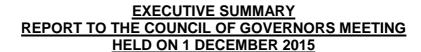
### SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST





Subject	t Revalidation for nurses and midwives	
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Status <sup>1</sup>	N&A	

### PURPOSE OF THE REPORT

The purpose of this paper is to outline the progress regarding implementing the revalidation model for nurses and midwives at Sheffield Teaching Hospital NHS Foundation Trust (STHFT), to describe the areas of work completed to date and to outline the project plans between now and the implementation of revalidation.

### **KEY POINTS**

- The Nursing and Midwifery Council ( NMC) has committed to introducing a system of revalidation for nurses and midwives by April 2016
- Revalidation will require registered nurses and midwives to be able to demonstrate that they have met a number of criteria when they renew their registration every 3 years
- The Trust has begun to prepare for the introduction of revalidation for nurses and midwives from April 2016, by reviewing and amending its systems, processes and policies, raising awareness with nurses and midwives and training appraisers and confirmers.
- An Implementation Board to oversee the process has been established and a Project Nurse has been appointed to coordinate the actions required.

#### IMPLICATIONS<sup>2</sup>

AIM OF THE STHFT CORPORATE STRATEGY 2012-2017		TICK AS APPROPRIATE
1	Deliver the Best Clinical Outcomes	✓
2	Provide Patient Centred Services	✓
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	✓

### RECOMMENDATIONS

The Council of Governors is asked to note the progress of the preparations for the implementation of the revalidation model and to acknowledge the ongoing work required to ensure that nurses and midwives at STHFT successfully revalidate.

### **APPROVAL PROCESS**

Meeting	Date	Approved Y/N
TEG	09.09.15	
Healthcare Governance Committee	28.09.15	
STH Partnership Board	08.10.15	
Clinical Management Board	16.10.15	
Operational Board	05.11.15	
Governors' Council	01.12.15	

<sup>1</sup>Status:

A = Approval

A\* = Approval & Requiring Board Approval

D = Debate

N = Note

Against the five aims of the STHFT Corporate Strategy 2012-2013

## 1. PURPOSE OF THE PAPER

Following a decision at the Nursing and Midwifery Council (NMC) in September 2013, the NMC committed to introducing a system of revalidation for nurses and midwives by the end of 2015. This date has since been moved to April 2016. Final confirmation of the date that revalidation will commence will be announced by the NMC in October 2015.

The purpose of this paper is to provide background detail to the revalidation process and to update the Board on the areas of work the Trust is undertaking to prepare for revalidation.

## 2. THE CODE (2015)

The Nursing and Midwifery Council determines the standards of practice and behaviour required of all registrants. The NMC Code<sup>1</sup> was revised and updated in March 2015, a copy of which has been sent to all Registered Nurses and Midwives.

From 1<sup>st</sup> April 2015, the new professional code, 'The Code' for registered nurses and midwives became effective (previously The Code: standards of conduct, performance and ethics for nurses and midwives, 2008)<sup>2</sup>.

The overarching theme of 'The Code' is Public Protection and consists of four themes:

- Prioritise People
- Practise effectively
- Preserve safety
- Promote professionalism and trust

The code is included at Appendix 1.

### 3. REVALIDATION

At present, Registered Nurses and Midwives are required to renew their registration with the NMC annually. Every third year, each registrant is also required to sign a declaration that they have completed appropriate practice hours as a nurse or midwife and, have continued their professional development (CPD) over the period in question, previously known as the post registration education and practice standards (PREP). The NMC can request that registrants provide evidence to verify their declaration. However, the frequency and range of such requests has varied and as such this has predominantly relied entirely on each practitioner's self-declaration and personal integrity.

From the end of April 2016 the PREP process will be replaced by the new system of revalidation. If a registrant is unable to revalidate successfully, then they will not be registered and will be unable to practice. Clearly, this could have major implications

<sup>&</sup>lt;sup>1</sup> The Code. Professional standards of practice and behaviour for nurses and midwives. Nursing and Midwifery Council. March 2015

<sup>&</sup>lt;sup>2</sup> The Code: Standards of conduct, performance and ethics for nurses and midwives. May 2008.

for the registrant and employers, although the system has public protection at it's core.

Registrants will still have to pay an annual fee to remain on the register and revalidation will cover the previous three-year period. It is about evidencing that nurses and midwives are keeping up to date and maintaining their fitness to practise.

In order to be able to revalidate every three years, each registered nurse and midwife will need to confirm online that they have:

- Practiced for 450 hours during the last three years (2 x 450 hrs. for duallyregistered professionals, e.g. a practicing registered nurse who is also a practicing registered midwife)
- Met the requirements for CPD
- Obtained confirmation from a third party that they have met the agreed requirements.
- Reflected on practice-related feedback, their CPD and their compliance with 'The Code (2015)'
- Have a professional indemnity arrangement in place
- Have maintained a level of health required for their professional role.

Only hours relevant to registered nursing or midwifery practice contribute as valid evidence. In most cases, this is likely to be met through being in a role that requires registration e.g. a contract with a NHS body such as STHFT.

Each registrant must be able to demonstrate that they have undertaken a minimum of 40 hours of CDP relevant to their scope of practice as a nurse or midwife in the three years prior to revalidation. Of the 40 hours, at least 20 of these must include participatory learning and records must be kept.

In addition, each registrant must obtain at least 5 pieces of practice-related feedback over the 3 years prior to revalidation. This can be from a variety of sources such as patients, carers, service-users, students, colleagues etc. The feedback can be at individual, team; unit, ward or organisational levels, and the registrant will need to be specific about the impact of these on their individual practice.

Each practitioner must record a minimum of 5 written reflections on how they meet the requirements of the 'Code', their CPD and practice-related feedback over the preceding 3 years.

In addition to practice hours, each registrant must have a professional development discussion with another NMC registrant (live on the register), covering their reflections on how they meet the requirements of the Code.

If a registrant's line manager is not a registered nurse or midwife, the registrant will need to have their professional development discussion with another registered nurse or midwife prior to the confirmation. The registrant must then ensure that the NMC registrant with whom they had their professional development discussion signs a form recording their name, NMC PIN Number, email, professional address and postcode, and the date of this discussion.

In support of all of this, each registrant must:

- provide a health and character self-declaration
- declare if they have been convicted of any criminal offence or issued with a formal caution over the preceding 3 years prior to renewal
- Declare that they have, or will have when practicing, appropriate cover under an indemnity arrangement (this is a legal requirement). This can be

through their employer, membership with a professional body, or through private insurance arrangements.

Have an annual appraisal to be linked to 'The Code'.

Pilots of the new revalidation standards were completed at the end of May and are currently being evaluated. It is expected that any final changes to the standards/guidance will be made available during autumn 2015 before full 'go live'.

# 4. <u>IMPLEMENTATION AT STHFT: PROGRESS TO DATE</u>

### **Nursing and Midwifery Revalidation Implementation Project Board**

A project board has been established, chaired by the Chief Nurse. Membership comprises of the Deputy Chief Nurse, all Nurse Directors and representatives from Human Resources, Learning and Development and Staff Side.

- The Board has been established as a 'task and finish' group, it has met twice and will continue to meet monthly until revalidation is fully implemented.
- A project plan, project structure and a Project Lead are all in place
- There are three project sub groups which will cover the following areas, training and communication, policy and information and process. Each sub group would be chaired by a member of the Implementation Board.

### Scale

The Trust currently has almost 4500 registered nurses and midwives as identified by the Electronic Staff Record (ESR). Nurses or midwives not in a specific nursing or midwifery role but required to have a clinical qualification and registration for their role are included. Registered staff whose role at STHFT does not require a clinical qualification and registration will not be recorded by ESR, so there may be a small number of individuals who are maintaining their registration independently of their role within STHFT and these individuals are not known. However, the NMC has contacted every registrant with regard to their responsibilities with revalidation.

Information extracted from ESR has highlighted approximately 1500 nurses and midwives at STHFT that will be due to revalidate between April and December 2016 and this information has been shared with the Nurse Directors who will disseminate to the appropriate line managers for action.

There is a live feed from the NMC to the ESR and in the near future, managers will be able to view revalidation dates for individuals on the NMC website.

### **Communications**

The project lead is working with the Communications team on implementing an agreed communications plan, including:

- Trust wide presentations: A total of approximately 50 sessions have been planned across STHFT and delivery of the sessions began in July 2015.
  Between 30 and 50 people are attending each session. The project lead is also attending directorate and or departmental meetings on request.
- Invitations to the presentations have been extended to our partners, including universities, practice nurses, care homes and NHSP staff.
- A Nursing and Midwifery Revalidation Intranet page has been established and there is a dedicated email address for staff to ask questions.
- A number of other communications, including newsletters, Communications update, emails and Chief Executive briefing are also in use. An article in Link is planned for later in the year once final guidance from the NMC is published.

 Focus groups, aimed at those individuals revalidating in 2016 are being established and individual support and guidance for registrants and or line managers is offered by the project lead on request.

## 5. NEXT STEPS

The three project sub-groups and associated leads have been identified and planning is in place to commence the detailed work outlined in each of the groups. Membership is being sought from across the nursing and midwifery workforce and from key departments, e.g. Human Resources and Learning and Development. Staff Side partners are fully engaged with the Project Board and sub-group.

The work of the sub-groups will include the development of a revalidation policy and alignment to associated policies, e.g. appraisal, capability and grievance, setting of STHFT standards and production of guidance. The sub-groups will also look at what training may be required, particularly for confirmers, and explore and agree the systems and processes that need to be put in place and the associated resource implications to embed revalidation after the initial implementation.