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Back to nursing: new standards for Return to Practice programmes.

To legally practice as a registered nurse in the United Kingdom (UK), we must revalidate every three years from the date of initial registration. This involves providing evidence of professional competence, including a minimal level of working hours and continuing professional development. Failure to revalidate results in a lapse in registration; in order to return to work as a registered nurse thereafter, it is necessary to complete a Return to Practice (RtP) programme. The standards for these programmes are set by the UK regulatory body, the Nursing and Midwifery Council (NMC). Following an extensive consultation process, the 2011 standards have been reviewed and new standards published this month (NMC 2019). In a climate of growing nurse shortages (ref), it is vital that we attract back as many registered nurses (RNs) as possible and support them as they adjust to contemporary practice. What did the consultation process reveal and how have the RtP standards changed?

The consultation process included a literature review and engagement with a wide range of stakeholders over three months involving nurses and midwives both on the register and lapsed, a range of students including those on RtP programmes, educators, regulators, care commissioners and employers from across the UK. The reviewers were interested in the extent of loss of skills and competence in non-practicing practitioners, views on the use of computer-based testing (CBT) or objective structured clinical examinations (OSCEs) to assess clinical competence, as well as information concerning processes and procedures used by other regulatory bodies for nursing and midwifery and by other healthcare profession regulators.

There appeared to be mixed views on the use of Tests of Competence (ToC) with the NHS Employers organisation expressing reservations about this approach (NHS Employers 2018) without a stronger evidence base. They note that OSCEs are currently used with nurses from outside the European Economic Area (EEA) seeking to work in the UK., but this is presumably time-consuming and costly. Instead they advocated an employer-led approach to facilitating a return to practice.

Investigation of how return to practice is handled by other professions revealed that the NMC was unusual in its requirement for lapsed registrants to complete an RtP programme. The General Medical and General Dental Councils operate a faster process whereby individuals have more flexible plans operated by the medical deaneries to support individual needs. The Healthcare Professions Council are also less prescriptive and advocate self-study, courses where required and supervised practice. Looking overseas, policy from nursing regulatory bodies in six countries revealed parallels with the NMC, as refresher courses or competency tests were used to enable nurses to return to practice.

Looking at data from the register, between 2012 and 2017, 6,380 people re-joined the NMC register after completing an RtP programme (NMC 2019). The four top reasons why those that had lapsed gave were retirement, relocation, pressure of work and ill-health although some did not provide a reason. Interestingly

the proportion of people on the register is increasing in the 21-30 age group and the 56 and over age group; this latter trend indicates a trend of more people returning to the register to work towards the end stages of their career.

The NMC (2019b) found that more flexibility in the design and delivery of RtP programmes was required, with some support for self-declaration together with a portfolio for assessment, particularly for those approaching revalidation. Some also supported an NMC ToC as an alternative to RtP programme completion. The consultation also revealed a more stringent approach to be taken for those who had left the register following a fitness for practice panel. However legal advice indicated that this would be unfair as sanctions would have already been applied and worked through and therefore thereafter this group needed to be treated like any other.

Following the review the new standards for RtP have altered to introduce some additional flexibility. The readmission standards remain the same in terms of evidence of 450 hours of work as a nurse in the last three years. The applicant can then complete the RtP programme as before (curriculum has been updated and revised) or from January 2020 can pass an NMC two-part Test of Competence for the relevant part of the register. This is a same test that is used by overseas nurse applicants. One further change is that those with insufficient hours to meet revalidation requirements, will be able to apply for a short extension to complete revalidation requirements, thus hopefully preventing some lapses from the register.

This consultation process has been thorough and offers some further flexibility for practitioners and employers and as such is to be welcomed. However, to retain these experienced practitioners means providing on-going support from colleagues and nurse leaders. Nurse retention is generally a significant problem both in the UK and worldwide (Cummings et al 2010). Work pressures are made worse by the extent of nurse shortage with vacancies in 1 in 9 registered nurse (RN) posts reported (NMC 2017). Returning RNs are therefore a precious resource but one we need to make sure we cherish.

References

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