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Nurse, Midwife and Nursing Associate Revalidation Policy

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Version	**Date**	**Author**	**Comments**
V2	29/12/2022	Terry Vine	Changed from Lincolnshire West CCG policy into Lincolnshire ICB policy template. All references to Lincolnshire West CCG changed to Lincolnshire ICB. Some minor typos corrected. Updated NMC code to 2018 and add references to nursing associate roles. Language changed to reflect that revalidation is an embedded model now and not a proposed model as it was when policy was first written. Removal of requirement to register Intention to Practice as a Midwife with the local Supervisor of Midwives. Added section around temporary registration. Appendices have been removed and readers directed to the latest templates and guidance online to ensure that registrants do not use out of date materials.

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1. Introduction

1.1 The Inquiry into the Mid Staffordshire NHS Foundation Trust Hospital (The Francis Report, 2013) identified that the 'system' did not put the patient first. Furthermore, findings from The Berwick Report and Keogh identified failings within the NHS and caused great concern to the public and their safety within the healthcare setting. As well as many other recommendations that have been implemented it is thought that revalidation will give greater confidence to the public, employers and fellow professionals by ensuring that nurses and midwives are up to date with their practice.

1.2 Revalidation will improve public protection by making sure that nurses and midwives continue to be fit to practice throughout their career. It is a statutory requirement that nurses, and midwives stay up to date in their professional practice. They will be required to develop new skills, keep informed on standards and understand the changing needs of the public they serve and fellow healthcare professionals with whom they work. Revalidation provides nurses and midwives with the opportunity to reflect on their practice against the standards in The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (known as 'the Code' throughout this document) (Nursing and Midwifery Council, 2015 and updated 2018) and demonstrate that they are 'living' these standards.

1.3 For those nurses and midwives who are professionally isolated from their peers, revalidation will encourage them to engage in professional networks and discussions about their practice. From April 2016, all nurses and midwives and now nursing associates have had to comply with the proposed revalidation model requirements and standards within the Code.

1.4 The Code covers four key areas that the registered nurse, midwife and nursing associate must use in their everyday work and these four areas will be evident throughout the revalidation process. The four key areas of the Code are:

- Prioritise People
- Practise Effectively
- Preserve Safety
- Promote Professionalism and Trust.

1.5 This Policy is based on guidance from the NMC, which explains to registered nurses, midwives and nursing associates how to revalidate and the requirements to maintain professional registration every three years and can be found here https://www.nmc.org.uk/revalidation/overview/what-is-revalidation.

2. Purpose

2.1 The purpose of the policy is to outline how nurses, midwives and nursing associates employed directly by Lincolnshire ICB and in services commissioned by the ICB have a duty to revalidate every three years to ensure they comply with the requirements of NMC registration.

3. Scope

3.1 Nurses, midwives and nursing associates employed directly by Lincolnshire ICB and those employed by services commissioned by the ICB. However, it is recognised that most providers will publish and ratify their own policy. It is also acknowledged that other professional groups such as doctors and AHPs will have their own revalidation requirements, and this is not within the scope of this policy.

4. Definitions

4.1 The Nursing and Midwifery Council define revalidation as "... a process that all nurses and midwives will need to engage with to demonstrate that they practice safely and effectively throughout their career." It is not a point in time activity or assessment.

4.2 Revalidation is about promoting good practice across the whole population of nurses, midwives and nursing associates. It's not an assessment of a nurse, midwife or nursing associate's fitness to practice and it's not intended to address poor practice (Nursing Midwifery Council 2015).

5. Roles and Responsibilities

5.1 **Integrated Care Board** - The ICB is committed to implementing the principles of revalidation and has a key responsibility for ensuring that revalidation is embedded at all levels of the organisation

and that strategic priority and scrutiny are maintained at Board level with the ICB Director of Nursing and Quality has ultimate responsibility.

Line Managers will ensure that NMC registrants working within the ICB are provided with the support to fulfill the requirements of their registration and hold the revalidation discussion with the registrant before the deadline for submission. Registrants will also be supported with access to another registrant for the reflective discussion if the line manager is not a registrant.

The ICB will support registrants through revalidation with access to participatory learning opportunities in order to fulfill the requirements of revalidation.

5.2 **Commissioned Services/Providers** – Providers should have their own revalidation policy in place and have commitment from their Board to ensure that their registrants are supported to be able to meet the requirements of revalidation and support the process of revalidation every three years.

5.3 **General Practice** - It is the responsibility of all employers including general practice to ensure a robust system is in place to check the annual NMC registration status of registered nurses, midwives and nursing associates employed by the practice. It is also necessary to have an appraisal policy in place with a clear development plan for each registrant to enable them to meet the requirements of revalidation. Where a registrant is required to complete the reflective discussion and this cannot be provided within the GP Practice, and ICB employed registrant can step into this role. This will usually be from the Nursing and Quality Team.

5.4 **Individual Nurse, Midwife or Nursing Associate** - It is a statutory requirement each individual registrant to re-register every three years. Each individual must work to the Code and be prepared for revalidation. They must have the required clinical and behavioural competencies to perform their role to a high standard. Each registrant must maintain a portfolio of CPD evidence and identify any learning needs for professional development planning at annual appraisals in preparation for revalidation. They are also responsible for keeping a record of the hours worked as a registrant and a record of practice feedback to evidence that they have practised in accordance with the Code.

6. Revalidation Requirements

6.1 Each registrant needs to meet a range of revalidation requirements to show that they are keeping their skills and knowledge up to date and maintaining safe and effective practice.

- 450 practice hours, or 900 hours if renewing two registrations (for example, as both a nurse and midwife)
- 35 hours of CPD including 20 hours of participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts
- Reflective discussion with another registrant (usually the line manager unless they are not a registrant)
- Health and character declaration
- Professional indemnity arrangement
- Confirmation

6.2 NMC registrants will be expected to their revalidation discussion at least three months prior to their revalidation date. This maybe as part of their annual appraisal. This is to ensure that there is sufficient time for the NMC registrant to apply for revalidation online and the NMC to process that application so that the potential for lapses in registration are minimised. The registrant will be expected to submit confirmation of revalidation to the NMC thirty days prior to registration to ensure they are able to practise. This is done through registering for an NMC Online account https://online.nmc-uk.org.

6.3 Nurses, midwives and nursing associates must demonstrate to an appropriate person that they have complied with the revalidation requirements. This is called confirmation. The confirmer role is provided by the NMC registrants' line manager. They do not need to be an NMC registered nurse or midwife. Where a confirmer is not a NMC registrant a peer reviewer will also be required to discuss the five reflective accounts.

6.4 For NMC registrants who are confirmers, they must have effective registration and not be subject to any kind of suspension, removal or striking-off order at the time of making the confirmation

6.5 The confirmation discussion should ensure that all requirements for revalidation as outlined above are included and they have been met.

6.6 Any concerns to whether an NMC registrant will meet the revalidation criteria will be escalated to the ICB Deputy Director of Nursing and Quality so that a suitable support can be provided. If concerns regarding performance are identified then the appropriate policy should be referred to and HR advice sought.

6.7 NMC registrants who are at executive level may wish to choose a confirmer/ peer reviewer outside the organisation.

6.8 **Practice Hours** - When NMC Registrants apply for revalidation, they will be asked to declare that they have met the practice hours requirement and whether they are currently practising, and if so, where they undertake that practice. NMC Registrants must practise a minimum number of hours over the three years preceding the date of their application for renewal of their registration. Please see table below which outlines the minimum requirements for single and dual registration.

Registration	Minimum Practice Hours
Nurse	450 hours
Nursing Associate	450 hours
Midwife	450 hours
Nurse and Specialist Community Public Health Nurse (SCHPN) (Health Visitor)	450 hours
Midwife and SCHPN	450 hours
Nurse and midwife (including Nurse/SCHPN and Midwife/SCHPN	900 hours (to include 450 hours for nursing, 450 hours for midwifery)

6.9 If the NMC registrant has practised for fewer than the required number of hours in the three year period since registration was last renewed or they joined the register, then they must

successfully complete an appropriate Return To Practice programme or a Test of Competence approved by the NMC before the date of their application for renewal of registration.

6.10 The registrant can only count practice hours that they undertook while they were registered and they must meet their practice hours in a role where they rely on their skills, knowledge and experience of being a registered nurse. Midwife or nursing associate. This also includes nurses, midwives and nursing associates who rely on their skills, knowledge and experience of being a registrant, but are in roles where their employment contract does not expressly require them to be registered with the NMC. For example, this could include roles in public health, operational management, commissioning, policy and education. This may include work done in voluntary roles, where the nurse, midwife or nursing associate is relying on their skills, knowledge and experience of being a registrant.

6.11 NMC registrants should maintain a record of completed practice hours in their portfolio. Although an electronic portfolio is not a pre-requisite for revalidation, the NMC may request that the information be submitted electronically and revalidation is completed via the NMC on-line facility.

6.12 When NMC Registrants apply for revalidation, they will be asked to declare that they have met the practice hours requirement. NMC Registrants will also be asked whether they are currently practising, and if so, where they undertake that practice. If a person is not currently in practice (e.g retired or taking a career break) and wish to maintain registration, they will need to continue to revalidate and will be asked to provide details about their most recent practice.

6.13 The NMC may select individual NMC registrants to provide further information to verify the declaration they have made in their application. This additional information may include:

- Dates of practice
- The number of hours undertaken
- Name, address and postcode of the organisations
- Scope of practice
- Work setting
- Description of the work undertaken
- Evidence of those practice hours, such as timesheets, job specifications and role profiles.

NMC Registrants will be asked to provide this information starting from their most recent practice, and continuing until they meet the practice hours requirement.

6.14 **Continuing Professional Development (CPD)** - As a professional, NMC Registrants have a duty to keep their professional knowledge and skills up to date through a continuous process of learning and reflection. The registrant must have undertaken 35 hours of Continuing Professional Development (CPD) relevant to their scope of practice as a nurse or midwife, in the three year period since their registration was last renewed or they joined the register. NMC registrants should not include mandatory training that is not directly related to their practice (for example fire training or health and safety training). Of the required 35 hours, at least 20 must have included participatory learning. Participatory learning includes any learning activity which involves interacting with other people, this could include:

- Formal study day
- Learning events, such as a conference or workshop
- Peer review
- Coaching and mentoring
- Participation in clinical audit, practice visits and group meetings
- Shadowing

6.15 The registrant must maintain accurate records of their CPD, including:

- CPD method
- Description of the topic and how it relates to your practice
- Dates and number of hours and participatory hours
- Relevance to Code
- Evidence that CPD has taken place.

6.16 **Practice Related Feedback** - The registrant must have obtained five pieces of practice-related feedback in the three year period since their registration was last renewed or they joined the register.

Feedback can come from a variety of sources, including patients, service users, students and colleagues. Feedback can also be obtained through reviewing complaints, team performance reports and serious event reviews. Feedback can be informal or formal, written or verbal. It could be specific feedback about an individual, or feedback about a whole ward, team or organisation.

The NMC recommends that registrants keep notes of the content of the feedback, including how the registrant used it to improve their practice as it will be helpful to use when preparing reflective accounts. Registrants must not record any information that might identify an individual, whether that individual is alive or deceased.

6.17 **Reflective Accounts** - Registrants must have prepared five written reflective accounts in the three year period since their registration was last renewed or they joined the register. These reflective accounts should refer to an instance of CPD, and/or a piece of practice-related feedback they have received, and/or an event or experience in their own professional practice, and how this relates to the Code.

6.18 Each reflective account can be about an instance of CPD, feedback, an event or experience in their practice as a nurse, midwife or nursing associate, or a combination of these. For example, they could create a reflective account on a particular topic which may have arisen through some feedback their team received following an event, such as consent and confidentiality and identify how that relates to the Code.

6.19 Reflective accounts should explain what the registrant has learnt from the CPD activity, feedback, event or experience, how they changed or improved their practice as a result, and how this is relevant to the Code. Reflective accounts must not include any information that might identify an individual, whether that individual is alive or deceased.

6.20 **Reflective Discussion** - This discussion is designed to encourage a culture of sharing, reflection and improvement amongst nurses, midwives by requiring nurses, midwives and nursing associates to discuss their professional development and improvement and ensuring that nurses, midwives and nursing associates do not work in professional isolation.

6.21 This discussion should be based on the registrants' five written reflective accounts and can take place at the same time as 'confirmation' by the registrant's line manager if their line manager is a registrant. If the registrants' line manager is not a registrant, then the registrant needs to identify a suitable registered nurse, midwife or nursing associate as their reflective discussion partner. Where this provides some difficulty for the registrant, other registrants working within the ICB will be able to assist.

The registrant must record details of their reflective discussion on the form provided by the NMC. The registrant should keep the completed and signed form as they will need to show it to their confirmer as evidence that they have had a reflective discussion (unless their confirmer was their reflective discussion partner). The reflective discussion partner will also need to sign the form and record their name, NMC PIN, email, discussion date and a summary of the discussion. They will also

need to agree that the NMC can contact them if necessary for further information to verify the information that the nurse, midwife or nursing associate has provided in their application.

6.22 **Health and character declaration** – The registrant must provide a health and character declaration, they must declare if they have been convicted of any criminal offence or issued with a formal caution and they will be asked to declare if they have been subject to any adverse determination that your fitness to practice is impaired by a professional or regulatory body, over the three years prior to the renewal of their registration.

6.23 The declaration of good character is based on conduct, behaviour and attitude and should be in line with the Code, the NHS Constitution and Lincolnshire ICB's values and behaviours and therefore the registrant must declare any cautions and convictions to the NMC immediately not just at the point or renewal or revalidation.

6.24 NMC registrants must be in a state of health that ensures they are capable of safe and effective practice without supervision, after any reasonable adjustments are made by employers. This does not mean there must be a total absence of any disability or health condition, many people with disabilities and health conditions and able to practise effectively with or without adjustments to support their practice.

6.25 If registrant's health and character are sufficiently good to enable them to practise safely and effectively in accordance with the Code, and they do not have any charges, cautions, convictions, and determinations to declare they do not need to keep any information in relation to this requirement once the online declaration is complete. Confirmers do not need to check this requirement.

6.26 **Confirmation of Indemnity Insurance** - The registrant must declare that they have or will have when practising appropriate cover under an indemnity arrangement. The registrant must inform the NMC whether this arrangement is through your employer, membership with a professional body or through a private insurance arrangement. If not through the employer, the registrant must retain the evidence that they have appropriate arrangements in place and provide a copy to their employer upon request.

6.27 **Confirmation** - The confirmer role is usually undertaken by the registrants' line manager. The line manager has a responsibility to be familiar and understand the requirements of revalidation.

Confirmation is not any of the following:

- Deciding whether a nurse or midwife will be revalidated or will remain on the register. This is the NMC's role as the regulator.
- Making a judgment on whether the registrant is fit to practise. Revalidation is not a way to raise new fitness to practise concerns.
- Verification of information in the registrant's portfolio. For example, the confirmer does not need to contact CPD providers to check whether the registrant attended or completed a particular item of CPD. All of the information required should be contained in the registrant's portfolio.

6.28 The confirmer must meet with the registrant to discuss their evidence contained within their portfolio, this could form part of the registrant's annual appraisal and be conducted three months prior to the registrants' revalidation date. The confirmer must review the registrants' portfolio to make sure that they have met the revalidation requirements. The NMC registrant must submit their portfolio to their confirmer prior to their annual appraisal and revalidation discussion.

6.29 The confirmer should:

- Question the registrant where there is a lack of clarity regarding meeting revalidation requirements
- Use personal professional judgment in deciding whether the registrant has met the revalidation requirements.

It is important to understand the confirmer is being asked to confirm based on the evidence that they have seen. If confirmers provide confirmation honestly, they will not be held responsible for future or past actions if they were unaware of them when giving the confirmation.

6.30 Confirmer's should retain a record of their Third-Party Confirmation which should be filed in the NMC registrant's personal file so that the information is accessible in the event of the NMC requesting additional information.

6.40 **Temporary Registration** – During the COVID 19 pandemic, the NMC opened up temporary registration for registrants that had left the register due to retirement or due to undertaking a role that no longer required registration in order to mobilise an increased workforce. It has closed to new applications currently but it is not unreasonable, therefore, to believe that this could happen once again for a specific large scale health emergency. In this situation, line managers and temporary registrants should have complete clarity on the requirements for revalidation and should monitor NMC guidance on the matter should it change. At the time of publishing this policy in regard to the COVID 19 temporary register the Secretary of State for Health and Care announced an intention to keep the temporary register open for another 2 years for those already on it and there is no requirement for those on a temporary registration to revalidate currently. However, the NMC do encourage those intending to remain on the temporary register and are reviewing the arrangements around temporary registration. It is therefore crucial that the ICB, line managers and temporary registrants are kept abreast of updates from the NMC.

7. Communication, Monitoring and Review

7.1 All NMC registrants are informed of the requirement to revalidate and the process has now become well embedded. New starters joining the ICB and commissioned providers should be made clear of the requirements for revalidation and signposted towards this policy or the relevant provider policy.

7.2 Monitoring of compliance of registration should be through ESR and line managers are responsible for ensuring that staff in their team in roles that require them to be an NMC registrant are on the register.

7.3 This policy should be reviewed constantly as the NMC update their guidance on revalidation requirements and should be formally reviewed every 2 years.

7.4 Any individual who has queries regarding the content of this policy or has difficult understanding how this policy relates to their role, should contact the Document Owner/Author.

8. Staff Training

8.1 CPD requirements to ensure that registrants meet the requirements of revalidation are outlined above in section 6.14.

9. Equality and Diversity Statement

9.1 NHS Lincolnshire Integrated Care Board (ICB) is committed to designing and implementing policies, procedures and commissioning services that meet the diverse needs of our local population and workforce, ensuring that none are placed at a disadvantage over others.

10. Interaction with other Policies

10.1 Suite of HR policies including capability management, disciplinary and appraisal.

11. Further Reading

11.1

- https://www.nmc.org.uk/revalidation/resources/guidance-and-information/
- https://online.nmc-uk.org/
- https://www.nmc.org.uk/standards/code/
- https://www.rcn.org.uk/Professional-Development/Revalidation

11.2 Required templates to complete revalidation process can be found here:

- https://www.nmc.org.uk/revalidation/resources/

Registrants have a responsibility to ensure that they are utilising the latest and most up to date templates.

12. Glossary

12.1

Term	Definition
CPD	Continuing Professional Development
NMC	Nursing Midwifery Council
(L)ICB	(Lincolnshire) Integrated Care Board
SCHPN	Specialist Community Public Health Nurse
Registrant	A person who is registered with the NMC
Nurse	A registered nurse. This can be an adult, children’s learning disability or mental health nurse.
Midwife	A registered midwife. A midwife is a very specialist registration and they may not also be registered as a nurse so it is important that midwives are identified separately from nurses.

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Equality Impact Analysis Form

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Project Details

Project Name:	Nurse, Midwife and Nursing Associate Revalidation Policy
EA Author:	Terry Vine
Team:	Nursing and Quality Team
Date completed:	29 December 2022
Version:	V2

What is the aim of the project/proposal?
To update the existing Lincolnshire West CCG policy as an ICB policy in line with the latest guidance from the Nursing Midwifery Council. This will support members of staff within the ICB and in commissioned services who are NMC registrants and ensure that they are clear on the requirements to revalidate every 3 years.

Who will be affected by this work? e.g. staff, patients, service users, partner organisations etc.
Nursing and Midwifery Council Registrants directly employed by the ICB and also in commissioned services.

Stage 1, Scoping point **Is a full Equality Impact Analysis required for this project?** **You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.** **It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.**					
Yes	☐	Proceed to the full Equality Impact Analysis form	**No**	☑	Explain why further analysis is not required.
If no, explain below why further Equality Impact Analysis is not required. E.g. 'This report is for information only' or 'The decision has not been made by the CCG' or 'The decision will not have any impact on patients or staff'. (Very few decisions affect all groups equally and this is not a rationale for not completing an EIA.)					

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Stage 1, Scoping point **Is a full Equality Impact Analysis required for this project?** **You should consider whether a full EIA is required, referring to the relevant guidance for information and guidance on making this decision.** **It is important this decision is made with an open mind and correctly, advice should be sought from the EIHR team if you are unsure.**
The policy reflects mandatory requirements set out by the Nursing Midwifery Council and cannot be amended for local use. The policy will have no affect at all on patients and will only affect staff that are NMC registrants. This is already an embedded process and the policy reflect this. There is no change to the process. Whilst a full assessment is not required, we have still gone through this form to assess any potential impact on protected characteristics and other groups and included mitigating action where necessary.

Equality Impact Analysis Form

If at an initial stage further information is needed to complete a section this should be recorded and updated in subsequent versions of the EIA. An Equality Impact Analysis is a developing document, if you need further information for any section then this should be recorded in the relevant section in the form and dated.

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1. Evidence used

To demonstrate that the decision made has been informed you should include examples of the information used to determine the impact and complete the EIA.

Examples are likely to include:

- ***Population Data -** e.g. demographic profile (Census),*
- ***Service Activity Data e.**g. profile of patients using a service*
- ***Consultation and Involvement findings -** e.g. any engagement with service users, local community, specific groups.*
- ***Research -** e.g. good practice guidelines, service evaluations, literature reviews, reports*
- ***Participant knowledge -** e.g. experiences of working with different or population groups, experiences of service users in other service areas / localities*

Not applicable.

2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

Revalidation evidences registrants 'compliance with the NMC Code. A registrant cannot remain on the register if they cannot complete this.

2.1 Age
Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues.

As part of the revalidation process the registrant has to complete a declaration of good health. This could potentially adversely affect an older registrant's ability to revalidate if they believe that they are not in good health but this is a requirement set out by the NMC and not something the ICB has implemented.

2.2 Disability
Describe disability-related impact and evidence. This can include attitudinal, physical, communication and social barriers as well as mental health/learning disabilities, cognitive impairments.

2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

As part of the revalidation process the registrant has to complete a declaration of good health. This could potentially adversely a disabled registrant's ability to revalidate if they consider themselves to be in good health but this is a requirement set out by the NMC and not something the ICB has implemented. Within the NMC's own guidance it states that a disability alone must not affect someone being able to revalidate.

2.3 Gender reassignment (including transgender)
Describe any impact and evidence in relation to transgender people. This can include issues such as privacy of data and harassment.

This policy applicable to all NMC registrants and there is no anticipation that it would adversely affect a person who had transitioned or who described themselves as gender neutral or fluid. Due consideration must be given to using preferred pronouns during the process of revalidation.

2.4 Marriage and civil partnership
Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part time working and caring responsibilities.

This policy is applicable to all registrants, regardless of marital status. The requirements of revalidation require the registrant to log 450 practice hours and maintain a CPD log. To achieve this a registrant would need to record 12.5 hours a month and thus should not adversely affect a person on part time working.

2.5 Pregnancy and maternity
Describe any impact and evidence in relation to Pregnancy and Maternity. This can include working arrangements, part time working and caring responsibilities.?

This policy is applicable to all registrants, regardless of marital status. The requirements of revalidation require the registrant to log 450 practice hours and maintain a CPD log. To achieve this a registrant would need to record 12.5 hours a month and thus should not adversely affect a person on part time working. A person taking the minimum entitlement of maternity leave (8 weeks) would need to achieve 14 practice hours per month over the 3 years. Anyone expecting to take longer maternity leave or have multiple pregnancies within the 3-year revalidation cycle would thus need to increase the practice hours during the time they are at work and thus may find the requirements of revalidation more challenging.

2.6 Race
Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures and language barriers.

2. Impact of decision *In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.*
This policy is applicable to all registrants regardless of race. All NMC registrants must demonstrate an advanced level of spoken and written English and thus the revalidation policy should not adversely affect a person who speaks English as a second language.
2.7 Religion or belief *Describe any impact and evidence in relation to religion, belief or no belief on service delivery or patient experience. This can include dietary needs, consent and end of life issues.*
This policy equally applies to all registrants regardless of religion or belief. It is not anticipated that the policy will adversely affect anyone from a certain religion or belief.
2.8 Sex *Describe any impact and evidence in relation to men and women. This could include access to services and employment.*
This policy applies to all registrants although it is recognised that NMC registrants are made up of predominantly women (89.1% of NMC registrants identify as female). The policy will not have an adverse impact on male registrants who are under-represented
2.9 Sexual orientation *Describe any impact and evidence in relation to heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.*
This policy equally applies to all registrants regardless of sexual orientation and it is not expected that the policy will adversely affect a person due to sexual orientation.
2.10 Carers *Describe any impact and evidence in relation to part-time working, shift-patterns, general caring responsibilities. (Not a legal requirement but a CCG priority and best practice)*

2. Impact of decision
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should include any identified health inequalities which exist in relation to this work.

This policy applies to all registrants regardless of their caring responsibilities and it is not anticipated it would adversely affect a person with caring responsibilities.

2.11 Other disadvantaged groups
Describe any impact and evidence in relation to groups experiencing disadvantage and barriers to access and outcomes. This can include socio-economic status, resident status (migrants, asylum seekers), homeless people, looked after children, single parent households, victims of domestic abuse, victims of drug/alcohol abuse. This list is not finite. This supports the CCG in meeting its legal duties to identify and reduce health inequalities.

The academic entry requirements to university in order to become a registrant may itself mean it is more challenging for people from some backgrounds to access but it is not anticipated that the process of revalidation itself would adversely some communities more than others.

3. Human rights *The principles are Fairness, Respect, Equality, Dignity and Autonomy.*				
Will the proposal impact on human rights?	Yes	▣	No	☑
Are any actions required to ensure patients' or staff human rights are protected?	Yes	☐	No	☑
If so what actions are needed? *Please explain below.*				

4. Health Inequalities.

The Health and Social Care Act 2012 established the first specific legal duties on CCGs to have regard to the need to reduce inequalities between patients in **access** to, and **outcomes** from, healthcare services and in securing that services are provided in an integrated way. These duties had legal effect from April 1st 2013.
The duties require that CCGs properly and seriously takes into account inequalities when making decisions or exercising functions, and has evidence of compliance with the duties, whilst also assessing how well commissioned providers have discharged their legal duties on health inequalities.

1. **What evidence have you considered to determine what health inequalities exist in relation to your work?**

   Not applicable

2. **What is the potential impact of your work on health inequalities?** Can you demonstrate through evidenced based consideration how the health outcomes, experience and access to health care services differ across the population group and in different geographical locations that your work applies to?

   If you feel that the project will not impact / be relevant to Health Inequalities please give a rationale.

Not applicable

3. How can you make sure that your work has the best chance of reducing health inequalities?

Not applicable

5. Engagement/consultation
What engagement is planned or has already been done to support this project?

It is expected that the CCG will have carried out a level of engagement with those affected whether formal or informal. This should be focussed to the groups most affected.

Engagement activity	**With whom?** *e.g. protected characteristic/group/community*	**Date**
Engagement took place prior to the introduction of revalidation by the NMC.	Registrants and employers.	2014

Please summarise below the key finding / feedback from your engagement activity and how this will shape the policy/service decisions e.g. patient told us, so we will… (If a supporting document is available, please provide it or a link to the document)

https://www.nmc.org.uk/globalassets/sitedocuments/consultations/2014/revalidation-evidence-report.pdf

6. Mitigations and changes
If you have identified mitigations or changes, summarise them below. E.g. restricting prescribing over the counter medication. It was identified that some patient groups require high volumes of regular prescribing of paracetamol, this needs to remain under medical supervision for patient safety, therefore an exception is provided for this group which has resolved the issue.

Are these vital to the project continuing?

Not applicable.

7. Is further work required to complete this EIA?
Please state below what work is required and to what section e.g. additional consultation or engagement is required to fully understand the impact on a particular protected group (e.g. disability)

Work needed	**Section**	**When**	**Date completed**

8. Development of the Equality Impact Analysis *If the EIA has been updated from a previous version please summarise the changes made and the rationale for the change, e.g. Additional information may have been received – examples can include consultation feedback, service Activity data*		
Version	**Change and Rationale**	**Version Date**
e.g. Version 0.1	*The impact on wheelchair users identified additional blue badge spaces are required on site to improve access for this group.*	*26 September 2017*

9. Final Sign off Completed EIA forms must be signed off by the completing manager. They will be reviewed as part of the decision making process. Service lines should maintain an up to date log of all EIAs.		
Version approved:		
	Name	**Date**
Signature of responsible officer		
Which committee will be considering the findings and sign off the EA?	**LICB Policy Committee Sub Group**	
Minute number *(to be inserted following presentation to committee)*		

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Stage One - Quality Impact Assessment Initial Screening Tool

The QIA Initial Screening Tool is required for all projects to identify the project's impact on quality, be it positive, neutral, or adverse.

Five quality domains are thereby defined in the Initial Screening Tool, against which risks must be assessed and scored (see Appendix B for instructions on scoring).

For each quality domain in the Initial Screening Tool, highlight the proposal's impact on quality as either positive (P), neutral (N) or adverse (A). For **neutral** and **adverse** impacts, add a score for consequence (C) and likelihood (L) (Appendix B). Multiply the consequence and likelihood scores and record that number as the total score (T), then enter yes or no regarding need for a Stage 2 QIA for any domains with scores of 8 or greater. Calculate and record the total score of all domains. Complete an Equality Impact Assessment (EIA) and the EIA section on the QIA screening tool.

<table>
<tr><td colspan="2" rowspan="2">Quality Impact Assessment - Initial Screening Tool</td><td colspan="7">Instructions:</td></tr>
<tr><td colspan="7">• Answer Positive, Neutral or Adverse (P, N or A) against each quality domain
• If Neutral or Adverse, insert a Consequence (C) and Likelihood (L) score, multiply the scores, and insert the total score in the Total (T) column
• Add a brief description of the potential impact and mitigating actions
• Insert Y (yes) indicating need for a Stage 2 QIA for any domains with scores of 8 or greater
• Record the total score of all domains
• Complete an Equality Impact Assessment (EIA) and the EIA section on the QIA screening tool</td></tr>
<tr><td rowspan="2">Quality Domain</td><td>Impact Question</td><td rowspan="2">P/N/A</td><td rowspan="2">C</td><td rowspan="2">L</td><td rowspan="2">T</td><td rowspan="2">Brief description of potential impact</td><td rowspan="2">Mitigation strategy and monitoring arrangements</td><td rowspan="2">Stage 2 QIA? Y/N</td></tr>
<tr><td>Could the proposal impact on any of the following?</td></tr>
<tr><td>Duty of Quality</td><td>• The duty to safeguard children and vulnerable adults
• The duty to promote equality – see https://bit.ly/3v85CNs</td><td>P</td><td></td><td></td><td></td><td>Revalidation will ensure that NMC registrants are meeting the requirements of their code and thus have a registrant workforce that are fit to practice safely.</td><td></td><td>N</td></tr>
</table>

	• The functions of other services within the organisation • The clinical effectiveness of services • Patients' and public experiences of services • Compliance with NHS constitution's core principles - see https://bit.ly/37vzY4k Any other factors related to the duty to uphold and improve quality							
Patient Safety	• Avoidable harm; clinical/environmental/other • Infection prevention and control practices, systems, statutory expectations and acceptable standards • Referral to treatment times • Safeguarding Adults, Young People & Children – see https://bit.ly/3jeY3ih • Workforce levels and competencies Any other risk indicators relevant to patient safety	P				Revalidation will ensure that NMC registrants are meeting the requirements of their code and thus have a registrant workforce that are fit to practice safely.		No
Patient / Staff Experi-ence	• Informed choice, autonomy, and involvement • Access to services • Dignity, respect, compassion, and consent • Patients' satisfaction with services • Complaints and redress Any other risk indicators relevant to patient experience:	P				Revalidation will ensure that NMC registrants are meeting the requirements of their code and thus have a registrant workforce that are fit to practice safely.		No

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Clinical effecti-veness	• Evidence based practice & standards • Clinical outcomes • Clinical leadership and engagement Any other risk indicators relevant to clinical effectiveness:	P				Revalidation will ensure that NMC registrants are meeting the requirements of their code and thus have a registrant workforce that are fit to practice safely.		No
Non-clinical/ operati-onal impact	• Impact on cost effectiveness • Impact on infrastructure • Impact on staff satisfaction and welfare • Impact on the public perception of the organisation • Social value impact • Relationships with partner organisations	P				Revalidation will ensure that NMC registrants are meeting the requirements of their code and thus have a registrant workforce that are fit to practice safely.		No
		Total overall score =				**0**		

EQUALITY	**An Equality Impact Assessment must also be undertaken**		
Name of person completing the Equality Impact Assessment:	Terry Vine	Date:	Signature:
Position:	Deputy Director of Nursing and Quality	30/12/2022	