can return to your submission at any time.

6. Confirm you have read the NMC (2015a) booklet on how to revalidate.

7. Enter the name and address of your current or most recent employer. If you have more than one employer, enter all relevant details. Enter the date you commenced your current employment. If you are not currently working as a registered nurse or midwife, enter the dates that you started and ended your most recent employment.

8. Confirm you have met the revalidation requirements.

9. Confirm that you wish to revalidate to renew your nursing and/or midwifery registration(s).

10. Declare that you have undertaken 450 hours of practice, or 900 hours if revalidating as both a nurse and midwife; undertaken 35 hours of CPD, 20 hours of which must be participatory; recorded five examples of feedback on practice; written five reflective accounts; had a reflective discussion with an NMC registrant; and sought confirmation that these requirements have been met before submitting a revalidation application.

11. Declare that you have met the requirements for continuing professional development (CPD), feedback on practice and reflection.

12. Enter the name, contact details and NMC pin of the registrant who participated in a reflective discussion with you.

13. Make health and character self-declarations to demonstrate that you are capable of safe and effective practice. You will need to declare any police cautions, convictions and/or other regulatory body determinations that affect your fitness to practise. Further information about health and character declarations is available from the NMC (2016b).

14. Declare that your indemnity arrangements are in place; your employer usually provides this. If you have private arrangements then provide the relevant details.

15. Declare that your revalidation portfolio has been confirmed, entering the confirmer’s name and contact details.

16. Answer the equality and diversity questions, or select the ‘prefer not to say’ option.

17. Review your revalidation application and declare that the information you have provided is accurate.

18. Print a copy of your revalidation application submission and retain it in your portfolio.

**Evidence base**

Revalidation is a statutory regulatory process that requires nurses and midwives to demonstrate that they have: completed 450 hours of practice, or 900 hours if revalidating as both a nurse and midwife; undertaken 35 hours of CPD, 20 hours of which must be participatory; recorded five examples of feedback on practice; written five reflective accounts; had a reflective discussion with an NMC registrant; and sought confirmation that these requirements have been met before submitting a revalidation application.

Once the application process has been completed successfully, the nurse or midwife is required to pay the annual registration fee. This can be done via direct debit, online or telephone. Guidance on paying the annual fee is available from the NMC (2016d). Once the revalidation application has been submitted and the payment received, the nurse or midwife will receive an email confirming that their registration has been renewed.
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registration has been renewed; this can take up to 5 days (Figure 1).

Nurses and midwives can check their online account or the NMC register (www.nmc.org.uk/search-the-register) to confirm their registration has been renewed. Each year, the NMC will select a sample of nurses and midwives who are required to provide further information to verify their revalidation application. In such cases, the nurse or midwife will be notified via email within 24 hours of their application being submitted and their annual fee payment received.

The nurse or midwife will be required to complete an online form providing further information or evidence. Registration will not be renewed until the verification process is complete, which can take up to 3 months. The nurse or midwife can continue to practise during the verification process and the NMC register will show a ‘live’ registration icon.

The confirmer for this individual will be contacted by the NMC and asked to follow a link to provide further information about the nurse or midwife’s revalidation portfolio. The nurse or midwife’s employer and reflective discussion partner may also be contacted for further information.

If the nurse or midwife has provided any fraudulent information, or declared but failed to meet the revalidation requirements, this will put the renewal of their registration at risk.

The NMC have special arrangements in place for nurses and midwives who are unable to meet the revalidation requirements as a result of exceptional circumstances. These arrangements apply to individuals who have not been practising for sufficient time between October 2015, when the revalidation guidance was published, and the date they are due to revalidate, and those who have characteristics protected under the Equality Act 2010.

Further information on exceptional circumstances is available from the NMC (2016e).

If exceptional circumstances are confirmed by the NMC, the nurse or midwife will still need to meet the post-registration education and practice requirements (NMC 2011) for renewal.

The NMC (2015a) states that it will not usually consider requests for an extension to a revalidation application submission deadline. However, if a nurse or midwife has a reason why they cannot submit their application by the specified date, they must contact the NMC directly and as early as possible in the process. Extensions will only be granted before the date the nurse or midwife’s registration is due to lapse. Extensions of up to 6 weeks can be granted (NMC 2016e).

It is the responsibility of the nurse or midwife to renew their registration and ensure that they submit their revalidation application by the date required. Revalidation provides an invaluable opportunity for nurses and midwives to demonstrate their professionalism and commitment to lifelong learning and safe and effective practice, thus enhancing patient and public protection.

Revalidation is not an arduous process and can be completed successfully if the nurse or midwife is organised, uses the relevant resources and ensures they are up to date with any changes to information produced by the NMC.

Figure 1. Confirmation of renewal of registration

Dear NAME OF REGISTRANT

Registration renewed

Thank you for submitting your application for revalidation. Your application has been accepted and your registration has now been renewed. You can use your NMC Online account to see your confirmed registration status.

We advise you to keep your revalidation evidence and the contact details of the people you had your reflective and confirmation discussions with safely filed, as you may need to refer to them again. This can be in either electronic or paper form.

Yours sincerely

Director of Registration

USEFUL RESOURCES

» Nursing and Midwifery Council (2016) Revalidation: Resources. revalidation.nmc.org.uk/download-resources

» Royal College of Nursing (2016) Revalidation. www.rcn.org.uk/professional-development/revalidation

Nursing & Midwifery Council Log in to NMC Online

Revalidation application date: 01/04/2016
Renewal date: 30/04/2016
References


Nursing and Midwifery Council (2016a) Revalidation: Ready to Submit Online? revalidation.nmc.org.uk/ready-to-submit-online (Last accessed: 11 July 2016.)


rcni.com/cv-clinic
Conclusion

REVALIDATION is the new way of renewing registration every 3 years, it is not however a new way of raising concerns or assessing a nurse or midwife’s fitness to practise, this must be conducted using existing fitness to practise processes.

Revalidation encourages nurses and midwives to stay up to date, develop their knowledge and skills and to create a culture of seeking feedback, reflection and discussion about practice.

All of these activities aim to strengthen public confidence in the nursing and midwifery professions.

Revalidation is the responsibility of each individual nurse or midwife. This booklet aims to support registrants through the required processes, enabling successful maintenance of Nursing and Midwifery Council (NMC) registration. Revalidation is straightforward; the key messages are:

» Don’t panic – get organised.
» Start preparing your revalidation portfolio in time.
» Plan and arrange your reflective discussion and confirmation.
» Submit your revalidation request to the NMC during the 60 days leading up to the first day of the month in which your revalidation is due.

Use this resource as well as those provided by the NMC and Royal College of Nursing to ensure that you complete the revalidation requirements successfully.
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- The revalidation process explained, in detail, by revalidation experts.
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- The role of the confirmer.
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- Get the questions YOU need answered.

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