# Revalidation pilot key findings report

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## Introduction

In September 2013, our Council committed to introducing a proportionate and effective system of revalidation for nurses and midwives by the end of 2015. Revalidation is the process by which nurses and midwives will demonstrate that they practise safely and effectively throughout their career.

In October 2015, Council will make the decision on whether to proceed with revalidation. It is proposed that from April 2016, all registrants will need to revalidate in order to renew their registration. Under the proposed model, registrants (nurses and midwives on our register) will be required to declare every three years that:

- they have practised for a minimum of 450 hours during the last three years (or 900 hours for those registered as both a nurse and midwife)
- they have undertaken 35 hours of continuing professional development (CPD), of which at least 20 hours must be participatory learning
- they have obtained five pieces of practice-related feedback
- they have written five reflective accounts on their CPD, and/or practice-related feedback, and/or an event or experience in their professional practice, and how this relates to the Code
- they have undertaken a reflective discussion with another NMC registrant about their written reflective accounts
- their health and character are sufficiently good to enable them to practise safely and effectively in accordance with the Code
- they have an appropriate professional indemnity arrangement in place, and
- they have obtained confirmation from another person that they have complied with the revalidation requirements.

## The revalidation pilot

Between January and June 2015 we piloted revalidation with 19 organisations which had been selected to include nurses and midwives in a variety of settings and scopes of practice. This method of selecting the pilot organisations means that the individual participants are not statistically representative of the NMC register overall. A total of 2,134 participants completed the pilot revalidation process.

The aim of the revalidation pilot was to test the NMC revalidation model and processes, in order to feed into our overall assessment of readiness to proceed with full roll-out of the programme in 2016. At the start of the pilot, we identified a number of research questions which we wanted to answer by carrying out a range of research activities around the pilot. These fall under several overarching questions:

- What was the experience of revalidation like for pilot participants, including

- o whether the processes and systems worked
- o whether the model worked in practice, and the requirements were achievable, and
- o what participants' perceptions and views were on the requirements, and revalidation overall?

- What are the factors that influence the anticipated costs and benefits of revalidation?

- Are registrants, organisations and the wider system ready for revalidation?


## Evidence sources

Several pieces of research were carried out in order to address the research questions, and these evidence sources form the basis of this report. They include both qualitative elements (for example focus groups and interviews) and more quantitative elements (such as online surveys and quantification of the costs).

The following evidence sources were used to answer the research questions. The reports from Ipsos MORI and KPMG are available on the NMC website. Please note that the findings are based on the provisional revalidation model, and that all research was completed by the end of July 2015.


### The Ipsos MORI report on the registrant experience

Ipsos MORI examined pilot participants' experiences of revalidation and also their views on the guidance and tools used during the pilot. The work included both quantitative and qualitative elements:

- Quantitative research: Ipsos MORI sent an online survey to those pilot participants who had indicated when they signed up to the pilot that they were prepared to take part in the research. The survey examined participants' views on the clarity of the revalidation guidance and their experience of the different elements of revalidation. It also included questions on costs and benefits for the KPMG work (see below).

  - o This survey was sent out between 21 May and 21 June 2015. In total, Ipsos received 1,120 responses to the survey from participants in the 19 pilot sites, who worked across a variety of settings and scopes of practice.

- Qualitative work: Ipsos also conducted qualitative research which included two elements.

  - o The guidance element looked at how easy the guidance documents were to understand, how useful they were and whether anything needed to be added or improved. It included 10 discussion groups across pilot and non-pilot organisations and 28 in-depth interviews with both NMC registrants and non-NMC registered professionals.

- The journey-mapping element explored participants' experiences of the different stages of the revalidation journey in depth. It included 127 in-depth interviews with 60 NMC registrants and 67 people who had acted as confirmers and/or peers in the professional development discussion (PDD). **Following the research, it has now been decided to call this the 'reflective discussion'.**

**The KPMG report on system and organisation readiness and the cost benefit analysis**

We commissioned KPMG to undertake the following work.

- An assessment of the readiness of both organisations and the wider healthcare system for revalidation. (The system includes bodies which support registrants and organisations to implement revalidation, such as professional bodies and government organisations). KPMG developed a set of criteria against which to assess organisations' and the system's readiness for revalidation.

- An analysis of the costs and benefits associated with implementing the proposed revalidation model.

KPMG also used a range of quantitative and qualitative methods to collect the evidence.

- They sent an organisational survey to 271 organisations with questions on readiness and cost benefit analysis (CBA), to which there were 119 responses.

- As noted above, they also fed questions on costs and benefits into the Ipsos MORI registrant survey.

- They fed in cost questions to the NMC survey of individuals asked to provide further information as part of the verification process (see section below).

- Forty-nine interviews were held with organisation and system stakeholders.

- Fourteen focus groups were held with pilot and non-pilot organisations.

**The NMC's internal work on the pilot verification process**

The Research and Evidence team undertook some work to evaluate the verification process, which took place alongside the pilot. As part of the verification process, a sample of 135 pilot participants who had submitted a revalidation application were asked for further information to provide evidence to support their application. These included participants from all the pilot organisations, nurses, midwives and specialist community public health nurses, and participants of different levels of seniority. The information submitted as part of the verification process was assessed by the UK registrations manager and two registrations officers.

The research aimed to look at whether the verification process worked for both registrants and NMC staff involved in the process, and what could be done to improve it. The research included:

- an online survey sent to participants whose verification submissions had been accepted, and

- interviews with the registrations officers undertaking the verification process.

**Analysis of the pilot phone and email queries logs**

The revalidation pilot coordinators kept a log of all queries by telephone and email from participants during the pilot. The data from this log were analysed and a summary report produced.

**Analysis of feedback and resources from pilot organisations**

Throughout the pilot phase, the revalidation team was in regular contact with the pilot leads. These leads shared their experiences of participating in the pilot with the revalidation team. They also shared the additional guidance and resources that they had produced for their participants to help them with the process. These included: NMC templates completed with examples such as reflective accounts, step-by-step guides to the revalidation process, templates to record feedback, and video clips demonstrating the confirmation and professional development discussion.

**Nursing press articles**

There were a number of articles in the nursing press in which registrants in different scopes of practice discussed their experience of participating in the pilots.

**Revalidation evidence report 2014**

This was the evidence report written by the Research and Evidence team in 2014 which summarised the findings of the consultation in that year on revalidation and the Code.

**NMC literature search 2012**

The NMC carried out an extensive review of relevant literature in 2012. This looked at several themes relating to revalidation, such as CPD and feedback. One of the papers reviewed is cited in this report:

Hughes, E. 'Nurses' perceptions of continuing professional development', Nursing Standard, July 2005; 19, 43, pp 41–49.


## Note on the interpretation of data

Care should be taken when interpreting the evidence from these different sources.

The quantitative work included:

- a registrant survey carried out by Ipsos MORI on experiences of the pilot and the costs and benefits to registrants, and

- an organisational survey carried out by KPMG with questions on readiness and on the likely costs and benefits to organisations.

A large sample of pilot participants responded to the survey. (Of the 2,305 who agreed to be invited to take part, 1,120 completed the survey – a 49 percent response rate.) It gives quite detailed, but mainly quantitative, information about participants' views and experiences, including information used for the cost benefit analysis. The sample included nurses and midwives from a wide variety of scopes of practice and settings. However, while a census approach was taken for the registrant survey among those taking part in the pilot, it was not representative of nurses and midwives on the whole register, given the fact that the sample was selected on an organisational basis.

The organisation survey was sent to a broad sample of organisations, but due to the limited number of responses, (119 out of a total of 271 invited to complete it), the resulting organisational sample was not representative of healthcare organisations in the UK.

The qualitative work included a number of interviews and focus groups, with much smaller samples. These provide a richer, deeper insight into the views of respondents than the surveys are able to provide. In some cases, the qualitative work backs up the findings from the quantitative work. In other cases, the views of those taking part in the quantitative surveys contrasted with the views of those who participated in the qualitative work. Where this is the case, this report highlights these apparently contradictory findings.

Further details on the methodologies and notes on interpreting the data can be found in the Ipsos MORI and KPMG reports detailed above. These are available on the NMC website at www.nmc.org.uk/about-us/governance/the-council/council-meetings/council-meeting-8-october-2015. Please note that the findings are based on the provisional revalidation model and that all research was completed by the end of July 2015.


## Key findings

The key findings are outlined below, with reference to the broad research questions which were identified at the start of the process.

**What was the experience of revalidation like for pilot participants, including:**

- **whether the processes and systems worked**

- **whether the model worked in practice and the requirements were achievable, and**

- **what participants' perceptions and views were on the requirements and revalidation overall?**

**Registrants' overall view of the revalidation journey**

The Ipsos MORI survey suggested that for most pilot participants, the revalidation requirements were found to be achievable. In the online survey, the majority of participants were able to achieve each requirement. Responses ranged from 88 percent of survey respondents completing the practice-related feedback requirement as part of the pilot, to nearly 100 percent of respondents completing the required practice hours. The qualitative research indicated that participants often felt daunted by revalidation initially. Some expected that it would involve a lot of work and be time-consuming. However, as participants found out more about revalidation and actually undertook the pilot process, their fears were often alleviated. Many realised that it was not as difficult as anticipated:

*"There was an initial panic of 'oh my goodness, what am I going to have to do?!'…but actually it was quite a simple process of looking at the documentation you already had…and working your way through it."*
(Midwife, Ipsos MORI qualitative research)

**The familiarisation process**

While most of the survey participants (90 percent) had heard of revalidation before the pilot, a smaller number (30 percent) said that they knew a great deal or a fair amount about it. There were also differences in registrants' awareness according to seniority, with 15 percent of junior nurses (band 5) saying they knew nothing at all, but only 3–4 percent of senior nurses (bands 8 and 7 respectively).

**Use of NMC documents and guidance**

The majority of the survey respondents (83 percent) used the revalidation guidance and documents provided by the NMC to familiarise themselves with revalidation. Other NMC sources consulted by registrants were the Code (74 percent), the NMC website (59 percent) and, to a lesser extent, contacting the NMC directly by phone or email (13 percent).

The views expressed in the registrant survey show that for these participants, the NMC guidance was generally seen in a positive light. Overall, 88 percent of respondents rated the clarity of the language used in the 'How to revalidate' guidance as fairly or

very good and 84 percent felt that it was good or fairly good in terms of ease of understanding. Most also rated the guidance as fairly or very good in outlining each of the revalidation requirements, ranging from 77 percent for practice-related feedback to 93 percent for CPD and practice hours.

The qualitative work brought out registrants' views of what needed to be improved in the revalidation guidance and templates. Participants emphasised that the 'How to revalidate' guidance should make it clear right from the start what is required of people. They wanted summarised information early on in the document, such as a flow chart of the stages of revalidation, and checklists with key dates and timings. The research also highlighted that clarity was needed on some of the terms in the document; for example, the term 'PDD' (professional development discussion) was mistaken by some for PDR (performance and development review, or appraisal).

**As noted above, following this feedback it has now been decided to call this the 'reflective discussion'**.

Those who had acted as confirmers had specific suggestions on how to improve the 'Information for confirmers' document. They had a number of queries about the role of confirmers, which they wanted the guidance to provide more information about. For example, they wanted the guidance to clarify whether there were any restrictions on who could be a confirmer in terms of levels of seniority or relationship with the nurse or midwife; and what the confirmer should do if they were uncomfortable confirming a registrant.

In the research about the pilot verification process, there were also a number of comments on the usefulness and clarity of the templates provided by the NMC, such as the confirmation and PDD forms. For example, there was some confusion about the layout of the confirmation form, which meant that some nurses and midwives and confirmers were not clear about which part of the form they had to sign.

**Support from organisations**

The Ipsos MORI research showed that pilot participants often sought support from individuals in their organisation. People that survey participants consulted in their organisation to help familiarise themselves with the revalidation requirements included: a colleague (42 percent), their line manager (33 percent) and their employer (27 percent). Many participants (48 percent) also consulted someone in the NMC's pilot revalidation group, who may also have been part of their organisation.

Registrants in the Ipsos MORI qualitative work often found the support they received from their organisation to be valuable. For example, they reported that some organisations produced further guidance to sit alongside the NMC guidance, such as step-by-step guides to the revalidation process:

**"***We were sent an email with links to different guidance documents, including this step-by-step process. When you look at it at first, it seems a lot but it's not when it's broken down… the small components make it more manageable***."**
(Nurse, Ipsos MORI qualitative research)

The section below on readiness gives more details about the support that pilot organisations provided for registrants.

However, the Ipsos MORI qualitative research showed that organisational messages about revalidation could sometimes be a source of confusion for participants, if they conflicted in some way with the NMC's requirements. Participants in the interviews and focus groups reported that in some cases, pilot organisations added extra requirements to the revalidation process. For example, some organisations specified which areas registrants needed to reflect on, or who should carry out confirmation. In some cases, it appeared that organisations or individual confirmers expected more from the pilot participants than the actual requirements ask of people.

**Collecting and recording evidence**

Many participants in the Ipsos MORI qualitative research placed great value on collecting and recording evidence to show that they had met the revalidation requirements. They felt that this distinguished revalidation from the Prep standards and added value to the process. Many believed that their evidence would be evaluated at some point, and were keen to ensure that they collected the 'right' evidence. Participants in the qualitative research often asked for worked examples to make sure that they were collecting the right kind of evidence:

**"***It would have helped to have seen examples of completed revalidations from 'Joe Nurse' – what feedback do I include, you know? So I know I'm doing it right?***"**
(Nurse, Ipsos MORI qualitative research)

Participants in this aspect of the research differed in their understanding of the level of evidence required for some of the revalidation requirements. Some understood that the level of evidence required could be minimal, but others were worried about the type and depth required. Some registrants tended to 'over deliver' in terms of the quantity and detail of the evidence they provided. For example, the practice hours requirement was one area of several where some registrants were unclear on the level of detail they needed to provide. There were a number of questions raised about this in the qualitative work, such as whether registrants needed to evidence all the hours they have worked, or just those to meet the requirement.

**Reflection, discussion and confirmation**

The Ipsos MORI survey found that most participants taking part were able to achieve both confirmation and the PDD. There was a range of routes used to achieve confirmation by different types of nurses and midwives. Around three quarters (74 percent) of survey respondents who received confirmation did so from a line manager who was also on the NMC register. One fifth (20 percent) of respondents who had received confirmation did so from an NMC registrant who was not their line manager. There was also variation in the route by which nurses and midwives received their PDD. Seventy four percent of those who completed both confirmation and the PDD had these discussions at the same time, 11 percent had them at different times but with the same person, and 15 percent had them with different people. This suggests that the revalidation model is flexible enough to allow nurses and midwives in different

circumstances to achieve the confirmation and professional development discussion requirements.

The Ipsos MORI qualitative research highlighted some variability in understanding of how to meet the reflection and discussion requirements of revalidation. In some cases this indicated that the guidance needed to be clearer about these areas. For example, the approach to written reflections varied greatly amongst participants. Some were unclear whether they needed to do five reflections in total, or five each on CPD, feedback and the Code, making a total of fifteen. There was also wide variation in the amount written, with some writing short accounts while others wrote many pages.

Similarly, there was variation in the way confirmation was interpreted and carried out. Some confirmers were unclear about their role; for example, some were not sure whether they were just 'signing off' that the nurse or midwife had completed their reflections, or whether they needed to go through the reflections in detail with them. Likewise, participants in the KPMG work highlighted that they wanted greater clarity around the role of the confirmer. Several stakeholders, for example, expressed a concern about the responsibility of the confirmer around fitness to practise. Although the pilot revalidation guidance made it clear that confirmers are not confirming registrants' fitness to practise, some stakeholders still seemed to think that there is or should be a link between revalidation and fitness to practise.

Overall, the Ipsos MORI research highlighted that the relationship between PDD, confirmation and appraisal needs to be made clearer in the NMC's guidance. Registrants in the qualitative research and through other evidence sources wanted more clarity about the purpose and the benefits of these elements and how they linked together. In an article in the nursing press, one practice nurse summed this up:

"*I also found the confirmer and PDD discussions a bit confusing; I think these roles need some clarification…there has to be a way to make this absolutely clear before revalidation is introduced.*"
(Practice nurse, article in *Practice Nurse*, September 2015)

**Non-completers**

Of those who responded to the main Ipsos MORI registrant survey, only 63 participants (6 percent) said that they had not completed the online revalidation application. Ipsos MORI examined the data on these non-completers in order to get an idea of what barriers pilot participants faced and what the implications were for the full roll-out of revalidation. Around half (30) of these respondents said that they ran out of time in the pilot to complete the application form. This may not be surprising given the short timeframe that most pilot participants had to complete the pilot. It is likely that this would not apply in future, as nurses and midwives would have up to three years to fulfil the revalidation requirements.

However, when thinking about what they would tell other registrants taking part in the future, participants in the qualitative work said that a key learning point was that people should start preparing early for revalidation to ensure they could complete the process in time.

Other reasons for not completing included not having all the evidence required to revalidate (27), having a technical difficulty related to the online portal or revalidation form (13), and circumstantial reasons such as illness (10).

## What are the factors that influence the anticipated costs and benefits of revalidation?

**Benefits**

All of the research sources highlighted that many participants – both organisations and registrants – recognised that revalidation can deliver a range of benefits. In both the KPMG organisation survey and Ipsos MORI registrant survey, participants were presented with a list of potential benefits for each of the different elements of revalidation. Of all the potential benefits, organisational respondents were most strongly in agreement that revalidation would:

- raise awareness of the Code and standards expected of nurses and midwives (of the elements that this applied to, on average 90 percent of organisations agreed or strongly agreed that this would be a benefit), and

- increase an awareness of the Code in practice (again, on average 90 percent of organisations agreed or strongly agreed with this).

The KPMG organisational interviews and focus groups also highlighted a number of benefits, including encouraging greater reflection and continuing professional development in professional practice. Reflection was an element which was found to be particularly valuable by participants.

During the pilot phase, one of the pilot leads fed back to us the following view on reflection from participants in her organisation:

- both writing reflections and discussing them with their manager was very powerful

- writing reflections was a very positive experience and made them think about their development, and

- reflective discussion allowed them to talk about themselves as nurses during appraisal rather than focusing on outcome measures.

Individuals responding to the registrant survey also generally agreed with the statements about the benefits of revalidation. For example, on average 80 percent agreed or strongly agreed that revalidation would raise awareness of the Code and standards that are expected of nurses and midwives. It is not appropriate to directly compare registrants' responses with those of organisations for various reasons. However, the data do give an indication of trends – on average, there was a trend for registrant responses to be lower than organisational, though still generally positive.

In the KPMG interviews and focus groups, participants also generally agreed that there would be a wide range of benefits arising from revalidation.

In one of the articles about the revalidation pilot in the nursing press, a nurse prescriber summed up the benefits that she thought revalidation would bring:

"*It will bring the Code more into our professional lives and highlight our responsibilities on a regular basis. It will also help organisations and other healthcare professionals understand the standards that nurses have to meet and what we have to do to revalidate. I think this enhances the profession, and helps us work better with other colleagues. Revalidation will help colleagues who are not already in a large supportive trust to interact with other professionals.*"
(Pilot participant, article in *Nurse Prescribing Journal*, September 2015)

At the same time as discussing the benefits highlighted above, some participants in the KPMG interviews and focus groups expressed uncertainty about the scale of the benefits and the extent to which they will be realised. This may be at least in part due to the different levels of understanding of the requirements that both interviewees and focus group participants had. These mixed views about the extent of the benefits may not be surprising given that at the time of the pilot, the revalidation model had not yet been finalised.

### Evidence relating to CPD hours

Although an increase in overall CPD hours was supported by many registrants, we have no clear evidence for the benefits of increasing the requirement for total CPD hours from 35 hours to 40 hours. A literature review conducted by the NMC in 2012 showed that there was little evidence around the benefits of recording CPD 'inputs' in isolation, or that there was any significance to nurses and midwives doing a specified number of hours. In previous research (Hughes, 2005) on the current Prep standard and CPD in practice, nurses expressed the opinion that the focus on hours and CPD 'points' takes the onus away from reflection and the impact on practice.

This is in line with the feedback in the 2014 consultation from both individuals and organisations, highlighted in the *Revalidation evidence report* (NMC, 2014). Both the nurses and midwives in the consultation's qualitative research, and organisations who submitted written responses, stressed the importance of an approach to CPD that was outcomes-focused (in terms of impact on practice) rather than inputs-based (in terms of number of CPD hours completed). This is also in line with the revalidation models of other healthcare regulators both in the UK and worldwide, which focus on CPD outcomes rather than inputs.

**We are therefore proposing that the CPD requirement will be 35 hours, rather than the 40 hours required in the pilot phase, but that we should keep the new requirement of 20 participatory hours.**

### Costs to organisations

The responses to the KPMG organisational survey showed that there was a wide variation in the costs of revalidation estimated by organisations. The pilot organisations responding to the survey estimated considerably lower costs for most elements of revalidation than the non-pilot organisations.

When the average costs of each element were added to give a total cost per registrant, this meant that there was on average a considerable difference between pilot and non-pilot organisations' estimates. The largest difference in estimated costs between pilot and non-pilot organisations, both one-off prior to the start of revalidation and ongoing, was in the costs in preparing for and the overall management of revalidation.

This wide variation in estimated costs means that these figures should be interpreted with caution. The reasons for the variation may be due to a number of factors, including the following.

- Many organisations have not developed detailed plans for supporting revalidation. Therefore, they found it difficult to provide detailed and accurate costings.

- Organisations are taking a wide range of approaches to supporting revalidation, from little or no additional support to 'highly supportive' measures.

The estimated costs reported by organisations varied across the different revalidation requirements, based on the support that organisations expected would be needed. For some requirements, there were also differences between the costs estimated in the organisation survey and indications of the possible scale of costs given in the interviews and focus groups. Organisation survey respondents estimated that the highest one-off cost to organisations would be associated with the CPD requirements, in particular driven by supporting participatory learning. However, in the interviews and focus groups, individual participants expressed the view that the CPD requirements would add little to organisation costs, as most nurses and midwives were largely meeting this requirement.

We, the NMC, recognise that it is possible that those who participated in the pilot may be more likely to have completed the CPD hours requirement than other registrants. Due to the short timescales of the pilot, some registrants who had not already met the 40 hours required in the pilot may have decided not to participate, as they had little time to undertake additional CPD.

It should also be noted that some of the costs which organisations estimated were for 'highly supportive' measures, which we are not expecting organisations to provide. Highly supportive measures, that some organisations planned to put in place, included employing additional staff to manage the revalidation process as well as training for confirmers.

As might be expected, larger organisations in the KPMG analysis usually reported higher overall costs than smaller organisations. However, larger organisations generally had lower costs than smaller organisations on a per registrant basis, suggesting that there are economies of scale for larger organisations. It is not possible, however, to extrapolate the estimated organisation costs on a per registrant basis to give an estimated total cost of revalidation across the UK. This is because the NMC does not currently hold information about where registrants work, or the size of the organisations.

**Costs to registrants**

In the KPMG analysis, registrants' estimated costs of revalidation relate to the additional time they spent meeting the pilot revalidation requirements, compared to the time spent on the Prep requirements. As was the case for organisations, there was a wide range in the additional amounts of time registrants reported spending on each of the revalidation requirements. This is shown by the variation between the median values and the mean values for the individual elements of revalidation, and in total. So, the median total additional time reported for the revalidation requirements was 10.5 hours, but the mean was 18.5 hours. This includes most of the time costs associated with revalidation (apart from registrants familiarising themselves with the revalidation requirements and the verification process, which only applies to a small proportion of registrants).

The elements which registrants generally reported would take the greatest time were: familiarising themselves with the revalidation requirements, feedback, reflection and discussion, and recording practice hours. The request for further information was also seen as involving relatively high time costs by those registrants who took part in the research around the verification process. However, the verification process will only apply to a small proportion of nurses and midwives in the full roll-out of revalidation, so this will not apply to most.

Pilot participants did not generally report that meeting CPD requirements would be an extra cost for revalidation, since most of them were already fulfilling the requirements in terms of both total CPD hours and participatory hours. Again, there was a discrepancy here between the estimated costs of CPD reported by the organisational survey, and those reported on the registrant survey. As noted above, however, we recognise that it is possible that those who participated in the pilot may be more likely to already be completing the CPD requirement than other registrants.

Full details of estimated organisational and registrant costs can be found in the KPMG report.

## Are registrants, organisations and the wider system ready for revalidation?

KPMG's assessment of the readiness of organisations and the wider system for revalidation produced the key findings detailed below. It should be noted that this readiness assessment was completed at the end of the pilot phase in July 2015. Since then, organisations and the wider system have been continuing to prepare for revalidation and made further progress towards readiness for the full roll-out of the programme.

**Awareness and culture**

The KPMG work showed that generally support for revalidation is strong, especially in pilot organisations. There was a spectrum of support for revalidation, ranging from the many people who are very supportive of its introduction to a small number of others who are more sceptical about whether revalidation will fully deliver its intended aims.

KPMG found that over the course of the pilot, the participating organisations showed increased confidence in the model and perception of its value. A number of stakeholders in interviews and focus groups suggested that the guidance and communications around revalidation have 'undersold' its benefits. They suggested that the benefits of revalidation, such as positive messages around improved professional development discussions, should be emphasised more.

Some stakeholders in the KPMG research felt that awareness of revalidation was generally good in large organisations, both in the NHS and independent sector. However, there were concerns expressed that awareness was low in smaller organisations, or in settings where nurses and midwives were more professionally isolated. Examples of these include practice nurses, care sector settings, agency staff, and sole registrant settings, such as prison or school nurses. On the other hand, some participants suggested that midwives may be well-positioned for the introduction of revalidation. This is because the current system of statutory supervision of midwives means that midwives already meet with a supervisor annually to review their practice.

Stakeholders identified a number of steps that could be taken to ensure that awareness of revalidation is spread to all practice settings, especially the smaller or more isolated settings. For example, it was suggested that the NMC should engage with employers through quality and system regulators in the four countries (such as the Care Quality Commission in England or Healthcare Improvement Scotland).

**Planning for revalidation**

The KPMG work showed that the organisations which responded to the survey were making plans to support registrants. More than 98 percent of the organisation survey respondents indicated that they were putting measures in place to support revalidation. During the pilot phase, the 19 participating organisations designed a number of innovative tools in addition to the NMC guidance and resources to help participants through the revalidation pilot (see 'resources from pilot organisations' above).

However, only 20 percent of organisations responding to the KPMG organisation survey had actually begun to implement preparations for revalidation. It appeared that organisations were awaiting the final model, and were looking for greater clarity in the guidance before embarking on their plans. A number of the system stakeholders and organisational stakeholders stressed the importance of the revalidation model being finalised as soon as possible. They were holding back from making detailed preparations and communicating widely about the requirements of revalidation, because they thought that the model being piloted might be subject to change.

Like the participants in the Ipsos MORI qualitative research, stakeholders in the KPMG work consistently highlighted that they wanted clearer guidance on some of the requirements of revalidation. They wanted, for example, more case studies and completed example templates to be included in the NMC guidance. Some expressed a need for more clarity around the feedback, reflective accounts and PDD. Some were uncertain about whether the reflective element was separate to the feedback. Some were unsure about the level of detail required for the feedback and reflective accounts and how these should be documented, and others queried the roles and responsibilities of both parties involved in the PDD.

**Implementation of revalidation – IT issues**

There were some concerns expressed by stakeholders in the KPMG work about the NMC Online process, through which nurses and midwives will have to revalidate. On the whole, stakeholders thought that most registrants would be able to set up NMC Online accounts and use the system to revalidate. However, some pointed out that there had been technical issues in the pilot, such as problems with incompatible browsers which made it difficult to access and use NMC Online. There were also concerns expressed that some registrants would have limited access to IT equipment, or may not be very IT literate:

These concerns echo those that were expressed by participants in the NMC's research around the pilot verification process. In particular, some participants had problems uploading the evidence that was required during the pilot for some of the requirements, such as practice hours and CPD.

"*I feel that the uploading of evidence for many practitioners will prove time-consuming and will lead to anxiety and stress. I had direct access both at work and at home to the required equipment and software to make this easy but for many this will not be possible within the busy clinical environment.*"
(Participant, NMC pilot verification research)

Problems with uploading files for the verification process were also reported by participants who contacted the NMC pilot coordinators during the pilot phase. The analysis of the pilot phone and email queries logs shows that a common problem was that participants tried to upload a file of evidence which was much larger than the maximum size allowed. As highlighted in the KPMG report above, another frequent problem was with browser/computer compatibility issues, which made some of the functions difficult to access and operate.

We also took specific legal advice in relation to compliance with Data Protection legislation and engaged with the Information Commissioner's Office in finalising the verification model.

**We are proposing that the final verification model will not now include the need to upload evidence, as we need to ensure that our registrants comply with the Data Protection Act in terms of storing data which could identify individuals.**