

Orla Fox

REVALIDATION PORTFOLIO

My Portfolio will help me as a Midwife demonstrate that I practice safely and effectively. It will encourage me to reflect on the role of the Code in my practice and demonstrate that I am 'living' the standards set out within it.

Chelsea & Westminster

PRACTICE HOURS

450 nursing hours

PRACTICE HOURS LOG TEMPLATE

Guide to completing practice hours log

To record your hours of practice as a registered nurse and/or midwife, 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 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 midwife you will need to provide information to cover 450 hours of practice for each of these registrations.

Work setting	Maternity unit or birth centre	Scope of practice
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Commissioning • Consultancy • Education • Management • Policy • Direct patient care • Quality assurance or inspection • Registration • Nurse • Midwife • Nurse/SCPHN • Midwife/SCPHN • Nurse and Midwife (including Nurse/SCHPN and Midwife/SCPHN)

Dates:	Name and address of organisation:	Your work setting <small>(choose from list above):</small>	Your scope of practice <small>(choose from list above):</small>	Number of hours:	Your registration <small>(choose from list above):</small>	Brief description of your work:
January '14 – June '15	Guy's and St. Thomas' Foundation Trust, London SE1 9RT	Alongside Birth Centre	Direct patient care	34.5hrs/wk	Midwife	Band 7 midwife on a low risk birth unit

June '15 – Dec '16	Chelsea and Westminster Foundation Trust, West Middlesex Hospital, Isleworth TW7 6AF	Maternity Unit	Quality assurance and direct patient care	34 hrs/wk	Midwife	Full-time Supervisor of Midwives



Chelsea & Westminster

CONTINUING PROFESSIONAL DEVELOPMENT

35 hours CPD

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, 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 the CPD.

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

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 the types of evidence you could retain, please refer to Guidance sheet 3 in *How to revalidate with the NMC*.

Dates:	Method Please describe the methods you used for the activity:	Topic(s):	Link to Code:	Number of hours:	Number of participatory hours:
03.07.15	Course attendance	Legal Birth Conference course - The Francis Inquiry: The impact one year on - Fitness to Practice (A case study) - Debate: "Has supervision has its day?"	Preserve safety	7.5	7.5
22.10.15	Course attendance	Physiological Birth: Promoting normality course - Fear: the enemy of birth - Evidence, risk and autonomy in obstetrics - The ethics of maternal request c-section - Supporting the choice of vaginal breech birth	Practise effectively; Prioritise people	7.5	7.5
Jan – June '16	Independent learning	"What do midwives think about midwifery supervision?" BJM Vol 23, Issue 9	Promote professionalism and trust	2	

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

LOG TEMPLATE

15/08/15	Online learning (WIRED)	Blood transfusion	Practise effectively	1	
07.09.16	Course attendance	-Medicines management - Infection control - Fire training - Compassionate care in midwifery	Practise effectively	7.5	7.5
14.09.16	Course attendance	-Infant feeding - Pregnancy loss and bereavement - Adult basic life support - Mentorship	Practise effectively	7.5	7.5
05.10.16	Course attendance	Drills and skills course -Early recognition of severely ill pregnant woman - Vaginal breech birth - Shoulder dystocia - Major obstetric haemorrhage - CTG interpretation - Perinatal mental health	Practise effectively	7.5	7.5
19.02.17	Online learning (RCM i-learn	Statutory supervision of midwives – past, present and future	Promote professionalism and trust	1	
				Total: 41.5	Total: 37.5

10.00

Chairman's Introduction

Helen Young *Director of Nursing and Midwifery*
Birmingham Women's Hospital NHS Foundation Trust

10.10

Midwife appraisal and revalidation update from the Nursing and Midwifery Council

Katerina Kolyva

Director of Continued Practice
Nursing and Midwifery Council

- developments from the revalidation pilot sites
- taking forward the recommendations for a system of revalidation and learning from the responses to the consultation
- the new NMC Code of Practice
- planning for the changes at a local level
- how will an organisation ensure that the midwife who is revalidating is complying with the revised code?
- what will be included in midwife appraisal? Moving forward with the pilot sites
- how will the quality of appraisal and revalidation recommendations be assured and inspected?

10.40

Improving your appraisal skills: Role Play

Becky Simpson and David Schaal

PlayOut

PlayOut are a dynamic drama based communications and presentations training company. They will be performing pieces of theatre and running an interactive workshop to promote discussion about the art of appraisal. This masterclass will involve delegates through analysis, role play and forum theatre and will consider what to avoid when performing an appraisal.

11.20 *Question and answers, followed by coffee at 11.25*

11.50

Supporting midwives and the midwifery profession to deliver effective Midwife Revalidation

Louise Silverton

Director of Midwifery
The Royal College of Midwives

- the role of appraisal in delivering the revalidation for midwives and how this could link with statutory supervision and annual assessment of competence
- the link between appraisal, professional development and supervision
- moving forward: changing attitudes, culture, values and behaviour

12.20

Pilot Site Update: Demonstrating compliance with the revised NMC code of conduct

Lynne Pacanowski

Director of Midwifery & Head of Gynaecology
Guys & St Thomas NHS Foundation Trust
Guys & St Thomas NHS Foundation Trust is an NMC Revalidation Pilot Site

- preparing for revalidation and appraisal to support revalidation: what you need to do as a nurse and as an organisation
- a step by step guide to developing the evidence for revalidation
- moving forward

12.50 *Question and answers, followed by lunch at 13.00*

FOCUS: Developing midwifery appraisal systems as the tool to support Midwife Revalidation

14.00

Improving the quality of midwifery appraisal to demonstrate competence, conduct & compliance for revalidation

Helen Young

Director of Nursing and Midwifery
Birmingham Women's Hospital NHS Foundation Trust

- improving the quality of appraisal conversations
- how can we check midwives continue to meet the NMC standards and the revised code in terms of conduct and competence?
- linking with statutory supervision and annual competence assessment
- developing an appraisal system: trust objectives, divisional objectives, ward objectives and linking the individual objectives and roles back into the overall aims
- our experience and developments at Birmingham Women's

15.00 *Question and answers, followed by tea at 15.10*

FOCUS: Clinical supervision, portfolio development and managing performance concerns

15.40

Developing effective clinical supervision and portfolio development

Ali Richards

Director and Associate of Nurse First
GTR Coaching Ltd

- clinical supervision and portfolio development as part of appraisal
- approaches and tools to support effective supervision: how the statutory supervision framework may change to meet revalidation requirements
- enhancing individual performance and linking with the annual assessment of competence
- demonstration of practice using relevant tools such as, Portfolio Development and Personal Development Plans

16.10

Managing performance concerns and midwives in difficulty

Barbara Kuyper

Local Supervising Authority Officer
NHS England Midlands and East

- an overview of best practice guidance and principles of good practice
- handling concerns about the performance of midwives
- ensuring the culture and environment support effective midwifery: staffing and skill mix
- looking ahead to revalidation for midwives: ensuring appraisal systems are

16.45 *Question and answers, followed by close*

BOND
SOLO



A Wilmington Company



*The Royal College of Midwives
Legal Birth: A Conference
(Continuing Professional Development)*

Certificate of Attendance

ORIA Fox

*Attended on
3 July 2016*

Mark Solon

*Mark Solon
Managing Director Legal Division
Wilmington Group Plc.*

Cathy Warwick

*Professor Cathy Warwick
Chief Executive
Royal College of Midwives*

Certificate of Attendance

This is to certify that

ORLA FOX

Attended the 2nd Annual Conference of
Physiological Birth: Promoting Normality
held at St George's on 22nd October 2015

This conference included 8 hours of Prep
for Healthcare Professionals
working within Maternity Services

Normal Birth Conference Lead



Physiological Birth: Promoting Normality 2016

Conference Programme

- 0800 - 09:00 Delegate registration, exhibition and breakfast
- 09:00 - 09:05 Welcome Address
Miles Scott CEO and Teresa Manders DOM
- 09:05 - 09:15 Opening Remarks by the Conference Chair
Sheena Byrom
- 09:15 - 10:15 Professor Hannah Dahlen
Professor of Midwifery
University of Western Sydney, Australia
'Fear - the enemy of birth'
- 10:15 - 10:30 Questions for Professor Hannah Dahlen
- 10:30 - 11:00 Morning break and refreshments
- 11:00 - 11:40 Dr Amali Lokugamage
Consultant Obstetrician/Gynecologist, Author
Whittington NHS Hospital
'Evidence, risk and autonomy in Obstetrics'
- 11:40 - 11:45 Questions for Dr Amali Lokugamage
- 11:45 - 12:15 Professor Denis Walsh
Associate Professor of Midwifery
University of Nottingham
'Optimising birth physiology in the context of higher risk women'
- 12:15 - 12:45 Birte Harlev-Lam
Head of Maternity Services and Children's Services
NHS England
'Influencing maternity commissioners to normalise birth'
- 12:45 - 13:15 Denise Tiran
Midwife, founder and director of Expectancy
'Complementary therapies to normalise birth – myths and challenges'
-

- 13:15 - 13:30 Questions for the panel
- 13:30 - 14:30 Lunch
- 14:30 - 15:00 Marion Louki
Consultant Midwife in Normality
Epsom and St Helier University Hospital
'The ethics of maternal request caesarean section'
- 15:00 - 15:30 Jenny Geyer
Senior Midwife
St George's Healthcare NHS Trust
'Birth talk'
- 15:30 - 15:45 Questions for the panel
- 15:45 - 16:00 Break and announcement of poster board winner
- 16:00 - 16:30 Shawn Walker
Breech Specialist Midwife and Midwifery Lecturer
City University of London
'Supporting the choice of normal breech'
- 16:30-17:00 Louise Simpson
Workforce Development Midwife, Director of Complementary Birth
Mid Cheshire Hospitals NHS Trusts
"The use of telemetry for water birth - promoting normality in higher risk women"
- 17:00 - 17:15 Questions for the panel
- 17:15 - 17:25 Closing comments by the chair
- 17:25 - 17:30 Evaluations and certificate of attendance
- 17:30 Close of Conference
- 17:30 - 19:30 Post Conference Drinks

"Microbiome"
Internet re. birth
flora/bacteria.

What do midwives think about midwifery supervision?

Abstract

In preparation for the annual audit of the Local Supervising Authority (LSA), a team of supervisors of midwives (SoMs) surveyed the midwives in their unit. This was to ascertain midwives' views of supervision, including their willingness to undertake the Preparation of Supervisors of Midwives course, and to raise the profile of supervision.

The survey was sent, via a SurveyMonkey™ link, to 325 midwives. The response rate was 58.0% ($n=188$): 73.0% ($n=138$) responded that supervision is a positive process and 32.0% ($n=60$) said that they would consider becoming a SoM. Three questions with open text yielded richer data from which themes were drawn.

The results were analysed in relation to the requirements of the *Midwives rules and standards* (Nursing and Midwifery Council, 2012) and the recent King's Fund report (2015), *Midwifery regulation in the United Kingdom*. The views of midwives regarding the effectiveness of midwifery supervision, especially in light of recent recommendations, are particularly pertinent.

Keywords: Supervision, Team working, Leadership and development, SurveyMonkey

- The interface of statutory supervision of midwives and clinical governance
- The profile and effectiveness of statutory supervision
- Team working, leadership and development
- Supervision of midwives and interface with users.

In line with good governance practices of the NMC, each domain is benchmarked by the SoM team against the LSA's standards for the statutory supervision of midwives (LSA, 2014). This informs the framework for the London audit process. As a means of gathering evidence for domains two and three, one London SoM team chose to survey the midwives at their Trust.

Domain two: the profile and effectiveness of statutory supervision

Domain two relates to midwives' experience of supervision, such as the ease of contacting the 24-hour on-call SoM (rule 9: 1d) as well as the availability and supportiveness of their named supervisor. Domain two also relates to rule 9b, which states (NMC, 2012: 26):

'A local supervising authority must ensure that... at least once a year, a supervisor of midwives meets each midwife for whom she is the named supervisor of midwives to review the midwife's practice and to identify her education needs.'

Domain three: team working, leadership and development

Domain three relates to providing professional leadership and nurturing potential leaders. This function is affected by the ratio of supervisors to midwives, recommended to be 1:15 (rule 9: 1.2) (NMC, 2012). In London, this ratio currently ranges from 1:8 to 1:28 (Read, 2013) and is 1:19 at the authors' Trust at the time of writing.

Aims

Recent scrutiny of midwifery supervision, particularly the King's Fund report (2015), has revealed that there is a lack of quantifiable

The overarching aim of midwifery supervision is to ensure that women and their babies receive high-quality and safe care. This goal is enshrined in the *Midwives rules and standards* (Nursing and Midwifery Council (NMC), 2012). The *Midwives rules and standards* set out requirements for practice as well as the standards for the Local Supervising Authority (LSA) with regard to supervision and the audit process (rule 7). They include a midwife's responsibility to have her Intention to Practise form signed annually (rule 3: 1); for it to be signed by a named supervisor of midwives (SoM) appointed by the LSA Midwifery Officer (LSAMO) (rule 8) and to undertake an annual review with his or her SoM (rule 9: 1b). The *rules and standards* also stipulate that each team of midwifery supervisors must be audited annually (rule 7, 2: 1), with the aim of benchmarking each activity to ensure safe practice.

For each supervisory team, the yearly LSA audit provides an opportunity to review initiatives and achievements and to reflect on areas for development or improvement. For reporting purposes, the audit is divided into four domains:

Manjit Roseghini
Supervisor of Midwives
Guy's and St Thomas'
NHS Trust

Suzanne Olson
Supervisor of Midwives
Guy's and St Thomas'
NHS Trust

Fox, Orla

Mandatory E-Learning

Topic			Date
Adult Basic Life Support			29-Sep-15
Anaphylaxis	<u>e-learning</u>	Completed via e-learning	05-Mar-16
Appraisal Record			
Blood Transfusion	<u>e-learning</u>	Completed via e-learning	18-Mar-16
Conflict Resolution			09-Jul-15
Dementia Level 1	<u>e-learning</u>		12-Dec-15
Epidural			05-Mar-16
Equality and Diversity	<u>e-learning</u>	Completed via e-learning	05-Mar-16
Fire	<u>e-learning</u>	Completed via e-learning	31-Mar-16
Health and Safety and Risk Management	<u>e-learning</u>	Completed via e-learning	17-Apr-16
Inanimate Loads	<u>e-learning</u>	Completed via e-learning	24-Mar-16
Infection Control	<u>e-learning</u>	Completed via e-learning	05-Mar-16
Information Governance	<u>e-learning</u>	Completed via e-learning	05-Mar-16
Intravenous Drug Administration			10-Feb-16
Medicines Management			26-Feb-15
Patient Experience - Positive and Respectful Culture			12-Dec-15
Patient Handling			26-Jul-15
Pharmacy Induction			22-Apr-16
Pressure Ulcer			
Safeguarding Adults Level 1	<u>e-learning</u>	Completed via e-learning	31-Mar-16
Safeguarding Children Level 1	<u>e-learning</u>	Completed via e-learning	05-Mar-15
Safeguarding Children Level 2			
Safer Administration of Insulin			

**WEST MIDDLESEX UNIVERSITY
HOSPITAL...NHS.TRUST**



Queen Mary Maternity Unit

This is to certify that

ORLA FOX

attended

Skills and Drills

Including

- Early Recognition of Severely Ill Pregnant Women
- Risk Management
- New born Life Support
- Major Obstetric Haemorrhage
- Eclampsia
- Vaginal Breech
- Cord Prolapse
- Shoulder Dystocia
- CTG Interpretation
- Perinatal Mental Health

05/10/2016

Signed:

Practice Development Midwife

**WEST MIDDLESEX UNIVERSITY
HOSPITAL NHS TRUST**

QUEEN MARY MATERNITY UNIT

This is to certify that

ORLA FOX

Has attended and completed the following

Midwifery Update Day 2

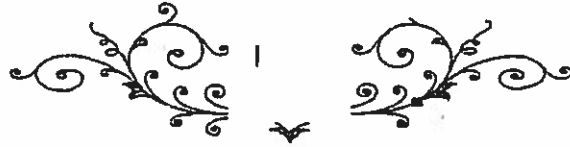
Including:

- *Infant Feeding*
- *ABLS (Practical Session)*
- *Pregnancy Loss and Bereavement*
- *Current Research at QMMU*
- *Mentorship*

On 14th September 2016

Practice Development Midwives

WEST MIDDLESEX UNIVERSITY
HOSPITAL NHS TRUST



Queen Mary Maternity Unit

This is to certify that

ORLA FOX

attended

Maternity Skills Training

Including

*Medicines Management
ANTT and Blood Culture
Infection Control
Fire Training Update
Compassionate Care in Midwifery
Infectious Diseases (midwifery related)
Safeguarding Children (Level 3)*

7th September 2016 Signed:

Practice Development Midwife

CERTIFICATE of ACHIEVEMENT

This is to certify that

ORLA FOX

has completed

Statutory supervision of midwives

19 February 2017

Credit Hours: 1 hour

FEEDBACK LOG TEMPLATE

Guide to completing a feedback log

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

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.

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?
February 2015	Manager (following a complaint letter)	Verbal	A woman wrote to the manager following the birth of her baby as she was upset that although she did have her planned-for c-section, she felt the midwife in charge was only concerned about 'normal birth'. I will reflect on this in one of my reflective accounts.
22 nd October 2015	Student midwife	Email	This student's feedback relates to a specific area of midwifery practice. She said discussing the practice issue and the evidence for it immediately following the birth in which we participated was particularly helpful and led her to do further reading and reflection. Her feedback is excellent motivation to keep updated with the most recent evidence in order to most effectively mentor students.

5 th August 2015	Pregnant lady	Card	The theme of this card was about taking time to listen and then arranging an appointment with one of the obstetric consultants. I realise how easy it is to be preoccupied, especially on a busy shift, but this card is a reminder that taking time to listen and act can make a huge difference to one person's experience.
21 st April 2016	Supervisor of Midwives	Annual Review	A yearly review on my progress and time to set out action plans for the future. It helps me in my role as it allows me time to reflect on my development over the last year, and how I see my future. I enjoy the time with my manager to talk through any concerns I may have.
29 th April 2016	Postnatal lady	Card	I was fortunate to be able to give this lady some continuity of care. She appreciated this as she had a difficult experience with her first birth. Her feedback refers to 'professionalism' and 'commitment' which is a spur to continue to develop these characteristics within my practice.



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Chelsea and Westminster

PRACTICE RELATED FEEDBACK

5 pieces of practice related feedback

Received

16

Dear

Thank you for all of your time, care
and consideration in the run up to
the birth of , this without
doubt made the whole experience much
better for who had had such a bad
first experience with the birth of our little
boy . Your professionalism and
commitment is outstanding, thank you.

Fondest regards

Dear

just a little something to
say Thank you very much
for the last few weeks in
HFFH. I have enjoyed our
conversations immensely and hope
we will continue to have them
for many more years to come!
I really appreciate you taking
your time to not only explain/
explore the skills - aspect of
midwifery practice, but also
discuss "the bigger picture".
admire your knowledge,
thoughtfulness, kindness and
empathy! Best wishes (stmw)

→

Fw: Thank you!

Fw: Thank you!

Robertson, Tamsin [tamsin.robertson@kcl.ac.uk]

Sent:

To:

Dear

I hope you're well. I was with you at a birth on HFH on Thursday night (Naidaa's) and I just wanted to say thank you for taking the time to talk with me about it afterwards - esp the use of hands on / hands off. I've been doing some reflection on the birth since Thursday and why I chose to do the actions I did- I realised that I had gone into the birth not fully aware of why I was choosing the hands on approach I did and was more just copying what I had seen / been doing in the birth centre. Since Thursday I've been reading lots about hands on / hands poised and looking at evidence for / against etc and now at least feel a little more aware of options / choices which I will discuss with the midwives I work with and the women. So I just wanted to say thank you really, it was great to get feedback from you and it has really made me reflect (on my so far limited) practice and learning!

Many thanks again,

Tamsin

Tamsin Robertson

0924813

S2013

BSc Midwifery (3yr)

Group 1



Chelsea and Westminster

WRITTEN REFLECTIVE ACCOUNTS

Five written reflective accounts

REFLECTIVE ACCOUNTS FORM

 Nursing & Midwifery Council

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: Learning from a complaint

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? On a shift that I was co-ordinating, a lady who had planned a c-section for her third baby due to a previous traumatic experience, was admitted in strong labour. I greeted her and said I would do all I could to facilitate her planned c-section (both theatres were busy at the time). I also said that we would have to prepare for the possibility that the baby might arrive before the c-section could be facilitated. I left her in the care of a midwife and happily, was able to arrange a speedy transfer to theatre. Hence, I was sorry and surprised to learn that this lady felt there had been "an over-emphasis on normality".

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? My reflection after this feedback was on the importance of following up initial conversations; also of going back to women after a stressful episode to check if they have questions or concerns. As a co-ordinator, I often have brief interactions with women. My aim is for these to be as positive and supportive as possible but in the absence of spending time with the lady and establishing a rapport, there is greater potential for misunderstanding.

How did you change or improve your practice as a result? I am even more aware of the importance of going back to women following a stressful incident/ scenario in order to invite questions and feedback.

How is this relevant to the Code? This reflection particularly relates to 'prioritising people'. As the co-ordinator, I acted quickly to ensure this lady was transferred to theatre for her planned c-section. In this way I prioritised her care. Unfortunately, by not returning to speak with her following her c-section, she was not aware of this and was left with the impression my priority was a 'natural birth'.

REFLECTIVE ACCOUNTS FORM

NMC Nursing &
Midwifery
Council

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Reflective account: Learning from a study day entitled 'Physiological Birth - Promoting normality'

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? Attendance at a study day focusing on the physiology of birth and how we can support it

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? It was inspiring to hear a wide range of speakers offer practical suggestions as to how I, as a midwife, can support physiological birth including for women whose pregnancies are considered 'higher risk' e.g. the use of wireless monitoring (telemetry). Other areas to consider were the impact of fear on labour and the appropriate use of complementary therapies.

How did you change or improve your practice as a result? I have become more aware of telemetry as a choice for women for whom continuous monitoring is recommended but who also prefer to remain as upright/mobile as possible.

How is this relevant to the Code?

'Promoting normality' is a relevant subject for every midwife. It covers every area of the code but particularly, practising effectively and prioritising people.



REFLECTIVE ACCOUNTS FORM

NMC Nursing &
Midwifery
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Reflective account: Learning from student feedback

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? A spontaneous email of thanks from a 3rd year student following a birth together in which we discussed the evidence for an element of midwifery practice.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? I learnt that appropriate, informed feedback and discussion regarding midwifery practice is appreciated by students even though I had not worked with this student before.

How did you change or improve your practice as a result? It renewed my confidence and enthusiasm for working with student midwives plus demonstrated the importance of keeping up to date with current evidence in order to be a positive mentor to students.

How is this relevant to the Code?

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

Being up to date and informed relates to all areas of the Code. In particular, this scenario relates to practising effectively in caring for women at the time of birth.

REFLECTIVE ACCOUNTS FORM

 Nursing &
Midwifery
Council

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: Management of a postpartum haemorrhage (PPH)

What was the nature of the CPD activity and/or practice-related feedback and/or event or experience in your practice? Reflective discussion with Supervisor of Midwives regarding management of a PPH following a pool birth. The woman remained stable throughout but when the case was reviewed in Risk there was a question regarding a delay in transferring the woman.

What did you learn from the CPD activity and/or feedback and/or event or experience in your practice? When things deviate from 'normal', it is always important to act swiftly e.g. use the emergency bell. This may be alarming for the woman and her family at the time but it means help arrives in a timely fashion.

How did you change or improve your practice as a result? Keeping a birth as calm and 'normal' for a woman as possible is important. However, when a deviation from normal occurs, it is important to escalate, all the while keeping the woman informed. Once 'calm' is restored it is also important to review the events and actions with her.

How is this relevant to the Code?

Select one or more themes. Prioritise people – Practise effectively – Preserve safety – Promote professionalism and trust. This reflection covers all areas of the Code. In particular, it relates to practising effectively which in turn preserves safety.

REFLECTIVE ACCOUNTS FORM

 Nursing & Midwifery Council

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: Learning from Legal Birth study day

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

Attendance at a 'Legal Birth' study day – run jointly by the Royal College of Midwives and Bond Solon (a legal firm).

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

The background to the study day was the Francis Enquiry one year on. When things go wrong it is always related to three things: communication, systems and human error. In the session entitled "When things go wrong", the lawyer did a communication exercise and demonstrated the four stages of communication: Encode (choice of words) --> Send (method e.g. spoken/written) --> Receive (Hearing/reading) --> Decode (taking meaning from the words). At each stage of communication, it is possible for misunderstanding to occur hence the importance of very clear and precise communication in clinical situations. He also discussed, 'confirmation bias' i.e. that it's easy, when doing an investigation, to set out to prove my own bias or gut instinct. This can be prevented by looking for and exploring other possible explanations.

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

This study day was an excellent reminder of the importance of effective communication. It was particularly helpful to consider the steps involved in communicating with one another. For example, I need to choose my words and how I deliver them carefully and be aware of what may be impacting the other person's ability to receive and/or understand my message.

✓

How is this relevant to the Code?

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

This study links to all four elements of the Code. In particular the day was a good reminder of the importance of promoting professionalism and trust which in turn preserves safety. When trust is lacking and/or communication is poor, safety is compromised.



Chelsea and Westminster

REFLECTIVE DISCUSSION

Reflective discussion with another NMC registrant

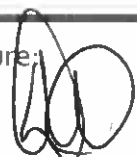
REFLECTIVE DISCUSSION FORM

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.Midwife
NMC Pin:	Y1687E

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

Name:	A.N Other
NMC Pin:	12345E
Email address:	an.other@chelwest.nhs.co.uk
Professional address including postcode:	Chelsea & Westminster Foundation Trust West Middlesex University Hospital Twickenham Road TW7 6AF
Contact number:	01234 567890
Date of discussion:	1.9.2017
Short summary of discussion:	I have discussed the 5 reflective accounts with A. Midwife. She demonstrated that she is a reflective, life-long learner and committed to practicing in line with the NMS Code
I have discussed five written reflective accounts with the named nurse or midwife as part of a reflective discussion.	Signature: 
I agree to be contacted by the NMC to provide further information if necessary for verification purposes.	Date: 1.9.2017



Chelsea and Westminster Hospital **NHS**
NHS Foundation Trust

Chelsea and Westminster

CONFIRMATION

Look at the evidence I have collected and 'confirm' that I have met the revalidation requirements.

Orla Fox

CONFIRMATION FORM

To be completed by the nurse or midwife:

Name:	Orla Fox
NMC Pin:	E14335
Date of last renewal of registration or joined the register:	30.4.1995

I have received confirmation from (select applicable):

- ☐ A line manager who is also an NMC-registered nurse or midwife
- ☐ A line manager who is not an NMC-registered nurse or midwife
- ☒ Another NMC-registered nurse or midwife
- ☐ 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:	Line Manager
Job title:	Line Manager
Email address:	Line.Manager@chelwest.nhs.co.uk
Professional address including postcode:	West Middlesex Hospital Twickenham Road Isleworth, Middlesex TW7 6AF
Contact number:	0208 321 xxxx

Date of confirmation discussion:

31.8.2017

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

NMC Pin: E43598

If you are a regulated healthcare professional please provide:

Profession:

Registration number for regulatory body:

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 or midwife 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 or midwife has undertaken 35 hours of CPD relevant to their practice as a nurse or midwife



You have seen evidence that at least 20 of the 35 hours include participatory learning relevant to their practice as a nurse or midwife.



You have seen accurate records of the CPD undertaken.

Practice-related feedback



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

Written reflective accounts



You have seen five written reflective accounts on the nurse or midwife'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 or midwife has discussed their reflective accounts with another NMC-registered nurse or midwife (or you are an NMC-registered nurse or midwife who has discussed these with the nurse or midwife yourself).

I confirm that I have read *Information for confirmers*, and that the above named NMC-registered nurse or midwife has demonstrated to me that they have complied with all of the NMC revalidation requirements listed above over 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 or midwife's revalidation application at risk.

Signature:



Date: 31.8.2017