CHILDREN’S NURSES’ EXPERIENCES OF A REVALIDATION PILOT STUDY

Sian Thomas and colleagues review the experiences of three members of staff who participated in a pilot of the Nursing and Midwifery Council’s new regulation process.

Abstract

All UK nurses and midwives will need to follow the revalidation process to renew their registration with the Nursing and Midwifery Council (NMC) and demonstrate that they practise safely and effectively. The system is designed to help nurses and midwives develop professionally throughout their careers, as well as ensuring public confidence in the professions. Aneurin Bevan University Health Board (ABUHB) in South Wales was one of 19 NMC revalidation pilot sites. This involved nurses and midwives, who were due to complete their self-declaration between January 1 and September 30 2015, testing the revalidation processes. The aim of the article is to describe the experience of three paediatric nurses who participated in the pilot.

Keywords

child health, children’s nurses, nursing and midwifery council, paediatrics, pilot site, revalidation

THE REPORT from the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) recommended that changes be made to the registration of nurses and midwives, with a switch from self-declaration to a system where a third party would confirm that a nurse or midwife meets the Nursing and Midwifery Council’s (NMC) requirements for revalidation. Revalidation is centred on the NMC’s code (NMC 2015a) that outlines the professional standards of practice and behaviour of nurses and midwives. It requires all registrants to provide evidence that they have met a range of requirements which include collating practice hours and professional development activities, participating in reflective writing and recording examples of feedback on their practice.

The aim of NMC revalidation is to provide a mechanism through which all nurses and midwives in the UK can demonstrate evidence of continuous, career-long professional learning and development as well as updating their registration. By demonstrating safer and more effective practice, revalidation is designed to drive up standards of care and promote confidence that registrants have the knowledge and skills to meet the needs of changing and challenging healthcare delivery (NMC 2015b). Despite this clear aim from the NMC, the Professional Standards Authority for Health and Social Care (2015) released a report raising concerns that the evidence provided by nurses in support of regulation is currently weak. These concerns will mean that implementation of revalidation will be keenly scrutinised.

Revalidation is the responsibility of the individual registrant and failure to complete the revalidation process will result in removal from the NMC professional register. It is anticipated that people will require support from their employers to successfully complete the entire process.
Pilot sites
The NMC piloted revalidation at 19 organisations in the UK in different practice settings. Aneurin Bevan University Health Board (ABUHB), an integrated healthcare provider, was chosen as the Welsh pilot site and provided more than 38% (n = 813) of the entire pilot population. Of the 813 participants, 43 were children’s nurses from acute and community settings and 23 worked with neonates. The purpose of the pilot was to test the revalidation tools and processes developed by the NMC, not to redesign the fundamental regulatory purpose of revalidation.

From an organisational perspective, piloting revalidation at ABUHB involved embedding the changing requirements for registrants and producing ‘champions in practice’ to support colleagues when revalidation is introduced for all nurses and midwives this month. Being pioneers for a change in registration also brought a sense of pride both to individuals and the organisation.

Methodology
A retrospective review was undertaken to describe the experiences of three paediatric nurses who took part in the revalidation pilot project at ABUHB. The clinical experience of these three nurses (Nurse A, B and C) is outlined in Box 1.

The project was registered with the local research and development department as a service evaluation and all participants provided written permission to participate. A structured interview tool was used to capture the registrants’ experiences of completing the pilot revalidation project and all data was recorded and transcribed.

Findings
Several key topics emerged from the structured interviews. The experiences of the registrants are described in topic groups with commonalities highlighted.

Understanding of the process
The registrants were asked about their understanding of the NMC revalidation processes. It appears they felt they had a good level of clarity about the NMC requirements. ‘She [the nurse director] said we had been selected to undertake the pilot and that it was to evaluate the process they had in place and then it would be rolled out throughout the rest of the UK… It’s going to be far tighter on people’s need to continue to be updated, but also the employer’s responsibility… it’s not acceptable to have somebody who hasn’t updated in 20 years’ (Nurse B).

‘My understanding was clear because I went to the revalidation roadshow and we had lots of information sent through via email’ (Nurse C).

The emerging themes related to the need for improved regulation, a sense that registrants have greater clarity about NMC expectations and that revalidation provides a more equitable process for everyone. This mirrors the NMC’s stated purpose of the process which is described as ‘improving public protection by ensuring every registrant remains fit to practice throughout their career’ (NMC 2015b).

Thoughts and impressions
First impressions of the process were similar and all three registrants described some initial feelings of trepidation. ‘At first I thought, “oh no, typical, why me?”’ (Nurse A). ‘Why us? If I am honest… here’s another thing to have to do, I don’t want to be doing this’ (Nurse B). ‘I thought ah no, oh my gosh this is a huge thing. I thought it was really scary’ (Nurse C). However, initial anxieties dissipated as the staff learned more about the processes involved and the potential benefits revalidation could bring, both to their individual practice and to the reputation of the nursing and midwifery professions. Nurse B reported: ‘It was a good experience… I’m proud we were part of the pilot and we’re seen to lead on it… there’s so much negativity about the health service… and public perception, it can only be of benefit to say that we’re looking at how we’re practising.’

Perceived benefits of revalidation
The nurses were asked what they believed the perceived benefits of revalidation might be. Nurse A’s perception was: ‘It’s a good way of keeping a check on how much you have done. We should be providing evidence of how we can maintain our registration, it shouldn’t just be something that you get given, definitely it’s a positive… We are dealing with people’s lives and we should be monitored and we should have to provide evidence that we’re good enough.’ Nurse C also perceived positive benefits, reporting: ‘It gives clarity on what you’ve done
throughout the three years... As an organisation it was good to be picked as part of the pilot... There has been a standard for years that we are all meant to have met, but there has not been a thorough way of checking... It can only be a positive thing in the long-run'.

Two positive themes emerged, first the clear framework that the new revalidation process provides for collating all professional learning and development an individual nurse undertakes. Second, the third-party review of registrants to demonstrate they have met the NMC's professional requirements was welcomed by all. The NMC describes these requirements as an extension to the existing post-registration education and practice (Prep) standards (NMC 2011).

**Portfolio development** The NMC asks registrants to keep evidence that they have met the revalidation requirements in a portfolio (NMC 2015b). All the paediatric nurses interviewed chose to compile their portfolios electronically, although Nurse C also compiled a paper copy, which she said was useful.

**Practice hours** Another requirement of the NMC is that registrants declare they have met the revalidation minimum of 450 practice hours, recording the scope of practice, the work setting and a description of the work undertaken (NMC 2015b). The three nurses reported they understood the requirement and were asked about their experiences of compiling this evidence. Each nurse used the NMC pilot templates and reported finding them helpful, however Nurse C thought she might have provided more detail than was required. Nurse A identified: 'The discrepancy for me was sifting through how much management time I have and how much clinical time I have'. Nurse B described her system of recording practice hours: 'I photocopied the work schedule... I work 30 hours a week so it wasn’t a problem... Don’t assume three months is three months because you will have had annual leave in there. I checked my hours electronically... it took about an hour.'

Several important issues were identified relating to how nurses recorded their practice hours. It appears that registrants found the electronic roster systems in place within ABUHB a good way of providing evidence. However, Nurse B felt that only hours worked can be counted, highlighting if a registrant is sick or on annual leave these hours are not valid. Nurse C suggested that although an average of three months would be sufficient evidence for a registrant who works full-time, part-time workers will need to collate evidence over a longer period. Last, Nurse A highlighted the need to separate direct from non-direct clinical care in the recording of practice hours and felt this would be easy to achieve on a daily basis.

**Continuing professional development** During the pilot process the NMC required each registrant to demonstrate evidence of 40 hours of continuing professional development (CPD) relevant to the individual’s scope of practice, undertaken during the three years preceding their revalidation date. This has now been reduced to 35 hours, which is in line with the existing prep requirements. At least 20 of the CPD hours must be 'participatory' and accurate records must be maintained (NMC 2015b). All three registrants reported that they had used the templates provided by the NMC for recording CPD activities and found them useful. Each nurse felt they clearly understood the CPD requirements, including the participatory element.

There were no specific difficulties reported in providing evidence of the required 40 hours and they were able to provide several CPD examples. Nurse A found this part of the process interesting: ‘I went back through the off-duty and looked at study days and training that I had done over the last three years and detailed those...’ Nurse B also reported a positive experience in recording CPD activities: ‘I clarified it [CPD] with the NMC... I would have just seen it as almost like a tick box, but when it was broken down into understandable instructions it made me want to do it properly... it was easy really because there are plenty of safeguarding updates and monthly band 7 meetings, business meetings. I had no problem and I tried to ensure that it was balanced... I presented an audit so I put that in, it was quite varied.”

The registrants identified the need to change perceptions of CPD and to think laterally, considering a variety of learning opportunities in practice. They reported that CPD does not always have to be achieved by attending study days or courses; learning can be face-to-face, online and staff can learn from each other through professional discussions that takes place. ‘You don’t have to go on a training day and stuff like that... if you had a meeting to discuss things that could be counted as participatory learning... things like band 7 meetings when we discuss clinical governance issues... I wouldn’t necessarily think of that as CPD but it is’ (Nurse A). All three registrants recognised the importance of recording CPD at the time of the activity and Nurse A also talked about how her practice has changed: ‘When we were on a study session, I kept my agenda and made notes on it... I thought that’s more organised isn’t it... the future is trying to keep up to date with stuff as you go along’.
The time required to compile CPD activities varied between the three nurses with Nurse A reporting ‘it took a few hours, it was easy... it was just adding it up’. However, Nurse B described that ‘it took between two and three days... six hours over three days... it took me a while to type them up and write them in... it was quite good... I reflected on all of them’. Nurse C identified her process: ‘I think just doing it as you go along... it took a good three hours, rather than in two-and-a-half years’ time when you’re panicking it’s got to be done.’ Interestingly, this reflects the varied learning styles that nurses may adopt such as auditory, visual, kinaesthetic or a mixture of all three.

Feedback on practice Feedback was a concept that the registrants were not familiar with when using Prep. There was a lack of clarity reported relating to the NMC requirements, which led to Nurse B seeking further advice from the NMC. She was then able to identify feedback which related to the Code: ‘I used parents’ feedback regarding the incident... she thanked me for teaching her what it means to be a mother and having to stand up for your baby because she had been getting inconsistent advice... I was empowering them... that tied in with the NMC Code as well.’

Though all registrants identified appropriate feedback examples, difficulties with the process were reported. ‘I struggled a little bit on this because I hadn’t done it before... I did ask if there was a template, there should be something specific as a standard for everyone... If you work with a student or something like that, getting written feedback on how they felt you have worked with them, how you were as a mentor, that sort of stuff... [Feedback] would be given back to me anonymously... I felt that people who had positive things to say emailed me back, but people who didn’t just didn’t bother. You want the constructive criticism as well’ (Nurse A). ‘There was confusion regarding, do we put the five pieces of feedback in the folder... I just didn’t know what to do on that bit... definitely more guidance is needed... definitely the NMC should have a template, I used them in all other sections and it was fab but that was the one section that was unclear’ (Nurse C).

The emerging themes from this element related to the benefits of getting a range of feedback from a variety of sources over the three-year period. This is in line with the NMC (2015b) guidance that recommends that feedback could be from patients, carers, students or colleagues. Feedback can be provided relating to individual performance or team performance. According to the NMC Code (2015a) this can also be from complaints, performance reports, serious incident review or annual appraisal. The registrants felt that further NMC guidance on feedback and standardisation of the process, in the form of a template or anonymous questionnaire, would be beneficial. Finally, registrants recognised the importance of constructive criticism and were concerned about people being honest with their feedback, particularly if it was not anonymous.

Reflection on practice Even though staff reported having used reflective practice following incidents, the registrants interviewed said they did not regularly participate in reflective writing. They also reported a lack of confidence about the reflective process with one registrant reporting she did not use the NMC reflective template. The NMC (2015b) requires registrants to record a minimum of five reflective accounts; these can relate to CPD, feedback on practice or a combination of both. Each reflection must show how learning has had an impact on individual practice and how it relates to the Code. Nurse A described how her process of reflecting on her practice changed during the pilot: ‘I understand the concept [of reflection] and obviously it’s something that we use in the workplace... I chose my own model to use... I’m not very good at reflection... probably the biggest thing that’s changed in me over the last few months is that I am already writing things down and thinking how I could have dealt with this differently or how would I deal with it in the future, what I did good or what I did bad... before I was thinking back because I hadn’t done it in real time... feelings are much more real at the time.’

Nurse B acknowledged how her perception of reflective writing had changed: ‘You understand reflective practice because that’s second nature but not writing, the only time I’ve done it is if I’ve thought something might come back to bite you from a shift, so it’s purely protective. Whereas reflective writing the way it’s done now as part of revalidation is developmental... I’ve certainly done it since... I’ve actually found that quite easy, I just followed the NMC template... I’ve started doing some, going home at the end of the week.’ Nurse C also found she benefited from her reflective writing: ‘It took quite a while – 3-4 hours – because I did it in quite a depth, I didn’t have to do that but I wanted it for myself.’

Participating in the pilot showed that the process has changed the way nurses evidence their practice. They are choosing to treat it as a ‘live’ document, reflecting on learning and feedback as it arises and not waiting until the revalidation submission date.

Professional development discussion The NMC (2015b) states that as part of the pilot, registrants had to undertake a professional development discussion (PDD) with another registrant, covering the reflections, CPD and practice-related feedback. The PDD, renamed
as the reflective discussion after completion of the pilot, is a professional activity designed to assess learning and its application to practice and the Code.

During the pilot project the registrants recounted that when the PDD was undertaken with a line manager who was also a registered nurse, the process was generally clear and took between 30 and 90 minutes. There was, however, some confusion reported relating to the need for two processes, the PDD and confirmation, with Nurse A stating: ‘This is where I found it confusing, the PDD and confirmation and getting things clear. I can understand the need for both if you haven’t got a manager who is a nurse.’ However, Nurse A described the actual discussion as positive: ‘It felt fine… my line manager read all my details, all my reflections and we just discussed some of the aspects of some of them and then signed.’ This was similar to Nurse C’s experience: ‘We talked through my reflections, it was what I was expecting… it clarifies things and you can still learn from talking about your reflections even after you have written them.’

The registrants all felt it would be beneficial to undertake the revalidation PDD as part of an existing annual appraisal process which is in line with NMC guidance (2015b). ‘I had my personal appraisal development review (PADR) done about 2 or 3 weeks before so in the future you’d tie the two together’ (Nurse A). Nurse B had both processes as part of the one discussion: ‘My line manager undertook my PADR at the same time so it was incorporated.’

**Confirmation** The NMC states that the confirmation and the PDD may be carried out by the same person, providing they are a registered nurse or midwife (NMC 2015b). Nurse A did not have any problems identifying who would carry out the confirmation but as previously discussed found some confusion and overlap with the PDD: ‘It just felt like the same person was confirming for what they had already signed… there was just a bit of confusion about why there were two separate parts to sign, a bit of clarity on that section would be useful… the PDD and confirmation took less than an hour… there were no issues.’ There did not appear to be any specific problems highlighted with the confirmation process except perceived time constraints, however Nurse C found that the process was, in fact, not time-consuming: ‘I just used the template. It didn’t take long because it’s only a matter of signing things off, so probably about ten minutes. It’s really straightforward, you can’t go wrong.’

Nurse C’s dual registration is likely to affect a minority of nurses or midwives. She reported that this had not raised any specific problems with the overall revalidation process and specifically the confirmation element: ‘it was just deciding from the beginning that I would go with the manager I did the most hours with and that worked well, there were no issues.’ This is in line with NMC (2015b) guidance.

**Conclusion**

The findings from reviewing the revalidation pilot with three paediatric nurse registrants were that the nurses embraced the process, reporting a greater feeling of equity and clarity regarding the NMC’s expectations. They also felt better equipped to demonstrate to the public their professionalism, justifying their registration through meeting the requirements of the portfolio and third-party review.

Although this article only focused on three nurses, their stories were typical of the experiences of the nurses and midwives within ABUHB who participated in the project, according to feedback from the health board nurses. The findings were also in keeping with the NMC’s commissioned research, which states that revalidation is achievable (NMC, personal communication, 2015). It’s hoped this article assists children’s nurses who are preparing for revalidation.

**Implications for practice**

- Paediatric nurses from the Aneurin Bevan University Health Board revalidation pilot site found that revalidation was a positive process
- The nurses had a clearer idea of what was expected of them from the NMC after completing the pilot
- Nurses favoured online portfolios and found NMC templates useful
- There’s a need to change perceptions of CPD and to consider a variety of learning opportunities and methods
- Recording CPD at the time of the activity is most helpful
- Keeping an ongoing written reflective account offers opportunities for ongoing learning

**References**


**Online archive**

For related information, visit our online archive and search using the keywords

**Conflict of interest**

None declared