Amrit's revalidation story

Last Updated: 13/03/2023

Revalidating in non-patient facing roles

Amrit Kaur Purba is a Third Year PhD student at the University of Glasgow, currently conducting a Medical Research Council PhD Studentship. She is a registered nurse with a background working in community district nursing and health protection. In September 2019, she started a PhD in public health. Here she reflects on her revalidation journey and the challenges she faced because she is not in a direct patient facing role.

Practice hours

> “One of the things I found troublesome was revalidating when working in academia as I was in a role that was not directly caring for people. When I started the PhD, I was concerned that I would not be able to fulfil the 450 practice hours required to revalidate.”
>
> “I thought I may have to work additional hours in clinical care on top of the PhD to meet the practice requirement. I spoke to various nursing departments in different universities to understand what other PhD students were doing and discovered the majority were doing clinical care practice hours on top of their research”
>
> "Sadly, I also found that some had let their registration lapse as they did not feel they could manage clinical work on top of their studies. Similarly, senior academics I spoke to who had first started their career working as a nurse had let their registration lapse due to the time commitments involved and the difficulty juggling this with their academic commitments.”
>
> “These conversations did not give me confidence that my PhD research would count towards practice hours. The terms of my studentship meant I could not go part-time to make up the hours. I was left concerned that I could not evidence the practice hours I needed!”

Study hours do count!

> “Having reached out to the NMC I was initially advised that my PhD research would not count towards practice hours. However, following further communication and an apology over the conflicting advice, which did impact negatively on me, I was provided with assurance that the contact team had received additional training to ensure accurate advice was given in the future. I was also asked to be involved in the write up of this case study to help improve communication on this issue. On reflection, the NMC went above and beyond with their response, truly encapsulating the principles of what makes a ‘learning organisation’ to improve not only their own practice but that of others, whilst alleviating any concerns I had”.
>
> “I could align my studies to the Code and the Standards of proficiency for registered nurses. For example, the subject of my research is adolescent engagement in social media and the influence this has on their engagement in health risk behaviours, this aligns with these standards 2.4 and 2.7 . In addition, I feel my PhD acts to ‘Preserve safety’ for this population group by working further to understand the links between social media and adolescent health. This will be used to inform tailored interventions to preserve their safety whilst navigating the online world.”

Practice related feedback

> “Another problem people might find when they’re not directly providing care with people is how to get practice related feedback. I’m part of a teaching team for the university Masters of Public Health Programme and discussed this with them. I now have feedback from lecturers and students about my work, its contribution to nursing and its potential impact. I’ve also gathered feedback from various research colleagues.”
>
> “I now recognise that feedback doesn’t necessarily need to be from people receiving care or other healthcare professionals. What’s important here is that my work is about nursing and that feedback links back to the

Code and standards of proficiency."

Evidencing my Continuing Professional Development (CPD)

"As I am not in clinical practice, I was not sure if I was engaging in enough CPD to fulfil revalidation requirements. I thought carefully about my current scope of practice (nursing research and education) and the learning I was engaged in. I recognised that the formal study within my PhD, attending conferences and workshops, and the peer review I engage in is all supporting professional development, and can be related to the Code."

Written reflective accounts

"The reflective accounts helped me to recognise my continuing role as part of the nursing profession, influencing and impacting on practice. I have a good set of reflections which could support my reflective discussion."

"This included how my studies contribute to the profession and how the Code guides my practice and behaviours. In addition, my practice related feedback, and consideration of the CPD I've engaged in provided me with a rich range of experiences and themes."

Having my reflective discussion

"I know a lot of people working in academia but initially found it difficult to find a registered nurse or midwife to have reflective discussions with. I am aware that a confirmer can be a line manager, but I needed to have my reflective discussion with an NMC registrant."

"I had some good advice, which was to think about my extended network. I thought about who I know is a registered nurse that I could approach, and I asked them to engage in my reflective discussion. It was a really rewarding experience and probably the best part of my revalidation."

"My advice to others is that registrant colleagues are happy to engage in professional discussions, and it's possible to consider a reciprocal arrangement where you support their revalidation reflective discussion, if they support your discussion. I also feel that the best revalidation discussions could happen with people you don't know so well, because they're able to give you that impartial view."

"I additionally suggested the creation of an NMC network which would allow nurses who may not have access to an NMC registrant to meet others in similar situations, not only allowing them to complete revalidation successfully but also expand their own nursing network."

Final thoughts from Amrit

"We should be encouraging nurses to pursue their nursing careers in research and cannot afford to lose them through misinformation. I want to share my experience in assuring them that moving into academia is not a barrier to maintaining professional registration. On the contrary, we offer a different perspective and contribution to our professions and the people we care for."

2.4 identify and use all appropriate opportunities, making reasonable adjustments when required, to discuss the impact of smoking, substance and alcohol use, sexual behaviours, diet and exercise on mental, physical and behavioural health and wellbeing, in the context of people's individual circumstances

2.7 understand and explain the contribution of social influences, health literacy, individual circumstances, behaviours and lifestyle choices to mental, physical and behavioural health outcomes