NHS Employers response to the Nursing and Midwifery Council consultation on revalidation and the Code of Practice

Who we are

The NHS Employers organisation is the voice of employers in the NHS, supporting them to put patients first. Our vision is to be the authoritative voice of workforce leaders, experts in HR, negotiating fairly to get the best deal for patients.

The NHS Employers organisation represents the whole range of views from across employing organisations in the NHS in England on workforce issues and we part of the NHS Confederation.

Our role is to help employers understand and contribute to changes in the system to enable them to improve the quality of patient care. This includes providing general advice and guidance on good practice, as well as representing NHS organisations to policy makers. We work with the HR community and the whole range of Board level members to ensure we arrive at a position based on the views of employers.

Our work spans the whole remit of workforce issues and has both an overview and responsibility for the delivery of a number of workforce functions including pay, reward, employment practice, regulation, planning and supporting cultural and behaviour change.

Engagement with employers

This response has been compiled by NHS Employers, following consultation with employer organisations in the NHS. Prior to the Nursing and Midwifery Council's (NMC) consultation we hosted two events jointly with the NMC for HR and nurse leaders in the NHS to discuss the implications of revalidation for nurses and midwives. The events, held in York and Manchester, were attended by over 100 people and enabled us to gather useful intelligence. Following the launch of the NMC consultation we have engaged with HR and nurse leaders in the NHS through our an online survey, in-depth telephone interviews, discussions at regional NHS HR directors meetings and with NHS Board members at the NHS Employers Policy Board. There was also a further event in the Midlands and East attended by over 40 HR Directors in March.

There is a huge demand for information and the opportunity for discussion coming from the senior HR and nursing workforce. This is an ideal situation to take forward strong, evidence based plans for revalidation that will help improve standards, quality and confidence in the profession and the system. As the employers organisation we are committed to supporting the NMC to engage with this key employer audience.
Key messages from employers

Through engagement with employers we have found that there are some shared opinions and concerns around revalidation for nurses and midwives.

Employers generally recognise that the planning of revalidation is in its early stages, but understandably following the implementation of medical revalidation, are eager to know more detail on how revalidation will work for nurses and midwives, what is expected of them as employers and crucially, what the over-arching objective is for the regulator.

We have included below the range of issues raised by employers but there are two that stand out as significant issues, confidence and cost. There was an overwhelming number of discussions about the need for clarity around the desired outcomes of the revalidation process for the NMC and a clear indication of the costs to the whole system but in the context of our discussions with employers – the cost to employers.

Throughout the different types of consultation and engagement activity undertaken there were a lot of questions about whether there would be Responsible Officer as for medical revalidation and what the NMC would be producing to ensure consistency in process. Although communications have been extensive this has demonstrated the need to continue to engage and communicate consistent and clear messages to registrants and wider audiences. It might be helpful to include descriptions of what the NMC define as the regulatory purpose of revalidation and the difference of an employment led appraisal. We would be happy to help agree messaging as part of the task and finish group or employers reference group

The main issues raised by employers were linked to:

- costs and resources
- clarity around objective, expectations and outcome measures of the NMC
- consistency in application which results in confidence in the system
- ensuring an improvement in quality and standards

Specific points raised by employers:

- Many expressed concerns that the cost of administering revalidation for midwives and nurses would not be funded sufficiently in terms of set up costs and the impact on those required to make it work on the ground could be quite significant.
- There are several different appraisal systems in place – some organisations use the Knowledge and Skills Framework (KSF) but many have developed or purchased other systems that are utilised across their whole workforce and the view from these organisations is that it would very costly to now adopt a different system for nurses and midwives. There was a strong view that the
NMC needed to set clear rules around what they expect from their registrants and to use as many existing systems and processes that existed already to deliver what was required. This would require both a fixed and flexible approach to setting up revalidation – fixed in terms of the standards that are expected of registrants, what the regulator expects to see in terms of evidence and what is required from the person providing the sign-off. Flexible in how the evidence is collected by the registrant and how the employer may discharge the 3rd party sign off element of the proposals.

- The feedback has been varied but a combination of set standards around ‘what’ and guidance around ‘how’ seemed to be favoured by the majority of employers.
- On the specific question you posed around how much feedback is the right amount of feedback, the majority of respondents to our survey said the number of pieces of feedback was of secondary importance to defining what the feedback was designed to support and the importance of understanding the Code. There was discussion about whether you could reflect appropriately on your practice against the Code if you had either five or ten instances of feedback over a three year period. Having a fixed number can also create a tick box response. Some employers suggested that as registrants are required to continually reflect on their practice it should be sufficient to stipulate that the NMC expect to see reflection against the Code supported by multiple sources of feedback over the course of the 3 year period.
- Linked to this point there was also a request for flexibility in how feedback is obtained. This would enable nurses or midwives working in very different roles in different settings to select the most appropriate sources to provide feedback.
- There are a variety of ways in which employers have introduced systems to encourage feedback from patients or relatives and some employers mentioned there may be ways to utilise the friends and family test to provide some of the evidence needed. We would happy to work with the NMC on working through examples of how feedback could be collected to support any guidance in this area but we would stress that this should be guidance and not a rule or standard.
- Comments from employers on third party confirmation focused around the person who is most appropriate to do this and what does the signature provide. On the latter point this was about whether it was confirmation or a recommendation of the registrant’s fitness to practise. It would be helpful if this could be clarified along with what the confirmer is being asked to do. There are concerns amongst registrants, which may have been picked up as part of the consultation, about what the implications are for a third party confirmer who signs a form for someone who subsequently is referred to the NMC and has either sanctions placed on their registration or is removed from the register.
Sometimes the registrants manager may not be NMC registered. Examples include the Chief Nurse in an NHS organisation or where a nurse may be managed by someone who is registered by another professional regulator. Knowing and understanding the NMC Code was the biggest factor discussed around this issue. It was felt that having an NMC registered, more senior professional, provide the 3rd party confirmation would be the ideal and most appropriate way forward but we recognise this is not always possible and particularly outside of the NHS. We felt this was about adopting a proportionate approach to any variation from line manager sign off rather having something so broad that it would be difficult to maintain confidence in the system and protect against any abuse of the system or inappropriate pressure being applied to more junior registrants to provide ‘confirmation’.

On the Code, 50% of employers responding to our online survey indicated that they thought, in the main, that the code was fit for purpose, but a third of them indicated that there were still a number of grey areas that needed further consideration. As this is the core document for registrants to check back against throughout all that they do, some additional communications and engagement specifically around the Code would be helpful in phase 2 and in the run up to the roll out of the agreed process. For revalidation to be successful there needs to be collaboration at an organisational level between the nursing professional leadership and the employment system, usually led through HR.

On the whole there is less awareness about the detail of the Code outside of nursing and midwifery profession and we would be happy to support any plans to broaden awareness of the Code to achieve a similar awareness to that of Good Medical Practice for doctors.

**General comments about implementation**

We received some general comments about the challenges and barriers to implementing, including:

- There is a feeling of a bit of apathy amongst nurses and midwives about the process, it’s not widely talked about at the moment, need to raise the profile and encourage local discussion. As we mentioned earlier, being able to articulate the purpose and what the aims are will be essential throughout phase 2 if we are to build confidence and aspirations amongst registrants.
- A need to ensure that the process allows for staff engagement in its development to make sure this is meaningful and is fit for purpose. The sooner detail can be released around the standards expected, the more time employers will have roll it out locally. The numbers involved make this a huge task and having some form of local/regional contact would be beneficial in the run up to implementation.
• Revalidation should not just focus on technical skills and should be intrinsically linked to the Code.
• There is a need to consider what electronic system to put in place. The majority of respondents said that an NMC hosted electronic system that interfaces with ESR would be the most effective way to achieve transfer of data to the employer and around the NHS system as individuals move roles throughout the NHS. This would obviously require training and support for registrants who would be the primary users but also anyone else required to input into and access the system.

Revalidation: barriers and challenges and potential solutions

We asked employers about the main challenges and barriers to implementing revalidation and to give us some possible solutions. Some have been mentioned in more detail above but this a summary list from the feedback:

• Need to raise awareness and understanding of what is expected from nurses and midwives.
• Need to raise awareness and understanding of the manager's role in revalidation.
• Engage with all levels in the nursing and midwifery profession at the very early stages
• Needs to be resourced correctly in terms of costs, time and technology.
• Make the process as simple and as robust as possible.
• Shouldn't be a paper exercise – needs to be an e-transferable solution/central IT system.
• Training and agreement nationally so that consistency can be achieved.
• Clear examples of the type of evidence a nurse/midwife can submit.
• What happens if the registrant cannot provide 3rd party confirmation?
• The term 'revalidation' is too close to medical revalidation – suggest terminology needs to differentiate from this, to prevent any confusion.

Moving forward

The NHS Employers organisation will be happy to expand upon any points raised in this paper and is committed to working with the NMC and other partners to support the design and implementation in NHS organisations in England.