Nursing Practice

“Gather feedback to build up your evidence for revalidation”

The Francis report has given impetus to what many agree is long overdue – an effective system for nurse regulation. I want people to be confident in nurses. I also believe that nurses strive to be competent, safe and caring practitioners and they deserve a revalidation system that enables them to show this.

Listening to nurses, however, it is clear that the proposals put forward are generating concern, fear and frustration about who’s involved, the costs, time and ultimately its effectiveness.

Proving fitness to practise is not new. Nurses are required to re-register annually with the Nursing and Midwifery Council and to declare, every three years, they have met the post-registration education and practice requirements. They are required to work for at least 450 hours in relevant practice and to complete and record at least 35 hours CPD activity. In the new process, these two standards will remain.

The new elements for revalidation include demonstrating adherence to the NMC Code and gathering third-party feedback. This feedback will focus on two areas: the first is evidence to support reflections on practice and could be from patients, carers, peers or students, while the second is feedback confirming fitness to practise, which could be from a manager, another registered nurse or a supervisor.

Although this is concerning to some, the new elements may have benefits. The NMC Code is to be revised to include a greater emphasis on what nurses do to meet the standards. This may support them as they make decisions to ensure patient care is safe and of high quality. Gathering feedback from patients – although daunting for some – is a great way to capture learning in practice and evidence of nurses’ expertise. Many already collect letters, stories and other data from patients (with consent) to use in the appraisal process. Evidence from colleagues can also be used. For example, I have been undertaking observations of practice and providing verbal and written feedback to staff; this evidence could be used for revalidation.

Feedback from managers and employers about fitness to practise appears to have generated much debate, especially if nurses perceive they have a challenging relationship with a line manager and/or there are concerns about professionalism. When this is the case, nurses need to be courageous and raise their concerns, just as they would about care standards.

Get ready for revalidation by refreshing your portfolio. It’s also worth thinking about the role of annual appraisals. If done well, these can prepare you for revalidation. If you are not being appraised, revalidation may give you leverage to talk with employers about changing this.

Finally, don’t miss the chance to have a say in what happens by contributing to the consultation. Complete the online survey and contribute to the development of a system that is workable and fair for all.

Access the consultation survey at tinyurl.com/NMC-revalidation

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Will you take the lead on IV fluid therapy?

It’s often the most commonly carried out tasks that receive the least attention and the least education.

Nurses are frequently involved in managing patients on intravenous fluids. But as our summary of new National Institute for Health and Care Excellence guidance points out, it is a topic that is often neglected in continuing professional development (page 12).

IV therapy can be seen as a “routine” task, but it carries many risks, including too little fluid, too much or the wrong kind of fluid, the results of which can be fatal. Some statistics show that as many as one in five instances of IV fluid therapy can result in complications.

The guideline calls for hospitals to appoint an IV fluids champion, who could well be a nurse, to lead training, governance and audit. Could this be you?