

NURSING AND MIDWIFERY REVALIDATION POLICY

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Partners in Care

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<p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1	Ratified	24 November 2016	New	Care & Clinical Policies Group Jane Viner, Chief Nurse Dr R Dyer, Medical Director

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1. Policy Statement

- 1.1 This policy aims to set out the requirements for Nursing and Midwifery Revalidation with the Nursing and Midwifery Council (NMC). The purpose of revalidation is to improve public protection by making sure that nurses and midwives continue to demonstrate their ability to practice safely and effectively throughout their career. Revalidation reinforces the duty of nurses and midwives to maintain their practise within the scope of Nursing and Midwifery Code (the Code) in their day to day practice and personal development. Revalidation will encourage engagement in professional networks and discussions, and reduce professional isolation.

2. Introduction

- 2.1 Built on existing employment arrangements, NMC revalidation adds requirements which encourage individuals to seek regular feedback from service users and colleagues reflect on The Code and seek confirmation from a third party that the necessary requirements have been met.
- 2.2 Revalidation is applicable to all Nurses and Midwives irrespective of their role in frontline clinical care, education, research, policy, advisory, management and leadership roles. It applies to substantive, temporary and short term contract staff including bank staff.

3. Scope

- 3.1 This policy applies to all staff employed by Torbay and South Devon NHS Foundation Trust (TSDFT), together with those on a joint contract with the organisation and another employer.
- 3.2 Although not employees of the Trust, bank staff, agency staff and outside contractors will be required to comply with the policy.

4. Equality and Diversity Statement

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5. Roles and Responsibilities

5.1. Nurses and Midwives (Registrants)

- 5.1.1. The registered nurse or midwife (the registrant) is fully responsible for their own revalidation and must meet a number of requirements, designed to show that they are actively maintaining safe and effective practice. All registrants will need to keep records of their participation in a portfolio.
- 5.1.2. The registrant will need to meet a range of revalidation requirements designed to show that they are keeping up to date and upholding safe and effective practice. Once the requirements have been met, there should be a discussion about revalidation with a confirmer. As part of this confirmation discussion, the registrant will demonstrate that they have complied with all of the revalidation requirements, except professional indemnity arrangement and health and character. Every three years the registrant will apply for revalidation using NMC Online. As part of that application, they need to declare to the NMC that they have complied with the revalidation requirements.

5.2. Confirmers

- 5.2.1. Confirmation is a new requirement under revalidation. The Confirmer must be registered with the NMC and in most cases this will be the line manager or a nurse who knows the registrant. The confirmer plays a crucial role in the revalidation process by discussing the registrant's portfolio and confirming that they have met the requirements for revalidation. The most likely to be suited as a confirmer is the line manager, who in most cases will also be NMC registered. This allows the reflective discussion and confirmation discussion to take place at the same time, with the same person, preferably in one meeting.
- 5.2.2. The confirmer will be stating that, to the best of their knowledge, the nurse's declaration is reliable and they are not aware of any serious concerns that would call the registrant's fitness to practise into question. Confirmers are expected to act honestly and in good faith.
- 5.2.3. If there are any grounds for believing that the nurse or midwife for whom the confirmer is providing confirmation knowingly makes a false declaration in their revalidation declaration, information supplied by the confirmer made honestly and in good faith may be used to investigate any alleged breach of the code and for the purpose of any subsequent fitness for practice proceedings against the nurse or midwife.
- 5.2.4. The line manager who is an NMC registrant within the organisation will carry out the function of confirmer. If the line manager is not NMC registered, confirmation should be obtained from a clinical, registered manager who works with the registrant. However there may be exceptional circumstances where this is not possible. In these cases the confirmer would be a registrant from another profession e.g. GMC, HCPC, which would be by prior agreement with the Chief Nurse. The confirmer must complete and sign the NMC confirmation form.

5.3. The Line Manager

- 5.3.1. Although revalidation is the registrant's responsibility, the manager must support the revalidation process with a supportive environment and resources to ensure staff successfully revalidate and are therefore registered to work within its setting.
- 5.3.2. The manager must ensure an annual appraisal (TSDFT Personal Development Review Policy) is carried out. It may be useful to have the reflective discussion and confirmation are part of the process.

5.4. The Employer

- 5.4.1. Revalidation aims to build on existing processes. Therefore the employer should raise awareness of revalidation and put plans in place to ensure all registered staff are fully engaged in the process. Although individual staff have a responsibility for meeting their revalidation requirements the Trust will support staff by having robust systems, and processes, capacity and resources to comply with revalidation, in particular:

- A designated lead to oversee the implementation of revalidation.
- That staff are facilitated to meet their appropriate CPD requirements.
- That staff receive yearly appraisals which can deliver the NMC requirements for revalidation.
- That sufficient management capacity exists to support staff with revalidation and third party verification and confirmation.
- That the information systems that can record and identify nurses and midwives current registration status and know when validation dates are due.

- 5.4.2. In addition the trust will:

- Provide each NMC registrant with an e-system access to upload and collect data to support achieving revalidation.
- The organisation will provide an email reminder to inform the registrant and line manager 6 months before revalidation is due.
- Information and guidance in relation to revalidation will be available via face to face sessions, team meetings and where required one to one sessions with education facilitator lead.
- Confirmers will be provided with a guidance session on the NMC role requirements.

6. Applying for revalidation

- 6.1 The NMC will notify registrants at least 60 days before their application for revalidation is due.
- 6.2 The registrant will then have to log into NMC Online and complete the revalidation application form. The first day of the month in which the registration expires is the date by which the revalidation application must be submitted.
- 6.3. If the NMC require further information to support the individuals revalidation application the date for registration may appear as lapsed on the NMC website until the verification/audit process is complete. The process can take up to 12 weeks. Registration will remain active during this time
- 6.3.1. The individual should provide evidence to the Workforce Planning and Information Team that they have been identified by the NMC for further information. Evidence

that the NMC has requested additional information, such as the email sent should be sent to wit.tsdf@nhs.net.

- 6.3.2 This information must also be shared with the line manager and Trust Revalidation lead. In these cases staff will remain NMC registered and therefore continue in their role and pay band without any restrictions unless informed otherwise by the NMC.
- 6.3.3 Should additional information be required any handwritten evidence will need to be entered into the NMC review template. Staff are strongly advised to record the evidence for Revalidation in electronic form.
- 6.4 The NMC will not usually consider any requests for extensions to submit a revalidation application. However, if you believe that you have a good reason why you cannot submit your revalidation application by the specified date, you must contact the NMC as far in advance of your revalidation application date as possible to discuss your situation. For further information go to the How to Revalidate Booklet, page 33. Also, see appendix 1

7 Personal Development Review

- 7.1 The trust is aware of the Code and the standards expected of registered nurses and midwives in their professional practice.
- 7.2 Personal development reviews sometimes known as appraisals are a way for the trust to assess the performance of their employees against the requirements of their role and identify areas for improvement and development.
- 7.3 The revalidation process is designed so that it can be undertaken as part of a regular performance development review. All nurses and midwives must ensure that they have an annual performance development review and where possible reflective discussions and confirmation form part of this.
- 7.4 If the line manager is an NMC-registered nurse or midwife, it is helpful to have both the reflective discussion and confirmation discussion as part of the annual performance development review to keep updated on revalidation.

8. Training and Supervision

- 8.1 Training and briefing will be offered to all those registrants due to revalidate in the next 3 years via the training team.
- 8.2 There is a dedicated webpage on ICON with information and links to NMC and Trust Revalidation information and NMC Online.
- 8.3 Training will be offered to all bands 6 and above nursing leads acting as Confirmers.
- 8.4 Additional support is available on the NMC website in an NMC Publication, How to revalidate with the NMC, available at:
<http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf>
- 8.5 Templates and resources are also available at:
<http://www.nmc.org.uk/standards/revalidation/revalidation-guidance-and-resources/>

- 8.6 Advice and support will be provided by the Nursing, Professional Practice & Peoples Experience and Workforce and OD team's to support staff and managers in adhering to this policy and their understanding of dealing with Nursing Revalidation.
- 8.7 Awareness of this policy will be raised through the publication of information on ICON and to advise staff of changes to the policy through the staff bulletin and ratification processes

9. The Revalidation Process

9.1 Revalidation and the Code

- 9.1.1. Revalidation supports professionalism through a closer alignment with the Code. The revalidation model aligns to the four themes of the Code:

- Prioritise people by actively seeking and reflecting on any direct feedback received from patients, service users and others to ensure that the nurse is able to fulfil their needs.
- Practise effectively by reflecting on professional development with colleagues, identifying areas for improvement in practice and undertaking professional development activities.
- Preserve safety by practising within competency for the minimum number of practice hours, reflecting on feedback, and addressing any gaps in practice through continuing professional development (CPD).
- Promote professionalism and trust by providing feedback and helping other NMC colleagues reflect on their professional development, and being accountable to others for professional development and revalidation.

9.2 Overview of Revalidation

- 9.2.1. In the three years preceding the date of the application for renewal of registration, the registrant needs to meet a range of revalidation requirements designed to show that they are keeping up to date and actively maintaining their ability to practice safely and effectively. These include undertaking a range of continuing professional development activities and ensuring that they complete a minimum amount of practice. Nurses and midwives work across a wide range of roles, functions and settings. For example, these include roles in front line clinical care both in acute and community settings, roles in nursing and midwifery education and research, policy advisory roles and management and leadership roles specific to nursing or midwifery. The activities undertaken to meet these requirements will reflect the individuals scope of practice as a nurse or midwife.

9.3 Keeping a Portfolio

- 9.3.1. The NMC strongly recommend that evidence is kept in a portfolio. This can be electronic or a hard copy. It may be helpful to structure the portfolio according to the themes in the Code.
- 9.3.2 This will be helpful for the discussions with the third party confirmer. This information should be made available in case the NMC request to see it to verify the declarations made as part of the application.

9.4 Practice Hours

- 9.4.1 If the registrant has practised for less than the required number of hours in the three years preceding the date of their application for renewal of registration, then an appropriate return to practice programme approved by the NMC must be completed before the date for renewal of registration.
- 9.4.2 Only hours that are relevant to registered nursing or midwifery practice contribute toward meeting the practice hours requirement. Practice hours will relate to the specific scope of practice and are not limited to direct patient care. For some roles, practice will include non-clinical practice.

Registration	Minimum number of practice hours required
Nurse	450
Midwife	450
Nurse and SCHPN	450
Midwife and SCHPN	450
Nurse and midwife (including Nurse/SCHPN and Midwife/SCHPN)	900 (to include 450 hours for nursing)

9.5 Continuing Professional Development

- 9.5.1 The registrant must undertake 35 hours of continuing professional development (CPD) relevant to their scope of practice as a nurse or midwife, over the three years prior to the renewal of registration.
- 9.5.2 Of those 35 hours of CPD, 20 must include participatory learning.

9.6 Practice Related Feedback

- 9.6.1 At least five pieces of practice-related feedback must be collected over the three years prior to the renewal of registration.

9.7 Reflection and Discussion

- 9.7.1 The registrant must record a minimum of five written reflections CPD, and practice-related feedback an event or experience related to the Code, over the three years prior to the renewal of the registration.
- 9.7.2 The registrant must have a development discussion on their reflections with another NMC registrant. This registrant does not have to be the line manager.
- 9.7.3 The registrant must ensure that the NMC registrant with whom they had their professional development discussion signs a form recording their name, NMC Pin, email, as well as the date of the discussion.

9.8 Health and Character

- 9.8.1 The registrant must provide a health and character declaration.

9.8.2 The registrant must declare if they have been convicted of any criminal offence or issued with a formal caution over the three years prior to the renewal of their registration.

9.9 Professional Indemnity Arrangement

9.9.1 The registrant must declare that they have, or will have when practising, appropriate cover under an indemnity arrangement. As an NHS organisation, the Trust provides appropriate indemnity cover for their employees.

9.10 Confirmation from a third party (the confirmer)

9.10.1 This will be a declaration that the registrant has demonstrated to an appropriate third party that they have complied with the revalidation requirements.

9.10.2 It will be necessary to provide the name, NMC Pin or other professional identification number, email, professional address and postcode of the appropriate third party.

9.10.3 The NMC will require information for the purpose of verifying the declarations made in the application.

10. References

Revalidation: How to Revalidate with the NMC. Accessed online at <http://www.nmc.org.uk/globalassets/sitedocuments/revalidation/how-to-revalidate-booklet.pdf> (15.10.15)

NMC Revalidation: What's Happening. RCN Online. Accessed online at: https://www.rcn.org/_data/assets/pdf_file/0011/629444/NMC-Revalidation-leaflet.pdf (15.10.15)

NMC Revalidation. NMC Online. Accessed online at: <http://www.nmc.org.uk/standards/revalidation/> (15.10.15)

11. Contact Details

For any help or support, please contact the Clinical Placement Educators on 01803 656661 sdhct.ClinicalEducationTeam@nhs.net or the Clinical Education and Placement Lead on 01803 656608/217369

12. Monitoring, Audit and Review Procedures

This policy will be monitored and audited on a regular basis. A full review will take place every two years unless legislative changes determine otherwise.

Appendix 1**From the NMC How to Revalidate Booklet****Requesting an extension to submit your application**

1. The NMC will not usually consider any requests for extensions to submit a revalidation application. You should have met the requirements during the three years prior to the renewal of your registration.
2. However, if you believe that you have a good reason why you cannot submit your revalidation application by the specified date, you must contact the NMC as far in advance of your revalidation application date as possible to discuss your situation.
3. You should contact us by email (revalidation@nmc-uk.org), and note in the subject line that your email is regarding a request to extend your revalidation application. We are only able to grant an extension prior to the date your registration is due to lapse. Extensions will be granted for a period of up to six weeks.
4. In granting an extension, we will take into account: whether you have contacted the NMC in advance of the date your revalidation application is due; the reason why you cannot submit your revalidation application by the specified date; whether you are capable of completing the outstanding revalidation requirements and submitting your application within the additional period of time; whether there are any concerns about your fitness to practise, and whether the annual fee has been or will be paid by the required date.
5. Any extension we agree in relation to your revalidation application would not include an extension to the date on which your annual fee is due to be paid.

Appendix 2**Nursing Revalidation – Frequently Asked Questions****What is Nurse Revalidation?**

The Nursing and Midwifery Council (NMC) Revalidation is a process introduced by the NMC that all nurses and midwives will be required to undertake every three years, in order to renew their registration.

NMC Revalidation is the way in which nurses and midwives demonstrate to the NMC that they continue to practice safely and effectively, and can remain on the register. In order to revalidate, every nurse and midwife must declare to the NMC that they are meeting the standards of the revised NMC code, have received confirmation from a third party that this is true, and be able to offer evidence which shows how this has been achieved.

Revalidation requires evidence that nurses and midwives have:

- Completed the required minimum hours of practice and continuing professional development (CPD) over the 3 year period
- Obtained a minimum of five pieces of feedback over the 3 year period from a range of sources
- Recorded at least five reflections on this feedback, the Code and/or learning activities undertaken, and had a professional development discussion with another NMC registrant, covering these reflections
- Obtained confirmation from an appropriate third party that they have met the requirements for revalidation.

Why has the NMC introduced revalidation?

Revalidation – keeping nurses' practice up-to-date – is nothing new. However, there were concerns that the previous system, PREP, was not effectively monitored. The new system includes an additional level of monitoring as every nurse will need to be signed off by their manager or someone in a similar position.

Revalidation was a key recommendation from the Francis inquiry into failures of care at Mid Staffordshire Foundation Trust. It aims to prevent future scandals by improving patient safety and ensuring nurses are all providing care that meets an acceptable standard.

It will mean nurses must do more to remain on the Nursing and Midwifery Council register.

Nurses will need to obtain five pieces of practice related feedback. This can be formal or informal, written or verbal; and you will need to complete five written reflections on the and discuss this with another registrant.

Whereas in the past, nurses were asked to confirm that they had undertaken CPD in order to re-register, this was only checked if a nurse was subject to an NMC spot-check. Under the new revalidation system, every nurse will need to provide evidence that they have met the standards to their confirmer.

How has the NMC developed the revalidation model?

In August 2015, the NMC completed a six-month public consultation on revalidation and revising the code of conduct. This was run by independent companies and involved two online surveys, workshops and focus groups. The NMC also held five stakeholder summits and other engagement activities across the UK which were attended by nurses, midwives, employers, leaders, educators and representatives.

What does it mean for NMC registered professionals?

The proposal from the NMC is that from April 2016, all nurses and midwives must comply with the NMC revalidation requirements in order to renew their registration with the NMC. Applications for revalidation must be completed through the NMC Online.

Unless you meet the range of NMC revalidation requirements set out above to prove that you are keeping up to date and actively maintaining your ability to practice safely and effectively, you will not be able to remain on the NMC register. Some of the requirements for revalidation, such as recording and reflecting on CPD and completing the correct number of practice hours, are similar to the PREP standards, thus most nurses and midwives will currently meet some of the elements of NMC revalidation.

It is important to start familiarising yourself with the NMC revalidation process and what you will now need to do to meet the requirements. The activities you undertake to meet these requirements will differ, based on your individual scope of practice. It is never too early to start thinking about how to keep your practice up to date.

You can start to reflect on your practice today - discuss your practice and development with colleagues and identify gaps in your development in order to address them. Make sure you have a clear record of any courses and learning you have undertaken so you could produce a collection of evidence if requested to do so by the NMC.

Will revalidation be the same for nurses and midwives?

All nurses and midwives must comply, so all nursing and midwifery students who qualify after December 2015 will need to understand the new requirements. Nurses and midwives who do not comply will no longer be registered.

What sort of activities count as continuing professional development?

Revalidation means you will need to have undertaken 40 hours of CPD within the past three years to re-register with the NMC. The NMC has stated that there is no such thing as “approved activity” to count towards this CPD requirement, however it is important to remember that it should be relevant to your practice or may not be counted: don’t do something in your learning that you won’t do in practice.

CPD could include completing online learning units, reading a clinical article and doing a piece on reflective practice on it within your team, submitting an awards entry, or attending an educational event, conference or training seminar.

You must maintain a professional profile of this activity to show your employer (or your confirmer) at revalidation.

How will the NMC check that the revalidation model works?

The NMC has pledged to engage extensively with those affected by the model to ensure it is effective and workable. It has been consulted on its model of revalidation throughout the pilots, and would like to hear from nurses and midwives who work in a range of employment settings, as well as patient and public groups.

The model of feedback is being used by other regulated professionals and has been further supported by recent enquiries and recommendations to the NMC (such as those included in the Francis report).

When does revalidation start?

From April 2016, all nurses and midwives who are due to re-register at that point or from then on will start using revalidation. This means that by April 2019, everyone on the register would have undergone revalidation.

What will I have to do to revalidate?

Nurses and midwives will have ownership of, and will be held accountable for, their own revalidation process. Every three years at the point where they have to renew their registration, nurses and midwives will need to demonstrate to the NMC that they continue to remain fit to practise in order to remain on the register and able to work in the UK.

A nurse or midwife will be required to declare they have practised for 450 hours during the last three years and completed 35 hours of continuing professional development (CPD).

Revalidation will also require nurses and midwives to obtain confirmation from a third party on their continuing ability to practice safely and effectively. This will come from someone well placed to comment on a nurse or midwife's practice based on the requirements in the Code and for this Trust, will be a registrant.

Nurses and midwives will need to show as well how they are using practice related feedback from patients, colleagues and others to improve their standards of care.

From April 2016, all nurses and midwives who are due to re-register will then start using revalidation.

Who will approve my revalidation?

Confirmation is received from someone well placed to comment on a nurse or midwife's practice. For this trust it will be a clinical nurse manager. This will confirm that a nurse or midwife has met the requirements for revalidation and it will be based on information available at the time.

What happens if I fail my revalidation?

Nurses and midwives have to pass revalidation or they will fail to be registered to legally work in the UK in their profession. Nurses and midwives should be collecting the evidence to support their revalidation throughout the three years, and discussing it with their employer at appraisal, so should be aware before the revalidation date if they have or haven't met the NMC's requirements.

What has changed in the new NMC Code?

Prioritise people, practice effectively, preserve safety and promote professionalism are the four "statements" of the revised Nursing and Midwifery Council code of conduct, which aims to improve standards of patient care.

The code will be central to practice, and will govern how patients are treated with dignity and respect as well as clinical competence. Specifically, it features new instructions including to treat people with compassion and to ensure the physical, social and psychological needs of people are assessed and to exercise candour when any errors or harm have occurred.

What is the application process?

The NMC will notify you at least 60 days before your application is due, either by email if you have set up an NMC Online account, or by letter sent to your registered address.

Once you receive your notification you will need to go online and complete the application form.

The first day of the month in which your registration expires is the date by which you must submit your revalidation application.

The last day of the month in which your registration expires is the date on which your registration expires. Your registration will be renewed from this date onwards if you have successfully completed your revalidation application

Can I appeal to the NMC?

If you fail to meet the revalidation requirements and your application is refused you can appeal this decision within 28 days of the date of your decision letter. Further information can be found on the NMC website.

One dual registered full time nurse & midwife was told that she could count hours for both midwifery and nursing in her full time midwifery role but would have to let her nurse registration lapse. At another event the advice was they could count both midwifery and nursing hours in the same post as long as they were not the same hours and that the nursing hours related to nursing practice. What does the NMC say?

Advice from the NMC for those with dual registration.

We recognise that this has been a grey area so we have developed specific guidance as follows:

As a regulator, we regulate professions and not duties or tasks. Nursing and midwifery are separate professions and if you are practising solely as a nurse or solely as a midwife it is not necessary for you to maintain both of your registrations. If you are registered as both a nurse and a midwife you must practise a minimum of 900 hours over the three years preceding the date of your application for renewal. This must include at least 450 hours of nursing and 450 hours for midwifery. If you work in two different roles, one in nursing and one in midwifery, you should record each role separately, with separate practice hours and separate evidence for each. When you complete your revalidation application you will need to be able to demonstrate how you met the practice hours requirement for both nursing and midwifery. If you practise in one role in which you are practising as both a nurse and a midwife, such as a lecturer in nursing and midwifery or a nursing and midwifery hospital lead, you can renew both registrations. Please note that you cannot double-count hours, so you will still need to declare a minimum of 900 hours – at least 450 hours for nursing and at least 450 hours for midwifery. If you practise in just one role, for example if you practise solely as a midwife, then when you complete your revalidation application you will have to specify midwifery as your scope of practice. You cannot select any individual tasks undertaken as part of your practice as a midwife in order to maintain your nursing registration. The same applies if you work solely as a nurse. If you are in a role where you do not undertake any practice that relies on one of your registrations, and you are therefore unable to meet the practice hours requirement for that registration, then you can either complete a return to practise course or you will need to consider cancelling that registration. Allowing your registration to lapse does not mean that you are giving up your qualification. You can apply for readmission if you want to use this qualification again in the future. Please remember that you must always work within the limits of your competence, as set out in 'The Code: Professional standards of practice and behaviour for nurses and midwives'

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

		<i>Please select</i>			
Who may be affected by this document?	Patient / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>	
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>	
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>	
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>	
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>	
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>	
	Others (<i>please state</i>):				

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
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If you answer yes to this question, please complete a full Quality Impact Assessment.

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		

If you answer yes to any of these strands, please complete a full Quality Impact Assessment.

If applicable, what action has been taken to mitigate any concerns?	
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Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	G2089 – Nursing and Midwifery Revalidation		Version and Date	V1 November 2016	
Policy Author	Lead for Clinical and Placement Education				
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
This policy aims to set out the requirements for Nursing Revalidation with the Nursing and Midwifery Council (NMC). The purpose of revalidation is to improve public protection by making sure that nurses continue to remain fit to practice throughout their career. Revalidation reinforces the duty of nurses to maintain their fitness to practice within the scope of their practice and incorporate the Code in their day to day practice and personal development. Revalidation will encourage engagement in professional networks and discussions, and reduce professional isolation.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Clinical, workforce and communication leads					
ACTION PLAN: Please list all actions identified to address any impacts					
Action	Person responsible		Completion date		
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Lead for Clinical and Placement Education		Signature		
Validated by (line manager)			Signature		

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net
 For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pdf.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.