Catriona's revalidation story

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Catriona is an interim lead midwife who works in a very remote part of Scotland.

Based in Campbeltown, Catriona lives and works in a beautiful, rural area with lots of islands. Her team support around 650 pregnancies a year and are lucky to have a relatively high number of midwives.

> "I don't think revalidation is any harder because we're in a remote setting. Compared to people in Glasgow, we get amazing training opportunities. And we're very involved in public health, we're not just task-orientated, so we've got a wide area of experiences we can take reflections from."

A change in culture

Catriona thinks a change in the way midwives work has helped make revalidation easier.

> "Since clinical supervision changed and we started to work more with a reflective model, midwives got more used to reflecting and doing this in group sessions. It's the norm now. "

> "When it was introduced there were some older midwives who decided to retire rather than revalidate, which was sad. But those who did it found it easier than they anticipated and now it's a very smooth process for most people."

Second-time around

Soon Catriona will revalidate for the second time.

> "The main difference this time round is that I've been more organised. Last time it involved a month of getting things together. Since then, I've used a folder to keep everything in that I might need."

> "I've also been doing coaching and leadership training this year, which I can talk about. And I'm more confident in doing reflections."

Doing CPD online

Catriona and her colleagues use an online platform called Turas, which was developed by NHS Education for Scotland. It holds information and resources, including statutory training modules.

> "I've been singing the praises of Turas. It has videos, webinars… and it stores all your certificates and evidence of the development and learning you've done. With tools like this, even in rural areas it's really easy to access resources that can help with continuing professional development."

Feedback and reflective accounts

Now Catriona is in a role that's less clinical, she has less feedback from mothers and families.

> "Most of my feedback is from colleagues. Doing adaptive learning sessions, coaching with my manager, and monthly appraisals gives me feedback that I can draw on too."

She found reflection very beneficial.

> "Some examples I used were good and some were negative. Looking at how a certain interaction made you feel is really helpful. The team peer support we have now makes it easier to do reflections too."

Confirmation

Catriona found her confirmation to be a good chance to share everything she had gathered.

> "I did it with one of the other team leads. It was useful to go over everything I had gathered and it was a learning opportunity for both of us just going through it. It's very much a two-way process. "
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> "If you're just one midwife in a remote area, there's not necessarily going to be another midwife you can do your confirmation with. In this case, it doesn't need to be another midwife, it could be a nurse as they work to the same Code."

Advice for others

Catriona recommends having a clinical supervision network you can link into.

> "It's good to have that group discussion and other people to talk to about how they dealt with certain situations. You're not on your own – look into these networks, or networks like them."