July 2017

Independent evaluation of revalidation for Nurses and Midwives

Interim report (Year One)

Independent evaluation undertaken by Ipsos MORI Social Research Institute for the Nursing and Midwifery Council

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Acronym	Definition
CNO	Chief Nursing Officer
CPD	Continuing Professional Development
CQC	Care Quality Commission
ELS	Employer Link Service
EU	European Union
FtP	Fitness to Practise
GMC	General Medical Council
HCSW	Healthcare Support Worker
NHS	National Health Service
NIPEC	Northern Ireland Practice and Education Council
NMC	Nursing and Midwifery Council
Prep	Post-registration education and practice
PSA	Professional Standards Authority
RCM	Royal College of Midwives
RCN	Royal College of Nursing
RO	Responsible Officer
SCPHN	Specialist Community Public Health Nurse
UK	United Kingdom

Executive summary

Introduction

Ipsos MORI was commissioned by the Nursing and Midwifery Council (NMC) in March 2016 to conduct an independent evaluation of revalidation for nurses and midwives. The evaluation runs alongside the first three years of revalidation, publishing reports on an annual basis. This interim report outlines the early findings from the research activities undertaken in the first year of the evaluation, covering delivery of revalidation from April 2016 to March 2017 (the first year of revalidation), and provides interim considerations for the NMC.

Revalidation for nurses and midwives

As the independent regulator for the nursing and midwifery professions in the UK, the NMC maintains a register of all nurses and midwives meeting the requirements for registration, sets the standards for education; training; conduct, and performance, and process proceedings to deal with instances in which a registrant's integrity or ability to provide safe care is questioned. There are currently over 690,000 individuals registered with the NMC.[1]

The introduction of revalidation in its current form (as a successor to the previous process of Post-registration education and practice – Prep), culminated from a long-term discussion about how the NMC could use its role as a regulator to enhance public protection. The immediate impetus and catalyst for the timing of the introduction of revalidation stemmed from the findings, and recommendations, made as part of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Sir Robert Francis QC.[2]

The NMC defines revalidation as:

- the process that allows registrants to maintain their registration with the NMC;

- building on existing renewal requirements;

- demonstrating registrants continued ability to practise safely and effectively; and,

- a continuous process that registrants will engage with throughout their career.[3]

The revalidation process incorporates eight core elements. The requirements related to **practice-related feedback**, **reflection** (accounts and discussion), and **confirmation** represent the key additions to the existing Prep regime.

Registered nurses and midwives must renew their registration every three years following their initial registration. By 1st April 2019 all registrants on the NMC register on 1st April 2016 will have been required to revalidate in order to maintain their presence on the register.

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[1] *Nursing and Midwifery Council: Annual Report and Accounts 2014-15, and Strategic Plan 2015-20*, Nursing and Midwifery Council, 2015

[2] http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf

[3] *How to revalidate with the NMC*, Nursing and Midwifery Council (2016)

Revalidation requirements

Element	Details
Practice hours	Achieve minimum of 450 practice hours over three years[4].
Continuing Professional Development (CPD)	Undertake 35 hours of relevant CPD (20 hours participatory).
Practice-related feedback	Obtain five pieces of feedback.
Reflective accounts	Produce five written reflective accounts.
Reflective discussion	Discuss the reflective accounts with another NMC registrant.
Confirmation	Obtain confirmation from a suitable person that they have met the requirements of revalidation.
Health & Character Declaration	Declare whether any health and character issues exist that may impair fitness to practise.
Professional indemnity arrangement	Have (when practising), appropriate cover under an indemnity arrangement.

Source: Adapted from 'How to revalidate with the NMC'

Evaluation approach

The evaluation is using a theory-based approach to undertake:

1. An assessment of the effectiveness of the process (**Process Evaluation**).

2. An assessment of the outcomes and impact of the revalidation process (**Longitudinal Outcomes Evaluation**).

3. An assessment of whether the benefits outweigh the burden of revalidation (**Benefit/Burden Assessment**).

A programme of evidence collection activities has been designed to be conducted across the three years. Those conducted during Year One, and therefore feeding into this report are set-out below. Further methodological details are provided elsewhere in this report:

- **Stakeholder consultations** – Conducted with representatives of eight stakeholder organisations;

- **Analysis of monitoring information** – Independent analysis of the monitoring information collated by the NMC;

- **Literature review** – Exploration of sources of evidence to support the design of revalidation and inform future decisions;

- **Context review** – An ongoing review of the context surrounding nursing and midwifery practice;

- **Registrant survey** – An initial wave of an online survey with NMC registrants exploring experience of revalidation processes, and to begin measuring the outcomes of revalidation. The survey will be repeated at two further time points, with the sampling for the survey designed to build a comparison group over time, and allow measurement of attitudinal and behaviour outcomes of revalidation;

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[4] Registrants practising as both a nurse and a midwife must undertake 450 practice hours in each of their areas of practice (900 hours total) over the three years prior to their revalidation.

- **Case studies** – Longitudinal, qualitative, setting-based case studies. Seven case studies are underway, with a total of 13 interviews conducted to date with registrants, their line managers, confirmers, and reflective discussion partners; and,

- **Interviews with lapsers –** 24 short, qualitative, interviews with former nurses and midwives who had lapsed from the NMC's register.

At this stage, the evaluation has collected a significant volume of evidence through which to allow a comprehensive quantitative assessment of experience of the processes of revalidation. The ongoing qualitative work will allow for further exploration of how these processes may be improved, while at this stage it should be considered too early to draw firm conclusions as to the extent of attitudinal or behavioural change demonstrated amongst registrants or employers as a result of revalidation.

Delivery progress

The first 12-month period following the introduction of revalidation has coincided with an unprecedented period of pressure on the health and social care sector, and in particular on the workforce in the sector. Well-documented financial pressures may have knock-on effects for nurses and midwives, either contributing to nurses and midwives leaving the sector, or on organisations struggling to maintain safe staffing levels for those who continue to work in the sector. Alongside the planned removal of statutory supervision for midwives, these are all factors that may both make it more difficult for revalidation to achieve its ultimate outcomes, and create 'noise' against which it is not possible to distinguish the outcomes of revalidation.

The implementation of revalidation has proceeded largely as expected during Year One, with no major problems, and no significant delays. Around one third (202,699) of NMC registrants have been able to revalidate, with 92.4% of those due to revalidate by the end of March 2017 having done so successfully – leaving 7.6% of registrants who have either lapsed their registration, or had other ongoing issues such as being subject to an FtP case.

In the first year of revalidation, a total of 15,160 registrants lapsed their registrations. At this stage, there does not appear to be any significant shift in the proportion of registrants lapsing their registration each month compared to the historical trends under Prep. Further monitoring of the data is required throughout the subsequent two years of revalidation. At this stage there has been an apparent decrease in the rate of renewal amongst older registrants (aged 56 or over). The potential impact of this on the NMC register, in particular if registrants under 60 are choosing to move into retirement rather than revalidate, requires further exploration, for example through the qualitative work with lapsed registrants that is currently being undertaken.

The launch of revalidation was preceded by a comprehensive programme of communications with those who would be affected (registrants, stakeholders, employers). The NMC relied on a 'cascade' approach to communications, and it is anticipated that a consistent level of communication is being planned for during each of the remaining two years of the introduction of revalidation.

The focus on an online-first approach to revalidation appears to have been largely successful, with 97% of all NMC registrants having created an account on NMC Online as of March 2017.

As a result of this focus on an online revalidation portal, the NMC has been able to collect a greater volume and depth of information about registrants than they have previously had access to. This will allow for greater future monitoring and understanding of the register.

The first year of revalidation has seen a large volume of calls for support or information made to the NMC's contact centre. Revalidation related calls make up 17% of all calls made during 2016/17, and calls related to revalidation appear to, on average, take a greater amount of time to handle compared to calls overall. However, with no comparator data pre-revalidation, nor disaggregated monthly data during Year One, it remains to be seen whether this will be 'business as usual' or is related to the novelty of the process.

A risk-based model of verification has been implemented during Year One, and the NMC are currently reviewing its performance, with a view to assessing the suitability of the model to both deter and identify non-compliance.

Reflections from Year One

Below we present the evaluation team's reflections in relation to each of the key areas of revalidation, as far as is possible at the end of Year One.

Overall, with regards to the delivery of revalidation, the evidence collected through the evaluation presents a largely positive picture, with no evidence to suggest substantial issues are being experienced by any one group of registrants. The quantitative survey has, however, highlighted differences in how some groups experience revalidation, and expectations around future outcomes, and these are drawn out throughout Chapters Three, Four and Five.

Delivery, implementation and revalidation processes

- Overall, the evidence collected through the evaluation presents a largely positive picture of the delivery of revalidation during Year One, with no evidence to suggest substantial issues are being experienced by any one group of registrants.

- It is crucial however that revalidation is not yet treated as 'business as usual', as two thirds of the register are still to experience revalidation for the first time in 2017/18 and 2018/19. As such stakeholders have urged that there is a continuing and maintained level of effort comparable to that which has been invested so far in communicating and supporting the revalidation process for future cohorts over the remainder of the roll out period. In addition, the ability of the NMC to continually learn from the experience of delivering revalidation to date, and refine materials and processes on an ongoing basis will help determine whether these positive experiences from Year One are sustained.

- Registrants who have undertaken revalidation tend to be very positive about the experience, and have broadly felt supported by the NMC throughout the revalidation process. The NMC communications about the revalidation requirements have been effective and the guidance information (both the documents and the revalidation section of the website) is being widely used by registrants. As a result, by the time registrants come to revalidate, the vast majority report having a good understanding of the process.

- However, there is evidence that registrants who are yet to experience revalidation feel a certain level of apprehension about the process, and what is expected of them. To help dispel these concerns, and reassure

registrants prior to revalidation, it could be helpful to include positive stories from revalidated registrants in future NMC communications about the process.

- Additionally, there is evidence that registrants working in particular settings (for example those working in schools) feel less supported by the NMC than other registrants. Therefore, updating the popular 'How to revalidate with the NMC' guide to be more applicable to those working in more unusual settings – perhaps by including case-studies from registrants - would be a useful enhancement.

- Registrants' experiences of the specific elements of revalidation vary. While meeting those elements which existed under Prep (including the practice hours and CPD requirements) were straightforward for the majority of registrants, specific groups of registrants (such as voluntary workers) find them more challenging. Any planned increase to these requirements would need to take into consideration the potential impact on the groups, albeit very small proportions of the register, that may be adversely affected.

- The new elements of revalidation (collecting feedback, producing written reflective accounts and having a reflective discussion with another registrant, and the confirmation process) were generally felt to be useful additions by registrants and were not seen to be burdensome. However, better guidance about the required content of reflective accounts, and for the reflective discussion partners, would be welcomed.

- Registrants report that the process of submitting their applications for revalidation using NMC Online is straightforward. However, given the severity of the consequences when something does occasionally go wrong (e.g. nurses and midwives temporarily losing their registration), more detailed guidance from the NMC about this aspect could be helpful.

- Perceptions of verification, amongst registrants, highlight a low-level of awareness and understanding of the process, but an assumption that this is a more robust and comprehensive process than under Prep. Maintaining these perceptions will be central to ensuring that verification remains a lever through which to help ensure compliance with the revalidation processes, which it appears to be doing at the moment.

Outcomes

- Registrants, are largely positive towards the individual elements of revalidation. Attitudes, understanding and behaviour demonstrate high baseline scores across most measures, with some indication that those registrants who revalidated in 2016/17 have more positive attitudes, and more frequently report the desired behaviours (such as seeking feedback, proactively seeking CPD).

- In addition, survey findings among registrants who have already revalidated suggests that revalidation may play a role in delivering attitudinal change towards the key elements of the Code, and may already be achieving an increased understanding of the benefits to be gained. This was also reflected in the case studies, where several participants indicated that the process of writing their reflective accounts and undertaking the reflective discussions helped to (re-)familiarise themselves with aspects of the Code.

- The case studies provide early evidence of behaviour change, particularly through actively collating feedback and an increased focus on what could contribute towards their revalidation. This has the potential, if sustained, to contribute to the development of a culture of sharing, reflection and improvement across the

sector. It is also expected that employers will play a role in encouraging, and therefore helping to reinforce and embed the desired registrant behaviours.

- Examining the individual elements, across the survey data, case studies, and stakeholder consultations, the reflective elements seem to play the biggest role in driving some of the changes in attitudes and behaviour. Reflection was seen to help identify areas of improvement in their practice. Further work is required to assess the quality / depth of this reflective practice, and to understand whether this could be refined to further generate the target outcomes.

- Overall perceptions, amongst registrants, that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives to practise safely and effectively, are very positive. Those who have already revalidated are consistently more likely to agree with this.

Benefit / burden

More fully exploring the respective benefit and burden associated with revalidation will be a focus of the evaluation in Years Two and Three. However, at this early stage, the evaluation has served to highlight some potential issues with burden, as outlined below, and discussed in Section 5.4 in detail.

- **Accessing CPD:** Access to CPD is not consistent across employers, and this means that the registrant burden in terms of sourcing and accessing suitable CPD will vary depending on the employer context.

- **Burden on individuals:** The volume of registrants who rely on their line manager to act both as their confirmer and reflective discussion partner may lead to a higher burden being placed on individual registrants, especially in organisations with a relatively flat hierarchy.

- **Inconsistent burden:** Case studies highlight an inconsistent amount of time being spent on different revalidation activities. The difference between registrants doing the minimum, and those who go 'above and beyond' may lead to future perceptions about the burden changing (and may also lead to differential outcomes being observed).

Future considerations

This evaluation has resulted in a number of suggestions being made that could both improve the effectiveness of the processes which comprise revalidation, and to increase the chances of revalidating delivering its intended outcomes. These suggestions are also presented in Chapter Six of this report, and build on the evaluation evidence collected to date, as well as input from stakeholders consulted during Year One. Recommendations are made around five primary areas.

1. Communications, guidance and supporting materials

   i)   The NMC should maintain the level of communications activities with those registrants **who have yet to revalidate**. Communications to date have been well received, and have been shown to be very important in ensuring a positive experience. Building on this platform, and ensuring sufficient continued resource is dedicated to communications will help to ensure a positive experience for registrants revalidating in Years Two and Three.

ii)   NMC should take the opportunity provided by having a full-year of registrants having successfully revalidated to create additional, or update existing, guidance and supporting materials to build on the **positive experience** of those registrants revalidating in Year One, using real-life case studies, e.g. producing new videos for the revalidation section of the NMC website.

iii) It would be of benefit to focus updates on areas of the register in which **registrants may be more isolated** (e.g. independent sector, community settings), and may therefore have greater concerns about revalidating.

iv)   As well as guidance updates for registrant-facing materials, it would be beneficial to identify examples of **good practice from employers (in terms of supporting registrants),** and using these to help inform communications and guidance for employers. For example, using case studies to highlight good practice. This may also help reduce the burden on employers, through identifying "shortcuts" and reducing duplication.

2. Working with stakeholders

v)   The NMC should consider reviewing **communications plans / protocols** with regards to technical issues, to ensure that issues are communicated as swiftly as possible and mitigate risk of problems for registrants.

vi)   Sharing details of **planned communications** to registrants with stakeholder organisations will provide greater transparency and allow stakeholder organisations to better dovetail their own communications efforts to those of the NMC.

3. Future monitoring

vii) The NMC is already undertaking work to explore potential issues with registrants lapsing from the register, communicating the ongoing work in this area to stakeholders will provide reassurance that this area is being given due attention. The NMC should seek to address any issues that this work uncovers.

4. Feedback and reflective practice

viii) As well as the suggested refresh / update of guidance and supporting materials outlined under One and Two above, materials specific to feedback and reflective practice could also be refined in the following ways:

a.   To provide support to registrants on how to collect appropriate practice-related feedback, especially collecting feedback from patients and / or service-users.

b.   To provide clear guidance on compiling reflective accounts and undertaking reflective discussions, to ensure meaningful reflective practice is consistently undertaken, including using the templates to steer this practice.

c.   To guide registrants in finding an appropriate reflective discussion partner, especially those in the independent sector or isolated settings.

5. Verification

ix)   The NMC should continue to undertake work to check that verification, as it is currently being implemented, is successfully identifying potential cases of fraud or other issues with revalidation submissions, and to communicate to stakeholders and registrants details of the robustness of the process. For example, cases of fraudulent submissions being made could be cross-referenced against the risk categories to monitor the suitability of this approach.

Evaluation next steps

As mentioned earlier in this summary, this report represents the first output of a three-year evaluation. Future reporting outputs will be a second interim report at the end of Year Two of revalidation (May / June 2018) and a final evaluation report synthesising all evidence collected across the evaluation, to be published following the conclusion of the initial roll-out period. It is anticipated that this final report will be published in June 2019.

1 Introduction and background

Ipsos MORI was commissioned by the Nursing and Midwifery Council (NMC) in March 2016 to conduct an independent evaluation of revalidation for nurses and midwives. Ipsos MORI are undertaking this evaluation with supporting input from an independent scrutiny panel, established to provide oversight and bring specific expertise to the evaluation. This panel consists of: Professor Sir Cary Cooper, Manchester Business School; Beccy Baird, King's Fund and, Professor Stephen Bevan, Institute for Employment Studies.

The evaluation runs alongside the first three years of revalidation, publishing reports on an annual basis. This interim report outlines the early findings from the research activities undertaken in the first year of the evaluation, covering delivery of revalidation from April 2016 to March 2017 (the first year of revalidation), and provides interim recommendations formed on the back of the findings.

1.1 Background and rationale for revalidation

The NMC is the independent regulator for the nursing and midwifery professions in the UK, which account for a large portion of the UK healthcare workforce. As the regulator, the NMC maintains a register of all nurses and midwives that meet the requirements for registration; sets the standards for education; training; conduct, and performance, and process proceedings to deal with instances in which a registrant's integrity or ability to provide safe care is questioned. There are currently over 690,000 individuals registered with the NMC.[5]

As part of their responsibilities, the NMC developed a system of revalidation that was launched in April 2016. The rationale for the development, piloting, and implementation of a system of revalidation for those practising as nurses and midwives in the UK stems from an increased awareness across the health and social care sector, on the need for a heightened focus on ensuring quality of care, and in turn enhancing public protection. The NMC is not the only professional regulator to introduce such a system, with the GMC having introduced a system of revalidation for licensed doctors from December 2012.[6]

Beyond this long-term trend of increasing focus on quality of care and public protection, a number of high-profile reviews of, and inquiries into the quality of care in the health and social care sector in the UK were conducted in the early 2010s, which further highlighted a need for regulators to respond to the challenges identified. Most notable amongst these was the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Sir Robert Francis QC, and published in February 2013. This report into the failings at Mid Staffordshire NHS Foundation Trust served to provide renewed impetus in activity designed to improve public protection of which revalidation was considered a key part, and while the design of nursing and midwifery revalidation was already well underway, the output from this inquiry acted as the catalyst for the timing of the introduction of revalidation for nurses and midwives.

1.2 Revalidation for nurses and midwives

In the guidance document *'How to revalidate with the NMC'*[7], revalidation is defined as follows:

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[5] *Nursing and Midwifery Council: Annual Report and Accounts 2014-15, and Strategic Plan 2015-20*, Nursing and Midwifery Council, 2015
[6] http://www.gmc-uk.org/doctors/revalidation/9627.asp
[7] *How to revalidate with the NMC,* Nursing and Midwifery Council (2016)

- is the process that allows registrants to maintain their registration with the NMC;

- builds on existing renewal requirements;

- demonstrates registrants continued ability to practise safely and effectively; and,

- is a continuous process that registrants will engage with throughout their career.

The revalidation process ultimately aims to enhance public protection through the additional requirements implemented that build on those enshrined within the existing Post-registration education and practice (Prep)[8] system for nurses and midwives. Revalidation specifies the need for registrants to collect five pieces of **practice related feedback**, write up five **reflective accounts**, **discuss** these five reflective accounts with another NMC registrant and lastly to **obtain confirmation** from a suitable person (as defined by the revalidation guidance). These requirements are in addition to those already included within the Prep framework superseded by revalidation: achieving 450 **practice hours**[9] and 35 hours of relevant **Continuing Professional Development** (CPD); of which 20 hours must now be classed as **participatory learning**[10], both of which must be undertaken during the course of the three years prior to submitting an application to revalidate.

Finally, the NMC selects a sample of submitted applications to be subject to the **verification** process. This process, with a registrant's likelihood of being selected based on risk-based categorisation, seeks to identify non-compliance with the requirements of revalidation. Registrants selected for verification must provide the NMC with evidence to support their application, and their confirmer is also contacted by the NMC for assurance as to their involvement.

As fixed in current legislation[11], registered nurses and midwives must renew their registration every three years, with the renewal date set based-upon the anniversary of their initial registration. Based on this renewal cycle, by 1 April 2019 all registrants on the NMC register, which currently consists of approximately 690,000 registrants[12], will have been required to revalidate in order to maintain their presence on the register.

Further detail on the background, context and a detailed description of the revalidation process and requirements can be found in the supporting annexes to this report.

1.2.1 Evidence base for revalidation

The NMC conducted a series of evidence reviews in order to feed into the design and development of the revalidation process. In addition, once designed, the approach was piloted with 19 organisations between January and June 2015, and an evaluation of this pilot was conducted[13]. Overall, there is a lack of robust evidence to link the individual elements of revalidation to the ultimate outcomes that revalidation seeks to propagate. A summary of the existing evidence base is provided in Table 1.1. As outlined previously, the evaluation will seek to explore the developing evidence base, and contribute to developing this evidence base, throughout the three years.

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[8] *The Prep Handbook*, Nursing and Midwifery Council (2011)

[9] Registrants practicing as both a nurse and a midwife must undertake 450 practice hours in each of their areas of practice (900 hours total) across the three years leading up to their revalidation.

[10] *How to revalidate with the NMC,* Nursing and Midwifery Council (2016)

[11] *The Nursing and Midwifery Order 2001 (SI 2002/253)*, Article 10.

[12] *Nursing and Midwifery Council: Annual Report and Accounts 2014-15, and Strategic Plan 2015-20*, Nursing and Midwifery Council, 2015

[13] *Exploring the experiences of the revalidation pilots,* Ipsos MORI (2015)

Table 1.1: Summary table of revalidation evidence base

Revalidation element	Evidence summary
Practice hours	• **No hard evidence** linking practice hours to fitness to practise; and • **No evidence** on the optimal number of hours and no sources evidencing negative effects.
Continuing professional development	• **Limited evidence** to link CPD hours to fitness to practise with little evidence examining outcomes (focus on effectiveness); • **Some evidence** to suggest that CPD is most effective when targeted towards the needs of the participant and when delivered interactively; and • **Some evidence** linking effective CPD to reflection; and, • **No evidence** exhibiting any negative impacts from CPD activity.
Reflective elements (incl. written accounts and discussion)	• **Some evidence** to support reflective writing as a way to develop critical thinking skills amongst nurses, analyse critical incidents and to manage stress; and • Recognised as an **important part of learning** from experience in a broad range of applications including healthcare, management and teaching.
Practice related feedback	• Several issues present when collecting from patients particularly if sought by individuals in person such as anonymity of the patient and response bias; and • Feedback from colleagues **has the potential** to reinforce positive views of current practice and may not pick up areas for improvements.
Confirmation/appraisal/peer review	• **No hard evidence** linking peer review in the healthcare setting to fitness to practise; • **Some evidence** to support peer review as a way to aid the development of solutions and improve system practices, processes and performance; • Evidence from medical revalidation suggests that doctors, although positive about appraisal, **do not feel** it will lead to improved practice;[14] • **No evidence** identifying any **negative** effects from peer review.

1.3 Evaluation scope and objectives

The evaluation is using a theory-based approach to fulfil three primary objectives, to undertake:

1. An assessment of the effectiveness of the process (**Process Evaluation**).

2. An assessment of the outcomes and impact of the revalidation process (**Longitudinal Outcomes Evaluation**).

3. An assessment of whether the benefits outweigh the burden of revalidation (**Benefit/Burden assessment**).

In fulfilling the above, the evaluation will also seek to identify whether improvements can be made to the processes, or changes required to the current revalidation policy.

The approach to collecting the necessary data relating to answer the evaluation questions is set out in Section 1.4 of this report.

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[14] Doctors and nurses are likely to differ in their attitudes toward appraisal, but without comparable information from nurses and midwives it is not possible to be certain.

This interim report, focusses largely on the process evaluation, understanding any early evidence of outcomes, and setting the baseline against which outcomes, and benefit / burden will be assessed across the final two years of the evaluation.

1.4 Evaluation methodology[15]

In preparing this interim report, the evaluation team have collated and triangulated evidence from a number of key sources relating to revalidation, during the first year of implementation (April 2016 – March 2017). Table 1.2 below provides an outline each of the sources of evidence and their contribution to the evaluation. Any limitations of the evidence collected to date are considered in Section 1.4.2. Further technical detail of the methodology can be found in the annexes, and details of pending evidence collection activities provided in Chapter Seven.

Table 1.2: Year One evaluation evidence collection

Evaluation activity	Detail
Stakeholder consultations	▪ Consultations with stakeholders to gather views on the context for revalidation, perceptions of revalidation processes and information on any factors that may have an influence on the outcomes of revalidation. ▪ Eight interviews conducted in early 2017 with the Chief Nursing Officer (CNOs) or a delegated representative of the CNO office for each of the four UK nations and representatives of the four largest nursing and midwifery unions: Royal College of Nursing, Royal College of Midwifery, Unite and UNISON.

Analysis of monitoring information	▪ Independent analysis of monitoring information collected by the NMC in relation to revalidation. This data has been used to assess patterns of revalidation, trends in aspects of fitness to practise/complaints, and understand whether revalidation is being experienced differently by registrants with different characteristics (e.g. scope of practice, work setting, demographics).
	▪ Sources include:
	  ▪ quarterly and annual revalidation reports;
	  ▪ historical data on lapsing;
	  ▪ fitness to practise data from the NMC annual reports; and,
	  ▪ data on written complaints.

Literature review	▪ Exploration of sources of evidence throughout the evaluation to ensure that information on the evidence base for revalidation and its elements remains up to date (building on NMC-conducted reviews). ▪ Sources include academic literature and evaluations of comparable schemes with the information used to inform recommendations made by the evaluation.
Context review	▪ Ongoing context review, informed by stakeholder consultations, to monitor any external factors impacting upon the outcomes of interest to revalidation.
Process and outcomes survey with registrants	▪ Longitudinal, quantitative online survey of NMC registrants conducted between November 2016 and March 2017. ▪ Registrants in three groups were invited to take part; Registrants who completed revalidation in October, November, December 2016 & January 2017, and those with renewal dates in October, November, December and January 2017/18 and 2018/19. Throughout this report, for ease of reference and clarity, these groups are referred to as revalidating in 2016/17, 2017/18 and 2018/19 respectively.

	▪ The survey was used to gather information on both experience of the revalidation processes and measure reported behaviour of registrants towards the key elements of revalidation[16].
	▪ The process and outcomes survey with registrants will be repeated in each year of the evaluation with the same sample of registrants to allow for a robust assessment of the impact of revalidation on registrants.
	▪ By surveying the three groups at three time points during the evaluation, a comparison group will be constructed, allowing statistical analysis[17] during Years Two and Three to understand differences in reported behaviour change, and estimate the extent to which changes may be resulting from the experience of revalidation.
	▪ A total of 35,981 registrants completed the survey across the three groups, representing a response rate of 21%[18]. Data have been weighted to the known population profile for all registrants within a given group. The profile of registrants in each of the three groups is comparable, and therefore allows analysis of difference across the cohorts.
	▪ Results are used only to talk about registrants in each of the three groups sampled, and not used to make claims about the views or experiences of registrants overall.
	▪ Differences between groups of registrants are only reported where statistically significant, and where base sizes exceed 100.
Case studies	▪ Longitudinal, qualitative, setting-based case studies, with fieldwork phased throughout the three years of the evaluation.
	▪ Seven case studies have been commenced during Year One, with a total of 13 interviews conducted to date, both with registrants who have completed revalidation during Year One, and those who acted as their line manager, their confirmer and their reflective discussion partner.[19]
	▪ Interviews conducted during this phase, and feeding into this report, took place between March and May 2017.
Interviews with lapsers	▪ A total of 24 interviews were completed with a selection of former nurses and midwives who had lapsed from the NMC's register.
	▪ The NMC provided a sample of those who, having completed a survey of lapsers conducted by the NMC, had agreed to be re-contacted by Ipsos MORI.
	▪ These telephone interviews were conducted by members of the evaluation team between the 21st April and the 19th June 2017.

1.4.2 Limitations of the evidence

As described earlier, this report represents the first analytical output of a three-year evaluation running alongside the phased three-year initial introduction of revalidation. At this early stage within the roll-out of revalidation, the evaluation has not collected sufficient evidence against which to comprehensively assess the implementation and impact of revalidation. In particular, the following considerations apply to this report.

▪ **Absence of 'distance travelled' measure:** Quantitative data collected from registrants at this point represents a point-in-time assessment of revalidation, and does not allow any analysis of the sustainability of the outcomes of revalidation. While comparisons are possible between the reported behaviour and attitudes of registrants who

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[16] Please refer to the survey questionnaire included with the annexes for full details of the survey questions asked.

[17] At this stage it is proposed that techniques such as Propensity Score Matching will be used to robustly explore differences observed between groups.

[18] 2016/17 registrants: 15,439 completes (21% response rate); 2017/18 registrants: 10.349 completes (18% response rate); 2018/19 registrants: 10,193 completes (17% response rate).

[19] A total of 12 case studies will be completed during the course of the evaluation.

have revalidated and have yet to revalidate, further statistical analysis to be conducted during Year Two will allow further interrogation of any differences, as well as comparison of change over time.

- **Case study work is ongoing:** Case study work is currently ongoing, and as such only limited conclusions can be drawn from these at this stage. It had been anticipated that, at this stage in the evaluation, a greater number of participants would have taken part in case study interviews. However, in practice the evaluation team have found that in many cases the line manager of the registrant going through revalidation also acted as their confirmer and reflective discussion partner. In addition, the size and diversity of the register means that the case study evidence should be seen as indicative only, and provides qualitative evidence to help explain quantitative findings.

- **Challenges measuring outcomes:** Revalidation ultimately aims to deliver increased public protection. As set out in the Theory of Change[20], this relies first on achieving attitudinal and behavioural change across NMC registrants. These changes will therefore not yet be evident in any evidence collected through the evaluation to date. Therefore, evidence is triangulated across strands to inform an assessment of early evidence that the outcomes might be realised, and sets the framework against which future evidence will be assessed. Furthermore, it has not been possible to identify objective metrics through which to measure the impact or outcomes of revalidation.

Given the above limitations and considerations, the evidence collected to date can be seen to provide comprehensive evidence against which to measure the effectiveness of the delivery of revalidation during Year One. However, further evidence collection during Years Two and Three (case study work, survey with confirmers and reflective discussion partners) will all further exploration of some of the processes, and the experience of registrants / others involved.

Evidence related to behaviour change, and the outcomes of revalidation, should be treated as indicative only at this stage, in the absence of any measure of change over time.

1.5   Structure of the report

The remainder of this report is structured as follows:

- **Chapter Two – Delivery progress to date:** This chapter describes the progress of revalidation to date, since implementation in April 2016, in addition to future plans/options. This draws heavily on the annual and quarterly revalidation reports produced by the NMC in addition to interviews with stakeholders, and findings from the process and outcomes survey of registrants.

- **Chapter Three – Delivery effectiveness:** Chapter Three presents the findings from the first year of the evaluation in assessing the experience of registrants, and others involved, of the revalidation processes, and considers the effectiveness of these processes. This chapter triangulates evidence from across the sources feeding into the evaluation.

- **Chapter Four – Early outcomes for registrants and employers:** Chapter Four considers the extent to which it is possible to identify any early outcomes from the implementation of revalidation for nurses and midwives.

- **Chapter Five – Looking forward:** Chapter Five considers the extent to which the outcomes might be realised in the future, including outcomes for the NMC. An early discussion of benefit and burden is also presented here.

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[20] Please refer to the annexes to see the Theory of Change.

- **Chapter Six – Reflections and learnings from Year One:** Chapter Six presents the key conclusions that can be drawn from the evidence collected to date and outlines a number of early recommendations for improving both the processes of revalidation and the chances of revalidation delivering the intended outcomes.

- **Chapter Seven – Evaluation next steps**: Finally, Chapter Seven outlines the remaining evaluation activities and how they will contribute to the evaluation over the remaining two years.

- **Annexes**: A series of annexes to this report are provided under separate cover and are available on request These provide additional information about revalidation, technical details of the evaluation methodology, and additional survey data which has not been discussed in detail in this report.

2 Delivery progress to date

This chapter describes the progress of revalidation to date, since implementation in April 2016, in addition to future plans/options. This draws heavily on the annual and quarterly revalidation reports produced by the NMC, interviews with stakeholders and findings from the process and outcomes survey of registrants where appropriate.

Revalidation for nurses and midwives was formally announced in October 2015[21], and launched as a process in April 2016 with registrants due to renew their registration during that month the first to go through the process (with the exception of registrants at the 19 organisations that had taken part in the 2015 pilot[22]). Revalidation is subject to a phased implementation between April 2016 and March 2019. The trigger for a registrant to revalidate the first time is calculated based on the three-year anniversary of a registrant's most recent renewal, or the third anniversary of joining the register. After revalidating for the first time, registrants are subsequently required to complete an application to revalidate once every three years.

2.1 Context for revalidation

The first year of revalidation has been characterised by a number of key events and developing challenges across the UK health sector and in particular the NHS. These are likely to have significant implications for nurses and midwives and consideration of these is crucial when exploring the delivery of revalidation to date. A brief description of the main contextual factors is presented below but a more detailed discussion is presented in the annex document. In addition, the context review also explores the other initiatives that might be driving the outcomes of interest to this evaluation, to highlight the challenges with unpicking the impact that revalidation is having. The context will continue to be monitored and explored throughout the course of the evaluation.

- **Medical revalidation:** the first interim report for the evaluation of medical revalidation was published on the General Medical Council (GMC) website in April 2016 and presents the initial findings from several strands of early research. The findings are of relevance to this evaluation and shed light on attitudes towards revalidation, but it should be recognised that GMC revalidation and NMC revalidation differ significantly in the greater emphasis of medical (GMC) revalidation on fitness to practise. The initial results do, however, appear to show that the perceived future impacts of revalidation amongst registrants is minimal and appraisals are not considered an effective way to improve practice by the majority of respondents.

- **Statutory supervision proposals:** Early in 2017 the government's response to proposals to remove the legislation underpinning the statutory supervision of midwives was published. Although midwives account for only a small proportion of the overall register, the removal of statutory supervision has the potential to impact midwifery registrants and the NMC. Midwifery registrants stated concerns in the public consultation around a perceived decrease in the support they will receive if supervision is not required under legislation and potential implications for patient safety and quality assurance. For the NMC, these changes come with an increase in workload both in terms of policy development and in terms of future increases in the number of fitness to practice cases they must investigate. In addition, the removal of the supervisory role may reduce perceptions of the burden of revalidation,

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[21] https://www.nmc.org.uk/news/news-and-updates/weve-introduced-revalidation-for-nurses-and-midwives/

[22] The pilot ran between January and June 2015, with 19 different organisations participating. The organisations were explicitly chosen to include nurses and midwives in a variety of settings and scopes of practice. In total, 2,134 registrants completed the revalidation process as part of the pilot, however, registrants 'revalidating' during the pilot will still have been required to revalidate fully under the terms of the final model launched.

as it will no longer be an additional set of processes. Plans for new models of supervision are being taken forward by each of the four UK countries focussing on employer led support and development for effective midwifery practice to maintain the positive aspects of supervision.

- **Fitness to practise proposals:** In addition to changes to statutory supervision, changes have been proposed by the Department of Health to the way that the NMC can process FtP cases. The changes are anticipated to increase the efficiency of the decision making process.

- **Pressures on the nursing and midwifery workforce:** Recent pressures on the NHS have been widely reported on in the media, and by commentators across the sector and a combination of staff shortages and financial pressures are likely contributing to the noted decline in staff morale. Such problems are particularly acute for nursing staff where demand outstripped supply as early as 2014.[23] For example, the Health Foundation recently estimated that the NHS in England may face a shortfall of up to 42,000 nursing staff by 2020.[24] Exacerbating the issue, the impending UK exit from the EU may impact the sizeable numbers of nurses working in the UK from the EU who research has suggested may leave. Additional regulatory processes, such as revalidation, may therefore be perceived as burdensome and perceived negatively by a workforce that is already stretched thin, and may lead to negative experience of the processes.

- **Increased focus / scrutiny on public protection / quality of care:** As outlined in Chapter One, revalidation is being delivered in the context of an increased focus on public protection and quality of care in the health and social care sector, following a series of extremely high-profile scandals. In addition, analysis of NHS Digital complaints data (see annexes) shows that since 2008/09 there has been a trend of increasing complaints made relating to nursing, midwifery and health visiting services. Whether this represents a decline in quality, or an increased focus on quality leading to a higher volume of complaints, is not, at this stage, known.

2.2   Revalidation implementation

2.2.1   Communications pre-launch

A communications plan prior to the launch of revalidation was developed by the NMC in September 2015. This plan set out the main communication activities through which the NMC communicated the details of the introduction of revalidation to stakeholders (registrants, employers and other stakeholders). This was divided into two phases, as outlined below:

- **'Go Ahead'** (Oct – Dec'15)– focussing on raising awareness of revalidation, increasing the proportion of registrants with NMC Online accounts, and delivery of 'critical resources' for revalidation. This phase included prioritised engagement with those registrants due to revalidate in the first, April 2016, cohort, and engagement with employers to raise awareness of responsibilities. One of the primary fora for communicating with registrants, and others with a role to play in revalidation, was the revalidation section of the NMC website, designed to be the

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[23] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500288/Clinical_workforce_report.pdf

[24] http://www.health.org.uk/news/new-report-warns-england-could-face-shortfall-42000-nurses-2020

'go to' resource for revalidation.[25] A series of face-to-face workshops delivered by tle miad[26] were also delivered across the four countries.[27]

- 'Go Live' (Jan – Apr'16) – focussing on deploying a range of key communications products to ensure registrants are prepared for revalidation. This was based around a five-point communications plan:

    (a) Digital campaign;

    (b) Offline campaign:

    (c) Employer engagement:

    (d) Collaboration with RCN, RCM and unions; and,

    (e) Trade press.

2.2.2   Ongoing communications during Years One – Three

Ongoing communications follow the same structure as those set out in the 'Go Live' strand of the communication plan described briefly above and are designed to ensure all registrants have similar support to complete revalidation for their first time. This includes the continuation of the cascade models developed and engagement with employers, professional bodies and trade press. In addition to this activity, the NMC are also applying targeted communications in the form of bespoke emails where they are aware of registrants not receiving or opening planned communications.

2.2.3   Future communication plans

At present, communication activity is focussed on ensuring consistency of service to all registrants through the first three-year period of revalidation but the style of communications adopted for revalidation is also being adapted for the NMCs general communications including the use of the cascade models and ability to tailor bespoke emails.

2.3   Volume of registrants revalidating

2.3.1   Overall due to revalidate, revalidated and lapsing

Since April 2016, 219,441 registrants, approximately one third of all registrants on the NMC register, have been due to revalidate for the first time, with 202,699 registrants having successfully completed the process as of the end of March 2017.[28]

A total of 15,160 registrants did not submit an application to revalidate therefore lapsing their registration(s), in this initial 12-month period, equating to 6.9% of the total due to revalidate[29]. The monthly lapsing rates remain similar to levels observed pre-revalidation under the Prep system.

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[25] For more information about the resources provided through the NMC website please see Chapter One and the annexes of this report.

[26] www.tle-miad.com

[27] Materials were also made available to employers to deliver their own workshops.

[28] The figure of 202,699 represents a slight underestimate of the actual number completing revalidation as this **excludes any registrants held effective** on the 3rd of the month following their renewal month who subsequently went on to successfully revalidate.

[29] The remaining 1,578 were not processed by the end of their renewal month as they were in the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to FtP sanctions.

The numbers due to revalidate, completing revalidation and the proportion lapsing vary from month-to-month with two peaks. First of all, in September 2016, when 31% of all registrants with renewal dates in 2016/17 were due to revalidate, and secondly in March, where 10% were due to revalidate. This pattern is repeated for registrants who will be expected to revalidate in 2017 / 18 and 2018 / 19. Figure 2.1 below shows the **potential** throughput for revalidation in the 2016/17 Financial Year, and the **actual** throughput. Between 5 and 10% of registrants due to revalidate in any given month would typically be expected to lapse, based on historic renewal rates under Prep, for reasons such as retirement, ill health or choosing not to practise.

Figure 2.1: Registrants due to revalidate and revalidated Apr 2016 – Mar 2017
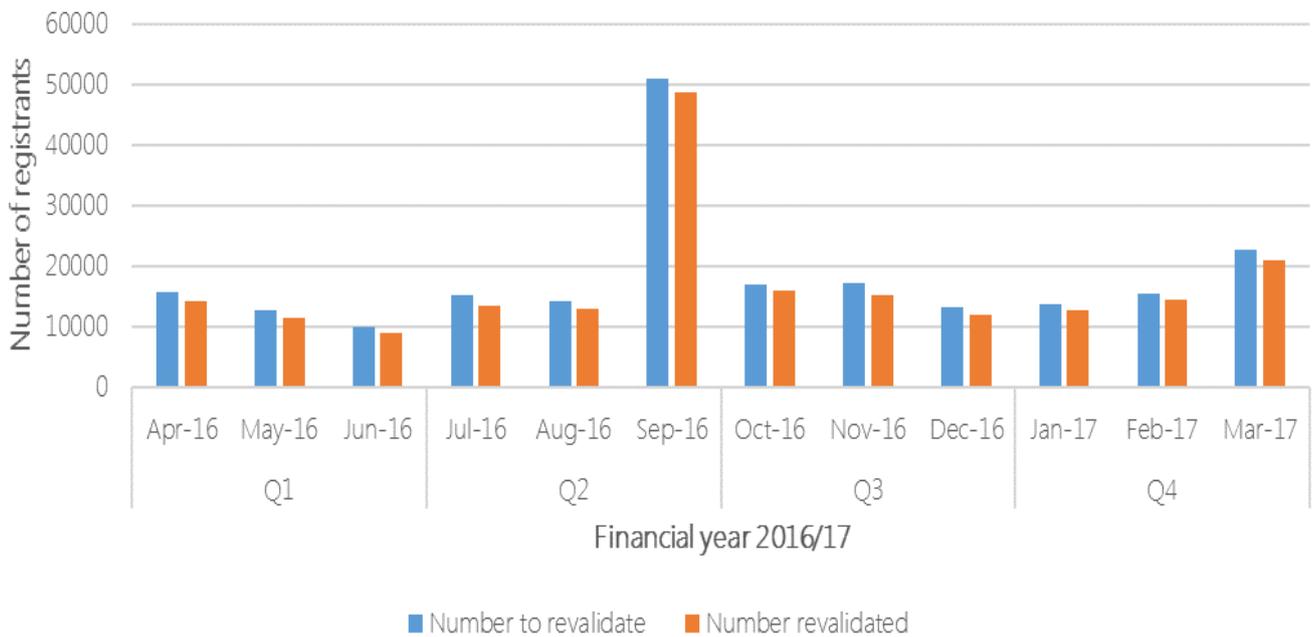
Figure 2.2: Proportion of registrants lapsing / not processed at month end Apr 2016 – Mar 2017
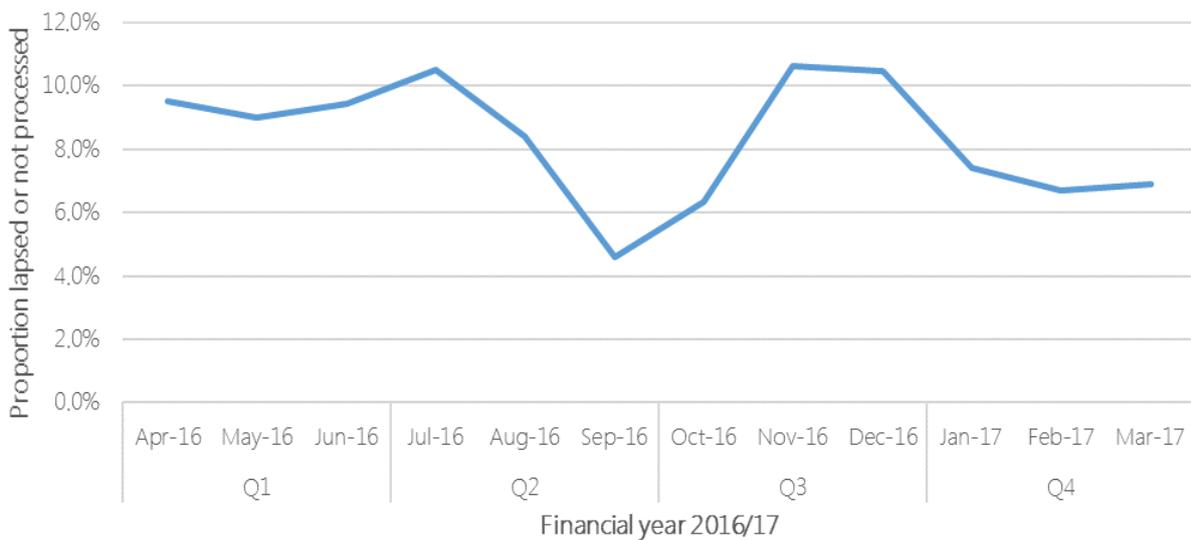
Source: Ipsos MORI analysis of NMC data

Just under half (49%) of registrants lapsing during the first year did so automatically without informing the NMC, while a further 32% informed the NMC of their intention to lapse via the cease to practise mechanism[30]. The remaining 19% chose to do so through the revalidation submission screens.

Further analysis of the volume of registrants lapsing, including the reasons cited for, and the implications of, this is discussed in Chapter Four.

Use of exceptional circumstances

Of those registrants who did successfully revalidate, only a very small proportion (1.1%) had to do so using 'exceptional circumstances'. Under this, the NMC allows registrants with mitigating circumstances who would be unable to meet the requirements of revalidation, to renew their registration in line with the previous Prep regime.

Renewal rates over time

Comparison of historical renewal rates with the renewal rates observed since the start of revalidation in April 2016 shows a dip in the first financial quarter of 2016/17 (the first since revalidation was introduced), although this is likely linked to the seasonal nature of renewal rates, evident throughout the remainder of 2016/17. Overall, Year One does not show any adverse effect on renewal rates.

Figure 2.3: Historical revalidation/Prep renewal rate
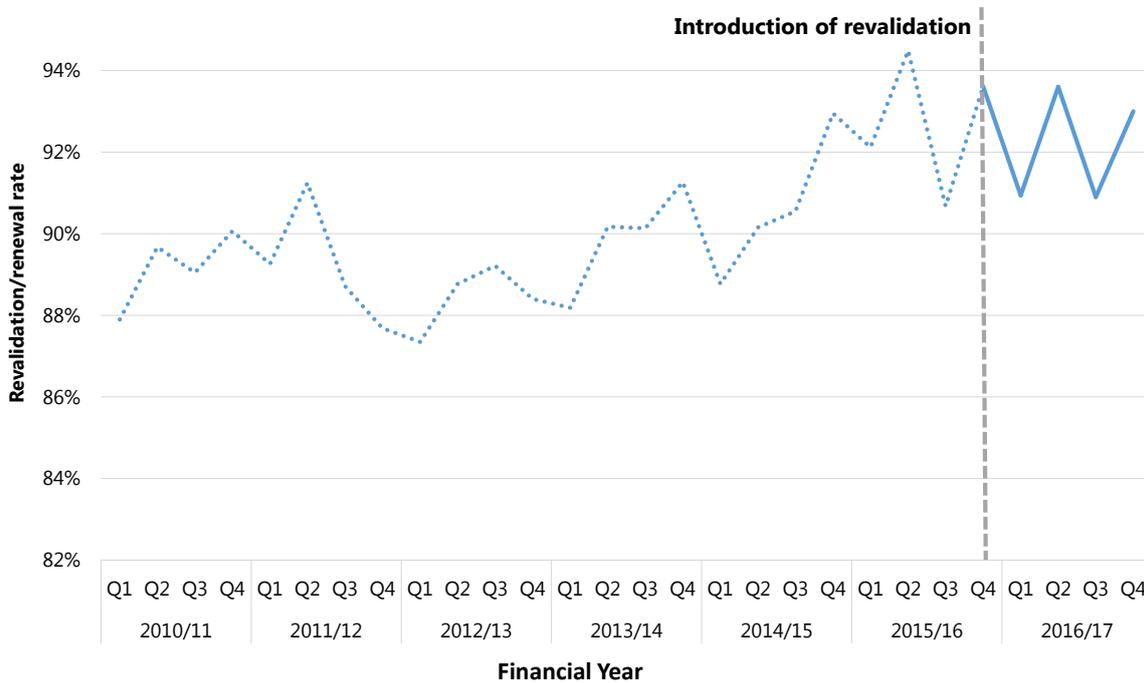
Source: Ipsos MORI analysis of NMC data

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[30] The existing mechanism through which registrants can notify the NMC, at any time, that they intend to stop practising and therefore no longer wish to be registered with the NMC.

2.3.2 Country variation

The majority of registrants completing revalidation were based in England, accounting for 79.7% of all registrants completing revalidation, 10.1% from Scotland, 5.1% from Wales, 3.7% from Northern Ireland and 1.4% from outside of the UK.

Table 2.1, outlines the breakdown of the number due to revalidate, the proportion completing revalidation and the proportion lapsing by country, showing that registrants not practising in the UK were more likely to lapse in general whilst lapsing rates appear slightly higher in Financial Quarter One (Q1) regardless of country and Financial Quarter Three (Q3) in all countries with the exception of Northern Ireland. The financial quarters containing the peak months of September and March, Q3 & Q4, have lower lapsing rates.

Table 2.1: Registrants due to revalidate and proportion lapsing by country from April 2016 to April 2017

Registrants due to revalidate (n)					
	Q1	Q2	Q3	Q4	Total
England	30,730	63,866	37,750	41,241	173,587
Scotland	3,375	8,646	4,569	5,385	21,975
Wales	2,023	3,790	2,437	2,742	10,992
Northern Ireland	1,544	2,854	1,861	1,682	7,941
Non-UK (overseas and EU)	1,085	1,512	1,156	1,193	4,946
Total	38,757	80,668	47,773	52,243	219,441
Registrants lapsing (%)					
	Q1	Q2	Q3	Q4	Total
England	7.6%	5.3%	7.5%	5.2%	6.2%
Scotland	8.7%	4.9%	7.6%	6.6%	6.4%
Wales	7.2%	4.9%	8.2%	4.4%	5.9%
Northern Ireland	6.5%	4.6%	5.4%	5.3%	5.3%
Non-UK (overseas and EU)	44.1%	36.2%	39.5%	40.7%	39.8%
Total	8.6%	5.8%	8.3%	6.2%	6.9%

Source: Ipsos MORI analysis of NMC data

2.3.3 Registration type

Nurses account for the majority of the register and therefore account for the majority of both successful revalidation applications and lapsed registrations, however the lapsing rate remains between 5.9% and 8.6% where nursing registrations are lapsed. There are no clear trends across registration type in the rate of lapsing by financial quarter as shown below.

Table 2.2: Registrants due to revalidate and proportion lapsing by registration type from April 2016 to April 2017

Registrants due to revalidate (n)					
	Q1	Q2	Q3	Q4	Total
Nurse (including SCPHNs)	36,802	74,563	44,554	49,738	205,657
Midwife (including SCPHNs)	1,290	4,911	2,386	1,688	10,275
Both (including SCPHNs)	665	1194	833	817	3,509
Total	38,757	80,668	47,773	52,243	219,441
Registrations lapsed (%)[31]					
	Q1	Q2	Q3	Q4	Total
Nurse (including SCPHNs)	8.6%	5.9%	8.4%	6.2%	7.0%
Midwife (including SCPHNs)	8.8%	4.4%	7.1%	6.5%	5.9%
Both (including SCPHNs)	8.0%	5.3%	7.1%	4.9%	6.1%
Total	8.6%	5.8%	8.3%	6.2%	6.9%

Source: Ipsos MORI analysis of NMC data

2.3.4   Employment type, setting and scope of practice[32]

For registrants completing revalidation, current periods of practice were overwhelmingly spent in direct employment (93.7% of practice periods), with a further 4.9% periods via an agency (the remainder were either self-employed or volunteering). In addition, 94% of current practice periods were in direct clinical care of some kind, adult and general care nursing the most common.

Across settings, hospital or other secondary care accounts for over half of the total, community care 17.7% and care home sector 7.8%. Twenty-two other categories make-up less than 5% of practice periods each.[33] Comparable profile information does not exist for the register prior to revalidation and therefore lapsing rates cannot be analysed by setting, scope or employment type.

The work setting, and scope of practice of registrants is important to understanding the experience of revalidation, and therefore understanding the profile of registrants is helpful. Tables 2.3 and 2.4 below illustrate the profile of registrants revalidating during Year One[34]. This highlights the significant range of settings and scopes registrants can operate within.

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[31] Note that the lapsing rates presented here are based on lapsed registrations as in the NMCs Quarterly Reports. Registrants may lapse one or more registrations, and maintain other registrations. The lapsed percentage here only includes those who have lapsed all their registration(s), so are no longer effective on the register. It does not include those who partially lapsed i.e. lapsed one (or more) registrations and retained at least one registration.

[32] This analysis is based on 'current periods of practice' (defined as any combination of type, setting and scope that the registrant currently practises in). Nurses and midwives provide information on their employment type, practice settings and work place settings as part of revalidation. They can submit information about more than one type of employment, work setting or scope of practice. If, for example, someone is currently working in two or three different jobs, each of these is counted.

[33] Further detail can be found in the annex documents.

[34] N.B. Figures are based on total 'periods of practice' as explained earlier.

Table 2.3: Breakdown by work setting

Work setting	Total	
	N	**%**
Hospital or other secondary care	118,983	56.2%
Community setting, including district nursing and community psychiatric nursing	37,581	17.7%
Care home sector	16,629	7.8%
GP practice or other primary care	11,817	5.6%
Maternity unit or birth centre	6,003	2.8%
Specialist or other tertiary care including hospice	2,733	1.3%
University or other research facility	2,439	1.2%
Occupational health	1,719	0.8%
Public health organisation	1,617	0.8%
Voluntary or charity sector	1,245	0.6%
School	1,238	0.6%
Prison	1,051	0.5%
Other	8,794	4.2%
Total current periods of practice	211,849	100.0%

Source: Ipsos MORI analysis of NMC data

Table 2.4: Breakdown by scope of practice

Scope of practice	Total current periods of practice	
	N	%
Direct clinical care or management - adult and general care nursing	133,025	62.8%
Direct clinical care or management - mental health nursing	22,462	10.6%
Direct clinical care or management - children's and neo-natal nursing	12,275	5.8%
Direct clinical care or management - midwifery	11,202	5.3%
Direct clinical care or management - health visiting	5,984	2.8%
Direct clinical care or management - other	5,314	2.5%
Education	4,148	2.0%
Direct clinical care or management - learning disabilities nursing	3,400	1.6%
Direct clinical care or management - school nursing	2,319	1.1%
Direct clinical care or management - occupational health	1,854	0.9%
Research	1,566	0.7%
Direct clinical care or management - public health	1,365	0.6%
Commissioning	1,064	0.5%
Quality assurance or inspection	1,067	0.5%
Policy	191	0.1%
Other	4,613	2.2%
Total current periods of practice	211,849	100.0%

Source: Ipsos MORI analysis of NMC data

2.3.5   Registrant characteristics

Looking at the rate of revalidation by registrant age shows greater variation, with older registrants unsurprisingly more likely to lapse. However, analysis of historical renewal rates under Prep shows a substantial drop off in the revalidation rate for registrants aged 65 or over since the introduction of revalidation compared to other groups. This is unlikely to affect the register substantively as the number of registrants in this age group is relatively small. Indeed, this is perhaps to be expected, with registrants who were already effectively retired being prompted by revalidation to drop off the register. While this might have a small impact on the overall volume of NMC registrants, it is unlikely to have a direct impact on staffing levels or the ability to fill vacant nursing and midwifery posts. However, further work should explore the reasons for registrants between the ages of 56 and 65, for whom the revalidation rate also dropped (by a smaller amount) but affecting a larger number of registrants. Potential reasons for the drop off on the introduction of revalidation could include a larger number of registrants taking early retirement or lapsing registrations that they weren't currently using. If, however, a substantial proportion of these registrants cite an inability to meet the requirements of revalidation, whether this inability is perceived or real, this would have more serious negative ramifications for nursing and midwifery. The evaluation team are currently undertaking a small piece of qualitative work to explore reasons for lapsing.

No significant differences were evident by gender but the revalidation rate was much lower for registrants who reported having a disability or long term health condition, 84.3% as opposed to 95% with those who did not. This raises the question as to whether registrants with disabilities or long term health conditions have enough support to complete revalidation or its requirements but these registrants may have lapsed regardless due to ill health; over a quarter (28.1%) of registrants identifying themselves as having a disability or long term health condition citing ill health as a reason for lapsing comparted to just 2.4 percent for other registrants. As such, differential experience of the various revalidation processes and activities across groups with different protected characteristics is explored in the following chapter of this report.

2.3.6   Contact centre information[35]

The evaluation team has been provided with aggregated data on the calls made to the NMC contact centre between 1st April 2016 and 31st March 2017. These calls are coded against a theme and the data details various timings aspects such as the length of the call overall, the length of time talking and the total number of calls made of that type. This data has been analysed in order to gain some understanding of both the different burden for the NMC associated with the introduction of revalidation, and of the level of support required by registrants. Experiences of this support are discussed in Chapter Three.

It shows a total of 253,841 calls made to the contact centre across 113 coded topics with a total time on calls of over 16,301 hours. Fifteen codes relate directly to revalidation with a further two relating to verification. Together, these account for a total of 42,699 calls, 16.8% of the total. These calls also account for 2,823 hours, 17% of the total.

The largest number of these calls were for general process queries. For the categories accounting for a large majority of revalidation queries (71%), the average time per call is higher than the overall.

It has not been possible at this stage to compare the numbers of calls to those received under the previous Prep system and therefore it is not possible to accurately understand the different burden placed on the call centre as a result of

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[35] Historic contact centre information stretching back beyond the introduction of revalidation does not exist, therefore comparisons between the two periods to understand the impact of revalidation in this area are not possible.

revalidation. However, this information does show that a substantial volume of calls required handling by the NMC contact centre during Year One. Whether the volume remains consistent over the coming two years will indicate whether NMC the volume of calls is related to the fact that this is a new process, or whether the NMC have been able to address some of the reasons for contact.

2.4   Verification

Verification is the assurance mechanism through which the NMC seeks to monitor compliance with the requirements of revalidation for a proportion of those registrants who have submitted an application to revalidate. During the first year of revalidation, the NMC have focussed their efforts on refining the processes through which applications are selected for verification, and exploring the robustness of the process, a process the evaluation team have been involved in. Registrant and stakeholder perceptions and experiences of verification are explored in the following chapter of this report.

2.5   Future plans

Options to enhance revalidation by various means were explored in the impact assessment conducted by the NMC in 2015. These future options include amendments to underlying regulations allowing the number of practice hours to be changed, limiting of revalidation to certain settings or scope of practices and changing the period of renewal in addition to options that include the introduction of a responsible officer role. The evaluation intends to contribute toward to the evidence base from which future decisions can be made although no such decision has been made at present.

2.6   Summary

- **The implementation of revalidation has proceeded largely as expected during Year One**, with no major problems, and no significant delays. Around one-third of NMC registrants have been able to revalidate, with 92.4% of those due to revalidate by the end of March 2017 having done so successfully.

- In the first year of revalidation, a total of 15,160 registrants lapsed their registrations. At this stage, **there does not appear to be any significant shift in the proportion of registrants lapsing** their registration each month compared to the historical trends under Prep.

- The launch of revalidation was preceded by a **comprehensive programme of communications with those who would be affected** (registrants, stakeholders, employers). The efficacy of the overall communications approach is considered in the following chapter.

- **The focus on an online-first approach to revalidation appears to have been largely successful**, with 97% of all NMC registrants having created an account on NMC Online, and only an extremely small number of requests to revalidate 'offline' were received by the NMC.

- **As a result of this focus on an online revalidation portal, the NMC has been able to collect a greater volume and depth of information about registrants than they have previously had access to**. This will allow for greater future monitoring and understanding of the register.

- Ongoing communications follow the same structure as those set out in the 'Go Live' strand of the communication plan described briefly above and are designed to ensure all registrants have similar support to complete

revalidation for their first time, including the continuation of the cascade models developed and engagement with employers, professional bodies and trade press.

- **The first year of revalidation has seen a large volume of calls for support or information made to the NMC's contact centre.** Revalidation related calls make up 17% of all calls made during 2016/17. However, with no comparator data pre-revalidation, it remains to be seen whether this will be 'business as usual' or is related to how new the process is.

- A risk-based model of verification has been implemented during Year One, and the NMC are currently reviewing its performance, with a view to assessing the suitability of the model to both deter and identify non-compliance.

3 Delivery effectiveness

This chapter reviews how effectively revalidation has been delivered to date, and experiences of the process. It also seeks to identify what, if any, improvements can be made to the process. It starts by exploring the effectiveness of the NMC's activities around revalidation, before moving on to discuss the effectiveness of employers' activities and how well they are supporting their employees through the process. It then looks at nurses' and midwives' experiences of each aspect of the process in detail.

The survey findings show that registrants who have already revalidated are more positive about the process than those who are still going through it or have yet to start it. This might be because, as participants of the case studies explained, once registrants have started engaging with the details of revalidation closely, they find the process becomes less daunting. It is worth bearing in mind when reading this chapter therefore that, although those who are yet to revalidate are currently more negative on a number of measures, they may not be as they move further through the process. The positivity of revalidated registrants could also be leveraged in future NMC communications. As one participant said:

"The biggest problem was getting my head around it all - nothing in particular was daunting about the process."

Nurse, Community Setting, Registrant, Case Study 5

3.1   Effectiveness of the NMC's activities around revalidation

The NMC evidently has a crucial role to play in the process of revalidation and is involved throughout each registrant's revalidation journey. In this section, the NMC's effectiveness at several stages of the process will be explored: starting with how well they are communicating with registrants about revalidation, before moving on to look at how helpful registrants find the revalidation section of the NMC website and the NMC guidance documents, and then how satisfied registrants are with the level of support they are receiving from the NMC as well as any alternative support arrangements they might need. It concludes by exploring how well prepared registrants feel for revalidation, which can be taken as some form of proxy for how successful the NMC has been in preparing registrants.

3.1.1   NMC communications about revalidation

The majority of registrants are positive about the NMC's communication about revalidation. Over eight in ten registrants who revalidated in 2016/17 agree that the NMC communicated clearly about the introduction of revalidation (86%), that the NMC provided enough information about how to revalidate (86%), and that the NMC provided enough advance notice of the introduction of revalidation (89%).

Those who are yet to revalidate are slightly less positive than those who already have. For example, 75% of those due to revalidate in 2017/18 and 74% of those due to revalidate in 2018/19 agree that the NMC has communicated clearly about the introduction of revalidation, compared with 86% of those who have revalidated. Yet, these levels of agreement are still high and it will be interesting to see if they rise once these cohorts have completed the revalidation process themselves.

In some cases, registrants say they heard about the introduction of revalidation from their employers or other organisations involved in nursing and midwifery education before the NMC. As the NMC provided employers with template presentations to help them cascade information about the process to registrants, this should not have had any

significant negative impacts. Also, as this was something mentioned in the case studies and not covered in the survey, it is not possible to assess how widespread this occurrence was.

Not all are wholly positive about the NMC's communications though and there is some suggestion that the NMC's emails about revalidation could be clearer. Case study participants mentioned that the NMC's language was sometimes very complex and did not give registrants a clear sense of how much work would be involved in the revalidation process. As one participant said:

"Initially [I] thought it was a huge amount of work and panicked. Throughout, the language was over-complicated. [I] didn't really know how much work would be involved, especially with the reflective pieces...It didn't sound clear or easy."

Nurse, Adult Setting, Registrant, Case Study 1

In general, though, the findings indicate that the NMC's communications about revalidation have been effective and the fact that those who have already revalidated are more positive than those who have not only reinforces this. This all suggests that the NMC should maintain the level of communication it has had to date with registrants about revalidation, but may wish to include the positive experiences of those registrants who have already revalidated to provide reassurance to those who have yet to go through revalidation for the first time.

3.1.2 Revalidation section of the NMC website

Registrants who have used the revalidation section of the NMC website are very positive about how helpful it was. Almost all (95%) of those who revalidated in 2016/17 and who used the revalidation section on the website agree that it was helpful. The vast majority also agree that the website content is easy to read (94%), easy to understand (93%), that it gave them all the information they needed and that it was applicable to their place of work (91%).

Following the pattern seen for other NMC information sources about revalidation, registrants who revalidated in 2016/17 are slightly more positive than those due to revalidate in 2017/18 and 2018/19. For example, six in ten (58%) of 2016/17 registrants *strongly* agree that the revalidation section of the NMC website is easy to read, compared with four in ten (39%) of 2017/18 registrants and the same proportion (38%) of 2018/19 registrants. Looking across all cohorts, midwives and nurses are all very positive.

Stakeholders, while largely positive about the NMC website, did identify some improvements that would further enhance this resource, relating primarily to the specific elements covered in the next section.

These findings would suggest that not many big improvements are needed to the revalidation section of the NMC website at this stage and that registrants are able to use it to access the information they need.

3.1.3 NMC guidance and supporting documents about revalidation

NMC information sources about revalidation are widely used by registrants, indicating that NMC communication has been effective in drawing registrants' attention to them. The resource used most widely is the guide called 'How to revalidate with the NMC'. Just over eight in ten (83%) registrants who revalidated in 2016/17 have used this, as have the majority of those due to revalidate in 2017/18 and 2018/19 (64% and 59% respectively). Also frequently used are the revalidation section of the NMC website (78% of those who revalidated in 2016/17 have accessed this) and the Code for nurses and

midwives (61% of those who revalidated in 2016/17 have read this). Given the explicit links between revalidation and the Code, a higher figure may be desirable here, and may indicate an area for increased focus going forward.

Very few registrants say they have not used any of the NMC's resources about revalidation. Fewer than two in ten of those due to revalidate in 2017/18 and 2018/19 say this (12% and 15% respectively), and this drops to just 1% among those who have already revalidated. Looking across the 2017/18 and 2018/19 cohorts, who are yet to revalidate, some groups are more likely to say they have not used any of the resources. For example:

▪ nurses (14%) tend to be more likely than midwives (12%) to say that they have not used any of NMC's resources about revalidation[36];
▪ those working in hospitals or other secondary care settings (15%) are more likely than registrants on average (14%) to say that they have not, and in particular, they are more likely than those working in community settings (12%), and GP practices or other primary care settings (12%) to say this; and,
▪ those working within children's and neo-natal nursing (17%) are more likely than registrants on average (14%) to say that they have not used any of the NMC's resources about revalidation.

It would be worth thinking about how these groups could be targeted to encourage greater uptake of the materials going forwards. Stakeholders actually suggested that bespoke materials could be created for registrants working in particular settings. If developed, then these materials could form the focal point of a targeted communications effort.

Looking at one resource in a bit more detail, **the 'How to revalidate with the NMC' guidance document is generally viewed very positively**. Almost all of those who revalidated in 2016/17 agree it is helpful (95%), easy to read (95%), easy to understand (93%), applicable to their place of work (91%), and provided them with all the information they needed (93%).

Those due to revalidate in 2017/18 and 2018/19 also view the document positively, though slightly less so than the 2016/17 registrants. For example, 82% of both 2017/18 and 2018/19 registrants agree that the document has given them all the information they need compared with 93% of 2016/17 registrants. Again, it will be interesting to see if, once these groups complete the revalidation process, they become more positive about the document.

There is some variation in how positively registrants view the guide, depending on the setting they work in and the scope of their practice. As mentioned above, this would suggest the document could benefit from some tailoring so it better meets the needs of those working in niche settings. For example, looking at the 2016/17 cohort:

▪ those working in insurance or legal settings (63%), occupational health (79%), university or other research facilities (80%), the voluntary or charity sector (79%) and schools (81%), are less likely than registrants on average (91%) to report that the guidance is applicable to their place of work; and,
▪ linked to this, those working in occupational health (90%), research (88%) and mental health nursing (93%) are all less likely than registrants on average (95%) to report that the guidance is helpful.

Positively, nurses (91%) and midwives (92%) who revalidated in 2016/17 are equally likely to report that the guidance document is applicable to their role.

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[36] When registration type is referred to explain survey findings throughout this report, 'nurses' and 'midwives' on their own refer to **single registrants** only, unless otherwise specified.

A small number of participants of the case studies suggested ways in which the 'How to revalidate with the NMC' document could be improved. For example, some explained that they thought there was too much content and that the guidance could be more succinct.

"It [The How to Revalidate with the NMC' guide] was too much; it was not concise enough".

Nurse, Community Setting, Registrant, Case Study 5

Others explained that they thought the guidance was sometimes unclear. For example, some were not sure from reading the guidance what would count as part of their continuing professional development for revalidation and what would not.

Overall, however, registrants in both the survey and the case studies are largely positive about the NMC's guidance documents about revalidation and their suggested improvements would just constitute tweaks to the existing materials, rather than comprehensive re-drafting of them.

3.1.4 NMC support regarding the application process

A sizeable minority of registrants have contacted the NMC for support regarding the application process and most are positive about the experience. Two in ten (20%) of those who revalidated in 2016/17 contacted NMC about the process, as have 14% of those who are due to revalidate in 2017/18 and 2018/19. More have done so by email (87%) than by post (23%) or telephone (5%). The majority agree that the response they received was prompt, clear, helpful, that adequate guidance was provided, and that their problem was resolved. For example, 82% of registrants who revalidated in 2016/17 and contacted the NMC by email agree that their problem was resolved.

Stakeholders were largely positive about the support that registrants have received from the NMC, but they had some concerns that the level of support received was not always consistent. For example, not all registrants have been able to get the 'right' answer from the NMC contact centre. While they acknowledge that revalidation is a new and complex process, they think that how easy it is for registrants to receive accurate and timely advice from the NMC will impact their perceptions both of revalidation and the regulator itself. The potentially severe consequences for registrants who are unable to successfully revalidate makes this support even more crucial.

3.1.5 Alternative support arrangements

Very few registrants who revalidated in 2016/17 requested any alternative support arrangements from the NMC. Just 1% requested alternative arrangements due to exceptional circumstances, while 2% requested an extension to submitting their application. Only 1% requested adjustments for using NMC online.[37]

Those who did seek alternative support arrangements have mixed perceptions of the outcome, with fairly large proportions saying they don't know whether the outcome helped them to successfully revalidate (as shown in the table below). The suggests that the NMC may want to review the alternative support arrangements they offer to see if they can be improved, as the benefits to recipients are not that clear at present.

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[37] Reasonable adjustments for using NMC Online refers to those registrants who have a disability or long-term health condition that makes using NMC Online more difficult, and therefore were permitted to complete paper applications to revalidate. While this proportion is very small, it is still significantly higher than the proportion known to have received reasonable adjustments. This is likely to reflect confusion amongst registrants participating in the survey about what 'reasonable adjustments' refers to. This finding should, therefore, be treated with caution.

Table 3.1: Experience of requesting alternative support

Type of alternative support requested:	Outcome helped the registrant to revalidate a great deal or a fair amount	Outcome helped the registrant to revalidate just a little or not at all	Don't know if the outcome helped the registrant to revalidate
Reasonable adjustments for using NMC online[38] (Base: 168 2016/17 registrants)	57%	13%	30%
Requesting an extension to submit their application (Base: 264 2016/17 registrants)	57%	19%	24%
Alternative arrangements due to exceptional circumstances (Base: 221 2016/17 registrants)	50%	28%	22%

3.1.6   How well prepared registrants feel for revalidation

One way of measuring the effectiveness of the NMC's activities around revalidation is by reviewing how well prepared registrants feel about the process, both in terms of how far in advance they start preparing and how much they understand it. Looking at both of these factors, the survey findings suggest the NMC's activities have been effective in preparing nurses and midwives for revalidation.

Positively, seven in ten (72%) registrants revalidating in 2017/18 have started actively preparing for revalidation and two thirds (67%) of those revalidating in 2018/19 have. Fewer of those who revalidated in 2016/17 had started preparing as early, however revalidation was only approved by the NMC Council in October 2015, six months before the first registrants in this cohort were due to revalidate – limiting the extent to which they could have started preparing.

Looking at registrants due to revalidate in 2017/18 may provide some useful insight for the NMC in informing communications plans:

- Those working in the **care home sector** (30%) are more likely than **registrants overall** (27%) to say they **have not yet** started actively preparing, whereas those working in **community settings** (76%) or **GP or other primary care settings** (81%) are more likely to **have started** actively preparing (72% overall).

- Looking at country of practice, **Northern Ireland-based registrants** (85%) are more likely than registrants overall to have started preparing.[39] Perhaps unsurprisingly, more than four in ten (45%) of those **based outside the UK** have **yet to start** preparing.

- There is also variation based on **scope of practice**, but the range of different scopes makes interpreting this challenging. Those working **mental health nursing** (30%) are more likely to have not started preparing than 2017/18 registrants overall.[40]

Those who revalidated in 2016/17 had a good understanding of revalidation by the time they came to revalidate, indicating that communication about the process has been effective. For example, around nine in ten (90%) agree they

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[38] Given the discrepancy between the number of registrants reporting having received 'reasonable adjustments' and the known volume of registrants who did so, findings related to this aspect of the process should be treated with caution.

[39] Between 72% and 78% of 2017/18 registrants in England, Wales and Scotland have started preparing.

[40] The overall figure is likely driven by findings amongst **adult and general care nurses** who make up 61% of respondents here. There are no clear patterns in whether registrants have / have not started preparing based on scope of practice.

understood the purpose of revalidation, and similar proportions agree that they understood the requirements of revalidation (93%) and felt prepared to undertake the activities required (88%). Looking more closely at this cohort, nurses (87%) are less likely than midwives (91%) to agree they felt prepared to undertake the activities required.

Furthermore, although the findings are slightly less positive among those due to revalidate in 2017/18 and 2018/19, the majority agree they understood the purpose of revalidation when they started to prepare (87% of those due to revalidate in 2017/18 and 86% of those due to revalidate in 2018/19 say this).

Figure 3.1: How well prepared registrants feel for revalidation

Overall, to what extent do you agree or disagree with each of the following?
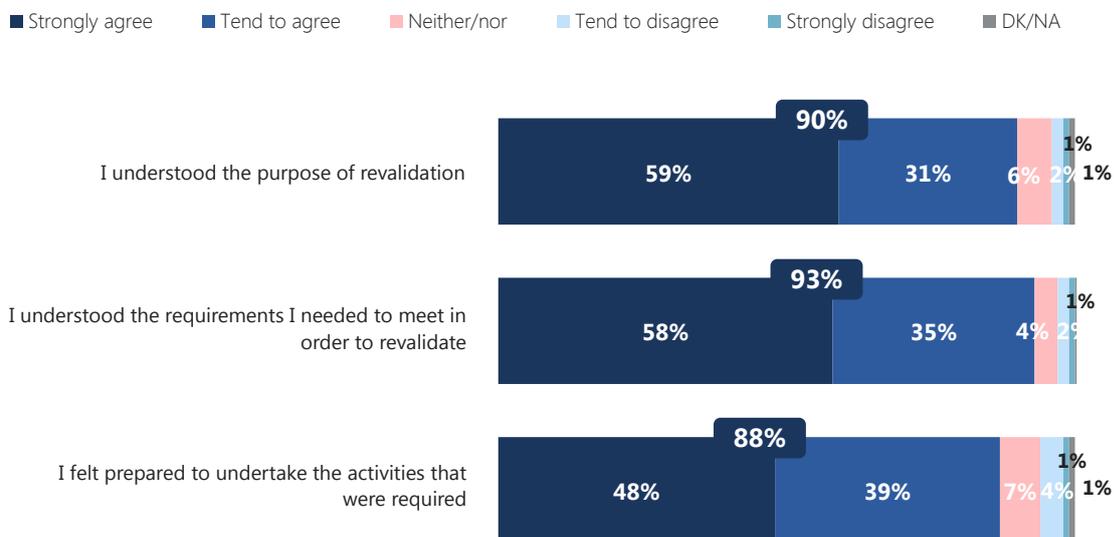
Base: All registrants 2016/2017 (15,439)

3.2   Effectiveness of employers' activities around revalidation

Along with the NMC, registrants' employers are important in the revalidation process and their input (or lack of it) could impact how smoothly the process goes. In this section, registrants' views of how their employer has communicated about revalidation will be explored, before moving on to look at how well they feel their employers are supporting them through the process.

3.2.1   Employer communications around revalidation

Despite some registrants saying they heard about the introduction of revalidation from their employers before the NMC, communication by employers about the process is not universal. Fewer than half (46%) of registrants who revalidated in 2016/17 (and have an employer) say their employer communicated the changes to revalidation and the new requirements. The proportions are lower among those due to revalidate in 2017/18 and 2018/19 (37% and 38% respectively). Looking in more detail at the 2016/17 cohort, those working for inspectorates or regulators (15%), GP practices or other primary care settings (26%), schools (27%), the voluntary or charity sector (35%), and universities or other research facilities (37%) are among the least likely to report that their employer communicated the changes.

Looking at specific activities, around half (54%) of registrants who revalidated in 2016/17 say their employer provided seminars or other sessions for them to learn about revalidation (and the proportion falls to 46% among those due to revalidate in 2017/18 and 44% among those due to revalidate in 2018/19).

Those employers who are communicating about revalidation with their employees are doing so in a variety of ways. Case study participants spoke of employers putting up posters, posting information on the staff intranet and providing 'drop in' and 'Q&A' sessions to discuss the process.

"There were also nurse revalidation posters around the Trust. From a Trust perspective, all the necessary info was provided at this time. There were invitations to discuss the process, and attend different groups. We couldn't have asked for more."

Nurse, GP Practice or other Primary Care, Reflective Discussion Partner/Confirmer/Line Manager, Case Study 7

These types of activities are welcomed by nurses and midwives and some suggested a 'study day' where employers explain the purpose and processes of revalidation could be helpful.

Some stakeholders hypothesised that registrants in larger organisations, such as NHS Trusts, may feel better supported due to the greater level of resource that the organisations could dedicate to supporting registrants. However, among those who revalidated in 2016/17, employment setting appears to have little impact on whether registrants feel their employer gave them all the support they required. The exception is registrants working in the care home sector, who are particularly likely to agree that their employer gave them the support they required (75% compared with 69% on average).

Although not all employers are communicating about revalidation, registrants are confident in their employers' understanding of the requirements of revalidation and their support for it. Around nine in ten (87%) registrants who revalidated in 2016/17 agree that their organisation understands the requirements of revalidation and high proportions of those revalidating in 2017/18 and 2018/19 agree this is the case (79% and 78% respectively). Eight in ten (80%) registrants who revalidated in 2016/17 agree that their organisation is positive about the revalidation process and only 3% disagree. This confidence would imply that employers could be trusted messengers about the revalidation process and could be used more effectively than they are at present.

Confidence in employers' understanding of the requirements varies between registrants working for different types of employers though. For example, registrants who revalidated in 2016/17 and work within a governing body (15%), GP practice or other primary care provider (13%), school (12%) or inspectorate or regulator (12%) are particularly likely to disagree that their organisation understands the requirements of revalidation (compared with 3% on average). This suggests more could be done to engage employers in these settings with revalidation.

3.2.2   Employer support for employees preparing for revalidation

Almost all registrants are receiving or have received some form of support from their employer to help them successfully revalidate (94% of those who revalidated in 2016/17 say this, as do 91% of those due to revalidate in 2017/18 and 2018/19). In terms of the types of support received, 62% of those who have already revalidated received information and guidance about who could act as confirmer, and 56% received guidance about who could as act as reflective discussion

partner. Those who are yet to revalidate are most likely to say they have checked their renewal date with the NMC (selected by 50% of those due to revalidate in 2017/18 and 49% of those due to revalidate in 2018/19). Although the majority of employers are providing support, this is not consistent across all settings. Around one in five registrants working in police (20%) voluntary and charity sector (19%) and inspectorate or regulator roles (23%) say they have received no support from their employer.

Case study insight – how employers are supporting employees for revalidation

The case studies brought to life the variety of support organisations are providing. For example, one Trust has created an online system specifically to help registrants with revalidation. Registrants can upload all revalidation documentation to the system which then highlights anything outstanding using a traffic light system. This structured and user friendly system is valued as a means of guiding registrants through the revalidation process. They stated that they were 'probably quite thorough' when revalidating registrants, and they spent longer engaging with their registrants than some of their colleagues who 'whiz through' the process quickly and view reflective discussion as a 'tick-box' exercise.

"[I am] Fortunate enough that the NHS Trust I work in has an online system (on [the] same website like their training website) where you can upload everything...[It tells you] what info is required and [the] timeframe when you're due to revalidate and what information you've got and when it's required. There's a red, green, amber colour-coding to show what's outstanding".

Nurse, GP Practice or Other Primary Care, Registrant, Case Study 7

The majority of registrants feel well supported by employers in terms of meeting their CPD requirements. Employers provided 74% of registrants who revalidated in 2016/17 with CPD and helped 60% seek out opportunities for CPD, with a similar pattern seen among 2017/18 and 2018/19 registrants. In the case studies, registrants mentioned that employers had provided guidance on the type of activity that could count towards the CPD requirement. Employers are also supporting registrants to undertake *external* CPD. Over a third (37%) of registrants who revalidated in 2016/17 were given time to do this, and similar proportions of registrants due to revalidate in 2017/18 and 2018/19 have been too (34% and 32% respectively).

Where employers are funding CPD, or providing this internally, this is viewed as critical in helping registrants meet their CPD requirements and, by consequence, revalidate. Without this funding some registrants would not be able to take time out to meet the CPD requirements. As one participant explains, for some nearing retirement age, this would be an influencing factor in their decision whether or not to retire:

"CPD is funded by [my] employer and [the] other company I work for. The only part I have to fund is the first aid. The other parts are funded by the organisations I work for, because it's up to them to give me the opportunity to meet their criteria. If I had to start funding it myself that would push me into retirement."

Nurse, Other Setting, Registrant, Case Study 3

In general, registrants are positive about the level of support received from their employer while going through revalidation and the participants of the case studies noted how this impacted positively on their whole experience of the

process. The opportunity to discuss revalidation with their employer (as opposed to reading information from the NMC) was valued by registrants.

"[My employers] have been supportive of processes, [I] have had a good experience because of [that] support. [I] was able to discuss things with [my] Line Manager so I didn't have to read all the information provided by the NMC."

Nurse, Community Setting, Registrant, Case Study 5

These positive sentiments are supported by the survey findings. Seven in ten (69%) registrants who revalidated in 2016/17 agree that their organisation gave them all the support they needed to revalidate and the same proportion (68%) agree their organisation took an active role in helping them revalidate.

However, one in ten (12%) disagree with both statements and around two in ten (19%) say they neither agree nor disagree. This indicates that there is potentially some scope for *certain* employers to offer more support to nurses and midwives through the process. For example, 2016/17 registrants working in the following settings are less likely to have received the required support from their employers: registrants working in GP practices or other primary care settings (15%), inspectorates or regulatory settings (25%), occupational health settings (21%), telephone or e-health advice roles (21%) and university or other research facilities (16%) are more likely than 2016/17 registrants on average (11%) to disagree that they received all the support they required. This information may help inform the NMC's ongoing communications, as the Employer Link Service could be used to target employers in certain sectors.

Those who have yet to revalidate are also less likely to agree that their organisation is giving them all the support they need to revalidate (53% agree they are for both cohorts) and that their organisation is taking an active role in helping them revalidate (53% for both cohorts). It is likely that these registrants will be offered more support and/or engage with any support available closer to their revalidation date. However, it will be important to monitor this over the next two years.

3.3   Nurses' and midwives' experiences of the revalidation process

Having explored registrants' views of the NMC's effectiveness in the revalidation process, as well as their employers', this section will look in detail at the experiences of registrants themselves. Each stage of the process is considered, starting with the practice hours requirement and finishing with the submission of revalidation applications using NMC Online. As shown in the following chart, the majority of registrants find each stage easy, but the nuances of this will be discussed in this section.

Figure 3.2: How easy registrants find each stage of revalidation

Thinking about the individual elements of revalidation, how easy or difficult did you find it/do you think it will be to…?

■ % Easy   ■ % Difficult

	2016/17		2017/18		2018/19	
Meet the requirement for the minimum number of practice hours	90%	2%	83%	5%	81%	6%
Undertake the minimum number of CPD hours	83%	5%	72%	9%	69%	11%
Undertake the minimum number of participatory CPD hours	78%	8%	66%	13%	62%	14%
Obtain the required volume of practice-related feedback	72%	10%	56%	18%	52%	20%
Produce 5 written reflective accounts of your practice	76%	8%	63%	14%	60%	15%
Have a reflective discussion about your practice with another NMC registrant	82%	6%	67%	12%	64%	13%
Meet the requirements of the health & character declaration	89%	2%	76%	5%	73%	6%
Meet the requirement to have an appropriate professional indemnity arrangement	83%	2%	69%	6%	65%	7%
Obtain confirmation for your application from an appropriate confirmer	85%	4%	67%	10%	64%	11%

Base: All registrants 2016/2017 (15,439); 2017/2018 (10,349); 2018-2019 (10,193)

3.3.2   Practice hours requirement

In order to revalidate, nurses and midwives are required to carry out at least 450 practice hours over three years (or 900 hours over three years if registered as both a nurse and a midwife), which equates to working full-time for 12 weeks. **The practice hours requirement is easy for most nurses and midwives to meet.** Nine in ten (90%) registrants who revalidated in 2016/17 say they found it easy, and seven in ten (69%) say they found it *very* easy. Most registrants who have yet to revalidate are not worried about it, saying they think they will find this requirement easy to meet (83% of those due to revalidate in 2017/18 say this, as do 81% of those due to revalidate in 2018/19). This is not surprising given that 99% of registrants who revalidated in 2016/17 carried out at least 8 practice hours per week across the three years before they revalidated, which equates to about 1000 hours in total.

The survey findings are supported by evidence from the case studies. None of the registrants or confirmers spoken to had known of anyone who had problems achieving the minimum number of practice hours. Although some registrants noted that they initially felt that 450 hours sounded like a lot, in practice, they realised they would meet the requirement and exceed it.

"If you take someone like myself, I initially thought I wasn't going to make these hours, but then, when I actually looked at it, I went way over it. I had more than what I needed."

Nurse, Other Setting, Registrant, Case Study 3

The ease in which many registrants are able to meet the practice hours requirement has actually led to some suggesting that it is too low.

"Half a day a week? Well that's ridiculous, how can you keep your competencies up with that? One of my colleagues does two days a week, and finds it difficult to keep up, she finds herself out of the loop a lot. It's very difficult to keep your competencies up if you're doing such few hours."

Nurse, Community Setting, Registrant, Case Study 5

However, confirmers and reflective discussion partners did acknowledge that raising the practice hours could make it difficult for some to meet the requirement, e.g. voluntary workers, those nearing retirement, or registrants who have two children within three years. This is evident in the high proportion of voluntary workers who revalidated in 2016/17 and found it difficult to fulfil this requirement (11% compared with 2% overall).

"450 hours is actually a really small amount of time, [I] wouldn't see any problem if NMC wanted to raise this higher for a single registrant, as you could do this in just two or three months. But [it] has to be achievable, as some only work bank shifts as they have to work like that, it's the only way they can get that work".

Midwife, Community Setting, Reflective Discussion Partner/Confirmer/Line Manager, Case Study 6

Therefore, although some registrants would support an increase in the number of hours required in order to revalidate, any such change would need to take into consideration the impact on all registrants, as some groups could be adversely affected.

3.3.3   Continuing Professional Development

Registrants are required to carry out 35 hours of CPD during the three years prior to revalidation, 20 of which should be participatory. **Almost all (95%) participants who revalidated in 2016/17 exceeded the CPD requirement,** and half (51%) say they carried out over 60 hours in the three-year period prior to revalidation. Half (51%) of those who are due to revalidate in 2017/18 say they have already completed over 35 hours CPD in the last two years, and three in ten (31%) of those due to revalidate in 2018/19 say they have completed over 35 hours in the last year. Looking at participatory CPD, the vast majority (84%) of those who revalidated in 2016/17 say they carried out more than 20 participatory hours of CPD in the last year alone. The evaluation team has also looked at the phasing of CPD hours, and there is, at this stage, no evidence to suggest that registrants are undertaking a disproportionate amount of their CPD in the final year before revalidation.

Despite this, registrants are divided about how easy it is to find the time to undertake CPD. Although many participants had submitted far more than 35 hours CPD, the survey also reveals that only a third (34%) of registrants who revalidated in 2016/17 thought it was easy to find the time to carry out CPD and more (45%) thought it is difficult. In particular, those working in hospital and other secondary care settings (48%) are more likely than registrants on average to say that it was difficult. Half of those due to revalidate in 2017/18 and 2018/19 think that finding the time to undertake CPD is difficult (52% of 2017/18 and 2018/19 registrants say this).

In terms of types of CPD activities, nurses and midwives are engaging in a variety. The most common activity is attending a course. Almost all (94%) registrants who revalidated in 2016/17 (who have undertaken CPD) attended a course (as have 85% of those due to revalidate in 2017/18 and 79% of those due to revalidate in 2018/19). Online learning is the second most popular CPD activity (undertaken by 83% of registrants who revalidated in 2016/17, 76% of registrants due to

revalidate in 2017/18 and 71% of registrants due to revalidate in 2018/19). This is followed by reading journals, articles or books (undertaken by 77% of 2016/17 registrants, 74% of 2017/18 registrants and 68% of 2018/19 registrants).

The case studies revealed that there is some concern or confusion among registrants about what constitutes CPD, and they suggested that the NMC could provide registrants with more detailed guidance about this, or signpost them to existing guidance more effectively. They are, as described earlier in this chapter, currently looking to employers for this information instead.

For a sizeable minority of registrants, finding the right sort of CPD opportunities can be difficult. While around half (55%) of those who revalidated in 2016/17 say that finding CPD opportunities relevant to their scope of practice is not difficult, a quarter (23%) think it is (as do 27% of those due to revalidate in 2017/18 and 29% of those due to revalidate in 2018/19). Just looking at those who have revalidated, those who work in commissioning (32%) and adult and general care nursing (25%) are more likely than registrants on average (23%) to report it is difficult to find CPD opportunities relevant to their scope of practice.

Furthermore, three in ten (30%) 2016/17 registrants think that finding opportunities to undertake participatory learning is difficult (as do 37% of both 2017/18 and 2018/19 registrants). Indeed, one of the case study participants described how their employer was now cutting down on the volume of face-to-face classroom-based CPD available, with the expectation that more will be done online. They expressed a concern that this might cause an issue for them as they come to revalidate.

Although there is evidence that meeting the CPD requirement is not easy for all, most do meet it. Furthermore, it is intended to be relatively challenging. **As such, this is an area to focus on during the next two years of the evaluation, but we would not necessarily recommend making any changes to this requirement on the basis of the findings from Year One.**

3.3.4   Gathering feedback from patients, service users and colleagues

Registrants have to collect five pieces of practice-related feedback in the three-year period since their registration was last renewed or they joined the register. **Collecting this feedback does not seem to be a burden for revalidating registrants.** The majority (61%) of registrants who revalidated in 2016/17 say that the volume of feedback they received in the three-year period leading to revalidation is similar to the amount they would have received anyway, and only three in ten (30%) say that they received more feedback than they would have otherwise. This is supported by evidence from the case studies. Many participants said they were already collecting feedback and did not collect more than they would have otherwise. Although they did not seek most of their feedback specifically for their revalidation submission, they were more aware of the need to store, save and use it for that purpose.

The ease of collecting feedback does vary however, with some finding it more difficult than others. In particular, nurses are more likely than midwives to say it was difficult (30% compared with 25%).

Registrants gather feedback from a range of sources. Almost all (95%) of those who revalidated in 2016/17 received feedback from colleagues, three quarters (73%) received feedback from patients, just over half (54%) received feedback from students and a similar proportion (52%) from service users. A similar pattern is seen among registrants due to revalidate in 2017/18 and 2018/19, though with lower levels of feedback.

It is clear that registrants are not always collecting feedback specifically to feed into their revalidation applications. This does not necessarily represent a cause for concern, but the evidence base (see annexes) does suggest that feedback, if not collected and used in an appropriate way, runs the risk of reinforcing positive views of current practice and not identifying improvements.

Case study insight – types of feedback gathered and value of feedback

Although registrants in the case studies noted that they were initially unsure which sources of feedback could be used for revalidation, discussions with colleagues were helpful with this. They mentioned the following as sources of feedback:

- Emails from colleagues
- Feedback from line managers
- Feedback from people who they line manage or mentees (which, at times, had to be actively sought)
- Annual appraisal feedback
- Evaluation forms from students for programmes they have delivered (mentioned by those working in education)
- Thank you cards from patients/service-users/families/students

Participants across the case studies believed the feedback was useful and enabled them to develop in their role. As one said:

"There was a bit of a triangulation approach to it as it was coming from so many different sources. It was easy for me to incorporate the feedback into my practice as, if I could tell students were struggling on a particular course or aspect of the course, I could think how can I change that to make it better. Whereas previously I might have thought 'well that was a bad group I had this time'. Whereas, now I can see whether the feedback agrees with each other and make changes."

Nurse, Other Setting, Registrant, Case Study 3

3.3.5   Written reflective accounts

Producing five written reflective accounts is one of the elements of revalidation that registrants are least familiar with, having not been required to conduct a similar exercise under Prep. However, it is clear from the survey data that any concerns registrants have about the process tend to be alleviated once they have gone through it: 15% of those revalidating in 2018/19 say that they think meeting the requirement for reflective accounts will be *difficult*, compared with 8% of those who underwent revalidation in 2016/17. Looking at registrants who revalidated in 2016/17, those working in hospital or other secondary care setting are more likely to say that meeting the requirement for reflective accounts was difficult (9% compared with 8% overall) – some case study participants who had previously worked in an acute hospital setting thought that they would have had difficulty finding time to undertake reflection in those roles, adding some context to these findings. Nurses are also more likely than midwives to say that they found it difficult to meet this requirement (8% compared with 6%).

This finding was also reflected in the case studies. Although many registrants reported that they initially found the prospect of keeping reflective accounts intimidating, after gaining a better understanding of what was required, many found that they had been informally reflecting on their practice before revalidation was introduced. Several participants described how they used to write things down to identify whether they could have done anything better in a particular

situation, irrespective of whether the experience was poor or satisfactory. However, as they had never produced these reflections in a format to show anyone before, revalidation made them more mindful of keeping a note of these reflections in a more structured and formal way.

Some registrants found it difficult to consistently be insightful when keeping reflective accounts and are conscious that their accounts were often more descriptive than reflective. Reflective partners also noted this and said that the reflective accounts they had reviewed varied in quality. This is despite the fact that some of the case study participants had received guidance on the differences between reflection and description on training days.

"My difficulty was that it was really more descriptive than reflective. When I went to the training day, that was one of the things that came up for many people within that group: the difference between a description and a reflection. They said look at what you did and do a SWOT[41] analysis - what did you do, what went well and what would you change?"

Nurse, Other Setting, Registrant, Case Study 3

Across the case studies, there was a belief that some registrants would find keeping reflective accounts harder than others, namely older registrants in the latter stages of their careers. The reasons behind this were twofold: participants thought that older registrants might be worried that they would be told off if they admitted that they had done something in a non-optimal way, and they also thought that older registrants might struggle to understand the exact purpose of reflection. It was also suggested that younger, graduate nurses may have been trained in reflective practice, and therefore more likely to find this easier. Exploring the survey data based on length of registration does not show a consistent pattern to substantiate this claim.

"I find that some nurses struggle to turn around and say they were wrong in a certain decision and what they should have done was x, y, and z. You know what, sometimes I feel they think we're going to turn around and tell them off and they're going to lose their registration. It's not the whole point of it. They just don't get it at all and find it very hard...it's just the fact they struggle to reflect back and be positive about themselves sometimes. That's what it comes down to."

Nurse, GP Practice or other Primary Care, Reflective Discussion Partner/Confirmer/Line Manager, Case Study 7

The benefits of reflection are widely acknowledged by all those involved in a registrant's revalidation experience and not just registrants themselves. In several cases confirmers and reflective discussion partners said they believe that the revalidation process helped improve their working relationship with the registrant; that they had incorporated parts of their discussion into practice and had shared the wider learnings across their team as an example of best practice. The other perceived benefits of reflective practice are discussed in more detail when we discuss the outcomes of revalidation.

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[41] Strengths, Weaknesses, Opportunities, Threats (SWOT)

"You know what I think it really helped with? It solidified our relationship a bit better. We get on very well. Often our roles are quite challenging and in business or senior management meetings I find the registrant quite challenging, but this really sealed our relationship a bit. He then understood I'd been in the field and where I was coming from. What you're getting out of reflective discussions is often emotive and powerful and other team members then learn from that discussion."

Nurse, GP Practice or other Primary Care, Reflective Discussion Partner/Confirmer/Line Manager, Case Study 7

These findings show that the act of keeping reflective accounts is seen as positive and is not too much of a burden on registrants. However, better guidance is needed to enable registrants to write reflectively, and some guidance could be targeted at groups most likely to find this difficult. This may achieve greater consistency in how genuinely reflective this practice is.

3.3.6 Reflective discussions

Around half (55%) of registrants who revalidated in 2016/17 had their reflective discussion with their line manager. For 36% this was not compulsory, but for 19% it was. This was particularly likely to be the case for registrants working in a hospital or another secondary care setting, where 23% or registrants thought it was compulsory to have the conversation with their line manager. Over three in ten (36%) had the discussion with someone they worked with regularly and 7% had it with someone they did not work with regularly.

Some participants in the case studies questioned whether it is always beneficial to have the reflective discussion with someone well known to registrant or whether someone less close to them might be more objective. Others noted that their discussion with their line manager was less in-depth than they thought it should be and this led them to question whether they knew what they were doing. This suggests that more guidance could be given to potential reflective discussion partners about the process.

"[It] felt quite light – [I had a] query about whether the discussion partner knew what she was doing – [I] wasn't sure whether it was meant to be in more depth."

Midwife, Community Setting, Registrant, Case Study 6

Around three quarters (77%) of registrants who revalidated in 2016/17 found it easy to find a discussion partner. Only one in ten (10%) had difficulty. This varied with setting however, with those in private domestic settings in the 2016/17 cohort particularly likely to say it was difficult to find a discussion partner (37%). This also varied with ethnicity: 12% of those from BME backgrounds say it was difficult to find a reflective discussion partner compared with 8% of those from white backgrounds. Half (51%) of registrants who revalidated in 2016/17 say their employer supported them in identifying someone, though over two in ten (23%) say this was not the case. Among those who found it difficult to find a partner, half (51%) say it was because their colleagues were too busy, three in ten (28%) say it was hard to understand what made someone appropriate, and the same proportion (28%) say it was because they did not work with other NMC registrants.

Registrants in the case studies felt their reflective discussions were beneficial and helped improve their practice.

3.3.7   Declarations of health and character; and professional indemnity

The declarations of health and character; and professional indemnity are very easy for registrants to make. Nine in ten (89%) registrants who revalidated in 2016/17 say they found it easy to meet the requirements of the health and character declaration, and six in ten (63%) say they found it *very* easy. Eight in ten (82%) of those who revalidated in 2016/17 say they found it easy to meet the requirements to have an appropriate professional indemnity arrangement, and over half (57%) found it *very* easy. The proportions who say they found both of these elements easy is slightly lower among those who are yet to revalidate.

3.3.8   Record logs

The practice hours record log, the CPD record log, and the reflective accounts log were used by over nine in ten registrants who revalidated in 2016/17 (92%, 94%, and 94% respectively), and over 85% say they found each of the logs easy to use. Unsurprising, usage is lower among those yet to revalidate. For example, half (52%) of registrants due to revalidate in 2017/18 say they use the practice hours record log and four in ten (44%) of registrants due to revalidate in 2018/19 have used it. It is likely these figures will rise the closer these registrants are to revalidation.

3.3.9   Confirmation

As shown in the table below, for the majority (68%) of registrants who revalidated in 2016/17 their line manager (who was an NMC registrant) acted as their confirmer. Almost a quarter (24%) say that their confirmer was an NMC registrant who was not their line manager. One in twenty (5%) say their confirmer was their line manager, who was not an NMC registrant and only 2% say another UK registered healthcare professional acted as their confirmer.

Table 3.2: Relationship of registrant and confirmer

Person who acted as confirmer	Proportion of those who revalidated in 2016/17
My line manager who is an NMC registrant	68%
My line manager who is not an NMC registrant	5%
An NMC registrant who is not my line manager	24%
Another UK registered healthcare professional	2%
Another healthcare professional registered outside of the UK	*
Other	1%

Base: All registrants revalidating in 2016/17 (15,439)

Three quarters (74%) of 2016/17 registrants say that they had their confirmation with the same person they had their reflective discussion with, and that both processes took place at the same time. Only 13% of 2016/17 registrants had their reflective discussion at a different time to their confirmation. The findings also help us understand whether this is driven by employers, and around six in ten (62% and 56% respectively) registrants who revalidated in 2016/17 either received information and guidance from the organisation they work for or about who could act as their confirmer or reflective discussion partner.

Confirmers explained that certain revalidation elements were easy for them to review, for example the feedback requirements as they can trust that feedback is from *"a professional and it's all genuine"*. The practice hours requirement is also considered relatively easy to review, though confirmers acknowledged that it could be difficult for

registrants to provide evidence for it. However, they knew they could find this information if needed, for example through HR systems. They took their role seriously and recognised that, if applications they had confirmed were verified, they (as the confirmer) would be examined too.

Confirmers made some recommendations to improve the confirmation process. **They emphasised how reinforcing the importance of having documents in chronological order, and keeping the evidence in the correct section could make a big difference in the quality of a revalidation application.**

3.3.10 Submission of application using NMC Online

The online application process is viewed as being very simple by registrants. Nine in ten registrants who revalidated in 2016/17 agree that the process was straightforward (89%), that the instructions were clear and easy to follow (90%), that the online screens were user-friendly (90%), that it was easy to fill in all the information required (91%), and that the application was easy to complete (90%).

Case study insight – how easy it is to submit revalidation applications using NMC online, views of registrants vs. confirmers and reflective discussion partners

Registrants interviewed as part of the case studies support the survey findings that it is easy for them to submit their applications for revalidation using NMC Online. As one participant said:

"Submitting was no bother at all. The process was set up where all I had to do was submit it through the computer. I had confirmation that it had been received and I know I got that back quite quickly."

Nurse, Other setting, Registrant, Case study 3

Confirmers, reflective discussion partners and stakeholders were aware of some occasions where there were problems however and these resulted in relatively serious consequences. Some of the nurses and midwives in question became unregistered for a short period of time, posing a risk to the reputation of the professions and the regulator.

"Some of the older nurses have issues with pressing the correct buttons. One didn't click the verification button [I'm not sure what they mean by the 'verification button?] so technically one nurse was practising and was unregistered for a few weeks."

Nurse, GP Practice or other Primary Care, Reflective discussion partner/Confirmer/Line Manager, Case study 7

"One midwife who failed to make the payment in advance, made it very late and got flagged-up that she was no longer registered (10 days into month), [it] was ok, but NMC initially couldn't confirm that they had continuous registration".

Although the majority of registrants find the application process straightforward, the examples mentioned by some confirmers and reflective discussion partners show problems can occur. **The fact that nurses and midwives can temporarily lose their registration as a consequence of issues when trying to submit their application warrants the NMC developing more guidance to ensure that these situations are less likely to occur.** Stakeholders also feel that the NMC could

communicate with them more swiftly when these issues do occur as they can help manage communications with registrants.

3.3.11 Verification

The NMC verifies a sample of revalidation applications each year to help check the process is being carried out in the right way. Awareness of this process among registrants is high. Only 6% of those who have revalidated say they are not aware of it, whereas 93% are aware of it and 34% are aware of it in detail.

Most registrants think that nurses and midwives are more likely to have their application verified than under the Prep process (58% of those who revalidated in 2016/17 say this). However, significant proportions (between 16-21%) of each of the three cohorts of registrants say they don't know about this, indicating a lack of detailed understanding of the process, but there is no significant variation evident across groups of registrants within the three cohorts.

Despite this, there is strong support for the process, as illustrated in the following chart. There is clear agreement from registrants who have revalidated and those who are yet to that it is important for the NMC to verify applications, that verification will act as a deterrent to fraud, and that verification will encourage registrants to maintain evidence relating to revalidation.

Figure 3.3: Attitudes towards verification

To what extent do you agree or disagree with each of the following statements about the verification process…?

■ % Agree ■ % Disagree

	2016/17		**2017/18**		**2018/19**	
It is important for the NMC to check that registrants have complied with revalidation requirements	93%	1%	89%	2%	88%	2%
Verification will deter registrants from submitting fraudulent information in their revalidation application	86%	4%	81%	5%	79%	5%
Verification will encourage registrants to maintain evidence that they met requirements of revalidation	93%	2%	88%	3%	87%	3%
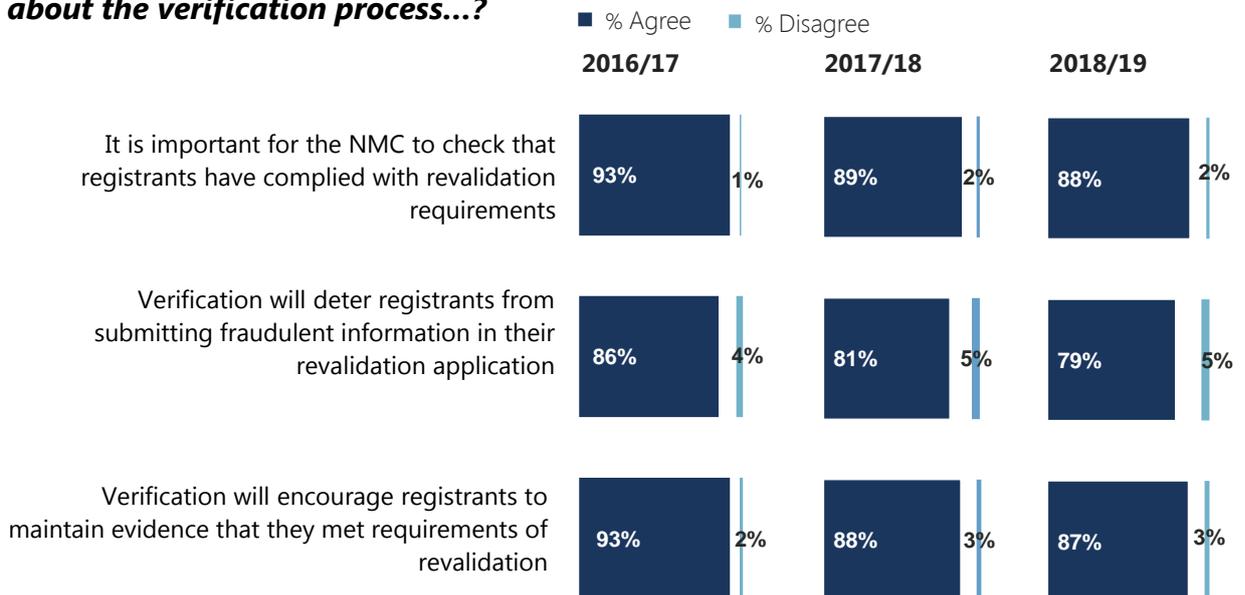
Base: All registrants 2016/2017 (15,439); 2017/2018 (10,349); 2018-2019 (10,193)

3.3.12 Experiences of registrants without a formal employer

The majority (80%) of the 2016/17 cohort of registrants agree that they received all the support they needed to revalidate, and there is no difference between those registrants with and without a formal employer.

3.3.13 Experience of registrants with a long-term infirmity or disability

Given the lower revalidation rate observed amongst registrants with a disability, the evaluation team have explored the reported difficulty of meeting each of the core requirements among this group, for those who completed revalidation in 2016/17. Overall, there is no evidence to suggest that registrants with a disability find meeting the requirements substantially more difficult than registrants overall.[42] There are small, but still statistically significant, differences in how difficult disabled registrants found it to **undertake the minimum number of CPD hours,** and **to have a reflective discussion**[43] **with another NMC registrant.** This does not, therefore, suggest any significant issue for further exploration.[44]

3.4 Summary

- **Overall registrants are very positive about the revalidation process.** Those who have revalidated are more positive than those who have not, suggesting that the process is probably less daunting once you have been through it. As such, it could be helpful to include positive stories from revalidated registrants in future NMC communications about the process.

- **The NMC's communications about the process to date have been effective, and the guidance information is being widely used (both the documents and the revalidation section of the website).** Any suggested improvements (e.g. making the popular 'How to revalidate with the NMC' guide more applicable to those working in a wider range of settings) would just constitute minor tweaks to existing materials rather than big changes.

- **Registrants broadly feel supported by the NMC through the revalidation process.** However, stakeholders have identified instances of inconsistent treatment from the NMC Call Centre and not all registrants who have sought alternative support arrangements are confident that the outcome helped them to revalidate.

- **Not all employers are communicating about revalidation to registrants**, but registrants are confident in their employers' understanding of the process and their support for it.

Looking at registrants' experiences of specific elements of revalidation:

- The **practice hours requirement** is easy for most registrants to meet. Yet, it is harder for some (such as voluntary workers), so any planned increase would need to take into consideration the impact on the groups, albeit very small proportions of the register, that may be adversely affected.

- Nurses and midwives are engaging in a **variety of CPD activities**, but it is not always easy for them to find such opportunities and some think it is difficult to find the time for them. Despite this, most do manage to complete it. Furthermore, given that the CPD requirement is not intended to be easy, it is probably not necessary to make any changes to it yet.

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[42] Although only a very small minority of registrants report having a disability or infirmity, the sample size (c.500) is still sufficient to allow comparison to the experience of revalidating registrants overall.

[43] Given other differences observed in the types of registrants who find this element difficult, the importance of this correlation is uncertain.

[44] Please note that registrants completing the survey had all successfully revalidated, and therefore it is possible those with disabilities who found it most difficult were unable to meet the requirements.

- **Collecting feedback** from patients and colleagues does not seem to be a burden for revalidating registrants and they can see the value of it.

- Keeping **written reflective accounts** are also viewed positively and are not much of an inconvenience. Yet, better guidance about how to write reflectively rather than descriptively would be helpful.

- Most find it easy to find a **reflective discussion partner**. But more guidance for reflective discussion partners themselves would be welcomed to help registrants feel more confident in their knowledge of the process.

- It is very easy for registrants to make **declarations of their health and character**; and **professional indemnity**, as well as **keep record logs**.

- Registrants are confident in the confirmation process. Confirmers have emphasised the importance of registrants being organised about their evidence collation.

- **Registrants think it is very easy to submit their applications for revalidation using NMC Online.** The severity of the consequences when something does occasionally go wrong though (e.g. some nurses and midwives temporarily losing their registration) means better guidance from the NMC about this aspect could be helpful.

The vast majority of registrants report having a good understanding of the process by the time they come to revalidate, suggesting that the process is going smoothly so far.

4 Early registrant and employer outcomes

This chapter considers the extent to which introducing revalidation for nurses and midwives has started to deliver the shorter-term outcomes set out in the Theory of Change. In addition, it seeks to identify any factors that may impact on future stages of the revalidation rollout. At this stage in the roll out of revalidation the evaluation has explored the **early evidence** of changes in attitude and behaviour amongst the key target audiences for revalidation (registrants and their employers). The evaluation also builds on findings from Chapter Three, to identify ways in which the revalidation process can be refined to increase the ability of revalidation to deliver the intended outcomes.

4.1   Registrants awareness, understanding, attitudes and behaviours

The revalidation model assumes that the outcomes will be realised through first achieving increases in awareness of key elements of revalidation (such as undertaking **CPD**, seeking **feedback**, and **reflective practice**), through increases in **understanding**, changes in **attitudes**, and ultimately, changes in **behaviour**.

In the subsequent sections of this chapter we provide a baseline assessment of current awareness, attitudes, and behaviours[45], as well as considering any immediate changes which are evident for those registrants who have just completed revalidation.[46] We also consider the extent to which any changes in practice are evident.

4.1.1   Continuing Professional Development (CPD)

Positive baseline attitudes, and strong indications of behaviour were observed in relation to CPD across registrants yet to revalidate, as illustrated in Table 4.1, indicating already strong awareness, and positive attitudes and behaviours towards CPD.

- A large majority of each of these groups of registrants report that **keeping their skills up to date through CPD enables them to improve their practice**, and **actively undertake CPD to keep up to date** with developments in professional practice.

- However, positive attitudes do not yet equate to equivalent volumes of registrants **proactively finding time to undertake CPD[47]**.

As an early indication of the extent to which revalidation may be able to drive change, the findings highlight that across all measures, those registrants who had revalidated prior to taking part in the survey demonstrate **more positive awareness, attitudes and behaviours** than those who are yet to complete revalidation.

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[45] It is important to note that a significant majority of registrants yet to revalidate reported that they have already started preparing for revalidation.

[46] Whilst no distance-travelled measure is currently available, the case study evidence, along with comparison of survey data between those registrants who have revalidated, and those who are due to revalidate in 2017/18 and 2018/19 allows an initial assessment of outcomes – to be tested more robustly in Years Two and Three of the evaluation.

[47] Given the volumes of CPD registrants reported undertaking (see Chapter Three), this may be taken as an indication that registrants are able to meet the CPD requirements of revalidation without seeking out additional sources.

In addition, case study participants who had revalidated were also now ensuring that they were recording their practice/CPD hours more consistently going forwards as a result, and were more mindful of their employer advertising CPD and thinking about what they could use for it.

Table 4.1: Attitudes, understanding and behaviours towards CPD amongst registrants

To what extent do you agree or disagree with the following statements?			
	2016/17 (% Agree)	Baseline	
		2017/18 (% Agree)	2018/19 (% Agree)
Finding time to undertake CPD is difficult	45%	52%	52%
I proactively find time to undertake CPD	77%	67%	64%
Keeping my skills up to date through CPD enables me to improve my practice	94%	88%	86%
I actively undertake CPD to keep up to date with developments in professional practice	91%	84%	81%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18 (10,349); Those due to revalidate in 2018/19 (10,193)

4.1.2 Practice related feedback

As with CPD, significant majorities of registrants yet to revalidate hold positive attitudes towards feedback; they believe that feedback from patients and service users provides insight that improves their practice, and helps them meet the needs of these people. On the whole, they are also comfortable with asking their colleagues about how they can improve their practice and find it helpful to share experiences with them. Only a small proportion (around one in ten of registrants across both groups) think the experiences of other nurses and midwives are not relevant to the role they work in.[48]

Comparison of findings between registrants based on whether they have or have yet to revalidate continues to support the positive picture outlined in relation to CPD, with those who had revalidated having a more positive attitude on most of these measures than those who had not yet revalidated. However, there is one notable exception here, in relation to attitudes towards feedback from patients and service users. Fewer than two thirds of respondents felt able to approach patients and service users to ask them for feedback. However, with strong baseline positivity, positive changes will not always be possible, and lack of positive change should not necessarily be seen as problematic.

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[48]However, registrants are much less likely to feel able to approach patients and service users to ask for feedback – an issue that other research exploring collection of feedback has also found.

Table 4.2: Attitudes and understanding towards feedback amongst registrants

To what extent do you agree or disagree with the following statements?			
	2016/17 (% Agree)	Baseline	
		2017/18 (% Agree)	2018/19 (% Agree)
Feedback from patients and service users provides insight that helps improve my practiceA	88%	82%	82%
I understand, and feel able to meet, the needs of patients and service users with whom I practiseA	94%	92%	91%
Feedback helps me meet the needs of patients and service users with whom I workA	86%	83%	83%
I feel comfortable asking other nurses and midwives for advice or feedback on how I can improve my practice	86%	81%	80%
The experiences of other nurses and midwives are not relevant to the role I work in	11%	13%	13%
I find it useful to seek advice and share experiences with other nurses and midwives	93%	90%	89%
I feel able to approach patients and service users to ask them for feedback	65%	58%	58%
Seeking feedback from patients and service users helps me be more responsive to their needsA	81%	80%	80%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18(10,349); Those due to revalidate in 2018/19(10,193); Base A: All registrants who work with patients / service-users: 2016/17 Registrants: 14,320; 2017/18 Registrants: 9,442; 2018/19 Registrants: 9,244

However, looking at claimed behaviour in terms of seeking feedback presents a less consistent baseline picture. Among registrants due to revalidate in 2017/18 and 2018/19, despite the perceived usefulness of sharing advice and experiences with other nurses and midwives, only slightly more than two-thirds say they regularly seek feedback from other nurses and midwives.

Small, but statistically significant, differences exist between those who have revalidated and those yet to revalidate, across all the measures in the below table. This again provides a positive indicator of the potential impact of revalidation.

Table 4.3: Behaviours regarding feedback amongst registrants

To what extent do you agree or disagree with the following statements?			
	2016/17 (% Agree)	2017/18 (% Agree)	2018/19 (% Agree)
		Baseline	
I actively seek feedback from patients and service users on a regular basisA	50%	43%	43%
I have access to other nurses and midwives	95%	92%	91%
Other nurses and midwives regularly ask me for advice or feedback on their practice	67%	62%	59%
I regularly seek feedback from other nurses and midwives in order to develop my practice	72%	68%	67%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18(10,349); Those due to revalidate in 2018/19(10,193)

4.1.3   Reflective practice

Registrants across all three groups demonstrate perhaps surprisingly promising attitudes towards reflection, given that this is a new process under revalidation. Significant majorities of each group of registrants report that they regularly seek to improve practice through reflection and continuous learning, that they proactively make time to reflect on their practice and that reflecting on their practice is an important way of improving. However, registrants who revalidated in 2016/17 are more likely to agree with all these statements, again suggesting positive change being associated with revalidation.

Table 4.4: Attitudes and behaviour towards reflection amongst registrants

Thinking about your day-to-day practice as a nurse and/or midwife, to what extent do you agree or disagree with the following statements?			
	Revalidation Year		
	2016/17 (% Agree)	2017/18 (% Agree)	2018/19 (% Agree)
I proactively make time to think about my practice and how it can be improved	86%	83%	81%
Reflecting on my practice is an important way of improving	94%	92%	91%
I regularly seek to improve my practice through reflection and continuous learning	89%	85%	84%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18(10,349); Those due to revalidate in 2018/19(10,193)

Emerging evidence from the case studies indicates that nurses and midwives are starting to change their behaviour incrementally, particularly in terms of actively collating feedback and thinking about what be used to meet the revalidation requirements. This could gradually lead to the development of a culture of sharing, reflection and improvement across the sector – although some confirmers and reflective discussion partners acknowledged that despite the potential benefits, teams don't necessarily have the time to reflect on their practice on an ongoing basis. However, they are starting to see how nurses and midwives are changing their behaviour slightly.

Case study participants were continuing to gather information they could use for their future applications, particularly for the purpose of feedback and their reflective accounts. Many noted how they were now more mindful of prospective forms of feedback and keeping hold of feedback that they would have otherwise discarded. Additionally, participants spoke of thinking more about what might make a 'good reflection'. All of these elements were mentioned both by those who had revalidated and those who had not yet revalidated.

"People I talk to at the moment, if they've not revalidated yet, are quite fearful of it. But if you speak to people who have revalidated, they're very positive about it and they're looking at things in a more reflective way. Someone I was teaching this week says they're cherry picking the study days they go to thinking about how it will help them when they go back into work and I think that's related to revalidation. In the past I think they just chose study days because they knew they had to do something."

Nurse, GP or other Primary care, Reflective discussion partner, confirmer, line manager, Case Study 7

4.1.4   The Code for nurses and midwives

Revalidation seeks to make explicit links to the Code for nurses and midwives, for example through requiring registrants to link their written reflective accounts back to individual elements of the Code. As Table 4.5 shows, registrants yet to revalidate have very high baseline levels of awareness, understanding and knowledge of the Code, and how it improves the quality of their practice and applies to their role.

Table 4.5: Table 4.5: Attitudes towards the Code by year of revalidation

To what extent do you agree or disagree with the following statements?			
	2016/17 (% Agree)	2017/18 (% Agree)	2018/19 (% Agree)
I have a thorough knowledge of the standards outlined in the Code	88%	81%	80%
I understand how the Code applies to the role in which I practise	96%	92%	91%
My knowledge of the Code helps to improve the quality of my practice	87%	83%	82%
My understanding of the Code, and how it applies to my place of work, is central to my everyday practice	89%	86%	85%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18(10,349); Those due to revalidate in 2018/19(10,193)

Continuing the theme, findings are more positive amongst those registrants who have already revalidated, suggesting that revalidation may play a role in delivering attitudinal change towards the key elements of the Code, and may already be achieving an increased understanding of the benefits to be gained. Building on this:

- Stakeholders consulted agreed that revalidation is **helping to ensure that registrants** *"really know their Code".* The increased focus on the Code is seen as a difference between revalidation and the model of midwifery supervision.[49]

- Survey and case study evidence suggests that changes in understanding and attitude towards the Code may be related **to writing reflective accounts**.[50] Some participants, however, demonstrate sentiment along the lines that one *"should know the Code inside out anyway"* so this stage did not necessarily help improve their familiarity with it as they already felt that they had a strong baseline understanding.

- There were also some clear differences by setting; registrants working in GP or other primary care settings (77%), military settings (57%) or university or other research settings (66%) are less likely than average to report that writing reflective accounts helped improve their understanding of the Code.

- Some stakeholders suggested that they had seen evidence that revalidation had been valued by employers, and is contributing to an increased awareness and understanding of the Code.

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[49] Midwifery supervision, did not, according to stakeholders, focus on the Code.

[50]The template, provided by the NMC, that they used to produce these accounts included a requirement to evidence the link between their reflection and the Code.

4.2   Employers - awareness, understanding, attitudes and behaviour

It is expected that employers will play a role in *encouraging*, and therefore helping to *reinforce* and *embed* desired registrant behaviours. At this stage, the evaluation has collected quantitative evidence from registrants relating to employer attitudes and behaviours at the point the survey was undertaken. Therefore, this is not a 'pure' baseline[51], but it does provide a benchmark against which future change can be measured in Years Two and Three, and an estimate of where employers are at this point in the roll-out of revalidation. Case study and stakeholder evidence allows some early qualitative assessment of changes that have taken place to date.

4.2.1   Current employer awareness, understanding, attitudes and behaviour

Table 4.6 (on the following page) outlines registrant perception of employer attitudes and behaviour, in relation to three of the registrant behaviours that revalidation seeks to drive.

- A majority of each of the three groups of registrants report that their employer provides CPD, while **smaller proportions report that their employer helps them to seek out opportunities for CPD**. The case study evidence highlights that in some cases registrants were able to meet the CPD requirement of revalidation solely using internally provided CPD - therefore lower proportions here do not necessarily suggest a cause for concern.

- Smaller proportions of registrants across all groups **report that their employers encourage them to seek feedback** generally, or from patients / service users specifically (for those registrants where this is relevant) – suggesting a more divided picture.

- The survey findings also suggest that about a third of employers do not actively encourage registrants to reflect on their practice.

As revalidation hopefully becomes embedded across registrants, and employers, then an increase in these measures across the board would represent a sign of success.

Some differences based on scope of practice are evident among registrants who revalidated in 2016/17. Those working in occupational health are **less likely to agree** that their **employer provides CPD** (61% compared with 74% overall) and **that their employer helps them to seek out opportunities for CPD** (48% compared with 60% overall). This could potentially affect both experience of the process, and realisation of outcomes.

In a similar vein, those working in research are more likely to *disagree* that their employer encourages them to seek advice or feedback on how they can improve their practice (39%), and less likely to agree that their employer encourages them to reflect on their practice (55%) as are those working in GP practice / primary care (31% and 50% respectively).

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[51] It is not possible to establish whether some employers have no employees who have yet undergone revalidation / started preparing for revalidation.

Table 4.6: Reported employer behaviour

To what extent do you agree or disagree with the following statements?			
	2016/17 (% Agree)	2017/18 (% Agree)	2018/19 (% Agree)
My employer provides CPD	74%	66%	62%
My employer helps me to seek out opportunities for CPD	60%	53%	50%
My employers encourage me to seek feedback from patients and service users I work with	52%	43%	45%
My employer encourages me to seek advice or feedback on how I can improve my practice[B]	58%	50%	50%
My employer encourages me to reflect on my practice	67%	59%	59%

Base : All registrants who work with patients / service-users: 2016/17 Registrants: 14,320; 2017/18 Registrants: 9,4421; 2018/19 Registrants: 9,244
Base B: 2016/17 Registrants: 15,439; 2017/18 Registrants: 10,349; 2018/19 Registrants: 10,193

Registrant perceptions of employer attitudes and behaviour towards these elements of revalidation varies depending on the employment status of the registrant. Those who are *directly employed* are more likely than those who are *not employed directly* to agree with all these statements. For example, 70% of those who are *employed directly* agree that their employer provides CPD, compared to 53% of those who are *not employed directly*.

4.2.2   Early evidence of change amongst employers

Evidence of change is limited at this stage in the evaluation, but two themes, outlined below, were apparent in the qualitative case study and stakeholder work.

Attitudinal and awareness changes

Evidence from stakeholder consultations suggests that employers had become **more aware of the Code**, and **have a broader understanding of CPD**, both of which were viewed as positive things, if sustained. To some extent these positive attitudes are also evident in the survey findings reported above, and will be monitored by the evaluation team going forward.

Behaviour changes amongst employers

Case study participants viewed employers as more 'forward thinking' since revalidation was introduced, especially in terms of information provision and education[52]. The importance of managers supporting their employees and realising what their team members need to do in order to meet the requirements (despite revalidation ultimately being the registrant's responsibility) was emphasised. There was no evidence of any wider behaviour change amongst employers at this stage.

4.3   Unintended consequences

Revalidation has been designed to positively impact public health, safety and wellbeing. However, as with any intervention, potential unintended consequences exist - as identified during the design of revalidation and initial stages of this

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[52] Several participants remarked that their employer was already engaged in the quality of CPD, training and appraisals within their organisation.

evaluation. Evidence collected to date to inform whether these unintended consequences have been realised is summarised below, and will be built-on in future years.

4.3.1 Adverse impact on registrants

Ahead of the introduction of revalidation, stakeholders raised concerns that the introduction of revalidation would lead to a large number of registrants lapsing their registration as a result of the perceived burden associated with revalidation. Or be unable to meet the requirements of revalidation and therefore be forced to lapse. This would risk further exacerbating staffing issues, especially in the NHS, by reducing the available supply of nurses and midwives to fill vacant posts. At the end of Year One (end of March 2017), the picture was as follows:

- **Lapsing rates remain consistent with Prep (7.6%).** The main reasons cited for lapsing were **retirement** or **not currently practising**.[53]

- The overall proportion of people not **being able to meet the revalidation requirements** is 4.6%. The primary reasons given were being unable to fulfil the **reflective discussion requirement** (48.6%) and an inability to meet the **practice hours requirement** (38.1%). Practice hours have been deemed to be essential in maintaining minimum levels of competency, the lapsing of registrants unable to meet this requirement, is unlikely, by and large to be a negative outcome.[54]

- Renewal rates for registrants aged 56-65 **decreased** following the introduction of revalidation. This is the subject of ongoing qualitative work being undertaken by the evaluation team, due to the potential negative impact on the register.

- Some stakeholders identified a potential issue for dual-registered individuals who are not using both registrations in the most recent period of practice before revalidating. Cases of these registrants lapsing based on initial guidance provided by the NMC, were cited, whereas subsequent guidance indicated that they would have been able to revalidate.

Further exploration of factors driving lapsing

- In the interviews conducted with lapsers, a relatively small number of participants reported difficulties fulfilling the CPD requirement. Those who were still in employment found that CPD opportunities were readily available via their employer, however those who had been out of work reported more difficulties. While courses were available to these participants, finding time to attend (given caring or childcare responsibilities for example), and the cost of the courses, were seen as barriers.

- **Practice hours requirement:** The practice hours requirement was the most frequently given reason for choosing not to revalidate, by those who had lapsed their registration. Among the older participants, some had reduced their hours substantially as they approached retirement. For example, they may have been under-taking bank or voluntary work on an ad-hoc basis rather than having fixed hours.

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[53] Retirement was most common (59%) amongst those notifying the NMC through the 'cease to practice' mechanism, while 'no longer practising' was the main reason for lapsing through the revalidation systems. [For further information please refer to the NMC's annual report on revalidation for 2016/17].

[54] A relatively infrequent nature of work is required to meet the requirement (2 x 7.5 hour shifts per month).

- Additionally, others had retired, or taken a career-break, before deciding that they wished to return to work in some capacity. For example, one registrant explained how she had taken a career-break when her grandchildren were born, and another had needed to temporarily stop working in order to care for her husband.

- These circumstances had meant some participants were unable to meet the practice hours requirement for revalidation, and this had been the cause of them leaving the register. In all cases, registrants would have revalidated, and continued working if they had been able to do so.

- **Reflective discussion requirement:** Those who had chosen not to revalidate mentioned the discussion of reflective accounts as one of the main barriers that prevented them revalidating. Some felt the production of the accounts was burdensome and stressful, and in many cases, it was necessary to produce them outside of working hours.

- These participants who had chosen not to revalidate reported that they would have had difficulty finding a suitable registrant to act as their reflective discussion partner, and whilst the reasons why varied, it stemmed from the participants not being fully embedded in their places of work due to working a low number of hours. There was also some evidence of a misunderstanding of the role of the reflective discussion partner.

- Additionally, some thought the whole reflection discussion process was 'too much hassle'.

4.3.2 Resource impact for NMC

The NMC provides a source of ongoing support for revalidation via a contact centre. If this provision of support were to draw in so much of the NMC's resource so as to detract from their ability to fulfil their other duties as a regulator, this would be a negative outcome. While there is a lack of hard evidence to support this at the moment, analysis of NMC contact centre data provides some insight into this:

- Calls related to revalidation account for 2,823 hours, 17% of the total volume of calls handled by the NMC during 2016/17. The largest number of these calls were for general process queries. For the categories accounting for a large majority of revalidation queries (71%), the average time per call is higher than the overall.

- It has not been possible at this stage to compare the numbers of calls to those received under the previous Prep system and therefore it is not possible to accurately understand the additional burden placed on the call centre as a result of revalidation.

4.4 Contribution of individual revalidation activities

The section that follows considers the central elements of revalidation, highlighting key learnings from Year One to help understand how they are contributing to delivering change (both to behaviour and practice). We consider in turn the requirements that **have not changed / changed little since Prep** and those that are **new requirements for revalidation**.

4.4.1 Pre-existing requirements (Practice hours and CPD)

As detailed previously, the practice hours requirement remains the same as under Prep, while the only change to CPD sees the introduction of a mandatory participatory element.

Practice hours

Case studies showed that registrants believed maintaining a certain level of practice hours was essential to demonstrate that they have undertaken sufficient hours to maintain competencies in fast paced environments, and that for the vast majority this is not difficult to meet, indeed many significantly exceed the minimum number. While seen as an important component of revalidation, this requirement is unlikely to lead to any behaviour change compared to Prep.

Continuing Professional Development (CPD)

The perceived links between CPD and improved practice are clear from both the case studies and the survey. Those revalidating in 2016/17 are more likely to agree that keeping their skills up to date through CPD enables them to improve their practice[55]. Those working in care homes (95%) or GP member practices (95%) are also particularly likely to recognise the importance of keeping their skills up to date.

Case study evidence shows that CPD is seen as important in ensuring registrants' knowledge and skills were continuously up to date to enable them to practise safely. Many thought this was particularly important when in specialist or changing roles, for example one registrant described this in relation to moving to hospice nursing from district nursing. Additionally, registrants thought that this requirement would reassure the NMC that individuals are keeping their competencies up. Registrants are generally undertaking a significantly higher volume of CPD (and participatory CPD) than mandated, and as with practice hours, there was some recognition that the requirement may not be sufficient to ensure competencies are kept up, given the low volume of hours required here, over a relatively long period of time.

"Nurses need to continue to professionally develop their knowledge and training they do. 35hrs isn't a great deal for 3 years. All those hours are supporting the jobs we do and knowledge we've got."

Nurse, GP Practice or other Primary care, Reflective discussion partner, Confirmer, Line manager, Case Study 7

4.4.2 New revalidation requirements (Feedback, reflection, confirmation and verification)

The revalidation model has seen the introduction, or formalisation, of four activities (feedback, reflective practice, confirmation and verification). These represent the departures from Prep, and therefore the elements from which any behaviour change, and change in practice, is likely to be derived from.

Practice-related feedback

Explorations of the process of collecting practice-related feedback do not highlight any significant departure from the situation prior to the introduction of revalidation[56]. Participants across the case studies generally believed feedback was useful, relatively easy to collect and enabled them to develop in their role. In line with this, nine in ten (89%) registrants revalidating in 2016/17 think that obtaining practice-related feedback will have a positive impact on the ability of nurses and midwives to practise safely and effectively, compared with 84% of those revalidating in 2017/18 and 82% revalidating in 2018/19.

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[55] 94% in 2016/17, compared with 88% in 2017/18 and 86% in 2018/19.

[56] Only three in ten (31%) said that they received more feedback because of revalidation than they would have anyway.

The process of collecting and addressing feedback has reportedly led to improvements in practice among registered nurses and midwives; participants described how they sat down collectively as teams to discuss any negative feedback and work out how to address it. Positive feedback was also reported to be helpful in reinforcing the belief that they [nurses and midwives] are doing a worthwhile and satisfactory job, and participants thought there was 'always room to learn' from feedback and change the way they do things for the benefit of patients / service-users and their families. The fact that nurses and midwives report engaging in these discussions together means that revalidation may influence those who have yet to complete their own revalidation. This may mean that changes have already been experienced across those due to revalidate in 2017/18 and 2018/19, and therefore significant change over time may not be evident in survey findings during Years Two and Three.

As highlighted in Chapter Three, there is a **suggestion that in some cases registrants are only, or mainly, relying on unsolicited feedback,** which may be more likely to be positive, and therefore less likely to lead to improvements in practice being realised. This would be a potentially limiting factor on the ability of feedback to generate positive behavioural or practice-related changes.

Reflective accounts and discussions

Reflection represents perhaps the biggest change compared to Prep, and the survey findings indicate that revalidation has prompted registered nurses and midwives to consciously think about how their practice could be enhanced. This view is shared across the three groups of registrants. A majority (82%) agree that writing reflective accounts helped them identify ways in which their practice could be improved. A number of groups of 2016/17 registrants were particularly positive about the process of writing reflective accounts:

- Nurses (83%) are more likely than midwives (79%) to agree that **writing reflective accounts helped them identify ways to improve their practice**.

- Registrants from BME backgrounds (95%) are more likely than those from white backgrounds (79%) to agree that **writing reflective accounts helped them identify ways in which their practice could be improved**. A similar pattern emerges in the extent to which registrants **found reflection useful** (96% of BME registrants compared with 84% of white registrants).

- Those working in the care home sector (90%) are also more likely than average (82%) to agree that **producing their reflective accounts was useful** (91%) and **helped them identify ways to improve their practice** (90%). However, the correlation between ethnicity and reflection may be related to the profile of staff in the care home sector.[57]

The survey also examined the experiences of those who had not yet revalidated and were preparing for revalidation. **Around three-quarters (77% for those revalidating in 2017/18, and 76% for those revalidating in 2018/19) agree that writing reflective accounts will help them identify ways in which their practice could be improved,** while a majority (86% in both instances of registrants revalidating in 2017/18 and in 2018/19) agree it will be useful to take time to reflect on their practice. Over two thirds (69%) of registrants revalidating in 2017/18, and a similar proportion (68%) of those revalidating in 2018/19, agree that writing reflective accounts will improve their understanding of the Code. These findings present positive indicators as to the potential for revalidation to lead to an increased awareness and understanding of the Code.

Case studies also highlighted the improvements in practice among registered nurses and midwives resulting from revalidation, **particularly through the production and discussions of registrants' reflective accounts[58]**. Stakeholders also

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[57] The care home sector has the highest proportion of BME registrants compared to other sectors, based on the results of this survey.

[58] Participants were positive about writing reflective accounts and the subsequent discussion of these with their reflective discussion partners.

singled out reflective practice as one of the elements of revalidation that has the potential to make the biggest contribution to driving behaviour change, and ultimately improvements in practice. Case studies highlight both common themes in the subject of reflection[59] and inconsistencies in the approach to reflection.

Case Study Insight –Benefits of reflective accounts and discussions

One line-manager (also a reflective discussion partner & confirmer) explained **changing their own approach to the reflective discussion process** following their own revalidation application. Whereas they previously read through the reflective pieces initially, then engaged in discussion about them, and asked registrants how they felt and what they had learnt, they explained that they now make their registrants talk them through their pieces and then read them after and ask questions. They viewed this as more helpful as registrants could demonstrate evidence upfront.

They stated that they were 'probably quite thorough' when revalidating registrants, and they spent longer engaging with their registrants than some of their colleagues who 'whiz through' the process quickly and view reflective discussion as a 'tick-box' exercise. This registrant thought reflection was crucial in order to **ensure sensitivity or responsiveness to patient needs**, and that the working environment is constantly changing so registrants have to be constantly learning and developing in order to keep up to date and reflect on experiences that are quite negative for them or when patients are not happy with care or the standard of service.

"If you can't reflect, as a professional, you are not going to be sensitive or responsive. You need to be able to recognise that you need to be constantly learning and developing. Reflection is so important, so important – you need to change the culture. How the culture of the NHS was 20 years ago and how it is now – things are so much more supportive."
MIDWIFE, COMMUNITY SETTING, LINE MANAGER, REFLECTIVE DISCUSSION PARTNER AND CONFIRMER, CASE STUDY 6

Other confirmers and reflective discussion partners described how certain reflective discussions were regarding safeguarding cases, which were subjective and emotive, but helped both themselves and their registrant identify ways to improve their practice.

While some potential refinements to improve the processes associated with reflective practice are discussed in Chapter Three, further suggestions, or considerations, that could also help increase the contribution that reflective practice, are outlined below:

- **Ensuring consistent quality of reflection:** Stakeholders were positive about the potential of reflection to drive positive outcomes[60]. However, equally, the approach to reflection was seen to be important – with one stakeholder who had been involved in the reflective discussions of several senior members of their team, both praising the quality of reflection from their experience, but also raising questions about how able much more junior nurses and midwives would be at undertaking reflection.

- **Guidance on writing reflective accounts:** Case study participants suggested that the reflective discussion templates[61] were written in a more descriptive rather than reflective tone. Registrants rely on the NMC guidance and templates, and therefore their quality is paramount. Highlighting this, when reflective

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[59] E.g. Their practice, working with colleagues, specific incidents / challenges, and starting a new role.

[60] E.g. That there might be a small volume of cases where reflective discussion has led to practice being challenged, or professional development needs being identified.

[61] The NMC provided example completed reflective accounts to guide registrants in preparing their own accounts.

discussion partners were critical of the accounts they had seen, this tended to relate to purely descriptive accounts[62].

Year Two of the evaluation will focus on understanding the **quality of reflective practice** that is being undertaken by registrants, and their discussion partners alike.[63]

Confirmation

Confirmation generally seemed to take place at the same time as reflective discussions, based on the case studies, and in the majority of instances, the confirmer was usually the line manager. As such, registrants found it difficult to distinguish between the reflective discussion and confirmation discussion and were unable to say much about the contribution this element is making, other than this was often linked to their appraisals, and was where their confirmer checked whether they had met the requirements of revalidation.

Verification

As outlined in Chapter Three, **there is clear agreement from registrants who have revalidated and those who are yet to that it is important for the NMC to verify applications,** that **verification will act as a deterrent to fraud**, and that **verification will encourage registrants to maintain evidence relating to revalidation**. This indicates that perceptions of verification are driving compliance amongst registrants, and therefore may help to embed the desired behaviours. Sustainability of this will be a key challenge for the NMC as revalidation becomes embedded.

4.5   Impact of employer support and policies

As discussed in Chapter Three, employers appear to have put in place a variety of support mechanisms for their employees going through revalidation. These support mechanisms impact both on registrants' experience of the processes, but also on the extent to which the revalidation activities may lead to positive outcomes.

The case studies highlighted the importance of this support and policies but participants report that ultimately the **expectation is that the primary responsibility for revalidation is with the registrant themselves rather than their employer**. However, they described how their employer would check whether they have met certain milestones and requirements. For example, many line managers stated that they had a list of who would be revalidating and when, and they would follow up with their team in regular catch ups to check on the progress of their application. Additionally, registrants spoke about their hospitals or settings holding drop in sessions during working hours where they were encouraged to ask questions about the revalidation process and talk through documents, all of which proved very helpful.

Registrants are confident in the confirmation process. More than eight in ten (84%) registrants who revalidated in 2016/17 agree that the confirmation process will successfully ensure that all registrants have complied with revalidation requirements (only 4% disagree), and three quarters (75%) agree that it will prevent nurses and midwives from making inaccurate declarations as part of revalidation (only 8% disagree). Indeed, the case studies highlighted instances of the confirmation process working effectively. One confirmer spoke about recalling three applications because they were not satisfied that the registrants had enough documented evidence. This suggests that some confirmers are taking a rigorous

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[62] E.g. Reflective accounts focussing on **describing** what was learned during CPD rather than **discussing** how it impacted the registrant's own practice.

[63] To this end, the evaluation team will be conducting two exercises during Year Two of the evaluation (analysis of reflective accounts, and a survey of those who have acted as confirmers and reflective discussion partners).

approach to their role, however as noted in the earlier case study insight, this rigour may not be consistent across all confirmers.

4.6 Summary

- **Registrants are largely positive towards the individual elements of revalidation.** Registrants' attitudes, understanding and behaviour demonstrate high baseline scores across most measures, with some indication that those who revalidated in 2016/17 demonstrate more positive attitudes, and more frequently report the desired behaviours. Therefore, the evidence collected to date would suggest that there is a correlation between revalidation and registered nurses and midwives consciously thinking about how their practice could be enhanced. For example:

  - They are more likely to be report positive attitudes towards different aspects of CPD and feedback (both from patients / service-users and other nurses and midwives);

  - Are also slightly better able to see how reflections were an important way of improving their practice.

- **Survey findings among registrants who have already revalidated suggests that revalidation may play a role in delivering attitudinal change towards the key elements of the Code, and may already be achieving an increased understanding of the benefits to be gained.** This is also reflected in the case studies, where several participants indicated that the process of writing their reflective accounts and the reflective discussions helped them (re-)familiarise themselves with aspects of the Code – which appears to be the most explicit link between revalidation and the Code at this stage.

- **Evidence from the case studies indicates that nurses and midwives are starting to change their behaviour incrementally,** particularly through actively collating feedback and thinking about what could contribute towards their revalidation requirements, and this has the potential, if sustained, to contribute to the development of a culture of sharing, reflection and improvement across the sector. It is also expected that employers will play a role in encouraging, and therefore helping to reinforce and embed the desired registrant behaviours.

- **Overall, pending the outcome of the further qualitative work around lapsing, at this stage no significant unintended consequences have been observed during Year One**, but a number of other potential unintended consequences will be explored through further interrogation of the survey evidence. Interviews with lapsers have highlighted the ways in which revalidation may be contributing to registrants leaving the register.

- **Examining the individual elements, across the survey data and case studies, reflection seems to be the main element driving some of the changes in attitudes and behaviour at this stage in the evaluation.** Participants were positive about writing reflective accounts and the subsequent discussion of these with their reflective discussion partners, which helped them to identify areas they could improve on and how their practice could be enhanced.

5 Looking forward

Building on the evidence presented in Chapter Four, this chapter explores future anticipated outcomes, for registrants and employers. Following this, we will consider evidence concerning current and future outcomes in relation to the NMC, and explore initial thoughts relating to the benefit and burden of revalidation.

5.1 Registrant and employer outcomes

5.1.1 Future registrant outcomes

Revalidation is being rolled-out over a three-year period, and currently only a third of registered nurses and midwives have been through the process. Measuring the sustainability of any outcomes observed will be the focus of the evaluation over the remaining two years.[64] Registrants and stakeholders[65] were asked for their perceptions of future outcomes.

The vast majority of registrants across all three groups think that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives to practise safely and effectively, as illustrated in Table 5.1.

Table 5.1: Anticipated positive impact across individual elements of revalidation

And still thinking about each of the individual elements of revalidation, how much impact do you think they will have on the ability of nurses and midwives generally to practise safely and effectively?			
	2016/17 (% positive impact)	2017/18 (% positive impact)	2018/19 (% positive impact)
CPD	92%	87%	85%
Participatory CPD	91%	86%	84%
Practice-related feedback	89%	83%	82%
Reflective discussion about practice	89%	83%	81%
Written reflective accounts	86%	77%	76%
Obtaining confirmation	83%	74%	73%
Practice hours	84%	79%	78%
Professional indemnity arrangement	78%	72%	70%
Health and character declaration	76%	72%	71%

Bases: Those that revalidated in 2016/17 (15,439); Those due to revalidate in 2017/18 (10,349); Those due to revalidate in 2018/19 (10,193)

There some differences of interest to note here:

- That those registrants with the most experience of the individual elements of revalidation (2016/17 registrants) rate the likely impact of these most highly represents a positive finding.

- Registrants are, perhaps unsurprisingly, less likely to say that elements will have a positive impact on their **individual ability** to practise safely and effectively.

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[64] For more details of future evaluation plans, please refer to Chapter Seven.

[65] It is worth noting that stakeholders did urge caution in attempting to attribute significant change or impact to revalidation.

▪ Midwives (who have revalidated) are less likely (76%) than nurses (81%) to report that **revalidation will have a positive impact on the ability of nurses and midwives to practise safely**.

Improvements in individual practice

To gather a measure of future self-reported change, registrants were asked to assess whether their own practice had improved in the past year:

▪ Small majorities of registrants in all three groups report that their practice has got better[66], around three in ten say it stayed about the same, and one in ten or fewer say it got worse.

▪ Those who revalidated in 2016/17 are more positive, indicating a possible correlation with revalidation.

▪ For those who revalidated in 2016/17 nurses (62%) were more likely than midwives (40%) to say that their practice had improved over the last year.

Case study participants acknowledged that certain elements of revalidation can help to improve practice, but felt that they were only able to give anecdotal evidence to support this impression.

Case Study Insight – Causal links between certain activities and improved practice

Participants acknowledged that certain elements of revalidation can help change practice, such as:

- Participants discussed how they attended specialist courses relating to their practice, for example, a 'breaking bad news' course led to a participant directly changing practice when having to inform next of kin that someone had passed away.

- One participant reflected on an instance where a safeguarding concern had not been raised on a Friday afternoon. Through the reflective discussion, they had learnt to raise safeguarding concerns as soon as possible, even in 'out of hours', as this would lead to improved practice.

- Another participant who worked as a consultant in a clinical education centre described how they could reflect on their feedback from students and make changes to their course material in a way they hadn't done so before. This was due to the feedback coming from many different sources, because of the requirements for revalidation, rather than one single source.

  "It was easy for me to incorporate the feedback into my practice as if I could tell students were struggling on a particular course or aspect of the course I could think how can I change that to make it better. Whereas previously I might have thought - well that was a bad group I had this time. Whereas, now I can see whether the feedback agrees with each other and make changes."

  (Nurse, Other setting, Registrant, Case Study 3)

There was a general consensus that revalidation would make registrants seek, reflect, and share good practice, but although participants could see how it would help them do this in the long-term, they were unable to generalise the extent of the behaviour change amongst registrants as a group overall.

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[66] 2016/17: 60%; 2017/18: 57%; 2018/19: 56%

5.1.2   Future employer outcomes

Earlier we outlined the qualitative evidence that employer behaviour has **positively changed** following the introduction of revalidation. In addition, the example below highlights other outcomes of revalidation, beneficial to employers and registrants alike – further growth of which during Years Two and Three would be evidence of further behaviour change.

> **Case Study Insight - Other beneficial outcomes of revalidation**
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> - For example, through revalidation a line manager recognised that the registrant was particularly skilled in a certain area, and as a result he focussed on steering the registrant down a certain career path. However, it was anticipated and hoped that this would not only be realised as a result of revalidation, but there was belief that this could be aided through the process. This would be picked up on anyway but depends how other managers work.
>
> *"I thought "Wow, you're really good at going into nursing homes and look at what they're paying and how their nursing needs need to be met". What I picked up from him was this skill base I didn't know he had. And that's a good thing about revalidation. So, if you're a manager, you can pick up on these. Why am I not steering them down this track if that's where they want to go? Why am I not steering them down this track? So I said to them after, "do you fancy going to do this course? You're really good at this and I know you're interested in it." Pick up these things nurses are really interested in and make them get out of bed in the morning. If you do that, you've got a winner."*
>
> Nurse, GP Practice or other Primary care, Reflective discussion partner, confirmer, line manager, Case Study 7

5.2   NMC outcomes

Revalidation is also anticipated to generate positive outcomes for the NMC as an organisation. While the ultimate outcome for the NMC as a regulator would be improved regulatory effectiveness, this is likely to be a long-term outcome, and not expected to be evident at the end of Year One. Evidence of the impact of revalidation on stakeholder and registrant perceptions of the NMC is considered below.

5.2.1   Stakeholder perceptions of the NMC

Stakeholders, the main source of evidence for NMC-level outcomes at this stage, were able to identify a number of areas to which the introduction of revalidation has made positive contributions to the NMC and how it is viewed, as well as making it clear how NMC can maintain these positive perceptions.

- **Handling of revalidation:** The NMC was seen to have handled revalidation very well, ensuring a significantly smoother transition than anticipated. The level of resource that the NMC had dedicated to revalidation was also praised, with the caveat that revalidation must be seen as a three-year process and the level of resource must be maintained.

- **Stakeholder engagement:** Overall positive perceptions were partly driven by the proactive way in which the NMC communicated and engaged with stakeholders across the four countries in the run-up to, and initial launch of revalidation.

- **Data and transparency:** It was agreed that the NMC will undoubtedly have access to more and better data about its registrants than previously available – as evidenced from the monitoring information that the NMC has been able to make available to the evaluation team. Stakeholders felt it was too early to say whether the

NMC would make use of this data effectively - something stakeholders will expect to see evidence of in the future.

- **Future perceptions of the NMC:** From discussions with stakeholders, it is clear there are a number of key drivers of future perceptions of the NMC as a regulator:

  - **Data transparency:** As noted above, the NMC does have access to more extensive data about registrants than it has previously. However, stakeholders have yet to see evidence that this data will be used to drive the efficacy with which the NMC operates as a regulator – the way in which the NMC makes use of this data will substantially affect the way in which it is viewed in the future.

  - **Communications:** Ensuring greater transparency around communication plans, to help stakeholders support NMC's communications and dovetail communications efforts with this, and working with key stakeholder organisations to handle communications relating to technical issues with revalidation.

  - **Ensuring the robustness of revalidation:** Positive perceptions of the NMC appear in some part to be linked to perceptions that revalidation is a more robust process than Prep. Demonstrating that this perception is not misplaced, and ensuring that revalidation is not seen as a tick box exercise is key - stakeholders saw verification as playing a big role in this.

Supporting the above, the NMC received strong positive feedback from the Professional Standards Authority's (PSA) 2015/16 performance review.[67] This review found the NMC to have met all but one standard for good regulation, marking a significant improvement from 2014/15 when the NMC had been found to not meet five of the standards.[68] The most recent PSA report made explicit reference to the way in which NMC engaged with stakeholders during the lead-up to the introduction of revalidation.

5.2.2   Registrant perceptions of the NMC

The vast majority of registrants across all three groups surveyed agree that *NMC has a role in supporting [registrants] to maintain or improve practice*. In the absence of comparison data, the fact that those who have been through revalidation are significantly more likely to agree, and to do so strongly, is positive.

- **2016/17**: 87% agree (57% *strongly agree*); **2017/18**: 83% agree (51% *strongly agree*); **2018/19**: 81% agree (49% *strongly agree*).

5.3   **Potential limitations of revalidation**

While much of this chapter has focussed on identifying the ways in which revalidation has, or may, deliver change, Year One of the evaluation has also highlighted some areas in which revalidation may be limited in its potential impact, as below:

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[67] http://www.professionalstandards.org.uk/publications/detail/nmc-annual-review-of-performance-2015-16

[68] http://www.professionalstandards.org.uk/docs/default-source/publications/performance-reviews/performance-review-report-2014-2015.pdf?sfvrsn=10

▪ Stakeholders questioned the extent to which it will be possible to identify any changes in **nursing and midwifery practice** and especially on **public protection**. The wide range of different competing initiatives focussing on this, as well as the complexity of the health and social care system, make the isolation of impact to any one intervention highly challenging.

▪ Stakeholders also raised doubts about the ability of revalidation to act as a **'bottom-up' intervention** to bring about behavioural and cultural change amongst employers, (especially in relation to engaging earlier in discussions of concern about nursing and midwifery practice). Although recognised as a potential 'force for good', systemic challenges associated with employment practices were seen as a significant barrier. Stakeholders suggested that the NMC should play more of a role in advocating for changes to employment practices.

▪ At a registrant-level, some participants demonstrated scepticism of how the **revalidation process could lead to behaviour change in such a large group as nurses and midwives**. They suggested that it would take a significant amount of time to see any behaviour change, if it did happen. This was echoed by others who did not think behaviour change would even occur amongst older nurses, and would be contingent on revalidation being positively perceived.

"It's hard to say at the moment. You will only see this within the next five years among newly qualified nurses. This will be positive and new nurses will be more reflective. The older nurses are set in their ways."

NURSE, GP PRACTICE OR OTHER PRIMARY CARE, REFLECTIVE DISCUSSION PARTNER, CONFIRMER, LINE MANAGER, CASE STUDY 7

"[Referring to future behaviour change] That's a big question. My fear is that it could be seen as a hoop that registrants have to jump to and it's something that will be done because it has to be done and not because they see it as something that enhances their professionalism. That would be a fear I would have."

NURSE, OTHER SETTING, REGISTRANT, CASE STUDY 3

5.4   Understanding the benefit / burden of revalidation

A key concern relating to revalidation was that the actual / perceived additional **burden** associated with complying with revalidation (amongst registrants and employers) would outweigh the perceived **benefits** to be gained from compliance. The evaluation team has built a number of questions relating to this into the survey element of the evaluation, and will also be exploring this aspect through the ongoing case study work. At this stage, as the realisation of the benefits require change over time to measure, and burden will not be fully evident until a greater volume of registrants have been through the revalidation process, the evaluation is limited in the conclusions it can draw here. However, the evidence collection and analysis undertaken so far does provide some insight into the possible sources of benefit and burden.

5.4.1   Benefits

It is clear, from the positive differences between those registrants who have already been through revalidation, reported future impacts, and the case study evidence, that registrants can identify benefits associated with revalidation. In particular,

the production of reflective accounts, and discussion of these, has been identified as something that can help lead to genuine improvements in practice.

5.4.2 Potential additional burden

It is clear that experience of burden will be highly variable, based on a number of factors, and the findings outlined below may help the NMC in refining future guidance to minimise variability.

- **Accessing CPD:** To date, the case studies have not found substantial difficulties with accessing CPD or difficulties paying for their own courses. However, changes to CPD as outlined in the context review may change this in the future. In addition, it is clear some employers are significantly more supportive than others in this regard. The case studies identified one Trust that had increased the number of study days per year for midwives, and provided a range of CPD opportunities. This means that the registrant burden in terms of sourcing and accessing suitable CPD will vary depending on the employer context.

- **Burden on individual registrants:** The survey found that over half (55%) of registrants revalidating in 2016/17 had their reflective discussion with their line manager (although this was only mandated for 19%), and that 74% had their confirmation and reflective discussion with the same person. This, coupled with case study evidence regarding the experience of confirming multiple registrants, suggests that there is potential for unnecessary burden to be placed on those line managers with significant volumes of registrants. Case studies suggested that, in line with the survey findings, registrants appear to be defaulting to their line manager to find their reflective discussion partner. Additional guidance to employers and registrants may help reduce this potential burden. It also remains to be seen whether this may change as revalidation becomes more 'business as usual'.

- **Inconsistent burden:** The case studies also highlighted variation in the amount of time being spent on revalidation activities, especially the newer activities such as reflection. While it is acknowledged that these should be personal activities, and the NMC should not be overly prescriptive about the time effort that should be put into these, further guidance / support (e.g. video case studies on the NMC website) may help registrants make an appropriate effort to ensure that reflection is meaningful and can lead to benefits. The difference between registrants doing the minimum, and those who go 'above and beyond' may lead to future perceptions about the burden changing (and may also lead to differential outcomes being observed).

5.5 Summary

- Very high proportions of registrants across all groups think that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives to practise safely and effectively. Those who have already revalidated are consistently more likely to agree with this. However, the huge variety of different competing initiatives focussing on this, as well as the complexity of the health and social care system, make the isolation of impact to any one intervention highly challenging.

- There are positive indications regarding the outcomes of revalidation on the NMC. Particularly on stakeholder perceptions of the NMC's ability to effectively handle the introduction of revalidation.

- As well as identifying likely sources of benefit from revalidation, Year One of the evaluation has highlighted potential sources of additional burden, especially relating to accessing CPD, and the burden that may fall on

individual registrants. All of these things will feed into the benefit / burden framework being explored during Year Two.

6 Reflections and learnings from Year One

6.1 Overall reflections

Below we present the evaluation team's reflections in relation to each of the key areas of revalidation, as far as is possible at the end of Year One.

Overall, with regards to the delivery of revalidation, the evidence collected through the evaluation presents a largely positive picture, with no evidence to suggest substantial issues are being experienced by any one group of registrants. The quantitative survey has, however, highlighted differences in how some groups experience revalidation, and expectations around future outcomes, and these are drawn out throughout Chapters Three and Four.

6.1.1 Delivery, implementation and revalidation processes

Overall, the evidence collected through the evaluation presents a largely positive picture of the delivery of revalidation during Year One, with no evidence to suggest substantial issues are being experienced by any one group of registrants. The quantitative survey has, however, highlighted differences in how some groups experience revalidation, and expectations around future outcomes, and these are drawn out throughout Chapters Three and Four.

It is crucial however that revalidation is not yet treated as 'business as usual', as two-thirds of the register are still to experience revalidation for the first time in 2017/18 and 2018/19. As such stakeholders have urged that there is a continuing and maintained level of effort comparable to that which has been invested so far in communicating and supporting the revalidation process for future cohorts over the remainder of the roll out period. In addition, the ability of the NMC to continually learn from the experience of delivering revalidation to date, and refine materials and processes on an ongoing basis will help determine whether these positive experiences from Year One are sustained.

Registrants who have undertaken revalidation tend to be very positive about the experience, and have broadly felt supported by the NMC throughout the revalidation process. The NMC communications about the revalidation requirements have been effective and the guidance information (both the documents and the revalidation section of the website) is being widely used by registrants. As a result, by the time registrants come to revalidate, the vast majority report having a good understanding of the process.

However, there is evidence that registrants who are yet to experience revalidation feel a certain level of apprehension about the process, and what is expected of them. To help dispel these concerns, and reassure registrants prior to revalidation, it could be helpful to include positive stories from revalidated registrants in future NMC communications about the process.

Additionally, there is evidence that registrants working in particular settings (for example those working in schools) feel less supported by the NMC than other registrants. Therefore, updating the popular 'How to revalidate with the NMC' guide to make it more applicable to those working in more unusual settings – perhaps by including case-studies from registrants - would be a useful enhancement.

Registrants' experiences of the specific elements of revalidation vary. While meeting those elements which existed under Prep (including the practice hours and CPD requirements) were straightforward for the majority of registrants, specific groups of registrants (such as voluntary workers) find them more challenging. Any planned increase to these requirements

would need to take into consideration the potential impact on the groups, albeit very small proportions of the register, that may be adversely affected.

The new elements of revalidation (collecting feedback, producing written reflective accounts and having a reflective discussion with another registrant, and the confirmation process) were generally felt to be useful additions by registrants and were not seen to be burdensome. However, better guidance about the required content of reflective accounts, and for the reflective discussion partners, would be welcomed.

Registrants report that the process of submitting their applications for revalidation using NMC Online is straightforward. However, given the severity of the consequences when something does occasionally go wrong (e.g. nurses and midwives temporarily losing their registration), more detailed guidance from the NMC about this aspect could be helpful.

Perceptions of verification, amongst registrants, highlight a low-level of awareness and understanding of the process, but an assumption that this is a more robust and comprehensive process than under Prep. Maintaining these perceptions will be central to ensuring that verification remains a lever through which to help ensure compliance with the revalidation processes.

6.1.2   Outcomes

Registrants, are largely positive towards the individual elements of revalidation. Attitudes, understanding and behaviour demonstrate high baseline scores across most measures, with some indication that those registrants who revalidated in 2016/17 have more positive attitudes, and more frequently report the desired behaviours (such as seeking feedback, proactively seeking CPD) – indicating areas where change may be measured in Year Two and Three.

In addition, survey findings among registrants who have already revalidated suggests that revalidation may play a role in delivering attitudinal change towards the key elements of the Code, and may already be achieving an increased understanding of the benefits to be gained. This was also reflected in the case studies, where several participants indicated that the process of writing their reflective accounts and undertaking the reflective discussions helped to (re-)familiarise themselves with aspects of the Code.

The case studies provide early evidence of behaviour change, particularly through actively collating feedback and an increased focus on what could contribute towards their revalidation. This has the potential, if sustained, to contribute to the development of a culture of sharing, reflection and improvement across the sector. It is also expected that employers will play a role in encouraging, and therefore helping to reinforce and embed the desired registrant behaviours.

Examining the individual elements, across the survey data, case studies, and stakeholder consultations, reflective elements seem to play the biggest role in driving some of the changes in attitudes and behaviour. Reflection was seen to help identify areas of improvement in their practice. Further work is required to assess the quality / depth of this reflective practice, and to understand whether this could be refined to further generate the target outcomes.

Overall perceptions, amongst registrants, that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives to practise safely and effectively, are very positive. Those who have already revalidated are consistently more likely to agree with this.

6.1.3   Benefit / burden

More fully exploring the respective benefit and additional burden associated with revalidation will be a focus of the evaluation in Years Two and Three. However, at this early stage, the evaluation has served to highlight some potential issues with burden, as outlined below:

- **Accessing CPD:** Access to CPD is not consistent across employers, and this means that the registrant burden in terms of sourcing and accessing suitable CPD will vary depending on the employer context.

- **Burden on individuals:** The volume of registrants who rely on their line manager to act both as their confirmer and reflective discussion partner may lead to a higher burden being placed on individual registrants, especially in organisations with a relatively flat hierarchy.

- **Inconsistent burden:** Case studies highlight an inconsistent amount of time being spent on different revalidation activities. The difference between registrants doing the minimum, and those who go 'above and beyond' may lead to future perceptions about the burden changing (and may also lead to differential outcomes being observed).

6.2   Future considerations

This evaluation has resulted in a number of future considerations being made to both improve the effectiveness of the processes which comprise revalidation, and to increase the chances of revalidation delivering its intended outcomes. Five primary areas are the focus of these considerations:

1. Communications, guidance and supporting materials

   i)   The NMC should maintain the level of communications activities with those registrants **who have yet to revalidate**. Communications to date have been well received, and have been shown to be very important in ensuring a positive experience. Building on this platform, and ensuring sufficient continued resource is dedicated to communications will help to ensure a positive experience for registrants revalidating in Years Two and Three.

   ii)   NMC should take the opportunity provided by having a full year of registrants having successfully revalidated to create additional, or update existing, guidance and supporting materials to build on the **positive experience** of those registrants revalidating in Year One, using real-life case studies, e.g. producing new videos for the revalidation section of the NMC website.

   iii)   It would be of benefit to focus updates on areas of the register in which **registrants may be more isolated** (e.g. independent sector, community settings), and may therefore have greater concerns about revalidating.

   iv)   As well as guidance updates for registrant-facing materials, it would be beneficial to identify examples of **good practice from employers (in terms of supporting registrants),** and using these to help inform communications and guidance for employers. For example, using case studies to highlight good practice. This may also help reduce the burden on employers, through identifying "shortcuts" and reducing duplication.

2. Working with stakeholders

v)   The NMC should consider reviewing **communications plans / protocols** with regards to technical issues, to ensure that issues are communicated as swiftly as possible and mitigate risk of problems for registrants.

vi)   Sharing details of **planned communications** to registrants with stakeholder organisations will provide greater transparency and allow stakeholder organisations to better dovetail their own communications efforts to those of the NMC.

3. Future monitoring

vii)   The NMC is already undertaking work to explore potential issues with registrants lapsing from the register, communicating the ongoing work in this area to stakeholders will provide reassurance that this area is being given due attention. The NMC should seek to address any issues that this work uncovers.

4. Feedback and reflective practice

viii)   As well as the suggested refresh / update of guidance and supporting materials outlined under Recommendations One and Two, materials specific to feedback and reflective practice could also be refined in the following ways:

    a.   To provide support to registrants on how to collect appropriate practice-related feedback, especially collecting feedback from patients and / or service-users.

    b.   To provide clear guidance on compiling reflective accounts and undertaking reflective discussions, to ensure meaningful reflective practice is consistently undertaken, including using the templates to steer this practice.

    c.   To guide registrants in finding an appropriate reflective discussion partner, especially those in the independent sector or isolated settings.

5. Verification

ix)   The NMC should undertake work to check that verification, as it is currently being implemented, is successfully identifying potential cases of fraud or other issues with revalidation submissions, and to communicate to stakeholders and registrants details of the robustness of the process. For example, cases of fraudulent submissions being made could be cross-referenced against the risk categories to monitor the suitability of this approach.

7 Evaluation next steps

This report represents the first output of a three-year evaluation. Future reporting outputs will include a second interim report at the end of Year Two of revalidation (May / June 2018) and a final evaluation report synthesising all evidence collected across the evaluation, to be published following the conclusion of the initial roll-out period. It is anticipated that this final report will be published in June 2019.

Further evidence collection activities are planned for each of Years Two and Three of the evaluation, with key details of these outlined below. These activities will build both on the work plan set-out at the start of the evaluation, and the emerging findings and themes from the Year One evaluation. As such, the exact nature of these is subject to change, as the evaluation seeks to respond to any changes in the delivery of revalidation.

7.1 Contextual overview

7.1.1 Stakeholder consultations

In Year One, the evaluation team conducted eight interviews with stakeholder organisations with a responsibility for setting national-level policies, or for representing nurses and midwives. These organisations are outlined in the Table 1.2.

The aim of these interviews was to gain an understanding of factors that have potential to impact the ways in which registrants experience revalidation and, therefore, the extent to which the desired outcomes of revalidation are achieved. These interviews also served to provide stakeholder organisations with an opportunity to feed their perceptions on the progress, and impact of, the introduction of revalidation.

To ensure that an understanding of contextual factors is maintained throughout the course of the evaluation, two further rounds of stakeholder consultations will be conducted in each of Years Two and Three of the evaluation. At this stage it is envisaged that the same eight stakeholder organisations will be re-contacted, although this is subject to change depending on the course of the evaluation and revalidation.

7.1.2 Context and evidence review

As outlined earlier, Year One has included two pieces of work looking at exploring both the ongoing context surrounding revalidation, and the underlying evidence base for the core components of the revalidation model for nurses and midwives. This, desk based, review, will be repeated during both Year Two and Year Three of the evaluation, and will again be informed in part by the respective round of stakeholder consultations.

7.2 Secondary data analysis

7.2.1 Review of monitoring information

The evaluation team will continue to work with the NMC to obtain continued access to monitoring information, which will be used to further assess the delivery of revalidation during Year Two and Year Three, and further understand any unintended consequences.

In addition, the evaluation team will seek more detailed information relating to communications plans, delivery and performance of these.

7.2.2 Additional secondary data

As revalidation is being rolled out across the UK at the same time, it is not anticipated that additional secondary data sources will play a significant role in the ongoing evaluation. However, the evaluation team will continue to monitor additional sources, such as NHS Digital complaints data, and NHS Staff Survey findings – which may provide contextual information as to overall trends in the health sector, but are unlikely to be able to identify the impact of revalidation specifically on these.

The evaluation team will also continue to consider whether any secondary data sources exist that may be used as proxies for the quality of nursing and midwifery practice, and the extent to which it is possible to isolate any impact from revalidation on these.

7.3 Quantitative data collection

7.3.1 Follow-up survey of registrants

In Year One of the evaluation, all registrants who successfully revalidated in October 2016 – January 2017, or who are due to revalidate in October 2017 – January 2018 or October 2018 - January 2019, were invited to participate in an online survey exploring their understanding of, attitudes towards and, where relevant, experiences of the revalidation process. Over 35,000 registrants completed the survey.

All registrants who took part in the Year One survey, and provided permission to re-contact, will be invited to take part in a follow-up online survey in both Year Two and Year Three of the evaluation. These surveys will build on the survey already conducted to:

- Understand experiences of those registrants going through revalidation in Years Two and Three compared to the initial cohort; and,

- Build a comparison group to allow comparisons to be drawn in self-reported behaviour across the three groups. If revalidation generates the desired outcomes, then it is anticipated that a greater change in these measures will be observed amongst the registrants going through revalidation at the earliest date.

As the Year One survey covered registrants' experiences of the revalidation processes in detail, it is envisaged – providing the revalidation processes remain largely unchanged – that the focus of the questionnaire in Year two and Year Three will place more emphasis on measuring the impact of revalidation on the specific attitudes and behaviours that it aims to imbed in registrants.

The Year Two survey will take place November 2017 – March 2018; and the Year Three survey will take place November 2018 – March 2019, ahead of each of the next two annual reporting periods.

7.3.2 Process and outcomes survey with confirmers and reflective discussion partners

In addition to the quantitative survey with registrants, the evaluation will seek to collect quantitative data from confirmers and reflective partners. To do this, a one-off survey of c.1,000 confirmers and reflective discussion partners will be undertaken during Year Two of the evaluation.

It is anticipated that the sample frame for this survey will be generated by the NMC asking registrants to send an open link survey to their confirmer (and reflective partner if different) once they have revalidated). This open-link would collect the basic details needed for the evaluation team to conduct sampling for the survey.

Unlike the survey of registrants, this survey would take place at one time-point during the course of the evaluation, drawing on the experiences of those who have acted as confirmers and reflective partners up until the point at which the survey is administered.

The data will allow further quantitative exploration of experiences of the processes, and understanding, in particular, of how consistently reflective practices are being followed across the register. The questionnaire for this survey will be designed with advice from the scrutiny panel, to ensure it successfully addresses the central issues.

It is anticipated that this survey will take place in Autumn 2017.

7.4 Qualitative data collection

7.4.1 Ongoing case studies

Twelve case studies are being conducted by the evaluation team, covering a variety of settings. For example, hospitals and other secondary care settings, general practices, community based settings – such as schools or prisons – care homes, research or policy settings, and other non-clinical settings.

Eight of the proposed twelve qualitative case studies are currently underway, and partially complete. A lower than anticipated volume of interviews have been conducted to date, given the number of case studies in which a registrant's confirmer, reflective discussion partner, and line manager are the same person. Therefore, consideration will be given as to how to utilise the additional interviews to further answer the evaluation questions, for example by targeting more senior individuals within employer organisations. In addition, the case studies will also include two further sub-strands of work:

- **Benefit / burden diaries:** Registrants revalidating during Year Two or Three will be recruited and asked to maintain a time-use diary in the build-up to their revalidation, to contribute to the evaluation team's assessment of benefit and burden.

- **Analysis of reflective accounts:** Written reflective accounts are being collected through the qualitative case studies, and during Year Two these will be subject to a qualitative content analysis. The evaluation team will design a framework for analysing these, in collaboration with the NMC and with advice from the scrutiny panel. This analysis will seek to assess the extent to which the written reflective accounts demonstrate characteristics that would be associated with genuine reflection.

7.4.2 Patient and service-user representative organisations consultations

While the importance of exploring patient, service-user and public perspectives of revalidation within the evaluation is acknowledged, extensive work with these groups was discounted during the scoping stage. This was primarily because the extent to which large-scale data collection with the public would contribute to the evaluation was unclear.

However, in order to ensure that patient and service-users' viewpoints are incorporated into the evaluation, six consultations with patients and service-user representative organisations will be conducted in Year Three of the evaluation. It is currently envisaged that three of four organisations representing patients – such as charities or advocacy

groups – are recruited. The six interviews will be conducted with those working for the organisations and patient experts linked to the organisations. These viewpoints will feed into the final evaluation report at the end of Year Three.

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