



Self-tracking, governmentality, and Nursing and Midwifery Council's (2016) revalidation policy



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ABSTRACT

In April 2016 the Nursing and Midwifery Council (NMC) introduced a new revalidation continuous professional development (CPD) policy. This policy states that revalidation is the responsibility of nurses, and although employers are urged to support the revalidation process, the NMC clearly states that employers have no legal requirement to provide either time or funds for the CPD activities of nurses and midwives (NMC, 2014, 2016; Royal College of Nursing, 2016). The aim of this professional development policy is to ensure that nurses and midwives maintain their professional competency and to promote public safety and confidence in nurses and midwives. A closer look at the process of revalidation suggests that several measures have been introduced to ensure that nurses and midwives conform to the CPD policy, and this paper examines the influence of governmentality and neoliberalism on the NMC's self-tracking revalidation policy. It will be recommended that the responsibility for the revalidation process should be shared by nurses, midwives, and their employers, and that time and money should be allocated for the professional development of nurses and midwives.

1. Introduction

Continuous professional development (CPD) is a familiar term to nurses and midwives, as it is an integral part of nursing and midwifery professional education and practice development. The concept of CPD has been widely explored in nursing and midwifery literature and CPD is synonymous with continuing professional education, staff development, continuing professional development, continuing education, and lifelong learning (Gallagher, 2007; Quinn, 2005).

In the UK, the importance of CPD as a contributory factor for the retention of well-qualified staff in the National Health Service (NHS) has been widely debated in the literature (Drey et al., 2009), and CPD is recognised as one aspect of lifelong learning. In addition, it is described as the commitment to developing professional skills, knowledge, and learning for the duration of a chosen profession (Nursing Midwifery Council [NMC], 2016a, 2016b).

It is because of the importance of CPD to patient care and safety that the NMC has constantly revisited the policy for nurses and midwives. The NMC defines the revalidation process as:

A process that allows you to maintain your registration with the NMC; builds on existing renewal requirements; demonstrates your continued ability to practise safely and effectively, and is a continuous process that you will engage with throughout your career.

Revalidation is the responsibility of nurses and midwives

themselves. You are the owner of your own revalidation process (NMC, 2016a, 2016b, p.5).

In 1994 the first post-registration education and practice standards (Prep) were published by the United Kingdom Central Council, and the policy took effect in 1995 (United Kingdom Central Council, 1995; NMC, 2016a, 2016b; Royal College of Nursing [RCN], 2016). The difference between the old Prep standards and the new revalidation policy for nursing and midwifery is that there is now greater responsibility and accountability on the part of nursing and midwifery professionals to complete all the required activities. In addition to completing the relevant clinical hours and signing health and character declarations, nurses and midwives are required to self-track their learning and teaching activities through a portfolio system. Unlike the Prep standards, the new revalidation portfolio must be approved and verified by a senior colleague or mentor, prior to the online submission to the NMC for revalidation. In other words, not only are nurses and midwives required to self-track their own professional development, once the revalidation portfolio has been completed by these professionals a senior member of staff must approve their portfolio before the professional uploads the information onto the NMC website to await their approval.

There are two issues highlighted here; the NMC expects nurses and midwives to self-track their own professional development, yet the employer is not compelled to fund or provide study days for professional development, with the portfolio required to be signed off by a

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senior colleague before the professional submits it on the NMC website. If these conditions are not met, the portfolio will not be approved by the NMC.

According to William (2002), the intentions of professional development practices are neither neutral nor innocent and what counts as knowledge and the processes by which knowledge occurs are sometimes questionable. Foucault noted:

[...] The contact point, where the individuals are driven by others is tied to the way they conduct themselves, is what we can call, I think, government. Governing people, in the broad meaning of the word, governing people is not a way to force people to do what the governor wants; it is always a versatile equilibrium, with complementarity and conflicts between techniques which assure coercion and processes through which the self is constructed or modified by himself. (Foucault, 1993, pp.203-4)

Foucault's (1978) concept of governmentality focussed on how people were governed, the rationalities of government, and the technologies employed to regulate the conduct of the people being governed, while Hindess defined government as 'the regulation of conduct by the more or less rational application of the appropriate technical means' (1996, p.106). Foucault explored the connections between 'forms of government, and rationalities or modes of thoughts (about governing) which justify, legitimise and make the exercise of government seem rational' (Fimyar, 2008, p. 4). Lemke (2002) stated that power is exercised in modern society through technologies that are used to regulate conduct, but Foucault's concept of governmentality differentiated between domination and power (Fendler, 2010). Domination was referred to as an unequal power relation, where one party is weak and defenceless, while in contrast power enables all parties to act, respond, or react, 'even if the only options for action are extreme' (Fendler, 2010, p.115). Trowler (2003) noted that policymakers' discourses may not represent the needs of the recipients and consequently the intention and rationale behind a policy may not be readily understood by the recipients.

In this paper, by drawing on Foucault's (1978) discourse of governmentality, I will argue that the NMC's (2016a, 2016b) revalidation policy has employed the technology of self-tracking and the self-funding of professional development as forms of governing in order to enhance a neoliberal policy of self-governing and self-funding on the part of nurse and midwife professionals. The new revalidation policy has not been forced on nurses and midwives, but those who wish to remain registered with the NMC must undergo the revalidation process. Although this revalidation policy should bring about an improvement in skills and knowledge, I will argue that the process may not necessarily meet the development needs of nurses and midwives, because the time and funds required for the revalidation process are not provided by employers, since it is not compulsory for employers to allocate such support. Thus this situation defeats the purpose of revalidation, which is to protect public safety. The following question will be addressed: Does self-tracking and self-funding professional development facilitate or hinder the professional development of nurses and midwives? William (2002) argued that professional development has the tendency to become a powerful tool in the hands of those who set the standards for professional development, and sometimes also those who are undertaking professional development in order to advance their careers. It is recognised by William (2002) that professional development may not always serve the purpose it was designed for, such as when the ideology behind a professional development policy limits the application of the policy in practice.

Rose (1989) described personal freedom as a natural state of humankind with a minimal form of government, while Lupton (2014) suggested that while citizens are encouraged to engage in certain practices voluntarily, it is also an effective and non-coercive way of rendering them to be manageable and productive citizens. However, Lupton argued that self-interests and outcomes should be aligned to the

rationalities and interests of the state. Ball (2012, p.3) urged the critical examination of important issues, such as 'whose values are validated in a policy and whose are not'. In nursing and midwifery, governmentality and autonomy over professional development, professionalism, and lifelong learning have been incorporated into the undergraduate and postgraduate curricula through module assessment and yearly mandatory training (Ryan, 2003). Health professionals, such as nurses and midwives, are intrinsically willing and expected to learn, develop their skills and knowledge, and provide safe care. Therefore, understanding the values behind the revalidation policy is important for the professional development of nurses and midwives. While nurses and midwives have always complied with professional governing requirements or policies, such as the new self-tracking technology for CPD activities, it is important that these policies continue to enhance professional practice and professional knowledge. The NMC revalidation governing technologies were established to maintain public safety needs and the policy should also serve the professional and self-interest of nurses and midwives.

2. Self-tracking Technology and Governmentality

Self-tracking as tool for understanding the self through data collection has gained recognition in both the health sector and public domain. The term "quantified self" was coined by Wolf and Kelly to describe the behaviour they observed among their colleagues who used digital technologies, such as mobile phones and apps, to generate personal data about their day-to-day life (Lupton, 2013). Foucault (1988) described one of the principal techniques for self-understanding as possessing knowledge about the self through collected and analysed information, which involves individuals engaging in the practice of selfhood in pursuit of their own interests. Lupton (2014) defined the concepts of 'self-tracking' and the 'quantified self', including life-logging, personal analytics, and personal informatics, as a way of optimising one's life, which suggests that those who engage in tracking or gathering information about self or professional development should benefit from the process.

The NMC (2016a, 2016b) process of revalidation has created a self-tracking process for monitoring, gathering information, quality assurance, and providing peer feedback on professionals' CPD concerning their suitability to remain on the professional register, and requires nurses and midwives to collect information on their own development in a portfolio format. In order for nurses and midwives to be revalidated every three years the following criteria must be met: 450 practice hours are required for each qualification together with 35 h of CPD learning activities, including 20 h of participatory learning. In addition, professionals must complete five pieces of practice-related feedback; five written reflective accounts, a reflective discussion, a health and character declaration, and have a professional indemnity arrangement in place (NMC, 2016a, 2016b). CPD is an important part of professionals' development, but according to Li et al. (2010), the process of self-tracking goes beyond data collection, analysis, reflection and action, and has broader social, cultural, and political implications. The essence of engaging in data collection is part of the practice of selfhood, whereby self-tracking is aimed at benefiting the self-tracker and the collected information should be used to improve and enhance their quality of life. The concept of 'data doubles' is a useful way to think about the entanglement of bodies, technologies, and selves in digital self-tracking. Data doubles are configured when digital data are collected on individuals, serving to configure a certain representation of a person (Haggerty and Ericson, 2000).

Self-tracking experts have developed different technologies that allow the evaluation of information provided by tracking technology, and they reflect upon their data and seek to make sense of it. Feedback has been established in which personal data are produced from digital technologies, which are then used by an individual to assess her or his activities and behaviours, and modify them accordingly (Lupton, 2014).

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