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Revalidation and you

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How to cite:

Cornock, Marc (2016). Revalidation and you. *Orthopaedic & Trauma Times*(31) pp. 8–10.

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Version: Accepted Manuscript

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Revalidation and you
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Word count: 2387 excluding abstract and reference list

Abstract

This article is based upon a workshop presentation at the 2016 Orthopaedic & Trauma Alliance conference.

The aim of this article is to look at the principles of revalidation and consider what it means to those who have to revalidate. There are a number of factors that relate to revalidation and in order to discuss revalidation it is necessary to reflect upon the concept of competence as well as continuing professional development in professional health care practice.

The ways in which competence can be achieved will be discussed, as well as how continuing professional development can ensure that competence is maintained. There will also be discussion of how continuing professional development and revalidation are interlinked and that revalidation is essentially a method of ensuring and demonstrating competence.

Introduction

Revalidation does not stand alone; it is not something that can be considered in isolation. Revalidation is a process, one that relies upon health care practitioners demonstrating how they maintain their competence and their continuing professional development in order to establish that they have the skills, knowledge and ability to practice health care.

To be able to understand what revalidation is it is necessary to understand the principles behind it including what competency is and the need to maintain competence throughout a professional career; what continuing professional development is and why it is a key principle in revalidation and how the two are interrelated; and the ways in which continuing professional development can be achieved and how this can be demonstrated during the revalidation process. Therefore this article will define competence and continuing professional development during its examination of revalidation.

What is competence?

Competence is about someone's ability to do something. Although it is about more than just their ability as it is also concerned with doing the particular thing safely and adequately. So that competence requires the individual to have the necessary knowledge and skills in relation to their ability to undertake the particular task.

To be competent at doing something implies that you are able to do it without the need for anyone telling you how to do it or supervising the way that you do it. Indeed been able to work unsupervised is a key element of being competent.

In relation to health care, and in particular nursing, competence can be said to be 'possessing the skills and abilities required for lawful, safe and effective professional practice without direct supervision' (Nursing and Midwifery Council 2004, at section 6.2).

Why is competence important?

Having outlined competence it can be asked why this it is important and why we need to discuss competence when considering revalidation. The answer to this is that competence underpins revalidation, as we will see, and that without demonstrating their competence a health care practitioner would be unable to demonstrate that they do have the skills and abilities to undertake safe and effective practice.

In the not too distant past, indeed less than 30 years ago, it was possible to just have to demonstrate competence at the point of initial registration. That is that you undertook a period of training and at the end of that training undertook an examination which included assessment of practical skills and on passing these were deemed to be competent for your health care role. There was no need to undertake any form of continuing professional development or to prove your competence further, unless you wanted to take on an additional expanded role. Once you had achieved this initial competence you were set for life.

Thankfully, it is recognised that this was not an effective way of ensuring that health care practitioners delivered safe care for their patients. So this isn't the case anymore. You are now required to show that you are competent and up-to-date in your area of practice on a regular basis (the essence of revalidation).

Demonstration of competence is no longer a single event, rather it can be thought of as a continuing process. It is in this way that competence and revalidation are linked as the latter requires a health care practitioner to demonstrate the former.

This recognition of competence as a continual process can be seen in the latest iteration of the Nursing and Midwifery Council code for practice, where section 6.2 states that nurses must 'maintain the knowledge and skills you need for safe and effective practice' (NMC 2015). This section acknowledges that competence is something that has to be maintained and is not something that can be simply attained and never considered again.

Apart from the need to maintain competence in your current role, competence is also important in the development of health care practitioners' roles and in the development of health care practice as a whole.

It used to be that nurses had a specific caring role and to act outside of this needed 'permission'. Now, nursing has advanced its role to include independent treatment and there are very few roles and tasks that cannot be performed by any health care

practitioner who has the necessary competence. However, there do remain some roles that continue to be the exclusive legal preserve of the registered medical practitioner.

Only registered medical practitioners can authorise and supervise termination of pregnancy (Abortion Act 1967 section 1); it is an '*offence to tattoo a person under the age of eighteen except when the tattoo is performed for medical reasons by a duly qualified medical practitioner or by a person working under his direction*' (Tattooing of Minors Act 1969, section 1); whilst nurses and midwives etc may verify that death has occurred, only doctors may certify death (Births and Deaths Registration Act 1953, section 22); only doctors may perform female genital mutilation, where it is necessary for her physical or mental health, except where it is connected with labour or birth, where it may be undertaken by a midwife (Female Genital Mutilation Act 2003, Enactment Clause 1); only doctors may sign statutory certificates, e.g. sick certificates for statutory sick pay purposes,

Demonstrating competence would be the way that you would establish that you had the necessary knowledge skills and ability to take on one of these so-called extended roles. In essence, unless it has been legally proscribed (as in the preceding paragraph), you can undertake whatever role or procedure you want: provided you are competent to do so (although you will also need to ensure that you have your employer's agreement and appropriate). For more on extending roles and what the health care practitioner needs to consider see Cornock 2016.

One way of maintaining your competence is undertaking continuing professional development and it is to this that we now turn.

What is Continuing Professional Development?

Continuing Professional Development, usually known as CPD, can be said to be '*the process by which health professionals keep updated to meet the needs of their patients, the health service, and their own professional development. It includes the continuous acquisition of new knowledge, skills, and attitudes to enable competent practice*' (Peck et al 2000 at page 432.)

As we have seen above, competence should not be seen as a static achievement that is achieved at the point of registration; there is a need to maintain and develop competence. It is continuing professional development that addresses this and allows a healthcare practitioner to continually develop the knowledge skills and abilities to safely and effectively undertake the role.

There are two aspects to continual professional development, the first is actually undertaking some form of formal or informal education training or learning. The second is the recording of that experience.

Almost anything that contributes to the acquisition of new skills knowledge or abilities or to the maintenance of your current competence can be seen as continuing professional development. This can include reading articles, attending conferences, participating in a training course, undertaking a course leading to a qualification, discussion with colleagues, reflection on practice, and researching a technique or condition amongst other things.

Continuing professional development can be used to fill a gap in your knowledge or skills, to prepare you for a new area practice, to lead to a change in your role, as well as meeting your professional requirements.

When undertaking any form of continuing professional development one thing that you need to ask yourself is, does this activity meet the requirement of keeping me updated to perform my role safely and effectively? If the activity doesn't do this then it is not an effective form of continuing professional development for you and you would be well advised to consider different forms of activity for your continuing professional development.

Having considered competence and continual professional development we are now in a position to examine validation and what it means for the health care practitioner.

What is revalidation?

Although there has been a lot of unease amongst the nursing profession about the introduction of revalidation, as witnessed in the nursing press, revalidation itself is merely the process by which nurses and other healthcare practitioners can demonstrate to the professional regulators that they are competent to remain on their respective professional register.

Revalidation has been seen as the way forward for professional regulation specifically the way of determining if a healthcare practitioner is fit to practise within their professional sphere. A number of scandals within health care and their subsequent Inquiries led to calls for a change in the regulation of health practitioners. Ultimately this led to the publication of a White Paper by the government in 2007 that set out its proposals for the reform of health care practitioner regulation (Secretary of State for Health 2007).

As a result of various consultations and proposals revalidation became a reality for health care practitioners within the United Kingdom. However, it should be noted that the General Medical Council was already considering revalidation as far back as 1998, prior to any attempt to impose it upon them by an external organisation, and prior to the scandals which led to public inquiries. Although initially set to commence in 2005, development and introduction of revalidation by the General

Medical Council was delayed until December 2012, whereas for nurses it started in April 2016.

Revalidation can be likened to the appraisal process, being a form of 'appraisal plus'. The 'plus' being that the healthcare practitioner has to demonstrate that their skills and competencies are current and they are fit to practise.

There are various ways that the actual method of competence could be assessed, for example written examinations, objective tests of knowledge, clinical supervision, patient surveys, peer review, practical assessments, direct observation of clinical practice, and portfolios relating to specific criteria, or any combination of these.

Some of the initial concern with regard to regulation within the nursing profession was around how competence would be assessed and whether it would be overly onerous on nurses.

However this has not proved to be the case and the requirements for revalidation from the Nursing and Midwifery Council build upon previous continuing professional development requirements. The current revalidation requirements are:

- ▶ 450 practice hours
- ▶ 35 hours of CPD including 20 hours of participatory learning
- ▶ Five pieces of practice-related feedback
- ▶ Five written reflective accounts
- ▶ Reflective discussion
- ▶ Health and character declaration
- ▶ Professional indemnity arrangement
- ▶ Confirmation

(Nursing and Midwifery Council 2016a)

As the Nursing & Midwifery Council themselves say:

“Taking effect from April 2016, revalidation is straightforward and will help you as a nurse or midwife demonstrate that you practise safely and effectively. It will encourage you to reflect on the role of the Code in your practice and demonstrate that you are 'living' the standards set out within it.

This new process replaces the Prep requirements, and you will have to revalidate every three years to renew your registration.”

A common feature of the various revalidation processes from the professional health care regulators is that their registrants must relate the documentation they submit for the revalidation process back to their professional codes of conduct. The Nursing & Midwifery Council is not alone in this.

The requirements for revalidation for nurses above is that for a three-year period, thus over a 12 month period there is only a need for approximately 12 hours of CPD. The Nursing & Midwifery Council do not stipulate what that CPD should be but rather leave it to the individual practitioner to decide upon what best meets their individual needs.

As can be seen in addition to the practice hours requirement and CPD requirements, the practitioner is required to submit various pieces of practice -related feedback and reflective accounts, as well as health and character declarations and confirmation that they have professional indemnity arrangements in place.

Participatory learning refers to CPD activities where the practitioner interacts with others, either in person or online, so that the practitioner can demonstrate that they have learned through consultation with others rather than merely undertaking CPD activities on their own without the opportunity to check and possibly test their understanding.

Provided that you have met the revalidation requirements set out above it is not possible to fail revalidation in the same way that is not possible to fail an appraisal. You could be asked for further information or to clarify something you've written or for further evidence, however that is not the same as failing. As failing revalidation result in removal from the professional register. Although, if you do not engage in the process, or do not meet all the criteria above, then you will not have met the revalidation requirements and possibly will not be allowed to continue with your registration.

Conclusion

Revalidation as a process is here to stay for the foreseeable future. Those health care practitioners who currently do not have a requirement to go through revalidation can probably expect this to change in future.

Revalidation is concerned with a healthcare practitioner demonstrating that they are competent and safe to practise in their chosen area, and that have maintained their competence through continuing professional development. It is a cyclical process, currently for nurses this is every three years, and so will be a continuous process whilst the individual remains on the professional register.

Although revalidation is a formal event in that it occurs at a specific point in time and has a list of requirements and procedures and documents that have to be completed,

it is merely about demonstrating competence. It builds upon previous CPD requirements by introducing the need for documentation to be assessed by an independent confirmer. As such it is important that health care practitioners record their continuing professional development in a systematic manner.

Even if revalidation is not something that you are currently subject to it is worth showing that you are undertaking continual professional development and keep yourself up-to-date. Therefore having a log or other such document of your continuing professional development is a professional practice that you would be wise to commence if you have not already done so.

Acknowledgments

I would like to acknowledge the contribution, questions, and discussion that I had with the participants at the workshop during the 2016 Orthopaedic & Trauma Alliance conference that have helped shape this article.

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