



RCN Policy and International Department
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The Royal College of Nursing response to the Nursing and Midwifery Council (NMC) evaluation of the revalidation pilots

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Introduction

With a membership of around 425,000 registered nurses, midwives, health visitors, nursing students, health care assistants and nurse cadets, the Royal College of Nursing (RCN) is the voice of nursing across the UK and the largest professional union of nursing staff in the world. RCN members work in a variety of hospital and community settings in the NHS and the independent sector. The RCN promotes patient and nursing interests on a wide range of issues by working closely with the Government, the UK parliaments and other national and European political institutions, trade unions, professional bodies and voluntary organisations.

The Royal College of Nursing (RCN) supports the underlying intentions of revalidation. We fully endorsed Sir Robert Francis' recommendation in the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) that:

“...the Nursing and Midwifery Council introduces a system of revalidation similar to that of the General Medical Council, as a means of reinforcing the status and competence of registered nurses, as well as providing additional protection to the public. It is essential that the Nursing and Midwifery Council has the resources and the administrative and leadership skills to ensure that this does not detract from its existing core function of regulating fitness to practise of registered nurses.”¹

While we acknowledge that the NMC has chosen not to introduce a revalidation model which fully replicates that of the General Medical Council (GMC) (specifically in relation to the role of Responsible Officers), we assume that the NMC will meet all the other aspects of Sir Robert's recommendation. In light of this, the RCN believes that it is imperative that the NMC's revalidation model is adequately costed and resourced.

We believe that the right revalidation model can help to protect the public and also to create and sustain a strong culture of professionalism amongst nurses. The RCN is therefore committed to supporting the NMC to develop a revalidation system which is effective and proportionate.

The development of the revalidation model is at a critical stage now that the pilots are complete. It is essential that the NMC is open and transparent about the outcomes of these pilots. The RCN believes the evaluation of the pilots should be published in full to allow public scrutiny.

This briefing outlines the RCN's current position on key principles and areas of concern relating to the proposed revalidation model. These are based on the extensive feedback we have gathered from our members, including the results of a survey of members involved in the revalidation pilots; regular engagement and dialogue with pilot organisations; feedback from the RCN's internal network

¹ Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry 2013 Recommendation no.229
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf

of staff and officers who were involved in the pilots; significant engagement with members at the RCN Congress; feedback gathered from contacts made to the RCN's helpline; and engagement with the four country implementation boards, the Revalidation Strategic Advisory Group and the Revalidation Implementation Programme Delivery Board. The issues set out below were echoed across all these channels.

This feedback should be considered alongside the NMC's own evaluation of the pilots when the NMC Council makes a final decision on the revalidation model and roll out at its meeting in October. This briefing also sets out a number of areas on which the NMC must urgently provide clarity, in order to instil confidence in the nursing workforce and indeed the wider healthcare system that current proposals will be effective.

Key points of principle and areas of concern

- **Individual autonomy.** Individual registrants should be responsible and accountable for their own revalidation and ensuring that they are keeping up to date. The revalidation model should enable individual registrants to make autonomous decisions about the process they undertake.
- **Third party confirmation.** Important questions remain outstanding about the role and purpose of confirmation. The NMC must be explicit about whether a confirmer is being asked to apply professional judgement about the quality of a registrant's revalidation evidence, or simply to act as a witness in confirming that they have seen that evidence. Further clarity is also required on who can and should act as a confirmer.

Building on the principle of individual autonomy, nurses undergoing revalidation should be able to choose who their confirmer is and the vehicle for obtaining confirmation. It may not always be appropriate or acceptable for this to be the nurses' line manager or happen through appraisal.

- **Quality assurance.** The third party confirmer should not be the only quality assurance mechanism for revalidation and should not therefore be asked to confirm a registrant's fitness to practise. The responsibility for this assurance must rest with the NMC.
- **Audit.** The NMC must provide greater clarity about how the audit process for revalidation will work, including what percentage of individuals will be subject to audit; if and how the audit process will make professional judgements about the evidence submitted and what registrant involvement there will be. Clarity is also needed about what the appeals process will be if an audit finds that an individual's evidence is not acceptable.
- **Use of appraisal.** The RCN remains concerned that the NMC's emphasis on the use of appraisal as the vehicle for revalidation carries the risk of conflating the purpose of appraisal – to review a registrants' performance in the job - with their revalidation, which should remain an entirely separate issue. The RCN has received evidence of this risk being borne out already in some cases in the pilots. We would welcome evidence from the NMC about how

appraisal has been used in the pilots and how the risk of conflation of purpose can/will be mitigated.

Appraisal should remain an option for revalidation discussions, not the mandatory vehicle. Registrants should be able to choose whether they wish to use appraisal as a vehicle for achieving third party confirmation.

- **System readiness.** The NMC proposals as they currently stand rely heavily on the processes, procedures and systems of employing organisations, which are outside of the control of both the NMC and of individual registrants. There are substantial resource implications for organisations to ensure that internal processes and IT systems are suitable to support their nursing workforce to revalidate. Nurses working for organisations that do not have these existing processes or IT systems in place are at an unfair disadvantage. This raises issues about the system's readiness for revalidation and also equality of access for all registrants.
- **Getting the model right.** The priority must be for the NMC to get the new revalidation model right. This is more important than meeting the planned timeline. Getting it right could have significant benefits for individual registrants, the profession as a whole and ultimately for patient care. However, getting it wrong carries a significant risk that registrants could choose to or be forced to leave the register.

Getting it right requires ensuring that the model works for nurses across all settings and in all roles. In light of this, the model requires simplification to ensure that it is relevant and effective for registrants across the board, not just those in the NHS acute sector.

- **Proportionality.** The final revalidation model must be proportionate in relation to costs and benefits. We look forward to seeing the full results of the evidence gathered by NMC on this issue.

Analysis of RCN member experience in pilot sites

Below we provide more detail about the experiences of our members in the revalidation pilots, and a number of issues and concerns which the NMC must address. As noted above this feedback is based on our ongoing engagement with nurses and nurse leaders who took part in the revalidation pilots, including from our survey which received 375 responses in total.

General perceptions of revalidation

The overwhelming feedback from our members who participated in pilots was that they felt that going through revalidation was a positive experience, and that the proposals are an improvement on the existing Prep system. In particular, nurses reported that they enjoyed the opportunity to have a professional development discussion with a fellow registrant.

It was evident from the feedback the RCN received that the proposed revalidation model and draft supporting guidance is well suited to registrants who fit a particular set of circumstances, including individuals who work in a team within an NHS setting in clinical role, have a supportive and engaged line manager and employer, have regular good quality appraisals, and have online access and are IT literate. However, for the significant portion of registrants who are outside these circumstances the model and guidance as they currently stand are inadequate.

Confirmation and fitness to practice

Feedback from the pilot sites demonstrated that there are very significant and worrying levels of confusion and contradictory understandings about the link between revalidation and fitness to practise, and related to this, about the role and purpose of the confirmer and confirmation in the process.

Important questions about confirmation remain outstanding and require the urgent attention of the NMC:

- What exactly is the confirmer being asked to confirm? Is it the registrants' fitness to practise? Or merely that they have completed the process? If it is the latter what other quality assurance mechanisms will be put in place?
- Are there standards for confirmation?
- Who can and should act as a confirmer?
- How do you ensure consistency of confirmation between practitioners?
- What happens to the confirmer if the NMC does not agree with their decision?
- How will the confirmer be involved in the auditing process?
- How will the role of confirmers be supported and verified?

The latest NMC draft guidance²² states that confirmation is about confirming that the registrant has met the revalidation requirements, rather than confirmation of the registrant's fitness to practise. However, we believe that mixed messaging on this issue from the NMC has added to the confusion. For example, the NMC website states on one hand that the purpose of revalidation is *"to improve public protection by making sure that nurses and midwives continue to be fit to practise throughout their career."* But then it also states that revalidation is *"not an assessment of a nurse or midwife's fitness to practise"*.

NMC rhetoric has also at times contradicted the guidance on who the confirmer should be. For example, at the RCN's recent Congress revalidation event, the NMC emphasised that line managers will be the confirmers. This contradicts the NMC's guidance which suggests that this is merely the preferred option.

²² NMC 'How to revalidate' provisional guidance 2015
<http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-final-draft.pdf>

The evidence the RCN gathered from the pilots indicates that many participants did not use their line manager as their confirmer and of those, a key reason given was that the line manager was not an NMC registrant. This implies that either registrants were unaware of the options for who could act as confirmer (i.e. that it does not have to be an NMC registrant) and/or that they did not want their confirmer to be a non-registrant. Another key reason cited was the absence of a line manager.

The RCN has also learnt that some pilot organisations allocated confirmers for participants. This undermines the principle of registrants taking control of their own revalidation which runs through the NMC's draft guidance. The RCN is clear that revalidation is and should remain the responsibility of individual registrants and organisations should not manage registrants' revalidation.

The very different ways that confirmation has been interpreted by registrants and by employers' highlights the need for the NMC to address and clarify the role of confirmation within the process and who the confirmer can/should be.

Auditing

The issue of auditing was a recurring theme in the feedback we received, with many respondents to our survey emphasising the need for a stronger auditing process than that which is in place for Prep.

The feedback we have received from employers is that they feel that the NMC is passing responsibility to them for revalidation and to confirmers in particular for quality assurance when this should remain the responsibility of the regulator.

The NMC must provide clarity on the following important questions:

- What percentage of registrants' revalidation applications will be audited?
- Who will be audited? How will NMC categorise 'high risk' groups?
- What will be the process for auditing?
- What will be the process for appealing a decision?
- Will the auditors be registrants? This is the case with other regulators such as the Health and Care Professions Council (HCPC)
- In what circumstances would a registrants' revalidation application be questioned?
- What will be the role of the confirmers in the auditing process?

The RCN believes that the responsibility for quality assurance for revalidation rests with the NMC and should not be devolved to confirmers or employers. Furthermore, the auditing process must be properly planned and sufficiently resourced. Further clarification regarding registrant involvement in this process is also required to ensure that any assessment of fitness to practice is supported by registrants familiar with the clinical context in which revalidation takes place.

We also believe that a more significant proportion of applications should be audited than as is the case for Prep, in order to add weight to the process and make it more meaningful.

Appraisal

The RCN strongly reiterates our concerns about the risks related to the NMC's preference for appraisal as the main vehicle for revalidation. The purpose of appraisal (for employers to review performance in a given role) and of revalidation (to confirm fitness to remain on the NMC register) are entirely separate; and there is a significant risk that conflating the two will lead to confusion and unacceptable outcomes.

RCN has already been made aware of cases where members who have been involved in pilots have experienced difficulties relating to the conflation of job performance and their revalidation and we continue to be very concerned about this risk.

Furthermore, the RCN does not have sufficient evidence about how the use of appraisal for revalidation worked in practice in the pilots to change our position on this aspect of the model. The majority of respondents to our survey reported that they did not have an appraisal during the pilot period and there were many who told us that they did not use appraisal for confirmation or the professional development discussion because:

- Their appraisal date did not fall within the pilot timeframe
- Their confirmer was not their appraiser
- Their appraiser was not an NMC registrant and therefore could not have the professional development discussion through appraisal

It is also important to consider the risk that such a reliance on appraisal for revalidation has in terms of the many registrants who do not have regular appraisals, and of those who do have appraisals, the many registrants who report that these are not well structured or high quality³. An emphasis on appraisal as the vehicle for revalidation discussions risks disadvantaging this significant portion of registrants. The RCN believes that appraisal should remain an option for registrants to use for their revalidation discussions, but proper consideration must be given to the alternatives and relevant guidance on these options should be developed accordingly.

Given these significant risks, the RCN would welcome sight of the NMC's full evaluation evidence, particularly relating to the number of cases where appraisal was used for confirmation and the professional development discussion and how this worked in practice. Without this, we believe that the use of appraisal requires further testing and consideration.

Where registrants do choose to use their appraisal for revalidation, it is crucial that guidance and standards for appraisals are developed to support the implementation of the revalidation process.

³ NHS staff survey 2014

We suggest that these clearly highlight how a 'good' appraisal can follow three distinct elements:

- Discussion about performance in the job/role (NOT for revalidation purposes)
- Professional development discussion (reflecting on feedback, learning and development and practise in relation to the Code with another NMC registrant)
- Confirmation/Witness sign off

Crucially, organisations, managers and registrants must be aware of the need to separate the discussion about a registrants' performance in their employment from the discussion about their revalidation.

System readiness

RCN is aware of significant concerns about how revalidation will be implemented at full scale. For larger organisations, particularly NHS employers, we know there is some anxiety about how they will transition from the pilots which have involved relatively small numbers of registrants, to supporting and organising hundreds/thousands organisation wide. For smaller and non-NHS organisations there is significant anxiety about how the model will be implemented and resourced.

A recurring theme in the feedback we received from registrants who enjoyed the revalidation process was that they received support, information and guidance from their employers. For registrants in smaller NHS and non-NHS organisations there are concerns about what kind of support, if any, they can expect from their employers. This carries a risk that some registrants will be unfairly disadvantaged.

We look forward to seeing the full results of KPMG's work to assess the system readiness and hearing from the NMC about how it will take forward the resulting recommendations.

The NMC guidance/process

Some members who responded to our survey told us that they found aspects of the NMC guidance confusing. Key areas of confusion related to the number of pieces of feedback and/or reflection required and what counts as acceptable sources of feedback. We also heard that nurses had been unsure about the expected level of detail and the expected standards for feedback and reflection, and particularly whether there was a minimum/maximum word count for reflection. As one member put it: *"Everyone's interpretation was different"*.

Feedback from some nurses who had acted as the confirmer and/or the other registrant in the professional development discussion, also reported that the varying approaches taken to recording reflections could be challenging, as those who produced very lengthy essay-style reflections were more time-consuming to review and discuss than those who provided shorter bullet point-style reflective accounts. Questions about the standard for reflections was also raised by some who had acted as confirmers.

The NMC guidance needs to be much clearer on these points and include supporting examples. There was particularly a call for examples which specifically relate to registrants working in settings outside the NHS, isolated registrants who are not part of a team or unit, those with no line manager, those in non-clinical roles, etc.

Many registrants we heard from said that they benefited from the NMC's guidance being supported and enhanced by extra information, resources and revalidation training their employer/organisation provided. Examples of good practice from employers' guidance and training produced during the pilots should be shared with other organisations as part of the guidance offered to employers.

Further suggestions for improvement to the NMC's guidance included:

- Giving examples of completed profiles
- Include a clear definition of 'feedback' with supporting examples
- More clarity required about the purpose of confirmation and the role of the confirmer and the professional development discussion
- The guidance could be simplified and presented in an easier format with flow charts, timelines and videos to support
- More information and examples of what constitutes CPD as well as a definition of CPD
- Information on the standards for reflective accounts and how many reflections required on each area (the Code, feedback, CPD)

IT access and issues

Feedback from the pilots also highlighted that the current proposals rely heavily on registrants having IT access and a certain level of IT competence and confidence. The RCN is aware of serious anxieties amongst some registrants who do not have access to IT and those who do not have confidence in completing the process online. It is important that the NMC considers this in the final revalidation model and ensures that there is adequate accessible guidance for registrants about where they can access IT and advice and support in relation to using the online system. It is also important that the guidance for employers includes suggestions for how employers can support registrants to access IT.

Some members also told us that they found the emerging plethora of revalidation software packages confusing and overwhelming and that they were unsure which of these would be best to use. Some highlighted the need for the NMC to have a standardised online portfolio to avoid others capitalising on the revalidation process and multiple portfolio options confusing registrants and increasing anxiety. We suggest that the NMC needs to make its stance on this issue very clear in its communications with registrants after the October Council meeting.

Continuing Professional Development (CPD)

We know that many nurses are still missing out on essential training and CPD because of staff shortages and a lack of funds and this could affect many registrants' ability to revalidate. According to the RCN 2015 CPD survey⁴:

- Almost a fifth told us that they were unable to complete essential training in the last year, 44% said this was because there were too few staff to cover their work
- 1 in 10 had to use annual leave and complete compulsory training in their own time
- More than a third of nurses reported not feeling up to date with core training in the profession
- 26% of respondents reported that they had no access to structured CPD, and 26% said that CPD opportunities have worsened over the past 5 years
- **28% said that they did not think they and their employers would be ready to meet the CPD requirements of revalidation**

While RCN recognises that registrants have a responsibility to keep up to date, this is a key area where employers need to be reminded of their responsibilities to help to ensure nurses have access to the training they need by helping to address the key factors which prevent nurses accessing training. This should be highlighted in the guidance for employers.

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⁴ <http://www.rcn.org.uk/newsevents/news/article/uk/nursing-shortage-preventing-access-to-crucial-training-says-rcn>