

REVALIDATION

Annual data report

Year 2: April 2017 to March 2018



FOREWORD

Welcome to our second annual data report on revalidation.

We publish this report alongside the second year evaluation report from our evaluation partners. We publish our data because we believe in being transparent and that sharing information with our partners is an essential step towards our goal of becoming an intelligence led regulator. As revalidation progresses, our understanding of those on our register increases, allowing us to adapt and improve how we support nurses and midwives. From January next year we will be regulating the new profession of nursing associate and we will be applying the lessons we have learned from these last two years when we introduce the revalidation requirements for these new professionals.

I'm delighted that this year's report shows revalidation continuing to be a success with 204,218 nurses and midwives revalidating — an average revalidation rate of 94% across the UK.

The evaluation shows that nurses and midwives are preparing earlier for revalidation and using the Code more. Increasing numbers are reporting the positive impact revalidation is having on their practice. It's very encouraging that the reflective elements of revalidation are seen as playing the biggest role, and we're hearing the same thing when we talk to nurses and midwives. We know that these changes would not be possible without the dedication and commitment to patient and public care that nurses and midwives demonstrate every day.

It's also important that we acknowledge the support of so many others in the healthcare system. We're grateful to employers and those who take time out of their own busy practice to provide their colleagues with feedback, and act as reflective discussion partners and confirmers.

I'm pleased that those revalidating continue to value the advice and support provided by our contact centre and our regular email communications. Our guidance documents and website are being used more and more. It's vital we continue to provide this support and we're committed to doing so. We know that the level of communication with stakeholders hasn't been as strong as in previous years and as we head towards the completion of the first three years of revalidation, we'll ensure we find innovative ways of engaging all of those with an interest in how revalidation is working and how it progresses.

We said last year that we knew we had more to do. We have said that we don't intend to make any change to the model of revalidation for the first three years, until we fully understand the impacts of the existing model and all nurses and midwives have been through revalidation for the first time. But our own experience and evaluation shows that there is still scope to improve our guidance in the interim. The three year anniversary of the publication of How to revalidate with the NMC is an ideal time for us to do this. We'll be reaching out to all sectors of the professions to enable us to do this over the next few months. Following the completion of the evaluation in March 2019, we'll begin to focus our discussions on how we might develop our model.

Emma Broadbent

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ABOUT THE DATA

All of the data reporting is broken down by registration type and by country. In this report, the 'country' means the country of a nurse or midwife's current or most recent practice (if we have their employer's address), or their home address. For most people who revalidated, their country is the country of their current or most recent employment. For those who lapse and for some self-employed nurses and midwives, it's the country where they live.

The data doesn't include nurses and midwives who submitted a revalidation application but by the end of their renewal month had not had their revalidation application fully processed. Reasons for this may include:

- they were going through the process of verification
- they had declared cautions and convictions
- they had declared a determination from another regulator
- they were subject to fitness to practise sanctions.

INTRODUCTION

Revalidation has enabled us to gather more information about the professionals on our register. This report shares this information and provides insights into where nurses and midwives work, the diversity of their different types of practice and the support that they get in the workplace.

The report analyses the information we've been given as to why some nurses and midwives have chosen not to revalidate. We have compared the revalidation rates of nurses and midwives with different protected characteristics under the Equality Act. For example, we have compared the revalidation rates of those who said they had a disability with those who said they did not. We've also introduced a section on verification and how we're developing our approach to this.

Finally, as with last year's report, we've included a section on the independent findings of the evaluation of the second year of revalidation and our response to those findings.

We continue to welcome any feedback that you may have on the structure and information provided in this report.

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AIMS & OBJECTIVES

What is revalidation?

Every three years nurses and midwives are required to renew their registration with us to be able to continue to practise in the UK. Revalidation is the set of requirements they must meet, and the process they must go through, in order to successfully renew their registration. Revalidation replaces the previous post-registration education and practice (Prep) scheme by introducing several new requirements for reflection and engagement. Following extensive public consultation in 2014 and a pilot in 2015 we published our revalidation guidance in October 2015. The first nurses and midwives revalidated in April 2016.

Why did we introduce revalidation?

We introduced revalidation to improve public protection by making sure that nurses and midwives demonstrate their continued ability to practise safely and effectively throughout their career. With revalidation we want to:

- raise awareness of the Code and professional standards expected of nurses and midwives
- provide nurses and midwives with the opportunity to reflect on the role of the Code in their practice and demonstrate that they're 'living' these standards
- encourage nurses and midwives to stay up to date in their professional practice by developing new skills and understanding the changing needs of the public and fellow healthcare professionals
- encourage a culture of sharing, reflection and improvement
- encourage nurses and midwives to engage in professional networks and discussions about their practice.





What are the revalidation requirements?

Nurses and midwives are required to declare via an online form that they have:

- practised for a minimum of 450 practice hours (900 hours for those registered as both a nurse and a 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 or midwife
- received confirmation from an appropriate person that they have met all the requirements.

In addition they must:

- provide a health and good character declaration
- declare that they have (or will have when they practise) an appropriate professional indemnity arrangement.

For more information on the revalidation requirements and the guidance and support available **please visit our website**.

THE BIG PICTURE

SUMMARY OF YEAR 2 REVALIDATION DATA – APRIL 2017 TO MARCH 2018

204,218 nurses and midwives renewed their registration in the second year of revalidation².

Across the UK revalidation rates were very similar, ranging from **93.8%** to **94.3%**.

The proportion of nurses and midwives revalidating by country was what we would expect given the proportion of people registered in each country. This breaks down as follows:

En	a	ar	nd
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80.0%

Scotland

9.9%

Wales

5.2%

Northern Ireland

3.5%

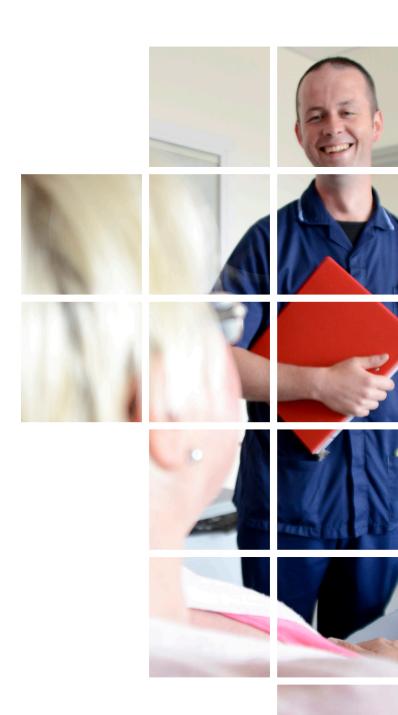
Practising mainly

1.4%

outside the UK

The percentage lapsing in the four UK countries was also very similar, at 5.1%-5.6%

² Nurses and midwives can hold dual registration.



SUMMARY OF FINDINGS FROM

SECOND YEAR OF REVALIDATION

THE NUMBERS REVALIDATING

Tables 1–5 break down the proportion of nurses and midwives revalidating by country and registration type. The numbers of nurses and midwives revalidating in the second year of revalidation are similar to or higher than the first year. They are also in line with historical averages under the previous renewal scheme – post-registration education and practice (Prep).

There is little difference in revalidation rates between the professions or between the countries of the UK. The relatively small proportion of people who mainly work abroad have historically had lower renewal rates under Prep than those working in the UK. The renewal rate for this group has dropped since the introduction of revalidation. If we compare the average revalidation rate across the UK (94%) with the rate for those working outside the UK (61.5%), we can see this remains the case. This is in line with what we expect as the register is intended to be a register of those practising in the UK. If an individual nurse or midwife doesn't intend to practise in the UK, it's entirely appropriate that they allow their registration to lapse until they intend to practise again.

The large majority of nurses and midwives who revalidated kept the same registration type(s) after revalidation. Of the 1,203 people who changed their registration, most were people who were registered as nurse/midwife who dropped one of their registrations when they revalidated. 560 nurse/midwives dropped their nursing registration to become a midwife only and 229 dropped their midwifery registration to become a nurse only.

Another common change was for nurse SCPHNs to drop their SCPHN registration to become a nurse only (133 people). We also saw 149 people registered as nurses gain SCPHN registration, either by gaining a SCPHN qualification or reactivating an existing SCPHN qualification.

The revalidation rates by country are:

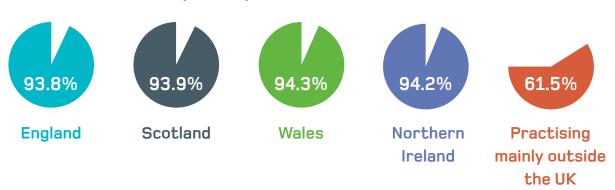


Table 1: Revalidation summary table

This table summarises the number and percentage of nurses and midwives who renewed their registration with us during the second year of revalidation (April 2017 – March 2018).

Quarte	r	England	Scotland	Wales	Northern Ireland	Practising outside the UK***	Total
Q1	Number due to revalidate*	30,236	3,205	2,111	1,339	928	37,819
Apr –Jun 2017	Number (percentage) who revalidated**	27,959 (92.5%)	2,922 (91.2%)	1,958 (92.8%)	1,224 (91.4%)	548 (59.1%)	34,611 (91.5%)
Q2	Number due to revalidate	64,111	8,784	4,001	2,984	1,509	81,389
Jul -Sep 2017	Number (percentage) who revalidated	60,977 (95.1%)	8,383 (95.4%)	3,828 (95.7%)	2,866 (96.0%)	1,005 (66.6%)	77,059 (94.7%)
Q3	Number due to revalidate	36,529	4,366	2,168	1,894	921	45,878
Oct -Dec 2017	Number (percentage) who revalidated	33,832 (92.6%)	4,029 (92.3%)	2,006 (92.5%)	1,776 (93.8%)	540 (58.6%)	42,183 (91.9%)
Q4	Number due to revalidate	43,254	5,261	2,957	1,417	1,168	54,057
Jan -Mar 2018	Number (percentage) who revalidated or renewed	40,592 (93.8%)	4,957 (94.2%)	2,800 (94.7%)	1,325 (93.5%)	691 (59.2%)	50,365 (93.2%)
Total	Number due to revalidate	174,130	21,616	11,237	7,634	4,526	219,143
Total —	Number (percentage) who revalidated or renewed		20,291 (93.9%)	10,592 (94.3%)	7,191 (94.2%)	2,784 (61.5%)	204,218 (93.2%)

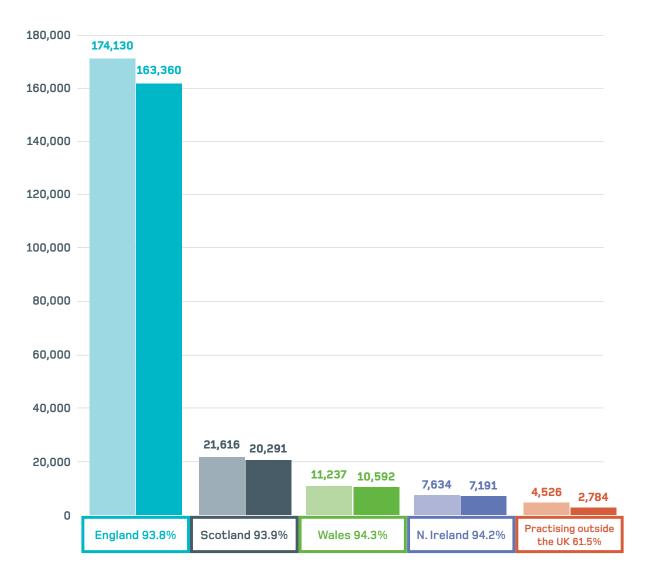
^{*} Includes all nurses and midwives who were sent a formal notice to revalidate for April 2017 – March 2018.

^{**} All nurses and midwives who revalidated (including those who revalidated with alternative support arrangements).

^{***} This includes nurses and midwives whose current or most recent practice (if we have their employer's address) or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 2: Number due to revalidate vs numbers revalidating

This chart shows the number of nurses and midwives due to revalidate and the number who actually revalidated broken down by country for the second year of revalidation, April 2017 – March 2018.



For each country, the light coloured bar represents those who were due to revalidate, and the dark coloured bar represents those who actually revalidated.

Table 3: Revalidated by registration type after revalidation

This chart shows the number and percentage of nurses and midwives who revalidated broken down by registration type after revalidation. This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.

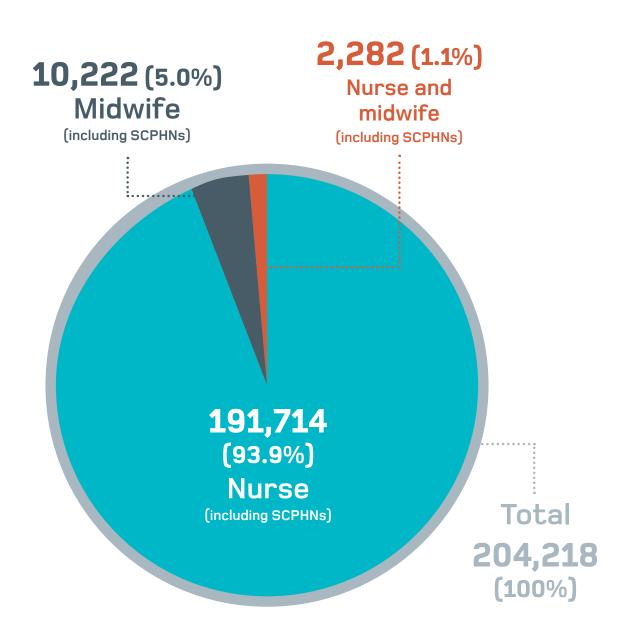


Table 4: Number due to revalidate*

This table shows the number of nurses and midwives who were due to revalidate in the second year of revalidation, broken down by country.

Registration type** before revalidation	England	Scotland	Wales	Northern Ireland	Practising outside the UK***	Total
Nurse	155,260	19,586	10,096	6,843	4,117	195,902
	(89.2%)	(90.6%)	(89.8%)	(89.6%)	(91.0%)	(89.4%)
Midwife	8,093	928	415	341	174	9,951
	(4.6%)	(4.3%)	(3.7%)	(4.5%)	(3.8%)	(4.5%)
Nurse and midwife	2,497	192	185	117	128	3,119
	(1.4%)	(0.9%)	(1.6%)	(1.5%)	(2.8%)	(1.4%)
Nurse and SCPHN	7,783	888	518	323	99	9,611
	(4.5%)	(4.1%)	(4.6%)	(4.2%)	(2.2%)	(4.4%)
Midwife and SCPHN	337	15	13	5	1	371
	(0.2%)	(0.1%)	(0.1%)	(0.1%)	(<0.1%)	(0.2%)
Nurse, midwife	160	7	10	5	7	189
and SCPHN	(0.1%)	(<0.1%)	(0.1%)	(0.1%)	(0.2%)	(0.1%)
Total	174,130	21,616	11,237	7,634	4,526	219,143

^{*} This includes all nurses and midwives who were sent a formal notice to revalidate for April 2017 - March 2018.

^{**} This is a nurse or midwife's registration type **before** their registration is renewed, partially renewed or lapsed..

^{***} This includes nurses and midwives whose current or most recent practice (if we have their employer's address) or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 5: Total number who revalidated

This table shows the number of nurses and midwives who revalidated in the second year of revalidation, broken down by country. It includes both those who went through the standard revalidation process and those who completed our exceptional circumstances process.

Registration type after revalidation*	England	Scotland	Wales	Northern Ireland	Practising outside the UK**	Total
Nurse	145,859	18,387	9,509	6,442	2,503	182,700
	(89.3%)	(90.6%)	(89.8%)	(89.6%)	(89.9%)	(89.5%)
Midwife	8,051	905	424	347	127	9,854
	(4.9%)	(4.5%)	(4.0%)	(4.8%)	(4.6%)	(4.8%)
Nurse and midwife	1,727	128	142	81	71	2,149
	(1.1%)	(0.6%)	(1.3%)	(1.1%)	(2.6%)	(1.1%)
Nurse and SCPHN	7,279	851	495	311	78	9,014
	(4.5%)	(4.2%)	(4.7%)	(4.3%)	(2.8%)	(4.4%)
Midwife and SCPHN	332	16	15	4	1	368
	(0.2%)	(0.1%)	(0.1%)	(0.1%)	(<0.1%)	(0.2%)
Nurse, midwife	112	4	7	6	4	133
and SCPHN	(0.1%)	(<0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)
Total	163,360	20,291	10,592	7,191	2,784	204,218

^{*} This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.

This table **doesn't** include nurses and midwives who submitted a revalidation application but by the end of their renewal month hadn't had their revalidation application fully processed. This may be because they were going through the process of verification, had declared cautions and convictions, had declared a determination from another regulator, or were subject to fitness to practise sanctions.

^{**} This includes nurses and midwives whose current or most recent practice (if we have their employer's address) or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

EMPLOYMENT, PRACTICE

AND WORK SETTINGS

Nurses and midwives provide information on their most recent employment type, scope of practice and work setting as part of revalidation. They can provide information about more than one type of employment, scope of practice or work setting. For example, if someone is currently working in two or three different jobs, each of these is counted. **Tables 6–10** provide a detailed breakdown of this information.

The tables show findings similar to last year. The majority of employment types for those currently practising (93.6%) are in direct employment (not via an agency). The majority of scopes of practice are in direct clinical care or management (63.3%), with mental health nursing (10.6%), children's and neo-natal nursing (5.9%) and midwifery (5.2%) being the next largest declared scopes of practice.

The nurses and midwives revalidating work in a wide variety of work settings. Just over half of work settings (55.8%) are in hospital or other secondary care, with community nursing (17.9%) and care home (8.0%) nursing being the next largest work settings. As might be expected, there are some differences in work settings between nurses and midwives. The proportion of work settings that are in hospital or other secondary care is much lower for midwives than for nurses (33.7% compared with 57.1%). The highest proportion of work settings for midwives (43.1%) is in a maternity unit or birth centre, as we would expect.

Tables 11 and 12 provide a breakdown of the types of confirmers that nurses and midwives chose. As with last year, most people chose either their NMC-registered line manager (68.7%) or another NMC-registered nurse or midwife (27%) to be their confirmer. A higher proportion of midwives (34.8%) chose another registrant, who isn't their line manager, to be their confirmer, compared to 26.6% of those with a nursing registration.

Appraisals

Finally, **tables 13 and 14** provide a breakdown of the numbers

of people who have an appraisal and of those who have an NMC-registered line manager. Having a line manager registered with us is an important factor in whether a nurse or midwife has an annual appraisal or not. Those without an NMC-registered line manager are less likely to have an annual appraisal than those who do have an NMC-registered line manager (86.6% compared to 98.2%), a picture which is similar to last year.

Table 6: Breakdown of current employment types for those who revalidated

This includes employment types for all current jobs that have been reported, so the totals add up to more than the number of people in each country. If someone has two or three current jobs, each of these is included in the relevant cell in the table. For example, someone who is self-employed and who does additional voluntary work would record both employment types.

The percentages are worked out based on the total current types of employment reported for those who were practising at the time of revalidation. This table doesn't include those who were not in employment but had met the practice hours requirement at the time of revalidation.

Employment type	England	Scotland	Wales	Northern Ireland	Practising outside the UK**	Total
Employed directly (not via UK agency)	158,099	20,430	10,530	7,316	2,572	198,947
	(93.0%)	(97.0%)	(96.1%)	(96.3%)	(89.1%)	(93.6%)
Employed via an agency	9,268	504	323	223	227	10,545
	(5.5%)	(2.4%)	(2.9%)	(2.9%)	(7.9%)	(5.0%)
Self employed	2,424	107	99	43	50	2,723
	(1.4%)	(0.5%)	(0.9%)	(0.6%)	(1.7%)	(1.3%)
Volunteering	211	14	10	14	37	286
	(0.1%)	(0.1%)	(0.1%)	(0.2%)	(1.3%)	(0.1%)
Total current periods of practice	170,002	21,055	10,962	7,596	2,886	212,501

Table 7: Employment type by registration type

The table shows a breakdown of current employment types for people who revalidated and had a nursing registration, and for people who revalidated and had midwifery registration. Please note that as some people are registered as both a nurse and a midwife, they will be included in both groups. As in the table above, the percentages are worked out based on the total current types of employment reported. This table doesn't include those who weren't practising at the time of revalidation.

Employment type	People with a nursing registration	People with a midwifery registration
Employed directly (not via UK agency)	188,718 (93.4%)	12,651 (96.5%)
Employed via an agency	10,416 (5.2%)	333 (2.5%)
Self-employed	2,652 (1.3%)	108 (0.8%)
Volunteering	276 (0.1%)	24 (0.2%)
Total current periods of practice	202,062	13,116

Table 8: Breakdown of the current scope of practice for those who revalidated

Individuals can declare more than one scope of practice, so the totals add up to more than the number of people in each country. For example, a person who works in a policy development role part time, and in direct clinical care part time, would record both scopes of practice.

The percentages are worked out based on the total reported current periods of practice.

The table doesn't include those who weren't practising at the time of revalidation.

Scope of practice	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total current scopes of practice
Commissioning	1,035 (0.6%)	16 (0.1%)	38 (0.3%)	13 (0.2%)	5 (0.2%)	1,107 (0.5%)
Direct clinical care or management—adult and general care nursing	107,550 (63.3%)	13,336 (63.3%)	6,995 (63.8%)	4,894 (64.4%)	1,774 (61.5%)	134,549 (63.3%)
Direct clinical care or management—children's and neo-natal nursing	10,539 (6.2%)	953 (4.5%)	559 (5.1%)	406 (5.3%)	166 (5.8%)	12,623 (5.9%)
Direct clinical care or management—health visiting	4,464 (2.6%)	696 (3.3%)	358 (3.3%)	210 (2.8%)	39 (1.4%)	5,767 (2.7%)
Direct clinical care or management—learning disabilities nursing	2,489 (1.5%)	314 (1.5%)	175 (1.6%)	201 (2.6%)	27 (0.9%)	3,206 (1.5%)
Direct clinical care or management—mental health nursing	17,720 (10.4%)	2,511 (11.9%)	1,268 (11.6%)	731 (9.6%)	194 (6.7%)	22,424 (10.6%)

Direct clinical care or management — midwifery	8,976 (5.3%)	922 (4.4%)	529 (4.8%)	399 (5.3%)	163 (5.6%)	10,989 (5.2%)
Direct clinical care or management – occupational health	1,446 (0.9%)	242 (1.1%)	85 (0.8%)	38 (0.5%)	22 (0.8%)	1,833 (0.9%)
Direct clinical care or management – other	3,907	555	236	170	119	4,987
	(2.3%)	(2.6%)	(2.2%)	(2.2%)	(4.1%)	(2.3%)
Direct clinical care or management – public health	1,040 (0.6%)	154 (0.7%)	77 (0.7%)	84 (1.1%)	37 (1.3%)	1,392 (0.7%)
Direct clinical care or management – school nursing	1,906 (1.1%)	162 (0.8%)	113 (1.0%)	53 (0.7%)	60 (2.1%)	2,294 (1.1%)
Education	3,268	437	185	129	132	4,151
	(1.9%)	(2.1%)	(1.7%)	(1.7%)	(4.6%)	(2.0%)
Policy	108	27	14	18	11	178
	(0.1%)	(0.1%)	(0.1%)	(0.2%)	(0.4%)	(0.1%)
Quality assurance or inspection	827	100	57	30	18	1,032
	(0.5%)	(0.5%)	(0.5%)	(0.4%)	(0.6%)	(0.5%)
Research	1,334	142	59	33	25	1,593
	(0.8%)	(0.7%)	(0.5%)	(0.4%)	(0.9%)	(0.7%)
Other	3,393	488	214	187	94	4,376
	(2.0%)	(2.3%)	(2.0%)	(2.5%)	(3.3%)	(2.1%)
Total current periods of practice	170,002	21,055	10,962	7,596	2,886	212,501

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 9: Breakdown of work settings for those who revalidated

Individuals can declare more than one work setting, so the totals add up to more than the number of people in each country. If someone has two or three current work settings, each of these is included in the relevant cell in the table. For example, if a person worked part time in a hospital and part time in a university, they would record both work settings.

Work setting	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total
Ambulance service	218	19	39	3	9	288
	(0.1%)	(0.1%)	(0.4%)	(<0.1%)	(0.3%)	(0.1%)
Care home sector	13,213	1,871	801	903	158	16,946
	(7.8%)	(8.9%)	(7.3%)	(11.9%)	(5.5%)	(8.0%)
Community setting, including district nursing and community psychiatric nursing	30,807 (18.1%)	3,580 (17.0%)	2,055 (18.7%)	1,408 (18.5%)	273 (9.5%)	38,123 (17.9%)
Consultancy	454	67	24	13	12	570
	(0.3%)	(0.3%)	(0.2%)	(0.2%)	(0.4%)	(0.3%)
Cosmetic or aesthetic sector	460	33	21	13	12	539
	(0.3%)	(0.2%)	(0.2%)	(0.2%)	(0.4%)	(0.3%)
Governing body or other leadership	477	45	19	12	14	567
	(0.3%)	(0.2%)	(0.2%)	(0.2%)	(0.5%)	(0.3%)
GP practice or other primary care	9,903	1,161	594	351	112	12,121
	(5.8%)	(5.5%)	(5.4%)	(4.6%)	(3.9%)	(5.7%)
Hospital or other secondary care	94,577	11,825	6,355	4,110	1,773	118,640
	(55.6%)	(56.2%)	(58.0%)	(54.1%)	(61.4%)	(55.8%)
Inspectorate or regulator	242	52	21	11	2	328
	(0.1%)	(0.2%)	(0.2%)	(0.1%)	(0.1%)	(0.2%)
Insurance or legal	230	28	4	6	9	277
	(0.1%)	(0.1%)	(<0.1%)	(0.1%)	(0.3%)	(0.1%)

Maternity unit or birth centre	4,745	511	257	222	86	5,821
	(2.8%)	(2.4%)	(2.3%)	(2.9%)	(3.0%)	(2.7%)
Military	291	16	7	5	18	337
	(0.2%)	(0.1%)	(0.1%)	(0.1%)	(0.6%)	(0.2%)
Occupational health	1,315	242	70	43	19	1,689
	(0.8%)	(1.1%)	(0.6%)	(0.6%)	(0.7%)	(0.8%)
Police	325 (0.2%)	21 (0.1%)	18 (0.2%)	-	1 (<0.1%)	365 (0.2%)
Policy organisation	66	15	5	14	3	103
	(<0.1%)	(0.1%)	(<0.1%)	(0.2%)	(0.1%)	(<0.1%)
Prison	869	94	31	15	13	1,022
	(0.5%)	(0.4%)	(0.3%)	(0.2%)	(0.5%)	(0.5%)
Private domestic setting	339	29	8	16	11	403
	(0.2%)	(0.1%)	(0.1%)	(0.2%)	(0.4%)	(0.2%)
Public health organisation	1,374	137	68	63	65	1,707
	(0.8%)	(0.7%)	(0.6%)	(0.8%)	(2.3%)	(0.8%)
School	1,019	111	45	31	68	1,274
	(0.6%)	(0.5%)	(0.4%)	(0.4%)	(2.4%)	(0.6%)
Specialist or other tertiary care including hospice	2,155	222	114	64	50	2,605
	(1.3%)	(1.1%)	(1.0%)	(0.8%)	(1.7%)	(1.2%)
Telephone or e-health advice	419	124	35	16	13	607
	(0.2%)	(0.6%)	(0.3%)	(0.2%)	(0.5%)	(0.3%)
Trade union or professional body	72	11	6	7	1	97
	(<0.1%)	(0.1%)	(0.1%)	(0.1%)	(<0.1%)	(<0.1%)
University or other research facility	1,902	258	140	61	54	2,415
	(1.1%)	(1.2%)	(1.3%)	(0.8%)	(1.9%)	(1.1%)
Voluntary or charity sector	1,033	122	46	48	29	1,278
	(0.6%)	(0.6%)	(0.4%)	(0.6%)	(1.0%)	(0.6%)
Other	3,497	461	179	161	81	4,379
	(2.1%)	(2.2%)	(1.6%)	(2.1%)	(2.8%)	(2.1%)
Total current periods of practice	170,002	21,055	10,962	7,596	2,886	212,501

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 10: Work setting by registration type

The table shows a breakdown of current work settings for people who revalidated and had a nursing registration, and for people who revalidated and had a midwifery registration. Please note that as some people are registered as both a nurse and a midwife, they will be included in both groups. Therefore, some of the work settings in the column for people who have a midwifery registration will relate to their nursing registration, if they hold joint registration.

Where there are no cases in a cell, this is reported as a dash (-).

Work setting	People with a nursing registration	People with a midwifery registration
Ambulance service	286 (0.1%)	9 (0.1%)
Care home sector	16,941 (8.4%)	24 (0.2%)
Community setting, including district nursing and community psychiatric nursing	36,141 (17.9%)	2,259 (17.2%)
Consultancy	561 (0.3%)	20 (0.2%)
Cosmetic or aesthetic sector	538 (0.3%)	7 (0.1%)
Governing body or other leadership	560 (0.3%)	23 (0.2%)
GP practice or other primary care	12,096 (6.0%)	76 (0.6%)
Hospital or other secondary care	115,437 (57.1%)	4,417 (33.7%)
Inspectorate or regulator	320 (0.2%)	12 (0.1%)
Insurance or legal	274 (0.1%)	5 (<0.1%)

Maternity unit or birth centre	1,039 (0.5%)	5,654 (43.1%)
Military	336 (0.2%)	3 (<0.1%)
Occupational health	1,688 (0.8%)	6 (<0.1%)
Police	365 (0.2%)	-
Policy organisation	99 (<0.1%)	9 (0.1%)
Prison	1,022 (0.5%)	-
Private domestic setting	382 (0.2%)	28 (0.2%)
Public health organisation	1,658 (0.8%)	73 (0.6%)
School	1,272 (0.6%)	11 (0.1%)
Specialist or other tertiary care including hospice	2,595 (1.3%)	25 (0.2%)
Telephone or e-health advice	604 (0.3%)	10 (0.1%)
Trade union or professional body	85 (<0.1%)	15 (0.1%)
University or other research facility	2,226 (1.1%)	240 (1.8%)
Voluntary or charity sector	1,265 (0.6%)	26 (0.2%)
Other	4,272 (2.1%)	164 (1.3%)
Total current periods of practice	202,062	13,116

Table 11: Total number who revalidated by confirmer type

This table shows the number of nurses and midwives who revalidated by the standard revalidation process (that is, not through exceptional circumstances) in the second year of revalidation, broken down by confirmer type.

Confirmer type	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total
A line manager who is also an NMC registered nurse or midwife	109,107 (67.1%)	15,614 (77.2%)	8,083 (76.6%)	5,977 (83.3%)	926 (33.4%)	139,707 (68.7%)
A line manager who is not an NMC registered nurse or midwife	5,516 (3.4%)	655 (3.2%)	299 (2.8%)	200 (2.8%)	376 (13.5%)	7,046 (3.5%)
A regulated healthcare professional	1,035 (0.6%)	92 (0.5%)	58 (0.5%)	46 (0.6%)	32 (1.2%)	1,263 (0.6%)
An overseas regulated healthcare professional	32 (<0.1%)	1 (<0.1%)	1 (<0.1%)	2 (<0.1%)	187 (6.7%)	223 (0.1%)
Another NMC registered nurse or midwife	46,766 (28.7%)	3,853 (19.0%)	2,097 (19.9%)	944 (13.2%)	1,240 (44.7%)	54,900 (27.0%)
Another professional in line with 'How to revalidate with the NMC'	217 (0.1%)	13 (0.1%)	13 (0.1%)	5 (0.1%)	14 (0.5%)	262 (0.1%)
Total	162,673	20,228	10,551	7,174	2,775	203,401

Note: This table doesn't include four cases where the confirmer type was not recorded on the system.

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 12: Confirmer type by registration type

This table shows the number of people who revalidated and had a nursing registration, broken down by their confirmer type; and the number of people who revalidated and had a midwifery registration, broken down by their confirmer type. Please note that as some people are registered as both a nurse and a midwife, they will be included in both groups. As in the table above, this includes those who revalidated by the standard revalidation process.

Confirmer type	People with a nursing registration	People with a midwifery registration
A line manager who is also an NMC registered nurse or midwife	133,043 (68.9%)	7,964 (64.0%)
A line manager who is not an NMC registered nurse or midwife	6,998 (3.6%)	77 (0.6%)
A regulated healthcare professional	1,237 (0.6%)	35 (0.3%)
An overseas regulated healthcare professional	211 (0.1%)	24 (0.2%)
Another NMC registered nurse or midwife	51,484 (26.6%)	4,336 (34.8%)
Another professional in line with 'How to revalidate with the NMC'	249 (0.1%)	15 (0.1%)
Total	193,222	12,451

Note: This table doesn't include four cases where the confirmer type was not recorded on the system.

Table 13: Numbers revalidating who have/ do not have a regular appraisal

This table shows the number of nurses and midwives who revalidated by the standard revalidation process (that is, not through exceptional circumstances) in the second year of revalidation, broken down by whether they said they have a regular appraisal.

Appraisal	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total
Have a regular appraisal	158,071	19,078	10,269	6,977	2,550	196,945
	(97.2%)	(94.3%)	(97.3%)	(97.3%)	(91.9%)	(96.8%)
Do not have a regular appraisal	4,602	1,150	282	197	225	6,456
	(2.8%)	(5.7%)	(2.7%)	(2.7%)	(8.1%)	(3.2%)
Total	162,673	20,228	10,551	7,174	2,775	203,401

This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Note: This table doesn't include four cases where information about appraisals was not recorded on the system.

Table 14: Numbers revalidating who have/do not have a regular appraisal, by whether they have an NMC-registered line manager

Appraisal	Has an NMC-registered line manager	Does not have an NMC-registered line manager	Total
Have a regular appraisal	175,857	21,088	196,945
	(98.2%)	(86.6%)	(96.8%)
Do not have a regular appraisal	3,181	3,275	6,456
	(1.8%)	(13.4%)	(3.2%)
Total	179,038	24,363	203,401

Note: This table doesn't include four cases where information about appraisals wasn't recorded on the system.



IMPACT ON GROUPS BY

PROTECTED CHARACTERISTIC

Demographic profile of those renewing

Tables 15–22 provide a breakdown of revalidation numbers and rates by protected characteristics. Looking at the **age** profile, we can see that almost 60% of those revalidating are between the ages of 41 and 60. The age group percentages are in proportion to those recorded on the register as a whole.

The revalidation rate for those over 60 is lower than for younger groups. The revalidation rate for those aged up to 50 is over 95%, whereas for the 61–70 age group it's 75.5%. This is similar to the picture last year and may be because nurses and midwives in this age group (in particular those working in the NHS) are able to retire. The renewal rate for this age group was also lower than those in other age groups under Prep. This age group is a relatively small percentage of the total and therefore doesn't have a large impact on the overall revalidation rates.

Looking at reported **ethnicity** (table 19), most people (78.9%) said white (including white British, white Gypsy or Irish Traveller, white Irish and any other white background). The next most frequently reported ethnicity (8.9%) is black (including black/black British African, black/black British Caribbean and any other black background). Revalidation rates (table 20) are largely similar across all the declared ethnicities but those declaring Asian/Asian British Chinese and any other black background are lower than for other ethnic groups (86.2% and 88.9% respectively). The overall numbers in both these categories are low, however.

3.8% of those revalidating declared they had a **disability (Table 21)**. Those who declare a disability have a markedly lower revalidation rate (85.6%) than those who don't (95.1%) **(Table 22)**. A far higher proportion of people with a disability declare they are lapsing due to ill health (36.7% compared to 2.3% of people who don't have a disability) and so this lapsing rate may not be impacted by revalidation. However, we think we may be able to do more to support those with long-term health conditions who are able to practise safely and effectively. We're reviewing our guidance on health and will be discussing how we can improve it with unions and representative bodies. We'll also make use of the intelligence we have gained since we introduced revalidation. The final year evaluation of revalidation will look in more detail to see if there are any barriers to revalidation, particularly for those who have protected characteristics.



Table 15: Numbers who revalidated by age group

This table shows the breakdown of revalidation rates by country and age group. This includes all those who revalidated both in the standard way and through exceptional circumstances.

Age group	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total revalidated (percentage of total revalidated)
21-30	20,411	2,406	1,023	920	387	25,147
	(12.5%)	(11.9%)	(9.7%)	(12.8%)	(13.9%)	(12.3%)
31-40	35,746	4,428	2,148	1,580	614	44,516
	(21.9%)	(21.8%)	(20.3%)	(22.0%)	(22.1%)	(21.8%)
41–50	48,380	6,013	3,241	2,065	863	60,562
	(29.6%)	(29.6%)	(30.6%)	(28.7%)	(31.0%)	(29.7%)
51-60	48,156	6,604	3,539	2,150	767	61,216
	(29.5%)	(32.5%)	(33.4%)	(29.9%)	(27.6%)	(30.0%)
61-70	10,168	822	624	458	142	12,214
	(6.2%)	(4.1%)	(5.9%)	(6.4%)	(5.1%)	(6.0%)
Aged 71 and above	499	18	17	18	11	563
	(0.3%)	(0.1%)	(0.2%)	(0.3%)	(0.4%)	(0.3%)
Total	163,360	20,291	10,592	7,191	2,784	204,218

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 16: Revalidation rate by age group

Age group	Total revalidated	Total due to revalidate	Revalidation rate by age group
21-30	25,147	26,156	96.1%
31-40	44,516	46,261	96.2%
41–50	60,562	62,850	96.4%
51-60	61,216	66,703	91.8%
61-70	12,214	16,171	75.5%
Aged 71 and above	563	1,002	56.2%
Total	204,218	219,143	93.2%

Table 17: Numbers who revalidated by gender

This table shows the breakdown of those who revalidated by gender and country. Where there are no cases in a cell, this is reported as a dash (-).

Gender	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total revalidated (percentage of total revalidated)
Female	145,673 (89.2%)	18,351 (90.4%)	9,563 (90.3%)	6,681 (92.9%)	2,409 (86.5%)	182,677 (89.5%)
Male	17,680 (10.8%)	1,940 (9.6%)	1,029 (9.7%)	510 (7.1%)	375 (13.5%)	21,534 (10.5%)
Unknown	7 (<0.1%)	-	-	_	-	7 (<0.1%)
Total	163,360	20,291	10,592	7,191	2,784	204,218

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

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Table 18: Revalidation rate by gender

Gender	Total revalidated	Total due to revalidate	Revalidation rate by gender
Female	182,677	195,578	93.4%
Male	21,534	23,557	91.4%
Unknown	7	8	87.5%
Total	204,218	219,143	93.2%

Table 19: Numbers who revalidated by ethnic group

This table gives a breakdown of those who revalidated by ethnic group. Where there are fewer than 50 cases in a cell, this is reported as an asterisk (*) so that small groups of people can't be easily identified. Therefore, the total for a country or an ethnic group may be greater than the total of the numbers shown.

Where there are no cases in a cell, this is reported as a dash (-).

Ethnic group	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total
White British	112,557	18,503	9,178	5,390	1,613	147,241 (72.1%)
White – Gypsy or Irish Traveller	66	*	*	*	*	97 (<0.1%)
White Irish	2,636	177	67	998	116	3,994 (2.0%)
Any other white background	8,790	309	212	173	318	9,802 (4.8%)
Mixed – white and black Caribbean	1,766	216	152	78	*	2,248 (1.1%)
Mixed – white and black African	525	*	*	*	*	568 (0.3%)
Mixed – white and Asian	508	*	*	*	*	600 (0.3%)
Any other mixed background	663	*	*	*	*	738 (0.4%)
Asian/Asian British Indian	6,141	211	219	181	177	6,929 (3.4%)
Asian/Asian British Pakistani	868	*	*	*	*	927 (0.5%)

Total	163,360	20,291	10,592	7,191	2,784	204,218
Unknown	-	-	-	-	-	-
Prefer not to say	3,527	292	152	112	103	4,186 (2.0%)
Any other ethnic group	1,654	*	*	*	*	1,804 (0.9%)
Any other black background	323	*	*	*	*	352 (0.2%)
Black/black British Caribbean	3,094	*	*	*	*	3,166 (1.6%)
Black/black British African	12,366	188	139	*	137	12,859 (6.3%)
Any other Asian background	7,045	172	296	155	124	7,792 (3.8%)
Asian/Asian British Chinese	623	*	*	*	*	697 (0.3%)
Asian/Asian British Bangladeshi	208	*	*	*	-	218 (0.1%)

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 20: Revalidation rate by ethnic group

Ethnic group	Total revalidated	Total due to revalidate	Revalidation rate by ethnic group
White British	147,241	155,444	94.7%
White – Gypsy or Irish Traveller	97	106	91.5%
White Irish	3,994	4,435	90.1%
Any other white background	9,802	10,894	90.0%
Mixed – white and black Caribbean	2,248	2,344	95.9%
Mixed – white and black African	568	599	94.8%
Mixed – white and Asian	600	641	93.6%
Any other mixed background	738	797	92.6%
Asian/Asian British Indian	6,929	7,133	97.1%
Asian/Asian British Pakistani	927	959	96.7%
Asian/Asian British Bangladeshi	218	223	97.8%
Asian/Asian British Chinese	697	809	86.2%

Any other Asian background	7,792	8,045	96.9%
Black/black British African	12,859	13,361	96.2%
Black/black British Caribbean	3,166	3,391	93.4%
Any other black background	352	396	88.9%
Any other ethnic group	1,804	1,906	94.6%
Prefer not to say	4,186	4,598	91.0%
Unknown	-	3,062	-
Total	204,218	219,143	93.2%

Table 21: Numbers who revalidated by whether they had a self-declared disability

Disability declared?	England	Scotland	Wales	Northern Ireland	Practising outside the UK*	Total revalidated (percentage of total revalidated)
Has a disability	6,392	653	391	215	59	7,710
	(3.9%)	(3.2%)	(3.7%)	(3.0%)	(2.1%)	(3.8%)
Does not have a disability	150,760	18,863	9,780	6,725	2,632	188,760
	(92.3%)	(93.0%)	(92.3%)	(93.5%)	(94.5%)	(92.4%)
Prefer not to say	6,204	775	421	251	93	7,744
	(3.8%)	(3.8%)	(4.0%)	(3.5%)	(3.3%)	(3.8%)
Unknown	4 (<0.1%)	-	_	_	_	4 (<0.1%)
Total	163,360	20,291	10,592	7,191	2,784	204,218

^{*} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 22: Revalidation rate by whether the nurse or midwife had a disability

Disability declared?	Total revalidated	Total due to revalidate	Revalidation rate by whether they have a disability
Has a disability	7,710	9,005	85.6%
Does not have a disability	188,760	198,476	95.1%
Prefer not to say	7,744	8,582	90.2%
Unknown	4	3,080	0.1%
Total	204,218	219,143	93.2%

Note: Only four people who revalidated have 'unknown' disability status. The 3,080 people 'due to revalidate' who were unknown, are mainly people who are no longer on the register because they lapsed instead of revalidating.



APPLICANTS REQUIRING

ADDITIONAL SUPPORT

TO REVALIDATE

There are provisions in place for those who haven't been able to meet the revalidation requirements due to not having enough time in practice when the requirements were introduced or due to having a protected characteristic. Nurses and midwives in this position are able to renew through the exceptional circumstances process as long as they meet the Prep.

Table 24 shows the numbers and proportion of applicants revalidating through this route. These figures have reduced compared to last year (0.4% of those revalidating in Year 2 compared to 1.1% of those revalidating in Year 1). This was largely a transitional provision and we expect this to reduce further over the next year. These figures don't include those who met the full revalidation requirements but were given an extension to their revalidation date (862 people).

The demographic profile of those revalidating through this route **(tables 25 – 27)** is similar to last year. Almost two thirds of this group (65.3%) are aged up to 40 (compared to 34.1% of all those revalidating in Year 2); 95.8% are female (compared to 89.5% of all those revalidating); and 11.7% had a self-declared disability (compared to 3.8% of all those revalidating). These demographic characteristics reflect the fact that most people use this route due to maternity leave or long term illness.

Table 23: Number who revalidated through the standard revalidation process

This table shows the number of nurses and midwives who revalidated through the standard revalidation process. It doesn't include those who renewed through exceptional circumstances.

Registration type after revalidation**	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Nurse	145,256 (89.3%)	18,327 (90.6%)	9,472 (89.8%)	*	2,495 (89.9%)	181,978 (89.5%)
Midwife	8,012	904	422	347	127	9,812
	(4.9%)	(4.5%)	(4.0%)	(4.8%)	(4.6%)	(4.8%)
Nurse and midwife	1,719	128	142	80	71	2,140
	(1.1%)	(0.6%)	(1.3%)	(1.1%)	(2.6%)	(1.1%)
Nurse and SCPHN	7,246	849	493	310	78	8,976
	(4.5%)	(4.2%)	(4.7%)	(4.3%)	(2.8%)	(4.4%)
Midwife and SCPHN	331	16	15	4	1	367
	(0.2%)	(0.1%)	(0.1%)	(0.1%)	(<0.1%)	(0.2%)
Nurse, midwife	111	4	7	6	4	132
and SCPHN	(0.1%)	(<0.1%)	(0.1%)	(0.1%)	(0.1%)	(0.1%)
Total	162,675	20,228	10,551	7,175	2,776	203,405

Table 24: Number who revalidated through the exceptional circumstances process

This table shows the number of nurses and midwives who revalidated through our alternative route. This includes nurses and midwives who were unable to meet the standard revalidation requirements, for example due to maternity leave or long term illness. Where there are no cases in a cell, this is reported as a dash (-).

Registration type after revalidation*	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Nurse	603	60	37	14	8	722
Midwife	39	1	2	_	_	42
Nurse and midwife	8	-	_	1	-	9
Nurse and SCPHN	33	2	2	1	_	38
Midwife and SCPHN	1	-	-	-	-	1
Nurse, midwife and SCPHN	1	-	-	-	-	1
Total	685	63	41	16	8	813

^{*} This is a nurse or midwife's registration type **after** their registration is renewed, partially renewed or lapsed.

^{**} This includes nurses and midwives whose current or most recent practice (if we have their employer's address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 25: Age group of those who revalidated through the exceptional circumstances process, and through standard revalidation

Age group	Total (%) renewed through the exceptional circumstances process	Total (%) renewed through standard revalidation
21-30	162 (19.9%)	24,985 (12.3%)
31-40	369 (45.4%)	44,147 (21.7%)
41–50	134 (16.5%)	60,428 (29.7%)
51-55	62 (7.6%)	36,163 (17.8%)
56-60	55 (6.8%)	24,936 (12.3%)
61-65	21 (2.6%)	9,814 (4.8%)
66-70	10 (1.2%)	2,369 (1.2%)
71–75	_	481 (0.2%)
Aged 75 and above	-	82 (<0.1%)
Total	813	203,405

Table 26: Gender of those who revalidated through the exceptional circumstances process, and through standard revalidation

Gender	Total (%) renewed through the exceptional circumstances process	Total (%) renewed through standard revalidation
Female	779 (95.8%)	181,898 (89.4%)
Male	34 (4.2%)	21,500 (10.6%)
Unknown	_	7 (<0.1%)
Total	813	203,405

Table 27: Disability status of those who revalidated through the exceptional circumstances process, and through standard revalidation

Disability	Total (%) renewed through the exceptional circumstances process	Total (%) renewed through standard revalidation
Has a disability	95 (11.7%)	7,615 (3.7%)
Does not have a disability	653 (80.3%)	188,107 (92.5%)
Prefer not to say	65 (8.0%)	7,679 (3.8%)
Unknown	_	4 (<0.1%)
Total	813	203,405

WHY PEOPLE CHOOSE NOT TO REVALIDATE

The overall numbers of people due to revalidate who lapsed their registration is detailed in **table 28**. The numbers lapsing are similar or lower than last year.

Table 29 shows a breakdown of the reasons given by those lapsing at the time of renewal in Year 2. These show a similar pattern to last year. Retirement is the most frequently cited reason (50.4%), which is compatible with the information we have about older nurses and midwives choosing to lapse at a higher rate. Opting not to practise or not being in current practice represents 37.3% of the reasons cited, and this is what we would expect responsible nurses and midwives to do. Only 6.1% of the reasons given are because the individual wasn't able to meet the revalidation requirements. The proportions are similar for both professions (although a slightly smaller proportion of midwives declare that they are unable to meet the revalidation requirements).

When we published our data on overall numbers of people on the register in April 2018, we also examined in more detail the reasons why people chose to lapse. We did this by sending out a survey to nurses and midwives who had recently lapsed (regardless of whether they were approaching their revalidation date or not). We asked them to select from a list of options their top three reasons for leaving the register. The most common reasons selected were:

- Retirement 47.2% of the 3,496 respondents cited this
- Staffing levels 25.5%
- Change in personal circumstances 25.0%

Concern about meeting the revalidation requirements appeared as part of a group of factors given by 22% of respondents, so this is clearly a factor for some people choosing to lapse, albeit not as important as other factors. The surveys we've carried out so far for the evaluation have shown that there is anxiety about revalidation prior to going through the process, but this disappears once someone has revalidated. We think there may be more we can do to reassure those who have yet to revalidate to avoid this becoming a factor in a decision to lapse.

The breakdown of reasons given by UK country are similar, although a higher proportion of registrants in Wales seem to be retiring (64.7%) compared to the other three UK countries (England – 54.5%; Scotland – 54.7%; Northern Ireland – 58.7%). This is a similar breakdown to Year 1.

Table 32 shows that a smaller proportion of people with a self-declared disability (4.1%) say that they are lapsing because they can't meet the revalidation requirements compared to those not declaring a disability (7.1%). They do, however, declare ill-health as a reason for not revalidating at a much higher level (36.7%) than those not declaring a disability (2.3%). There is evidence that people with a disability are more likely to be out of work than those without. Being in work is an important factor in being able to revalidate and there may be a correlation here. As we indicate above, we have asked our evaluation partners to look at whether there are barriers to revalidation for any particular group.

Tables 33–35 look in more detail at the aspects of revalidation that some nurses and midwives state they can't meet. The most frequently stated reason for those with a nursing registration (49.4%) is inability to have a reflective discussion, followed by not being able to meet the practice hours (39.5%) and not being able to do the written reflective accounts (39.3%). These three requirements are often linked as if someone is not doing sufficient practice it will be challenging to obtain feedback on that practice. It is also important to note that the practice hours requirement was in place under Prep.

As in Year 1, those not practising in the UK were more likely to say they didn't meet the revalidation requirements than people in the UK. For those not practising in the UK, the most common revalidation requirements that they could not meet were the reflective discussion requirement (62.9% of this group – 88 out of 140) and the written reflective accounts (37.1% – 52 out of 140).



These findings accord with much of the feedback that we have from those working mainly outside the UK, who aren't able to find a reflective discussion partner who is registered with us. This isn't surprising as they aren't generally working in UK practice. We've made a number of adjustments to support those working outside the UK (for example allowing discussions to take place over video) but both the reflective discussion and the requirement to have the discussion with another NMC-registered nurse or midwife are fundamental to the integrity of revalidation. The evaluation of revalidation is showing the importance of reflection to the change in attitudes and behaviour that we want to see. It's essential that reflective discussion partners are accountable to the NMC, which is the purpose of this requirement.

The numbers for SCPHN and midwives declaring they can't meet the requirements are very low but the proportions declaring each reason appear to be very similar. However, with such low numbers it's hard to draw any conclusions.

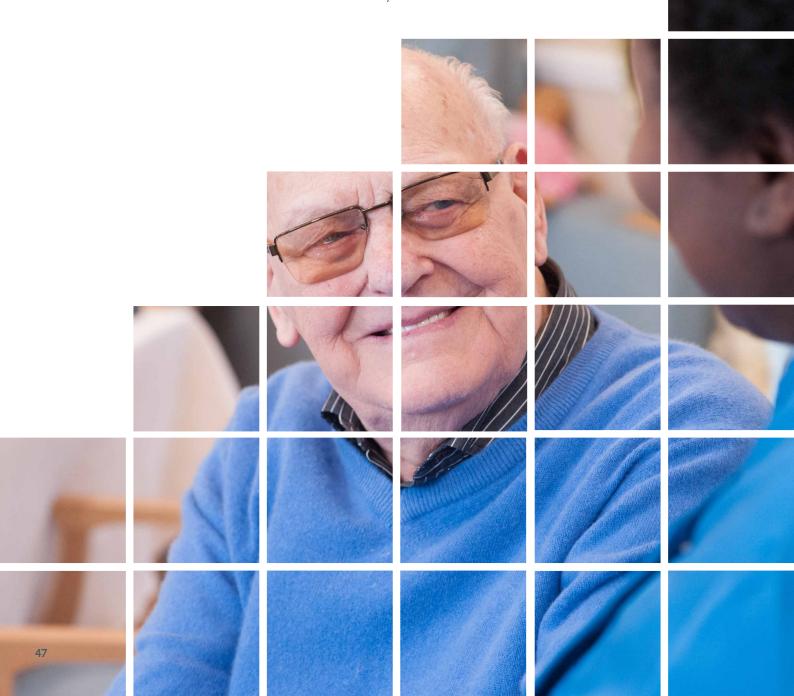


Table 28: Total number who lapsed

In all the tables relating to people who lapsed, the country refers to a nurse or midwife's registered address after they lapsed. Where there are no cases in a cell, this is reported as a dash (–).

Registration type at point of lapsing*	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Nurse	8,553	1,097	522	372	1,569	12,113
	(89.0%)	(90.2%)	(91.4%)	(91.4%)	(93.2%)	(89.8%)
Midwife	425	54	14	16	52	561
	(4.4%)	(4.4%)	(2.5%)	(3.9%)	(3.1%)	(4.2%)
Nurse and midwife	132	14	4	4	42	196
	(1.4%)	(1.2%)	(0.7%)	(1.0%)	(2.5%)	(1.5%)
Nurse and SCPHN	487	50	30	15	18	600
	(5.1%)	(4.1%)	(5.3%)	(3.7%)	(1.1%)	(4.4%)
Midwife and SCPHN	9 (0.1%)	-	-	-	-	9 (0.1%)
Nurse, midwife	3	1	1	_	3	8
and SCPHN	(<0.1%)	(0.1%)	(0.2%)		(0.2%)	(0.1%)
Total (percentage of those due to revalidate who lapse)	9,609 (5.5%)	1,216 (5.6%)	571 (5.1%)	407 (5.3%)	1,684 (37.2%)	13,487 (6.2%)

Table 29: Reasons for lapsing

This table only includes those people who recorded a reason for lapsing, either through the online revalidation screens, or by lapsing through our 'cease to practise' mechanism. If someone lapsed both through revalidation and through cease to practise, both of the reasons have been counted. Where an individual has lapsed both their nurse and midwife or SCPHN registration, their reason for lapsing for each of these registration types would be counted.

Reason	Number of reasons for lapsing	Percentage
Retirement	3,638	50.4%
Currently not practising / opted not to practise	2,691	37.3%
III health	422	5.8%
Does not meet the revalidation requirements	444	6.1%
Deceased	24	0.3%
No professional indemnity arrangement	5	0.1%
Total	7,224	100.0%

Table 30: Reasons for lapsing by registration type

The table shows the number of people who lapsed with a nursing registration, broken down by their reason for lapsing; and the number of people with a midwifery registration, broken down by their reason for lapsing. Please note that as some people have both registration as a nurse and as a midwife, they will be included in both groups. As in the table above, this includes only those for whom we have a recorded reason for lapsing. Where there are no cases in a cell, this is reported as a dash (–).

Reason for lapsing	Number of reasons for lapsing for people with a nursing registration	Number of reasons for lapsing for people with a midwifery registration
Retirement	3,471 (50.2%)	257 (51.8%)
Currently not practising / opted not to practise	2,575 (37.2%)	184 (37.1%)
III health	403 (5.8%)	32 (6.5%)
Does not meet the revalidation requirements	439 (6.3%)	22 (4.4%)
Deceased	23 (0.3%)	1 (0.2%)
No professional indemnity arrangement	5 (0.1%)	_
Total	6,916	496

Table 31: Reasons for lapsing by practitioner country

Reason for lapsing	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Retirement	2,872 (54.5%)	376 (54.7%)	198 (64.7%)	111 (58.7%)	81 (10.5%)	3,638 (50.4%)
Currently not practising / opted not to practise	1,790 (34.0%)	246 (35.8%)	78 (25.5%)	56 (29.6%)	521 (67.7%)	2,691 (37.3%)
III health	331 (6.3%)	40 (5.8%)	15 (4.9%)	17 (9.0%)	19 (2.5%)	422 (5.8%)
Does not meet the revalidation requirements	250 (4.7%)	25 (3.6%)	15 (4.9%)	5 (2.6%)	149 (19.4%)	444 (6.1%)
Deceased	24 (0.5%)	-	-	_	-	24 (0.3%)
No professional indemnity arrangement	5 (0.1%)	-	-	_	-	5 (0.1%)
Total	5,272	687	306	189	770	7,224

Table 32: Reasons for lapsing by self-declared disability

Reason for lapsing	Has a disability	Does not have a disability	Prefer not to say	Unknown	Total
Retirement	163	2,743	199	533	3,638
	(28.9%)	(50.7%)	(44.3%)	(66.3%)	(50.4%)
Currently not practising / opted not to practise	167	2,142	166	216	2,691
	(29.6%)	(39.6%)	(37.0%)	(26.9%)	(37.3%)
III health	207	126	51	38	422
	(36.7%)	(2.3%)	(11.4%)	(4.7%)	(5.8%)
Does not meet the revalidation requirements	23	382	33	6	444
	(4.1%)	(7.1%)	(7.3%)	(0.7%)	(6.1%)
Deceased	4 (0.7%)	10 (0.2%)	-	10 (1.2%)	24 (0.3%)
No professional indemnity arrangement	-	4 (0.1%)	-	1 (0.1%)	5 (0.1%)
Total	564	5,407	449	804	7,224

Table 33: Revalidation requirements that nurses were unable to meet

Please note that each person was able to select as many requirements as were applicable. Therefore the number of requirements in each column totals more than the number of people lapsing. Each person was asked the reasons for lapsing each registration if they lapsed more than one.

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Confirmation	61	7	7	1	40	116 (28.0%)
CPD	80	6	5	2	21	114 (27.5%)
Health and character declaration	33	5	5	1	9	53 (12.8%)
Practice hours	118	17	6	3	20	164 (39.5%)
Practice-related feedback	87	8	6	4	40	145 (34.9%)
Professional indemnity arrangement declaration	34	4	3	1	17	59 (14.2%)
Reflective discussion	99	7	8	3	88	205 (49.4%)
Written reflective accounts	91	7	10	3	52	163 (39.3%)
* Total number of registrants lapsing their nursing registration	231	24	15	5	140	415

^{*} This is the total number of registrants who lapsed their nursing registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely. It doesn't include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Table 34: Revalidation requirements midwives were unable to meet

This is the total number of people who lapsed their midwifery registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely. It doesn't include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Confirmation	3	-	-	_	1	4
CPD	2	-	-	-	2	4
Health and character declaration	3	-	_	_	_	3
Practice hours	6	1	-	-	2	9
Practice-related feedback	4	-	-	-	1	5
Professional indemnity arrangement declaration	3	-	-	-	_	3
Reflective discussion	4	-	-	_	_	4
Written reflective accounts	4	-	_	_	1	5
Total number of registrants lapsing their midwifery registration	8	1	-	-	4	13

Table 35: Revalidation requirements SCPHNs were unable to meet

This is the total number of people who lapsed their SCPHN registration and declared that they 'do not meet the revalidation requirements'. This only includes those who lapsed from the register completely. It doesn't include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Practising outside the UK	Total
Confirmation	1	_	-	_	1	2
CPD	6	-	-	-	2	8
Health and character declaration	1	-	_	_	_	1
Practice hours	4	-	-	-	2	6
Practice-related feedback	4	-	-	_	-	4
Professional indemnity arrangement declaration	1	-	-	-	_	1
Reflective discussion	5	-	-	_	2	7
Written reflective accounts	4	-	-	_	-	4
Total number of registrants who lapsed their SCPHN registration	11	-	-	_	5	16

THE VERIFICATION

PROCESS

Verification is one of the tools we use to gain assurance that nurses and midwives are complying with the revalidation guidance and that the declarations that they make are accurate. It's not an audit but is part of a package of assurance we have that includes the requirement to have a reflective discussion with another registered nurse or midwife and a confirmation discussion with another professional.

Checking every single application would be disproportionate as well as operationally impracticable, which is why we've chosen to take an approach based on risk. For the first three years of revalidation we decided that we would select applicants for verification based on risk factors such as whether they have an NMC-registered line manager or other factors that might indicate an applicant might not get the support they need to revalidate.

We also select a group of applicants by a random sampling method in order to be able to compare results and test to see if our approach is correct or not. This means we're selecting around 1,000 people a year on the basis of risk, with a further 1,000 selected by random sampling. We've used standard statistical confidence measures to select our sample, which enables us to have a high degree of confidence that all applicants are behaving in this way.

Selection for verification is automated via an algorithm. This is based on information that the nurse or midwife provides through the online revalidation portal that they use to submit their revalidation applications.

Selection happens once the nurse or midwife has submitted their application. They are notified at that stage and asked to provide additional documentary evidence in support of their application, to allow us to verify that they have met all the revalidation

requirements. We ask applicants for detailed evidence of practice hours and details of CPD (including a description of courses undertaken and relevance to the individual's declared scope of practice). We also contact the confirmer and reflective discussion partner to verify that these discussions took place and in accordance with our guidance, as well as further information about

their professional indemnity.











If an applicant doesn't provide the information requested within a reasonable time period or the information provided shows that the applicant hasn't met the revalidation requirements, their registration will lapse. Any subsequent application for readmission will be decided by an Assistant Registrar.

Numbers of refusals are still small and so it's hard to draw firm conclusions but we've recently increased the numbers of applications that we select and will provide a full analysis in the third year report. Common reasons for refusal are:

- incorrect declarations on practice hours
- failure to provide additional information on practice hours or CPD
- lack of response or information from the confirmer.

The evaluation conducted by our evaluation partner concluded that the overall volume of cases being selected for verification, as well as the spread of cases sampled across the risk categories, makes sense. At the end of this year we'll be reviewing all of the data we've collected through revalidation, including verification data, and considering whether any other risk factors could be included in our selection process. Our evaluation partners have made some further suggestions, including focusing on areas of greatest risk to patients, involving employers in the verification process and seeing if there is any learning from our fitness to practise data. We'll consider these as we develop our evidence base throughout the next year.





THE EVALUATION

OF REVALIDATION

The second interim report on the evaluation shows the same positive picture as last year with no adverse effect on renewal rates, or any difficulties experienced by any particular group of nurses and midwives. There has been no repeat of the technical problems experienced by some nurses and midwives in the first half of the first year and we're pleased to see the report acknowledge that nurses and midwives continue to value the support and guidance that we offer and that there is an increase in the positive experiences that they have when contacting us for support. NMC Online seems to work well for all those who are revalidating. The report recommends that we continue to ensure this level of support and make guidance available. We agree it's crucial we do that.

We're also pleased to see that the picture reported last year of attitudinal changes appearing as a result of revalidation continues, with even larger proportions of nurses and midwives reporting a thorough knowledge of the Code and its centrality to their practice. In particular the report highlights that nurses and midwives are more likely to agree that the Code impacts positively on their practice.

The importance and value applicants place on reflection is clear from the report, with participants considering reflective discussion to be the most beneficial aspect of revalidation. This is consistent with the findings of the GMC's evaluation of revalidation, Evaluating the regulatory impact of medical revalidation, which identified reflection as key to behavioural change. As healthcare professionals work together increasingly in multi-disciplinary teams we think that there is scope to work with other regulators to promote the value of reflection in practice across teams.

Discussions with reflective discussion partners and confirmers have shown the seriousness with which these professionals undertake these roles which is very welcome. Discussions have, however, highlighted that we need to provide more guidance on how to judge the quality of reflection and we intend to update our guidance with clearer criteria for assessing this. In addition, they recommend some further guidance on practice-related feedback. The evaluation report also makes many suggestions for improvements in our guidance (for example guidance to those who need additional support or reasonable adjustments to revalidate). We intend to update all aspects of our guidance later in 2018. This will include updated guidance for employers, confirmers and reflective discussion partners, as well as an update to *How to revalidate*.

We also welcome the fact that the report recognises our willingness to act on feedback but we accept its conclusion that we need to find more innovative ways of engaging with stakeholders to ensure that we maintain the positive changes that revalidation has already brought about. We intend to engage with all our stakeholders fully over the next few months as we seek to put the report's recommendations into practice – particularly as we update our guidance.

The evaluation also highlights an increased awareness of verification and the importance of the perception that verification is a robust process.

Next year the evaluation will focus on the perceived benefit and burden of revalidation. As part of this we've asked the evaluation team to focus in particular on any obstacles faced by those who share protected characteristics. We're continuously monitoring to ensure we understand the impact of revalidation on those in these groups and the evaluation will be a valuable source of evidence to help us in this work.

Overall the feedback we have had demonstrates that the existing model of revalidation appears to be having a positive impact and going a considerable way to achieving its objectives. As we complete the third year we'll begin to engage with our partners on proportionate ways we might develop revalidation so that it continues to make a positive contribution to nursing and midwifery practice.



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