

Our ref: AS/LMC

Cumbria and North East  
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**TO**  
**Chairs of Local Medical Committees**  
**Cumbria and North East**

19<sup>th</sup> August 2015

Dear Colleagues

**Re: Changes in how Nurses and Midwives Renew Professional Registration: The Introduction of Nurse and Midwifery Revalidation**

As you are aware, currently nurses have to re-register every year with the Nursing and Midwifery Council (NMC), and every third year has to self-declare their fitness to practice. Employers, peers and members of the public can check if registrants are on the 'live' register (<http://www.nmc-uk.org/search-the-register/>).

Revalidation will replace the post-registration education and practice (PREP) standards. Revalidation aims to improve upon the PREP system by setting new requirements for nurses and midwives.

From April 1st 2016, all Nurses and Midwives on the NMC register will be required to Revalidate every 3 years as part of their confirmation as being fit to practice. This includes Practice Nurses and Registered Nurses working in General Practice who will need to ensure they are prepared for this new process, which builds upon their existing requirements to confirm their fitness to practice. The key areas that the applicant has to demonstrate are that they have:

- Practised for 450 hours in the last three years
- Adhered to 40 hours of continuing professional development (not just lone learning such as e-learning)
- Demonstrated how they are using practice related feedback from a variety of sources, including patients, to improve their standards of care (Five pieces of practice-related feedback, Five reflections and discussion, Health and character declaration)
- Have Professional indemnity arrangement in place.
- Confirmation from a third party - Nurses and midwives must demonstrate to an appropriate third party that they have complied with the revalidation requirements. This is called confirmation. The NMC recommend that nurses and midwives should use their judgement to choose who should provide confirmation, however they strongly recommend that it is provided by their line manager. The line manager does not need to be an NMC registered nurse or midwife. However, if the confirmer is not an NMC registrant then a documented professional discussion reflecting on practice, CPD and feedback with another NMC registrant must happen before confirmation takes place.

Employers will need to ensure that employed nurses and midwives have available the following opportunities to support revalidation;

- Support in undertaking the required continuous professional development
- Peer to peer review
- Fit for purpose appraisals
- Support in gaining feedback on their clinical practice.

## Local support for the implementation of Revalidation

All Registered Nurses in the employment of General Practices will shortly be receiving the new NMC Code of Conduct (<http://www.nmc-uk.org/Documents/NMC-Publications/revised-new-NMC-Code.pdf>) and they will be required to revalidate against this new code.

Nationally there are pilots testing the model and these will inform the NMC implementation programme. The NMC website holds provisional pilot guidance on how to revalidate, guidance for confirmers and revalidations templates available for download ([www.nmc-uk.org/Nurses-and-midwives/Revalidation/Revalidation-Pilots/](http://www.nmc-uk.org/Nurses-and-midwives/Revalidation/Revalidation-Pilots/)).

Margaret Kitching, Chief Nurse North has written to all General Practices across the Cumbria and North East geographical area to advise Contract holders to start thinking about revalidation and the new code and make sure this is part of practice discussions. In the appendix we have attached a reminder about the responsibilities of contract holders in line with CQC and GP contract requirements.

The NMC website also holds a FAQ section and is being updated regularly for up to date information ([www.nmc-uk.org](http://www.nmc-uk.org)).

Thank you for taking the time to read this rather lengthy communication but we hope you have found it useful. If you wish to discuss this in further details please contact Alison Smith, Deputy Director of Nursing. [a.smith13@nhs.net](mailto:a.smith13@nhs.net)

Yours Sincerely



**Bev Reilly**  
Director of Nursing & Quality  
NHS England (Cumbria and North East)



**Craig Melrose**  
Medical Director  
NHS England (Cumbria and North East)

## **Appendix 1**

### **The responsibilities of GP contract holders**

As employers, GP Contract holders are required to comply with regulations in the Health and Social Care Act 2008 (HSCA) and the CQC essential standards of quality and safety requires providers of health and social care to have suitably registered staff.

Regulation 21 of the HSCA – Requirements relating to workers states: The registered person must ensure that a person employed for the purposes of carrying on a regulated activity is registered with the relevant professional body where such registration is required by, or under, any enactment in relation to i) the work that the person is to perform or ii) the title that the person takes or uses.

Outcome 12 of the essential standards, in the section 'Manage quality by employing the right people', states that staff are:

- currently registered with the relevant professional regulator and/or professional body where appropriate and only use a protected professional title where their qualifications and registration allows them to do so.
- aware of, and adhere to, any codes of professional conduct that apply to them.

Providers should ensure that they have systems and processes in place to monitor the registration status of staff and are able to demonstrate ongoing compliance with outcome 12.

Furthermore, the Standard General Medical Services Contract (and PMS contract paras 54 to 56) places specific obligations on contract holders as below:

15.1.3. No health care professional .....shall perform clinical services under the Contract unless he is registered with his relevant professional body and his registration is not currently suspended.

15.1.4. Where the registration of a health care professional or, in the case of a medical practitioner, his inclusion in a primary care list is subject to conditions, the Contractor shall ensure compliance with those conditions insofar as they are relevant to the Contract.

15.1.5. No health care professional shall perform any clinical services unless he has such clinical experience and training as are necessary to enable him properly to perform such services.