



NURSES, MIDWIVES AND DOCTORS REVALIDATION UPDATED JANUARY 2016

These are briefing notes about the new statutory re-registration for nurses and midwives and an update on doctors' revalidation following presentations made to members of Christian Medical Fellowship (CMF), Parish Nursing UK and Global Connections on 15 December 2015. Revalidation is all about protecting the public and as such to be warmly welcomed. However the implications for those working overseas or outside the NHS must be understood.

NURSES AND MIDWIVES:

There are new statutory re-registration requirements that have recently been placed on all UK Nurses and Midwives by their Regulator, the Nursing and Midwifery Council (NMC). These come into effect from April 2016 and apply to all Nurses and Midwives regardless of the role or sector in which they are operating and to all fields of practice. Nurses and Midwives renew their registration every three years and pay the NMC an annual retention fee. Revalidation is the process that nurse or midwives go through in order to renew their registration. These new re-registration requirements replace the existing PREPP Standards and must be met if the Nurse or Midwife is to remain on the NMC register and continue practising legally in the UK. Whilst revalidation is primarily the responsibility of the nurse or midwife, it will require significant support and input from any employer or sponsoring agency.

Key points

- Registration is separate to any academic or additional qualification a nurse or midwife holds. Registration confers the right to practice in that profession within the UK.
- The new system comes in from 1st April 2016 and provides a requirement to re-register every 3 years.
- All nurses and midwives have to pay the annual fee to stay on the register or their registration lapses.
- The NMC have established an online system for re-registration and the payment of annual fees and will no longer send written reminders to registrants.
- The NMC will select at random registrants for assessment regarding any evidence presented.
- If a nurse or midwife is not registered, they cannot practise as a nurse or midwife in the UK or call themselves a Registered Nurse or Midwife.
- It is the employee's job to maintain registration, but the employer needs to check that they any nurses or midwives they employ in that capacity are currently registered.
- There needs to be involvement in the registration process by another NMC registered nurse or midwife built around the code of practice
- The documentation needs to be signed off by a confirmer (who does not need to be an NMC registered nurse) and can be the employer

Summary of what a nurse or midwife has to do:

- A. 450 hours practice in three years within scope of practice for each speciality (employed or voluntary).
- B. 35 hours of Continuing Professional Development (of which 20 hours participatory i.e. face to face)
- C. Five pieces of feedback from others
- D. Five written reflective accounts
- E. A reflective discussion with a NMC registered nurse or midwife built around code of practice
- F. Completing a health and character statement
- G. Professional indemnity evidence
- H. Signed off by a confirmer (usually the line manager)

Large numbers of the 680,000 registered nurses and midwives are NOT practicing in the NHS. The registration application and evidence must all be in English and be kept in a portfolio. It should be noted that E and H can only be stored as a paper.

Checklist of Requirements and Supporting Evidence – Nurses and Midwives

These are the requirements that all nurses or midwives must meet in order to complete revalidation and renew their registration every three years with the NMC.

Requirements	Supporting evidence
450 practice hours or 900 hours if revalidating as both nurse and midwife	Maintain a record of practice hours completed, including: <ul style="list-style-type: none"> • dates of practice; • the number of hours undertaken; • name, address and postcode of the organisation(s); • scope of practice; • work setting; • a description of the work you undertook; and • evidence of those practice hours (such as timesheets, role profiles or job specifications).
35 hours of Continuing Professional development (of which 20 must be participatory)	Maintain accurate and verifiable records of CPD activities, including: <ul style="list-style-type: none"> • the CPD method (Examples of 'CPO method' are self-learning, online learning, course.); • a brief description of the topic and how it relates to your practice; • dates the CPD activity was undertaken; • the number of hours and participatory hours; • identification of the part of the Code most relevant to the CPD; • and evidence of the CPD activity
Five pieces of practice-related feedback	Notes of the content of the feedback and how it was used it to improve practice. This can be used to support the reflective accounts. Make sure the notes do not include any personal data
Five written reflective accounts	Five written reflective accounts that explain what was learnt from a CPD activity and/or feedback and/or an event or experience from practice, how it changed or improved work as a result, and how this is relevant to the Code. The registrant must use the NMC form and make sure that accounts do not include any personal data
Reflective discussion	A reflective discussion form which includes the name and NMC Pin number of the NMC-registered nurse or midwife that facilitated the discussion with as well as the date of discussion. You must use the NMC form and this must be stored as a paper copy only. Make sure the discussion summary section does not contain any personal data.
Health and character	Declarations will be made as part of your online revalidation application
Professional indemnity arrangement	Evidence to demonstrate that there is an appropriate indemnity arrangement. Whether indemnity arrangement is through an employer, membership of a professional body or through a private insurance arrangement. If indemnity arrangement is provided through membership of a professional body or a private insurance arrangement, the registrant must record the name of the professional body or provider.
Confirmation	A confirmation form signed by a confirmer. You must use the NMC form and this must be stored as a paper copy only.

Scope of practice: Commissioning, Consultancy, Education, Management, Policy, Direct clinical care, Quality assurance or inspection, Research, Other.

Work setting: Ambulance service, Care home sector; Care inspectorate, Cosmetic/aesthetic sector; District nursing, Education, Governing body or leadership role, GP practice or other primary care, Health visiting, Hospital or other secondary care, Insurance/legal, Occupational health, Other community services, Policy, Prison, Private domestic setting, Private health care, Public health, Research, School nursing, Specialist (tertiary) care, Telephone or e-health advice, Trade union or professional body, Voluntary sector, Overseas, Other.

How an employer can help:

- Employers need to understand the context of the new system and ensure all people recruited to nursing and midwifery roles are NMC registered as appropriate.
- Remember that the purpose of registration is public protection; it means that the employer can be confident that the nurse or midwife they employ or commission is of good character and fit to practice. When the post is overseas, it may not be necessary to be NMC registered (though this would need checking in any particular country and it may be necessary for the employee to register with the regulatory authority in the host country). However when recruiting in the UK registration should be part of the recruitment criteria unless the person has not been working in the UK context for a number of years.
- Employers need to ensure that there is space in the person's working hours to meet the CPD requirements
- Appraisals and performance reviews should be robust and include support for the re-registration process
- Employers need to ensure employees can have access to the NMC online (NB Both the RCN and RCM have websites to register and store evidence online)

Nurses and Midwives Working Overseas

It should be possible to continue to be registered to work in the UK even if nurse and midwives are working overseas and this is strongly recommended. However the involvement of another senior NMC registrant in the process is highly advisable. The NMC recommends that Nurses and Midwives also seek to register with the appropriate regulator in the country in which they are practising.

Please also see the NMC guidance on working outside the UK:

www.nmc.org.uk/registration/working-outside-the-uk

It may be possible for a person to work in healthcare in an overseas context without their UK registration. However they will not be able to call themselves a UK Registered Nurse or Midwife and should register in the country in which they wish to practice.

Any midwife or nurse returning to the UK who had not kept up their UK registration would have to go through training and revalidation before being able to take up a position again.

CONCLUSION

It is strongly recommended that agencies with nurses and midwives overseas provide every assistance to enable their continued registration to work in the UK.

Parish Nursing Ministries UK is able to provide professional support for Revalidation and other aspects of practice to any Nurse and Midwives working in faith health ministry in the UK or abroad providing they are paid members of that organisation. They will also provide expert advice and support to Faith Health Organisations employing Nurses or Midwives. Contact Ros.moore@parishnursing.org.uk

DOCTORS' REVALIDATION:

Since December 2012, doctors working in the UK have to maintain a licence to practise through the process of revalidation. This involves having annual appraisals and collecting a portfolio of supporting evidence, which is assessed every five years by a Responsible Officer (RO). Responsible Officers are attached to UK institutions called 'designated bodies'. Usually, but not exclusively, these are NHS institutions.

The licence to practise only applies to the UK and it should be possible to work overseas without maintaining a licence, as long as the registration requirements of the host country are met. The General Medical Council (GMC) advises doctors working wholly overseas to relinquish their licence to practise and restore it again upon return to work in UK. This is a good option for many doctors but it may cause problems for some. It will mean that they cannot work as a locum in UK during time home on leave.

Registration without a licence to practise

The doctor remains on the General Medical Register and in good standing with the GMC but cannot practise in the UK.

- It is possible to get a Certificate of Good Standing (CGS) from the GMC without a licence to practise in the UK. The GMC will provide a CGS at any time, free of charge. This is usually required for registration in the host country, along with certificates of academic qualifications.
- The doctor still needs to pay the annual registration fee to the GMC, but this is much lower than the fee required to maintain a licence. (There is also a reduction for those on low salaries).
- The doctor's name appears on the GMC online register as "registered without a licence to practise"
- There is no requirement to have annual appraisals or collect supporting evidence, although appraisal, CPD and quality improvement activities are good practice.

It is possible to relinquish registration altogether and be removed from the General Medical Register. Some doctors do this in order to save money but it is not advisable as the doctor can no longer be shown to be in good standing with the GMC, which may affect their registration in their host country. It can also be very difficult to re-register upon return.

Maintaining a licence to practise in the UK

This requires the following:

- Annual appraisal (by UK approved appraiser).
- Continuing Professional Development (CPD)
- Quality improvement activity (eg audit)
- Significant event analysis (2 per year)
- Feedback from colleagues (every 5 years)
- Feedback from patients (every 5 years)
- Review of complaints and compliments (every year)

Details about the requirements for revalidation are available at

http://www.gmc-uk.org/doctors/revalidation/revalidation_information.asp

The appraisals and supporting evidence must be approved by a Responsible Officer (RO) every 5 years. Responsible Officers are attached to UK institutions called 'designated bodies' (usually in the NHS). The difficulty for many doctors working overseas is that they have no connection with an RO and therefore cannot revalidate by the normal route.

Why do some doctors working overseas want to maintain a licence to practise?

- Unable to do locums when home on leave
- Anxiety about restoring licence on return, especially if returning at short notice
- Anxiety that the host country or individual patients will not accept them
- Some organisations require a licence (eg MSF, VSO and others)

For these reasons, some doctors are seeking to maintain licences while working abroad. If they are only away for a short time (up to a year) this is usually possible, but it is challenging for those away for longer.

What are the options for doctors working overseas?

- A. Relinquish your licence to practise but remain registered
- B. Maintain connection with a UK designated body and revalidate through that
- C. Find a 'Suitable Person' who can make a revalidation recommendation for you
- D. Use the GMC 'Annual Returns' Route

A. Relinquish your licence and then restore it upon return

This is the GMC's recommendation for doctors working wholly overseas. [Restoring a licence](#) is relatively straightforward (and free) if three documents can be produced:

- Certificate of Good Standing from host country
- Statement from employer (on a specific form)
- Passport

It should be noted that several CMF members have gone through this process and it has been easy and quick.

There are however some potential difficulties:

1. In some countries it may be difficult to obtain a Certificate of Good Standing (CGS) from the local overseas regulatory body, for political or bureaucratic reasons. In these circumstances advising the GMC of a potential problem well in advance of the time of return to the UK means the GMC may be able to help by contacting the national body or making an exception. The key is to give the GMC warning.
2. Doctors without a licence may not be accepted by a host country. This does not seem to have been a problem, but several countries use the word 'licence' in their requirements for overseas doctors to gain local registration. Countries may not understand the UK's two-tier system of registration being separate from licensing. GMC has a [document for overseas regulators](#) explaining that a UK licence to practise should not be necessary, but it is uncertain whether countries will be satisfied with that.
3. There is a concern that not having a licence may disadvantage people applying for UK jobs from abroad. The GMC have produced [information for employers](#) to explain that people without licences are eligible to apply for jobs, and an [RO bulletin](#) underlines this quite convincingly.
4. Being listed on the [GMC online register](#) as 'registered without a licence to practise' may undermine institutions' or individual patients' confidence in a doctor.
5. A number of organisations require doctors to hold a licence. These include VSO, MSF, Red Cross and a number of academic institutions.

B. Maintain connection with a UK designated body and revalidate through that

Some CMF members have managed to maintain connection to a UK institution and are revalidating through that institution. This may be because they hold an honorary contract with a Trust or University, or with a GP practice. Usually they have to return to work in UK for a certain time each year — probably at least four weeks but different regions have different rules.

If a doctor is already overseas and doesn't have a connection to a designated body, they are very unlikely to be able to make one.

C. Find a Suitable Person

A [Suitable Person](#) is the equivalent of a Responsible Officer for someone without a connection to a designated body. They review the appraisals and supporting evidence and decide whether they can recommend a doctor to be revalidated. They have to be already working as a Responsible Officer or 'something equivalent' and have to fulfil certain [criteria](#). The GMC has to approve every SP individually and their [guidelines](#) for approval are quite stringent.

There may be some circumstances in which the GMC might approve a Suitable Person for a doctor (or group of doctors) overseas. This might for example be someone who has worked in the same institution previously

and still has connections with it, although they now back in the UK and working as a Responsible Officer or 'equivalent'. In this case they could have an understanding of the governance procedures at the institution and would have relationships there that would enable them to verify evidence submitted.

CMF is looking at this issue and would be prepared to provide assistance and advice.

D. The Annual Returns Route

The [Annual Returns](#) route is a means of revalidating directly through the GMC. For many doctors overseas, this will be the only way that they can revalidate if they want to maintain a licence to practise in the UK. However it is not easy. There must be an appraisal every year and all the [paperwork has to be done](#) every year (Certificate of Good Standing, information about job, employer, references, probity statement etc). Submitting the annual return costs £250.

There will also be a [revalidation assessment](#) every five years. This will be a multiple choice paper, sat in UK and costing £1,100. The GMC has started informing doctors without a connection to a designated body that they will have to register for this exam by the end of 2016.

What should you do if you have no connection to a designated body?

If all of your work is overseas and you have no connection with a designated body it is now clear that it will be very difficult to maintain a UK licence to practise.

A number of CMF members have relinquished their licences. This means they don't have to collect any of the evidence that revalidation requires. Restoring their licence has been straightforward for most, but difficult when the doctor has been unable to obtain a CGS, though all have succeeded eventually. CMF is not aware of anyone who has been refused a job in a host country because they don't have a licence.

CONCLUSION

It is therefore recommended that unless doctors are willing or able to:-

- Revalidate through maintaining a connection with a UK designated body
- Find a Suitable Person approved by the GMC
- Use the GMC Annual Returns route

...they should follow the GMC advice to relinquish their licence to practise in the UK and restore their licence on return to the UK. In most cases this is a simple and quick procedure. However this does mean that doctor could not work in the UK as a locum for example during a break in the UK.

Doctors are advised to become members of CMF (free for those working in resource-poor countries). They will receive updates on revalidation and other professional issues, and will be connected to others in similar situations.

CONTACTS

For further information, please contact:-

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