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# Revalidation data report

1 April 2022–  
31 March 2023



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# Background

**Our core role is to regulate nurses, midwives and nursing associates, to maintain the high standards of practice the public has a right to expect. This includes maintaining the register of professionals who are eligible to practise because they meet our high standards of education and proficiency.**

Our revalidation process helps make sure the professionals on our register keep developing their knowledge and expertise. This supports them to maintain excellent standards of practice throughout their careers, benefiting the health and wellbeing of people in their care. This principle of lifelong learning is an important part of our approach to regulation.

To revalidate and remain on our register, professionals need to submit an online form confirming that they have:

- practised for a minimum of 450 practice hours (900 hours for those with dual registration as both a nurse and midwife) over the three years prior to the renewal of their registration
- carried out 35 hours of continuing professional development (CPD), of which at least 20 hours must be participatory learning
- collected five pieces of practice-related feedback over the three years prior to the renewal of their registration
- completed five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code, over the three years prior to the renewal of their registration
- had a reflective discussion with another nurse, midwife or nursing associate
- received confirmation from an appropriate person that they have met all the requirements.

In addition, professionals must provide a health and good character declaration and declare that they have (or will have when they practise) an appropriate professional indemnity arrangement.

More information on the [revalidation requirements and the guidance](#) and support is available on our website.

## How to interpret our data

Revalidation figures for 2016-17 to 2021-22 report the number and percentage of professionals that revalidated by their due date\*.

Improvements we have made mean that this year, for the first time, we can report on the number of professionals that revalidated after their due date. This means our figures for 2022-23 will include professionals that revalidated after their due date and up to and including the 31 March in this financial year – for example, those who were granted an extension. It does mean however that this year's data is not comparable with previous years.

References to 'country' refer to the country of a nurse, midwife or nursing associate's current or most recent practice (for those for whom we have an employer address). Where professionals have not provided us with an address for their employer, we use their home address. This means that for most people who revalidated, their country is the country of their current or most recent employment.

We continually review the quality and content of our data and information. When improved data or additional information becomes available, we retrospectively update our previously published information. This means that when comparing data in our latest reports against some of our previous publications, you may see small changes in some data.

Not everyone on our permanent register and those who revalidated will currently be working as a nurse, midwife or nursing associate.



\* The 'due date' means the deadline for professionals to submit their revalidation application. This is the first day of the month in which their registration expires. For example, if a professional's revalidation date is 30 April, their due date will be 1 April. We send notify professionals 60 days before their revalidation application is due.

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# Revalidation in 2022-2023

**For the first time this year we are able to report on the number of professionals that revalidated after their due date.**

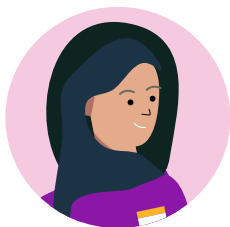
This gives us a more complete picture of revalidation by taking into account those who were granted an extension for example. In 2022-2023:



**241,786** nurses, midwives and nursing associates were due to revalidate.



**220,622** professionals revalidated by their due date. This is a revalidation rate of 91.2%.



**6,729** professionals revalidated after their due date but up to and including the 31 March 2023.



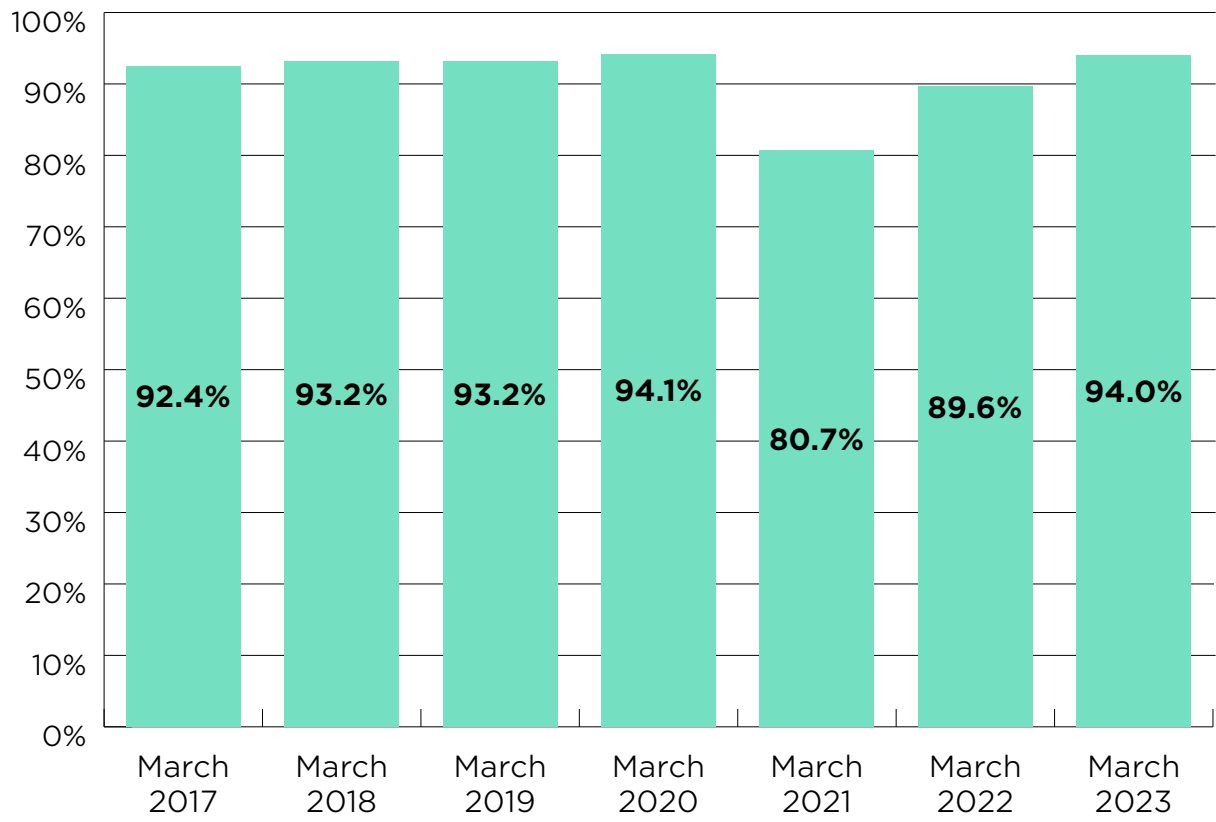
Overall, this means that **227,351** nurses, midwives and nursing associates revalidated. This is a revalidation rate of 94%.

Including those who revalidated after their due date by 31 March 2023 means the revalidation rate this year is the second highest revalidation rate since revalidation was introduced.

Comparing this year's figures with previous years, we can see that the number of professionals revalidating by their due date has increased after rates fell in 2020-2021 and 2021- 2022. This was due to pressures of the Covid-19 pandemic which meant some professionals needed extra support to complete their revalidation.

**Figure 1**

Overall revalidation rates



# Revalidation by country

**Since 2016–2017, revalidation rates have been broadly consistent across each of the four UK countries.**

We've seen lower rates of revalidation for professionals on our register who practise outside the UK, compared with those practising in the UK. We would expect this as professionals do not need to maintain their registration with us if they are not practising in the UK.

**Figure 2**

Revalidation rates by country



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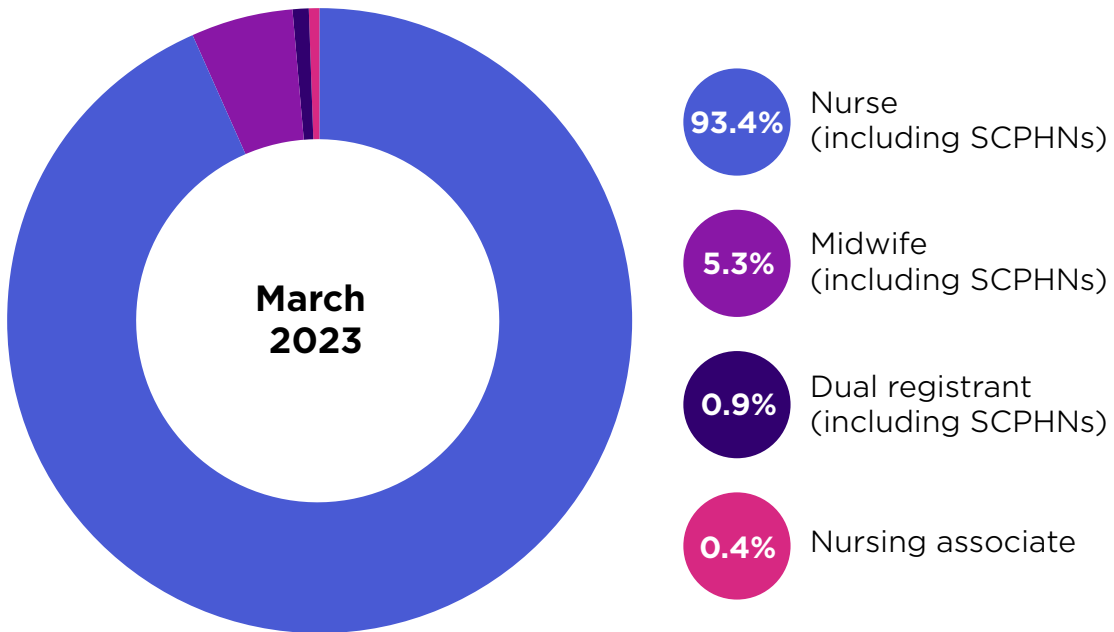
# Revalidation by profession

**Nurses, midwives and dual qualified nurses and midwives have made up similar proportions of those revalidating since 2016–2017. Nursing associates were registered for the first time in 2019 with the first of these revalidating in 2021–2022.**

The proportions of dual qualified professionals – those registered as both nurses and midwives – who have revalidated has reduced slightly since 2016–2017. This fall largely reflects these professionals dropping one of their registrations at the point of revalidation. For example, a professional was dual qualified when invited to revalidate, but revalidated only as a midwife.

**Figure 3**

Revalidation by profession



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# Revalidation by region of training

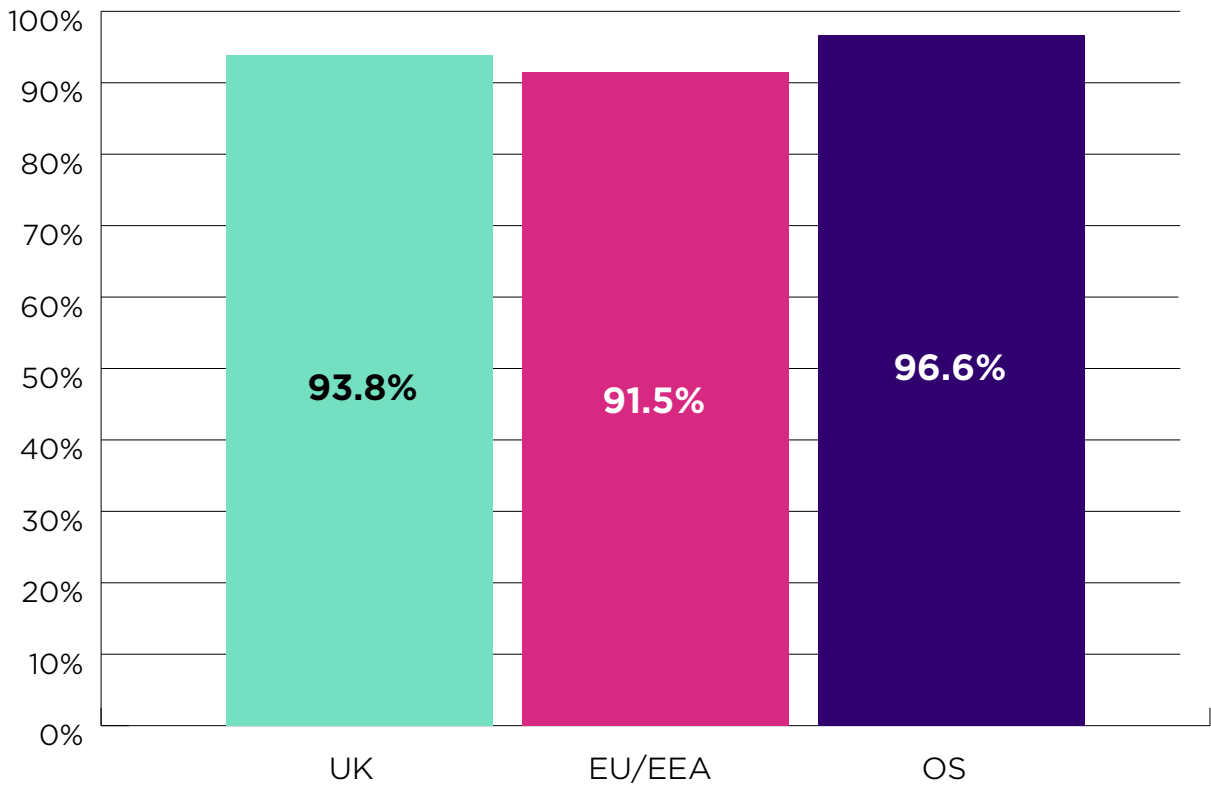
**We are reporting revalidation rates by region of training for the first time this year.**

Internationally-educated professionals (those educated outside of the United Kingdom and the European Union/European Economic Area (EU/EEA)) have the highest rates of revalidation (96.6%) with those educated in the EU/EEA having the lowest (91.5%).

**Figure 4**

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Revalidation by region of training March 2023





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# Revalidation by diversity characteristic

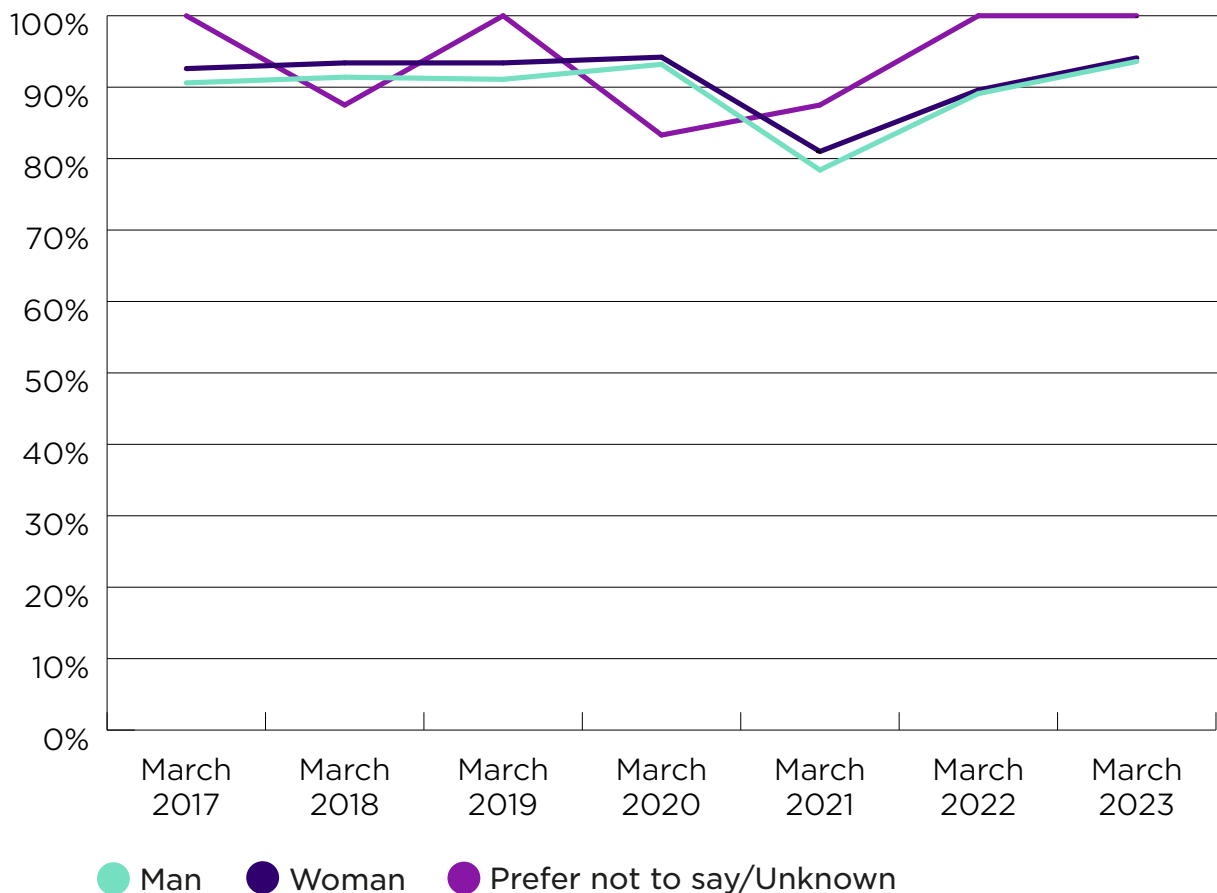
## Gender

Since 2016–2017, we have seen a slightly higher proportion of women revalidating compared to men. The first phase of our [Ambitious for Change research](#) found that male nurses and midwives were less likely to revalidate successfully compared to women, even after considering factors like their profession and where they lived.

Revalidation rates for those whose gender we don't know have fluctuated but these figures should be treated with caution as there are less than ten professionals in this group each year.

**Figure 5**

Revalidation rates by gender



## Age

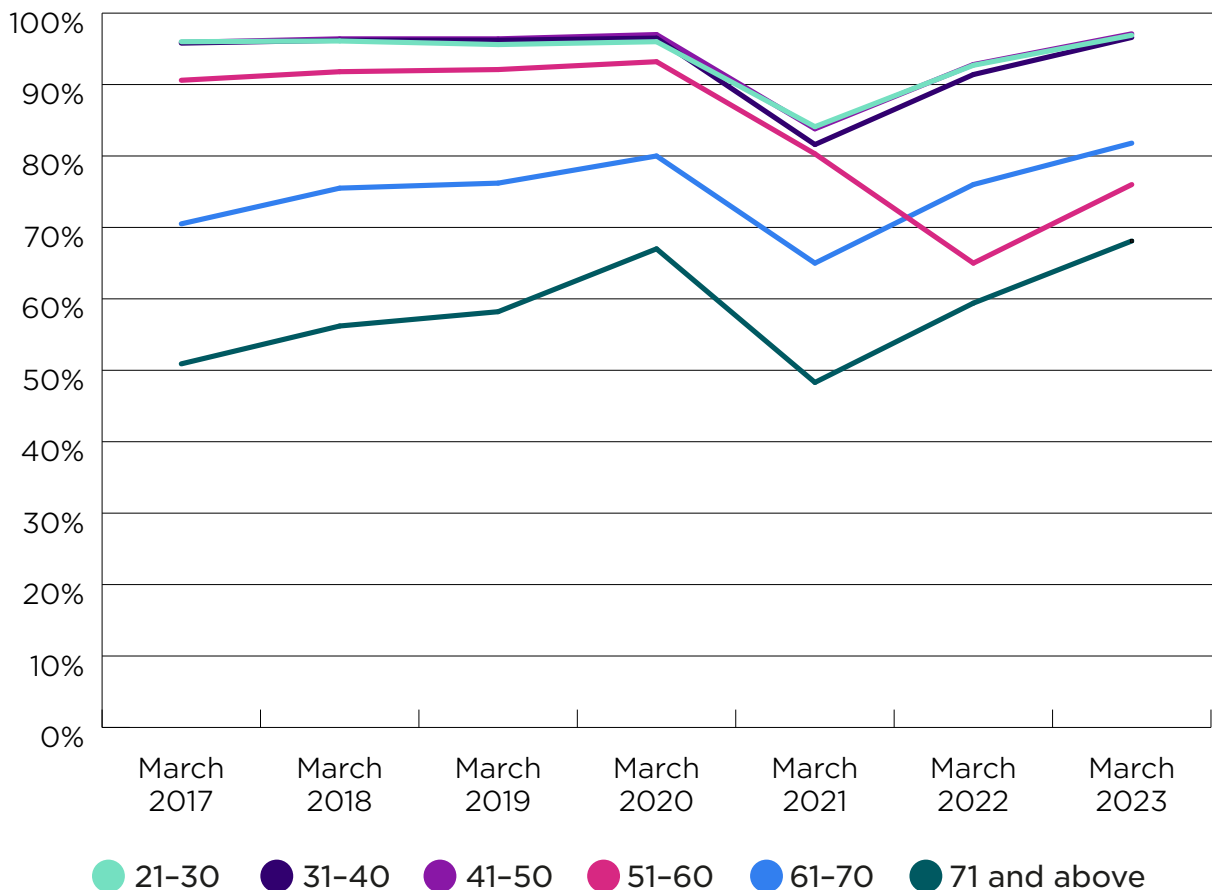
We added the categories of Asian-Filipina/Filipino and Arab to our diversity monitoring form in 2019-20. This means that revalidation rates are not available for these groups before then.

Revalidation rates remain lower for older professionals. Our [Ambitious for Change research](#) also found that nurses and midwives aged over 60 were less likely to revalidate successfully compared to all other age groups.

We know from our annual leavers' survey that most professionals in these age groups leave our register because of retirement. The NHS minimum pension age is 55 which may drive the relatively high turnover of professionals on our register above this age but below the state pension age (currently 66).

**Figure 6**

Revalidation rates by age group



# Disability

On average, since 2016–2017, revalidation rates for disabled professionals are lower than those for both non-disabled professionals and those who prefer not to tell us if they are disabled.

This reflects findings in our [Ambitious for Change research](#) which found that disabled professionals were less likely to revalidate successfully compared to both non-disabled professionals and those who preferred not to say, even after taking into account other factors like where they were educated.

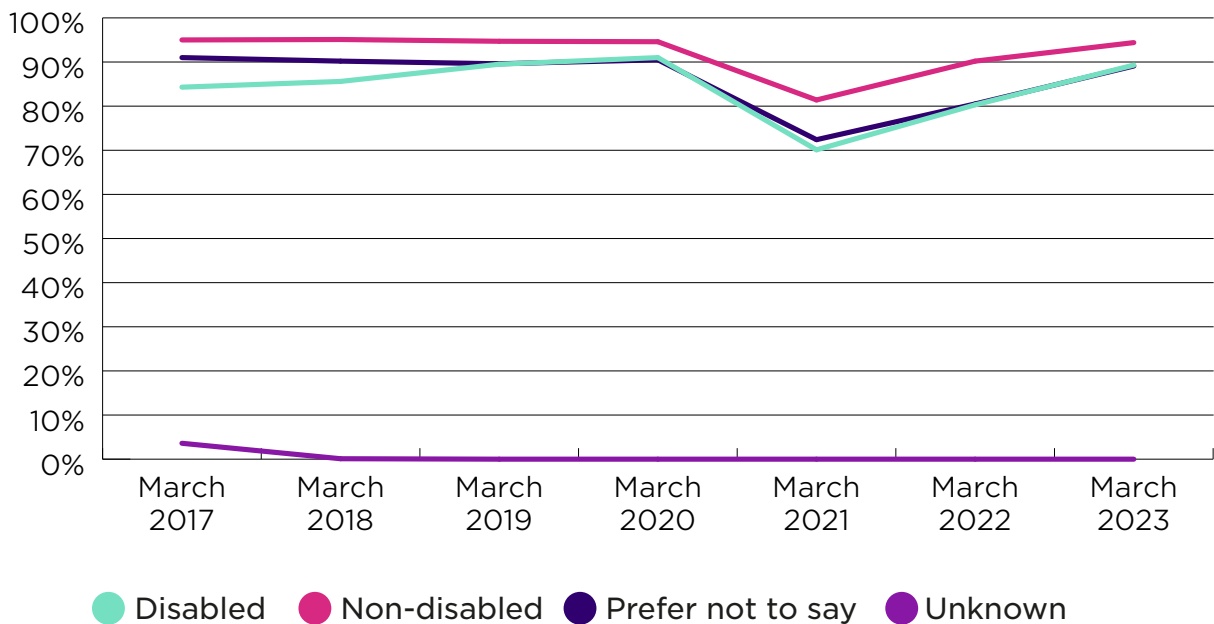
We spoke to disabled professionals as part of the [second phase of our research](#) to ask them why they thought there were these differences. Professionals told us that a person’s job role, employment type and work setting were key drivers behind differences in revalidation rates, not necessarily their diversity characteristics in isolation.

We didn’t hear about any specific challenges faced by disabled professionals in our revalidation process. We are working with disability organisations and networks to undertake research with disabled professionals to help us understand why there are differences in revalidation rates for this group.

Since 2017–2018 the numbers of professionals revalidating who we don’t know if they are disabled have been less than five so the figures for this group should be treated with caution.

**Figure 7**

Revalidation rates by disability



# Ethnicity

Revalidation rates for those identifying as Asian-Filipina/Filipino have continued to increase since 2019–2020.

Figures for the following groups should be treated with caution due to the low numbers of professionals revalidating in these groups: Asian-Bangladeshi, White-Gypsy or Irish Traveller, Mixed-Other, Other-Arab and professionals whose ethnicity we don't know.

**Table 1**

Revalidation rates by ethnicity

	March 2017	March 2018	March 2019	March 2020	March 2021	March 2022	March 2023
<b>White British</b>	94.7%	94.7%	94.4%	94.1%	80.8%	89.5%	93.7%
<b>White – Gypsy or Irish Traveller</b>	95.8%	91.5%	91.5%	93.9%	86.5%	72.5%	81.5%
<b>White Irish</b>	89.2%	90.1%	90.9%	90.7%	78.3%	86.8%	92.9%
<b>Any other White background</b>	89.5%	90.0%	90.3%	90.9%	79.3%	86.8%	92.2%
<b>Mixed – White and black Caribbean</b>	96.0%	95.9%	95.5%	95.3%	71.9%	83.7%	88.7%
<b>Mixed – White and black African</b>	96.2%	94.8%	95.6%	95.6%	74.2%	84.0%	91.4%
<b>Mixed – White and Asian</b>	95.3%	93.6%	94.9%	95.0%	78.1%	87.2%	92.8%
<b>Any other mixed background</b>	92.8%	92.6%	90.3%	92.5%	58.0%	10.3%	18.2%
<b>Asian/Asian British Indian</b>	96.7%	97.1%	96.8%	97.4%	87.6%	95.3%	97.6%
<b>Asian/Asian British Pakistani</b>	95.6%	96.7%	96.9%	96.4%	79.1%	89.4%	96.1%
<b>Asian/Asian British Bangladeshi</b>	96.8%	97.8%	95.6%	95.4%	76.5%	90.7%	94.9%
<b>Asian/Asian British Chinese</b>	87.2%	86.2%	87.8%	89.8%	77.6%	83.0%	90.6%
<b>Asian/Asian British Filipina/Filipino</b>	0.0%	0.0%	0.0%	0.0%	85.4%	94.5%	97.0%
<b>Any other Asian background</b>	96.2%	96.9%	96.3%	97.1%	79.4%	87.1%	92.9%
<b>Black/Black British African</b>	95.7%	96.2%	96.1%	96.5%	80.4%	90.8%	96.1%
<b>Black/Black British Caribbean</b>	92.5%	93.4%	93.6%	93.3%	73.7%	84.2%	93.0%
<b>Any other Black background</b>	80.4%	88.9%	87.0%	92.4%	79.3%	87.5%	93.4%
<b>Arab</b>	0.0%	0.0%	0.0%	0.0%	78.9%	86.8%	97.0%
<b>Any other ethnic group</b>	96.0%	94.6%	93.8%	94.8%	79.7%	89.8%	93.6%
<b>Prefer not to say</b>	91.4%	91.0%	90.4%	100.0%	77.3%	84.5%	92.0%
<b>Unknown</b>	3.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

## Sexual orientation

We have been reporting revalidation rates by sexual orientation since 2019-2020. We have been reporting revalidation rates by sexual orientation since 2019-20. People were able to select the response of 'Other' from 2020-21.

Figures reported for professionals identifying as 'Other' in terms of sexual orientation or those whose sexual orientation we don't know, should be treated cautiously due to low numbers revalidating in each year.

**Figure 8**

Revalidation rates by sexual orientation



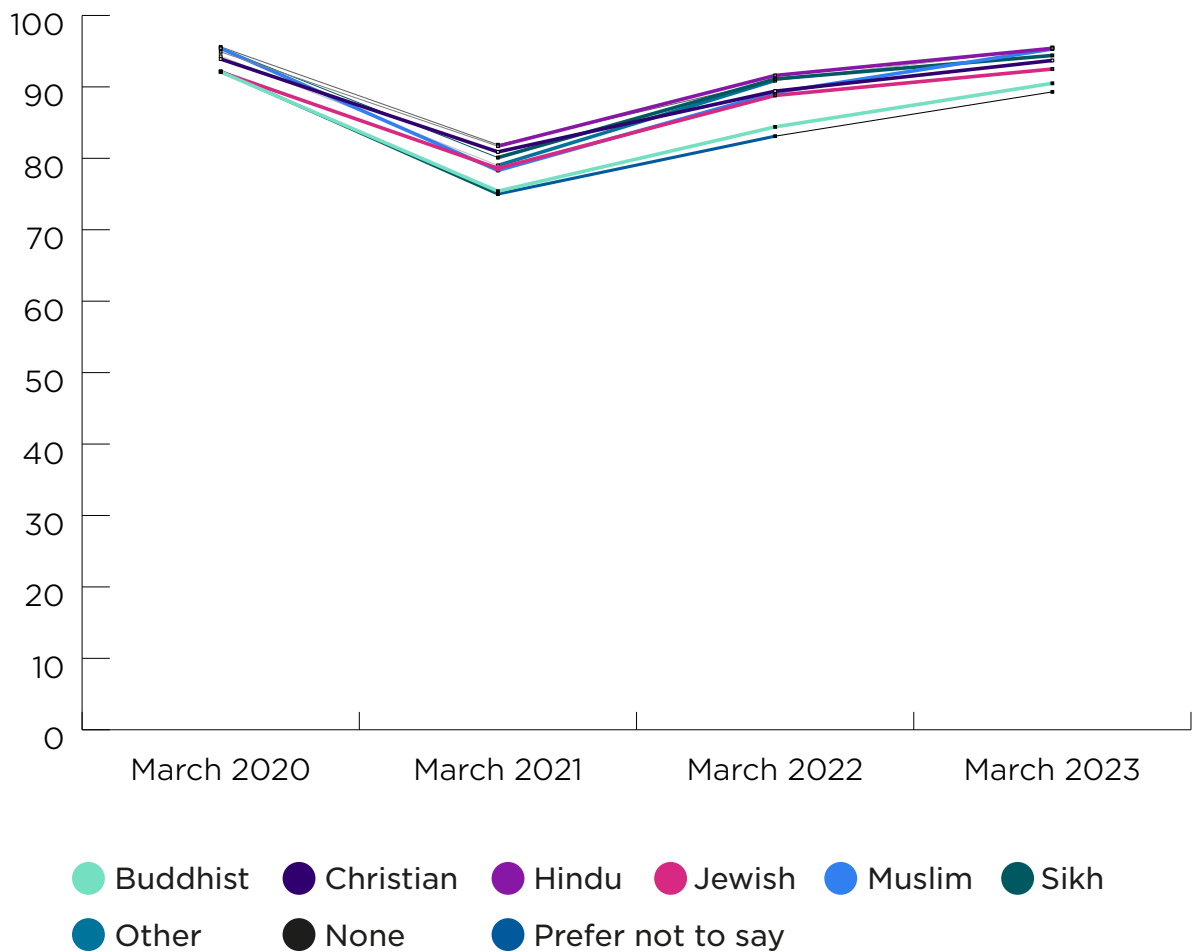
## Religion or belief

We have been reporting revalidation rates by religion or belief since 2019–2020.

Since 2016–2017, less than one percent of our register told us they identified as Jewish. The numbers of Jewish professionals revalidating each year are low and as such should be treated cautiously.

**Figure 9**

Revalidation rates by religion or belief



## Gender identity

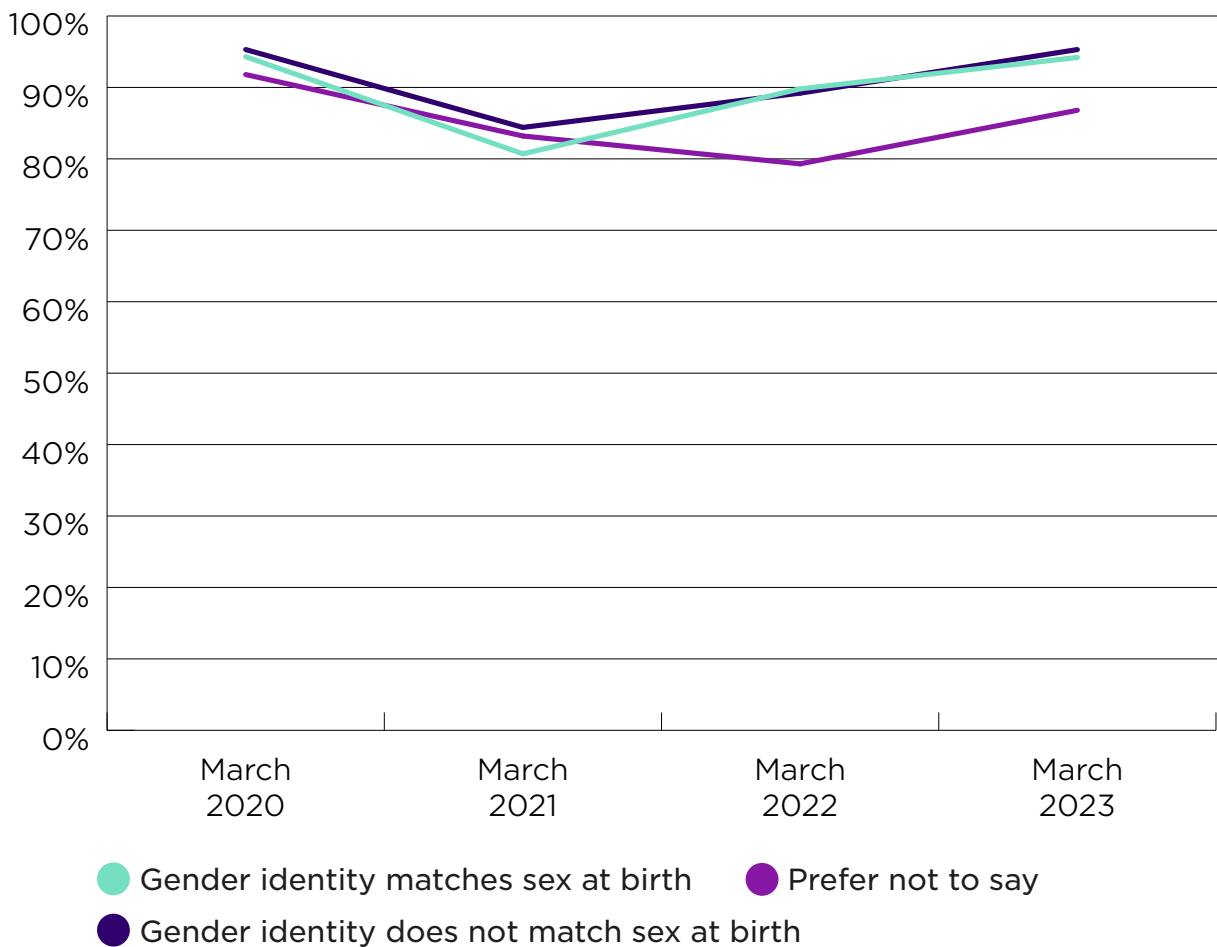
Since 2019, we have asked professionals whether their gender identity matches their sex as registered at birth (or within 6 weeks) as part of our diversity monitoring.

We have been reporting revalidation rates by gender identity since 2019–2020.

Since 2016–2017, less than one percent of our register did not identify with their sex as registered at birth. This means that the numbers of professionals in this group revalidating each year are low and as such should be treated with caution. Revalidation rates for professionals who prefer not to tell us their gender identity remain lower than they were in 2019–2020 (the revalidation rate was 91.8% in 2019–2020 compared to 86.8% in 2022–2023).

**Figure 10**

Revalidation rates by gender identity



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# What we do

**Our vision is safe, effective and kind nursing and midwifery practice that improves everyone's health and wellbeing. As the independent regulator of more than 788,000 nursing and midwifery professionals, we have an important role to play in making this a reality.**

Our core role is to **regulate**. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects a tiny minority of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we **support** our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to **influence** health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.



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