



Ipsos MORI
Social Research Institute

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Independent evaluation of revalidation for Nurses and Midwives

Interim report (Year Two)

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

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Table of acronyms

Acronym	Definition
CNO	Chief Nursing Officer
CPD	Continuing Professional Development
CQC	Care Quality Commission
EEA	European Economic Area
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 findings from the research activities undertaken in the first two years of the evaluation, covering delivery of revalidation from April 2016 to March 2018 (the first two years of revalidation). The report focusses on changes identified during Year Two, including interim progress towards outcomes, and builds on the interim considerations for the NMC provided 12 months ago.

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 processes 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 previous 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 to maintain their presence on the register.

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 Two are set out below. Further methodological details are provided elsewhere in this report, and the previous report provides full details of the methodology for Year One⁵.

- **Stakeholder consultations** – Conducted with representatives of three of the four nations;
- **Analysis of monitoring information** – Independent analysis of the monitoring information collated by the NMC;
- **Literature & context review** – Exploration of sources of evidence to support the design of revalidation and inform future decisions, and an updated review of the context within which revalidation is being implemented;
- **Registrant survey** – A second wave of an online survey with NMC registrants exploring experience of revalidation processes, and providing the first 'distance travelled' data to allow assessment of progress towards outcomes. The

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.

⁵ Ipsos MORI (2017), *Independent evaluation of revalidation: Interim report (Year One)*. Available online at:

https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/revalidationreports/ipsos-mori-evaluation-report.pdf

survey will be repeated at one further time point, with the sampling for the survey designed to build a comparison group over time, and allow measurement of attitudinal and behaviour outcomes of revalidation;

- **Case studies** – Qualitative, setting-based case studies. Eight case studies, and a total of 22 interviews have been conducted in Year Two, with registrants, their line managers, confirmers, and reflective discussion partners; and,
- **Interviews with confirmers and reflective discussion partners** – 25 in-depth qualitative, interviews with those who have acted as confirmers and reflective discussion partners, focussed on understanding their experience of revalidation.

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

Delivery progress

The extremely challenging context for the introduction of revalidation identified in the Year One evaluation report has continued. This context is characterised by tight financial constraints across the health and social care sector, and major staffing issues, not least the potential impact of the United Kingdom's decision to exit the European Union on the nursing and midwifery workforce.

The General Medical Council (GMC) introduced revalidation for doctors in 2012. This has been subject to an ongoing evaluation, the final report from which was published in February this year. The findings of the GMC's evaluation are important for the NMC to consider as they seek to understand the outcomes of revalidation for nurses and midwives. The evaluation of medical revalidation did not find substantial evidence that the process was leading to changes in practice, but in line with findings from the evaluation of nursing and midwifery revalidation to date, identified reflection as key to generating change.

The implementation of revalidation during Year Two has continued to proceed as expected. There have been no significant issues in delivery, and the early teething issues from Year One, such as technical issues relating to payments, appear to have been absent from Year Two. A further 204,218 registrants successfully completed revalidation, representing a 93.2% renewal rate. This maintains the high level observed in Year One. There remains no evident adverse impact on renewal rates compared to those observed under the Prep regime.

The NMC maintained levels of communication with registrants approaching revalidation in Year Two, to ensure they had the same experience as those who revalidated in Year One. The NMC also sought to improve communications materials where improvements were identified.

The approach to verification has been refined during Year Two, and continues to be tested to ensure it is effective in detecting registrants who have not fully complied with the requirements of revalidation and in deterring registrants from non-compliance.

Reflections from Year Two

Process

Between April 2018 and March 2019, roughly a third of NMC registrants are due to complete revalidation for the first time. It remains crucial that a focus is placed on supporting these registrants to revalidate successfully, as has been the case for those registrants undertaking the process in the first two years.

The NMC has demonstrated a willingness to act upon feedback received regarding both communication methods, and materials, regarding revalidation. It is important that this commitment is maintained, and that the NMC seeks to continue to learn from the experience of delivering revalidation to date. There are already plans in place to further refine materials and processes, both in Year Three and ahead of the second round of revalidation from April 2019 onwards. The way in which this is done will be important in determining whether the positive experiences observed to date are sustained.

Registrants who have recently undertaken revalidation are more positive about various aspects of communication and information provision than those who revalidated last year. These registrants have also had longer to prepare since the introduction of revalidation was announced. 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.

Registrants who have recently revalidated generally felt that they had all the support they needed and were supported by the NMC throughout the revalidation process. Those who have contacted the NMC for support this year were more positive about the outcome than they were last year.

Registrants also feel better prepared as they approach revalidation, which the NMC's support will play a role in. Those who have recently revalidated felt better prepared than those who revalidated in Year One. Those who have undergone revalidation, report finding it easier than they expected to a year ago, and also think it will be easier the next time they revalidate.

There is evidence that uncertainty among those yet to revalidate decreases during the year leading up to revalidation. More of those who have recently revalidated were positive about how prepared they felt than they were at this point last year, while those yet to revalidate demonstrate similar levels of positivity.

Year Two explored the experience of confirmers and reflective discussion partners in depth, and found that the sense of responsibility these roles brought led to initial anxiety or uncertainty. These groups reported that this initial anxiety subsided as they prepared, and were very positive about the NMC guidance. The guidance is considered to be clear and comprehensive on the whole, and is used widely to help prepare for their role.

Line managers continue to be the most common confirmers, but qualitative work highlighted tensions as to who is best placed to carry out this role. This was more the case for nurses and midwives working in settings with few other registrants, and further guidance from the NMC on identifying a confirm for registrants in these settings may be beneficial.

Confirmers who were not NMC registrants demonstrated more anxiety about the role. This is consistent with findings from Year One, which suggested registrants in particular settings (e.g. schools) where employers are perhaps less engaged with

revalidation, felt less supported by the NMC in preparing for their role. Both issues can be addressed through similar actions, updating NMC guidance to be more applicable to those involved in revalidation who work in more unusual settings or in workplaces with few other registrants. Non-NMC confirmers would benefit from more direct contact with the NMC, but this is practically challenging for the NMC to implement without advance knowledge of who these confirmers will be.

Registrants who have recently revalidated found all elements easier than they had anticipated when asked a year earlier. This applies to both the existing requirements (from Prep) and the new requirements. Registrants were less likely to find the new requirements easy, such as collecting practice-related feedback.

Evidence across the evaluation suggests that reflective discussion is considered to be one of the most beneficial aspects of revalidation. Reflective discussion partners agreed with this, and while they thought the role came with responsibility and accountability, it is also seen as bringing mutual benefits. Reflective discussion partners who were the line manager of the registrant sometimes suggested this was not ideal, and that the dynamics could impact honesty and openness.

Confirmers and reflective discussion partners report that the quality of reflective accounts varied. Although the guidance for reflective discussion advises reflective discussion partners that they *“are not being asked to assess these reflective accounts as academic pieces of writing”*, it is apparent that some reflective discussion partners do assess the ‘quality’ of accounts. This assessment is taking place to differing extents, with some actively challenging registrants on the quality of their accounts, and using a range of different criteria. This variance in approach was also seen in the reflective discussions, with some talking through the accounts and others basing discussions on academic models of reflection. The NMC may wish to further clarify: (i) the extent to which quality should be judged, and (ii) if so against what criteria reflective accounts should be assessed. This will ensure registrants have a more consistent experience.

Registrants continue to report that the process of submitting their applications for revalidation using NMC Online is straightforward. Despite being very high already, proportions of registrants finding the various aspects of the process easy have increased in Year Two.

Reported awareness of verification is increasing, and registrants continue to see it as an important process that will encourage compliance. However, qualitative work in Year One and Year Two suggests *actual* understanding is lower, that in some cases registrants conflate the verification and confirmation processes, and that registrants are not aware of others who have been selected for verification. The NMC must work to maintain the perception that verification is robust.

Revalidation rates are lower for some groups, including those aged 65 and over, those with a disability or long-term health condition⁶, and some ethnic groups. This does not indicate major problems with revalidation but does justify further monitoring. There is some evidence from the survey that registrants with certain protected characteristics who have recently revalidated found it more difficult to meet some of the revalidation requirements than registrants overall. The NMC is exploring what further support may be required, for example for those with long-standing health conditions. These differences may also be interlinked with other characteristics that might drive experience (such as setting or scope of practice).

⁶ Reasons for lapsing are analysed by group in Chapter Two, and while those with a disability are more likely to say they could not revalidate because of ill-health, they are no more likely than registrants overall to say that they had been ‘unable to meet the revalidation requirements’.

Outcomes

Registrants continue to be largely positive towards the individual elements of revalidation. Attitudes, understanding and behaviour have increased from already high baseline scores across most measures. Greater proportions of registrants who have recently revalidated demonstrate positive attitudes than 12 months earlier. Those who revalidated a year ago demonstrate sustained positive attitudes.

There is developing evidence that this attitudinal change may also be leading to behaviour change. This behaviour change, however, is not consistent across all aspects of revalidation, and requires further exploration as part of the final year of the evaluation. There is evidence that registrants who have undertaken revalidation are more likely to actively seek feedback, from both patients/service-users, and other nurses and midwives, and to undertake reflective practice (including writing reflective accounts). However, there is no evidence that registrants undertake an increased volume of CPD following revalidation.

Building on last year's findings, the evaluation has found further evidence that revalidation may be playing a role in delivering attitudinal change towards the Code, and that in turn this may be leading to behaviour change. Larger proportions of registrants who have revalidated report a thorough knowledge of the Code and are positive towards it. They are also more likely to agree that the Code improves the quality of their practice, and that it is central to their everyday practice.

Examining the individual elements--across the survey data, case studies, and stakeholder consultations--reflective elements continue to be seen as those that can, or are already, playing the biggest role in driving some of the changes in attitudes and behaviour. Perceptions of the positive benefits appear to grow as registrants progress through the revalidation process. Work with reflective discussion partners and confirmers has highlighted some of the ways in which reflective practice could be enhanced to further drive positive behaviour changes.

Among registrants, the perception that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives (both individually and as a workforce) to practise safely and effectively, continues to be very positive. Those who have already revalidated are consistently more likely to agree with this, with those revalidated in 2016/17 and those who revalidated in 2017/18 demonstrating similar opinions.

Perceived improvements in individual practice are more apparent among registrants immediately after they have revalidated. Regression analysis suggests that those who have recently revalidated this year are more likely to report that their practice has improved in the past 12 months. This is an initial indication that changes may be greater following preparation for revalidation. Year Three of the evaluation will explore whether changes are sustained.

Benefit / burden

Assessment of benefit and burden will be ongoing throughout Year Three of the evaluation, with further work planned to gather evidence relating specifically to the potential burden of revalidation. However, at this stage the evaluation can build on the findings from Year One.

- There are positive changes in attitudes, and emerging changes in behaviour towards many of the core elements of revalidation. Understanding the extent to which these are sustained (and increased) will be key to understanding the benefit revalidation is bringing.

- **Suggestions of potential burden vary across registrants**, and the qualitative work with confirmers and reflective discussion partners suggested that employers have a role in minimising the extent to which their role is seen as burdensome.

Overall, at this stage, it would appear that the perceived benefits do outweigh the perceived burden, but monitoring this over time is important.

Future considerations

Over the two years to date, this evaluation has resulted in a number of future considerations being made to the NMC with the intention of improving both the experience of the processes of which revalidation is made-up, and to increase the chances of revalidation delivering its intended outcomes. The considerations put to the NMC in Year One, and the ways in which the NMC has already, or proposes to, address these is outlined in Chapter One.

In this section, we outline future considerations of two types. First, we discuss which of the considerations identified the Year One evaluation report should continue to be a focus for the NMC. Secondly, we suggest additional considerations arising from the evaluation work undertaken during Year Two.

Continued or updated considerations from Year One

1. Communications, guidance and supporting materials

- i. The NMC should maintain the level of communication activities with those registrants who have yet to revalidate, to ensure the positive experience continues for those set to revalidate during Year Three.
- ii. Over the next year the NMC will seek to update and refresh the guidance documentation, and as part of this will seek to include case studies to provide examples of how to revalidate successfully for **registrants who may work with few or no other registrants** (e.g. independent sector, community settings). These should be actively promoted to registrants and employers both directly by the NMC (e.g. through the Employer Link Service) and through stakeholders.
- iii. Any updates to guidance materials should also consider including examples of **good practice from employers (in terms of supporting registrants)**. This may help reduce the burden on employers, by identifying "shortcuts" in how employers can effectively support registrants, and reducing duplication.

2. Reflective practice

- iv. Any updates to guidance materials should consider including examples of **good practice in reflective practice from employers (in terms of supporting registrants)**. This may also help reduce the burden on employers, by identifying "shortcuts" in how employers can effectively support registrants, and reducing duplication.

3. Verification

- v. The NMC continues work to assess the effectiveness of the current verification process. Qualitative findings suggest those involved in revalidation recognise the importance of verification, but also suggest that unless the image of a robust process is maintained, then this could undermine the success of revalidation. The NMC should

consider how best to ensure that verification serves its purpose. Initial suggestions as how to further enhance verification include:

- **Exploring a 'harm-based' approach to verification.** Focussing resources on settings where the harm caused by registrants not being up to standard would be greatest, rather than where the chances of them not being able to comply with revalidation is greatest.
- **Explore employer-level or region / location level verification.** By conducting verification at an individual employer level, such as NHS Trust, or by region, the NMC may increase the visibility of the verification process. This could be announced once the employer or location has been selected to ensure visibility, and then a small number of registrants could be selected for verification within the setting or location, maintaining the effect it has in deterring non-compliance. This could also take place on a cyclical basis, so all employers or locations are covered over a certain period.

4. Future monitoring

- vi. Work to monitor lapsing rates, and diagnose the causes of issues or difficulties for particular groups should be continued, to ensure any issues arising for registrants yet to undertake revalidation are detected and can be addressed.

New considerations arising from Year Two

1. Communications, guidance and supporting materials

- vii. One of the key considerations from Year Two of the evaluation is around reflective practice and how more could be done to maximise the impact of this aspect. It may be beneficial for the NMC to provide specific guidance for the reflective discussion partner as part of this.
- viii. In addition, the interviews with confirmers highlighted that additional support or guidance targeted at non-NMC confirmers may enhance non-NMC confirmers' confidence in carrying out the role.

2. Working with stakeholders

- ix. Stakeholders consulted during Year Two reported being able to obtain information or updates from the NMC when required. While attendance at quarterly revalidation stakeholder group meetings dropped significantly during Year Two, stakeholders consulted suggested the NMC could do more to replace this source of information. For example, a revalidation newsletter to stakeholders was suggested. The NMC should consider the information needs of stakeholders and how to most efficiently meet these.

3. Feedback

- x. Qualitative evidence suggests that registrants may be largely relying on unprompted feedback that is not practice specific (e.g. 'thank you' cards). The NMC should consider how this element of revalidation could be improved through guidance/direction on the nature of feedback that should be used and how to collect this. Additional work with patients and service-users currently being undertaken for the NMC will help guide changes in this area.

4. Reflective practice

The evaluation has shown that reflective practice is clearly valued both by those involved in revalidation and stakeholders. The NMC should consider ways in which more could be done to ensure this element delivers the behaviour change it has the potential to. Considerations include:

- xi. Provide greater clarity on who is appropriate as a reflective discussion partner, and the kind of approach they should be taking. In particular, guidance on how to review reflective accounts could be clarified, as an inconsistent approach to assessing quality is evident from the work conducted to date (both whether quality is to be assessed, and if so against what criteria).
- xii. Reflective discussion partners interviewed in Year Two suggested that further guidance to ensure a structured and effective reflective discussion is undertaken would be beneficial. For example, guidance on how to conduct this discussion, including the types of questions to ask and probes to use, would be beneficial. The NMC should consider this when reviewing and refreshing guidance materials.

Evaluation next steps

This evaluation will continue throughout the third year of revalidation. The final report, providing a summative assessment of the revalidation process, and outcomes of this process, will be published in Summer 2019.

During Year Three, the core elements of the evaluation will continue:

- a third and final wave of the longitudinal survey of registrants;
- further case study interviews with registrants and those working with them;
- additional interviews with confirmers and reflective discussion partners;
- consultations with key stakeholders;
- an updated review of the context for revalidation, and the evidence base underpinning the requirements; and
- analysis of available monitoring information.

During Year Two, the evaluation team have identified several areas that require further exploration and interrogation during Year Three. The approach to dealing with these is currently being discussed with the NMC, but this will include a focus on:

- bringing the employer perspective (on experiences and outcomes) into the evaluation through a series of qualitative interviews; and
- focussing additional qualitative interviews specifically on understanding the perceived benefit and burden of revalidation (compared to Prep).

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 second interim report sets out the findings from the research activities undertaken in the second year of the evaluation, covering delivery of revalidation from April 2017 to March 2018 (the second year of revalidation), and provides the first assessment of progress towards outcomes at a registrant level.

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 processes proceedings to deal with instances in which a registrant's integrity or ability to provide safe care is questioned. As of the 31 March 2018 there were more than 690,000 nurses and midwives on the NMC register, although this figure is slightly lower than 12 months earlier.⁷

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 of 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 2012.⁸

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 among 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. 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.

⁷ *The NMC register*, Nursing and Midwifery Council, 2018. Available online at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>

⁸ <http://www.gmc-uk.org/doctors/revalidation/9627.asp>

1.2 Revalidation for nurses and midwives

The NMC⁹ defines revalidation as:

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

The introduction of 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)¹⁰ system for nurses and midwives. In order to successfully revalidate, registrants must:

- collect five pieces of **practice related feedback**;
- write up five **reflective accounts**;
- **discuss** these five reflective accounts with another NMC registrant; and
- obtain **confirmation** from a suitable person (as defined by the revalidation guidance).

Two requirements of the Prep framework remain: achieving 450 practice hours¹¹ and achieving 35 hours of relevant Continuing Professional Development (CPD), of which 20 hours must now be classed as participatory learning¹².

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

As fixed in current legislation¹³, 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 NMC registrants at the time revalidation was introduced—approximately 690,000 registrants¹⁴—will have had to revalidate to maintain their presence on the register.

⁹ *How to revalidate with the NMC*, Nursing and Midwifery Council (2016)

¹⁰ *The Prep Handbook*, Nursing and Midwifery Council (2011)

¹¹ Registrants practising 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.

¹² *How to revalidate with the NMC*, Nursing and Midwifery Council (2016)

¹³ *The Nursing and Midwifery Order 2001 (SI 2002/253)*, Article 10.

¹⁴ *Nursing and Midwifery Council: Annual Report and Accounts 2014-15, and Strategic Plan 2015-20*, Nursing and Midwifery Council, 2015

1.2.1 Evidence base for revalidation

The NMC conducted a series of evidence reviews during 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 conducted¹⁵. 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 can be found in the Year One evaluation report¹⁶. The evaluation involves re-examining the evidence base on an annual basis to assess the extent to which there have been any developments in the underlying evidence. The evaluation has not found any additional evidence during Year Two.

1.3 Evaluation scope and objectives

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

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 answering the evaluation questions is set out in Section 1.4 of this report.

This second interim report, explores changes in the experience of registrants undergoing revalidation as part of the second cohort (process evaluation), explores the developing evidence of outcomes being delivered through revalidation, and provides an initial exploration of the benefit / burden of revalidation. The final report, to be published in July 2019, will use the evidence gathered across all three years of the evaluation to provide a summative assessment of the implementation and early outcomes of revalidation.

1.4 Evaluation methodology

This report is based on evidence collected during the first two years of revalidation. Table 1.1 provides an outline of each source of evidence used during Year Two.¹⁷ 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 appendices to this report, and details of pending evidence collection activities is provided in Chapter Seven.

¹⁵ Exploring the experiences of the revalidation pilots, Ipsos MORI (2015)

¹⁶ Independent evaluation of revalidation for Nurses and Midwives: Interim report (Year One), Ipsos MORI (2017). Available online: https://www.nmc.org.uk/globalassets/sitedocuments/annual_reports_and_accounts/revalidationreports/ipsos-mori-evaluation-report.pdf

¹⁷ For further detail on the sources of evidence used during Year One, and how these differed, please refer to the report from Year One.

Table 1.1: Year Two evaluation evidence collection

Evaluation activity	Detail
Stakeholder consultations	<ul style="list-style-type: none"> Three interviews conducted in April 2018 with the Chief Nursing Officer (CNOs) or a delegated representative of the CNO office for each of Wales, Scotland and Northern Ireland.¹⁸ Five interviews conducted in March – June 2018 with patient and public representative groups (e.g. Charities and regulators).
Analysis of monitoring information	<ul style="list-style-type: none"> Independent analysis of monitoring information collected by the NMC in relation to revalidation. This data has been used to assess patterns of revalidation, and understand whether revalidation is being experienced differently by registrants with different characteristics (e.g. scope of practice, work setting, demographics). Sources include: <ul style="list-style-type: none"> quarterly and annual revalidation reports; and historical data on lapsing.
Literature review	<ul style="list-style-type: none"> A revisit of the sources of evidence relating to revalidation to identify any new evidence emerging since the publication of the Year One evaluation report.
Context review	<ul style="list-style-type: none"> An updated 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	<ul style="list-style-type: none"> Second wave of a longitudinal, quantitative online survey of NMC registrants conducted between November 2017 and March 2018. 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 cohorts are referred to as revalidating in 2016/17, 2017/18 and 2018/19 respectively. The survey was used both to gather information on experience of the revalidation processes, to measure attitudes of registrants towards the key elements of revalidation and obtain reported change in behaviour and practice. The process and outcomes survey with registrants will be repeated for a third time in the final year of the evaluation to allow for a robust assessment of the impact of revalidation on registrants. The longitudinal survey of three cohorts allows construction of a comparison group. In the production of the Year Two report statistical analysis¹⁹ has been conducted to facilitate analysis of differences in reported behaviour change, and estimate the extent to which changes may be resulting from revalidation. A total of 11,242 registrants completed the survey across the three groups, representing a response rate of 44%.²⁰ Data have been weighted to the known population profile for all registrants within each of the three cohorts. The profile of registrants in each cohorts is comparable, and therefore allows analysis of difference between the cohorts. Results are used only to talk about registrants in each of the three cohorts 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	<ul style="list-style-type: none"> Further case study interviews were conducted, in addition to those conducted during Year One. A total of 22 in-depth telephone interviews were conducted with registrants who had completed revalidation during Year Two, and those who had acted as their line manager, their confirmer and their reflective discussion partner.

¹⁸ At the time of writing this report it had not been possible to speak with the CNO for England.

¹⁹ Regression analysis was used to understand the differences in reported outcomes between groups.

²⁰ 2016/17 registrants: 4,345 completes (41% response rate); 2017/18 registrants: 3,942 completes (52% response rate); 2018/19 registrants: 2,955 completes (40% response rate).

	<ul style="list-style-type: none"> Interviews conducted during this phase, and feeding into this report, took place between January and March 2018. Case studies were conducted in a range of settings, and included nurses working in prisons, community triage, residential homes, as health visitors, and in mental health teams.
Interviews with confirmers and Reflective Discussion Partners	<ul style="list-style-type: none"> A total of 25 in-depth telephone interviews were completed with a selection of confirmers and reflective discussion partners, between October and December 2017. The aim of this strand of work was to focus on the experience of confirmers and reflective discussion partners of the revalidation process.

1.4.2 Interpretation of survey findings

The volume of registrants completing the survey in each of Wave 1 and Wave 2, coupled with the similarity of the respondent profile to the overall profile of the NMC register mean that even small changes between groups are statistically significant. Further guidance on interpreting the survey findings can be found in the methodological appendices.²¹ Table 1.2 sets out the number of registrants from each group who completed each wave of the survey.

When writing about the survey findings in this report, we make comparisons in three ways, as explained below:

- Comparing findings for registrants across cohorts at equivalent points in the revalidation process.** For example, comparing findings from registrants who revalidated in 2016/17 at their point of revalidation (Wave 1) with those who revalidated in 2017/18 at their point of revalidation (Wave 2). When doing this we use the full sample from each cohort for each wave.
- Comparing findings for registrants within the same cohort over time.** For example, comparing how prepared registrants who revalidated in 2017/18 felt 12 months before their revalidation (Wave 1) and how prepared they felt one year after revalidating (Wave 2). When doing this we use percentages for both Wave 1 and Wave 2 based only on those in the 2017/18 cohort who participated in both waves of the survey.
- Comparing findings for registrants across cohorts at the same point in time.** For example, comparing findings across all three cohorts of registrants to assess what impact they think revalidation will have on registrants' practice (Wave 2). When doing this we use the full sample from each cohort for the wave being discussed.

Table 1.2: Volumes of registrants completing surveys

Year of revalidation	Survey wave	
	Wave 1	Wave 2
2016/17	15,439	4,345
2017/18	10,349	3,942
2018/19	10,193	2,955

Source: Ipsos MORI

²¹ Methodological appendices are available upon request from the NMC.

1.4.3 Limitations of the evidence

This report represents the second analytical output of a three-year evaluation running alongside the phased three-year initial introduction of revalidation. The following considerations apply to this report.

- **Case study work remains ongoing.** Qualitative case study work is ongoing throughout the three years of the evaluation. As such only limited conclusions can be drawn from these at this stage. In addition, the size and diversity of the register means that the case study evidence should be treated as indicative only, and provides qualitative evidence to help explain quantitative findings.
- **Challenges incorporating the employer perspective:** It had been anticipated that, at this stage in the evaluation, a greater number of employers would have taken part in case study interviews. However, in practice the evaluation team have found it difficult to identify and speak to employers as part of the case studies. A revised approach to incorporating the employer perspective is proposed for Year Three, and this is detailed in Chapter Seven.
- **Challenges measuring outcomes.** Revalidation ultimately aims to deliver increased public protection. As set out in the Theory of Change²², this relies first on achieving attitudinal and behavioural change across NMC registrants. It has not been possible to identify objective measures through which to measure the impact or outcomes of revalidation. The initial assessment of these changes included in this report is based on self-reported data collected from registrants and other colleagues. While evidence is triangulated across strands to inform an assessment of early evidence that the outcomes that are being realised, linking changes to the 'ultimate goal' of revalidation will not be possible at this stage.

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 Two, above and beyond the assessment provided in the Year One evaluation report. In addition, the quantitative analysis of survey data allows for a more thorough assessment of the outcomes that revalidation is delivering than was possible during Year One. However, further work during Year Three will add greater weight to the interpretation of findings and assessment of outcomes. This still represents a relatively early point in the introduction of revalidation.

1.5 Structure of the report

The remainder of this report is structured as follows:

- **Chapter Two – Delivery progress to date:** This chapter provides a recap of delivery of revalidation to date, since April 2016, with a focus on any changes to delivery observed during Year Two (2017/18). 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 explores the experiences of registrants revalidating in year two (and others involved), the revalidation processes, and considers the effectiveness of these processes. This chapter triangulates evidence from across the sources feeding into the evaluation.

²² Please refer to the annexes to the Year One report (available upon request) for the Theory of Change.

- **Chapter Four – Understanding, attitudes and behaviour:** Chapter Four considers the evidence relating to progress towards the desired outcomes relating to understanding, attitudes and behaviour among registrants and employers.
- **Chapter Five – Longer term outcomes and consequences:** Chapter Five considers the evidence relating to longer term outcomes, particularly around ability to practise safely and effectively. It also looks at outcomes for the NMC. An updated discussion of benefit and burden is also presented here.
- **Chapter Six – Reflections and learnings from Year One:** Chapter Six presents reflections on the evidence collected to date, and outlines a number of considerations 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 evaluation activities that remain to be conducted alongside the final year of this first cycle of revalidation.

2 Delivery progress to date

This chapter describes the progress of revalidation to date, since implementation in April 2016, focussing on any changes to implementation during 2017/18. 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, 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. 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 revalidate once every three years.

2.1 Context for revalidation

The current environment for nurses and midwives is affected by many of the issues facing the health and social care sector in general. The NHS continues to grapple with tight financial constraints alongside rising demand across its services, including particularly severe winter pressures. Many NHS trusts face unsustainable deficits, with the provider sector expected to, overall, have a deficit at the end of the 2017/18 financial year of £931m²³. The financial constraints across the sector are likely to have significant implications for nurses and midwives, given that more than half of registrants are employed in secondary care. Staffing continues to be a major issue across the sector. This section will chart some of the pressures facing the health and social care sector and suggest how they might affect revalidation in the short to medium future.

2.1.1 Nursing and midwifery staff shortages in the NHS

Recruitment and retention of nurses and midwives remains a significant challenge across the sector. Concerns over the implications of staffing problems in the NHS have been raised publicly by stakeholders. Several reports over the past two years illustrate the ongoing crisis, with one article highlighting the inability of 96% of acute hospitals to provide the planned number of registered nurses to cover day shifts in October 2016.²⁴

Over the past couple of years, the number of nurses and midwives registered with the NMC has fallen for the first time since 2007. This decline has slowed in the past 12 months, with the total number of registrants decreasing by just 495 in the 2017-18 financial year.

The past 12 months saw a continued decrease in the number of European Economic Area (EEA) nurses registered with the NMC. In 2017/18, there was a drop of 87% in the number of EEA nationals joining the register compared with 2016/17, and an increase of 29% in the number of EEA nationals leaving. Findings from a survey of those lapsing their registration, conducted by the NMC, provide some insight to the underlying factors for different groups²⁵:

²³ *Trusts in deficit*, King's Fund, March 2018. Available online at: <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/trusts-deficit>

²⁴ *Revealed: The hospitals with the worst nurse staffing*, Health Service Journal, January 2017. Available online at: <https://www.hsj.co.uk/7014906.article>

²⁵ *The NMC register*, Nursing and Midwifery Council, 2018. Available online at: <https://www.nmc.org.uk/globalassets/sitedocuments/other-publications/the-nmc-register-2018.pdf>

- **UK nurses and midwives:** The three most frequently cited reasons were: retirement (51%), staffing levels (26.2%) and changes to personal circumstances (25.4%).
- **EEA nurses and midwives:** The three most frequently cited reasons were: leaving the UK (58.6%), Brexit (46.7%), and changes to personal circumstances (21.6%).
- **Non-EEA nurses and midwives:** The three most frequently cited reasons were: leaving the UK (45.5%), concerns about being able to meet revalidation requirements (24.2%), and poor pay and benefits (23.5%).

Analysis from the Department for Health and Social Care reported in the Health Service Journal also highlights the potential implication of Brexit on nursing staff numbers, with the worst-case scenario estimating a shortage of between 26,000 and 42,000 nurses once the UK has exited the EU.²⁶

In February 2016 NHS Improvement published a report exploring the shortage of clinical staff in the NHS.²⁷ This report highlighted that despite rising numbers of nurses employed in the NHS, demand for nurses still outstrips supply, and that recruitment of nurses from overseas is key to filling recruitment gaps in previous years.

Problems with the retention and recruitment of the nursing and midwifery workforce is not a recent issue, with the nursing labour market one that is characterised by cycles of shortage where demand exceeds supply.²⁸ However, it is one that has become increasingly acute in recent years. The most recently available data suggests that, as of December 2017, the NHS in England had at least 36,000 full-time equivalent nursing vacancies.²⁹

An inability to secure sufficient volumes of nurses and midwives in the NHS is likely to endanger the ability of services to deliver safe and effective care. This is exacerbated by similar, if not as acute, staffing issues across other medical professions.

There is a clear link between staffing levels and patient safety. The Francis report³⁰, published in the wake of the scandal of poor quality care at Mid Staffordshire NHS Foundation Trust, recommended a series of measures designed to prevent such a crisis of care from ever occurring again. One suggested measure was to ensure that there are enough nurses on wards to ensure good quality of care.

2.1.1 Reliance on agency staff

To counter the pressures generated by the recruitment and retention issues outlined above, many providers are forced to use agencies to supply extra nurses needed in times of high demand. The implications of this are as follows:

²⁶ <https://www.hsj.co.uk/topics/workforce/exclusive-leak-reveals-worst-case-scenario-for-nursing-after-brexit/7017082.article>

²⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500288/Clinical_workforce_report.pdf

²⁸ *The labour market for nurses in the UK and its relationship to the demand for, and supply of, international nurses in the NHS*. Available online at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/535657/The_labour_market_for_nurses_in_the_UK.pdf

²⁹ <https://www.hsj.co.uk/workforce/nursing-vacancies-top-36000-official-analysis-reveals/7021210.article>

³⁰ Francis R (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. Available online at: <http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/sites/default/files/report/Executive%20summary.pdf>

- Use of agency staff has been linked to reduced service quality and patient outcomes.³¹
- There have been extremely high costs associated with the use of agency staff within the NHS. Estimated at £3bn for 2014/15³².

Efforts to reduce spending on agency staff, driven by NHS Improvement, were reported to have reduced spending by £1bn between October 2015 and February 2017. Nonetheless, there remain a large number of agency nurses and midwives working within the NHS.

2.1.2 Other local and national context

While the NMC, as the regulator for the nursing and midwifery professions, operates across the UK, responsibility for health and social care policy is devolved to the four nations. As such, policies within the four countries could also impact upon revalidation, and have therefore been considered as part of this context review.

Since the first report from this evaluation was published in July 2017, there has been only one change to the context of note³³. The Nurse Staffing Levels (Wales) Act was implemented by the Welsh Government from April 2018 onwards. In the context of the links between staffing and care outlined earlier in this section, this represents a significant event.

The Act places a duty on health boards and NHS Trusts to take steps to calculate and maintain nurse staffing levels in adult acute medical and surgical inpatient wards, as well as a broader duty to consider how many nurses are necessary to provide care for patients sensitively in all settings.
It also ensures that the NHS more widely recognises the professional judgement of nurses in identifying the needs of their patients, and supports nurses from ward to board to have the necessary and sometimes difficult conversations about the resource needs of their patients based on those needs.

Welsh Government, April 2018³⁴

2.1.3 Changes to Fitness to Practise

In Year One, we outlined the proposed changes to the Fitness to Practise (FtP) process for nurses and midwives. The changes to the legislation came into effect in July 2017. The key changes are outlined below.³⁵

- Case examiners have additional powers to give advice, issue warnings or recommend undertakings. These changes allow less serious cases to be resolved outside of a full hearing.
- The NMC have expanded their power to review case examiner decisions.
- A single Fitness to Practise Committee has been formed to streamline the process.

³¹ Keogh, B. (2013) *Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report*. NHS England. Available online at: <http://www.nhs.uk/nhsengland/bruce-keogh-review/documents/outcomes/keogh-review-final-report.pdf>

³² <https://improvement.nhs.uk/news-alerts/agency-caps-one-year-600m-saved-nhs-spending-still-too-high/>

³³ This is based on consultations with three CNOs or their representatives (Wales, Scotland and Northern Ireland). At the time of writing, it had not been possible to secure a consultation with the CNO for England.

³⁴ <https://gov.wales/newsroom/health-and-social-services/2018/staffing-levels/?lang=en>

³⁵ Further detail can be found on the NMC website at: <https://www.nmc.org.uk/concerns-nurses-midwives/changes-ftp-legislation/>

- Substantive order reviews are now at the discretion of practice committee panels.

In addition, the NMC have developed a revised strategy for Fitness to Practise, which has recently been out for public consultation.³⁶ The proposed strategy focusses on delivering a consistent and proportionate approach to fitness to practise to deliver two regulatory outcomes: i. a professional culture that values equality, diversity and inclusion, and prioritises openness and learning in the interests of patient safety; and, ii. registrants who are fit to practise safely and effectively.

2.1.4 Medical revalidation

The General Medical Council (GMC) introduced revalidation for doctors ('medical revalidation') in December 2012. As with nursing and midwifery revalidation, this represented a significant departure from previous practice. Medical revalidation has also been subject to an independent evaluation between 2004 and 2017. The final evaluation report was published in February 2018.³⁷ This final report provides important context for this evaluation. The relevant findings from this evaluation can be summarised as follows.

- Experiences of revalidation differ across groups. Female, younger and BAME doctors are more likely to defer their revalidation than other doctors.
- Doctors working within existing governance structures find revalidation to be more straightforward, especially when it comes to collecting the necessary Supporting Information.
- As a result of medical revalidation, there has been an increase in participation in annual appraisals among UK doctors. This has been harder for some groups (especially locums).
- Reflection has been identified as key for generating change, but as yet the reflection undertaken as part of appraisal is not yet translating into ongoing reflective practice.
- Revalidation is shown to lead to a documentation of practice, but not necessarily an improvement in professional practice. The ability of revalidation to influence practice comes mainly through the appraisal mechanism. Appraisal is a mechanism for raising some concerns about doctors, and successfully addressing concerns.
- There is inconsistent and sometimes problematic engagement with patient feedback (by doctors and patients).

2.1.5 Implications for nursing and midwifery revalidation

Assessing the context within which revalidation is being implemented, and the ways in which this changes over time is an important component of the evaluation. These contextual factors must inform the interpretation of the evidence collected through the evaluation, and may interact with revalidation as follows.

- The effect of Brexit on the register is likely to mask any small impact on renewal patterns caused by the introduction of revalidation.

³⁶ More information on the proposed strategy and the consultation can be found on the NMC website at: <https://www.nmc.org.uk/about-us/consultations/current-consultations/ensuring-patient-safety-enabling-professionalism/>

³⁷ *Evaluating the regulatory impact of medical revalidation*, UMBRELLA (February 2018). Available online at: https://www.gmc-uk.org-/media/documents/umbrella-report-final_pdf-74454378.pdf

- Staffing pressures, create a more challenging environment for nurses and midwives to operate within, and could:
 - lead to revalidation being received negatively, if it is perceived to be an additional burden for increasingly time-poor nurses and midwives to deal with; and
 - anticipated improvements in care may not be realised due to an increasingly challenging working environment.
- The sector continues to rely on agency nurses and midwives. This reinforces the argument that revalidation, as a process, must be applicable to the work of registrants in the full range of settings and roles.
- Other changes, such as the Nurse Staffing Levels (Wales) Act, and changes to fitness to practise approaches may have a greater direct impact on patient safety, and outcomes, than revalidation.

2.2 Revalidation implementation

The Year One evaluation report set out details of the communications strategy adopted by the NMC during the lead-up to, and initial implementation of, revalidation.

Ongoing communications during the second year of revalidation have followed the same structure as those set out in the 'Go Live' strand of the communication plan, 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.

2.3 Volume of registrants revalidating

2.3.1 Overall due to revalidate, revalidated and lapsing

Between April 2017 and March 2018, the second year of revalidation, 219,143 registrants were due to undertake revalidation for the first time since its introduction. Of these:

- 204,218 (93.2%) registrants successfully completed the process; and
- 13,487 (6.2%) lapsed from the register.³⁸

As of the end of March 2018, a total of 406,917 registrants³⁹ had successfully revalidated, representing around 60% of the total number of nurses and midwives on the register. The remaining registrants in the first phase of revalidation will be due to revalidate for the first time between April 2018 and March 2019.

³⁸ The remaining 0.6% were being 'held effective' at the end of the period in which they were due to revalidate.

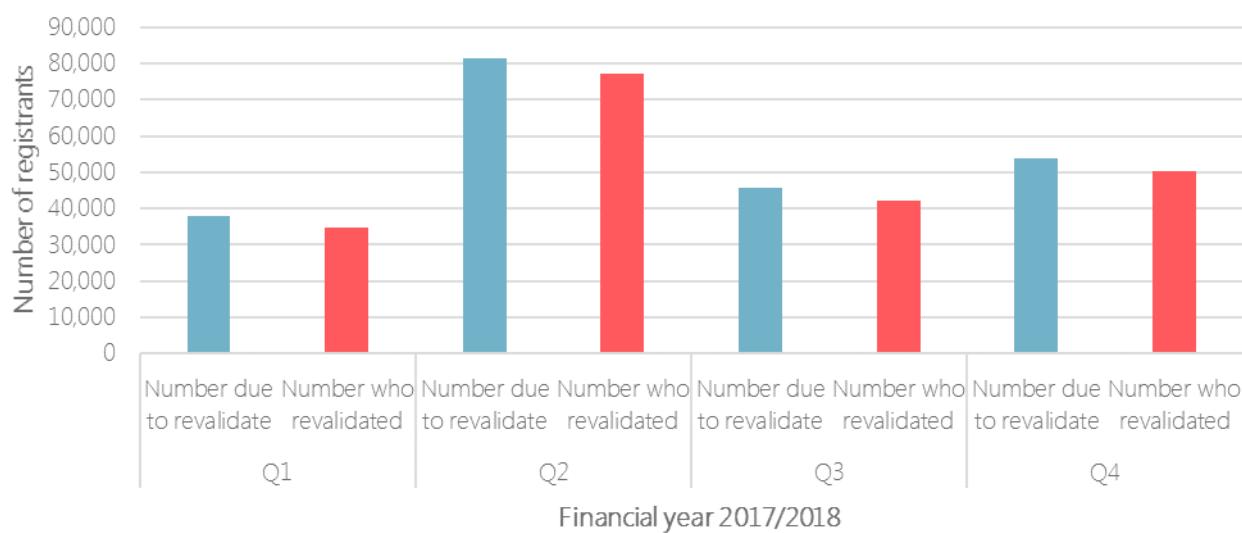
³⁹ Note that the figures for the numbers of registrants who revalidated over the year as a whole, are likely to be a slight underestimate due to the way in which the figures are calculated (by counting the number of registrants who have revalidated by the end of their revalidation month).

The lapsing rate of 6.2% for the year is broadly consistent with the 6.9% observed for Year One, and does not represent a significant departure from the historic lapsing rate observed prior to the introduction of revalidation in April 2016.

Similar patterns in renewal date and revalidation are evident in Year One and Two.

- Q2 (July – Sept 2017) sees the largest proportion of registrants approaching their revalidation date (37% in 2017/18), and therefore the largest number of registrants lapsing. (Figure 2.1).
- Lapsing rates display a similar variation across quarters in both years, with a slight downward trend in the lapsing rate becoming apparent in Q2 and Q3 of Year Two. (Figure 2.2)

Figure 2.1: Registrants due to revalidate and revalidated Apr 2017 – Mar 2018



Source: Ipsos MORI analysis of NMC data

Figure 2.2: Proportion of registrants lapsing Apr 2016 - Mar 2018

Source: Ipsos MORI analysis of NMC data

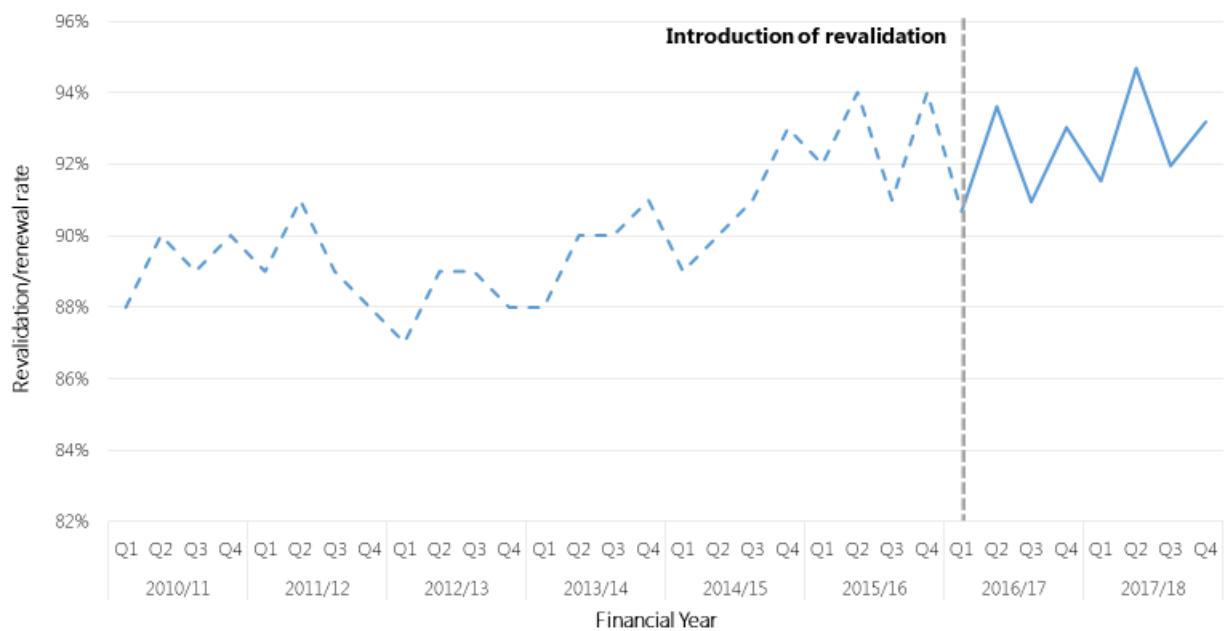
Use of exceptional circumstances

Only a very small minority of registrants who did successfully revalidate, did so using 'exceptional circumstances'⁴⁰ (0.4%). This represents a decrease compared to Year One (1.1%).

Renewal rates over time

To understand the impact of revalidation, renewal rates under revalidation can be compared to historical renewal rates from 2010/11 onwards. We present this data in Figure 2.3. The data illustrates that under revalidation the long-term trend of increasing renewal rate has plateaued somewhat since the introduction of revalidation. As renewal rates had already reached an extremely high-level by Q4 2015/16, this indicates that there has been no adverse impact on renewal rates since the introduction of revalidation. This also suggests that registrants leaving the register due to other workforce related issues, for example the UK's exit from the EU, are doing so outside of their renewal period. The findings from the survey of lapsers conducted by the NMC, and summarised in section 2.1.1 of this report provide further information to support this.

⁴⁰ The process whereby 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

Figure 2.3: Historical revalidation/Prep renewal rate

Source: Ipsos MORI analysis of NMC data

2.3.2 Country variation

As with Year One, and as would be expected given the profile of the NMC register, the vast majority (80.0%) of registrants successfully revalidating in Year Two were practising in England. Of the remaining registrants, 9.9% are practising in Scotland, 5.2% in Wales, 3.5% in Northern Ireland and 1.4% outside of the UK.

Table 2.1, outlines the breakdown of the number due to revalidate, and the proportion lapsing by country. This shows that registrants practising outside of the UK were more likely to lapse in all quarters.

Table 2.1: Registrants due to revalidate and proportion lapsing by country from April 2017 to March 2018

Registrants due to revalidate (n)						
	Year One	Year Two				
	Total	Q1	Q2	Q3	Q4	Total
England	173,587	30,236	64,111	36,529	43,254	174,130
Scotland	21,975	3,205	8,784	4,366	5,261	21,616
Wales	10,992	2,111	4,001	2,168	2,957	11,237
Northern Ireland	7,941	1,339	2,984	1,894	1,417	7,634
Non-UK (overseas and EU)	4,946	928	1,509	921	1,168	4,526
Total	219,441	37,819	81,389	45,878	54,057	219,143
Registrants lapsed (%) ⁴¹						
	Year One	Year Two				
	Total	Q1	Q2	Q3	Q4	Total
England	6.2%	6.8%	4.3%	6.7%	5.5%	5.5%
Scotland	6.4%	8.4%	4.1%	7.1%	5.3%	5.6%
Wales	5.9%	6.4%	3.9%	6.6%	4.6%	5.1%
Northern Ireland	5.3%	7.8%	3.5%	5.8%	6.2%	5.3%
Non-UK (overseas and EU)	39.8%	39.7%	32.6%	40.2%	38.9%	37.2%
Total	6.9%	7.7%	4.7%	7.4%	6.1%	6.2%

Source: Ipsos MORI analysis of NMC data

2.3.3 Registration type

The NMC also monitors rates of lapsing based on registration type. In Year Two, as was the case with Year One, no clear trend is apparent. However, additional data is available for Year Two which allows analysis of the extent to which registrants acquire or drop registrations during revalidation. Analysis of this data (Table 2.2) shows that:

- only 0.6% of registrants revalidating in Year Two acquired or dropped one or more registration types around the point of revalidation;
- registrants are more likely to drop a registration type at revalidation than to add a new type of registration; and
- the most common change is for registrants previously holding a dual Nurse/Midwife registration to drop one of these.

2.3.4 Employment type, setting and scope of practice

The analysis contained in this section relates to ‘periods of practice’. This means that jobs, rather than individual registrants, are the unit of measurement—if a registrant has more than one job, each job will be counted separately. As was the case in year one, the overwhelming majority of current periods of practice were spent in direct employment which

⁴¹ Note that the lapsing rates presented here are based on numbers of people who lapsed as in the NMCs Annual Report. 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.

accounted for 94% of registrants revalidating in Year Two. A further 5% of current periods of practice were spent in agency work while very few were through self-employment or volunteering.

Most registrants revalidating over this period were also employed in direct clinical care of some kind. Adult and general care nursing was the most common category, with 63% reporting that this was their current scope of practice. Trends in the current scopes and current settings of practice over the first two years of revalidation show little variation.

Table 2.2: Breakdown by current scope of practice by year since the introduction of revalidation⁴²

Scope of practice	Total current periods of practice			
	Year One		Year Two	
	N	%	N	%
Direct clinical care or management - <u>adult and general care nursing</u>	133,025	62.8%	134,549	63.3%
Direct clinical care or management - <u>mental health nursing</u>	22,462	10.6%	22,424	10.6%
Direct clinical care or management - <u>children's and neo-natal nursing</u>	12,275	5.8%	12,623	5.9%
Direct clinical care or management - <u>midwifery</u>	11,202	5.3%	10,989	5.2%
Direct clinical care or management - <u>health visiting</u>	5,984	2.8%	5,767	2.7%
Direct clinical care or management - <u>other</u>	5,314	2.5%	4,987	2.3%
Education	4,148	2.0%	4,151	2.0%
Direct clinical care or management - <u>learning disabilities nursing</u>	3,400	1.6%	3,206	1.5%
Direct clinical care or management - <u>school nursing</u>	2,319	1.1%	2,294	1.1%
Direct clinical care or management - <u>occupational health</u>	1,854	0.9%	1,833	0.9%
Research	1,566	0.7%	1,593	0.7%
Direct clinical care or management - <u>public health</u>	1,365	0.6%	1,392	0.7%
Commissioning	1,064	0.5%	1,107	0.5%
Quality assurance or inspection	1,067	0.5%	1,032	0.5%
Policy	191	0.1%	178	0.1%
Other	4,613	2.2%	4,376	2.1%
Total current periods of practice	211,849	100.0%	212,501	100.0%

Source: Ipsos MORI analysis of NMC data

⁴² In table 2.2, jobs, rather than individual registrants, are the unit of measurement. Therefore, if a registrant has more than one job, each job will be counted separately.

Table 2.3: Breakdown by current work setting by year since the introduction of revalidation⁴³

Work setting	Year One		Year Two	
	N	%	N	%
Hospital or other secondary care	118,983	56.2%	118,640	55.8%
Community setting, including district nursing and community psychiatric nursing	37,581	17.7%	38,123	17.9%
Care home sector	16,629	7.8%	16,946	8.0%
GP practice or other primary care	11,817	5.6%	12,121	5.7%
Maternity unit or birth centre	6,003	2.8%	5,821	2.7%
Specialist or other tertiary care including hospice	2,733	1.3%	2,605	1.2%
University or other research facility	2,439	1.2%	2,415	1.1%
Occupational health	1,719	0.8%	1,689	0.8%
Public health organisation	1,617	0.8%	1,707	0.8%
Voluntary or charity sector	1,245	0.6%	1,278	0.6%
School	1,238	0.6%	1,274	0.6%
Prison	1,051	0.5%	1,022	0.5%
Other	8,794	4.2%	8,860	4.2%
Total current periods of practice	211,849	100.0%	212,501	100.0%

Source: Ipsos MORI analysis of NMC data

2.3.5 Registrant characteristics

Analysis of the revalidation rate by age group once again shows that older registrants are more likely to lapse, with just 56.2% of registrants due to revalidate in Year Two aged 71 and above completing the process. This is unsurprising as many registrants this age will be retiring and therefore less likely to need their registration. This data is consistent with the data from year one of revalidation.

However, the revalidation rate for registrants aged 65 and over has still decreased compared to the level of renewals seen for this age group under the previous Prep process. As was discussed in the Year One evaluation report, as registrants aged over 65 constitute a relatively small proportion of the register, the decrease in revalidation among this group will only have a small impact on the overall volume of NMC registrants. Therefore, it is unlikely to have a direct impact on staffing levels or the ability to fill vacant nursing and midwifery posts.

Analysis of gender does not show any significant differences while the revalidation rate for registrants reporting having a disability or long term health condition remains lower. At 86%, the rate is 9 percentage points lower than for registrants without a disability or long term health condition. Registrants self-declaring with a disability were more likely to report their reason for not revalidating as 'ill-health' but no more likely to report being 'unable to meet the revalidation requirements'. This does not indicate any issues with the revalidation process.

Lastly, revalidation rates across ethnicity generally do not show significant differences, with only registrants from an 'Asian/Asian British Chinese' or 'Other black' background the only two groups where the revalidation rate is below 90%.

⁴³ In table 2.3, jobs, rather than individual registrants, are the unit of measurement. Therefore, if a registrant has more than one job, each job will be counted separately.

The small degree of variation present could be a factor of the relatively small number of registrants within each category, and these findings do not necessarily indicate an issue with the revalidation process.

2.3.6 Contact centre information

Available data on the calls made to the NMC contact centre over the second year of this initial cycle of revalidation was provided by the NMC to add to the data provided last year. As in Year One of the evaluation, this data contained records of all calls which have been coded, but omitted records of other calls that had been received. Using this data as a proxy, suggests that the number of calls has fallen since Year One of the evaluation, with 32% fewer calls coded than in the previous twelve months. This likely stems from the further development of the online platform on which more and more information is being made available and the ongoing automation of many internal processes, both of which are thought to reduce the need for registrants to make contact with the NMC by telephone.

For calls relating specifically to revalidation only, 18,242 calls were recorded in the last 12 months compared to 34,946 in the previous 12 months. Revalidation calls accounted for 12.1% of the total number this year and 12.9% of the total call time. These figures represent a decline compared to the equivalent proportions for last year – 13.8% and 14.7% respectively, suggesting that there have been no major issues (that would drive contact with the NMC) experienced by registrants during the second year of revalidation.

2.4 Changes to revalidation

2.4.1 Changes to the revalidation model

As reported in Year One, options to enhance revalidation by various means were explored in the options appraisal 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 (more akin to the GMC revalidation model).

At this stage in the roll-out of revalidation, no changes have been made to the model, and nor will any be implemented before the completion of the first cycle of revalidation (April 2016 to March 2019).

The evaluation will contribute to the evidence base from which future decisions can be made following completion of this first cycle of revalidation.

2.4.2 Changes to the supporting processes for revalidation

While there have been no changes to the revalidation model, the NMC have sought to improve the revalidation process by taking into account some of the considerations raised in the Year One evaluation report. Table 2.4 provides a summary of the changes that have already been implemented, and those that are planned or currently in progress.

Table 2.4: Summary of changes to revalidation

Consideration	Change
Maintain levels of communication activity	<ul style="list-style-type: none"> NMC have maintained the same level of communication with nurses and midwives about their revalidation. Some of the NMC's formal communications have been updated following feedback from applicants and internal review. NMC have continued to attend workshops and seminars providing advice on how to revalidate and tips on how to make the most of the process.
Refresh guidance and supporting materials, including a focus on settings where registrants are likely to work with very few, or no other registrants.	<ul style="list-style-type: none"> NMC have refreshed the 'How to revalidate with the NMC' and 'Guidance for employers' documents, along with guidance for registrants who might have difficulty revalidating. A further refresh of guidance materials will be conducted for launch in October 2018, including case studies of registrants working with very few other registrants.
Communications with stakeholders	<ul style="list-style-type: none"> NMC have developed a protocol with the RCN to ensure timely communication of any issues with revalidation (e.g. technical issues with the online process or with payments). NMC have developed a joint communication with the RCN and other stakeholder groups about the importance of maintaining registration and how registrants can avoid inadvertent lapsing.
Patient/service-user feedback	<ul style="list-style-type: none"> NMC have commissioned a project to explore patient and service-user wishes regarding provision of feedback. Findings will be used to inform updates to guidance for collecting feedback.
Guidance on reflective accounts and reflective discussion	<ul style="list-style-type: none"> NMC are currently exploring whether to update employer guidance regarding reflective practice. NMC are considering how, in the next cycle of revalidation (April 2019 onwards), registrants working with few other registrants could be better supported to find an appropriate reflective discussion partner.

2.5 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. As such, verification has a key role in ensuring that revalidation is seen as more robust than the previous Prep regime.

The NMC's approach to verification was reviewed by the evaluation team during Year One, and following this, three recommendations were made to the NMC to allow further interrogation of the robustness of the verification approach. These recommendations have been implemented in March 2018, ahead of the start of the third year of this initial cycle of revalidation. The NMC continue to monitor the effectiveness of the verification approach with the aim of refining this further for the second cycle of revalidation from April 2019 onwards.

Changes in registrant and stakeholder perceptions and experiences of verification during Year Two are explored in the following chapter, and suggestions for further ensuring this process plays its desired role in driving the outcomes of revalidation are provided in the final chapter of this report.

2.6 Summary

- **The implementation of revalidation in Year Two has built on the strong foundations laid in Year One.** There have again been no major problems identified during the past 12 months, and 93.2% of those registrants due to revalidate between April 2017 and March 2018 were able to do so successfully.
- **Lapsing rates continue at similar levels.** Around 6% of registrants due to revalidate during the past year lapsed their registrations, and there is no adverse impact of revalidation evident.
- **Revalidation rates are lower for some groups**, including those aged 65 and over, those with a disability or long-term health condition, and some ethnic groups. This does not indicate major problems with revalidation but does justify further monitoring of experiences.
- **The context for revalidation remains challenging.** Financial and workforce issues are creating significant pressures for the health and social care sector. These pressures may affect the ability of nurses and midwives, and the other healthcare professionals with whom they work, to deliver safe and effective care to patients and service users. Analysis of outcomes later in this report must be considered within this context.
- **The evaluation of medical revalidation, the most comparable intervention to revalidation for nurses and midwives, recently concluded.** The findings present a useful comparison for the findings from this evaluation. They suggest that reflection is the element of the two revalidation models with the greatest potential for impact. Findings relating to the introduction of medical revalidation changing the practice of doctors was inconclusive.

3 Delivery effectiveness

The effective delivery of revalidation will be an important determinant of whether revalidation will meet its objectives; a process set out in the Theory of Change (included in Year One report). This chapter explores the extent to which revalidation has been effectively implemented across the two years, considering the effectiveness of NMC and employer activities, the experiences of nurses and midwives, and any change over the two years since revalidation was rolled out.

3.1 Summary of Year One findings

At the end of the first year of revalidation, the evaluation found that:

- Overall registrants were very positive about the revalidation process. Those who had revalidated were more positive than those who had not, suggesting that the process is probably less daunting once you have been through it.
- The NMC's communications about the process to date had been effective, and the guidance information was 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 constitute minor tweaks to existing materials rather than big changes.
- Registrants broadly felt supported by the NMC through the revalidation process. However, stakeholders identified instances of inconsistent treatment from the NMC Call Centre and not all registrants who had sought alternative support arrangements were confident that the outcome helped them to revalidate.
- Not all employers were communicating about revalidation to registrants, but registrants were 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 was easy for most registrants to meet. Yet, it was harder for some groups (such as voluntary workers).
- Nurses and midwives were engaging in a variety of CPD activities, but it was not always easy for them to find such opportunities and some thought it was difficult to find the time for them. Despite this, most did manage to complete it.
- Collecting feedback from patients and colleagues did not seem to be a burden for revalidating registrants and they could see the value of it.
- Keeping written reflective accounts was also viewed positively and not much of an inconvenience. Yet, better guidance about how to write reflectively rather than descriptively was identified as being helpful.
- Most found 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 was very easy for registrants to make declarations of their health and character, and professional indemnity, as well as keep record logs.
- Registrants were confident in the confirmation process. Confirmers emphasised the importance of registrants being organised about their evidence collation.
- Registrants thought it was very easy to submit their applications for revalidation using NMC Online.

The vast majority of registrants reported having a good understanding of the process by the time they came to revalidate, suggesting that the process was going smoothly at that point.

3.2 Effectiveness of the NMC's activities around revalidation

3.2.1 How well prepared registrants feel for revalidation

Registrants who have recently revalidated this year prepared earlier than those who revalidated last year. In total, 21% who have just revalidated prepared between one and two years ahead, compared with just 7% who said this last year. In addition, the proportion of registrants starting preparation less than six months before they are due to revalidate has decreased from nearly half (47%) to a quarter (26%). This positive change is to some extent likely to reflect the time that has lapsed since the launch of revalidation and the point at which the two cohorts revalidated, and that by the nature of the timing of the introduction of revalidation, those registrants who revalidated in Year One had a shorter period over which to prepare.

Preparedness remains high, and how prepared registrants feel improves as they approach revalidation. For example, of those who revalidated recently, 92% felt prepared to undertake the activities, which has increased from 77% last year for this cohort.

Similarly, **registrants are more likely to say that they have received all the support they needed to revalidate as they get nearer to the point of revalidation:** four fifths (80%) who have just revalidated now say this, compared with three fifths (60%) of this cohort last year.

Understanding of revalidation continues to be high, both in terms of the purpose of revalidation and the individual elements (93% of those who recently revalidated say they understand the purpose and 95% understood the requirements needed to successfully revalidate). As with feeling prepared, understanding of the requirements increases as registrants undertake revalidation. For those who have just revalidated, this increased from 85% to 95% this year.

3.2.2 NMC communications about revalidation

Registrants at different points in the process of revalidation are increasingly positive about the NMC's communications about the introduction of revalidation and particularly at the point of revalidation. As shown in the following table, more of those who have just revalidated are positive about communications around the introduction of revalidation and how to prepare for revalidation than those who revalidated last year.

Table 3.1: Registrant views on NMC communications about the introduction of revalidation

	Base:	Revalidated in 2016/17 (% Agree)	Revalidated in 2017/18 (% Agree)
NMC provided enough advance notice about the introduction of revalidation	15,439	89%	93%*
NMC communicated clearly about the introduction of revalidation		86%	90%*
NMC provided enough information about how to prepare for revalidation		86%	89%*

* denotes significant difference between groups.

This positive trend may reflect a more general cumulative effect as more people across the register experience **revalidation and the initial concerns around the rollout reduce**. For example, while those who revalidated this year are likely to have received communications about the introduction of revalidation some time ago, they are more positive about these communications than they were last year (75% said this last year, compared with 90% of this cohort this year). This is supported by findings from the case study interviews, in which registrants reported that initial anxiety about revalidation was reduced by speaking to colleagues who had already revalidated or by engaging in the process as a reflective discussion partner or confirmmer.

"I felt it was quite anxiety provoking at the start. But then I spoke to colleagues who had gone through it, and they said--and actually I agree now--once you've started doing it, it's actually quite straightforward and not too stressful or demanding."

Registrant

Revalidation section of NMC website and guidance and supporting documents

Use of the website around the point of revalidation has increased. The vast majority (83%) of those who have recently revalidated say they used the website to prepare, compared with 78% who had recently revalidated last year. This may reflect the additional time those who have recently revalidated have had to visit the website and use different information sources in general, as use among those who recently revalidated this year increased from 67% last year to 83% this year.

Registrants who have just revalidated and used the revalidation section of the NMC website continue to be positive about how helpful it was (96%), how easy to read it was (96%) and how informative it was (95% say it gave them all the information they needed), with more strongly agreeing this year than last year.

The supporting documents and guides produced by the NMC continue to be widely used by registrants, and use has increased among those who recently revalidated and those who are due to revalidate next year. For example, 70% of those due to revalidate next year have consulted the guidance document; an increase from 62% who had consulted it last year.

As with last year the most used document was the 'How to revalidate with the NMC' guidance document, used by over four fifths (87%) of registrants who recently revalidated.

Perceptions of the guidance improved as registrants revalidated. For example, 96% of those who recently revalidated and used the guidance said that it gave them all the information they needed, which increased from 84% for this cohort last year. A similar pattern was seen for ease of reading, helpfulness, ease of understanding and applicability to place of work.

Looking at experience of those working in areas where a smaller proportion of the register works, registrants working in a public health setting (8%) were more likely than registrants on average (2%) to say that the 'How to revalidate with the NMC' guidance is not applicable to their place of work.

Year One of the evaluation suggested that a higher proportion of registrants using the Code would be desirable, given the links between revalidation and the Code. This increase has begun to be realised as 70% of those who recently revalidated used this, compared with 61% last year. However, increasing this use of the Code further may be desirable to maximise the intended links between revalidation and the Code.

Overall, **confirmers and reflective discussion partners in the qualitative work were very positive about the NMC guidance, which was considered to be clear and comprehensive on the whole.** The guidance on the NMC microsite was relatively widely used as they prepared for their role. This included both the 'Information for confirmers' document, which many participants were able to name, and the reflective discussion guidance.

However, non-NMC registered confirmers were less clear on what particular source they had looked at and so were not able to say with as much certainty whether they had used the NMC guidance or not. This is most likely a reflection of them having less familiarity with the NMC and its website. One non-NMC confirmers had searched for revalidation online and come across the NMC website that way, and had spent time looking at the guidance for registrants as well on the site.

3.2.3 NMC support regarding the application process

As with last year, although most registrants did not contact the NMC during their revalidation process, a sizable minority did. Just under a quarter (23%) of those who recently revalidated contacted the NMC by either email, phone or post, with email remaining the most common form of contact as people revalidate.

Perceptions across all types of support are positive, and perceptions among those who revalidated this year improved as they went through revalidation. For example, while 82% said they thought the NMC's response to their email was helpful last year, 92% of this cohort say this is the case now. Concerns raised by stakeholders consulted in Year One, relating to consistency of advice received, for example from the NMC contact centre, were not raised during Year Two.

3.2.4 Alternative support arrangements

As with last year, as registrants revalidate, very few seek out alternative support arrangements. Only 1% of registrants report requesting alternative support arrangements due to exceptional circumstances and only 1% report requesting reasonable adjustments for using NMC Online. Additionally, only 1% of registrants say that they contacted the NMC asking for an extension to their submission deadline.

The evaluation previously suggested that the NMC may want to review the alternative support arrangements, as there were mixed perceptions of the outcome where registrants sought alternative support arrangements. This year the base sizes are much smaller, however the spread of responses is similar and equally mixed, suggesting **there may be more for the NMC to do in reviewing these arrangements to ensure that they support registrants to revalidate successfully.**

3.3 Effectiveness of employers' activities around revalidation

Registrants' employers play an important role in revalidation. The extent to which employers engage with revalidation on an ongoing basis can affect both registrants' experience of the revalidation process, and chances of the outcomes being realised. This section explores registrants' views of employer communication around revalidation, and the support they are providing.

3.3.1 Employer communications around revalidation

Communication from employers about the introduction of revalidation appears to be decreasing. Two in five (40%) registrants (with an employer) who have just revalidated said that their employer communicated the introduction of revalidation and the new requirements to them. This represents a decrease compared to those revalidating last year (46%). A smaller proportion (34%) of those revalidating next year were informed by their employer. Looking at changes within the cohorts of registrants⁴⁴ (Table 3.2), the data also suggests that employer communications, where they do happen, may have been focussed on Year One, and at registrants during their final year of preparation for revalidation.

Table 3.2: Employer communications regarding the introduction of revalidation

	Revalidated in 2016/17 (%) Yes)		Revalidated in 2017/18 (%) Yes)		Revalidating in 2017/18 (%) Yes)	
	W1: 4,265	W2: 4215	W1: 3,837	W2: 3,840	W1: 2,855	W2: 2,835
Base: All those with an employer						
Communicating the changes and new requirements of revalidation to you	48%	29%*	40%	40%	38%	34%*

As was the case last year, registrants who have recently revalidated and are working in GP practices or other primary care settings (23%) are among the least likely to report that their employer communicated the changes to them. In addition, those working in direct clinical care or management (28%), research (28%), or working in schools (31%) were also among the least likely to have had the changes communicated to them by their employer.

Case study participants this year spoke of their employers hosting seminars, workshops and question and answer sessions to communicate revalidation and its requirements to them. They also reported receiving communication via emails, and management meetings. Several participants mentioned that they initially received information from the NMC about revalidation. Communication from their employers appeared supplementary to this however.

While seminars and similar sessions were mentioned in the case studies, their use as a communication tool across the board has decreased. Less than half (47%) of those recently revalidating say that their employer has communicated with them in this way, compared with over half (54%) of those revalidating last year. Of those who are due to revalidate in 2018/19, two-fifths (39%) say that their employer is providing seminars or other sessions for them.

In the case studies, some participants felt that although their own employer had communicated with them about revalidation clearly, this may not be the case for others in different employment settings. In one case study, participants

⁴⁴ Data for W1 differs to that cited in preceding paragraph as these are based on registrants completing both waves of the survey only.

recently had a change in their team leader. The former team leader was themselves a registrant and communicated clearly to employees about the requirements of revalidation. Participants noted however, that the newer team leader was less familiar and less engaged with revalidation. This highlights the role of **individuals** in driving a positive experience of revalidation for the teams they lead.

"My last boss was just on it... ...He definitely engaged with it very well and promoted it"

Reflective discussion partner

As was the case last year, employment setting appears to have little impact on whether registrants feel their employer gave them all the support they required around revalidation, with the exception of those working in care homes, and those working in maternity units or birthing centres. Among those who have recently revalidated, three-quarters (75%) of those working in the care home sector agreed that their employer gave them all the support they needed, a higher proportion than the two-thirds (66%) of overall registrants agreeing with this. On the other hand, just half (50%) of those working in maternity units and birthing centres agreed with this.

Employer communications about revalidation may become less crucial as the process becomes more widely understood and progresses to a 'Business as Usual' state. More important indicators are the extent to which employers understand the requirements of revalidation. Reported employer understanding remains very high. Around nine in ten (88%) registrants recently revalidating agree that their organisation understands the requirements of revalidation. This is consistent with findings for those who had recently revalidated last year. As would perhaps be expected, a smaller, but still very high, proportion of registrants due to revalidate next year agree with this.

Confidence in employers' understanding of the requirements of revalidation varies depending on the setting. For the 2017/18 cohort, those who work in an occupational health setting (15%) a GP practice or other primary care provider (13%) or a clinical setting with few registrants (11%) were more likely than those in other settings to disagree that their organisation understands the requirements.

3.3.2 Employer support for employees preparing for revalidation

Beyond communications about revalidation, employers also have a key role to play in ensuring their employees receive the support needed to revalidate. This support begins with demonstrating a positive attitude towards revalidation. Last year, recently revalidating registrants largely found this to be the case. Findings remain consistent this year, with eight in ten (79%) registrants who have recently revalidated agreeing that their organisation is positive about the process.

The majority of registrants receive at least some form of support to revalidate from their employer, but this appears to be focussed on those at the point of revalidation. While just 7% of those who recently revalidated said they are not receiving any support, those who have yet to revalidate (9%) and those who revalidated last year (14%) are less likely to be receiving support.

Registrants report receiving a range of types of support from their employer, including:

- For those recently revalidating, information and guidance about who could act as their **confirmor** (60%) or **reflective discussion partner** (55%). Both findings are very consistent with those who had recently revalidated last year. Much smaller proportions of those due to revalidate next year report having received this guidance (49% confirmor and 43% reflective discussion partner).

- **Access to existing feedback and guidance specific to the place of employment** are some of the least common forms of support across all three cohorts of registrants. While a higher proportion of registrants who have recently revalidated (26%) said they had received this than other groups, this only represents a minority of registrants. Support and guidance specific to registrants' place of employment also tends to be less common across the three cohorts – around one-quarter for all⁴⁵.

The amount of support and information received appears to be higher at the point of revalidation. For example, 60% of those who recently revalidated received information on who can act as their confirmers, up from 48% for this group 12 months earlier.

The amount of information and guidance received about who could act as a confirmers varies across settings. For those revalidating in 2017/18, GP/primary care nurses (43%) and those registrants working with very few other registrants (50%) are less likely than average to feel supported in this way, while those in community settings and care homes were more likely than average to receive this form of support (65% and 66%).

Qualitative work in Year Two with confirmers and reflective discussion partners also explored the role of employer support from this perspective. Overall, there were mixed experiences of employer support for those fulfilling these roles. The type and level of support was reported to differ across organisations. Some employers provided specific training sessions, workshops, or presentations to confirmers and reflective discussion partners to help prepare. However, other participants said that support from their employers was less systematic, perhaps involving informal discussions with senior management.

Indeed, some confirmers and reflective discussion partners could not identify any specific support provided by their employers. While those that were confident in their role were content with this (or were themselves the person in their organisation employees came to for advice on revalidation), others would have liked some more assistance. An example of the kind of assistance identified was that one participant said that it would have been useful to have had small workshops organised by the employer with examples – covering things like what a good discussion looks like, what to expect from the written accounts, rather than just repeating verbatim what was already on the NMC website.

Several confirmers and reflective discussion partners also said that their organisations had put in place systems which enabled line managers to track the revalidation schedules of their employees, and as such, in some cases it was the line manager who approached the registrant to arrange the confirmation meeting. Mostly, however, it was the registrant who approached their confirmers, as was also mostly often the case with reflective discussion, even where one person was carrying out all of the discussions for that organisation.

In the context of reduced HEE funding for CPD, employer support for external CPD, both in terms of supporting access to (including covering costs), and allowing time to undertake CPD is likely to be an important factor in registrants' ability to comply with this element of revalidation. Therefore, the increase in reports of employers allowing registrants time to undertake external CPD should be viewed positively. The data also suggests that employers are continuing to allow registrants' time to undertake external CPD after they have revalidated.

- Almost half (47%) of those who revalidated last year say their employer gives them time to undertake external CPD (up from 37% last year);

⁴⁵ 26% for those revalidating in 2016/18, 23% for those revalidating in 2017/18 and 24% for those revalidating in 2018/19.

- more than two in five (45%) of those revalidating this year report this (up from 35% last year); and
- almost four in ten (38%) of those due to revalidate next year report this (up from 33% last year).

As the roll-out of revalidation continues, registrants generally continue to feel supported by their employer regarding CPD requirements, and this support appears to be focussed around the point of revalidation. Exploring the change within the cohorts of registrants highlights this trend. Those who had recently revalidated last year are less likely to say that their employer provided CPD for them this year (73% down to 68%), while those who have recently revalidated this year or are due to revalidate next year are just as likely to report this as they were last year⁴⁶.

As well as providing CPD, employers may support registrants by helping them to seek out opportunities for CPD. **Over half of registrants in each of the three cohorts agree that their employer helps them to seek out opportunities for CPD.** As with other aspects of employer support, this appears most common among those who have just revalidated, and drops off in the year following revalidation.

Table 3.3: Employer support for CPD opportunities

	Revalidated in 2016/17 (%) Yes)		Revalidated in 2017/18 (%) Yes)		Revalidating in 2017/18 (%) Yes)		
	Base:	W1: 4,345	W2: 4,345	W1: 3,942	W2: 3,942	W1: 2,955	W2: 2,955
Employer supported identification of CPD opportunities		61%	52%*	55%	60%*	52%	53%

* denotes a significant difference between groups

Participants in the case studies viewed employer provision or funding of opportunities for CPD as a crucial element of support in helping registrants to revalidate. One registrant working in a secondary care setting pointed out that they felt some security working for an NHS Trust that hosted CPD training, but suggested that agency workers might be worried about meeting this revalidation requirement. Despite the sense of security offered through working within a NHS Trust, in this case the registrant felt as though funding and time restraints limited the amount of CPD the Trust was able to offer registrants. As a result, the registrant preferred to seek opportunities for CPD in alternative (academic) settings.

"That would be my preference, yes [seeking CPD through a university setting]. There should be some occasions where you are able to develop professionally and personally. In the past when the NHS was better funded, there were chances. The nurses now coming out of university have less and less opportunities to have actually funded, professional courses."

Registrant

Participants in the case studies, including the registrant quoted above, felt that while employers were generally supportive of them undertaking CPD, there were practical considerations that could impact the ability of registrants to fulfil this requirement. A participant in another case study mentioned that, while their own employer had hosted CPD and given registrants time to complete this requirement, this might not be the case in other organisations due to financial and time

⁴⁶ Registrants revalidating in 2017/18: W1: 73%, W2: 74%; Registrants revalidating in 2018/19: W1 64%, W2: 65%.

restraints. This reflective discussion partner pointed out that although his employer provided CPD and allowed registrants time to undertake this, it was each registrant's individual responsibility to choose, book onto, and attend relevant courses.

"Other than financial constraints and time constraints it's [the CPD requirement of revalidation] more than achievable."

Reflective discussion partner

Looking at the employer support across the different aspects of revalidation shows only part of the picture. Different registrants may have different expectations of employer support. Registrants are also asked to assess whether they receive all the support they require from their employer in order to revalidate. Again, the evidence suggests that registrants receive a greater amount of support in the immediate lead-up to their revalidation, as Table 3.3 illustrates. The one cohort of registrants who are yet to revalidate report a decrease in overall support, and this will need to be revisited during Year Three.

Table 3.4: Overall employer support for revalidation

	Revalidated in 2016/17 (% Agree)		Revalidated in 2017/18 (% Agree)		Revalidating in 2017/18 (% Agree)	
	W1: 3,964	W2: 3,847	W1: 3,512	W2: 3,507	W1: 2,616	W2: 2,560
Base: All employed directly						
My organisation is giving me all the support I need to revalidate	68%	57%*	56%	66%*	56%	52%

* denotes a significant difference between groups

Among those registrants who have recently revalidated, there are differences across two groups of registrants.

- A higher proportion of midwives (24%) than nurses (11%) disagree that they are receiving all the support that they require from their employer in order to revalidate.
- Those working in Northern Ireland appear most convinced (86%) that they are receiving all the support they need. Compared to 67% in England, 62% in Scotland and 65% in Wales.

3.4 Nurses' and midwives' experiences of the revalidation process

This section looks in detail at registrants' experiences of the different elements of the revalidation process, first outlining findings on the ease of meeting each of the requirements, before looking at any additional findings on the revalidation journey for registrants.

3.4.1 The ease of meeting the requirements

As was the case last year, the vast majority of registrants continued to find the requirements easy to meet, with very few believing it would be or finding it difficult. Findings for those who have recently revalidated reflect the perceptions of those who revalidated in 2016/17. However, those who have yet to revalidate are generally less likely to think that they will find each of the requirements easy to meet, for example 84% of those due to revalidate in 2018/19 think it will be easy to meet the practice hours requirement, compared to 91% of those who have just revalidated.

Registrants who recently revalidated found all elements easier to complete than they had anticipated the year before. This trend was particularly seen in the requirement to obtain the required volume of feedback. Although this was the aspect registrants were least likely to find easy, 59% of those who had recently revalidated had expected it to be easy last year, rising to 74% after having revalidated. We would also, therefore, expect the proportions of those registrants revalidating next year who found meeting each requirement to be easy to increase. As discussed later in the report, there is evidence from the case studies that many registrants collect feedback passively, for example by using 'thank you' cards received from patients. This approach may contribute to the unexpected ease with which registrants collected feedback.

Table 3.5: Level of ease of meeting requirements compared to expected level

Element	Expected level of ease (one year before revalidation) (% Easy)	Actual level of ease (recently revalidated) (% Easy)
Base:	3,942	3,942
Practice hours	87%	91%*
Minimum hours of CPD	76%	84%*
Minimum participatory CPD hours	70%	80%*
Practice related feedback	59%	74%*
Five written reflective accounts	68%	79%*
Reflective discussion	71%	82%*
Health and character declaration	80%	90%*
Professional indemnity	73%	85%*
Obtaining and appropriate confirmers	71%	86%*

* denotes a significant difference between groups

While we explore each of these elements in detail in the following sections of this chapter, the survey data also allows an interrogation of whether any groups (based on protected characteristics) find it more difficult than registrants overall comply with the requirements of revalidation. Generally, the survey findings support the analysis discussed in chapter two, with few differences of note. Even where there are differences that are statistically significant, the proportions finding an individual element difficult are still low, and may not be meaningful (they may for example be related to other characteristics such as a registrant's setting). A summary of some of the differences in experience for registrants who have recently revalidated follows⁴⁷.

⁴⁷ Differences between groups presented here are all statistically significant and are based on a minimum sample size of 100 registrants in any comparison group. The requirement of a minimum sample size meant that it was not feasible to conduct analysis of differences of experience among smaller groups (where the sample size was fewer than 100 registrants).

- **Age:** A higher proportion of registrants aged 25-34, compared to registrants overall, reported that they found it difficult to meet the **participatory CPD** requirement (10% compared with 7%), the **written reflective accounts** (14% compared with 6%) requirement, and **confirmation** requirement (8% compared with 2%).
- **Sex:** A higher proportion of male registrants than registrants overall reported that they found it difficult to meet the **CPD** (6% compared with 4%), **reflective discussion** (10% compared with 6%) and **health and character** (3% compared with 1%) elements of revalidation.
- **Ethnicity:** Higher proportions of registrants from an Asian ethnic background reported finding the **practice hours** (4% compared with 2%), **CPD** (6% compared with 4%), and **health and character** (3% compared with 1%) and **professional indemnity** (6% compared with 3%) requirements difficult compared to registrants overall.
- **Long-standing illness, disability or infirmity:** A higher proportion of registrants with a long-standing illness, disability or infirmity reported finding it difficult to meet the **practice hours** requirement (4% compared with 2%), and the **participatory CPD** requirement (10% compared with 7%), compared to registrants overall.

The NMC have identified the need to provide further support to those with long-term health conditions, and this is something they will consider further through discussions with unions and representative bodies.

3.4.2 Practice hours requirement

The findings relating to practice hours broadly replicate findings from Year One. As noted above, registrants found this element easy to complete, with 91% of those who recently revalidated saying this.

This was corroborated in the case studies and through the reflective discussion partner and confirmer qualitative work. However, there were examples in the case studies of registrants being concerned about being able to meet the requirement in the future. For example, one participant who had been on long term sick leave and worked in a consultancy role (non-patient facing) was concerned about carrying out the hours in that role. This participant thought there should potentially be different consequences for those not in patient facing roles if they are unable to meet this requirement.

"I personally think they should have some sort of category for people like me. There's a different between practical nursing and policy and team management."

Reflective discussion partner

3.4.3 Continuing Professional Development

The number of CPD hours registrants are completing as part of revalidation and in each of the three years prior to submitting their revalidation application has broadly remained the same. Looking at those who revalidated in 2016/17, very few (2%) have not undertaken any CPD since completing revalidation. Instead, registrants most frequently reported completing between 11 and 25 hours (39%) in the year since completing revalidation, followed by more than 35 hours (29%).

The most common CPD activity also remains course attendance with 94% of those who have recently revalidated undertaking this as part of their CPD, this is followed by reading journals, articles and books (77%) and meeting attendance (69%).

The proportion of participants carrying out many of the CPD activities increases as they experience revalidation. For example, 78% of those who recently revalidated had done online learning in Year One, but by this year 87% of this cohort had undertaken this type of CPD.

As in Year One, registrants are divided about how easy it is to find the time to undertake CPD, although this improves as registrants revalidate. As will be discussed in Chapter 4, there is evidence that behaviours around proactively finding time, and undertaking CPD to keep up to date with developments are changing. However, a notable proportion across cohorts still say that finding time to undertake CPD is difficult (44% among those who revalidated in 2016/17, 42% of those who recently revalidated, and 47% of those who will revalidate in 2018/19). This has decreased for those who have recently revalidated, dropping from 51% who thought it was difficult one year before revalidation, to 42% immediately after revalidation.

In addition, **between 22% and 27% across the cohorts agreed that finding CPD opportunities relevant to their scope of practice is difficult**. This is similar to last year.

Overall, 28% of those who recently revalidated say that they agree that finding opportunities to undertake participatory learning is difficult. However, this has decreased for this cohort from 36% in Year One. In addition, among those who revalidated in 2016/17 this finding has remained consistent (29% in both years). This suggests that the positive influence of carrying out revalidation on this finding continues after registrants have revalidated. That said, the NMC may want to do more to support registrants in identifying both CPD relevant to their scope of practice and participatory learning opportunities. The case studies highlighted particular concerns among registrants who worked unsociable hours and agency nurses, who felt they faced additional barriers to taking part in participatory CPD.

3.4.4 Gathering feedback from patients, service users and colleagues

Findings on the amount of feedback registrants collected relative to the amount they would have received anyway replicate those from Year One. Three fifths (61%) of those who revalidated in 2016/17, and the same proportion this year said that the amount they collected was similar to the amount they would have received anyway. Nearly half (48%) of those who revalidated this year say the amount of feedback collected was more than required for revalidation, with a similar proportion (47%) saying it was the same as the amount required.

Who registrants receive feedback from by the time they revalidate has also stayed broadly similar, with a range of sources being consulted. Just under 73% of those who revalidated in 2016/17 said that they received feedback from patients in the three years prior to revalidation, and 75% of those who revalidated in 2017/18 say the same this year.

On the whole, registrants in the case studies were positive about the experience of collecting feedback. As they could use thank you cards and other feedback that they regularly received, they found it easier than they had expected, with one registrant saying that 'feedback just came to her' and she did not need to approach anyone for it.

However, this ease of accessing positive feedback was not always viewed as beneficial in terms of the potential impact on outcomes. This is discussed further in Chapter Four.

3.4.5 Written reflective accounts

The number and focus of written accounts has stayed the same as Year One. As with last year, around four-fifths of those who have recently revalidated focussed accounts on the Code (81% and 82% for those who revalidated last year).

Last year, case study evidence highlighted 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. The survey findings for this year show that younger nurses and midwives (aged 18-34) are more likely to say that this requirement is difficult to meet (19% for those aged 18-34, compared with an average of 13% for those aged 35+). This may not be as at odds with the previous case study findings as it seems, since it may indicate different expectations for what a written account should look like and the amount of time and detail needed.

Case study insight - Burden associated with reflective accounts and discussions

One registrant discussed how the process of writing reflective accounts and taking part in a reflective discussion as part of the revalidation process felt '*excessive*' and '*repetitive*'.

"I think the number of reflective discussions, I think it is five in total, is a little bit excessive. I think it's strange to have five because it then puts pressure on the individual to kind of come up with five different scenarios"
Registrant

The registrant explained that there is already daily peer supervision and support which enabled them to regularly reflect on and discuss their practice. They therefore felt that spending an hour and a half to discuss this with a reflective discussion partner seems unnecessary and repetitive.

However, it may not be the case that all registrants are able to reflect and discuss their practice during their everyday role. The registrant's line manager (who also acted as this registrant's confirmers, and has acted as a reflective discussion partner for other registrants she works with) reported seeing an increase in reflection among registrants since revalidation was implemented. The line manager felt that registrants had benefited from having a reflective discussion as part of the revalidation process, as it enabled registrants to take the time out to reflect and focus on good things that have happened in their practice. She felt that registrants may not have otherwise been able to do this due to their busy workload.

"You're so busy on a day-to-day basis you don't get time to draw breath and think about things so it is good to reflect on things. A lot of practitioners have been in post for a long, long time so we didn't do reflective practice when we trained so it's a new thing and a new way of thinking which is quite good and people have enjoyed it"
Line manager

3.4.6 Reflective discussions

This year, registrants' choice of reflective discussion partner remains broadly consistent with those who revalidated in 2016/17. The most common response among those who have recently revalidated is a person that they work with regularly, who is not their line manager (39%) followed by their line manager (but not because this was compulsory) (35%).

In addition, similar proportions found it difficult to identify an appropriate person to have the reflective discussion with as last year (10% for those who revalidated in 2016/17 and 9% for those who revalidated recently in 2017/18).

Evidence from across the evaluation, suggests that the reflective discussion is considered to be one of the most beneficial aspects of revalidation. Overall, 86% of registrants who recently revalidated found it useful to take the time to reflect on their practice; a similar proportion to those who revalidated last year. In addition, the reflective discussion partners included in the qualitative work said that they particularly valued the reflective aspect and having dedicated time to reflect on their practice.

Reflective discussion partners thought that the discussion added value above and beyond what would have been generated through simply reviewing the written accounts alone, as they could probe around complex situations, or those that were not necessarily clear from the written accounts alone. Reflective discussion partners often read the accounts before the discussion took place, which facilitated them being able to probe in this way.

Participants felt that the role of reflective discussion partner came with greater responsibility than simply having a discussion and they felt accountable for discussions being useful and beneficial to registrants. One participant described this as the profession having a collective responsibility for the value of the discussions, which was important.

This collective responsibility meant the role came with many mutual benefits – as the NMC guidance suggests the role will. For example, where the reflective discussion partner was the registrant's line manager, they said the discussions had helped them to understand their employee's role better. Others spoke about the greater appreciation they had for each other's role if they worked together.

I found it useful thinking about the things that [registrant] had reflected on, because it made me reflect on things that I'd done in my own practice in a different way.

Reflective discussion partner

Despite participants who were line managers feeling that they benefited from the discussions, several thought that the line manager was not always the ideal person to do the reflective discussion. The rationale was that the employer/employee relationship could shape the direction of the discussion in a way that might reduce the benefits; for example, if registrants did not feel that they could be completely honest, particularly when reflecting on what may have been a mistake that they made or a situation they had not dealt with as they perhaps thought that they should have, it devalued the discussion to some extent. Feeling able to be open was important, and the role of the RD partner was seen as more of a coaching role in this context, while confirmation was more formal and therefore, more appropriate for the line manager to carry out.

The NMC may wish to consider providing greater clarity on who is an appropriate reflective discussion partner; or more explicitly questioning whether the line manager is the most appropriate person to act as a reflective discussion partner, even if they are the confirmers. It would also be worth providing a steer that the reflective discussion and the confirmation are separated, to distinguish the coaching role from the more formal 'sign off' process of confirmation.

Because of the perceived responsibility that came with the reflective discussion partner role, they also felt obliged to consider the quality of the written accounts. Some had reviewed the accounts and fed back to the registrant that they would not carry out the discussion until changes had been made to improve the quality of the reflection. This was the case whether the person was also the confirmers and at times where they were the reflective discussion partner only.

The quality of accounts varied with some registrants producing accounts that were considered to be 'the bare minimum', while others produced what were perceived to be high quality accounts. Some noted that where people had had to reflect on their practice previously – either as a result of training or other employer led process – they found it easier to produce their reflective accounts.

The NMC may want to provide additional clarity on the extent to which reflective discussion partners should be reviewing the quality of the accounts, or indeed, what to do if the accounts do not meet the standard they would hope for (especially if the registrant's revalidation deadline is very close). Although some guidance on this is provided at the moment, this is being interpreted in different ways and may need to be more specific. For example, the NMC may want to provide a checklist of criteria – based on an established model for reflection - for reflective discussion partners to assess accounts against when they review them. However, the guidance on whether reflective discussion partners should (or are advised to) review accounts prior to the discussion would need to be considered alongside this.

Linked to this, the NMC could consider providing advice for what actions registrants should take if the proposed reflective discussion partner will not have the discussion with them based on the quality of the accounts.

The NMC may also want to provide more detail on what a good reflective discussion looks like and why (referencing the evidence – again, such as an established academic model - for this). The criteria used for 'quality' in the discussions varied to some extent; for some it was about the quality of the reflection and whether the registrant was asking the right questions of themselves, while for others it was about the variety of what people reflected on. Despite explicit NMC guidance to the contrary, some expressed the view that it was the quality of the pieces of writing that mattered most. For others it was the quality of the discussion that mattered more. Therefore, the NMC may want to address any ambiguity in the guidance on accounts and discussions, and provide clearer support or guidelines for both, reaffirming the purpose of each and building on models for reflection.

In cases where registrants were challenged on the quality of their reflective accounts, it had not impacted the registrant being able to revalidate, as the discussions were taking place sufficiently far in advance of the revalidation deadline that this did not cause any issue. However, participants acknowledged that this could become problematic if such a buffer had not been factored in.

The case studies and qualitative work also suggested that some registrants were having to conduct the reflective discussion outside of normal working hours. This was either because this was the only time that both they and their reflective discussion partner were free, or because their employer did not give them the opportunity to do it within normal working hours. Nonetheless, this was not spoken about in a particularly negative way during the case studies, as many considered it merely to be a formalisation of what they were already doing.

While the guidance does suggest early preparation for revalidation, there may be value in being more explicit about giving time for reflective discussion partners to not only read the accounts and prepare for the discussion, but also to comment on them and potential changes to be made.

3.4.7 Declarations of health and character, and professional indemnity

As noted earlier, and in line with Year One, registrants find meeting the declarations of health and character, and professional indemnity easy.

Across both requirements, and similar to other revalidation requirements, this element is easier than expected as registrants revalidate. For example:

- For health and character, 80% of those who have recently revalidated had expected it to be easy, and this increased to 90% of this cohort who found it easy when they revalidated.
- Similarly, for professional indemnity, while 73% of those who have recently revalidated had expected this element to be easy to complete, 85% went on to find it easy to complete when they revalidated.

3.4.8 Record logs

Use of the practice hours log, CPD log and a reflective accounts log has remained consistent with Year One, with over nine in ten of those who have recently revalidated using them (93%, 94% and 95% respectively). This is similar for ease of use for each log.

The trend for usage and ease of use to spike around revalidation was also confirmed among those who recently revalidated; while 55% of this cohort had used the practice hours log last year, this rose to 93% this year as they revalidated, and the proportion of those who had used them and found them easy to use increased from 89% to 95%.

3.4.9 Confirmation

The findings on who acted as a confirmer for registrants reflected those in Year One, with a line manager who is an NMC registrant being the most common response (68% for those who revalidated in 2016/17, and 65% in 2017/18). This is in line with NMC monitoring information covering all registrants revalidating during Year Two. The NMC data shows some variation across countries, with registrants working in Scotland, Wales and Northern Ireland significantly more likely to have been confirmed by their line manager who is an NMC registrant (and less likely to be confirmed by another NMC registered nurse or midwife).

In the qualitative work with confirmers, there was some tension around who is considered to be best placed to carry out the confirmer role. For example, one NMC registrant who had been an RD partner, said the registrant worked in a General Practice, and the practice manager was going to be the confirmer. The practice manager was considered nearest to the line manager role and therefore, in line with the NMC guidance, recommended as the confirmer. The participant thought that a GP at the practice, who has clinical expertise, and had to undergo medical revalidation, would have been more appropriate for these reasons.

As with last year, 61% of registrants had their confirmation with the same person that they had their reflective discussion with and the confirmation took place at the same time, and 13% had the confirmation and reflective discussion at a different time but with the same person.

Ensuring the confirmation took place with enough time before the revalidation deadline was seen as important.

Participants questioned whether more could be done to send reminders, and one organisation had added a discussion about revalidation to all their appraisals; even when a registrant was several years away from revalidating again, the appraisal was used to check they were thinking about this and collecting evidence. While this is something that the NMC suggests in the 'Information for confirmers' and 'Employers guide to revalidation', showcasing the benefits of this may encourage more employers to implement this. This was seen to both ensure that the benefits of revalidation were felt

across other years, and to minimise the risks of registrants not being prepared, and confirmers not feeling able to confirm them.

Confirmers in the qualitative work reported going about this task by going through the registrant's portfolio and ticking off that they had met all the revalidation requirements one by one. Examples included:

- **Practice hours:** In some cases, particularly where the confirmers were the registrant's line manager, they were able for example to check that they had met the requirements to have completed 450 practice hours on their computer system.
- For **Continuing Professional Development:** Confirmers looked for evidence of attendance at training days, such as a certificate. This often included a brief discussion about this training, and some were happy to agree the registrant had met the requirement given they were able to talk about the training in detail / had reflected on it.
- Five pieces of **practice related feedback:** In many examples the feedback collected by registrants had been from a variety of sources. Participants thought it was important for feedback to not always be positive in nature, and on the whole, they thought it should be from a variety of sources, if it was to provide 360-degree benefit.
- **Reflective accounts:** All the confirmers in the research said that they made a point of reading through the reflective accounts. Some had a secondary 'reflective discussion' with the registrant as part of the confirmation discussion, even though this had already taken place with someone else,
- **Reflective discussion:** Confirmers looked for the signature from the reflective discussion partner on the form that the discussion had taken place. There wasn't any suggestion that confirmers actively sought out separate written or oral confirmation from the reflective discussion partner.

Confirmers in the qualitative research thought people were mostly prepared by the time it came to the confirmation. However, while some thought people had done just enough, others thought people had gone above and beyond. In these cases, people referred to registrants undertaking a greater number of CPD hours than required or producing very detailed accounts and portfolios that included more information than the minimum requirements.

While some felt comfortable with registrants only meeting the minimum requirements – referencing the busy workload of nurses and midwives as a barrier to doing more – others thought they would feel less comfortable confirming someone if they had only done the minimum requirements. In one example, doing the minimum meant collecting evidence over the couple of months preceding the confirmation, even if this technically met the requirements. Even though this met the requirements, this confirmers wanted to see evidence from the last two years. They had not had to confirm anybody else who had not included two years of evidence, but would have been uncomfortable doing so.

Those undertaking the role of confirmers felt a sense of responsibility, and with that came some initial uncertainty, particularly for those who had not carried out the role previously. Of participants that had revalidated with the NMC themselves *before* undertaking the confirmation, some still reported being anxious about being a confirmers and/or reflective discussion partner. They did, however, say that this experience and knowledge both helped them in their role and made them feel more confident about it.

One non-NMC confirmer said they had felt more confident in fulfilling their role because a registered nurse was also in the room. Others felt more comfortable if they had previous experience of a similar process (such as medical revalidation), or were very confident in the registrant's work overall, or knew the person's RD partner well.

Where they saw some risk or felt insufficiently confident, participants had refused to take on the confirmer role and the registrant had had to ask someone else. Participants generally said that they would speak to their own line manager or contact the NMC if they were unsure about confirming someone.

As the non-NMC registrant confirmers were not registered with the NMC themselves and often only acted as a confirmer for one registrant, they were at times less confident in the role. For example, they were unsure of the appropriateness of their involvement, and the lack of direct communication with the NMC reinforced this. Uncertainty and anxiety generally abated during completion of the process, and confirmers reported that they felt much more confident after the first time, or that they would feel more confident next time. However, this group did want more direct contact with the NMC to further reassure them. One participant who was a non-NMC confirmer was in a senior role in the organisation. This person carried out the confirmation in the same meeting that the registrant's NMC registered line manager carried out the reflective discussion; this scenario meant they observed the discussion and had an NMC registrant other than the person being confirmed in the room at time of the confirmation, both of these things gave the confirmer a level of reassurance and subsequent confidence in the role.

3.4.10 Submission of application using NMC Online

Registrants who completed an online application remain positive about all aspects of using NMC Online, with the majority finding the application process straightforward and easy to complete with instructions that were clear and concise.

There has been a slight, but significant, upward trend across these measures, with more of those revalidating this year being positive than those who revalidated last year, as shown in the following table.

Table 3.6: Ease of completing the online application process for those revalidating in each of the first two years

	2016/17 (% Agree)	2017/18 (% Agree)
Base: all those who completed an online application	15,271	3,909
The application process was straightforward	89%	93%*
The instructions were clear and easy to follow	90%	93%*
The online screens were user-friendly	91%	94%*
It was easy to fill in all the information required	90%	93%*

3.4.11 Verification

Verification is the process in which the NMC selects a sample of revalidation applications each year for further checks. This helps to ensure that the process is being carried out correctly and that registrants have completed the revalidation requirements through undertaking further checks on the application.

Overall awareness of verification remains high among those who have revalidated (94% among those who revalidated in 2017/18), and the proportion who are 'fully aware' has increased across cohorts. For example, 36% of those who

revalidated in 2016/17 were fully aware of the verification process at the point of revalidating, but one year after revalidation 52% of this cohort are fully aware.

The case study interviews highlighted the importance of verification in ensuring that registrants adhere to the revalidation requirements. Some registrants felt strongly that, unless the verification process was very visible, with a tangible chance of being selected and clear consequences for non-adherence, some registrants would identify ways of evading the requirements.

"At the end of the day we go through the process, and we tick a load of boxes on the website, and then we submit it. And I have done all of that, but what are the chances of me being called on to prove it?"

Confirmers

3.5 Summary

- The positive findings from Year One have largely been maintained. Registrants are preparing for revalidation earlier, and as they approach their point of revalidation their level of preparedness increases. Generally speaking, registrants receive all the support they require to revalidate, and very large majorities report high levels of understanding of revalidation (both its purpose and requirements).
- Registrants continue to be positive about NMC support. This begins with the communications received to alert them to revalidation and how to prepare, and extends to cover the various materials produced by the NMC (website, supporting documentation, guidance). Uptake of these increases as registrants move towards revalidation, and greater proportions are positive about the resources as they get closer to revalidation. Confirmers and reflective discussion partners were also positive about the guidance.
- A higher proportion of registrants revalidating in Year Two report using the Code to help them prepare. This was identified in Year One as a desirable outcome, and further positive change would be hoped for in Year Three.
- Only a very small proportion of registrants report having to seek alternative support arrangements when revalidating. This is an indication that the vast majority of registrants are able to revalidate without too much difficulty.
- Communications from employers of registrants regarding the introduction of revalidation appears to be decreasing. This suggests that communications may have been focussed on the launch of revalidation. Support from employers seems to be focussed around the point of revalidation, rather than encouraging engagement with revalidation processes across the three-year period.
- Confirmers and reflective discussion partners had mixed experiences in terms of being supported by their employers for these roles. When present, support included training/workshops/presentations, and could lead to some struggling more with the role, or feeling greater levels of apprehension.
- Registrants generally think they have all the support they need from their employer.
- The requirements of revalidation are generally found to be easy to complete, and are easier than expected a year ago. There is little evidence to suggest that registrants revalidating this year undertook greater volumes of CPD, reflection, or gathered more feedback, than those revalidating last year. A significant, but diminishing, minority find it

hard to find opportunities to undertake participatory learning. There is some evidence that registrants with certain protected characteristics who have recently revalidated found it more difficult to meet some of the individual requirements than registrants overall. This does not indicate major problems with revalidation but does justify further monitoring. These differences may also be interlinked with other characteristics that drive experience (such as setting or scope of practice).

- **The reflective discussion continues to be seen as one of the most beneficial aspects of revalidation.** Reflective discussion partners thought that the discussion delivers benefits over and above production of reflective accounts alone. Some small refinements could improve the experience of registrants and reflective discussion partners alike, and may further enhance this central element of revalidation. The same applies to confirmation, where some tensions around who is best placed to act as a confirmor are identified. Confidence in being a confirmor or reflective discussion partner increased with experience, but improvements over time and with familiarity are therefore less likely to happen in settings with relatively few registrants.

4 Understanding, attitudes and behaviour

This chapter considers the extent to which revalidation for nurses and midwives has started to deliver the outcomes detailed in the Theory of Change. Two years into the roll out of revalidation, the evaluation has started to explore behavioural changes, in addition to attitudinal changes among the key audiences for revalidation (registrants and their employers). The chapter 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 Summary of Year One findings

During Year One, the evaluation found that:

- **Registrants were largely positive towards the individual elements of revalidation.** Registrants' attitudes, understanding and behaviour demonstrated high baseline scores across most measures, with some indication that those who revalidated in 2016/17 demonstrated more positive attitudes, and more frequently reported the desired behaviours. At this stage the evidence suggested a correlation between revalidation and registered nurses and midwives consciously thinking about how their practice could be enhanced.
- **Survey findings among registrants who have already revalidated suggested that revalidation was playing a role in delivering attitudinal change towards the key elements of the Code, and may have already been 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 the reflective discussions helped them (re-)familiarise themselves with aspects of the Code – which appeared to be the most explicit link between revalidation and the Code at that stage.
- **Evidence from the case studies indicated that nurses and midwives were starting to change their behaviour incrementally,** particularly through actively collating feedback and thinking about what could contribute towards their revalidation requirements, and this had the potential, if sustained, to contribute to the development of a culture of sharing, reflection and improvement across the sector. It was also expected that employers would play a role in encouraging, and therefore helping to reinforce and embed the desired registrant behaviours.
- **Overall, at the end of Year One no significant unintended consequences had been observed.** Interviews with lapsers did, however, highlight the ways in which revalidation may have been contributing to some registrants leaving the register.

4.2 Registrants understanding, attitudes and behaviours

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

The subsequent sections of this chapter provide an overview of understanding, attitudes, and behaviours two years into the roll out of revalidation. We also provide an assessment of changes to registrants' awareness, attitude and behaviour since Year One.

4.2.1 Practice hours

Understanding of the practice hours requirements is high across cohorts; 94% of those due to revalidate in 2018/19 say they understand the requirements well. This reflects the fact that this requirement remains the same as was under the Prep system.

Participants in the case studies understood the importance of maintaining a certain number of practice hours as they felt that this practical element was needed to maintain standards in nursing in addition to skills and theory that could be gained through CPD.

"I don't see how you can hold a professional registration if you're not practising as an individual... ...there's an academic element to the job then there's the hands on practical element."

Reflective discussion partner

4.2.2 Continuing Professional Development (CPD)

Understanding of the CPD requirements is high and increasing. The vast majority (92%) of registrants due to revalidate next year (the 2018/19 cohort) report understanding the CPD requirements well, with three in five (59%) saying they understand the requirements *very well*. This is among the highest level of understanding of any element of revalidation, along with the practice hours requirement. As these two elements of revalidation have been retained since Prep, this may indicate that registrants' high levels of understanding are linked to their familiarity with the Prep process. Nonetheless, understanding has increased since Year One (from 51% *very well*), indicating that each year revalidation becomes more embedded, registrants approaching revalidation are becoming more familiar with the requirements.

There is evidence that this high level of understanding is leading to ongoing changes in attitudes around CPD. The proportion of registrants who agree CPD enables them to improve their practice is higher shortly after they have undertaken revalidation (93%) than it was one year before (90%). Conversely, those registrants who are yet to undertake revalidation are the least likely to agree that CPD enables them to improve their practice. This is 88% compared with 93% among both cohorts who have undertaken revalidation. Among those who completed revalidation in 2016/17, there was no decrease in positivity in the 12 months after their revalidation (94% at wave one compared with 93% at wave two). This indicates that the increase in positive attitudes associated with undertaking revalidation seems to be maintained over time. In the case studies, registrants demonstrated these positive attitudes, being able to clearly articulate the benefits of participating in CPD.

"Without participating in CPD I wouldn't feel confident in providing the service that I do to my clients. Good practice is evidence based so, unless you have the knowledge to provide that, you're not going to be providing a good service."

Registrant

This change in attitudes does not appear to stem from undertaking more CPD after revalidation; the data suggests that having undertaken revalidation, registrants are not undertaking more hours of CPD than those who have yet to revalidate. This may be because, prior to revalidation, many registrants were already undertaking CPD hours greatly exceeding the required 35 hours.

There are, however, some softer indications of behaviour change. For example, the proportion of registrants who report proactively finding time to undertake CPD increases after undertaking revalidation (71% before they had completed revalidation compared with 80% after) as does the proportion who say they actively undertake CPD to keep up to date with developments in professional practice (86% compared with 93%). The collection of further longitudinal data on this subject may enable firmer conclusions to be drawn in Year Three.

Case study insight – evidence of increased awareness and proactivity in seeking CPD opportunities

NMC registrants in one case study suggested that revalidation had given them a renewed focus on CPD. This resulted in an increased awareness of current opportunities available for CPD provided by their employer. One registrant also mentioned seeking out online learning through the Electronic Staff Record (ESR). Registrants felt that the new revalidation requirements encouraged them to sign up to more CPD, but they were also encouraged by their manager—an NMC registrant who was very engaged with revalidation.

"It certainly tightened up my awareness of training." Reflective discussion partner

Registrants in this case study were already participating in CPD provided by their employer prior to the introduction of revalidation. They noted that this was already a requirement under Prep but thought that this was never 'policed' by the NMC. The requirement of proving that they are undertaking a certain number of hours of CPD as part of revalidation may have resulted in increased attention on CPD opportunities.

4.2.3 Practice related feedback

Understanding among those yet to revalidate appears to have increased. The vast majority of the registrants (86%) who are due to revalidate next year (the 2018/19 cohort) say they understand the practice related feedback requirements well, with 44% reporting that they understand it *very well*. In Year One only less than four in ten (37%) of those revalidating in the next year reported understanding this requirement *very well*.

There is evidence that this high level of understanding is leading to ongoing changes in both attitudes and behaviours relating to the collection of practice related feedback from patients and service users. For example, the proportion of the 2017/18 cohort who agree that feedback from patients and service users provides insight that helps improve their practice is higher shortly after revalidating, than it was one year before revalidation (88% after revalidation compared with 84% before). And a similar pattern is seen in the proportion who agree feedback helps them meet the needs of patients and service users (84% one year before revalidation compared with 87% shortly after). There is also no decline in positivity among those who revalidated in 2016/17, indicating that the increase in positive attitudes associated with undertaking revalidation seems to persist over time.

These positive attitudes towards the collection of feedback were mirrored by some registrants interviewed in the case studies, particularly where registrants had reflected on constructive—rather than wholly positive—feedback.

"Feedback establishes a direction to move in, enables you to see your strengths and weaknesses and to better yourself as a professional"

Registrant

Despite the perceived importance of feedback, the proportion of registrants who report actively seeking feedback from patients and service users are low, with fewer than half (45%) of those yet to revalidate reporting that they do so on a regular basis.

However, the data indicates that revalidation may also be leading to behaviour change in this area. For example, the proportion of the 2017/18 cohort who agree they actively seek feedback is higher shortly after revalidation than one year before (53% after revalidation compared with 45% before). It is unclear whether this behaviour change will be maintained throughout the next cycle of revalidation for these registrants. There has been a slight decrease in the proportion of those who revalidated in 2016/17 who maintain this behaviour one year on from revalidation (from 53% shortly after revalidation, to 50% one year later).

Table 4.1: Registrant attitudes and behaviour relating to feedback from patients and service users

	2016/17 (%) Agree)	2017/18 (%) Agree)	2018/19 (%) Agree)
Base: All registrants who have regular contact with patients and service users	3,933	3,648	2,669
Feedback from patients and service users provides insight that helps to improve my practice	87%	88%	83%* ^{ab}
Feedback helps me to meet the needs of the patients and service users with whom I work	87%	87%	84%* ^{ab}
I actively seek feedback from patients and service users on a regular basis	50%	53%	45%* ^{ab}

*a - denotes significant difference compared to registrants revalidating in 2016/17; *b - denotes significant difference compared to registrants revalidating in 2017/18

Some confirmers and reflective discussion partners in the case studies felt that this means the feedback element of revalidation is currently of limited value. As in Year One, the case studies also strongly suggested that the feedback used by registrants is often collected passively (for example thank you cards that registrants had been given by patients). The nature of this feedback means that many registrants are likely to have been reflecting on positive feedback only.

Therefore, participants suggested this element could be improved if registrants are advised that they should include feedback which includes development points.

"It's very easy for nurses to just use the good feedback and ignore the negative feedback. And it's easy for someone who isn't actually a good practitioner to get that good feedback from patients. It would be useful to be more directive about what type of feedback they should be getting"
Reflective discussion partner

Case study insight – the value of reflecting on constructive feedback

In one case study, the reflective discussion partner explained how she had encouraged the registrant to base one of her reflective accounts on negative feedback she had received about her practice.

The reflective discussion partner had observed that many registrants focus exclusively on positive feedback and experiences when writing their reflective accounts. She felt that it is important that reflection focuses on how registrants can learn from their mistakes, rather than just celebrating what has gone well. She recognised however, that there are potential barriers to nurses reflecting honestly about mistakes in their accounts

"I think registrants feel they need to justify that they're good enough. The accounts didn't have to be submitted to the NMC, but I suppose there's a worry that the NMC may wish to see them" Reflective discussion partner.

The registrant concerned reported that reflecting on the negative feedback was useful, and was likely to have a positive impact on her practice.

"There was one negative that I focused on, and it was a huge thing for me. It was a very good learning curve for me in terms of future practice and how I work." Registrant.

Additional consultations have been conducted with representatives of patients and service-users. In line with the above, those consulted to date also suggested that when it came to feedback from patients, **registrants were most likely to rely on informal verbal feedback from patients or service users, or on written feedback in the form of 'thank you' cards and other similar sources**. This was considered more likely to be positive, and therefore less likely to be meaningful when it came to changing practice (although one person *disagreed* with this). A more structured approach to collecting feedback, supported by guidance from the NMC may help to enhance this element of revalidation, but this should be balanced against the potential burden (and risk of distracting from patient care).

A similar pattern is seen in the collection of feedback from other nurses and midwives, with those who have undertaken revalidation being more likely to hold positive attitudes toward the collection of practice related feedback from other nurses and midwives than those who have not. For example, the proportion of those who have recently revalidated who say it is useful to seek advice and share experiences with other nurses and midwives is higher shortly after revalidating, than it was one year before revalidation (93% after revalidation compared with 89% before).

The data also indicates that revalidation is leading to **behaviour change** in this area. For example, the proportion of the 2017/18 cohort who agree they regularly seek feedback from other nurses and midwives is higher shortly after revalidation, than one year before (74% after revalidation compared with 67% before).

The evidence suggests that registrants who have already revalidated are more likely to be asked for feedback from other nurses and midwives than those who have not revalidated, as shown in the following table. These proportions are higher than those proactively seeking feedback from patients and service users, which may reflect the fact that higher proportions of registrants report feeling comfortable asking colleagues for feedback, than feel able to approach patients and service users to ask for feedback.

Table 4.2: Registrant attitudes and behaviour relating to feedback from colleagues

	2016/17 (% Agree)	2017/18 (% Agree)	2018/19 (% Agree)
Base:	4,345	3,942	2,995
I find it useful to seek advice and share experiences with other nurses and midwives	92%	93%	89%* ^{ab}
<u>Other nurses and midwives</u> regularly ask me for advice or feedback on their practice	66%	68%	62%* ^{ab}
I regularly seek feedback from <u>other nurses and midwives</u> in order to develop my practice	72%	74%* ^a	67%* ^{ab}

*a - denotes significant difference compared to registrants revalidating in 2016/17; *b – denotes significant difference compared to registrants revalidating in 2017/18

4.2.4 Reflective practice

The vast majority of registrants (88%) understand the requirement for reflective accounts well and a similar proportion (85%) understand the requirement for a reflective discussion.

Registrants' attitudes are consistently positive about reflective practice, though experiencing revalidation does not change attitudes further. In other elements of revalidation, the increased focus on that activity appears to increase positive attitudes at the point of revalidation and beyond. However, although undertaking revalidation led to a modest increase in the proportion of the 2017/18 cohort who agree that reflecting on their practice is an important way of improving (94% after revalidation compared with 92% before), it also led to a small decrease in the proportion who thought it was useful to reflect on their practice (86% shortly after revalidation compared with 88% before).

There could be several explanations for this. Most notably, attitudes to reflective practice were positive before revalidation was introduced and revalidation simply reinforced this, whereas the focus revalidation has placed on other elements – such as CPD – has changed attitudes around them. This is reinforced by the case study evidence, which found that many registrants were engaging in reflective practice in some kind of way – such as through supervision – prior to the introduction of revalidation, and were already aware of the benefits of reflective practice.

"I'm part of a very supportive team and there's a lot of informal supervision anyway. So most issues have been discussed and we support each other within the role anyway."

Registrant

Case study insight – Mixed perceptions about the value of the reflective elements of revalidation.

In one case study, both the registrant and reflective discussion partner viewed revalidation as a "tick-box exercise" and reported that they "couldn't really see the point in it". While both recognised that reflecting on practice was helpful, they were already incorporating reflection into their daily practice and they therefore felt that revalidation in itself didn't help them to improve their practice.

However, this perception was challenged by the confirmer (the registrant's line manager). She felt that the culture of the setting (a prison ward) was not reflective. She had observed that some registrants she worked with had therefore found the reflective element of revalidation challenging and suggested that it was beneficial for them to be encouraged to reflect in a structured way.

"The setting was not a reflective setting in general and so it is a matter of you going out of your way to complete your reflective pieces rather than having it as part of your role". Confirmer

For this confirmer, revalidation was also a chance for her to reflect on her own practice which she found beneficial.

This case study demonstrates the mixed attitudes towards reflective elements of revalidation—even among registrants working in the same organisation. It may also reflect differences in the understanding of what constitutes reflective practice among registrants.

There is, however, some indication that undertaking revalidation is leading to behaviour change in this area. For example, the proportion of the 2017/18 cohort who agree that they regularly seek to improve their practice through reflection and continuous learning was higher shortly after revalidation than one year before (90% after revalidation compared with 87% before). Similarly, the proportion who reported that writing reflective accounts helped them identify ways in which their practice could be improved was higher after revalidation than before (83% compared with 79%). Again, among other cohorts, who did not undertake revalidation in 2017/18, the proportions agreeing with this statement remained consistent with Year One of the evaluation. One of the CNOs consulted thought that there is a move towards a culture of learning across the sector more widely, and that revalidation should be viewed within this context.

This was reflected in the case studies where there was an acknowledgement that in some organisations registrants might not have been given time to reflect or had emphasis placed on this before revalidation. Case study participants thought that behaviour changes would arise from reflection as a result of registrants taking the time to: examine their own behaviour; think about whether this could be modified or improved at all; and understand their own strengths and weaknesses.

"It's encouraging nurses to think about their practice and why we do things, and if we need to change them."

Line manager

Participants raised two key factors that they felt were important to ensure the reflective accounts and discussion are as valuable as possible. The first is that the reflective discussion partner has a good understanding of the registrant's role.

This knowledge enables the reflective discussion partner to question and challenge registrants in way that increases the value of the reflective discussion.

"When you have somebody who's working quite closely with you, and really does know how you work, then the process is going to be really valuable. How on earth are they going to help you improve your practice if they don't understand what your current practice is? For me that's very important."

Registrant

As outlined in Chapter Three, those interviewed in the qualitative work felt that further guidance could be provided both for the registrants to refer to when writing their reflective accounts, and for the reflective discussion partner when preparing for the conversation. Some interviewees suggested that the reflective accounts form should be more structured—ideally around a reflective model—with additional prompts to encourage registrants to reflect in more depth. Providing reflective discussion partners with example questions and probes may also be beneficial for those who feel less confident leading the discussion.

"I think there's a risk people only put a line or two. [Registrants'] reflective accounts could have been more detailed but it's fine, as I was able to probe verbally. I think that just a few more boxes to make the form a bit more directed would have helped."

Reflective discussion partner

4.2.5 The Code for nurses and midwives

As was the case in Year One, all registrants have a high baseline level of awareness and understanding of the Code, although the proportion who say they have a thorough knowledge of the Code is higher among those who have undertaken revalidation than those who are yet to (88% of those who have undertaken revalidation compared with 83% of those who have not).

There has also been a modest increase in knowledge among the cohort who have not yet undertaken revalidation (from 81% to 83%) indicating that there may be a wider cultural shift in knowledge of the Code, which may – or may not – stem from revalidation.

"I think people are definitely thinking more about their Code when they're practising. Even when you go to study days now you're encouraged to think about how that study day links in to your Code."

Line manager, registrant

Revalidation appears to increase the likelihood of registrants holding and maintaining positive attitudes towards the Code. For example, the proportion of the 2017/18 cohort who agree that they understand how the Code applies to the role in which they practise is higher shortly after revalidating, than it was one year before revalidation (96% after revalidation compared with 93% before). Among the other cohorts, who did not undertake revalidation in 2017/18, the proportions agreeing with this statement remained consistent with Year One of the evaluation.

There is also some indication that improved knowledge and increasingly positive attitudes are leading to behaviour change in this area. For example, the proportion who agree that their knowledge of the Code helps to improve the quality of their practice increased from 84% to 87% among those who recently revalidated. Similarly, the proportion of this cohort who report their understanding of the Code is central to their everyday practice is marginally higher having undergone revalidation (89% after revalidation compared with 87% before). Among the other cohorts, findings remain consistent with Year One of the evaluation.

4.3 Employers understanding, attitudes and behaviour

The evaluation expects that employers will play a role in encouraging, and therefore helping to reinforce and embed desired registrant behaviours. This section explores changes in employer attitudes and behaviours since revalidation was implemented two years ago, and assesses whether this support and encouragement is maintained across the revalidation process for all registrants.

4.3.1 Current employer awareness, understanding, attitudes and behaviour

In general, those who have recently revalidated (the 2017/18 cohort) feel the most supported and encouraged by their employer, with those who are yet to revalidate (the 2018/19 cohort) the least supported and encouraged. However, as was the case in Year One, the support and encouragement provided by employers varies across the elements of revalidation. Employers are most likely to offer support by providing CPD or by encouraging registrants to reflect on their practice. They are less likely to encourage registrants to seek feedback or to support registrants in seeking opportunities for CPD. This was reflected in the case study interviews where, although some registrants reported their employers putting specific measures in place to support their CPD, there were no mentions of additional support in collecting feedback.

Levels of support and encouragement received from employers have fallen for those who revalidated in Year One (the 2016/17 cohort). For example, the proportion that report that their employer provides opportunities for CPD has decreased from 73%, shortly after revalidation, to 68%, one year later. A similar pattern to this is seen proportions of registrants who report that their employer encourages them to seek feedback, to seek advice and to reflect on their practice. Coupled with the finding that those who are yet to revalidate feel the least supported, these findings indicate that employers are focusing resources on registrants who are approaching revalidation and that, once they have revalidated successfully, the encouragement and support registrants receive from employers subsides.

As in Year One, registrants' perceptions of employer attitudes and behaviour vary according to their employment status. Those who are employed directly feel more supported by their employer across each element of revalidation, than those who are not employed directly (for example, 75% of those who undertook revalidation this year and are directly employed say their employer supported them to find CPD opportunities, compared to 68% of bank workers).

Table 4.3: Employer attitudes and behaviour in relation to CPD

	2016/17 (%) Agree)	2017/18 (%) Agree)	2018/19 (%) Agree)
Base:	4,345	3,942	2,995
My employer provides CPD	68%	74%* ^a	65%* ^{ab}
My employer helps me to seek out opportunities for CPD	52%	60%* ^a	53%* ^b
My employer encourages me to seek feedback from patients and service users I work with	48%	53%* ^a	46%* ^b
My employer encourages me to seek advice or feedback on how I can improve my practice	53%	56%* ^a	51%* ^b
My employer encourages me to reflect on my practice	64%	67%* ^a	58%* ^{ab}

*^a - denotes significant difference compared to registrants revalidating in 2016/17; *^b - denotes significant difference compared to registrants revalidating in 2017/18

4.4 Summary

- Understanding of all of the elements of revalidation are high. Some of these are increasing, for example around CPD. There is also emerging evidence that across some of the elements the high levels of understanding are leading to positive changes in attitudes and even behaviour, as suggested in the Theory of Change for revalidation. Whether these changes are maintained, or whether they are driven by necessity to comply with revalidation but do not represent long-term changes in ongoing behaviour will be a key question for the final year of the evaluation.
- Focussing on behaviour changes, these are beginning to be evident in relation to:
 - CPD: where softer indicators of behaviour change are evident (proactively finding the time to undertake CPD, and using it to keep up to date with developments in their professional practice).
 - Practice-related feedback: Registrants are more likely to say that they actively seek feedback from patients and service-users, and from other nurses and midwives immediately after revalidation than a year before. Qualitative evidence suggests that feedback may be largely positive, and this element of revalidation could be enhanced by registrants seeking feedback that identifies weaknesses or development points.
 - Reflective practice: Again, reported reflective practice is more common for those registrants who have just revalidated.
- Revalidation appears to increase the likelihood of registrants holding positive attitudes towards the Code, and there is emerging evidence that this is leading to behaviour change.
- Employer behaviours around CPD, feedback and reflection appear to focus on registrants as they prepare for revalidation. Those who revalidated a year ago have not reported sustained engagement from their employer in these areas, indicating limited long-term behaviour change. Employer support may be important in driving longer-term behaviour change among registrants, and is also a desired outcome on its own. We have identified employers, and their role in revalidation, as a key area for further exploration in the final year of this evaluation.

5 Longer term outcomes and consequences

This chapter of the report examines progress made to date towards the longer-term outcomes of revalidation, for example on registrants' ability to practise safely and effectively, and on the NMC. The comparative benefit and burden of revalidation is also considered.

5.1 Summary of Year One findings

During Year One, the key findings of the evaluation relevant to this area were as follows:

- **Reflection seemed to be the main element driving some of the changes in attitudes and behaviour at this stage.** 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.
- **Very high proportions of registrants across all groups thought that each of the individual elements of revalidation would have a positive impact on the ability of nurses and midwives to practise safely and effectively.** Those who had already revalidated were 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, were recognised as making the isolation of impact to any one intervention highly challenging.
- **There were positive indications regarding the outcomes of revalidation on the NMC.** Particularly regarding 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 highlighted potential sources of additional burden, especially relating to accessing CPD, and the burden that may fall on individual registrants.

5.2 Practising safely and effectively

5.2.1 Overall individual ability to practise safely and effectively

More than half of registrants in each cohort think their individual ability to practise safely and effectively has got better in the last 12 months. This is highest among those who have recently revalidated in Year Two (58%), and has dropped slightly for those who revalidated 12 months ago (from 59% to 56%).

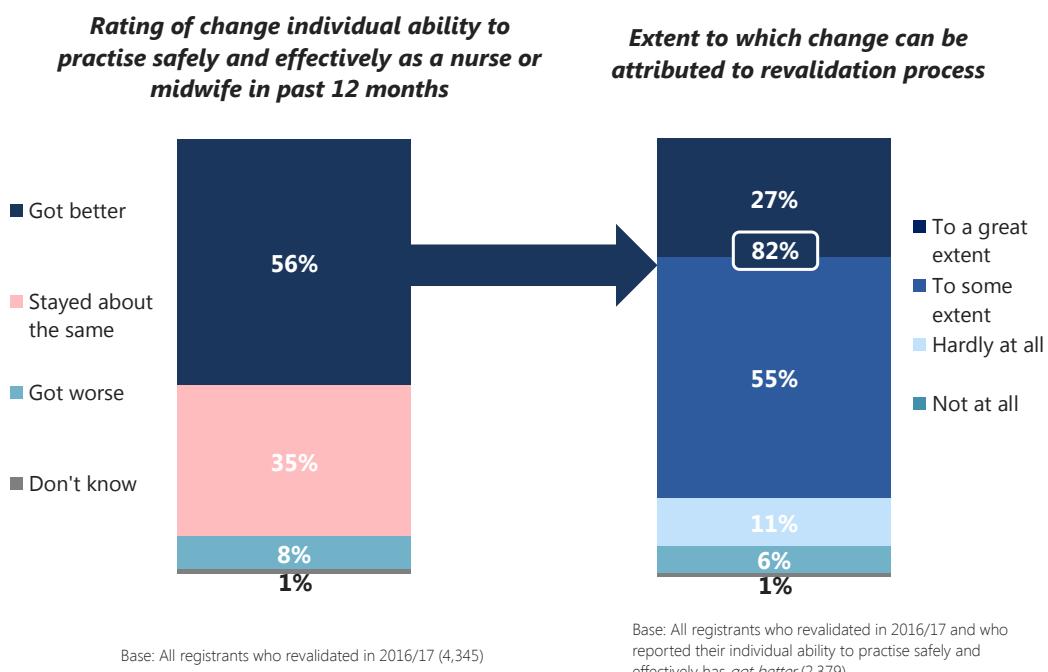
Further analysis suggests registrants perceive a greater impact on their practice during the year leading up to revalidation. As a key outcome variable, regression analysis has been used to compare differences between the two cohorts of registrants who have revalidated. Through controlling for other factors that may influence response to this question⁴⁸, the findings suggest that those who have recently revalidated are more likely to think their ability to practise safely and effectively has improved in the past 12 months than those registrants who revalidated 12 months ago. In addition,

⁴⁸ The model controlled for age, gender, ethnicity, geography, scope of practice, setting and registrant type.

registrants who revalidated 12 months ago were more likely at that point to think their ability to practise safely and effectively had improved in the 12 months leading up to their revalidation application than in the 12 months following it.

A large majority of registrants who revalidated 12 months ago, and think their ability to practise safely and effectively in the past 12 months has improved, would explicitly attribute this to the revalidation process, to some extent. More than eight in ten (82%) report this, although only slightly more than a quarter (27%) of these would attribute change to the revalidation process to a *great extent*.

Figure 5.1: Perceived impact of revalidation on individual ability to practise safely and effectively



Source: Ipsos MORI survey of NMC registrants

5.2.2 Contribution of each of the requirements

Year One of the evaluation noted that registrants believed that the individual elements of revalidation would have a positive impact on their individual ability to practise safely and effectively and also the ability of nurses and midwives in general to practise safely and effectively.

As well as looking at whether this is still the case, this section considers the evidence for whether the experience of revalidation changes this.

As with those who revalidated in 2016/17, CPD and participatory CPD remain the requirements that the most registrants believe will have a positive impact on their ability to practise safely and effectively – both individually and for nurses and midwives overall. For example, among those who revalidated recently, 92% believe CPD will have a positive impact on nurses and midwives' ability to practise safely overall, a similar proportion to Year One among those who recently revalidated.

Looking across the new requirements, the findings for the written reflective accounts remain slightly lower than for other new requirements. For example, among those who have recently revalidated, 83% believe this will have a positive impact on their individual ability to practise safely and effectively, while 86% believe this about reflective discussion and 87% about the feedback requirement.

Registrants remain more positive about the impact of each of the requirements on nurses and midwives' ability to practise safely and effectively overall, than they do about the impact on each of the requirements on their individual ability to practise safely and effectively. For example, while 86% of those who have recently revalidated believe the reflective discussion will have a positive impact on their individual ability, 89% of this cohort believe this is the case for nurses and midwives in general.

The evidence suggests that the experience of revalidation increases the proportion of registrants who believe each element positively impacts both their individual ability to practise safely and effectively, and the ability of nurses and midwives in general. For example, the following table shows the findings from Year One and Year Two for the cohort who recently revalidated (2017/18). The findings for each element are consistently higher once registrants have experienced revalidation.

Table 5.1: Perceived impact of requirements on ability to practise safely and effectively

	Positive impact on individual ability		Positive impact on ability of nurses and midwives	
	Base: Those revalidating in 2017/18	3,942	3,942	3,942
Time point	12 months from revalidating	Shortly after revalidating	12 months from revalidating	Shortly after revalidating
Practice hours	73%	80%*	80%	84%*
CPD	86%	90%*	89%	92%*
Participatory CPD	85%	91%*	88%	92%*
Practice related feedback	83%	87%*	85%	90%*
Reflective accounts	77%	83%*	80%	86%*
Reflective discussion	82%	86%*	85%	89%*
Health and character	66%	69%*	73%	75%*
Professional indemnity	67%	71%*	72%	78%*
Confirmation	67%	71%*	76%	84%*

* - denotes significant difference over time

In addition, the findings continue to be high for those who revalidated in 2016/17. For example, looking at practice related feedback, 89% of this cohort believed it would positively impact their individual ability to practise safely and effectively, which is in line with the 88% who said this last year in this cohort, and the 87% of those who recently revalidated.

In the case studies, participants were very positive towards the reflective requirements of revalidation and saw the benefits of this among registrants resulting from increased reflective practice. In some of the case studies participants noted that

this type of reflective practice was already happening pre-revalidation, but perhaps not to the same extent as now that it has been made a formal requirement. There was also an acknowledgement that in some organisations before the introduction of revalidation, registrants might not have been given time to reflect or had emphasis placed on this. Case study participants felt as though behaviour changes would arise from reflection as a result of registrants taking the time to examine their own behaviour and whether this could be modified or improved at all, and understanding their own strengths and weaknesses.

"It's encouraging nurses to think about their practice and why we do things, and if we need to change them."

Line manager

5.3 Impact on employers

As well as impacting nurses and midwives, and generating outcomes for patients and the public, revalidation intends to impact employers and their practices, for example by generating an increased awareness of nursing and midwifery practice (and what makes good practice). The evidence that the evaluation has collected to date suggests that any changes in employer behaviour are largely related directly to the revalidation process, and evidence of wider-scale attitudinal or behaviour change is not yet evident. The evaluation will look to speak to employers in the final year to understand more about any impact on policies and procedures, including those that affect non-NMC registrants, and any wider changes.

As noted earlier, employer communication with registrants around revalidation is reducing. However, there is also evidence of employers adapting practices more widely due to revalidation including:

- While in most cases the confirmation did not take place during an appraisal, there were examples of registrants being encouraged to discuss their revalidation and progress towards their next revalidation as part of the appraisal (regardless of when it took place).
- There were examples of employers embedding reflective practice in their settings and processes. This included:
 - Including reflective practice expertise in a job specification. The person who was employed had dedicated time to support others in their written accounts and reflective discussion. This person carried out the reflective discussions with most registrants in that setting.
 - In another setting the employer had introduced team reflection sessions, based on the focus on reflection in revalidation. These meetings included both NMC registrants and non-NMC registrants.

5.4 Patient outcomes

Revalidation ultimately aims, through changing nursing and midwifery practice, to generate improvements in public protection. Consultations with stakeholders in Year One, as well as work to assess possible sources of data, highlighted how difficult it would be for the evaluation to evidence any impact of this, especially within the initial three-year cycle of revalidation. Stakeholders consulted in Year Two restated this position.

Reported behaviour change, and outcomes, among registrants surveyed, and others involved in the qualitative work provide one way of assessing whether revalidation is contributing to any changes in the care that patients and service

users receive, as discussed in chapter four. During Year Two, two other ways of assessing this outcome have been explored.

Firstly, following discussion in Year One, the NMC has explored the potential for conducting analysis of Fitness to Practise referrals (and outcomes) to understand whether registrants who have revalidated are more or less likely to be referred for Fitness to Practise, and what the outcome of this is. At this stage there is an insufficient volume of data available through which to assess this, and this is unlikely to be possible during the timeframes of the evaluation.

Secondly, consultations with representatives of organisations that either represent patients or service-users or otherwise have an interest in quality (and public protection) have been conducted. These consultations provide an external assessment of the impact of revalidation to date on patient outcomes. These consultations provide the following insights from this group:

- There is an appreciation that revalidation aims to improve public safety, to provide a framework for nurses and midwives that is more prescriptive than Prep.
- There are a number of other trends affecting patient/service-user safety. These include financial and workforce issues (both within nursing and midwifery and across the sector more widely). For example, higher use of healthcare assistants, or agency/bank workers, can put pressure on nurses and midwives and increase risk of mistakes happening.
- Patients with long-term conditions require more specialist health care and support (e.g. Diabetes), even when receiving generalist medical care. This need is potentially growing, due to the ageing population. Combined with workforce issues, this increases the need for nurses (and other medical professionals) to be up to date with the latest practice in a number of areas in order to ensure safe and effective care. Notably, one of the CNOs consulted also made a link between revalidation being a process that can support nurses and midwives as the sector, and therefore the demands of their roles, changes. It was suggested that this could be achieved through the CPD element of revalidation.
- Revalidation may provide patients with assurance that registrants are able to provide safe and effective care, and that it can act as a safety net to ensure that those nurses and midwives who are unable to maintain the quality and relevance of their practice are identified, and to ensure their skills are improved (e.g. keeping up to date with latest guidance on particular conditions).
- Some representatives suggested that as part of the revalidation process registrants should be encouraged to undertake CPD that not only covers the compulsory core areas of care, but also undertake a certain number of compulsory credits in specific areas within the field they work in to increase the numbers of specialist nurses and midwives. There may be opportunities for the NMC to work with other organisations (e.g. specialist charities) to signpost registrants to relevant resources that could be used as part of the CPD requirement.
- One representative explicitly questioned the disconnection of revalidation and Fitness to Practise. They suggested that from a public perspective you would expect revalidation to be about an individual's fitness to practise, and that for revalidation to have the desired outcomes it should be more robustly checking competence of nurses and midwives.

5.5 NMC outcomes

As well as generating positive outcomes for nurses and midwives, and therefore patients, service users, and the public generally, it is also anticipated that revalidation will generate positive outcomes for the NMC at an organisational-level. The ultimate outcome would be for the NMC to demonstrate improved regulatory effectiveness.

5.5.1 Stakeholder perceptions of the NMC

Stakeholder consultations in Year Two have been limited to the Chief Nursing Officer, or a delegated representative, in each of the four nations.⁴⁹ A wider range of stakeholder opinions will again be included in the evaluation as part of Year Three.

Stakeholders continue to identify ways in which the introduction of revalidation has made positive contributions to the NMC. The NMC is seen to have handled the introduction of revalidation very well, and this is reflected in how smoothly the process seems to have gone. Positive findings largely reflect those reported last year, but stakeholders again cited a number of risks to NMC outcomes, or ways in which NMC could seek to further enhance the way they are viewed.

- **Stakeholder engagement:** Stakeholders have not reported any issues with being able to contact the NMC regarding specific issues, and revalidation continues to be discussed in regular virtual meetings between the NMC and the CNOs from the four countries. However, the drop-off in levels of proactive engagement during the latter part of Year Two have been noted. While quarterly face-to-face stakeholder group meetings may no longer be appropriate, and in some cases this may be burdensome for stakeholders based outside London, it was suggested that the NMC consider introducing e-communications with stakeholders that are revalidation specific. This could include a regular (quarterly) newsletter for example, or a webinar.
- **Use of data:** Revalidation has generated a significant volume of data about nurses and midwives that the NMC did not previously have access to. Stakeholders recognise the importance of this, and the potential for this data to be used to understand nurses and midwives and the settings in which they work. This data has potential to support development of policy or workforce strategy at a UK and country-level. However, stakeholders have yet to see any evidence that the NMC is using this data effectively. Comparison to the way in which the GMC has made data available for interrogation was made, as something for the NMC to explore.
- **Future plans for revalidation:** Linked to the point made above regarding stakeholder engagement, stakeholders consulted during Year Two were not clear on future plans for revalidation. They were clear that the process is embedded and seems to be working well. However, they were less clear on how the NMC would be acting upon feedback gathered, and how the process would be refined for future cycles of revalidation. How the NMC handles this will be important in maintaining positive stakeholder perceptions.
- **Verification:** Stakeholders continue to see verification as having a major role to play in ensuring that revalidation is a more robust process than Prep. If confidence in this process is undermined, this poses risks, in turn, to the positive perceptions of the NMC (as well as to wider revalidation outcomes as discussed elsewhere). The lack of information

⁴⁹ Please note findings here are based on consultations with the CNO, or their representative for Northern Ireland, Wales and Scotland. At the time of writing it has not been possible to conduct a consultation with the CNO or representative for England.

being shared by the NMC with stakeholders about verification is reported to be an area of concern for stakeholders. This was suggested as a focus for the final year of this cycle.

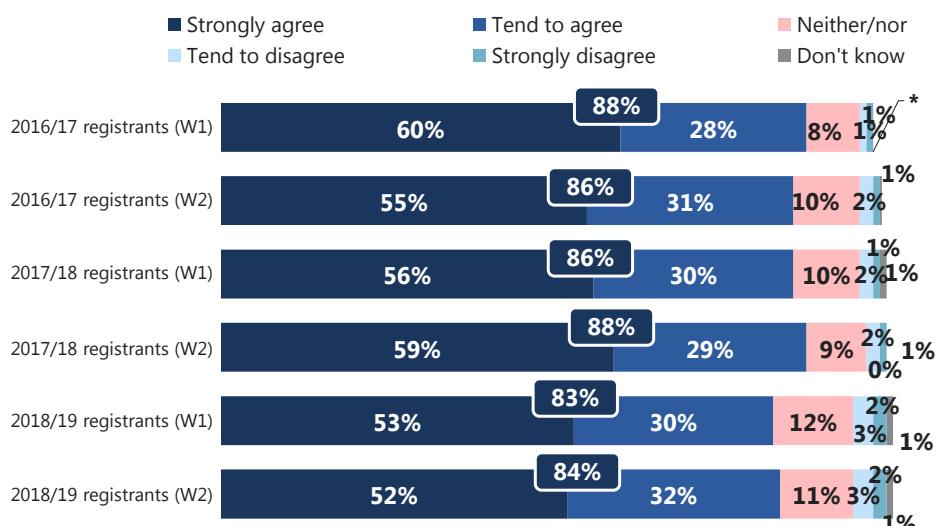
5.5.2 Registrant views of the NMC

Earlier in this report we have outlined the positive experience many registrants have had of revalidation to date, and the ways in which they were supported in successfully revalidating by the NMC. Registrant views on the role of the NMC beyond revalidation are also gathered to allow an assessment of the impact of revalidation on this.

Overall, registrants do view the NMC as having a role in supporting registrants to maintain or improve their practice. This is higher than eight in ten registrants across all cohorts and at both observation points to date. As we have seen elsewhere in this report, registrants who have recently revalidated are also most likely to agree that the NMC has this role. This should be regarded as a positive finding. There has been a slight decrease in the proportion of registrants who revalidated last year agreeing, and findings for those who have yet to revalidate remain consistent with last year.

Registrant perceptions of the NMC

To what extent do you agree or disagree that the NMC has a role in supporting you to maintain or improve your practice?



Base: 2016/2017 (4,345); 2017/2018 (3,942); 2018/2019 (2,955)

Source: Ipsos MORI survey of NMC registrants

5.6 Assessing the benefit and burden of revalidation

As noted last year, a key concern relating to revalidation was that the additional burden—whether actual or perceived—of complying with revalidation (among registrants, confirmers, reflective discussion partners and employers) would outweigh the perceived benefits to be gained from compliance.

The longitudinal data and additional qualitative work builds the findings in Year One. As the evaluation moves into the final year the evaluation will look to explore the relationship between benefit and burden more closely.

5.6.1 Realisation of benefits

In Year One the evaluation noted that registrants could identify benefits of revalidation. This year, the longitudinal data adds weight to this. For example:

- Across many of the requirements, including CPD and practice related feedback, there were positive changes in attitudes among registrants from one year before revalidation to the point of revalidation and one year after.
- There have also been beneficial behaviour changes identified across several requirements, including CPD and reflective practice. For example, 80% who recently revalidated say they proactively found time to undertake CPD, an increase from 71% before revalidation. In addition, the proportion of recently revalidated registrants who report that writing reflective accounts helped them identify ways in which their practice could be improved is higher after revalidation than before (83% compared with 79%).
- The perceived impact of revalidation on both individual's abilities to practise safely and effectively and nurses' and midwives' ability in general was found to improve after revalidation. In addition, of those registrants who had undertaken revalidation in the last 12 months and felt that their practice had improved, more than eight in ten (82%) explicitly attribute this change to the revalidation process to *some* extent. More than a quarter (27%) of these registrants attribute this change to revalidation to a *great* extent.
- The data also suggests that the formalisation that revalidation provides—even to aspects that registrants already believed they were undertaking, such as participatory CPD—was seen to bring attention and focus to the benefits of these activities. This was also the case for elements such as submitting the application, and verification. However, this was not always the case as noted in the section on burden below.
- For verification, one perceived benefit was the perception that more registrants would have their applications checked than was the case under Prep. The benefit being that nurses and midwives not maintaining standards will either do more as part of revalidation because verification exists, or be identified during verification.

5.6.2 Potential indications of burden

The evidence collected in Year Two also allows further assessment of the extent to which any of the revalidation processes create additional burden for registrants, colleagues and employers. The findings can be summarised as follows:

- While registrants found most of the requirements easy to complete, they were divided about how easy it was to find time to undertake CPD.
- In order to minimise the burden associated with conducting the reflective discussion and confirmation discussion, and to link revalidation to employers' other performance review procedures, the NMC advise that where possible the revalidation discussions are conducted as part of the annual appraisal. However, the data suggests that in the majority of cases this approach is not taken. Of those registrants who revalidated this year and have an annual appraisal, 69% say that their confirmation discussion was conducted separately to their annual appraisal. This has implications for the amount of time that registrants, reflective discussion partners and confirmers are spending on revalidation activities, and potentially the number of different individuals involved in the process.

- During the qualitative work, it was difficult for participants to establish how much time each of the requirements had taken. However, reflective discussion partners reported spending around 30 minutes to discuss an individual account, with some taking around two or three hours over several sessions for the reflective discussion. The process of confirmation took less time than this, although many confirmers also probed around the reflective accounts even if a separate discussion had taken place.
- Nonetheless, as in Year One, the potential burden was found to vary and be inconsistent. For example, reflective discussion partners reported that the quality of written reflective accounts varied. While in some cases short or low-quality accounts may have reflected a poor understanding of how to undertake reflection, in some cases reflective discussion partners felt that registrants had simply not spent sufficient time on the accounts.
- The ease with which reflective discussion partners and confirmers could accommodate the extra workload, alongside their existing commitments, varied. Some participants said that their employers now saw carrying out the confirmers and reflective discussion role as part of the employee's main role—allowing time to be set aside for this. These participants reported little difficulty fitting the requirements into their working hours.
- The evidence also suggests some registrants may be able to do this more so than others: several participants who were confirmers were in managerial roles, and thought that it was easier for them to incorporate the revalidation role into their day-to-day work. For example, one participant said they could book meetings more easily and follow a schedule. These participants thought those in clinical roles may find it harder to incorporate revalidation into their workload. However, although some of those in clinical roles were carrying out discussions or confirmation in non-work hours, the evaluation has not provided strong evidence of this difference to date. It may be an area that warrants future exploration or analysis.
- On the whole, those who had conducted reflective discussions or confirmation discussions outside their working hours did not perceive this to be negative as they could identify benefits to reflection. However this was not always the case. Where participants, including registrants, reflective partners and confirmers, thought that revalidation did not go far enough, or did not add anything new to daily practice (for example, where registrants were already undertaking CPD and regularly reflecting on practice), revalidation was perceived to be more burdensome. This poses a potential risk as revalidation becomes more part of life as a nurse or midwife, as the data show registrants are increasingly finding it easy to complete most of the requirements, which could lead to it being seen as having little benefit.

5.7 Unintended consequences

The primary unintended consequence of revalidation that was considered to be a risk by some stakeholders at the outset, was that the additional requirements would deter some registrants from renewing their registration with the NMC. This was considered to be undesirable if:

- it led to an increase in the proportion of registrants lapsing their registration each year;
- if registrants with particular characteristics found it more difficult to comply with the revalidation requirements and the impact was therefore unfair or disproportionate⁵⁰; and

⁵⁰ Especially groups with *protected characteristics*: <https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

- if registrants in a particular setting experienced more difficulties with revalidation.

As the analysis of management information presented in Chapter Two illustrates, there is no evidence to suggest a substantial negative impact of revalidation. Renewal rates remain very high, and comparable with those observed prior to the introduction of revalidation.

Revalidation rates are lower for some groups, including those aged 65 and over, those with a disability or long-term health condition⁵¹, and some ethnic groups. This does not indicate major problems with revalidation but does justify further monitoring, and is something both the NMC and the evaluation will consider in the final year of this first cycle of revalidation.

The survey and qualitative work has highlighted the ways in which different groups of registrants find different elements of revalidation somewhat more difficult to comply with, and identifies some ways in which these difficulties could be reduced. Despite this, there is no suggestion that these difficulties are preventing registrants from being able to revalidate successfully. Further management information from the NMC will be assessed to confirm this.

5.8 Summary

- **A small majority of registrants think their ability to practise safely and effectively in the last 12 months has improved.** This change is greater for those who have recently revalidated this year, and may indicate that a greater focus on practice is being brought about in preparing for revalidation. A large majority of those who revalidated a year ago, and think their ability to practise has improved, attribute at least some change to revalidation. There is much room for improvement here.
- **Registrants who have recently revalidated see CPD and participatory CPD as the individual elements of revalidation that are most widely thought to have positive impacts on registrants (individually and collectively) ability to practise safely and effectively.** However, more registrants are positive about the impact the elements will have on the ability of registrants generally than on their own individual ability.
- **Positive perceptions of the impact of the elements increases immediately after revalidation.** Whether this change is sustained remains to be seen.
- **The impact of revalidation on patient outcomes, and ultimately public safety, remains uncertain and extremely hard to measure.** Additional consultations suggest that while revalidation is clearly aimed at improving public safety, its ability to achieve and evidence this is limited. The disconnection between revalidation and Fitness to Practise may be complicating this.
- **The implementation of revalidation** and, in particular, the way they have handled and communicated the introduction, appears to have had positive outcomes for the NMC (on reputation). Registrant views of the NMC are improving (in terms of their role as in supporting practice). Stakeholders, however, identified areas for improvement relating to communications around verification, and use of the increased wealth of data generated by revalidation. If the NMC can act upon these in Year Three and beyond, then further positive outcomes may be observed.

⁵¹ Reasons for lapsing are analysed by group in Chapter Two, and while those with a disability are more likely to say they could not revalidate because of ill-health, they are no more likely than registrants overall to say that they had been 'unable to meet the revalidation requirements'.

- **Perceived benefits of revalidation are starting to become apparent, through reported behaviour change.** There is some evidence suggesting ways in which revalidation may be creating additional burden, and this appears to be inconsistent across registrants. This requires further assessment during Year Three. There is a risk that if revalidation begins to be seen as less robust (e.g. it is too easy for registrants to comply with or the chances of being selected for verification are too low), than initially thought, that perceptions of burden could increase.
- **The unintended consequences feared at the outset appear not to have materialised at scale.** The vast majority of registrants who wish to revalidate are able to do so successfully. Concerns about difficulties for some groups require continued exploration and monitoring, but the data does not, at this stage suggest any uneven effects.

6 Reflections and learnings from Year Two

6.1 Overall reflections

In this section we present the evaluation team's reflection at the end of the second year in the roll-out of revalidation. We present these reflections across each of the key areas of revalidation, based on the work undertaken to date.

At the end of Year One, the evaluation findings suggested that the initial phases of revalidation had progressed well, with no evidence to suggest substantial issues were being experienced by any one group of registrants. Assessment of evidence collected in Year Two supports the conclusion that this positive progress has continued. At this point, we are also able to begin to draw conclusions about the progress being made towards the behaviour changes that the NMC intends to bring about through revalidation. There is initial evidence that some positive changes in behaviour are being driven by the revalidation process, but the sustainability of these changes is not yet clear.

6.1.1 Delivery, implementation and revalidation processes

Overall, the evidence collected through the second year of the evaluation continues to present a largely positive picture of the delivery of revalidation to date. There is no evidence to suggest substantial issues are being experienced by any one group of registrants. During Year Two, the NMC maintained levels of communication with registrants yet to revalidate, sending regular communications to registrants during the year approaching their revalidation, and providing information designed to aid preparation for this. In addition, based on feedback they have received, the NMC have updated formal communications materials to further improve the experience.

There remains no evidence to suggest that revalidation is leading to any substantial adverse effects on patterns of renewal across the register. This is positive, but requires ongoing monitoring to ensure any issues are detected and actioned ahead of the next cycle of revalidation.

Between April 2018 and March 2019, roughly a third of NMC registrants are due to complete revalidation for the first time. It remains crucial that a focus is placed on supporting these registrants to revalidate successfully, as has been the case for those registrants undertaking the process in the first two years.

The NMC has demonstrated a willingness to act upon feedback received regarding both communications methods, and materials, regarding revalidation. It is important that this commitment is maintained, and that the NMC seeks to continue to learn from the experience of delivering revalidation to date. There are already plans in place to further refine materials and processes, both in Year Three, and ahead of the second round of revalidation from April 2019 onwards. The way in which this is done will be important in determining whether the positive experiences observed to date are sustained.

Registrants who have recently undertaken revalidation are more positive about various aspects of communications and information provision than those who revalidated last year. These registrants have also had longer to prepare since the introduction of revalidation was announced. 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.

Registrants who have recently revalidated generally felt that they had all the support they needed, and were supported by the NMC throughout the revalidation process. Those who have contacted the NMC for support this year were more positive about the outcome than they were last year.

Registrants also feel better prepared as they approach revalidation, which the NMC support will play a role in. Those who have recently revalidated felt better prepared than those who revalidated in Year One. Those who have undergone revalidation, report finding it easier than expected a year ago, and also think it will be easier the next time they revalidate.

There is evidence that uncertainty among those yet to revalidate decreases during the year leading up to revalidation. More of those who have recently revalidated were positive about how prepared they felt than they were at this point last year, while those yet to revalidate demonstrate similar levels of positivity.

Year Two explored the experience of confirmers and reflective discussion partners in depth, and found that the sense of responsibility these roles brought led to initial anxiety or uncertainty. These groups reported that this initial anxiety subsided as they prepared, and were very positive about the NMC guidance. The guidance is considered to be clear and comprehensive on the whole, and is used widely to help prepare for their role.

Line managers continue to be the most common confirmers, but qualitative work highlighted tensions as to who is best placed to carry out this role. This was more the case for nurses and midwives working in workplaces with few registrants, and further guidance from the NMC on identifying a confirmers for registrants in these settings may be beneficial.

Confirmers who were not NMC registrants demonstrated more anxiety about the role. This is consistent with findings from Year One, which suggested registrants in particular settings (e.g. schools) where employers are perhaps less engaged with revalidation, felt less supported by the NMC in preparing for their role. Both issues can be addressed through similar actions, updating NMC guidance to be more applicable to those involved in revalidation who work in more unusual, settings or workplaces with very few other registrants. Non-NMC confirmers would benefit from more direct contact with the NMC, but this is practically challenging for the NMC to implement without advance knowledge of who these confirmers will be.

Registrants who have recently revalidated found all elements easier than they had anticipated when asked a year earlier. This applies to both the existing requirements (from Prep) and the new requirements. Registrants were less likely to find the new requirements easy, such as collecting practice-related feedback.

Evidence across the evaluation suggests that reflective discussion is considered to be one of the most beneficial aspects of revalidation. Reflective discussion partners agreed with this, and while they thought the role came with responsibility and accountability, it is also seen as bringing mutual benefits. Reflective discussion partners who were the line manager of the registrant sometimes suggested this was not ideal, and that the dynamics could impact honesty and openness.

Confirmers and reflective discussion partners report that the quality of reflective accounts varied. Although the guidance for reflective discussion advises reflective discussion partners that they *“are not being asked to assess these reflective accounts as academic pieces of writing”*, it is apparent that some reflective discussion partners do assess the ‘quality’ of accounts. This assessment is taking place to differing extents, with some actively challenging registrants on the quality of their accounts, and using a range of different criteria. This variance in approach was also seen in the reflective discussions, with some talking through the accounts and others basing discussions on academic models of reflection. The NMC may wish to further clarify: (i) the extent to which quality should be judged, and (ii) if so against what criteria reflective accounts should be assessed. This will ensure registrants have a more consistent experience.

Registrants continue to report that the process of submitting their applications for revalidation using NMC Online is straightforward. Despite being very high already, proportions of registrants finding the various aspects of the process easy have increased in Year Two.

Reported awareness of verification is increasing, and registrants continue to see it as an important process that will encourage compliance. However, qualitative work in Year One and Year Two suggests *actual* understanding is lower, that in some cases registrants conflate the verification and confirmation processes, and that registrants are not aware of others who have been selected for verification. The NMC must work to maintain the perception that verification is robust.

Revalidation rates are lower for some groups, including those aged 65 and over, those with a disability or long-term health condition⁵², and some ethnic groups. This does not indicate major problems with revalidation but does justify further monitoring. There is some evidence from the survey that registrants with certain protected characteristics who have recently revalidated found it more difficult to meet some of the individual requirements than registrants overall, but these proportions are still very small on the whole. The NMC is exploring what further support may be required, for example for those with long-standing health conditions. These differences may also be interlinked with other characteristics that might drive experience (such as setting or scope of practice).

6.1.2 Outcomes

Registrants continue to be largely positive towards the individual elements of revalidation. Attitudes, understanding and behaviour have increased from already high baseline scores across most measures. Greater proportions of registrants who have recently revalidated demonstrate positive attitudes than 12 months earlier. Those who revalidated a year ago demonstrate sustained positive attitudes.

There is developing evidence that this attitudinal change may also be leading to behaviour change. This behaviour change, however, is not consistent across all aspects of revalidation, and requires further exploration as part of the final year of the evaluation. There is evidence that those registrants who have undertaken revalidation are more likely to actively seek feedback, both from patients/service-users, and other nurses and midwives, and to undertake reflective practice (including writing reflective accounts). However, there is no evidence that registrants undertake an increased volume of CPD following revalidation.

Building on last year's findings, the evaluation has found further evidence that revalidation may be playing a role in delivering attitudinal change towards the Code, and that in turn this may be leading to behaviour change. Larger proportions of registrants who have revalidated report a thorough knowledge of the Code and are positive towards it. They are also more likely to agree that the Code improves the quality of their practice, and that it is central to their everyday practice.

Examining the individual elements – across the survey data, case studies, and stakeholder consultations – reflective elements continue to be seen as those that can, or are already, playing the biggest role in driving some of the changes in attitudes and behaviour. Perceptions of the positive benefits appear to grow as registrants progress through the revalidation process. Work with reflective discussion partners and confirmers has highlighted some of the ways in which reflective practice could be enhanced to further drive positive behaviour changes, as noted above.

⁵² Reasons for lapsing are analysed by group in Chapter Two, and while those with a disability are more likely to say they could not revalidate because of ill-health, they are no more likely than registrants overall to say that they could not meet the revalidation requirements.

Among registrants, the perception that each of the individual elements of revalidation will have a positive impact on the ability of nurses and midwives (both individually and as a workforce) to practise safely and effectively, continues to be very positive. Those who have already revalidated are consistently more likely to agree with this, with those revalidated in 2016/17 and those who revalidated in 2017/18 demonstrating similar opinions.

Perceived improvements in individual practice are more apparent among registrants immediately after they have revalidated. Regression analysis suggests that those who have recently revalidated this year are more likely to report that their practice has improved in the past 12 months. This is an initial indication that changes may be greater following preparation for revalidation. Year Three of the evaluation will explore whether changes are sustained.

6.1.3 Benefit and burden

Assessment of benefit and burden will be ongoing throughout Year Three of the evaluation, with further work planned to gather evidence relating specifically to the potential burden of revalidation. However, at this stage the evaluation can build on the findings from Year One.

- There are positive changes in attitudes, and behaviour to many of the core elements of revalidation. Understanding the extent to which these are sustained (and increased) will be key to understanding the benefit revalidation is bringing.
- Most of the requirements are thought to be easy to meet, but finding time to undertake CPD less so.
- Suggestions of potential burden vary across registrants, and the qualitative work with confirmers and reflective discussion partners suggested that employers have a role in minimising the extent to which their role is seen as burdensome.

Overall, at this stage, it would appear that the perceived benefits do outweigh the perceived burden, but monitoring this over time is important.

6.2 Future considerations

Over the two years to date, this evaluation has resulted in a number of future considerations being made to the NMC with the intention of improving both the experience of the processes of which revalidation is made-up, and to increase the chances of revalidation delivering its intended outcomes. The considerations put to the NMC in Year One, and the ways in which the NMC has already, or proposes to, address these is outlined in Chapter One.

In this section, we outline future considerations of two types. First, we discuss which of the considerations identified in the Year One evaluation report should continue to be a focus for the NMC. Secondly, we suggest additional considerations arising from the evaluation work undertaken during Year Two.

6.2.1 Continued or updated considerations from Year One

1. Communications, guidance and supporting materials

- i. The NMC should maintain the level of communications activities with those registrants who have yet to revalidate, to ensure the positive experience continues for those set to revalidate during Year Three.

- ii. Over the next year the NMC will seek to update and refresh the guidance documentation, and as part of this will seek to include case studies to provide examples of how to revalidate successfully for **registrants who may work with very few other registrants** (e.g. independent sector, community settings). These should be actively promoted to registrants and employers both directly by the NMC (e.g. through the Employer Link Service) and through stakeholders.
- iii. Any updates to guidance materials should also consider including examples of **good practice from employers (in terms of supporting registrants)**. This may help reduce the burden on employers, by identifying “shortcuts” in how employers can effectively support registrants, and reducing duplication.

2. Reflective practice

- iv. Any updates to guidance materials should also consider including examples of **good practice in reflective practice from employers (in terms of supporting registrants)**. This may also help reduce the burden on employers, by identifying “shortcuts” in how employers can effectively support registrants, and reducing duplication.

3. Verification

- v. The NMC continues work to assess the effectiveness of the current verification process. Qualitative findings suggest those involved in revalidation recognise the importance of verification, but also suggest that unless the image of a robust process is maintained, then this could undermine the success of revalidation. The NMC should consider how best to ensure that verification serves its purpose. Initial suggestions as how to further enhance verification include:
 - **Exploring a ‘harm-based’ approach to verification.** Focussing resources on settings where the harm caused by registrants not being up to standard would be greatest, rather than where the chances of them not being able to comply with revalidation is greatest.
 - **Explore employer-level verification.** This may increase the visibility of the verification process, maintaining the effect it has in deterring non-compliance.

4. Future monitoring

- vi. Work to monitor lapsing rates, and diagnose the causes of issues or difficulties for particular groups should be continued, to ensure any issues arising for registrants yet to undertake revalidation are detected and can be addressed.

6.2.2 New considerations arising from Year Two

5. Communications, guidance and supporting materials

- vii. One of the key considerations from Year Two of the evaluation is around reflective practice and how more could be done to maximise the impact of this aspect. It may be beneficial for the NMC to provide specific guidance for the reflective discussion partner as part of this.
- viii. In addition, the interviews with confirmers highlighted that additional support or guidance targeted at non-NMC confirmers may enhance non-NMC confirmers’ confidence in carrying out the role.

6. Working with stakeholders

- ix. Stakeholders consulted during Year Two reported being able obtain information or updates from the NMC when required. While attendance at quarterly revalidation stakeholder group meetings dropped significantly during Year Two, stakeholders consulted suggested the NMC could do more to replace this source of information. For example, a revalidation newsletter to stakeholders was suggested. The NMC should consider the information needs of stakeholders and how to most efficiently meet these.

7. Feedback

- x. Qualitative evidence suggests that registrants may be largely relying on unprompted feedback that is not practice specific (e.g. 'thank you' cards). The NMC should consider how this element of revalidation could be improved through guidance/direction on the nature of feedback that should be used and how to collect this. Additional work with patients and service-users currently being undertaken for the NMC will help guide changes in this area.

8. Reflective practice

The evaluation has shown that reflective practice is clearly valued both by those involved in revalidation and stakeholders. The NMC should consider ways in which more could be done to ensure this element delivers the behaviour change it has the potential to. Considerations include:

- xi. Provide greater clarity on who is appropriate as a reflective discussion partner, and the kind of approach they should be taking. In particular, further guidance on how to review reflective accounts could be provided – for example with a checklist – as an inconsistent approach to assessing quality is evident from the work conducted to date (both whether quality is to be assessed, and if so against what criteria).
- xii. Reflective discussion partners interviewed in Year Two suggested that further guidance to ensure a structured and effective reflective discussion is undertaken would be beneficial. For example, guidance on how to conduct this discussion, including the types of questions to ask and probes to use, would be beneficial. Again, this could be based on models for reflective discussion. The NMC should consider this when reviewing and refreshing guidance materials.

7 Evaluation next steps

The evaluation was designed to run alongside the full three years of the first cycle of revalidation, and as such we will be undertaking further evidence collection and reporting during the third year, with the evaluation due to be completed in June 2019. Here we briefly set out current plans for the final year of the evaluation, which are subject to discussion and agreement with the NMC.

7.1 Further evidence collection

- **Survey of registrants:** A third and final survey with all those registrants participating in Wave 2 of the survey will be completed between November 2018 and March 2019. This survey will capture experience of the revalidation processes for the final group of registrants to go through the process for the first time, as well as continuing to provide evidence to support an assessment of attitudinal and behaviour change across all groups surveyed.
- **Stakeholder consultations:** A final round of stakeholder consultations will be conducted in March and April 2019. These consultations will again provide an opportunity to include the perceptions of the four CNOs or their representatives, and eight other stakeholders, to be agreed with the NMC.
- **Qualitative case studies:** Further case study work will be conducted during Year Three. The exact composition of this will be agreed with the NMC to try and fill any evidence gaps that exist at this point in the evaluation. At this point in time it is anticipated that a focus will be placed on gaining the views of employers, and on focussing a number of interviews on exploring the benefit/burden aspects of revalidation.
- **Qualitative interviews with confirmers and reflective discussion partners:** A further 20 interviews with confirmers and reflective discussion partners are scheduled to be undertaken in Year Three. The focus of these will be discussed with NMC before interviews are conducted.
- **Context and evidence review, and analysis of management information:** The evaluation team's work to assess the context, changes to the underlying evidence base, and management information collected by the NMC will be repeated in early 2019. As well as this independent evaluation of the introduction of revalidation for nurses and midwives, other work is being undertaken to explore the experience of nurses and midwives in preparing for revalidation. For example, the Reality of Revalidation in Practice (RRiP) project led by the University of Plymouth⁵³. The evaluation team will review the outputs from this study, along with other relevant studies, as part of the final year of the evaluation and seek to incorporate relevant learnings.

Areas for additional focus and exploration during the third year of the evaluation will be agreed between the NMC and the evaluation team during Summer 2018. At this stage, we anticipate that these areas will include:

- A focus on understanding the employer experience of, and perspective on, revalidation, through qualitative work.

⁵³ More information on this study can be found online: <https://www.plymouth.ac.uk/research/reality-of-revalidation-in-practice>

- Exploring the comparative benefit and burden of revalidation, including exploring barriers to revalidation for those with protected characteristics.

7.2 Reporting

A final summative evaluation report will be produced following the end of Year Three of this initial cycle of revalidation, and it is anticipated that this will be published in July 2019.

Kelly Beaver

Managing Director, Ipsos MORI Social Research Institute

kelly.beaver@ipsos.com

Rachel Worsley

Research Director, Ipsos MORI Social Research Institute

rachel.worsley@ipsos.com

Josh Keith

Associate Director, Ipsos MORI Social Research Institute

josh.keith@ipsos.com

Sylvie Hobden

Associate Director, Ipsos MORI Social Research Institute

sylvie.hobden@ipsos.com