



**EXECUTIVE
SUMMARY**

June 2018



**THE REALITY
OF
REVALIDATION
IN PRACTICE
(RRiP)
PROJECT**

**Phase One
Report**

Project website: <https://www.plymouth.ac.uk/research/reality-of-revalidation-in-practice>



The research team would like to acknowledge all the academics, clinicians and students who contributed to and participated in the survey.

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EXECUTIVE SUMMARY

1. Introduction

This report presents the findings from a mixed method study exploring the experience of Nursing and Midwifery Council (NMC) revalidation from the perspective of registrants themselves as well as those supporting them as reflective discussion partners or confirmers. Pre-registration students have also contributed their views on activities within the nursing and midwifery curricula which may help prepare them for their future revalidation. The aim of the two-phase 'Reality of Revalidation in Practice' (RRiP) project is to identify how best to engage students in preparation for this professional requirement. The intention is to enhance employability and professional practice by promoting a pedagogy which inspires positive attitudes to lifelong learning and scrutiny by self and others. The research will contribute to the evidence base around NMC revalidation, which is currently very limited.

2. Contextual background

The survey took place in the South West Peninsula of the United Kingdom, following ethical approval. Participants comprised representation from academics at the University of Plymouth registered with the NMC, third year students at this institution who were undertaking their pre-registration programme leading to registration as a nurse or midwife and clinicians based in some of the associated placement settings within the University of Plymouth footprint.

The survey was undertaken during the summer of 2017; NMC revalidation having been introduced in April 2016¹. The survey was developed prior to publication of the interim report from Ipsos MORI² on the first year of its NMC-commissioned three year evaluation of revalidation and the NMC annual data report³. A series of consultations with academic and clinical registrants and students at two revalidation dissemination events based at the university as well as informal discussions with individuals during workshops helped inform the research team of the direction to take with the project. The current Chief Executive and Registrar of the NMC was aware of the proposed study and expressed an interest in its findings, as did the Revalidation Lead at the NMC.

3. Study design

The RRiP project comprises a descriptive exploratory study, using a triangulated mixed method approach. Collection of qualitative and quantitative data is in two phases. This report contains findings from the first phase, comprising an on-line survey which was circulated to prospective participants from the representative groups of NMC registered academics and clinicians as well as pre-registration students. *Figure 1* summarises the structure of the survey.

The second phase is currently in its early stages, comprising focus groups which explore in further detail some of the issues highlighted during the survey. Findings from the second phase will be reported on when complete.

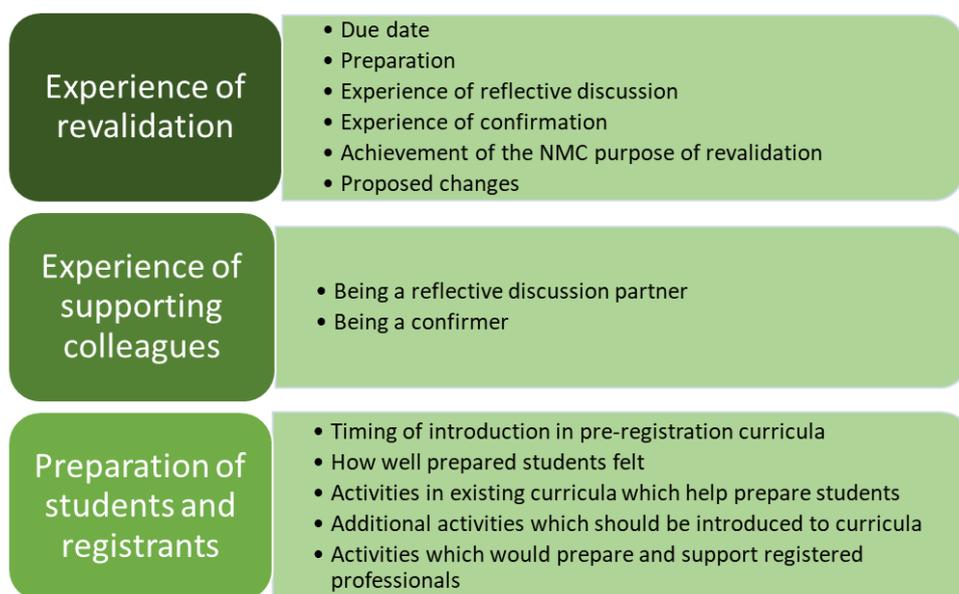


Figure 1: Summary of survey structure

4. Key findings

Key findings are identified below, mapped to the relevant section of the full explanation in *section 4*.

4.1 Participants:

Our study comprised 116 participants, sub-categorised into three groups which were very similar in number. This enabled some parity when comparing findings:

- 40 registered university staff
- 40 registered clinical staff
- 36 pre-registration students in the third year of their programme.

Of the 116 participants, the main professional registration identified was:

- 69 nursing registrants
- 11 midwifery registrants, of whom 4 were dual qualified midwifery and nursing
- 31 nursing pre-registration students
- 5 midwifery pre-registration students.

4.2 The experience of revalidation:

4.2a Profile:

All registrants knew their due date of revalidation, but not all nursing students were sure. Forty-four registrants had undertaken revalidation, comprising 25 university staff and 19 clinicians; 35 nursing and 9 midwifery registrants (of whom 3 were dual registered).

4.2b Preparation:

- 1) There was a trend towards university staff and midwifery registrants feeling better prepared than their clinical and nursing colleagues respectively.
- 2) All participants were happy with the level of support received, but there was a trend towards more participants receiving support in the university setting than in clinical areas.

- 3) 'Good practice' in preparation for revalidation was identified, with key themes of: '*Preparation*' (practicalities), '*Professionalism and accountability*' and '*Respect/ Being valued*'.
- 4) Challenges in preparation for revalidation included: '*Time*', '*Learning from experience*' and some issues around '*Professionalism and accountability*' and '*People*'.

4.2c Reflective discussion and confirmation:

- 1) The reflective discussion was undertaken at the same time as confirmation by the majority of respondents, however proportionately more midwives had separate discussions. Reasons why they had been separate included key themes of '*Choice*', '*Appreciating differences*' and '*Professionalism and accountability*'.
- 2) Some partners were selected by the participants and others were 'enforced' through lack of opportunity or '*authority*'.
- 3) Although everyone expressed satisfaction with their experience of the reflective discussion, university staff were significantly more satisfied than clinicians.
- 4) Although everyone expressed satisfaction with their experience of their confirmation, university staff were significantly more satisfied than clinicians. Nurses appeared slightly more positive about the experience than midwives.
- 5) Comments about the overall experience of reflective discussion and confirmation were predominantly positive, but there were some concerns about quality assurance and conflicts of interest in the NMC process, particularly if the employer was the confirmer in areas with staff shortages. It was also suggested that the professional focus could be subsumed in performance management if confirmation was linked to PDR or appraisal.
- 6) 'Good practice' in the experience of undertaking revalidation included key themes: '*Positive about process*' (including reflection, CPD, feedback and outcomes), '*Professionalism and accountability*' (including reflections and the value of an external partner) and '*Respect/ being valued*'.
- 7) Challenges in the experience of undertaking revalidation included '*Negative about process*' – particularly in the context of the NMC templates and lack of external scrutiny.
- 8) Responses were mixed about whether or not the NMC purpose of revalidation had been achieved. Although it was seen as a "*step in the right direction*", and had the potential to raise standards, increase CPD opportunities and be beneficial to practice and patient care, there was also the potential to "*do the bare minimum*", resulting in a "*tick-box exercise*". Some participants considered that it was insufficient to promote public confidence. There were also negative comparisons with previous midwifery supervision.
- 9) Registrants were generally happy with how their revalidation had gone, but noted that they would change some things such as keeping more up to date with collating evidence, writing reflections as they happened, accessing ongoing feedback, focusing on lifelong learning and ensuring that they chose a reflective discussion partner/ confirmer with whom they could be totally professionally open.
- 10) Half of the registrants stated that they had made some changes to practice in that the importance of continuing improvement was emphasised, they realised that more time to reflect was beneficial and were more mindful of opportunities to do so, actively sought peer review and had made some practice changes in response to feedback. Some also said they had increased their practice hours.

4.3 The experience of supporting colleagues through revalidation:

- 1) 20 registrants had fulfilled the role of reflective discussion partner, comprising similar proportions of university staff and clinicians and both nurses and midwives. Inter-collegiate sharing was viewed very positively, and registrants valued the opportunity to support colleagues.

- 2) 13 registrants had fulfilled the role of confirmer, and valued the opportunity to do this. Mutual professional learning was achieved and many registrants felt empowered and enjoyed the opportunity to celebrate success. The potential for confirmation to be a tick-box exercise if the reflective discussion had been undertaken separately was identified.
- 3) 'Good practice' in supporting colleagues highlighted the importance of the agenda being driven by the registrant and the need for it not to be just a paper exercise. Choice was important, and this should be a respected colleague and not a line manager. An open and non-judgemental constructive discussion was needed to enable colleagues to feel safe and supported. The benefits of mutual learning and exploration of new solutions and ways to improve were highlighted. Confirmers found the guidance on the NMC website helpful and easy to follow and found it useful to map the evidence against the Code to validate the registrant's practice. Preparation was important, including ensuring adequate time and having the documentation sent in advance.
- 4) Challenges in supporting colleagues included the unsatisfactory nature of the discussion if it was last minute, the registrant was unprepared, provided inadequate evidence or demonstrated insufficient insight and reflection. There was some evidence of failure to understand the purpose of revalidation.
- 5) An anomaly arose in that 10 pre-registration students completed the section about supporting colleagues through revalidation, stating that they had acted as reflective discussion partners and – in one instance – confirmer.

4.4 Preparation of students and registrants:

- 1) Pre-registration midwifery students seemed to feel better prepared than nursing students. Some student participants had read the NMC website, received a session at university, attended a revalidation event or had spoken to registrants on placement. Others said that revalidation had not been discussed in their course or mentioned in placement. Some recognised that activities such as e-portfolios and reflective accounts during the course had helped to prepare them, but others stated that they would need to read up about revalidation when they were qualified.
- 2) Activities already in existing curricula which were ranked highest in relation to preparing students for revalidation were those which developed reflective skills and those relating to practice assessment. *'Developing a professional approach to being assessed by others'* was ranked much higher by midwifery participants and registrants than nursing or student categories.
- 3) Activities which were not as highly ranked in existing curricula included structured learning activities about revalidation: *'regular drip-feeding'*, *'a specific taught session/s or workshop'* and *'structured reflective discussion'*.
- 4) The most popular additional activities which were identified as needing to be introduced to curricula included *'a specific taught session/s workshop about revalidation'*, *'role-modelling/discussion with mentors'* and *'drip-feeding during theory'*. Midwifery participants made far fewer suggestions for additional activities than nursing participants, and no students indicated a need to introduce activities relating to reflection or assessment of practice.
- 5) The majority of participants suggested that the first and third years of the pre-registration curricula were the most suitable timings for introduction to revalidation. Reasons included the need for a foundation to be built on throughout the curriculum, the importance of developing good habits and keeping up to date. Preparation needed to be meaningful and relevant, and activities already in the curriculum which prepared students for revalidation needed to be promoted. It was important to get an accurate message across to students and ensure that they were *"revalidation ready"*. However, it was also recognised that the existing programme demands were heavy and it was important to avoid information overload.

- 6) The most popular activity identified for preparing registrants for revalidation was ‘*protected CPD time*’, closely followed by ‘*keeping a portfolio*’ and ‘*gaining feedback from others*’. Midwifery participants ranked ‘*developing a professional approach to being assessed by others*’ much higher than nursing, however nursing participants ranked ‘*having a named lead for revalidation in the organisation*’ much higher than midwifery.

5 Conclusions and future considerations

Publication of the interim document formally evaluating NMC revalidation², subsequent to development of our survey but prior to analysis of the findings, has enabled comparisons to be made and highlighted strengths of our methodology – the qualitative elements being particularly valuable due to the limited published evidence to date. Many of our results have supported those in the formal evaluation², contributing deeper and broader insights. There have also been new findings – particularly in relation to comparisons between registrants in academic and clinical sectors as well as more detailed comparisons between nursing and midwifery professions. Evidence about the experience of reflective discussion partners and confirmers is currently very limited. A gap in the literature has also been addressed through exploration of pre-registration preparation and initial considerations of a pedagogic framework to inform this.

The key findings have reflected many positive aspects of revalidation, but also highlighted areas of concern – particularly around factors which may compromise the purpose and professional focus. From these findings, a ‘Model of Revalidation with Professional Values at the Core’ has been developed (*section 5.3*), drawing on the themes which emerged from our survey. These will be explored further during the second phase of our project.

It is concluded that – just as the Ipsos MORI first year report has suggested² (p72) - revalidation must not yet be treated as “*business as usual*”. In fact, we do not consider that this captures the situation adequately as there will *always* be registrants for whom this process is new. Investment in their preparation and support is just as important as for those in the current triennium.

We would encourage key stakeholders to consider the recommendations we have made as a result of this study, and invite you to read the full report for more detailed information:

1. Revalidation requirements need to be more explicit to enhance quality and transparency of the process.

To achieve this, we recommend that:

- a) More detailed guidance is provided on compiling reflective accounts and undertaking professional discussions to ensure that these are meaningful.
- b) A 360° approach to obtaining feedback is adopted to enhance the rigour of this element of the revalidation process and promote further learning, some of which should be identifiable with the written consent of the person providing feedback.
- c) The NMC sets measurable quality standards and regularly communicates verification outcomes to registrants.

2. The responsibility for and context of confirmation needs institutional and professional body review to promote professional learning and enhance credibility of the process.

To achieve this, we recommend that:

- a) Individual institutions review their revalidation policies, taking into consideration evidence-based findings and maintaining the principle of ‘choice’ of reflective discussion partner and confirmer advocated by the NMC.

- b) The current emphasis on line management and appraisal is reconsidered.
- c) A requirement for the confirmer to be an NMC registrant is introduced to further support the revalidation process whilst maintaining professional integrity. This would also enable concurrent reflective and confirmation discussions to be undertaken.

3. Good practice should be shared and built upon.

To achieve this, we recommend that:

- a) 'Good practice' should be shared more widely between institutions.
- b) Revalidation is embraced within the context of wider contemporary changes, building on and sharing historical good practice in reflection and professional supervision.
- c) Managers support staff with protected time for engagement in CPD activities – valuing both the registrant and the revalidation process and purpose, whilst also bringing benefits to the organisation.

4. Preparation for revalidation should commence in the pre-registration period.

To achieve this, we recommend that:

- a) An initial introduction should be provided in the first year as part of general professional orientation, and that this should be formally built on in the third year through focused activities.
- b) Academic and clinical staff are more explicit about the links between and purpose of existing activities undertaken as part of pre-registration programmes and their future professional requirements, while role-modelling a positive and professional approach to revalidation and discussing this concept in its natural setting.
- c) Pre-registration students are encouraged to create links between practice and academic assessment and development of professional attitudes to external scrutiny.

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¹Nursing and Midwifery Council, 2017a. *How to revalidate with the NMC*. London: NMC [Online], Available: <https://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>

²Beaver, K., Keith, J., Hobden, S., Simms, C., Sigantoria, Z. and Carter, S., 2017. *Independent evaluation of revalidation for Nurses and Midwives: Interim Report (Year One)*. Ipsos MORI Social Research Institute. [Online], Available: https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/revalidationreports/ipsos-mori-evaluation-report.pdf

³Nursing and Midwifery Council, 2017b. *Revalidation - Annual data report Year 1: April 2016 to March 2017*. London: NMC [Online], Available: <file:///E:/Revalidation/Research/Background%20literature/revalidation-annual-data-report-2017.pdf>