# REVALIDATION FOR REGISTERED NURSES AND MIDWIVES

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<th>Policy Type</th>
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<tr>
<td>Policy Owner</td>
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<td>Next Author Review Date</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; June 2023</td>
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<tr>
<td>Approving Body</td>
<td>Policy Management Sub-Committee 15&lt;sup&gt;th&lt;/sup&gt; November 2019</td>
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<td>30&lt;sup&gt;th&lt;/sup&gt; November 2023</td>
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’
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<tr>
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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.
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1 Executive Summary

The Nurse and Midwifery Council (NMC) have set out the requirements for 3 yearly revalidation for Nurses and Midwives, which came into force from April 2016.

The policy applies to all Registered Nurses and Midwives. The policy applies to all staff who manage Registered Nurses or Midwives, and for those with overarching responsibility for professional practice, development, and workforce.

This policy describes the organisation’s approach to revalidation for Nurses and Midwives including roles and responsibilities.

Of note this includes:
- Appraisal for Registered Nurses and Midwives is specific for Registered Nurses and Midwives, and will encompass requirements for revalidation and the process for Confirmation as it is required for each registrant on a 3 yearly basis
- Line managers of Registered Nurses and Midwives have responsibility for confirming their registered staff

As part of the organisations approach the policy also describes:
- The expectations of the Isle of Wight NHS Trust for providing support to staff to revalidate
- Standards expected of Registered Nurses and Midwives when undertaking tasks relating to revalidation
- A process for auditing staff satisfaction with the organisation’s support

2 Introduction

In April 2016 the NMC introduced a new system for Registered Nurses and Midwives to maintain their professional registration. This is called ‘Revalidation’.

From 1st April 2016 ALL Registered Nurses and Midwives will be required to follow the revalidation process in order to re-register.

It is the responsibility of each individual to ensure they fulfil the requirements to enable them to re-register however, in order to enable staff to do this in an effective way, the Isle of Wight NHS Trust has put in place processes to support revalidation.

This policy sets out the responsibilities of Registered Nurses and Midwives at the Isle of Wight NHS Trust in relation to revalidation.

It does not override professional responsibility of the individual to ensure all requirements for revalidation are met.
The requirements for revalidation are prescribed by the NMC. The details of all the professional requirements can be found in the NMC documents. All NMC documents are held on the NMC website – www.nmc.org.uk

Information and guidance to support Registered Nurses and Midwives in the Isle of Wight NHS Trust can also be found on the Trust Intranet page.

3 Definitions

NMC  
Nursing and Midwifery Council.

The Code  
The code of practice which sets out the requirements of professional behaviours and practice as defined by the NMC.

Revalidation  
The process by which the NMC will assess a Nurse or Midwife for suitability to maintain registration.

Revalidation date  
The 3 yearly date when registered Nurses and Midwives are required to revalidate.

Reflective discussion  
The conversation held between the Nurse or Midwife seeking to revalidate and another registered Nurse or Midwife. It is the discussion around reflective learning, professional practice and application of the Code in practice, to support the Nurse or Midwife to constantly challenge and improve practice and professionalism.

Confirmer  
The term given to the person who checks or ‘confirms’ everything that is required for revalidation for the Registered Nurse or Midwife, has been done.

4 Scope

The policy applies to:
- All Registered Nurses and Midwives working in the Isle of Wight NHS Trust
- Registered Nurses and Midwives who work on the Nurse bank
- All line managers with responsibility for managing Nurses or Midwives
- Nurse Bank Management team
- Workforce Information Team
- Education and Training Team.
5 Purpose

The purpose of the policy is to provide a framework for Registered Nurse and Midwife Revalidation at the Isle of Wight NHS Trust.

It does this in the following way:

5.1 The policy sets out the expectations and responsibilities of practising Registered Nurses and Midwives in relation to annual appraisal. This is to provide continuous support to staff to achieve revalidation over the three year period.

5.2 The policy sets out the responsibilities of the registered line manager in relation to annual appraisal for registered staff. This will include the role of confirmer.

5.3 The policy sets out the responsibilities of the non-registered line manager who has responsibility for registered staff. This will include the role of confirmer.

6 Roles and Responsibilities

6.1 Executive Director of Nursing (EDoN)

- The EDoN is responsible for ensuring processes are in place to assure the Board and the public that Registered Nurses and Midwives working in the Isle of Wight NHS Trust are appropriately registered with the NMC.

6.2 Deputy Director of Nursing (DDoN)

- The DDoN has responsibility for the process for revalidation.
- The DDoN has professional responsibility for the Nurse Bank workforce and to work jointly with the Nurse Bank resource team to ensure the processes are in place.

6.3 Head of Education

- The Education Lead has responsibility for education and training support.

6.4 Lead Manager for Nurse Bank

- The Lead Manager for the Nurse Bank will ensure the Registered Nurse and Midwifery Bank list is maintained with staff who have active registration.
- The Lead Manager for the Nurse Bank will ensure that the Standard Operating Procedure (SOP) for revalidation for bank staff is followed.

6.5 Workforce Information Team

- The Workforce Information Team has responsibility for maintaining the database of registered Nurses and Midwives, and for providing the list of staff due to revalidate as required.
6.6 Heads of Nursing (HoN)

- The HoN have responsibility for ensuring all their nursing and midwifery teams within their Care groups are cascaded with the relevant information for revalidation. This includes awareness of the Appraisal for Registered Nurses and Midwives, Verification of Registration of Clinical Staff policy, the Trust web page for revalidation, and training sessions.

- The HoN are responsible for communicating with the EDoN, DDoN and the Head of Education via the Director of Nursing’s team meeting around the progress of revalidation and escalation of any issues. They will also contribute to the overall systems and processes on behalf of the Registered Nurses and Midwives in their CBU's.

- The HoN are responsible for ensuring revalidation is understood and undertaken in their care group.

- The HoN are responsible for following the Verification of Registration of Clinical Staff policy and managing any Registered Nurses or Midwives who fail to re-register.

6.7 ALL Registered Nurses and Midwives.

All Registered Nurses and Midwives have individual responsibility for their own revalidation. This includes:

- Being registered with an online profile with the NMC website
- Being aware of their revalidation date
- Understanding revalidation requirements
- Understanding the NMC Code
- Maintaining a personal profile demonstrating how they meet revalidation requirements
- Identifying a Registered Nurse or Midwife with whom they will have a reflective discussion
- Identifying their Confirmer. This will be the line manager. A confirmer does not need to be a registered professional. If the line manager is a registered Nurse or Midwife they can also undertake the reflective discussion
- Understanding and following the organisations appraisal process for Registered Nurses and Midwives
- Taking responsibility for achieving the revalidation requirements.
- Escalation of issues where a Registered Nurse or Midwife is not able to fulfill revalidation requirements which may jeopardise his/her ability to revalidate
- Retaining all relevant paperwork including a paper copy of the signed confirmation form.
ALL Registered Nurses and Midwives can facilitate a ‘reflective discussion’. Responsibilities in relation to this are:

- To participate in facilitation of reflective discussions if required
- To engage in training to support the reflective discussion if required

6.8 Registered Nurses or Midwives who are line managers for other Nurses and Midwives.

The above have responsibility for supporting a professional conversation if requested to so by the registrant, and for confirming revalidation.

This includes:

- Being aware of their staff members revalidation date (via the Registered Nurse or Midwife)
- Understanding revalidation requirements
- Understanding the NMC Code
- Understanding and following the organisation’s appraisal process for Registered Nurses and Midwives
- Supporting Registered Nurses and Midwives with relevant objectives following annual appraisal to support their 3 yearly revalidation
- Acting as the person with whom the Nurse or Midwife can have their reflective discussion if they choose
- Acting as Confirmer for Registered Nurse and Midwives under their line management

6.9 All other line managers who line manage Registered Nurses or Midwives.

Staff who are not registered themselves but line manager Nurses or Midwives have the following responsibilities:

- Being aware of their staff members revalidation date (via the Registered Nurse or Midwife)
- To understand and follow the organisation’s appraisal process for Registered Nurses and Midwives
- Supporting Nurses and Midwives with relevant objectives following annual appraisal to support their 3 yearly revalidation
- To understand the process and requirements to act as Confirmer
- To attend training as required
- To act as Confirmer
7 Policy detail/Course of Action

Revalidation is a prescribed process set out by the NMC. It is not negotiable. Requirements for revalidation must be met in order for Registered Nurses and Midwives to maintain registration. The Trust policy sets out the process by which the organisation seeks to support staff to revalidate, and thereby maintain a high calibre professionally registered group of staff to deliver care for the island population.

To view the revalidation requirements in detail visit the NMC webpage www.nmc.org.uk

7.1 Legal requirements

It is a legal requirement that Nurses and Midwives are registered with the NMC before they can practice as a professional.

Nurses and Midwives are required to register and pay a registration fee annually.

Registered Nurses and Midwives are required to Revalidate every 3 years. Failure to revalidate will mean the Nurse or Midwife is no longer registered and is therefore unable to perform their role.

If a Nurse or Midwife fails to be registered the process for next steps is identified in the Verification of Registration of Clinical Staff policy.

7.2 Use of Appraisal

The annual appraisal process is the process by which the organisation will support revalidation for Registered Nurses and Midwives.

The appraisal paperwork for Registered Nurses and Midwives is tailored to support an annual review of revalidation requirements. This should be used by line managers who appraise Registered Nurses and Midwives to identify and support a consistent approach to achieving 3 yearly revalidation.

Where a registrant requires more support to achieve requirements this can be identified as an objective for the coming year.

7.3 Identifying reflective discussion partners

Each Registered Nurse or Midwife needs to identify their own reflective discussion partner. The partner MUST be registered with the NMC

This can be the line manager if the registrant chooses.

7.4 Identifying a Confirmer

The Registered Nurse or Midwife’s line manager will act as Confirmer.
7.5  Process for revalidation at Isle of Wight NHS Trust

7.5.1 Revalidation requirements as defined by the NMC

Revalidation requires the following items to be achieved over 3 years:

- 450 hours of practice hours over the 3 years for staff with one qualification i.e. Registered Nurse
- 900 hours of practice hours over 3 years for dual qualified staff i.e. Registered Nurse and Registered Midwife
- 35 hours of Continuous Professional Development (CPD) over 3 years, of which 20 hours must be participatory
- 5 pieces of practice related feedback
- 5 written reflective accounts.

Further details of what is expected professionally, can be found in the document ‘Revalidation - How to revalidate with the NMC’ at www.nmc.org.uk

- A reflective discussion must be undertaken between the registrant seeking to revalidate and another registered Nurse or Midwife
- A confirmation form must be signed by someone other than the registrants that demonstrates all of the revalidation requirements have been met
- A declaration of Health and Good Character by the registered Nurse or Midwife to be made on line at the time of revalidation
- Evidence of a professional indemnity arrangement.

7.5.2 Revalidation standards required by the Isle of Wight NHS Trust

Practice Hours
All Registered Nurses and Midwives are able to fulfil this requirement by nature of their employment at the Trust. In the unlikely event of a staff member being on long term sick and still having a contract with the Trust the issue would be referred to HR as the Registered Nurse or Midwife would no longer be able to carry out their role.

Dual Qualified Registrants
For staff registered as both a Registered Midwife and a Registered Nurse 900 hours (450 as a Registered Nurse & 450 as a Registered Midwife) are required.

Registrants will need to discuss with their line managers how they can achieve this. It is not expected that the department will automatically support time away from their usual role for staff to achieve revalidation requirements for a registration that is not required for their current role. This will be at discretion of the line manager.
**Recording Practice Hours**

The template recommended to be used for recording Practice Hours can be found on the NMC website [www.nmc.org.uk](http://www.nmc.org.uk) or the Isle of Wight NHS Trust webpage. The template is not mandatory.

**Continuous Professional Development (CPD)**

CPD is available through the organisation. The Trust is committed to the development and training of all its employees. The Development and Training Department co-ordinates internal and external training in response to the organisations workforce and training needs analysis. This includes professional and regulatory body requirements. Information on CPD can be found on the Learning Zone intranet page. The Trusts policy for Non-Mandatory Education, Training & Development (ETD) also provides detail to support CPD.

**Recording CPD**

The template recommended to be used for recording CPD can be found on the NMC website [www.nmc.org.uk](http://www.nmc.org.uk) or the Trust webpage. The template is not mandatory.

**Practice related feedback**

Practice related feedback is intended to make Registered Nurses and Midwives more responsive to patient, service users and carers. This is achieved by seeking feedback from people we care for, colleagues who we work with, and other professionals.

**What kind of feedback can be used?**

It is **not acceptable** or expected, to ask a patient directly to provide feedback to a Registered Nurse or Midwife for the purpose of completing a portfolio, written or verbal.

Registrants can use feedback received from a patient that they have volunteered to the registrant or to the team. This might be directly or through a feedback mechanism such as a patient questionnaire or a comment box. You can use feedback from colleagues, or your line manager. If a registrant has been involved in an incident, a complaint, or a root-cause analysis e.g. a review into an infection control incident it is expected that the registrant discusses that with the line manager at appraisal. This would be a good example of a registrant demonstrating the use of feedback to improve practice and is recommended.

You must ensure you do not use any patient identifiable data within your feedback or in your own written reflective accounts. Refer to the NMC document ‘Revalidation – How to revalidate with the NMC’ Guidance sheet 1: Guidance on Non Identifiable Information

There are case study examples to help registrants understand how a reflective account can be achieved without using patient identifiable data. It is important that registrants adhere to this standard.
It is expected that the reflective discussion partner and Confirmer check that this standard is adhered to.

**Recording practice related feedback**
To record practice related feedback for a portfolio there is a template available on the NMC website and Trust webpage. Not all 5 pieces of feedback may be chosen for reflective accounts (a CPD episode may be chosen instead) however the information will need to be logged. There is no specific template required or recommended for this by the NMC.

**Written Reflective Accounts**
The 5 written reflective accounts describe what a Registered Nurse or Midwife has learnt from CPD, practice related feedback or another experience that has led to challenge, change or improvement in practice.

**Recording written reflective accounts**
To record written reflective accounts the mandatory NMC template MUST be used. The template can found on the NMC website [www.nmc.org.uk](http://www.nmc.org.uk).

**Reflective discussion**
The reflective discussion is new to the Nursing and Midwifery professions. It is a very significant change, driven by the reviews of Mid Staffordshire NHS Trust and part of the response by the NMC to the Francis Report.

**Who do Registered Nurse and Midwives have their reflective discussion with?**
Registered Nurses and Midwives will need to identify another person who MUST be an NMC registrant to have their reflective discussion with. This can be the line manager, a colleague from your own area or another area of the Isle of Wight NHS Trust, a member of a network – it is up to each registrant. It is important to use this process to challenge and learn from your practice and reflective accounts and guidance is available on how to choose your reflective discussion partner on the NMC website.

**When should Registered Nurses and Midwives have their reflective discussion?**
The reflective discussion should be held before your appraisal with your line manager as your line manager will need to confirm you have completed everything for revalidation.

**What should be included in the reflective discussion?**
The reflective discussion should be conducted with the following standards in mind:
- The reflective discussion MUST be held with another NMC registrant. The reason for this is to enable Registered Nurses and Midwives to share experiences, challenge, debate and think about improving your practice. **Make this conversation count**
- Make sure sufficient time is allocated to the conversation – between 1-2 hours is required
- The 5 reflective accounts are to be discussed
- Ensure the focus is on the **Registrant’s practice** and what the **Registrant’s reflections** are
- Both parties should have knowledge of the Code and be able to reflect on how to meet the Code through professional practice.

*Recording reflective practice conversation*
To record reflective practice conversation the **mandatory** template MUST be used. The template can found on the NMC website [www.nmc.org.uk](http://www.nmc.org.uk).

**Declaration of Health and Character**
Registered Nurses and Midwives are responsible for making their own online declaration of Health and Character.
Information on what should be considered can be found in the document ‘Revalidation – How to revalidate with the NMC’ at [www.nmc.org.uk](http://www.nmc.org.uk).

Registrants do not need to record their Declaration of Health and Character; this will be done at the time of revalidation, online.

This is not checked by the Isle of Wight NHS Trust as part of revalidation.

**Declaration of professional indemnity**
Registered Nurses and Midwives are responsible for ensuring they have professional indemnity in place and for making their own online declaration in relation to this.

Whilst working for the Isle of Wight NHS Trust the organisation provides professional indemnity cover for Registered Nurses and Midwives and all Registered Nurses and Midwives are able to declare that they have this in place.

If a Registered Nurse or Midwife works outside of the NHS Trust they will need to make further arrangements for professional indemnity.

For further information use the NMC document ‘Professional indemnity arrangement’ - [www.nmc.org.uk/indemnity](http://www.nmc.org.uk/indemnity)

Registrants do not need to record their Declaration of Professional Indemnity; this will be done at the time of revalidation, online.

This is not checked by the Isle of Wight NHS Trust as part of revalidation.

**Confirmation**
The role of Confirming will be undertaken by the Registered Nurse or Midwife’s line manager regardless of whether or not they are a registered professional.

This should take place at the same time as the Registered Nurses or Midwives appraisal.

The confirmation MUST take place within 12 months prior to the registrant's renewal date.
What is the role of the Confirmer?
The role of the Confirmer is to confirm that all the revalidation requirements have been met.

To do this the Confirmer must complete the mandatory Confirmation form which includes a checklist. This checklist indicates all the items required for revalidation and requires the Confirmer to sign that everything is evidenced.

In order to sign a Confirmation form for a Registered Nurse or Midwife the Confirmer will need to be familiar with the NMC document ‘Revalidation – Information for Confirmers’ – www.nmc.org.uk

The Confirmer should conduct the confirmation process with the following standards in mind:

- Ensure the document ‘Revalidation – Information for Confirmers’ has been read
- Discuss the requirements of revalidation with the Registered Nurse or Midwife
- Ensure support is in place to develop and improve practice following annual appraisal and the 3 yearly confirmation processes
- Ensure the confirmation process is completed at the appraisal before the registrant’s revalidation date. (See example below). Confirmation can take place up to 12 months before the renewal date. The registrant should be ready 3 months before their renewal date as this is when their ‘window’ for uploading their confirmation information occurs.

Example

- Jane’s revalidation date is 31st May 2019.
- Jane must complete her revalidation confirmation online by 1st May 2019
- Her online ‘window’ to complete her revalidation will open 60 days beforehand so she can commence her online confirmation on 1st March 2019
- Jane has her appraisal in July each year. Her line manager can complete her Confirmation at the appraisal in July 2018. This is within 12 months of the revalidation date.

Recording Confirmation
The Confirmation form is a mandatory form prescribed by the NMC. The form can found on the NMC website www.nmc.org.uk.
Once the Confirmation form is signed it is the responsibility of the Registered Nurse or Midwife to retain the form either as a paper or electronic copy. A Copy should also be retained by the Confirmer.

**Keeping a portfolio**
It is the responsibility of the Registered Nurse or Midwife to maintain a portfolio. This can be hard copy or an e-portfolio.

It is important that information within a portfolio remains non – identifiable and guidance on how best to do this including case studies, is available in the document ‘How to revalidate with the NMC’.

If a staff member is keeping an e-portfolio they should read the guidance sheet on E-portfolio’s and Revalidation - [www.nmc.org.uk](http://www.nmc.org.uk) to ensure understanding of data protection principles relating to the storage of personal details of the reflective conversation between partner and the Confirmer.

The organisation will not keep any copies of the professional documentation of the Registrant.

It is recommended that the portfolio is maintained with the recommended and mandatory forms as prescribed by the NMC. This will help registrants and Confirmer’s ensure that the information collated is the same as what will be required if a registrant is asked to verify their revalidation as part of an NMC audit.

**Online revalidation**
The process for online professional revalidation is managed by the NMC. Each Registered Nurse or Midwife has responsibility for ensuring they fulfil requirements as indicated by the NMC and carry out the process for online revalidation.

This needs to be achieved in a timely manner and registrants should be ready to complete their declaration in the 60 day window.

7.6 **TRUST OVERSIGHT OF REVALIDATION**
The Workforce Information team (part of the Human Resources department.) maintain a database of Registered Nurses and Midwives as part of the Electronic Staff record. This is linked to the NMC to enable organisations to have oversight of registered staff and to ensure they continue to be registered after initial employment.

The Workforce Information team will continue to provide the managers with a list of Registered Nurses and Midwives for their areas that are due to renew their registration. This will include whether the renewal date is a revalidation date.
The Workforce Information team will provide a list of Registered Nurse and Midwives to the DDoN. The senior nursing team will seek assurance from those staff that they are moving forward with their revalidation and signpost staff to additional support via education and training if required. It remains the responsibility of the individual registrant to ensure all requirements are met however the organisation is seeking to support staff in this new process.

7.7 APPLICATION PROCESS
The application process is completely managed between the registrant and the NMC.

The process is explained in the NMC document Revalidation – How to revalidate with the NMC and all Registered Nurses and Midwives should ensure they are fully conversant with this process.

Registered Nurses and Midwives will be able to complete the online application 60 days prior to their revalidation date.

If a registrant has not received communication about this from the NMC 60 days prior to their revalidation date they MUST contact the NMC immediately. The most common reason for lapsed registration is that the NMC do not have up to date details for the registrant and are not able to contact them.

Once the process has been completed the registrant will be able to print a copy of their renewed registration. Registrants should:

- Print this and keep a copy in their personal portfolio
- Show this to their line manager to confirm registration has been achieved.

Our Isle of Wight NHS Trust records will show that your registration has been renewed and your revalidation date will move to the next 3 yearly date

7.8 FAILURE TO REVALIDATE
If a registrant fails to submit a revalidation application the registrant is unable to work as a registered Nurse or Midwife. It is illegal to practice without a valid registration and the organisation cannot allow this to occur. It is also a breach of contract.

Registrants who fail to revalidate will be managed under the Verification of Registration of Clinical Staff Policy (see 7.4 Lapsed Registration) which can be found on the intranet under non clinical policies.

This will mean that registrants may be suspended until such time as registration is renewed.

If a registrant believes there is a reason why they will not be able to meet revalidation requirements they MUST contact the NMC prior to their revalidation date to discuss this.
Reasons for this may be ‘exceptional circumstances’ e.g. the registrant has not been at work since the new revalidation requirements came in, and therefore is not able to complete requirements, or for some reason cannot submit their application in time or within the allocated window.

The registrant may need to apply for special arrangements or an extension to submit application.

If the registrant believes they may not be able to revalidate they must inform their line manager immediately.

For further information on expectations of the NMC please read Revalidation – How to revalidate with the NMC, arrangements for special circumstances, and the relevant links.

7.9 DECIDING NOT TO REVALIDATE

There are a number of staff who hold registration as a Registered Nurse or Midwife but it is not required for their role. If a staff member decides to cancel their registration with the NMC they should also update their staff record and remove their PIN to enable the organisation to have effective oversight of our registered staff members.

8 Consultation

Consultation has been undertaken with the following Nursing and Midwifery Groups

- Director of Nursing Team including the Heads of Nursing and Quality for each Care Group, Lead Nurses for Mental Health, Paediatrics and the Head of Midwifery
- Matrons and Band 7 Nursing Leads via the Senior Nurses Forum

Consultation has been through the preparation for revalidation during 2015 with detailed updates and discussion around implementation as the NMC have released updates on the approach.

In addition there has been consultation through training sessions with nurses and midwives from all parts of the organisation in order to prepare for revalidation.

Input from these discussions and the feedback from the consultation process has formed the approach.

9 Training

This Revalidation Policy does not have a mandatory training requirement but the following non-mandatory training is recommended:-
• Revalidation preparation for Registered Nurses and Midwives – priority is given to Registered Nurses and Midwives revalidating in the following quarter
• Reflective reading sessions with library
• Training and information for non-registered Confirmers

The above training is provided in house and advertised for staff to attend. The training for nurses and midwives revalidating in each quarter will be offered via letter to individual staff.

The policy will be communicated to the organisation via the Director of Nursing’s Senior Team members. The Heads of Nursing and Quality will communicate to the Care groups. The Deputy Director of Nursing will communicate to the Registered Nursing and Midwifery staff through the Nursing meeting structure, and also to the operational teams.

A communication plan is in place which includes leaflets and posters and a webpage for FAQ’s, top tips, training sessions and advice. Reference to the policy will be made in the direct communication with registrants and line managers as revalidation occurs for each registrant.

10 Monitoring Compliance and Effectiveness

Annual snap shot audits will be done via SurveyMonkey – online survey development cloud-based software

The audits will be managed by the Deputy Director of Nursing

The NMC will conduct randomly selected audits where registrants will be required to submit their portfolio evidence

11 Links to other Organisational Documents

The document should be read in conjunction with the relevant guidance supplied by the NMC which details professional requirements for revalidation, and holds mandatory forms for completion. The NMC also provides supporting guidance for registrants and non-registrants - www.nmc.org.uk

The document should be read in conjunction with the following organisational documents:
• Appraisal Policy
• Verification of Clinical Registration of Staff Policy

12 References
The Code NMC March 2019
Revalidation How to revalidate with the NMC NMC updated Dec 2015
13 Appendices

Appendix A  Financial and Resourcing Impact Assessment on Policy Implementation
Appendix B  Equality Impact Assessment (EIA) Screening Tool
Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

<table>
<thead>
<tr>
<th>Document title</th>
<th>Revalidation for Registered Nurses and Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals</strong></td>
<td>WTE</td>
</tr>
<tr>
<td>Manpower Costs</td>
<td>0</td>
</tr>
<tr>
<td>Training Staff</td>
<td>0</td>
</tr>
<tr>
<td>Equipment &amp; Provision of resources</td>
<td>0</td>
</tr>
</tbody>
</table>

Summary of Impact:
- Impact on training team and DDoN to support revalidation process
- Impact on Line Managers to ensure revalidation reflective discussion and confirmation completed – likely to mean longer time required to provide the appraisal, currently areas already struggling with resources during work time

Risk Management Issues: potential for Nurses or Midwives to not complete process of reflective discussion and Confirmation therefore potential for lapsed registrations

Benefits / Savings to the organisation: Revalidation process aims to enable Nurses and Midwives to examine and challenge practice in a formal process which provides organisation with assurance that nurses and midwives are continually improving practice

Equality Impact Assessment
- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If “YES” please specify:

Use additional sheets if necessary.
Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<table>
<thead>
<tr>
<th>Manpower</th>
<th>WTE</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
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</thead>
<tbody>
<tr>
<td>Operational running costs</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td><strong>Totals:</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Staff Training Impact</th>
<th></th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment and Provision of Resources</th>
<th>Recurring £</th>
<th>Non-Recurring £</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accommodation / facilities needed</td>
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</tr>
<tr>
<td>Building alterations (extensions/new)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT Hardware / software / licences – potential for IT solutions to support staff managing portfolio’s</td>
<td></td>
<td></td>
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<tr>
<td>Medical equipment</td>
<td></td>
<td></td>
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<tr>
<td>Stationery / publicity – required to communicate with staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel costs – required for working with Wessex on regional revalidation approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities e.g. telephones</td>
<td></td>
<td></td>
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<tr>
<td>Process change – DDoN, Head of Education involved in setting up changes – time used for training approx. 8 hours a week leading up to April</td>
<td></td>
<td></td>
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<tr>
<td>Rolling replacement of equipment</td>
<td></td>
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<tr>
<td>Equipment maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing – booklets/posters/handouts, etc. – leaflets, posters for areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
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</tbody>
</table>

- Capital implications £5,000 with life expectancy of more than one year.

| Funding /costs checked & agreed by finance: | |
|--------------------------------------------| |
| Signature & date of financial accountant:  | |
| Funding / costs have been agreed and are in place: | |
| Signature of appropriate Executive or Associate Director: | |
Equality Impact Assessment (EIA) Screening Tool

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Revalidation for Nurses and Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose of document</td>
<td>To set out processes and expectations of staff in relation to revalidation for registered Nurses and Midwives. New process requires significant change in requirements in order for Nurse and Midwives to register with the NMC. This is required in order to practice.</td>
</tr>
<tr>
<td>Target Audience</td>
<td>All staff – specifically Nurses and Midwives and line managers of Nurses and Midwives</td>
</tr>
<tr>
<td>Person or Committee undertaking the Equality Impact Assessment</td>
<td>Judy Dyos DDoN</td>
</tr>
</tbody>
</table>

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

   If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

   If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

<table>
<thead>
<tr>
<th>Gender NO</th>
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<tbody>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Women</td>
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<table>
<thead>
<tr>
<th>Race NO</th>
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</thead>
<tbody>
<tr>
<td>Asian or Asian British People</td>
</tr>
<tr>
<td>Black or Black British People</td>
</tr>
<tr>
<td>Chinese people</td>
</tr>
<tr>
<td>People of Mixed Race</td>
</tr>
<tr>
<td>White people (including Irish people)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive Impact</th>
<th>Negative Impact</th>
<th>Reasons</th>
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<tbody>
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<tr>
<td>Category</td>
<td>Yes</td>
<td>No</td>
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<td>-----------------------------------------------</td>
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</tr>
<tr>
<td>People with Physical Disabilities, Learning Disabilities or Mental Health Issues</td>
<td></td>
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<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
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<tr>
<td>Transgender</td>
<td></td>
<td></td>
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<tr>
<td>Lesbian, Gay men and bisexual</td>
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<tr>
<td>Age</td>
<td></td>
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<tr>
<td>Children</td>
<td></td>
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<tr>
<td>Older People (60+)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Younger People (17 to 25 yrs)</td>
<td></td>
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<tr>
<td>Faith Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td></td>
<td></td>
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<tr>
<td>Pregnancy &amp; Maternity</td>
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<td></td>
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<tr>
<td>YES</td>
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<tr>
<td>Equal Opportunities and/or improved relations</td>
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<td></td>
</tr>
<tr>
<td>NO</td>
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</tbody>
</table>

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.
3. Level of Impact

<table>
<thead>
<tr>
<th>If you have indicated that there is a negative impact, is that impact:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal (it is not discriminatory under anti-discriminatory law)</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Intended</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:

Process for exceptional circumstances is in place with the NMC
People on Maternity leave during this particular period where they may be disadvantaged can be identified by HR and contacted re next steps

3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment | Date: 28/5/19
Name of persons/group completing the full assessment. | HR
Date Initial Screening completed | 28/5/19