HOW TO MAKE THE MOST OF THE REFLECTIVE DISCUSSION

Nurses who have already revalidated say they find the chance to discuss their practice in a structured way highly rewarding. Here, we examine how managers can best approach the process.

Abstract

The Nursing and Midwifery Council’s new process for re-registering nurses and midwives – revalidation – went live on April 1. Nurse managers will be expected to play a pivotal role in ensuring their staff are able to revalidate by acting as their reflective discussion partners and/or their confirmers. This article sets out the steps involved in reflective discussions and confirmation, along with the responsibilities of nurse managers involved. There is also a case study that offers tips from a nurse manager who has acted as confirmer on several occasions.

Keywords

appraisal, confirmation, manager, reflective discussion, revalidation

WHEN NEWLY revalidated nurses and midwives at University College London Hospitals NHS Foundation Trust (UCLH) were asked about the experience, a clear message came through.

Nursing and midwifery revalidation lead, Alison Finch, who surveyed the 45 staff who re-registered in April, said they were keen to say how useful they had found the reflective discussion. ‘Lots of people didn’t just respond to the survey, they rang me up to say they had thought the discussion would be, at best, just a process, but they found it really worthwhile.’

‘They said it was a defining moment to talk about their practice and lots of things came together in a way they hadn’t thought about before. They were challenged in the way they thought about things, realised how they had grown and developed over the past year and thought about things with a new perspective. It was very positive.’

Every nurse who manages other nurses is likely to be involved in helping them revalidate over the next few years. Revalidation was introduced this year by the Nursing and Midwifery Council. The first nurses and midwives completed the process in April, and all those wishing to retain their registration will apply to revalidate over the next three years.

While revalidation can seem daunting for nursing managers, the NMC is keen to emphasise it should not be. Managers are most likely to be involved with the reflective discussion and confirmation. Reflective discussion must take place with a fellow registrant, and covers the five pieces of reflective practice the revalidating nurse must have prepared. The nurse can choose with whom they have this discussion, with many stating this will be their line manager.

The regulator says the discussion of the five reflective accounts should link real-life experience to the four key themes of the Code to prioritise people, practice effectively, preserve safety and promote professionalism and trust. It is an opportunity for nurses to re-familiarise themselves with the Code and gain understanding of how it applies to their everyday work. The regulator suggests it can be helpful to bring a copy of the Code to the meeting.

Managers are advised the discussion can be used in different ways, including to share ideas, information and experience, debrief after an incident, seek another person’s perspective on a situation and to talk about professional development objectives.

The regulator says the discussion partner can help the nurse reach a conclusion, or develop an
action plan. Patients, services users and colleagues should not be discussed in a way that could identify them, unless those individuals have agreed to this.

Additional assurance
Confirmation - the final of the seven elements of revalidation - is intended to provide additional assurance that a nurse has met the revalidation requirements. The NMC says confirmation increases professionalism by making nurses and midwives more accountable for their practice and improvement. It encourages those who work in isolation from colleagues to discuss their development, feedback, reflections and revalidation with another person.

For line managers, it should encourage regular consideration and discussion of how nurses are engaging in professional development activities to maintain and improve their competence and practice.

While confirming a nurse has completed revalidation might seem a considerable responsibility, the NMC emphasises it does not intend to take action against confirmers who, acting in good faith, provide information that proves to be incorrect.

The NMC says the confirmer should, where possible, be the nurse’s line manager. The confirmer does not need to be a nurse or midwife, and does not have to be the person involved in the reflective discussion. However, many employers are encouraging staff to combine reflective discussion and confirmation in one meeting - often this is included in a nurse’s annual appraisal. The NMC says combining reflective discussion and confirmation, ‘can often be a sensible choice as it makes the process a little easier’.

The NMC adjusted the reflective discussion and confirmation process in light of nurses’ feedback at the pilot stage. NMC director of registration Tom Kirkbride, says: 'Feedback showed the reflective discussion was the most valuable element of the process for nurses and midwives. Managers who had acted as reflective discussion partner suggested this provided new insight into the experience of their staff. The majority of participants felt the confirmation would result in greater access to appraisal and would help ensure nurses and midwives do not practise in professional isolation.'

The RCN says nursing managers should regard reflection as a continuing process, not just an event that happens every three years with revalidation.

RCN professional lead for education, standards and professional development Gill Coverdale, says: 'Managers need to support their staff to revalidate, and that is not just giving them continuing professional development (CPD), but also the time and opportunity to reflect on their practice and to talk to other registrants about practice issues, CPD they have done or just generally about nursing. It is about supporting staff to have the time to do that. It doesn’t necessarily mean everyone has to be off the ward, it may be during a coffee break or team meeting.'

Ms Coverdale says managers and employers need to be aware early on of staff who might find revalidation challenging, so they can be supported. She says this can apply to independent registrants who work alone. ‘The care home sector has nurses who do not have nurses as managers and do not work for the NHS. They might work for an organisation that does not understand revalidation. We are working with these organisations to prepare them and support their staff. There are RCN and NMC resources to help.’

Powerful
The reflective discussion is seen by many nurses as one of the most important aspects of revalidation. One practice nurse echoed the findings of the UCLH survey when she told the NMC the discussion ‘was easily the most powerful part of the process’. One of her pieces of reflective feedback considered a significant incident with a patient. ‘I looked at the situation and I talked it through,’ she says. ‘We soon realised there were a number of contributing factors. We got to the root of why it happened and it has made me much more aware of the things going on around me, which I never realised impacted on my care until now.’
She recommends nurses do not choose a friend for their discussion. 'You need to ask someone who will genuinely give you the most valuable reflective discussion possible. My conversation was powerful because my nurse director had the experience to understand how my feedback and reflections affected my practice, and how I could use it to improve.'

The NMC says the discussion can take place with a line manager, someone with whom the nurse frequently works, or someone from a professional network – as long as the individual is on the register. They do not need to be someone with whom the nurse works on a daily basis, and do not need to undertake the same type of practice.

The RCN says nurses who do not work with other registrants should make contact with peers from their wider network, including RCN forums.

Approaching a reflective discussion as a discussion partner requires thought. Ms Finch says nurses at UCLH who will be involved with reflective discussions have been given some questions to help them guide the conversation. These include:

- Talk me through what this account is about.
- What contributed to your learning on this occasion?
- What did you do that contributed to the success or learning?
- What does this account say about you and what is important to you?

'Nursing managers involved with discussions should read the portfolio and it is their responsibility to be prepared,' Ms Finch says.

'They should put some thought into it, and approach it as a peer-to-peer – not senior-to-junior – professional discussion. But they shouldn’t be too prescriptive about how the discussion will go. It is a personal conversation and needs to be meaningful. In conversation, the reflective accounts come alive.'

She says there is some tension for nursing managers who are confirming their staff have completed the requirements for revalidation but have not carried out the reflective discussion.

'There is some anxiety that managers are signing off on the conversation but the nurse has chosen someone else to have the conversation with. Especially if it is a friend or junior member of staff, how do they know that it has been a thoughtful discussion?'

'As a trust, we have suggested having the discussion with an experienced colleague. There is not a lot that a nursing manager can do in this situation, but it is something that is going to come up as a worry for nurses.'

The NMC emphasises that confirmation is not about assessing a nurse. Mr Kirkbride says:

'Confirmation is not about making an assessment of a nurse or midwife’s fitness to practise, but about making sure that the requirements of revalidation have been met.'

Taking part in the confirmation and reflective discussion process can also be a valuable learning opportunity for nursing managers. Nottingham University Hospitals NHS Trust practice development matron Anna Edwards, says nursing staff involved in helping their colleagues revalidate are using it as a learning experience themselves. 'I am encouraging managers who have acted as a confirmer to do one of their own reflective pieces on the experience for their revalidation. It is part of a professional change and it is a good opportunity to show what they did and how they would do it next time.'

Find out more on the NMC’s revalidation website revalidation.nmc.org.uk or at rcni.com/revalidation

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**Box 2** Reflective discussion form

The NMC has produced a form that must be used to record the reflective discussion. The senior nurse involved must provide his or her name, NMC pin, contact details, and a brief summary of the discussion.

They must sign to confirm the five written reflective accounts were discussed, and that they are happy to be contacted by the NMC, if necessary.

Written reflective accounts, and the discussion summary section of the reflective discussion form, must not include any information that might identify any individual, alive or deceased. All information must be recorded in a way that does not identify any colleague or other individual.

**Box 3** Essential evidence for the confirmer

- Written evidence a nurse has completed 450 hours of practice over the past three years – 900 if revalidating as a nurse and midwife
- Written evidence the nurse has undertaken 35 hours of CPD. At least 20 hours should be participatory, and there should be accurate records
- Written or oral evidence the nurse has obtained five pieces of practice-related feedback
- Five written reflective accounts on CPD, practice-related feedback, or events or experience in their practice and how this relates to the Code. Each account must be written on the NMC reflective account form
- A completed and signed NMC form recording that the nurse has discussed their reflective accounts with another NMC registrant, often the confirmer

*Conflict of interest*

None declared