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.

Keywords: Nursing and Midwifery Council; Professional Ddevelopment; Revalidation; Employer Ssupport; Neoliberalism; Governmentality; Self-tracking

1.1 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 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 deem 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 rationales 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.~~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 ~~hours~~h of CPD learning activities, including 20 ~~hours~~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 (Haggertyand 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). DeGroot (2014) stated that self-tracking ‘is a functionally “selfish” activity which is a result of a personal motivation’, and that it can help people feel more in control of their lives. Self-tracking enables a person to understand the self, with the aim of bettering their life based on the information gathered and analysed; therefore, it is appropriate for nurses to track their own professional development (Lupton, 2014).

CPD shapes professional conduct, practice, and behaviour, and the aim of self-tracking according to its founders, is to benefit and enhance the self-tracker~~’~~s life, irrespective of the limitations of the process. Nevertheless, it is widely recognised that self-tracking may also be imposed on others, and Olson (2014) identified the major social justice issues that are emerging from the involvement of agencies and institutions in self-tracking, whereby the participation of employees in self-tracking programmes at work may lead to punitive consequences. Lupton (2016) stated that people can be forced into self-tracking via different actors and agencies for research or governmental reasons and has identified five modes of self-tracking: private, for one~~’~~s own purposes only; communal, sharing data with other self-trackers; pushed, encouraged by others; imposed, foisted upon people; and exploited, where people~~’~~s personal data are repurposed for the use of others (Lupton, 2014). Nafus (2014) noted that personal data have a tendency to betray and owe no loyalty to their subject.

The self-tracking technology of the NMC revalidation policy is not a private self-tracking process (Lupton, 2013), as it is a CPD requirement. The information collected by a revalidating nurse or midwife is shared with a confirmer, who verifies and signs off the portfolio before it is uploaded onto the NMC website for confirmation; non-adherence to self-tracking activities will result in loss of professional registration and hence loss of employment and earnings. The data collected or compiled during self-tracking of revalidation information are supposed to provide meaningful and valuable information as evidence of professional development; however, it is unclear how the NMC validates the information provided by entrants for credibility, reliability and fitness, for purposes of public safety. Once the portfolio is uploaded, a confirmation response is quite quickly received from the NMC, with no comments on the quality and value of the uploaded information. In fact no feedback is ever received from the NMC regarding the quality of the revalidation data, and this lack of transparency may undermine the authenticity of the self-tracking revalidation process. Consequently, there is a need to focus attention on the technology employed during the NMC revalidation policy to govern nurses and midwives' CPD.

~~2.1.~~2.1 Governmentality and Revalidation Policy

The NMC regulates the professional conduct of nurses and midwives in the UK, and it is required that nurses and midwives practice within the requirements of the professional Code (NMC, 2016a, 2016b). Foucault's (1978) work on governmentality focused on two primary areas: political rationalities and the genealogy of the state and the subject, and he made connections between what he referred to as the technologies of the self and of domination, and the constitution of the subject and formation of the state. Foucault was interested in how governing took place and by what means (i.e. the technologies that are used in different types of governing, including the self, church, organisation, or administration, and the rationalities of such governing). The term conduct, according to Foucault, ranges from 'governing the self to governing others' (Lemke, 2002, p.51), and he initially defined government as 'the conduct of conduct' (Foucault, 1982a, pp.220–1). Foucault argued that in the act of government, the state and the individual co-determine each other's emergence (Lemke, 2002), and he suggested that power and domination serve different purposes within modern society, with governments relying on various technologies to implement their policies in order to exercise power, which he termed 'governmental technologies' (Foucault, 1978). He further argued that power is exercised through strategic games, such as political rule, ideological manipulation, rational argumentation, moral advice, and economic exploitation (Lemke, 2002). Foucault (1998) proposed that political transitions reflect the changing rationalities of governments, referring to political rationality as the ways in which policymakers rationalise their beliefs or political actions based on certain ideas, theories, philosophies, cultural rituals, or forms of knowledge about governance (Foucault, 1998; Lemke, 2002; Huang and Asghar, 2016). Foucault was particularly interested in how people were governed, and he held that governing is established through how power is used, and that ideologies are perpetuated through government policies; in his view, governing 'encompasses a versatile equilibrium, with complementarity and conflicts between techniques' (Foucault, 1978, pp.203–4). In other words, for any professional to be governed, policies have be put in place and policies are a reflection of the underpinning ideology or governmentality. Therefore, governmentality plays a key role, as power is involved in disseminating policy, although there have been attempts to understand power 'beyond a perspective' that centres on governmental domination (Lemke, 2002, p.3). In Lemke's view, governmentality 'helps to differentiate between power and domination' (Lemke, 2002, p.3).

According to Foucault (1979) there is a differentiation between power and domination; domination is based upon unequal power relations in which one party is weak and defenceless because the 'margin of liberty is extremely limited' (Fendler, 2010, p. 115), 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). Foucault (1978) argued that parties who are governed through power and not domination have the right to react and respond to how they are governed, particularly in a democratic society. Therefore, it is important that the process of revalidation and the technologies employed should be critically examined by the professionals who are experiencing the process, especially when power is not equally shared. In this case most nurses and midwives must fund their own CPD and attend study days in their own time. Foucault's evaluation of the difference between power and domination helps to make sense of the revalidation policy of self-governance ideology, as a technology of power, not domination, that requires nurses and midwives to self-track their own CPD and take responsibility for funding their study days; however, it is a policy that has not worked well in the past.

~~2.2.~~2.2 Continuous Professional Development and Neoliberalism

The lack of funding and support by the governing body and employers has implications for patient safety, and CPD for nurses and midwives has been reported as 'fragmented, inequitable and poorly funded provision' (Furze and Pearcey, 1999, p. 355). This is due to employers being increasingly reluctant to fund nurses' and midwives' CPD activities both nationally and internationally (Hegney et al., 2010; Munro, 2008; Drey et al., 2009). An exploratory study investigating access and support for CPD among nurses in Queensland, Australia, reported financial constraints as a major barrier to most nursing CPD activities, with the amount of financial support provided by employers having significantly decreased over time; when differences between nurses in different geographical locations were analysed, distance remained a major barrier for nurses in rural and remote areas (Hegney et al., 2010). Kubsch et al. (2003) reported that past experiences of inadequate CPD programmes were due to a lack of support from employers, staff shortages, or a lack of interest in the topics offered for CPD; other barriers identified as affecting attendance at CPD sessions included employers not allowing time off from regular shifts to attend (Smith, 2004), a lack of access to CPD for nurses in rural areas, and a lack of availability of resources (Eustace, 2001). A survey undertaken by the RCN (2010) revealed that a third of nurses across the UK (3,000) were unable to complete mandatory training due to an increasing lack of funding and time support from their employers.

In contrast, the British Medical Association (BMA, 2012; HM Government, 2007) stated that doctors should not be charged for their revalidation, and instead it is incorporated into a robust appraisal process, which does not have an equivalent in the NMC (2016a, 2016b) revalidation policy. Doctors also have protected time to undertake teaching and learning sessions on the wards as part of their working activities (HM Government, 2007). The medical revalidation process is clearly structured and embedded in the yearly appraisal system, and the outcome measures are clearly directed at measuring patient outcomes, such as quality assurance activities, complaints, and feedback, and 'there are six types of supporting information that doctors will be expected to provide and discuss at their appraisal at least once in each five–year cycle' (HM Government, 2007). Furthermore, the professional development of doctors is usually funded and is an integral part of their employment contract.

Hall (2011), referring to the New Labour policy of 'managerial marketisation', noted a disastrous consequence of this policy during the subsequent financial crisis because society was boxed in by legislation, regulation, monitoring, surveillance, and ambiguous 'target' and 'control' cultures. Flew (2015) used Foucault's neo–Marxist critique of capitalism in the mid-18th century to draw attention to how the political economy should be measured by the success or failure of the country's economy. In other words, the success or failure of patient outcomes and safety should not rely on the professionals alone, but also on the employer, the NMC, and the government. Therefore, nursing and midwifery revalidation should be funded by the employing NHS trust.

Drawing on the history of educational budget restraints in the NHS, Buchan (2012) argued that nurses, midwives, and applied health professionals have always been disadvantaged by NHS cost containment, notably in 2006, whereas the Medical Education Council looks after the training needs and funding of doctors. Buchan advocated that 'it would have been more effective, and fairer, if the Department of Health had set up a multi-professional body initially, rather than building a multi-professional approach onto a single profession entity' (2012, p.28). It could be argued that the polarisation between the process of revalidation for doctors and nurses/midwives is perpetuated by the removal of the employer's legal responsibility to fund and provide time for nurses' and midwives' revalidation in order to save money. Furthermore, the NMC revalidation policy constructs professional boundaries between medicine and other healthcare professionals by not considering how nurse and midwife CPD activities should be supported by employers. Therefore, since it is the NMC's responsibility to protect public safety, they may need to consider within the revalidation policy how nurses and midwives can realistically meet their CPD needs. While employers are keen to send health professionals on specialist training, it is important to maintain ongoing professional development and professional knowledge (Eustace, 2001; Hegney et al., 2010).

Shenk (2015) described neoliberalism as a governing rationality through which everything is economised and human beings become market actors, with each field of activity considered to be a market and where every entity of society is governed as a firm. Neoliberalism has a negative connotation in the academic literature (Boas and Gans-Morse, 2009), where it is described in terms of its use as: 1) a regulation mechanism for monitoring economical activities (Steger et al., 2010, p.14); 2) a prescriptive monitoring agenda embedded within policies (Steger et al., 2010, p.14); 3) an ethical mantra to guide practice and

structures in society (Boas and Gans-Morse, 2009, p.144); 4) a mode of governance that embraces the idea of the self-regulating free market, with its associated values of competition and self-interest; and 5) as a model for effective and efficient government (Steger et al., 2010, p.12).

Larner (2003) discussed the salient techniques used to execute different forms of neoliberalism in the context of geography, and argued that neoliberalism could be considered a process that produces space, states and subjects in complex and multiple forms. Ganti (2014) has examined the damaging effect of neoliberal governmentality policies in higher education and the insufficient attention focused on the fundamental characteristics of neoliberalism and its links to power and subjectification, while Larner (2003) further questioned whether it was the self-defined needs of social movements, cultural groups and neighbourhoods that had been reconfigured and transformed into sites of self-government under neoliberalism. Society expects its citizens to become self-sufficient and self-reliant, and citizens should make choices and seek information that will benefit them by taking responsibility for successes and failures, which are deemed to be their own responsibility as a result of their decisions and behaviours. Foucault argued that understanding the nature of subjects and objects one governs enables one to understand their needs (2004, p. 16), and this means that both the governing body (NMC) and the governed professionals (nurses and midwives) need to be aligned with the objective, which is patient safety. Foucault's (2008, p. 18) ideology of the art of government as a technique for practical action, rather than a broad principle of legitimacy, is a useful way of examining the effect of the NMC revalidation requirements. In other words, the NMC (2016a, 2016b) revalidation process should be supported by employers and the NMC policy in practical terms by ensuring that the policy includes the allocation of funds and study days for the CPD of nurses and midwives' in order to minimise the risk to the public.

The revalidation process and its outcome measures may need to be revisited to maintain ongoing CPD, and the motivation of nursing and midwifery professionals to learn and protect the public should not be obstructed by extrinsic obstacles, such as funding and a lack of time. Similar to that of the medical profession, the nurses' and midwives' revalidation process needs to be a legal process, in which both employers and professionals must be accountable for the revalidation. The revalidation process should be incorporated into the annual appraisal system, and nurses and midwives need to follow a clear and measurable process of professional growth and development. The NMC, the government, and professionals must take responsibility for public safety, and the inability of the NMC to respond to the needs of professionals could be considered a failure of the governmental power to act and protect the public. The self-tracking technology revalidation process and its purpose need to be revisited, and a reputable CPD policy for nurses and midwives is required.

~~3.~~3 Conclusions

This paper has primarily focused on the constraints faced by nurses and midwives and the lack of proper consideration for how they undertake self-tracking, together with how this prevents the enhancement of professional development. In response to whether self-tracking professional development facilitates or hinders the professional development of nurses and midwives, it is clear from this discussion that the act of governing as described by Foucault is not limited only to politics, but also includes the public and private sectors; however, it is also the responsibility of those who are governed to seek ways to improve themselves and advocate their own rights and professional development requirements. As nurses and midwives, personal and professional development is necessary for ourselves and our communities, and while self-tracking has the benefit of record keeping for both the professional and the NMC, it is unclear how this information benefits the public in the absence of a valid assessment of its effect on CPD and patient safety. The fact that there is no clear policy on how the CPD of nurses and midwives should be funded and supported has the potential to hinder CPD, based on past research evidence and the anecdotal experiences of professionals and the public. Therefore, research is needed to investigate the perceptions and experiences of nurses, midwives and managers concerning the revalidation process, and to evaluate the effect of this process on public safety, while the direct effect of CPD on patient outcomes has been under-researched and requires detailed examination.

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