Revalidation issues highlighted in case studies

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Worryingly, just over a quarter (27 per cent) of members felt confident that they actually know what the revalidation process involves, and more than two-thirds (68 per cent) felt they had not been given enough information. In the second part of our special report, we feature case studies from some of those who have taken part in revalidation pilots across the country.

See pages 22-25 for a detailed account by professional officer Jane Beach and regulatory policy and research consultant Jenny Oates on the professional development discussion (PDD).

CASE STUDY 1 | DAVE MUNDAY, PROFESSIONAL OFFICER

THE TECHNOLOGY FIRST!
Professional Officer Ethel Rodrigues has been working with the CPHVA Educator of the Year and Oxford Brookes lecturer Jennifer Kirman on an e-portfolio. I used this template, with a few amendments to record, at first, my CPD ‘events’ in a big long list. Doing the job I do, I spend a fair bit of time at conferences. So I opened up my electronic diary and looked back to all the times when I’d sat in the audience listening. I also collated all the times that I’ve spoken at such events and included links to documents like agendas, conference packs, my notes and any attendance certificates.

Next up was my record of CPD reading. Again I looked back and made a note of my reading. So it was easy to find my three completed CPD modules from the Community Practitioner CPD site. Being able to link to the certificates made it easy to demonstrate that the reading I’d done had some impact on my knowledge. I also thought back to some of the policy documents that I’d read recently, like the Shape of Caring report. I could evidence my efforts from the quote that I gave to Community Practitioner. I also thought about the recent CP blogs that I’d read and made a note of the 10 minutes taken to read each and reflect on their contents. After all, every minute counts when adding up to my 40 hours.

When I’ve spoken about my practice-related feedback, a few members have asked how I can do this as I’ve not done frontline health visiting for a few years. It was actually pretty easy as I always ask for feedback, and a few of my five included the evaluation from my recent training stints on ‘raising concerns’ and feedback from student HVs who have joined me for #adaywithdave.

After all that collation, my mind turned to focus on reflection and the five pieces of reflection on the Code. I think this section is powerful, not just because of the importance of reflecting on your practice but also in the way that it asks you to link it to the NMC Code. This really did increase the status of the Code in my daily practice. I could reflect on recent training on equality, diversity and leadership in one moment and then switch to feedback I’d received about a recent piece of work.

After all this preparation in a darkened room, I next called in the assistance of a fellow PO, Gavin Fergie, to have our professional development discussion. We spoke about our differing methods of preparation for the event and then looked at each of our five reflections in greater detail. Once done and the forms filled it, it was on to the last lap.

As my manager, Barrie Brown, isn’t an NMC registrant, my professional development discussion (PDD) and confirmer meetings were split. Barrie looked through all the evidence I’d collated, including that I’d practised for the required 450 hours and provided his signature to confirm the process. It was then back to the computer to submit all the details on NMC Online.

All in all the process probably took two days. I’m glad I started early as even though my progress was pretty smooth, any problems could have caused difficulties. Having gone through revalidation once, I know I’m in a much stronger position next time and one of the things I’ve promised myself is that I’ll maintain my records going forward so when it comes to next time, the process won’t take any time at all. I have to say, I did feel a little bit let down that when submitted, I wasn’t one of the people chosen to have to supply my evidence. It’s all there, waiting to be looked at!

Revalidation issues highlighted in case studies

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WELL LUCKILY MY COLLEAGUE JANE BEACH held my hand through the beginning of the process. First I had to sign up to NMC Online; done. Then I had to read all the available information about revalidation; done. Did I understand what was required? Well, yes, it didn’t seem too difficult: I had to ‘do’ five reflective pieces and link them to the Code, source some user feedback, prove that I had been working using my nursing qualification for 450 hours over the past three years, and prove that I had undertaken 40 hours continuous professional development in that time. So what is the big deal?

I decided that my five reflective pieces would be different from each other in order to encompass the four ‘pillars’ of the new Code. I have received very good training in reflective practice over my career, so I was quite confident. However, it might be something that others struggle with: reflective practice is not the same as giving an account of something; you are meant to reflect to see whether you could do something better, or why something went so well (so you can repeat it) or whether you have flagged up a learning development need. In order to be most effective, you should link it to theory such as transactional analysis (parent, adult, child). The other thing some people mistakenly think is: it doesn’t all have to be good news – no one is going to test you on this, it is solely for your own improvement.

The user feedback was a bit of a challenge as it is so subjective, and I hope that when the pilots are evaluated that more guidance can be given on the value of this and how to record it. I collected cards, emails, tweets, evaluation forms etc; but it seems to be that there is no point just collecting this; you should at least be asked to reflect upon them.

Finally the most important bit: the conversation with your confirmer. This is the bit of revalidation that needs to be taken most seriously, so arrange a meeting, book a room and allow enough time; at least half an hour. Your confirmer should be someone with whom you would be happy to have clinical supervision, and in my opinion, that person is often not your manager, but a peer. If you agree to be someone else’s confirmer, remember that it is your PIN number that is on the documentation.

Finally, you aren’t required to upload everything unless the NMC calls you in, you just have to sign to say it is all done. I’m actually quite confident that it will improve practice out there.

I WORK PREDOMINANTLY AS A HEALTH visitor in rural Perthshire, Scotland, but also do some ad hoc work as an aesthetic nurse and a few hours as a clinical supervisor on the telephone for NHS 24.

I was part of the revalidation pilot in my role as an aesthetic nurse and my main problems were a result of not having a line management structure, so I could not find a suitable confirmer. As a lone practitioner in this field, I have one colleague who was happy to be the person I discussed reflective accounts with, but I wasn’t able to locate another person who fitted the confirmer profile as described in the guidance. I thought about asking the training company who ran the aesthetic nursing courses, but being a commercial organisation, there would almost certainly have been a fee. As it was a pilot and not compulsory at this point, I am afraid I decided it was all too much effort and gave up.

If I keep practicing in these three roles, I believe I will have to produce three revalidation portfolios and find six colleagues to support me. It all seems like a lot of work and a disincentive to practice in a variety of fields, which is a pity, as I find that the knowledge and skills I acquire in one field often inform my practice in another and can also be helpful to colleagues as well as patients.

NMC RESPONSE
Regardless of the number of disciplines in which a registrant practises, (s)he will need to seek the same amount of feedback and provide five written reflections. (S)he will not need to find more colleagues to support her in the PDD and confirmation processes as one person can do this for all three disciplines.

The NMC’s provisional revalidation guidance can be viewed at: http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-final-draft.pdf
SPECIAL REPORT

CASE STUDY 4 | ANGELA LEWIS, CPHVA MEMBER

I was invited to join the UNITE/CPHVA professional officer team in the NMC revalidation pilot at one of the 19 sites testing the draft requirements. I revalidated on the basis of my previous NHS role and more recently as an independent practitioner working with, but not employed by, the NHS.

The first stage was to register with the NMC Online; this is essential as all evidence is uploaded via this portal. I felt apprehensive due in part to my current work circumstances and also as I had at that stage a largely paper-based portfolio consisting of certificates of attendance and recognition awards and letters.

I had not, perhaps in keeping with many colleagues, actively sought feedback or included written reflective pieces to support the practice hours undertaken. The range of NMC templates available to support evidence collation was helpful; as were the number of workshops and Twitter chats I joined. I would encourage colleagues to find out what is required, and to learn what others have found helpful with respect to gathering evidence and fulfilling the requirements.

As I am home-based and live in a poor bandwidth area, connectivity to the site was an issue. The NMC requires the information to be uploaded so it became clear that an electronic portfolio would be helpful and would reduce the burden of transcribing handwritten text and additional scanning. I discussed this with and got useful advice and support from Dave Munday at Unite the Union and now use Google Docs as a repository for documents and to manage my electronic portfolio.

I also received support from professional officer Jane Beach in a supervision session where I was able to discuss my concerns as an independent practitioner and test out appropriate evidence of practice hours and CPD.

I found the professional discussion component, which I undertook with Su Davis, a valued ex colleague, an opportunity to reflect on my practice and to identify personal objectives in collecting evidence going forward. In addition, we reflected on how feedback supports professional development and leads to improved care of patients, clients and service users, which is what this process is designed to achieve.

If you are interested in learning more about the revalidation process and practical aspects of putting together a portfolio, Jane and I will be delivering a master class on this at this year’s Unite/CPHVA annual Professional Conference in Manchester.

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