REVALIDATION

Annual data report

Year 1: April 2016 to March 2017

FOREWORD

Welcome to the first annual data report on revalidation from the NMC.

With the introduction of revalidation in April 2016 we made a very significant change in the way nurses and midwives are regulated. Now they must reflect on their practice; along with other nurses and midwives, and collect a range of evidence that demonstrates they are practising safely, effectively and in accordance with **the Code**.

I am delighted that we have made such a strong start with 202,699 nurses and midwives revalidating in this first year. This represents more than 92 percent of everyone who was due to revalidate, including those who are mainly practising and/or living abroad. The picture is even more positive when we look at revalidation rates across the four countries of the UK — these range between 93 percent and 94 percent. The average renewal rate for the last five years under the previous renewal arrangements was 90 percent.

Our evaluation partner is also publishing its first year evaluation report this month. The report is very encouraging and supports the overwhelmingly positive feedback we have received from nurses and midwives. In particular it recognises the positive effects of the consultation and engagement work we carried out as we were developing revalidation, as well as the quality of the materials on our website and the support offered to nurses and midwives. The model appears to be working very well with the majority of people who have revalidated valuing the opportunity to reflect on their practice and work more closely with other professionals.

We recognise that we have only completed one year of the first three year cycle of revalidation. We know that there is more we can do, especially for those who may find it harder to find opportunities with fellow professionals, or who do not have a formal employer.

Through revalidation we are beginning to gather a much greater depth of understanding of where nurses and midwives work and the different types of practice that they undertake, as well as the demographic profile of those who have revalidated. This information will allow us to build a more sophisticated model of regulation over time. We will begin by working with our partners this year to target additional support and communications where they are needed and to make sure revalidation remains a proportionate and effective addition to our regulatory approach.

Finally I would like to thank all the nurses and midwives who have revalidated this year and those who have supported them in doing this. Revalidation is only a success because of the commitment of so many people in the healthcare system. We will continue to work together in the next year to fulfil the aims and objectives of revalidation to improve the health and protection of the public.

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INTRODUCTION

This is the first of our annual data reports on revalidation and follows on from our commitment to publish quarterly and annual data reports. We do this because we believe a transparent and collaborative approach is the key to making revalidation a success.

Our quarterly reports have focussed on the numbers of people revalidating at a relatively high level. In this report we seek to provide further insights into issues such as scope of practice, work setting, employment type, choice of confirmer, access to appraisals, and how we verify revalidation applications. We have also analysed the revalidation experiences of nurses and midwives with different protected characteristics, as well as the reasons why some nurses and midwives have chosen not to revalidate.

We have included a section on the independent findings of the evaluation of the first year of revalidation and our response to those findings.

We will continue to engage with partners on the format and content of our reports and we welcome any feedback that you may have.

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 (for those for whom we have an employer address), or their home address. This means that for most people who revalidated and are employed directly (which is the majority), their country is the country of their current or most recent employment. For those who lapse and for some of the nurses and midwives who are self-employed, it is the country where they live.

The data does not 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 that: 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.

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AIMS & OBJECTIVES

We have introduced revalidation to support 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 them with the opportunity to reflect on the role of the Code in their practice as a nurse or midwife and demonstrate that they are 'living' these standards

- encourage them 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 them to engage in professional networks and discussions about their practice.
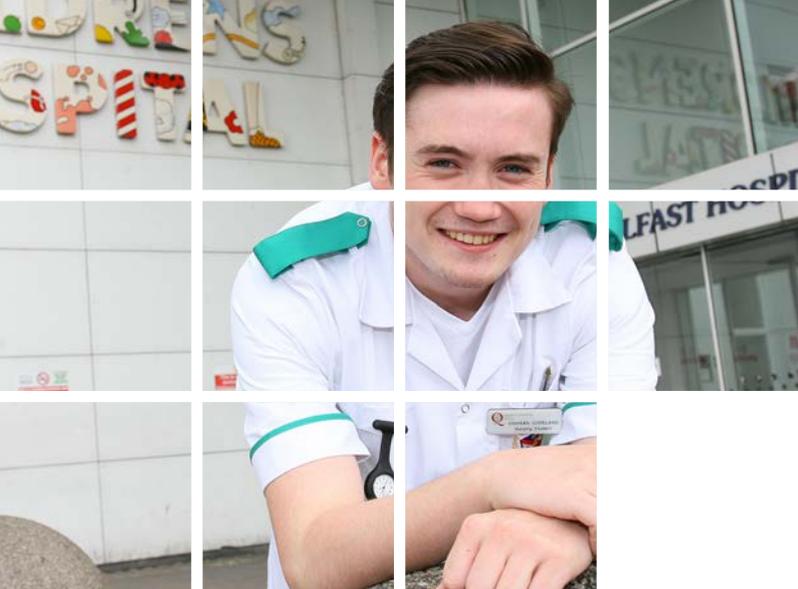
Revalidation replaces the previous Post registration education and practice (Prep) scheme by introducing several new requirements for reflection and engagement. Nurses and midwives are required to declare via an online form that they have:

- 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 immediately before 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

Following extensive public consultation in 2014 and a pilot in 2015 we published our revalidation guidance in October 2015.

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

THE BIG PICTURE

SUMMARY OF YEAR 1 REVALIDATION DATA – APRIL 2016 TO MARCH 2017

202,699 nurses and midwives renewed their registration in the first year of revalidation.

In the four UK countries, revalidation rates were very similar, ranging from **92.9%** to **94.0%**.

The proportion of nurses and midwives revalidating by country was:

England	79.7%
Scotland	10.1%
Wales	5.1%
Northern Ireland	3.7%
Practising mainly outside the UK	1.4%

The percentage lapsing in the four UK countries was likewise very similar, at around **5–6%**. This is in line with previous years' lapsing rates.

SUMMARY OF FINDINGS FROM

FIRST YEAR OF REVALIDATION

THE NUMBERS REVALIDATING

Tables one to five show revalidation rates across the four countries and across all registration types. From these figures we can be assured that the introduction of revalidation has not had a negative impact on the register and there has been no increase in the numbers of nurses and midwives leaving the register.

More than 202,000 nurses and midwives revalidated between April 2016 and March 2017. Revalidation rates across the four UK countries were very similar ranging from 93 percent to 94 percent, which compares favourably to historical renewal rates under the previous Post registration education and practice (Prep) system. The revalidation rate for the whole register (including those who work outside the UK) was 92.4 percent. Revalidation rates for those working in the UK vary between 93 percent and 94 percent.

As we might expect, nurses and midwives working mainly abroad revalidated at a lower rate than those who work in the UK. Those who work mainly abroad have always renewed their registration at a lower rate than those working in the UK and the difference has increased this year. People working abroad have a revalidation rate of 59 percent compared to the overall revalidation rate of 92 percent. The revalidation rates for each country are:

93.1%	92.9%	93.4%	94%	59%
England	**Scotland**	**Wales**	**Northern Ireland**	**Practising mainly outside the UK**
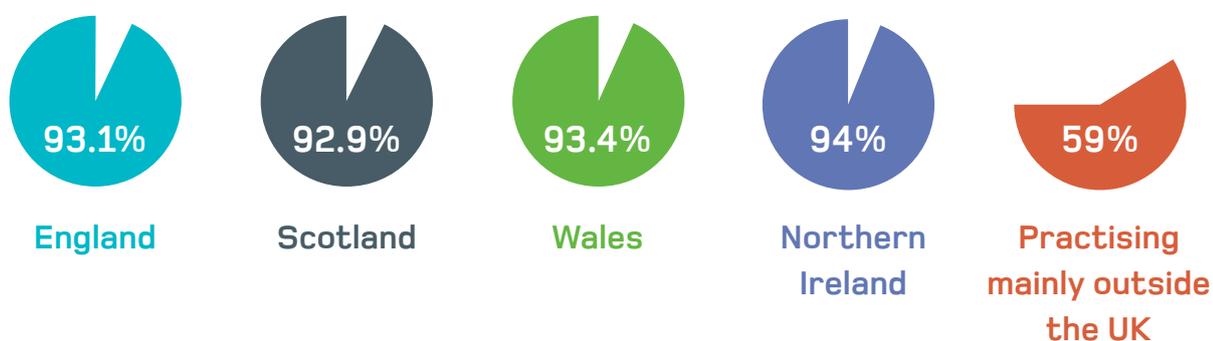
During this year we have monitored the revalidation rates for both nursing and midwifery registrations. Revalidation rates for different registration types are based on the number of each type of registration before and after revalidation. The rates for nurses (92 percent) are and midwives (91.2 percent) are similar. The revalidation rates across all four countries and across both midwifery and nursing are in line with historical rates under the previous renewal arrangements. 99% of those who revalidated kept the same registration type after revalidation.

Another common change of registration was nurses who became nurse/ specialist community public health nurses (SCPHNs) around the time of revalidation, either through gaining a SCPHN qualification or reactivating an existing SCPHN qualification. There were 134 of these. A SCPHN is a registered nurse or midwife who is also registered in the specialist community public health nurses' part of the register.
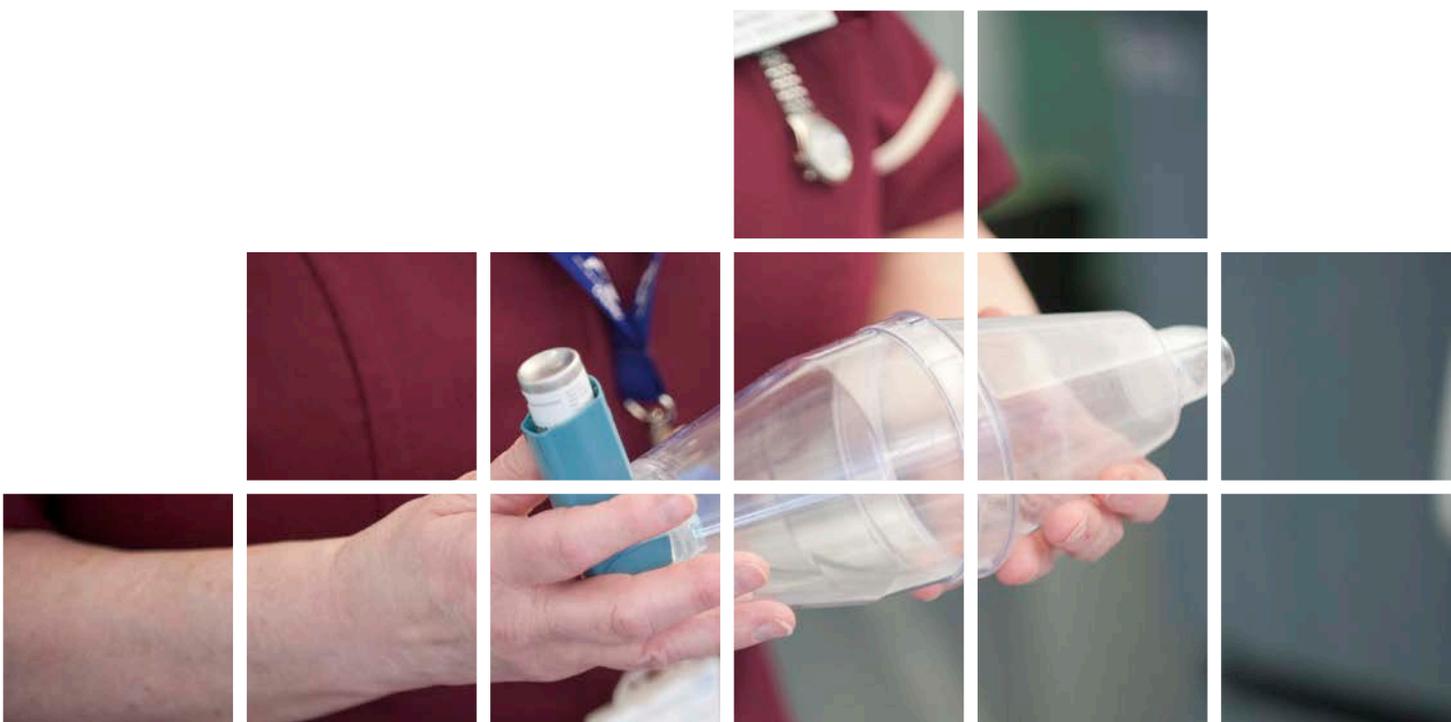
Table 1: Revalidation summary table

This table summarises the number and percentage of nurses and midwives who renewed their registration with the NMC during the first year of revalidation (April 2016 – March 2017).

Quarter		England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Q1 Apr –Jun 2016	Number due to revalidate*	30,730	3,375	2,023	1,544	1,085	38,757
	Number (percentage) who revalidated**	28,186 (91.7%)	3,062 (90.7%)	1,863 (92.1%)	1,435 (92.9%)	597 (55%)	35,143 (90.7%)
Q2 Jul –Sep 2016	Number due to revalidate	63,866	8,646	3,790	2,854	1,512	80,668
	Number (percentage) who revalidated	60,095 (94.1%)	8,178 (94.6%)	3,586 (94.6%)	2,705 (94.8%)	949 (62.8%)	75,513 (93.6%)
Q3 Oct –Dec 2016	Number due to revalidate	37,750	4,569	2,437	1,861	1,156	47,773
	Number (percentage) who revalidated	34,617 (91.7%)	4,186 (91.6%)	2,217 (91.0%)	1,744 (93.7%)	681 (59.0%)	43,445 (90.9%)
Q4 Jan –Mar 2017	Number due to revalidate	41,241	5,385	2,742	1,682	1,193	52,243
	Number (percentage) who revalidated or renewed	38,742 (93.9%)	4,985 (92.6%)	2,599 (94.8%)	1,583 (94.1%)	689 (57.8%)	48,598 (93.0%)
Total	Number due to revalidate	173,587	21,975	10,992	7,941	4,946	219,441
	Number (percentage) who revalidated or renewed	161,640 (93.1%)	20,411 (92.9%)	10,265 (93.4%)	7,467 (94.0%)	2,916 (59.0%)	202,699 (92.4%)

*   includes all nurses and midwives who were sent a formal notice to revalidate for April 2016 – March 2017.
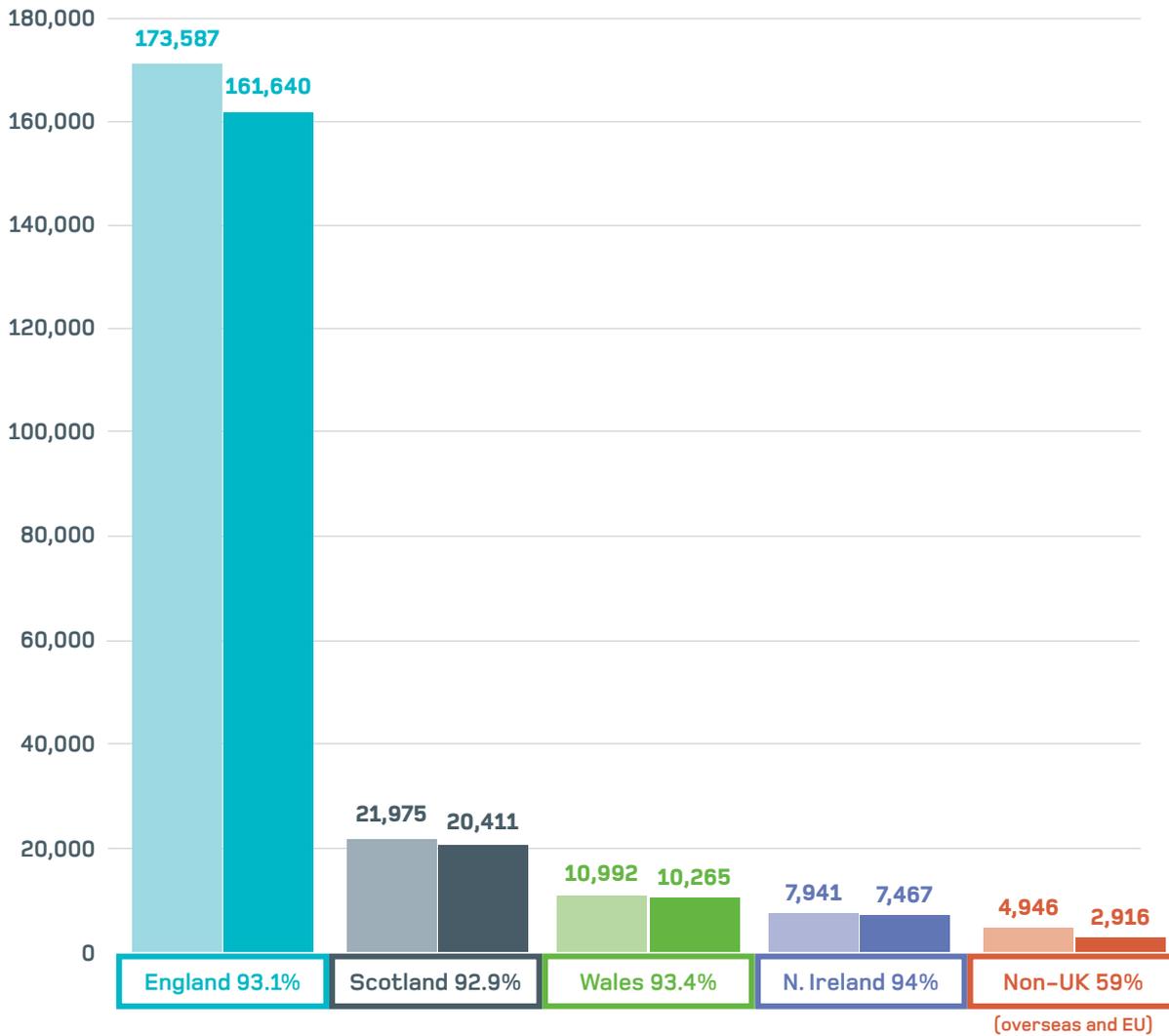**   all nurses and midwives who revalidated (including those who revalidated with alternative support arrangements).
***   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside 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 first year of revalidation, April 2016 – March 2017.

	England 93.1%	Scotland 92.9%	Wales 93.4%	N. Ireland 94%	Non–UK 59% (overseas and EU)
Due to revalidate	173,587	21,975	10,992	7,941	4,946
Actually revalidated	161,640	20,411	10,265	7,467	2,916

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.

10,283 (5.1%)
Midwives
(including SCPHNs)

2,288 (1.1%)
Nurses and
midwives
(including SCPHNs)

190,128
(93.8%)
Nurses
(including SCPHNs)

Total
202,699
(100%)
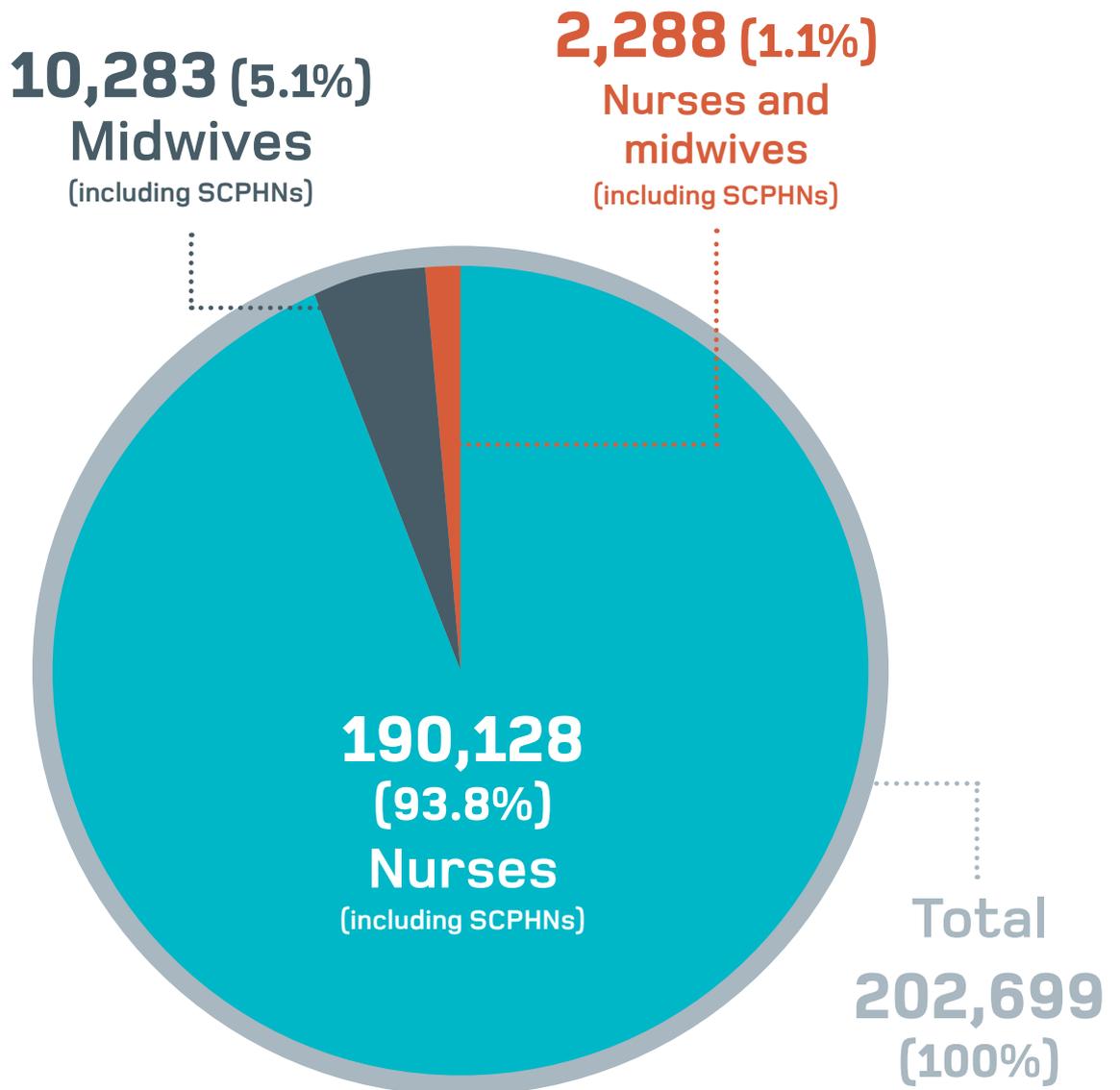
Table 4: Number due to revalidate*

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

Registration type** before revalidation	England	Scotland	Wales	Northern Ireland	Not practising in UK***	Total
Nurse	154,689 (89.1%)	19,924 (90.7%)	9,864 (89.7%)	7,064 (89.0%)	4,506 (91.1%)	196,047 (89.3%)
Midwife	7,981 (4.6%)	990 (4.5%)	355 (3.2%)	377 (4.7%)	202 (4.1%)	9,905 (4.5%)
Nurse and midwife	2,592 (1.5%)	226 (1.0%)	217 (2.0%)	149 (1.9%)	142 (2.9%)	3,326 (1.5%)
Nurse and SCPHN	7,860 (4.5%)	793 (3.6%)	525 (4.8%)	344 (4.3%)	88 (1.8%)	9,610 (4.4%)
Midwife and SCPHN	317 (0.2%)	28 (0.1%)	20 (0.2%)	3 (<0.1%)	2 (<0.1%)	370 (0.2%)
Nurse, midwife and SCPHN	148 (0.1%)	14 (0.1%)	11 (0.1%)	4 (0.1%)	6 (0.1%)	183 (0.1%)
Total	173,587	21,975	10,992	7,941	4,946	219,441

*   includes all nurses and midwives who were sent a formal notice to revalidate for April 2016 – March 2017.

**   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 (those for whom we have an employer 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 first 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. It is the total number who revalidated through the standard revalidation process (table 15) plus the total number who renewed their registration through the exceptional circumstances process (table 16).

Registration type after revalidation*	England	Scotland	Wales	Northern Ireland	Not practising in UK**	Total
Nurse	144,154 (89.2%)	18,495 (90.6%)	9,217 (89.8%)	6,643 (89.0%)	2,641 (90.6%)	181,150 (89.4%)
Midwife	8,021 (5.0%)	984 (4.8%)	385 (3.8%)	399 (5.3%)	127 (4.4%)	9,916 (4.9%)
Nurse and midwife	1,733 (1.1%)	134 (0.7%)	142 (1.4%)	88 (1.2%)	78 (2.7%)	2,175 (1.1%)
Nurse and SCPHN	7,318 (4.5%)	767 (3.8%)	497 (4.8%)	330 (4.4%)	66 (2.3%)	8,978 (4.4%)
Midwife and SCPHN	317 (0.2%)	27 (0.1%)	19 (0.2%)	3 (<0.1%)	1 (<0.1%)	367 (0.2%)
Nurse, midwife and SCPHN	97 (0.1%)	4 (<0.1%)	5 (<0.1%)	4 (0.1%)	3 (0.1%)	113 (0.1%)
Total	161,640	20,411	10,265	7,467	2,916	202,699

*   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 (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

This table does **not** include those 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 that: 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.

EMPLOYMENT, PRACTICE AND WORK SETTINGS

Nurses and midwives provide information on their employment type, practice settings and work place settings as part of revalidation. They can submit information about more than one type of employment work setting or scope of practice. For example if someone is currently working in two or three different jobs, each of these is counted.

Table six shows the breakdown of current **employment types** for those who revalidated. It includes both those who were able to revalidate and those who needed alternative support arrangements. From this we can see there is a wide diversity of employment and practice being reported but most nurses and midwives report being directly employed (93.7 percent of all current employment types being reported).

We have also compared employment types for those who revalidated and had a nursing registration, and those who revalidated and had a midwifery registration (table seven). This shows that midwives are more likely to report being directly employed than nurses (96.3% of current employment types for people with a midwifery registration, compared to 93.5% current employment types for people with a nursing registration.) People with a nursing registration are more likely to report that they are employed by an agency (5.0% of current employment types for nurses, compared to 2.9% of current employment types for midwives.)

Table eight shows the breakdown of the current **scope of practice** for those who revalidated (including those with alternative support arrangements).The most commonly reported scope of practice was direct clinical care adult and general

nursing (which was 62.8 percent of all current scopes of practice reported). The next most commonly reported scopes of practice were mental health nursing (10.6 percent), children's and neo-natal nursing (5.8 percent) and midwifery (5.3 percent).

Table nine shows the breakdown of **work settings**. A small majority (56.2 percent) report hospital or other secondary care as one or more of their work settings. The next most reported work setting was community setting, including district nursing and community psychiatric nursing (17.7 percent) and the care home sector (7.8 percent). GP or other primary care represented 5.6 percent of the settings reported. We have also compared work settings for those who revalidated and had a nursing registration, and those who revalidated and had a midwifery registration (Table 10). As might be expected, a large majority of midwives are based in three main settings: a maternity unit or birth centre (43.6% of current work settings for midwives); a hospital or secondary care (33.2% of current work settings); or community setting (17.2% of current work settings).

Table 11 gives a breakdown for each country of the **confirmers** reported by nurses and midwives. For the four UK countries the most commonly used confirmer type was an NMC registered line manager. Unsurprisingly, people working outside the UK report a much lower usage of an NMC registered line manager (37 percent compared to an overall 71.9 percent). A significant minority (24.5 percent) in England reported a confirmer type as another registered NMC nurse or midwife but not their line manager. It will be interesting to explore the reasons for this over the next two years. There are also some differences in confirmer type for nurses and midwives (table 12). Those who revalidated and had a nursing registration were more likely to have a confirmer who was 'a line manager who is also an NMC registered nurse or midwife' than those who revalidated and had a midwifery registration (72.2% of nurses compared with 64.9% of midwives). Those with a midwifery registration who revalidated were more likely to have a confirmer who is another NMC registered nurse or midwife (33.6% of midwives compared to 22.4% of nurses).

Finally, tables 14 and 15 detail how nurses and midwives have reported their **appraisal arrangements**. This shows a high level of appraisal (over 90 percent) not just across the four countries of the UK but also for those working abroad. There is some variation in appraisal rates between those who have a registered NMC line manager and those who don't (98 percent compared to 86.8 percent).Overall levels of appraisal are an encouraging sign that nurses and midwives are receiving organisational and professional support from employers and we will continue to monitor this over the next two years.

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

This includes employment types for all current types of employment 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 periods of practice, 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. This table does not include those who were not practising at the time of revalidation.

Employment type	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Employed directly (not via UK agency)	157,149 (93.0%)	20,626 (96.9%)	10,302 (96.7%)	7,685 (97.1%)	2,760 (90.4%)	198,522 (93.7%)
Employed via an agency	9,118 (5.4%)	530 (2.5%)	263 (2.5%)	188 (2.4%)	184 (6.0%)	10,283 (4.9%)
Self employed	2,468 (1.5%)	111 (0.5%)	79 (0.7%)	29 (0.4%)	60 (2.0%)	2,747 (1.3%)
Volunteering	211 (0.1%)	17 (0.1%)	11 (0.1%)	9 (0.1%)	49 (1.6%)	297 (0.1%)
Total current periods of practice	168,946	21,284	10,655	7,911	3,053	211,849

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

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 have both registration as a nurse and as 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 does not include those who were not practising at the time of revalidation.

Employment type	People with a nursing registration	People with a midwifery registration
Employed directly (not via UK agency)	188,219 (93.5%)	12,842 (96.3%)
Employed via an agency	10,118 (5.0%)	383 (2.9%)
Self employed	2,689 (1.3%)	87 (0.7%)
Volunteering	288 (0.1%)	25 (0.2%)
Total current periods of practice	201,314	13,337

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 periods of practice.

The table does not include those who were not practising at the time of revalidation.

Scope of practice	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total current scopes of practice
Commissioning	1,004 (0.6%)	16 (0.1%)	22 (0.2%)	14 (0.2%)	8 (0.3%)	1,064 (0.5%)
Direct clinical care or management – adult and general care nursing	105,992 (62.7%)	13,312 (62.5%)	6,792 (63.7%)	5,096 (64.4%)	1,833 (60.0%)	133,025 (62.8%)
Direct clinical care or management – children's and neo-natal nursing	10,189 (6.0%)	969 (4.6%)	550 (5.2%)	399 (5.0%)	168 (5.5%)	12,275 (5.8%)
Direct clinical care or management – health visiting	4,774 (2.8%)	625 (2.9%)	354 (3.3%)	205 (2.6%)	26 (0.9%)	5,984 (2.8%)
Direct clinical care or management – learning disabilities nursing	2,587 (1.5%)	351 (1.6%)	183 (1.7%)	251 (3.2%)	28 (0.9%)	3,400 (1.6%)
Direct clinical care or management – mental health nursing	17,701 (10.5%)	2,605 (12.2%)	1,235 (11.6%)	699 (8.8%)	222 (7.3%)	22,462 (10.6%)
Direct clinical care or management – midwifery	9,058 (5.4%)	1,008 (4.7%)	502 (4.7%)	460 (5.8%)	174 (5.7%)	11,202 (5.3%)

Direct clinical care or management – occupational health	1,492 (0.9%)	198 (0.9%)	82 (0.8%)	60 (0.8%)	22 (0.7%)	1,854 (0.9%)
Direct clinical care or management – other	4,169 (2.5%)	581 (2.7%)	253 (2.4%)	173 (2.2%)	138 (4.5%)	5,314 (2.5%)
Direct clinical care or management – public health	1,015 (0.6%)	175 (0.8%)	64 (0.6%)	66 (0.8%)	45 (1.5%)	1,365 (0.6%)
Direct clinical care or management – school nursing	1,927 (1.1%)	167 (0.8%)	98 (0.9%)	57 (0.7%)	70 (2.3%)	2,319 (1.1%)
Education	3,198 (1.9%)	450 (2.1%)	213 (2.0%)	140 (1.8%)	147 (4.8%)	4,148 (2.0%)
Policy	121 (0.1%)	34 (0.2%)	10 (0.1%)	17 (0.2%)	9 (0.3%)	191 (0.1%)
Quality assurance or inspection	854 (0.5%)	96 (0.5%)	52 (0.5%)	35 (0.4%)	30 (1.0%)	1,067 (0.5%)
Research	1,308 (0.8%)	148 (0.7%)	46 (0.4%)	36 (0.5%)	28 (0.9%)	1,566 (0.7%)
Other	3,557 (2.1%)	549 (2.6%)	199 (1.9%)	203 (2.6%)	105 (3.4%)	4,613 (2.2%)
Total current periods of practice	168,946	21,284	10,655	7,911	3,053	211,849

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer 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	Not practising in UK*	Total
Ambulance service	211 (0.1%)	20 (0.1%)	30 (0.3%)	2 (<0.1%)	7 (0.2%)	270 (0.1%)
Care home sector	12,705 (7.5%)	2,020 (9.5%)	763 (7.2%)	964 (12.2%)	177 (5.8%)	16,629 (7.8%)
Community setting, including district nursing and community psychiatric nursing	30,585 (18.1%)	3,503 (16.5%)	1,906 (17.9%)	1,341 (17.0%)	246 (8.1%)	37,581 (17.7%)
Consultancy	489 (0.3%)	73 (0.3%)	19 (0.2%)	22 (0.3%)	18 (0.6%)	621 (0.3%)
Cosmetic or aesthetic sector	408 (0.2%)	39 (0.2%)	15 (0.1%)	8 (0.1%)	7 (0.2%)	477 (0.2%)
Governing body or other leadership	403 (0.2%)	47 (0.2%)	15 (0.1%)	11 (0.1%)	9 (0.3%)	485 (0.2%)
GP practice or other primary care	9,601 (5.7%)	1,138 (5.3%)	557 (5.2%)	372 (4.7%)	149 (4.9%)	11,817 (5.6%)
Hospital or other secondary care	94,439 (55.9%)	12,021 (56.5%)	6,292 (59.1%)	4,372 (55.3%)	1,859 (60.9%)	118,983 (56.2%)
Inspectorate or regulator	267 (0.2%)	51 (0.2%)	23 (0.2%)	20 (0.3%)	7 (0.2%)	368 (0.2%)
Insurance or legal	203 (0.1%)	28 (0.1%)	2 (<0.1%)	1 (<0.1%)	3 (0.1%)	237 (0.1%)

Maternity unit or birth centre	4,886 (2.9%)	555 (2.6%)	233 (2.2%)	232 (2.9%)	97 (3.2%)	6,003 (2.8%)
Military	300 (0.2%)	18 (0.1%)	8 (0.1%)	2 (<0.1%)	10 (0.3%)	338 (0.2%)
Occupational health	1,377 (0.8%)	204 (1.0%)	64 (0.6%)	52 (0.7%)	22 (0.7%)	1,719 (0.8%)
Police	285 (0.2%)	21 (0.1%)	10 (0.1%)	1 (<0.1%)	1 (<0.1%)	318 (0.2%)
Policy organisation	59 (<0.1%)	8 (<0.1%)	5 (<0.1%)	12 (0.2%)	4 (0.1%)	88 (<0.1%)
Prison	879 (0.5%)	101 (0.5%)	25 (0.2%)	32 (0.4%)	14 (0.5%)	1,051 (0.5%)
Private domestic setting	333 (0.2%)	28 (0.1%)	10 (0.1%)	13 (0.2%)	11 (0.4%)	395 (0.2%)
Public health organisation	1,303 (0.8%)	108 (0.5%)	69 (0.6%)	67 (0.8%)	70 (2.3%)	1,617 (0.8%)
School	971 (0.6%)	112 (0.5%)	48 (0.5%)	27 (0.3%)	80 (2.6%)	1,238 (0.6%)
Specialist or other tertiary care including hospice	2,307 (1.4%)	190 (0.9%)	131 (1.2%)	57 (0.7%)	48 (1.6%)	2,733 (1.3%)
Telephone or e-health advice	492 (0.3%)	132 (0.6%)	35 (0.3%)	11 (0.1%)	12 (0.4%)	682 (0.3%)
Trade union or professional body	80 (<0.1%)	14 (0.1%)	4 (<0.1%)	3 (<0.1%)	–	101 (<0.1%)
University or other research facility	1,880 (1.1%)	274 (1.3%)	155 (1.5%)	52 (0.7%)	78 (2.6%)	2,439 (1.2%)
Voluntary or charity sector	982 (0.6%)	130 (0.6%)	42 (0.4%)	56 (0.7%)	35 (1.1%)	1,245 (0.6%)
Other	3,501 (2.1%)	449 (2.1%)	194 (1.8%)	181 (2.3%)	89 (2.9%)	4,414 (2.1%)
Total current periods of practice	**168,946**	**21,284**	**10,655**	**7,911**	**3,053**	**211,849**

*   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer 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 have both registration as a nurse and as 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	270 (0.1%)	5 (<0.1%)
Care home sector	16,626 (8.3%)	17 (0.1%)
Community setting, including district nursing and community psychiatric nursing	35,566 (17.7%)	2,295 (17.2%)
Consultancy	615 (0.3%)	13 (0.1%)
Cosmetic or aesthetic sector	477 (0.2%)	2 (<0.1%)
Governing body or other	480 (0.2%)	11 (0.1%)
GP practice or other primary care	11,774 (5.8%)	90 (0.7%)
Hospital or other secondary care	115,859 (57.6%)	4,424 (33.2%)
Inspectorate or regulator	360 (0.2%)	17 (0.1%)
Insurance or legal	234 (0.1%)	6 (<0.1%)

Maternity unit or birth centre	1,091 (0.5%)	5,811 (43.6%)
Military	337 (0.2%)	4 (<0.1%)
Occupational health	1,718 (0.9%)	4 (<0.1%)
Police	318 (0.2%)	-
Policy organisation	85 (<0.1%)	5 (<0.1%)
Prison	1,051 (0.5%)	-
Private domestic setting	374 (0.2%)	32 (0.2%)
Public health organisation	1,574 (0.8%)	71 (0.5%)
School	1,234 (0.6%)	13 (0.1%)
Specialist or other tertiary care including hospice	2,726 (1.4%)	15 (0.1%)
Telephone or e-health advice	680 (0.3%)	8 (0.1%)
Trade union or professional body	83 (<0.1%)	18 (0.1%)
University or other research facility	2,268 (1.1%)	265 (2.0%)
Voluntary or charity sector	1,228 (0.6%)	28 (0.2%)
Other	4,286 (2.1%)	183 (1.4%)
Total current periods of practice	**201,314**	**13,337**

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 first year of revalidation, broken down by confirmer type.

Confirmer type	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
A line manager who is also an NMC registered nurse or midwife	112,549 (70.4%)	16,098 (79.7%)	8,041 (79.0%)	6,376 (86.2%)	1,069 (37.0%)	144,133 (71.9%)
A line manager who is not an NMC registered nurse or midwife	6,818 (4.3%)	764 (3.8%)	360 (3.5%)	228 (3.1%)	407 (14.1%)	8,577 (4.3%)
A regulated healthcare professional	1,077 (0.7%)	127 (0.6%)	50 (0.5%)	42 (0.6%)	36 (1.2%)	1,332 (0.7%)
An overseas regulated healthcare professional	17 (<0.1%)	8 (<0.1%)	1 (<0.1%)	1 (<0.1%)	235 (8.1%)	262 (0.1%)
Another NMC registered nurse or midwife	39,154 (24.5%)	3,177 (15.7%)	1,717 (16.9%)	744 (10.1%)	1,126 (39.0%)	45,918 (22.9%)
Another professional in line with 'How to revalidate with the NMC'	207 (0.1%)	20 (0.1%)	13 (0.1%)	7 (0.1%)	15 (0.5%)	262 (0.1%)
Total	159,822	20,194	10,182	7,398	2,888	200,484

Note: This table does not include eight cases where the confirmer type was not recorded on the system.

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 12: Confirmer type by registration type

The table shows the number of people with a nursing registration, broken down by their confirmer type; and the number of people with a midwifery registration, broken down by their confirmer type. 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 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	137,392 (72.2%)	8,071 (64.9%)
A line manager who is not an NMC registered nurse or midwife	8,515 (4.5%)	108 (0.9%)
A regulated healthcare professional	1,309 (0.7%)	37 (0.3%)
An overseas regulated healthcare professional	253 (0.1%)	20 (0.2%)
Another NMC registered nurse or midwife	42,594 (22.4%)	4,182 (33.6%)
Another professional in line with 'How to revalidate with the NMC'	251 (0.1%)	14 (0.1%)
Total	**190,314**	**12,432**

Note: This table does not include eight 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 first year of revalidation, broken down by whether they indicated that they have a regular appraisal.

Appraisal	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Have a regular appraisal	155,251 (97.1%)	19,043 (94.3%)	9,888 (97.1%)	7,192 (97.2%)	2,682 (92.9%)	194,056 (96.8%)
Do not have a regular appraisal	4,571 (2.9%)	1,151 (5.7%)	294 (2.9%)	206 (2.8%)	206 (7.1%)	6,428 (3.2%)
Total	159,822	20,194	10,182	7,398	2,888	200,484

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

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	173,407 (98.1%)	20,649 (86.8%)	194,056 (96.8%)
Do not have a regular appraisal	3,301 (1.9%)	3,127 (13.2%)	6,428 (3.2%)
Total	176,708	23,776	200,484

IMPACT ON GROUPS WITH PROTECTED CHARACTERISTICS

One of the many benefits of introducing revalidation is that it has enabled us to gain greater insight into the profile of the people on our register and better tailor our policies for the future. We have always had age and gender information but now as part of the revalidation application process we ask nurses and midwives to provide a range of equality and diversity data. We now have information on ethnicity, sexual orientation and disability for more than 80 percent of people on our register, and gender identity for 70 percent of people, as well as information on employment and work settings and scope of practice for all those who have revalidated. Using this information we will continue to assess the impact of revalidation over the next two years and, as appropriate, seek to minimise any adverse impact that may become apparent.

Before the introduction of revalidation we conducted an equality analysis using data from our register and information from the pilots. This enabled us to consider the potential impact of revalidation on a range of different groups. As a result of this we put in place several solutions to minimise any detrimental impacts, such as offering alternatives to the online application route and allowing extensions to the application deadline. We also introduced the option of renewing under Prep (our previous renewal arrangement) for those who were not able to meet the revalidation requirements as they had not been in practice sufficient time since the publication of the revalidation standards and their revalidation submission date. This option is also open to those who are not able to meet one or more of the requirements due to a protected characteristic, such as pregnancy/maternity or disability.

Tables 15 and 16 compare the numbers revalidating through the 'standard' revalidation process and those who have revalidated through alternative support arrangements.

The numbers of people requesting alternative support arrangements have not been high and since April 2016 the proportion of registrants applying for this has come down from three percent of those who revalidated in April 2016 to one percent of all those revalidating in March 2017. We expect this to continue to reduce. 97 percent of those on the register now have NMC Online accounts (this is true for both nurses and midwives) and we only received 27 requests for alternative arrangements to online submissions. It would seem from this that both the requirements and the submission process for revalidation are appropriate for the vast majority of nurses and midwives.

Demographic profile of those renewing

Tables 20 to 27 contain the information we have collected on the demographic profile of nurses and midwives revalidating. The majority of those who revalidated are under the age of 60 (94.6 percent) and report as white British (72.8 percent) and only 3.5 percent report as having a disability. The revalidation rate for nurses and midwives over 60 is lower than for people in younger groups. The renewal rates (under Prep) for people aged over 60 in the past seven years are also lower than other age groups. This is as we might expect, as many people in this group decide to take retirement. Under revalidation, the revalidation rate for some of the **oldest age groups** (over 65) have dropped further, although these people represent a relatively small proportion of the register as a whole. The challenges of retaining an aging workforce have been recognised by NHS Employers and nursing unions and we want to work with them to make sure that revalidation is not an obstacle to older nurses and midwives maintaining their registration.

The 3.5 percent of nurses and midwives who declare a **disability** (table 26 and 27) also have a lower revalidation rate (84.3 percent compared to 95 percent for those who declare they don't have a disability). As with older nurses and midwives, there may be a variety of reasons for this. A much higher proportion of nurses and midwives with a disability declare they are lapsing due to 'ill health' (table 32). Only 2.8 percent of people without a disability declare they are lapsing due to ill-health compared to 28.1 percent of those with a disability. It has not been possible to directly compare this rate with renewal under Prep as we have only just begun to collect information on disability through NMC Online. Overall, those declaring a disability and who told us they had lapsed were less likely to say that they were lapsing because they could not meet the revalidation requirements (3.9 percent compared to 6.3 percent).We discuss this further in the next section.

An initial review of the other demographic information shows no marked differences in revalidation rates between those of different gender (tables 22 and 23). However the revalidation picture for those of **different ethnicities** is slightly more complex, as we can see from tables 24 and 25, where we can see some differences in revalidation rates between different ethnic groups. For example, some groups have a revalidation rate of 95-96 percent (several Asian categories, several mixed categories and white British) compared to the revalidation rate for those who report any other black background (80.4 percent).

The numbers of people reporting in the different ethnic categories is widely different so it is hard to identify whether this data indicates any material difference in being able to revalidate. For example there are only 364 people who were due to revalidate during this year and identified as being 'any other black background' category so it is hard to draw any firm conclusions from this. We will keep this under review for the next year.

There are a lot of cases of 'unknown' ethnicity for those who were due to revalidate who ended up lapsing – people who lapsed often had not completed the equality and diversity monitoring form, hence the low revalidation rate for people with 'unknown' ethnicity. We don't know whether people with unknown ethnicity are broadly spread across the ethnic groups in the same way as those whose ethnicity is known. As the completeness of our data on the different protected characteristics improves we should have a clearer picture of whether revalidation rates vary between different groups.

We have considered the demographic profile of those who revalidated through the **exceptional circumstances** (EC) process (tables 17 to 19). While this is a relatively small number (2,207), we have been able to draw some conclusions about people who revalidate through this route. People revalidating through EC are a markedly younger group than those revalidating in the standard way; 65.3% revalidating through EC are under 40 compared with 34.5% of those who revalidate in the standard way. There are also a smaller proportion of males revalidating through EC than through the standard revalidation process; 4% of EC revalidators are male compared with 10.4% of people revalidating in the standard way. We think these differences in age and gender may at least in part be related to the fact that many people revalidating through EC are doing so as a result of maternity leave. We have also noted that people revalidating by EC are more likely to say that they are disabled than people revalidating in the standard way (10.1% of EC revalidators are disabled compared to 3.4% of people who revalidate in the standard way). Again, this may be because some people are using the EC process due to issues with ill health and disability.

This is the first year that we have had such a comprehensive set of demographic data and we will be in a more informed position once we have three years' worth of data alongside the conclusions from three years of evaluation. We will continue to monitor this and report annually.

Table 15: 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 does not include those who renewed through exceptional circumstances (EC).

Registration type after revalidation**	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Nurse	142,554	18,293	9,138	6,578	2,615	179,178
Midwife	7,926	978	383	398	126	9,811
Nurse and midwife	1,709	133	142	88	78	2,150
Nurse and SCPHN	7,231	761	497	327	66	8,882
Midwife and SCPHN	309	26	19	3	1	358
Nurse, midwife and SCPHN	97	4	5	4	3	113
Total	159,826	20,195	10,184	7,398	2,889	200,492

*   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

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

Table 16: Number who revalidated through exceptional circumstances

This table shows the number of nurses and midwives who revalidated through our exceptional circumstances process. 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	Not practising in UK**	Total
Nurse	1,600	202	79	65	26	1,972
Midwife	95	6	2	1	1	105
Nurse and midwife	24	1	–	–	–	25
Nurse and SCPHN	87	6	–	3	–	96
Midwife and SCPHN	8	1	–	–	–	9
Nurse, midwife and SCPHN	–	–	–	–	–	–
Total	**1,814**	**216**	**81**	**69**	**27**	**2,207**

*   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 17: Age group of those who revalidated through exceptional circumstances

Age	Total renewed through EC	Percentage of total
Age between 21 – 30	454	20.6%
Age between 31 – 40	988	44.8%
Age between 41 – 50	355	16.1%
Age between 51 – 55	213	9.7%
Age between 56 – 60	119	5.4%
Age between 61 – 65	57	2.6%
Age between 66 – 70	18	0.8%
Age between 71 – 75	3	0.1%
Total	**2,207**	**100.0%**

Table 18: Gender of those who revalidated through exceptional circumstances

Gender	Total EC Accepted	Percentage of total
Female	2,118	96.0%
Male	89	4.0%
Grand Total	**2,207**	**100.0%**

Table 19: Disability status of those who revalidated through exceptional circumstances

Disability	Total EC Accepted	Percentage of total
Unknown	3	0.1%
Does not have a disability	1,822	82.6%
Prefer Not To Say	160	7.2%
Has a disability	222	10.1%
Grand Total	**2,207**	**100.0%**

Table 20: 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 (EC).

Age group	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total revalidated (percentage of total revalidated)
21–30	20,691 (12.8%)	2,469 (12.1%)	882 (8.6%)	1,046 (14.0%)	372 (12.8%)	25,460 (12.6%)
31–40	36,120 (22.3%)	4,392 (21.5%)	2,162 (21.1%)	1,751 (23.4%)	675 (23.1%)	45,100 (22.2%)
41–50	49,350 (30.5%)	6,226 (30.5%)	3,341 (32.5%)	2,124 (28.4%)	878 (30.1%)	61,919 (30.5%)
51–60	46,398 (28.7%)	6,536 (32.0%)	3,343 (32.6%)	2,151 (28.8%)	844 (28.9%)	59,272 (29.2%)
61–70	8,621 (5.3%)	767 (3.8%)	521 (5.1%)	380 (5.1%)	141 (4.8%)	10,430 (5.1%)
Aged 71 and above	460 (0.3%)	21 (0.1%)	16 (0.2%)	15 (0.2%)	6 (0.2%)	518 (0.3%)
Total	161,640	20,411	10,265	7,467	2,916	202,699

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 21: Revalidation rate by age group

Age group	Total revalidated	Total due to revalidate	Revalidation rate by age group
21–30	25,460	26,521	96.0%
31–40	45,100	47,097	95.8%
41–50	61,919	64,588	95.9%
51–60	59,272	65,423	90.6%
61–70	10,430	14,795	70.5%
Aged 71 and above	518	1,017	50.9%
Total	**202,699**	**219,441**	**92.4%**

Table 22: 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	Not practising in UK*	Total revalidated (percentage of total revalidated)
Female	144,543 (89.4%)	18,502 (90.6%)	9,264 (90.2%)	6,966 (93.3%)	2,526 (86.6%)	181,801 (89.7%)
Male	17,095 (10.6%)	1,909 (9.4%)	1,001 (9.8%)	501 (6.7%)	390 (13.4%)	20,896 (10.3%)
Unknown	2	—	—	—	—	2 (<0.1%)
Total	161,640	20,411	10,265	7,467	2,916	202,699

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 23: Revalidation rate by gender

Gender	Total revalidated	Total due to revalidate	Revalidation rate by age group
Female	181,801	196,376	92.6%
Male	20,896	23,063	90.6%
Unknown	2	2	100.0%
Total	202,699	219,441	92.4%

Table 24: 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 * in order that small groups of people cannot be easily identified. Therefore the totals 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	Not practising in UK**	Total
White British	112,740	18,556	8,810	5,742	1,706	147,554 (72.8%)
White – Gypsy or Irish Traveller	67	*	*	*	*	92 (<0.1%)
White Irish	2,639	187	74	913	136	3,949 (1.9%)
Any other white background	6,981	267	138	101	314	7,801 (3.8%)
Mixed – white and black Caribbean	1,674	226	127	85	*	2,130 (1.1%)
Mixed – white and black African	545	*	*	*	*	580 (0.3%)
Mixed – white and Asian	486	*	*	*	*	565 (0.3%)
Any other mixed background	590	*	*	*	*	662 (0.3%)
Asian/Asian British Indian	5,830	214	204	207	170	6,625 (3.3%)
Asian/Asian British Pakistani	877	*	*	—	*	922 (0.5%)

Asian/Asian British Bangladeshi	174	*	*	–	*	183 (0.1%)
Asian/Asian British Chinese	713	*	*	*	*	792 (0.4%)
Any other Asian background	7,765	224	449	225	162	8,825 (4.4%)
Black/black British African	12,084	209	136	*	132	12,592 (6.2%)
Black/black British Caribbean	3,016	*	*	*	50	3,108 (1.5%)
Any other black background	336	*	*	*	*	364 (0.2%)
Any other ethnic group	1,718	*	59	*	*	1,881 (0.9%)
Prefer not to say	3,258	307	151	77	97	3,890 (1.9%)
Unknown	147	*	*	*	*	184 (0.1%)
Total	161,640	20,411	10,265	7,467	2,916	202,699

*   Where there are fewer than 50 cases in a cell.

**   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 25: Revalidation rate by ethnic group

Ethnic group	Total revalidated	Total due to revalidate	Revalidation rate by ethnic group
White British	147,554	155,770	94.7%
White – Gypsy or Irish Traveller	92	96	95.8%
White Irish	3,949	4,428	89.2%
Any other white background	7,801	8,714	89.5%
Mixed – white and black Caribbean	2,130	2,219	96.0%
Mixed – white and black African	580	603	96.2%
Mixed – white and Asian	565	593	95.3%
Any other mixed background	662	713	92.8%
Asian/Asian British Indian	6,625	6,848	96.7%
Asian/Asian British Pakistani	922	964	95.6%
Asian/Asian British Bangladeshi	183	189	96.8%
Asian/Asian British Chinese	792	908	87.2%

Any other Asian background	8,825	9,175	96.2%
Black/black British African	12,592	13,157	95.7%
Black/black British Caribbean	3,108	3,360	92.5%
Any other black background	364	453	80.4%
Any other ethnic group	1,881	1,959	96.0%
Prefer not to say	3,890	4,255	91.4%
Unknown	184	5,037	3.7%
Total	**202,699**	**219,441**	**92.4%**

Table 26: Numbers who revalidated by whether they had a self-declared disability

Disability declared?	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total revalidated (percentage of total revalidated)
Has a disability	5,844 (3.6%)	585 (2.9%)	303 (3.0%)	211 (2.8%)	58 (2.0%)	7,001 (3.5%)
Does not have a disability	149,417 (92.4%)	18,977 (93.0%)	9,567 (93.2%)	7,039 (94.3%)	2,768 (94.9%)	187,768 (92.6%)
Prefer not to say	6,232 (3.9%)	835 (4.1%)	385 (3.8%)	212 (2.8%)	82 (2.8%)	7,746 (3.8%)
Unknown	147 (0.1%)	14 (0.1%)	10 (0.1%)	5 (0.1%)	8 (0.3%)	184 (0.1%)
Total	161,640	20,411	10,265	7,467	2,916	202,699

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 27: 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	7,001	8,309	84.3%
Does not have a disability	187,768	197,557	95.0%
Prefer not to say	7,746	8,511	91.0%
Unknown	184	5,064	3.6%
Total	**202,699**	**219,441**	**92.4%**

WHY PEOPLE CHOOSE NOT TO REVALIDATE

Nurses and midwives have the option of telling us that they do not want to revalidate and where they have done that we have asked them to tell us their reasons. We have been able to record reasons for 48.5 per cent of those who have lapsed. These are detailed at tables 29 to 34. 4.6 percent of those who gave reasons for lapsing told us they did so because they couldn't meet the revalidation requirements.

For those lapsing their nursing registration who were living/working in the UK, the most commonly cited reason was not meeting the practice hours (52 percent) and the reflective discussion requirements (42 percent). Those lapsing their nursing registration who were living/working outside the UK were most likely to say they could not do the reflective discussion (62 percent) – this may be because the reflective discussion partner has to be an NMC registrant, and they may not have easy access to an NMC registered nurse or midwife if living abroad.

Looking at midwives and SCPHNs, the numbers of midwives who reported not being able to meet the revalidation requirements (table 34) was very small (9) as was the number of SCPHNs (6) (table 35). It is not possible from these numbers to identify any particular issues across registration types and the reasons are spread across all areas quite evenly.

The breakdown by practitioner country shows that the majority of people lapsing in the UK countries and who give a reason report they are doing so because of retirement (56.2% to 71.1%), whereas people living outside the UK are most likely to say they lapse due to the fact that they are not currently practising or have opted

not to practise (68.8%). People living outside the UK are also more likely to say they do not meet the revalidation requirements than people in the UK. This may be due to the reasons noted above. Two thirds of people who lapsed their nursing registration and said they could not meet the revalidation requirements are practising in the UK.

We have also looked at the reasons for lapsing for people with a self-declared disability (Table 32). This shows that people with a disability are more likely to say that they are lapsing due to ill health than people who say they do not have a disability (28.1% of people with a disability compared to 2.4% of people without a disability).

Our independent evaluation partners are currently interviewing a sample of nurses and midwives who have declared they cannot meet the requirements to gain a greater understanding of why this was. We will be discussing these findings with our stakeholders to see what further action we might take in this area.

Table 28: Total number who lapsed

The country for all the tables relating to people who lapsed refers to their registered address when 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	Not practising in UK*	Total
Nurse	9,618 (89.9%)	1,299 (91.8%)	593 (90.8%)	380 (90.5%)	1,814 (92.2%)	13,704 (90.4%)
Midwife	419 (3.9%)	54 (3.8%)	24 (3.7%)	23 (5.5%)	80 (4.1%)	600 (4.0%)
Nurse and midwife	136 (1.3%)	10 (0.7%)	8 (1.2%)	3 (0.7%)	51 (2.6%)	208 (1.4%)
Nurse and SCPHN	518 (4.8%)	51 (3.6%)	28 (4.3%)	14 (3.3%)	20 (1.0%)	631 (4.2%)
Midwife and SCPHN	8 (0.1%)	1 (0.1%)	—	—	1 (0.1%)	10 (0.1%)
Nurse, midwife and SCPHN	5 (<0.1%)	—	—	—	2 (0.1%)	7 (<0.1%)
Total (percentage of those due to revalidate who lapse)	10,704 (6.2%)	1,415 (6.4%)	653 (5.9%)	420 (5.3%)	1,968 (39.8%)	15,160 (6.9%)

* This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 29: Reasons for lapsing

This table only includes active lapsers (through revalidation or cease to practise) for whom we have a recorded reason for lapsing (n=7,359).

Reason	Number	Percentage
Retirement	4,012	54.5%
Currently not practising / opted not to practise	2,584	35.1%
Ill health	382	5.2%
Does not meet the revalidation requirements	338	4.6%
Deceased	35	0.5%
No professional indemnity arrangement	8	0.1%
Total	**7,359**	**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 (n=7,359). Where there are no cases in a cell, this is reported as a dash (—).

Reason for lapsing	People with a nursing registration	People with a midwifery registration
Retirement	3,819 (54.3%)	254 (57.2%)
Currently not practising / opted not to practise	2,464 (35.1%)	165 (37.2%)
Ill health	371 (5.3%)	15 (3.4%)
Does not meet the revalidation requirements	332 (4.7%)	9 (2.0%)
Deceased	35 (0.5%)	1 (0.2%)
No professional indemnity arrangement	8 (0.1%)	–
Total	**7,029**	**444**

Table 31: Reasons for lapsing by practitioner country

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

Reason for lapsing	England	Scotland	Wales	Northern Ireland	Not practising in UK*	Total
Retirement	3,136 (58.4%)	408 (56.2%)	246 (71.1%)	128 (64.3%)	94 (13.0%)	4,012 (54.5)
Currently not practising / opted not	1,723 (32.1%)	245 (33.7%)	75 (21.7%)	45 (22.6%)	496 (68.8%)	2,584 (35.1%)
Ill health	289 (5.4%)	44 (6.1%)	18 (5.2%)	18 (9.0%)	13 (1.8%)	382 (5.2%)
Does not meet the revalidation	188 (3.5%)	25 (3.4%)	2 (0.6%)	8 (4.0%)	115 (16.0%)	338 (4.6%)
Deceased	28 (0.5%)	2 (0.3%)	4 (1.2%)	–	1 (0.1%)	35 (0.5%)
No professional indemnity arrangement	3 (0.1%)	2 (0.3%)	1 (0.3%)	–	2 (0.3%)	8 (0.1%)
Total	**5,367**	**726**	**346**	**199**	**721**	**7,359**

*   This includes nurses and midwives whose current or most recent practice (those for whom we have an employer address), or their home address is either in the EU/EEA or overseas (outside the EU/EAA).

Table 32: Reasons for lapsing for those who have/do not have a self–declared disability

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

Reason for lapsing	Has a disability	Does not have a disability	Prefer not to say	Unknown	Total
Retirement	156 (33.8%)	2,529 (52.4%)	156 (42.2%)	1,171 (68.8%)	4,012 (54.5%)
Currently not practising / opted not to practise	153 (33.1%)	1,860 (38.5%)	142 (38.4%)	429 (25.2%)	2,584 (35.1%)
Ill health	130 (28.1%)	116 (2.4%)	55 (14.9%)	81 (4.8%)	382 (5.2%)
Does not meet the revalidation requirements	18 (3.9%)	302 (6.3%)	15 (4.1%)	3 (0.2%)	338 (4.6%)
Deceased	4 (0.9%)	14 (0.3%)	2 (0.5%)	15 (0.9%)	35 (0.5%)
No professional indemnity arrangement	1 (0.2%)	4 (0.1%)	–	3 (0.2%)	8 (0.1%)
Total	462	4,825	370	1,702	7,359

Table 33: Revalidation requirement that they were unable to meet–nurses

Please note that each registrant 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 registrant was asked the reasons for lapsing each registration if they lapsed more than one.

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 does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

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

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	43	4	–	1	34	82 (24.6%)
CPD	61	7	1	2	6	77 (23.1%)
Health and character declaration	22	2	–	1	2	27 (8.1%)
Practice hours	100	11	–	4	12	127 (38.1%)
Practice–related feedback	62	6	–	3	19	90 (27.0%)
Professional indemnity arrangement declaration	31	3	–	2	10	46 (13.8%)
Reflective discussion	76	11	1	5	69	162 (48.6%)
Written reflective accounts	69	7	1	4	32	113 (33.9%)
Total number of registrants lapsing their nursing registration	188	24	2	8	111	333

Table 34: Revalidation requirements they were unable to meet–midwifery

This is the total number of registrants 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 does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

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

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	1	–	–	–	2	3
CPD	1	–	–	–	3	4
Health and character declaration	1	–	–	–	1	2
Practice hours	2	1	–	–	3	6
Practice-related feedback	1		–	–	2	3
Professional indemnity arrangement declaration	1	–	–	–	1	2
Reflective discussion	2		–	–	2	4
Written reflective accounts	1		–	–	–	1
Total number of registrants lapsing their SCPHN registration	3	1	–	–	5	9

Table 35: Revalidation requirement they were unable to meet–SCPHN

This is the total number of registrants 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 does not include 'partial lapsers' who lapsed one or more registrations but retained other registrations.

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

Revalidation requirement that they did not meet	England	Scotland	Wales	Northern Ireland	Not practising in UK	Total
Confirmation	2	–	–	–	1	3
CPD	1	–	–	–	–	1
Health and character declaration	1	–	–	–	–	1
Practice hours	3	1	–	–	–	4
Practice-related feedback	3	–	–	–	–	3
Professional indemnity arrangement declaration	2	–	–	–	–	2
Reflective discussion	3	–	–	–	–	3
Written reflective accounts	2	–	–	–	–	2
Total number of registrants lapsing their SCPHN registration	4	1	–	–	1	6

THE VERIFICATION PROCESS

Verification is a tool we use to gain assurance that nurses and midwives are complying with the revalidation guidance and meeting our requirements. We select a sample of applicants and ask them for the following information:

- a breakdown of practice hours that have made up their required 450 hours

- details of the type of practice they undertook

- where they carried out the work

- confirmation of hours of CPD and the types CPD that they undertook

- confirmation of their arrangements for professional indemnity.

We also contact the confirmer (and in some cases the reflective discussion partner) to verify that they carried out the relevant discussion and that this covered the areas specified in the guidance.

Our analysis so far has shown a high degree of compliance, consistent with the initial findings from the first year of evaluation. We have found a small number of instances of non-compliance and we have dealt with these appropriately. In the coming year we will build on what we have learned and take a dynamic approach to verification to allow us to identify and deal with non-compliance. We don't anticipate that we will have any meaningful data to publish until we have completed our first full three year cycle of revalidation.

THE EVALUATION
OF REVALIDATION

We welcome the findings from the first year evaluation report published by Ipsos MORI. It is extremely encouraging to see the positive feedback that nurses and midwives have shared with respect to their revalidation experience, in particular the value of reflective practice. This is consistent with the feedback we have received ourselves. We are also pleased to see that there is early evidence that our intended outcomes of revalidation are being realised as nurses and midwives report improvements in practice and increased awareness of the Code. We have a role not just to set standards for safe and effective practise, but to help improve patient care. If these early findings are sustained revalidation should make a significant contribution to that goal.

At the same time we recognise that this is only the end of the first year of revalidation. We must treat any early findings with caution and take action to make sure that these initial positive findings become sustainable over the long term. The value of undertaking an early evaluation is that we can learn and improve as we go and we welcome these recommendations, many of which we have already begun to implement. We are committed to being transparent about our data and sharing our learning, particularly what we learn about why people lapse their registration. We will continue to work closely with Ipsos Mori to understand this over the next year and share our findings with our partners.

We agree that we need to build on our high quality communication approach and provide support through further improvements in the tools and guidance we offer. Reflective practice is the key to delivering the change that we are seeking and we

will look for additional ways to help nurses and midwives in carrying that out. We will explore with our partners the best way to do this, whether through case studies or signposting to examples of best practice being delivered on the ground.

The support available from employers is a critical factor in the success of revalidation. We are very pleased to see the level of support that many nurses and midwives have reported receiving from their employer. We are conscious that there is a wide variety of employment settings and we will look carefully at those areas where nurses and midwives report receiving less support. It may be that we have a role in working with those employers through raising awareness of the importance of revalidation and how it can help them deliver a safe service.

We also recognise that revalidation could be particularly challenging for those in more isolated practice who do not even have an employer and we want to work with unions and professional networks to address this where we can. While it seems clear that our current communications and case studies work well for a large proportion of the register we agree that there is more we can do here.

Other areas we will focus on over the next year are how nurses and midwives collect feedback (particularly from patients and service users), sharing information with systems and other regulators, and the verification of revalidation applications. The information we have from the first year of verification shows a high degree of compliance with the revalidation requirements and we are pleased that the evaluation report also reflects early signs that verification is having a positive effect on compliance. As we say elsewhere we are conscious there is more to be done and we will continue to evaluate our approach as we gather more data over the coming year.