Cate's confirmer story

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Cate is the lead clinical skills tutor at a medical school in Manchester. She was one of the first nurses to revalidate in April 2016, and she has also acted as a confirmer.

Practice setting

Cate teaches clinical skills to medical students. During the summer break she also works clinically as a nurse in an emergency department. Cate doesn't have to work a certain number of clinical hours in order to revalidate, as she can use her role in education to meet the requirements. But, as she explains:

> "Giving direct care is really important to me. It reminds me what teaching is all about."

Preparing for revalidation

Cate recently completed a Masters, which required her to build a portfolio of evidence, so she felt quite confident about revalidating. As a manager of other nurses, she also plays an important role in preparing and mentoring staff.

> "As leaders we need to find opportunities to guide people," she says. "To tell them, 'this is what you can use, this is something you're already doing and you just need to record it.'"

Practice hours and continuing professional development (CPD)

Working full time in education, Cate found she met the requirements for practice hours and CPD easily.

> "There are a lot of different ways you can gather the information. People think CPD has to be classroom-driven, but it doesn't. For example, all my team attend clinical shifts and do some shadowing. It helps you to remain current and understand what's happening," she explains.
>
> "There's also been a misconception that you can use things like fire training, and I think it's quite clear now that you can't. You just need to be pragmatic about CPD and think 'does that really relate to my scope of practice?'"

Feedback

Cate is used to asking her students for feedback regularly, but for revalidation she wanted to show variety. As well as feedback from students, she used a peer evaluation of one of her lessons and an email from a consultant she works with in clinical practice.

> "People think feedback has to be grandiose, but this should be everyday," Cate explains. "This is what we do."

Reflective accounts and reflective discussion

> "Reflection has always been close to my heart, and I think the NMC form is very useful," Cate says. "It directs you to think about the 'what', the 'why' and the 'how you're going to change."

One of Cate's reflections was about changing a lesson plan that was delivered by her and her team.

> "As a faculty we're working together to change something and it's my reflective account that has generated that."

Cate discussed all five of her reflective accounts with another nurse in her team who was going through revalidation at the same time, and this is the one part of the process she would do differently next time.

"I think discussing all five pieces of reflection at once felt a bit contrived," she explains. "Going forward we will bring our reflective accounts to our one-to-ones once or twice a year and it will become more organic. Then we can bring the outcomes and evidence of those regular conversations to the final reflective discussion."

Confirmation

Cate had reservations about the confirmation process at first.

"I don't have a line manager who is a registrant and I was concerned," she explains. "But the fact you can use a non-registrant was really helpful."

The faculty Dean acted as Cate's confirmer, and they set aside an hour to go through her portfolio.

"My confirmer is a pathologist so she went through in detail, trust me!" Cate explains. "I felt good that my boss took the time to look at my portfolio; it's never happened before. As well as serving the NMC, revalidation has served me as a practitioner. I felt validated."

Acting as a confirmer

As a manager, Cate will be providing confirmation for a number of her staff.

"Going forward with the group I manage, I've decided to monitor revalidation as part of their monthly one-to-ones," she says. "That way we keep the portfolio as a living document; it doesn't become an end product. I'd like to see evidence that they've been doing these things over three years, not over the last three months."

Cate had her first confirmation meeting this month with Joe, a clinical skills tutor she manages.

"We had an early meeting to go through his portfolio before the 'official' confirmation, because it was the first time we'd both done it," she explains.

"There were just a few things still to do. For example, he hadn't made the link to the Code in a couple of his reflections."

They arranged their formal meeting once Joe had received his official notice from the NMC.

"We started the session with the reflective discussion," Cate says.

"That's the bit that generates the most discussion and a bit of an action plan. Then we went through the detail of his portfolio from beginning to end, and I used the confirmer checklist provided by the NMC."

Cate and Joe set aside an hour for the meeting.

"I did read everything. Someone has put a lot of effort into putting this information together. It's about them, and I think you should take your time," Cate says.

"It generated a couple of discussions as well, which I think is the hidden agenda of it. I was saying things like, 'I didn't realise that was happening' and 'how did that make you feel?' and 'why don't you try looking at it this way?' It was very, very useful."

Final thoughts

Cate found revalidation valuable from both sides – as the revalidator and as the confirmer.

"There's nothing to be fearful of," she says. "Just have some structure to your portfolio, and put the evidence in there as you get it. I can see revalidation fitting into our normal teaching and clinical duties. It's part of our everyday work."