Nurse Revalidation Policy

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| Stakeholders engaged in development of Policy (internal and external)  | * Trade Unions
 |
| Impact Assessments Undertaken *(Delete if non-applicable)* | * Equality Impact Assessment
 |

# Version History

| Version | Date | Author (Name and Title) | Summary of amendments made |
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| 0.1 | May 2022  | Senior HR Business Partner  | First draft ICB Policy |
| 1.0 | 01/07/22 | Senior HR Business Partner | Final version |
| 1.0 | 27/07/22 | Corporate Governance Support Officer | Final review of version 1.0 |
| 1.1 | May 2024 | HR Business Partner | Draft version 1.1 for approval by Remuneration Committee |
| 2.0 | July 2024 | Corporate Services & Governance Support Officer | Final – Approved version |
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## Introduction

This policy outlines the process to support revalidation for nurses employed by the Integrated Care Board (ICB).

Revalidation is the process that allows nurses to maintain their registration with the Nursing Midwifery Council, (NMC). All nurses need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to safely and effectively function within their role.

Revalidation is required every 3 years in order for nurses to maintain their registration.

Further details of the NMC’s revalidation requirements can be found online <https://www.nmc.org.uk/revalidation/>.

The ICB is committed to supporting its nurses through the revalidation process and will provide structured support to enable all nurses achieve and demonstrate the requirements of revalidation.

It is a contractual requirement for individuals employed by the ICB, who are required to be a registered nurse, to maintain their registration; therefore, failure to do so may result in the ICB invoking its Disciplinary Policy and Procedure in respect of failure to maintain registration. Employees should be aware that this may result in dismissal. Consideration will also be given to reporting the incident through the relevant risk and assurance process.

The maintenance of an NMC registration is the responsibility of the individual and not the ICB. Therefore, providing they maintain registration with the NMC a nurse can choose to achieve the requirements of revalidation through alternative processes not outlined in this policy.

The ICB will only be able to provide evidence to support revalidation relating to work an employee has undertaken with the ICB.

## Purpose / Policy Statement

The aim of this policy is to ensure that the ICB meets its obligations as an employer to provide support to nurses as they go through the revalidation process.

The policy also aims to give managers a process and procedure that outlines the revalidation requirements and support available to ensure that nurses complete revalidation within the relevant timescales to and maintain their professional registration (see Professional Registration Policy).

The purpose of the policy is to assist nurses and the ICB in the implementation and delivery of a robust, quality assured system to support revalidation that meets the requirements of the NMC.

## Scope

This policy applies to all registered nurses employed by the ICB who are required to maintain a professional registration as a contractual part of their employment.

The policy may also apply to registered nurses working through an agency or engaged on a contract for services. This will be reviewed on a case-by-case basis.

The policy may also apply to those who are not contractually required to maintain registration with the NMC but rely on their skills, knowledge, and experience of being a registered nurse. This could include roles in nursing management, who wish to maintain their registration with the NMC.

## Definitions

* Revalidation - the process that allows nurses to maintain their registration with the Nursing and Midwifery Council.

## Roles and Responsibilities

### Integrated Care Board

* + 1. The ICB Board is accountable and responsible for ensuring that the ICB has effective processes to support the revalidation of nurses in accordance with relevant legislation and best practice guidance.

### Chief Executive

* + 1. The Chief Executive is accountable for the policy and procedure being in place to ensure a fair and equitable approach to revalidation for nurses.

### Policy Authors

* + 1. Policy authors are responsible for ensuring that this document is updated when any changes are made to the legislation or the NMC guidance.

### Executive Chief People Officer

* + 1. The Chief People Officer oversees the implementation of this policy and is responsible for ensuring that managers take action to meet the ICB’s obligations to ensure equity and consistency.

### Line Managers

* + 1. All Line Managers of nurses must ensure that they are aware of this policy and the requirements of them to facilitate reflective discussions if NMC registered or support a Nurse to find an NMC registrant to facilitate the reflective discussions.
		2. Line Managers are also responsible for providing confirmation to the NMC that a nurse has met all the requirements of revalidation with the exception of health and character and professional indemnity arrangements.

### All Staff

* + 1. Nurses employed within the ICB are required to follow the processes laid out in this policy and to ensure they meet their contractual requirements by maintaining their registration where this is a requirement of their role.

## Policy Detail

### Procedure

* + 1. All nurses will be required by the NMC to sign up to NMC On-line in order to submit their notification of practice (NoP).
		2. The HR Team will ensure that the ICB keeps up to date records on ESR of all nurses employed and their NMC registration and revalidation date. ESR reminder notifications will be sent to the employee and manager at 12, 6 and 4 months.
		3. Extensions to apply for revalidation can only be made by the registrant themselves and the NMC will not usually consider requests for extensions as registrants should have met the requirements for revalidation during the 3 years prior to the renewal of their registration.
		4. Revalidation can only be delayed under exceptional circumstances. The ICB cannot make applications on behalf of registrants for extensions or exceptional circumstances. Should a registrant feel they may be eligible for an extension or have exceptional circumstances they should contact the NMC as far in advance of their revalidation date as possible. Further information can be found <https://www.nmc.org.uk/revalidation/>.

### Requirements of Revalidation

* + 1. The ICB encourages and supports nurses to gather evidence of revalidation requirements through a portfolio. The portfolio will allow nurses to keep all their evidence in one place and to share this with their identified confirmer.
		2. Full guidance on the NMC evidence requirements and templates can be found at the NMC website. <https://www.nmc.org.uk/revalidation/>.
		3. All nurses are encouraged to manage their registration through an NMC On-Line account. It is the responsibility of the NMC registrant to collect and provide evidence of meeting the revalidation requirements, not the employing ICB.
		4. The NMC requirements for revalidation are:

**Minimum 450 practice hours over 3 years since last registration**. Nurses need to keep written evidence that they have practiced the minimum hours required for their registration; the ICB can support the individual in providing evidence such as their written contract of employment, job description and CPD records.

Only hours relevant to nursing and midwifery registration count towards the minimum hours, however, this is not limited to clinical practice and can be hours worked where the employee relies on their skills, knowledge, and experience of being a registered nurse. This could include non-clinical roles such as management and can include both paid and voluntary work. A template is available from the NMC to record practice hours.

**Minimum 35 hours of Continuing Professional Development since last registration, (of which 20 hours must be participatory)**. Any learning activity must be relevant to their scope of practice and does not include mandatory training that is not directly related to the practice. There is a template available on the NMC website to record CPD activities.

Registrants are required to maintain accurate and verifiable records of their CPD activities which include the method, a description of the topic, dates undertaken, hours, (including if this was participatory), which parts of the NMC Code the CPD relates to, and evidence of having undertaken the CPD activity.

It is also their professional responsibility to complete the CPD requirements and any requests for time off for study will need to be discussed with their Line Manager and be at the Line Managers discretion.

The ICB can support revalidation by providing evidence of CPD in the following ways:

* + Certificates of completion of participatory and e-learning courses.
	+ ESR training and development records.
	+ Consideration to support training events to support the CPD revalidation requirements.

**Five pieces of practice related feedback, which have been collected since last registration**. Practice related feedback does not necessarily mean direct feedback from service users or carers. It can also be feedback on practise from colleagues such as other healthcare professionals or, complaints, team performance reports, root cause analysis investigations and other serious incident investigation or appraisal feedback.

It is recommended that you keep a note of your feedback although no formal template for this is provided by the NMC. All feedback must be recorded in a way that no information identifying an individual is used or recorded.

**Five Written reflective accounts which have been written in since last registration.** The reflective accounts need to include what the nurse or midwife learnt from the CPD activity, feedback, event or experience in their practice, how they changed or improved their practice as a result and how it is relevant to the code. Reflective accounts must be recorded in a way that no information identifying an individual is used or recorded. NMC provide a template form that must be used to record their reflective discussion.

**Evidence of a reflective discussion with another NMC registrant.** Individuals must discuss their reflective accounts with an NMC registered nurse or midwife as part of the reflective discussion. The reflective partner could be someone that the individual frequently works with or with someone from a professional network or learning group and this could be done as part of a 1:1 or supervision meeting. NMC provide a template form that must be used to record reflective discussions.

**Declaration of Health and Character.** The individual must declare if they have been convicted of any criminal offence or issued with a formal caution. They will also be asked to declare if they have been subject to any adverse determination that their fitness to practice is impaired by a professional regulatory body. This requirement does not need to be checked by the confirmer.

**Declaration of Professional Indemnity arrangements** which are provided through the ICB and details are available from the Head of Governance and Risk. For those workers engaged on an ‘as and when’ basis, this only applies to hours worked for the ICB and not those worked elsewhere or for agencies.

**Confirmation by a third party** that the registrant has complied with the revalidation requirements. The NMC outline that confirmers do not need to be another registrant but advocates that where possible, your confirmer should be your line manager, which the ICB recommends. Confirmers are required to review the evidence to support revalidation outlined above and to confirm to the NMC that they registrant has met those requirements. The NMC has information on their website for Confirmers.

The NMC have provided a Confirmation Form and this form is mandatory.

Nurses are not required to send all their evidence of revalidation to the NMC but must provide a declaration that they have met the requirements.

The NMC will contact nurses directly to let them know how to provide their declaration electronically.

### The ICB and the NMC

* + 1. The NMC may contact the ICB to request further evidence and information to verify the declarations that a nurse has made as part of their revalidation application. This will be part of a selected audit sample and not because there are concerns about the nurse.
		2. The ICB will share all appropriate information requested by the NMC as part of revalidation and inform the employee. Concerns regarding the sharing of information should be directed in first instance to the Head of Information and Governance.

### Disputes and Non-Compliance

* + 1. Where a dispute arises over revalidation confirmation this will be referred by the Line Manager to the ICB’s Executive Chief Nurse. Revalidation is not a substitute or replacement for fitness to practise and any issues of competence should not be being identified through revalidation processes but through effective line management including 1:1’s and clinical supervision, with reference to the Managing Performance Policy as appropriate.
		2. Should a registrant make a false declaration during the revalidation process this will be addressed through ICB’s Disciplinary Policy.
		3. Should a registrant fail to revalidate this may result in the Nurse being requested to take unpaid leave until their registration is renewed following the completion of the revalidation requirements. This is not likely to exceed 2 weeks. If the Nurse does not complete the revalidation within the timescale agreed with their Line Manager this may result in disciplinary action.

## Monitoring Compliance

The HR Team will be responsible for monitoring that this procedure is followed and may be consulted at any stage through the process to offer advice to those involved.

Monitoring information will be published and reported as appropriate.

Should the monitoring uncover any shortfalls in the implementation of the policy, the HR team will work with the relevant management team to draw up an action plan for improvement. This action plan may include, for example:

* + Training for line managers.
	+ A risk assessment.

## Staff Training

No essential (including mandatory) learning and development requirements have been identified for any staff groups, in order to fulfil the requirements stated within this policy.

Guidance can be sought from Human Resources team.

## Arrangements For Review

This policy will be reviewed no less frequently than every two years. An earlier review will be carried out in the event of any relevant changes in legislation, national or local policy/guidance, organisational change or other circumstances which mean the policy needs to be reviewed.

If only minor changes are required, the sponsoring Committee has authority to make these changes without referral to the Integrated Care Board. If more significant or substantial changes are required, the policy will need to be ratified by the relevant committee before final approval by the Integrated Care Board.

## Associated Policies, Guidance and Documents

#### Associated Policies

* Professional Registration Policy.
* Disciplinary Policy.
* Managing Performance Policy.

## References

* How to Revalidate with the NMC <https://www.nmc.org.uk/revalidation/resources/guidance-and-information/>.

## Equality Impact Assessment

The EIA has identified no equality issues with this policy.

The EIA has been included as Appendix A.

## Appendix A – Equality Impact Assessment

**INITIAL INFORMATION**

|  |  |
| --- | --- |
| **Name of policy:** Nurse Revalidation **Version number (if relevant):** 1.0 | **Directorate/Service**: People Services  |
| **Assessor’s Name and Job Title:** Carolyn Druce, HR Business Partner  | **Date:** 3rd May 2022 |

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| **OUTCOMES** |
| *Briefly describe the aim of the policy and state the intended outcomes for staff*  |
| The aim of this policy is to ensure that the ICB meets its obligations as an employer to provide support to nurses as they go through the revalidation process |
| **EVIDENCE** |
| *What data / information have you used to assess how this policy might impact on protected groups?* |
| The ICB monitors the composition of its workforce under the nine protected equality characteristics and reports on this annually. This information helps the ICB to assess the potential impact of its policies upon staff. |
| *Who have you consulted with to assess possible impact on protected groups? If you have not consulted other people, please explain why?*  |
| Relevant Trade Unions have been consulted on the policy and any comments will be taken into consideration when the policy is published. |

**ANALYSIS OF IMPACT ON EQUALITY**

The Public Sector Equality Duty requires us to **eliminate** discrimination, **advance** equality of opportunity and **foster** good relations with protected groups. Consider how this policy / service will achieve these aims.

N.B. In some cases it is legal to treat people differently (objective justification).

* ***Positive outcome*** *– the policy/service eliminates discrimination, advances equality of opportunity and fosters good relations with protected groups*
* ***Negative outcome*** *–**protected group(s) could be disadvantaged or discriminated against*
* ***Neutral outcome***  *–**there is no effect currently on protected groups*

Please tick to show if outcome is likely to be positive, negative or neutral. Consider direct and indirect discrimination, harassment and victimisation.

| ProtectedGroup | Positiveoutcome | Negativeoutcome | Neutraloutcome | Reason(s) for outcome |
| --- | --- | --- | --- | --- |
| Age |  |  | x | Registered nurses are required to revalidate regardless of any protected characteristic.  |
| Disability(Physical and Mental/Learning) |  |  | x | As above  |
| Religion or belief |  |  | x | As above |
| Sex (Gender) |  |  | x | As above |
| Sexual Orientation |  |  | x | As above |
| Transgender / Gender Reassignment |  |  | x | As above |
| Race and ethnicity |  |  | x | As above |
| Pregnancy and maternity (including breastfeeding mothers) |  |  | x | As above |
| Marriage or Civil Partnership |  |  | x | As above |

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| **MONITORING OUTCOMES** |
| Monitoring is an ongoing process to check outcomes. It is different from a formal review which takes place at pre-agreed intervals. |
| *What methods will you use to monitor outcomes on protected groups?* |
| It is anticipated that any issues in respect of the implementation of the policy will be identified as a result of staff exercising their right via the ICB’sGrievance Procedure.  |

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| **REVIEW** |
| *How often will you review this policy / service?*  |
| Every 2 years as a minimum and earlier if there are any significant changes in legislation, policy or good practice. |
| *If a review process is not in place, what plans do you have to establish one?* |
| N/A |

## Appendix B – Revalidation Flow Chart



Nurse received 60 days’ notice of revalidations from the NMC

ESR will automatically send reminder notifications to the employee and their manager at 12, 6 and 4 months before the revalidation date.

NMC Revalidation activity completed prior to 60 days’ notice of revalidation.

Line manager to meet with registrant to check that all their NMC revalidation requirements are complete and their reflective discussion, with a fellow registrant, is booked in or completed.

Line manager to act as Confirmer and complete the Confirmation form (mandatory via NMC website)

Registration completed for 3 years