The Nursing and Midwifery Council (NMC) is finally running the pilot for its new revalidation model and the Private Independent Aesthetic Practices Association (PIAPA) was honoured to accept the invitation to consult with the NMC on behalf of its cosmetic nurses. PIAPA is also delighted to announce that the astute Cheryl Barton will be representing the group during this crucial time.

As part of the pilot period, PIAPA and other prominent cosmetic practitioner groups are asking aesthetic nurses to step once more into the breach and assist in navigating this new and abstract process. In light of this, I thought it only fair that I too park my reservations and analyse the new process with objectivity.

Ipsos MORI has been appointed the official researcher for the NMC revalidation project, and it has quite the challenge ahead as it asks nurses of every type of employment and niche, due to re-register between January and September this year, their thoughts and feedback on a somewhat overdue overhaul.

I can forgive PIAPA members for taking two steps back from the conversation and pretending to look busy when I drop the three letters N, M and C into conversation; to them, the NMC is essentially the almighty power that says nay or yay to their career; to them, the NMC is essentially the three letters N, M and C into conversation. Two steps back from the conversation and pretend to什麼 busy when I drop the three letters N, M and C into conversation; to them, the NMC is essentially the almighty power that says nay or yay to their career; to them, the NMC is essentially the three letters N, M and C into conversation.

At present it would appear that any nursing peer can vouch for this, which presents grave issues over conflict of interest. However, I must emphasise that the trial has not yet begun and it is these very points that need exploring and developed into a workable, professional assessment of all nurses. Moreover, the message being emphasised by the NMC is that revalidation is not an exercise of scouring for bad practice and poor ability, but rather positive affirmation of nurses’ skills, development and learning.

If you would like to be involved in the testing or development of the revalidation model, please get in touch with PIAPA by emailing: info@piapa.co.uk.

What seems to be the most significant step is the introduction of a ‘confirmmer’ who, after discussion with the nurse, will decide if his or her revalidation requirements are being met. It is heavily suggested that the confirmation discussion can be combined with a general performance appraisal within the workplace. The confirmmer, therefore, can be a line manager as long as they are NMC-registered or have another NMC registrant to co-confirm. This is where most confusing points have arisen so far; the ‘confirmation’ concept seems good in practice and appropriate that someone is vouching for a nurse’s fitness to practise based on portfolio evidence, but who would over-see such a process for independent nurses or business owners as so many cosmetic nurses are?

At this stage, the NMC has set out some restrictions, but it is important for them to enter the pilot with an open mind.

The NMC has also increased the continuing professional development (CPD) requirements from 35 to 40 hours, where 20 of these hours should account for learning with others. Being such an ardent advocate of interactive group learning, I definitely can’t argue with that.

Building portfolios should be a continuous activity within every 3-year cycle (in other words, never-ending). In an ideal world this would always be the case, however we are all guilty of allowing portfolios to gather dust on several occasions. Although nurses are expected to produce evidence of feedback, the nature of this remains very ambiguous with thoughts ranging from a patient thank you card to a properly assembled feedback form signed and dated by the patient or manager.

Nurses will also be expected to produce five reflective accounts showing how their CPD activity and feedback relate directly to the code of conduct. While this sounds ideal, I hope the concept will be developed so that the examples have to cover several areas of the code, as this will likely reflect a broad scope of patient care and needs.

Another major step will be the migration from written evidence to paperless documentation, as the NMC will require all registrants to sign up to their own online account. This step seems logical and forward-thinking, and the idea of being able to store information and portfolio entries centrally seems perfect. My only hopes regarding the online move is that sub-contracting to numerous costly software developers won’t be on the cards, and that the council will opt for one standard and effective system that is fit for purpose, no matter what kind of nurse the end user is.

Weaving it into everyday practice and demonstrating how this has been done. The NMC has also increased the continuing professional development (CPD) requirements from 35 to 40 hours, where 20 of these hours should account for learning with others. Being such an ardent advocate of interactive group learning, I definitely can’t argue with that.

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