

REVALIDATION

**Completed forms
and templates**

Contents

The forms and templates in this pack are examples of how a nurse or midwife may record how they meet the requirements of revalidation. These include real life examples taken from nurses or midwives who have already revalidated.

This is not a sample portfolio of one individual nurse or midwife. The pack includes a variety of forms and templates, designed to reflect multiple practice settings and different ways of approaching the process.

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The reflective accounts, reflective discussion and confirmation forms are all **mandatory** for revalidation.

PRACTICE HOURS LOG TEMPLATE

Guide to completing practice hours log

To record your hours of practice as a registered nurse, midwife and nursing associate, please fill in a page for each of your periods of practice. Please enter your most recent practice first and then any other practice until you reach 450 hours. You can only count practice hours during the three year period since your last registration renewal or initial registration. You do not necessarily need to record individual practice hours. You can describe your practice hours in terms of standard working days or weeks. For example if you work full time, please just make one entry of hours. If you have worked in a range of settings please set these out individually. You may need to print additional pages to add more periods of practice. If you are both a nurse and a midwife or a nursing associate and nurse you will need to provide information to cover 450 hours of practice for each of these registrations.

Work setting

- Ambulance service
- Care home sector
- Community setting (including district nursing and community psychiatric nursing)
- Consultancy
- Cosmetic or aesthetic sector
- Governing body or other leadership
- GP practice or other primary care
- Hospital or other secondary care
- Inspectorate or regulator
- Insurance or legal

- Maternity unit or birth centre
- Military
- Occupational health
- Police
- Policy organisation
- Prison
- Private domestic setting
- Public health organisation
- School
- Specialist or other tertiary care including hospice
- Telephone or e-health advice
- Trade union or professional body
- University or other research facility
- Voluntary or charity sector
- Other

Scope of practice^{1, 2}

- Direct clinical care
- Education
- Research
- Management
- Leadership
- Policy
- Commissioning
- Consultancy
- Quality assurance or inspection

Registration

- Registered Nurse
- Midwife
- Nursing Associate
- Registered Nurse/SCPHN
- Midwife/SCPHN
- Registered Nurse and Midwife (including Registered Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work setting (choose from list above):	Your scope of practice (choose from list above):	Number of hours:	Your registration (choose from list above):	Brief description of your work:
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¹ The Code (NMC 2018) <https://www.nmc.org.uk/standards/code/>

² Standards of proficiency for: registered nurses (NMC 2018), nursing associates (NMC 2018) and midwives (NMC 2019): <https://www.nmc.org.uk/standards/>

10/12/2010 – Current	London Hospital, London Road, London.	Hospital	Direct patient care	Full time 37.5 hours per week	Nurse and midwife	Midwife on labour and PN ward, also rely on nursing skills, knowledge & experience every day. Caring for women and babies in labour and postpartum period; caring for women post-operatively; CTG monitoring; suturing; breastfeeding support; examination of the new born.
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Scope of practice^{3,4}

- Direct clinical care
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June 2013 – June 2016	Norwich University, Norwich Road, Norwich.	University	Education	1600 hrs per year	Nurse	Teaching pre-registration nurses, and teaching post qualifying courses at under and post graduate level. Link lecturer, practice liaison and associated activities, marking.

³ The Code (NMC 2018) <https://www.nmc.org.uk/standards/code/>

⁴ Standards of proficiency for: registered nurses (NMC 2018), nursing associates (NMC 2018) and midwives (NMC 2019): <https://www.nmc.org.uk/standards/>

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Scope of practice^{5,6}

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- Education
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⁵ The Code (NMC 2018) <https://www.nmc.org.uk/standards/code/>

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6 January 2008 - Current	Heatherfield GP Practice, Leeds Road, Leeds.	GP practice	Direct patient care	12 hours per week = approx. 560 hours per year	Nurse	<p>Part of primary healthcare team, with duties including:</p> <ul style="list-style-type: none"> - Venepuncture - Travel health advice and vaccinations - Smoking cessation - Family planning & women's health
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CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

Guide to completing CPD record log

Examples of learning method

- Online learning
- Course attendance
- Independent learning

What was the topic?

Please give a brief outline of the key points of the learning activity, how it is linked to your scope of practice^{7,8}, what you learnt, and how you have applied what you learnt to your practice.

Link to Code

Please identify the part or parts of the Code relevant to your CPD.

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust

Link to Standards of proficiency

Please identify the part or parts of the relevant standards that you used to inform your CPD

Please provide the following information for each learning activity, until you reach 35 hours of CPD (of which 20 hours must be participatory). For examples of the types of CPD activities you could undertake, and types of evidence you could retain, refer to our guidance sheet at www.revalidation.nmc.org.uk/download-resources/guidance-and-information.

Dates:	Method: Please describe the methods you used for the activity:	Topic(s):	Link to Code:	Link to Standards of proficiency:	Number of hours:	Number of participatory hours:
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⁸ Standards of proficiency for: registered nurses (NMC 2018), nursing associates (NMC 2018) and midwives (NMC 2019): <https://www.nmc.org.uk/standards/>

4.4.14	Independent learning – online course	Clinical mandatory training Update for all clinical aspects relevant to my role, including blood transfusion, manual handling and safeguarding. Some of what we covered I already knew, but it was good to refresh. I learned that there was a new blood transfusion policy and a new procedure for collecting blood from the fridge. I haven't done this in practice for a while so it was important that I learnt this.	Practise effectively Preserve safety	Being an accountable professional Improving safety and quality of care	7.5	0
27.5.14	Course attendance	IV Therapy. This course enabled me to learn the theory and practice behind IV therapy. Also got to practise aseptic non touch technique (ANTT). I have increased my knowledge and am now able to deliver IV therapy safely.	Practise effectively Preserve safety	Assessing needs and planning care providing and evaluating care	7.5	7.5
3.6.2015	Independent learning – reading article	Caring for people who are dying: priorities at the end of life. Read CPD article in Nursing Standard. Gained new ideas which I will reflect on and discuss with my team, with a view to making changes to our practice.	Prioritise people	Being an accountable professional Improving safety and quality of care	2	0

16.6.14	Meeting attendance	Mentor update. Face to face session which informed me of recent changes to student nurse training and reminded me of the standards I need to achieve as a mentor. Allowed me to reflect on my role as a mentor and role model to students in the last six months.	Prioritise people	Being an accountable professional Improving safety and quality of care	3	3
1.3.16	Conference attendance	RCN Education Conference. Attended two-day conference. Presentations on quality surgical nursing and its impact on clinical practice were particularly relevant to me. I will present these ideas to the team at our next meeting, and have gained some ideas on implementing more training in my area.	Practise effectively Preserve safety	Improving safety and quality of care Leading and Managing Nursing care and Working in teams	15	15
					Total: 35	Total: 25.5

FEEDBACK LOG TEMPLATE

Guide to completing a feedback log

Please provide the following information for each of your five pieces of feedback. You should not record any information that might identify an individual, whether that individual is alive or deceased.

Guidance Sheet 1 in *How to revalidate with the NMC* provides guidance on how to make sure that your notes do not contain any information that might identify an individual.

You might want to think about how your feedback relates to the Code, and how it could be used in your reflective accounts.

Examples of sources of feedback

- Patients or service users
- Colleagues – nurses midwives, other healthcare professionals
- Students
- Annual appraisal
- Team performance reports
- Serious event reviews

Examples of types of feedback

- Verbal
- Letter or card
- Survey
- Report

Date	Source of feedback Where did this feedback come from?	Type of feedback How was the feedback received?	Content of feedback What was the feedback about and how has it influenced your practice?
1.7.2015	Student	Verbal, in a meeting to review placement documentation	The student found it valuable when I let her take the lead in a postnatal baby check. I will encourage my students to take the lead more often and try to only provide direction when they need it. Linked to 'promote professionalism and trust' in the Code.
10.8.2015	Woman I looked after on PN ward	Thank you letter	Thanking me for supporting her and her partner throughout the discharge process. Highlighted the importance of taking time to make sure women feel confident and comfortable before they are sent home with their new baby. Linked to 'prioritise people' in the Code.

12.11.2015	Annual appraisal	Verbal	Gave me feedback on my leadership style. We discussed what works well, and areas where I could improve. We also talked about a leadership course which I am going to attend next month.
3.2.2016	Patient	Written complaint	A complaint was received about the ward, from a woman who felt she received poor care, inadequate support with breastfeeding and was not kept in the loop about discharge process. Will reflect on this in one of my reflective accounts. Linked to 'prioritise people' in the Code.
7.5.2016	Colleague	Verbal	I asked a more experienced midwife on the ward to observe a breastfeeding support session I lead, and give me feedback. We talked about what I did well, and some new ideas and techniques I could include in my session. Will reflect on this in one of my reflective accounts.

REFLECTIVE ACCOUNTS FORM

You must use this form to record five written reflective accounts on your CPD and/or practice-related feedback and/or an event or experience in your practice and how this relates to the Code. Please fill in a page for each of your reflective accounts, making sure you do not include any information that might identify a specific patient, service user or colleague. Please refer to our guidance on preserving anonymity in Guidance sheet 1 in *How to revalidate with the NMC*.

Reflective account: Community – District nurse

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

CPD participatory activity. Attending a Manual Handler Transfer Specialist course.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

As an experienced community nurse I have had to adapt to various environments to deliver care safely and effectively. Working within the community team we provide care for patients with complex health care needs at home, most presenting with limited ability to mobilise and transfer independently. I participated in the manual handling transfer specialist training course to develop the team's knowledge and skills in patient handling. The role of transfer specialist will also promote the team's compliance with the Trust's mandatory training programme.

The statistics highlighting that 24% of NHS staff are injured through poor manual handling practice, and that poor practice contributes to 40% of sickness and absence, emphasise the need for raising awareness of the consequences of poor practice. The cost to the NHS for compensation claims is approximately £150 million a year; money that should go directly to patient care.

The role of transfer specialist will focus on organisational and individual training needs to move safer handling practice forward across the organisation, in line with current best practice. Each trainer will be expected to attend a minimum of one update training session every year facilitated by a board manual handling advisor.

Staff will complete a structured manual handling passport and will be assessed carrying out practical modules relevant to their workplace. For new staff an induction will be carried out and a checklist of training needs must be met prior to commencement of work. Self-assessments will be carried out every two years and, if required, training will be provided by the transfer specialist.

The legislation regarding risk assessments and safety at work was discussed and the importance of assessment prior to performing any task was reinforced, with the aim to reduce risk of injury to both patient and staff member.

How did you change or improve your practice as a result?

We have arranged a teaching programme which includes individual task assessments, control measures, risk assessments, care plans and review dates. We have offered to accompany colleagues on home visits to carry out complex assessments, enabling us to initiate safer handling principles. We will act as a resource to the team in relation to the ordering of equipment, with the purpose of reducing the risk of injury to colleagues and patients as a result of poor manual handling practice.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

All four themes of the NMC Code are linked to this CPD activity:

Prioritise people - the majority of people referred to the CRT are older with chronic limitations including social needs. For some patients to remain at home safely, functional assessments are necessary to perform the fundamentals of care safely. The extended knowledge and skills in identifying appropriate aids for transferring patients enables them to remain independent with formal support at home.

Practise effectively – the ongoing manual handling updates enables staff members to maintain the knowledge and skills needed for safe and effective practice.

Preserve safety – As a transfer specialist I am to be a resource for the team, supporting colleagues to take account of their own personal safety as well as patient safety by attending manual handling training sessions.

Promote professionalism and trust - I intend to be a model of integrity and leadership by being committed to the standards of safer handling practice.

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Reflective account: Community – Health visitor

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

I received written feedback on a record keeping and documentation and train the trainer training day that I delivered with a colleague. The audience included health visitors, student health visitors and managers. The organisation was in the process of moving to a new record keeping system and had concerns about the quality of their practitioner's records. There had been a number of serious case reviews where poor record keeping was highlighted as a contributing factor. My colleague and I delivered the record keeping session and I delivered the train the trainer session. Feedback was received from participants who completed an evaluation form. I also received a thank you email from the manager who commissioned the session.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

The feedback from participants was positive and demonstrated that expectations of the session had been met. The content, materials and delivery of the session were rated excellent or very good, indicating it had been well received and was beneficial. There were a number of additional comments. It was suggested there could have been more focus on the how participants themselves could deliver the training, more on the basics of record keeping in relation to current NMC guidelines and, rather than maintaining the same members of a group within the different interactive sessions, it would have been beneficial if members were moved around.

I was pleased with the feedback, in particular the additional comments from participants that would enable me to improve future sessions.

How did you change or improve your practice as a result?

I reviewed the training package based on the feedback provided and the programme for future sessions was amended, addressing the suggestions made.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

It is relevant to the theme ‘prioritise people’ in terms of listening to people and responding to their preferences and concerns. I had a number of meetings and communications with the management team and representatives to ensure the training day would meet their requirements, and I made changes based on the feedback received.

It is also relevant to the themes ‘practise effectively’ and ‘promote professionalism and trust’ in terms of practising in line with the best available evidence, working cooperatively, communicating clearly, and sharing skills and knowledge. It was important that the best available evidence was used in the presentation, which required me to research the subject area and ensure I was confident in my knowledge. I also had to ensure that I communicated clearly and varied the teaching methods to facilitate participants’ engagement, recognising that people learn in different ways. The session encouraged participants to uphold the standards and values set out in the Code.

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Reflective account: Cosmetic sector – self-employed aesthetic nurse

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice?

- An experience from a clinic treatment day, during the pre-treatment discussion with a patient.
- When I asked if there were any changes to medical or drug history, the patient said there had been no changes. T
- Patient did not consider that taking oral low dose aspirin was a medical or drug related issue, and therefore did not inform us that six weeks ago she'd commenced prophylactic oral low dose aspirin after reading an article in a newspaper.
- This resulted in her subsequent bleeding during the elective procedure which had to be abandoned.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice?

- Learnt that patients do not always have a clear understanding of the information we are requesting from them.
- I reflected on how we asked patients for general information - it is quite possible that patients do not consult with Health Care Professionals when making choices - in this case they read an article, purchased an OTC medication and commenced self-medication.
- This highlights that patients may not consider self-medication either a 'medical' or 'drug' change and therefore would not report a change to us.

How did you change or improve your practice as a result?

- Reviewed the written information we give to patients prior to treatment
- Introduced a risk assessment for bruising
- This risk assessment includes a list of possible medications they may be taking and might not think to mention, such as low dose Aspirin, Vitamin E supplements, cod liver oil capsules etc.

How is this relevant to the Code?

Select one or more themes: Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust

This is relevant to all principles of the Code, but in particular:

- Practising effectively – this experience is about communicating clearly, and taking steps to ensure people understand what is being asked of them.
- Preserving safety – I took steps to reduce as far as possible any potential for harm associated with my practice by introducing a new risk assessment for bruising.

REFLECTIVE DISCUSSION FORM

You **must** use this form to record your reflective discussion with another NMC-registered nurse or midwife about your five written reflective accounts. During your discussion you should not discuss patients, service users or colleagues in a way that could identify them unless they expressly agree, and in the discussion summary section below make sure you do not include any information that might identify a specific patient or service user. Please refer to Guidance sheet 1 in *How to revalidate with the NMC* for further information.

To be completed by the nurse or midwife:

Name:	A.Nurse
NMC Pin:	12A1234B

To be completed by the nurse or midwife with whom you had the discussion:

Name:	L. Manager
NMC Pin:	13A1234B
Email address:	l.manager@nurse.com
Professional address including postcode:	London Hospital Jones Road London LN1 2NM
Contact number:	020 1232 1234
Date of discussion:	30/01/2016
Short summary of discussion:	We discussed all five of Amy's reflective accounts and linked them back to the Code. We had a very beneficial discussion about some of the issues raised, and shared our different perspectives. We also identified some professional development objectives for Amy, and she is now going to write an action plan for the future.

I have discussed five written reflective accounts with the named nurse, midwife or nursing associate as part of a reflective discussion.
I agree to be contacted by the NMC to provide further information if necessary for verification purposes.

Signature:

A handwritten signature in blue ink, appearing to read "L. Manager".

Date: 30/01/2016

CONFIRMATION FORM

You must use this form to record your confirmation.

To be completed by the nurse, midwife or nursing associate:

Name:	A.Nurse
NMC Pin:	12A1234B
Date of last renewal of registration or joined the register:	01/01/2013

I have received confirmation from (select applicable):

- A line manager who is also an NMC-registered nurse, midwife or nursing associate
- A line manager who is not an NMC-registered nurse, midwife or nursing associate
- Another NMC-registered nurse, midwife or nursing associate
- A regulated healthcare professional
- An overseas regulated healthcare professional
- Other professional in accordance with the NMC's online confirmation tool

To be completed by the confirmer:

Name:	L.Manager
Job title:	Ward Manager
Email address:	l.manager@nurse.com
Professional address including postcode:	London Hospital Jones Road London LN1 2NM
Contact number:	020 1232 1234
Date of confirmation discussion:	30/01/2016

If you are an NMC-registered nurse, midwife or nursing associate please provide:

NMC Pin: 13A1234B

If you are a regulated healthcare professional please provide:

Profession: Nurse

Registration number for regulatory body: 13A1234B

If you are an overseas regulated healthcare professional please provide:

Country:

Profession:

Registration number for regulatory body:

If you are another professional please provide:

Profession:

Registration number for regulatory body (if relevant):

Confirmation checklist of revalidation requirements

Practice hours

- You have seen written evidence that satisfies you that the nurse, midwife or nursing associate has practised the minimum number of hours required for their registration

Continuing professional development

- You have seen written evidence that satisfies you that the nurse, midwife or nursing associate has undertaken 35 hours of CPD relevant to their practice as a nurse, midwife or nursing associate
- You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse, midwife or nursing associate. You have seen accurate records of the CPD undertaken.

Practice-related feedback

- You are satisfied that the nurse, midwife or nursing associate has obtained five pieces of practice-related feedback.

Written reflective accounts

- You have seen five written reflective accounts on the nurse, midwife or nursing associate's CPD and/or practice-related feedback and/or an event or experience in their practice and how this relates to the Code, recorded on the NMC form.

Reflective discussion

- You have seen a completed and signed form showing that the nurse, midwife or nursing associate has discussed their reflective accounts with another NMC-registered individual (or you are an NMC-registered individual who has discussed these with the nurse, midwife or nursing associate yourself).

I confirm that I have read Information for confirmers, and that the above named NMC-registered nurse, midwife or nursing associate has demonstrated to me that they have met all of the NMC revalidation requirements listed above during the three years since their registration was last renewed or they joined the register as set out in Information for confirmers.

I agree to be contacted by the NMC to provide further information if necessary for verification purposes. I am aware that if I do not respond to a request for verification information I may put the nurse, midwife or nursing associate's registration application at risk.

Signature:



Date: 30/01/2016

