

Professional Registration	Policy Register No: 04015 Status: Public
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Contributes to CQC Outcome:	12,13,14
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Consulted With	Post/Committee/Group	Date
Staff Side	Policy Sub Group	20/11/2014
Staff Side	JCNC	11/12/2014
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Author/Contact for Information	Rachel Roper, HR Advisor
Policy to be followed by (target staff)	All Staff and Agency/FED Workers
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Related Trust Policies (to be read in conjunction with)	Recruitment and Selection Policy (incorporating policy on recruitment checks to protect children and vulnerable adults) Temporary Staff Policy Disciplinary Policy

Document Review History

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1.0	Rob Jarvis	March 2006
3.1 monitoring amended to take account of NHSLA requirements	Helen Clarke/Kay Rainsby	April 2011
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5.1 amendments made to reflect change in internal practice re: NHSLA requirements	Kay Rainsby	May 2012
5.2 Further NHSLA amendments	Kay Rainsby	May 2012
6.0 Routine Review	Rachel Roper	March 2015
6.1 Amendments made to Appendix 1 to reflect change in Nursing and Midwifery registration requirements	Nona Stevenson	June 2017
6.2 Amendment to Appendix 3	Rachel Roper	24 July 2017

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1.0 Purpose

- 1.1 Professional registration is at the centre of public protection. It is a record of all health professionals who have fulfilled the registration requirements of their professional governing body. The Trust has a responsibility to ensure the safety of patients and recognises a duty to ensure all professional practitioners working for the Trust either by employment or through an Agency or as a Bank Worker, holds the appropriate current registration with their Professional Body.
- 1.2 This policy details the process by which the employer ratifies information on professional registration both pre-employment and during employment. It also details the responsibilities of the employee in relation to their professional practice to ensure that they maintain their registration and the relevant associated competencies.
- 1.3 In accordance with the specific requirements of individual professional registering bodies, practitioners are expected to adhere to the principles of lifelong learning, providing evidence where required of professional update. Refer to the NHS Employers website on www.nhsemployers.org.

2.0 Aims of the Policy

- 2.1 This Policy ensures that all procedures are carried out in a fair, equitable and transparent way ensuring public protection, which will provide assurance that the workforce is appropriately professionally qualified to undertake the provision of clinical and patient services it provides.
- 2.2 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. All processes and procedures should be socially inclusive and should not unlawfully discriminate against anybody on the basis of their race, colour, nationality, ethnic or national origins, religious belief, sex, sexual orientation, marital status or disability. Nor should people be excluded or receive unwarranted discrimination on the grounds of age or political affiliation.
- 2.3 An Equality Impact Statement may be found at Appendix 4.

3.0 Scope

- 3.1 This policy applies to all staff working within the Trust including employees, contractors and staff from other organisations working on Trust premises for whom a professional registration is a requirement. It applies to all Trust premises and all Trust personnel working in other premises and should be referred to and used in conjunction with the Recruitment and Selection Policy and Temporary Staff Policy.
- 3.2 For the purpose of this policy, Bank workers who are assigned through the Trust's Bank Office are treated as permanent staff (non-agency).
- 3.3 The process for managing professional registrations is summarised in Appendix 5.

4.0 Role of Employees

- 4.1 Registered practitioners are solely responsible for maintaining their own professional registration and ensuring that this does not lapse. Failure to do so will result in an inability to work as a registered practitioner.
- 4.2 If a lapse happens, the member of staff will be expected to contact and/or travel to the appropriate registrations office at their own expense to ensure that renewal of registration is all completed within one working day.
- 4.3 Registered practitioners are responsible for informing their professional governing body at the earliest possible opportunity following a change in circumstances including any changes of address etc.
- 4.4 Any practitioner who is experiencing difficulties in relation to their registration must inform their manager at the earliest available opportunity. This is in order that they may offer assistance and take any steps, should it be necessary, to provide cover in the event of the practitioner being unable to work in their professional capacity
- 4.5 All practitioners have a duty to ensure public protection. Therefore, if doubt is raised about the registration status of a colleague, or the associated competence, this must be informed to the manager in order that the appropriate checks or remedial action may be taken. This managerial function can be facilitated out of hours by the Trust's Clinical Operations Team.

5.0 Role of the HR Department

- 5.1 On application, if registration to a specific professional body is required, individual practitioners must give written evidence of this, i.e. PIN number. The recruitment team will be responsible for verifying the professional registration for relevant staff on appointment via the professional body's website before a final offer of employment is made. If confirmation is not received this will delay joining or ultimately result in the conditional offer being withdrawn.
- 5.2 The Trust will maintain a record of all staff on the Electronic Staff Record (ESR) database, the personal registration number and expiry date for practitioners will be recorded against each relevant employee.
- 5.3 The Workforce Systems Team are provided with an automatic notification where a lapse has occurred in all cases where a GMC or NMC registration is required. Any lapses identified through this system will be managed in accordance with Section 8.0 of this policy.
- 5.4 To remind managers of their responsibility to maintain and check the renewal of registrants within their area, the Workforce Systems Team will send out a reminder email at the beginning of each month. This will be forwarded directly to responsible line managers via the Trust electronic communication system.

- 5.5 The Workforce Systems Team will notify the relevant HR Manager and Advisor any identified issues as soon as they arise, who will then contact relevant managers and/or registrants for immediate action.
- 5.6 The HR Advisor will maintain an electronic record of any lapsed registrations and provide advice and support to the responsible line managers to take actions to resolve the identified issues.
- 5.7 For all other areas requiring registration, not linked to the automatic notification system, confirmation of annual renewal should be provided by the line manager in the operational area. In these cases, the Workforce Systems Team will carry out a check directly with the relevant website on the annual renewal date.

6.0 Temporary staff

- 6.1 The Trust is required only to use individuals employed on the Trust's Bank or through Agencies who are Government Procurement Service approved and have a contract with MEHT agreeing a framework which ensures relevant compliance. External Agencies who supply staff requiring a Professional Registration are required to submit with each assignment booking, a detailed checklist of information confirming that the relevant checks and compliance information has been carried out and provided (Appendix 2).
- 6.2 Completed checklists should be checked by staff in the Trust's Bank Office or by the Medical Resources Team prior to the assignment being worked to ensure that a live registration is recorded where applicable. Where this is not received or recorded, the booking team should check the relevant website (NMC, GMC, HPC) and refer the matter to the relevant agency
- 6.3 Managers should check proof of identity of all temporary staff on reporting for duty, by checking their ID badge which must contain a photograph.

7.0 Role of the Line Manager

- 7.1 It is the managers' responsibility to ensure they locally maintain a record of registration renewal dates within the department and discuss with members of staff their registration when it is due for renewal.
- 7.2 On receipt of the personnel file for a new employee and as part of the local induction process, managers should ascertain the renewal date of the registrant and enter this in the records held locally for the purpose of checking the renewal at the appropriate time.
- 7.3 Managers must ensure that they are aware of this Policy and what action they must take when/if a registration does lapse.
- 7.4 Line managers will be expected to raise immediately any issues relating to lapsed registrations or potential lapses and must undertake an investigation into why the lapse has occurred. Staff whose registration has lapsed must not be allowed to continue working if on site at the time the lapse is determined.

7.5 Managers will be expected to provide a written report detailing the findings of their investigation (Template report format attached at Appendix 3).

7.6 For registration issues for Bank Workers employed through the Trust's Bank, the appropriate Lead within the Bank Office will act as the line manager. Please refer to the Temporary Staff Policy regarding the arrangements for undertaking an investigation involving Bank Workers.

8.0 Lapsed Registrations

8.1 Practitioners employed by the Trust or work for the Trust's Bank who have failed to maintain their registration will not be able to work as a registered practitioner until such time as evidence of a renewal of registration is obtained.

8.2 When any lapse or potential lapse is identified, the line manager must speak to HR for advice. The line manager will be required to raise this immediately (*whether they are at work or not*) with the member of staff and determine why the lapse has occurred. The manager should agree with the member of staff an immediate course of action to rectify the situation.

8.3 Suspension without pay will be given to allow the member of staff to address the matter of the lapsed registration immediately. Only in exceptional circumstances and where it is deemed appropriate to mitigate any risk, and with guidance from HR, the line manager may revert the member of staff to work in an unqualified role (duties and pay) during this period.

8.4 The line manager will be required to complete an investigation into the reasons that the lapse has occurred and provide a written report (template report attached at Appendix 3). The investigation report should be submitted to the professional lead, who will then consult with the relevant HR Manager to determine whether formal action is appropriate taking into account any mitigating circumstances.

8.5 If the reason for the lapse of registration is found to be a significant failure on the part of the employee, this may automatically invoke disciplinary action in accordance with the Trust's Disciplinary Policy.

8.6 Where appropriate, the relevant professional body may be informed, of practitioners who have been in breach of registration requirements and who have placed the public at risk by attempting to practice as a registered practitioner in the absence of current registration.

8.7 The line manager is responsible for ensuring appropriate cover whilst the employee is unable to practice.

8.8 Once the practitioner is re-registered, the line manager must update HR as appropriate.

9.0 Concerns about the registration status of a practitioner

9.1 If any member of staff has any concerns, these should be raised with their line manager, or the HR Operations Team who will check registration validity via the website.

10.0 Monitoring

10.1 An annual audit of the registration status of a sample of individuals from all relevant staff groups will be carried out by the Trust's internal auditors. More frequent audits will be undertaken if indicated.

As a minimum this will assess compliance with:

- the process for ensuring registration checks are made for permanent staff on initial appointment and on an ongoing basis.
- The process for receiving assurance that registration checks are undertaken appropriately on temporary staff supplied by external agencies.
- The process for following up those permanent staff who fail to satisfy the validation of registration.

10.2 The findings of the review will be reported to relevant HR Managers, the Finance and Performance Committee and Workforce Advisory Group.

10.3 Where any deficiencies are identified, actions will be developed with the named leads and timescales, the progress will be monitored at subsequent Audit Committee meetings.

10.4 A summary of key findings and learning points will be disseminated to staff via the staff newsletter and relevant HR/Medical Staffing meetings.

10.5 A record of any breaches and action taken will be held in the network folder available to all HR staff.

11.0 Communication

11.1 Staff will be able to access this Policy on the Trust's intranet under HR Policies and on the Trust website.

12.0 References

NHS Employment Checks Standards

Professional Registrations

Practitioners registered with the Health Professions Council (HPC)

Listed below are those groups of health professions who are registered with the Health Professionals Council:

1. Arts Therapists
2. Biomedical Scientists
3. Chiropodists and Podiatrists
4. Clinical Scientists
5. Dieticians
6. Occupational Therapists
8. Orthoptists
9. Paramedics
10. Physiotherapists
11. Prosthetists and Orthotists
12. Radiographers
13. Speech and Language Therapists
14. Operating Department Assistant
15. Operating Department Practitioners
16. Operating Department /ITU/Burns Unit/Renal Unit Technicians
17. Dental Nurses and Technicians - New

Each profession has its own different two-year registration cycle. The dates shown on the Register reflect the beginning and the end of the profession's current registration cycle. However, for new registrants and for those newly re-admitted, the "Registered From" date shown on the Register reflects the actual date of entry to the Register or the date of re-admission to the Register respectively. The dates on the Register do not indicate how long a registrant has been qualified or practising.

HPC registered professionals are expected to undertake 35 hours of CPD per annum. The HPC will periodically audit each profession registrations to check for compliance. It is the individual's responsibility to ensure that these requirements are met and they have evidence to support. Registrants may be removed from the register if they fail to comply.

Registrants are required to produce evidence of registration on appointment and renewal and copies of registration certificates should be retained in personal files. New graduates are not employed as qualified staff until their registration is confirmed.

Contact details: Health Professionals Council

Website: www.hpc-uk.org

Tel: 0207 582 0866

Registered Nurses and Midwives

Professional registration for Nurses and Midwives is at the centre of public protection. It is a record of all health professionals who have fulfilled the registration

requirements of their professional governing body – the Nursing and Midwifery Council (NMC).

To remain as a registrant with the NMC, all nurses and midwives are required to renew their registration every three years through revalidation, and to maintain their registration annually through payment of a prescribed fee.

Failure to renew or maintain registration, will result in a lapse of registration.

In the event a registrant's registration should lapse, the registrant shall not be permitted to work as a nurse or midwife in the UK. In addition, the registrant shall not be permitted to work in any other role within MEHT, and may only return to work when their registration is live on the NMC register.

The NMC will notify registrants how to maintain their registration (annual payment) 45 days prior to their expiry date. This information will be mailed to the registered address held for the registrant by the NMC, so it is essential that the NMC is kept informed of the most up-to-date address for registered members. This is the responsibility of the individual practitioner.

To renew registration with the NMC, all nurses and midwives must complete an application on line to revalidate every three years, declaring they have met the revalidation requirements to renew their registration. Registration will not be renewed until the payment and application to revalidate are processed by the NMC.

Every three years registrants will be sent notification from the NMC of their registration renewal date and their revalidation application date. The revalidation application date will be the first day of the month in which their three yearly registration is due for renewal (the last day of the month in which a registration expires). i.e registration expires 30.04.16, revalidation date is 01.04.16. The nurse or midwife will need to submit their application by this date. Failure to submit their application by this date will put a registrants registration at risk. Notifications will be issued by the NMC at least 60 days prior to this.

This information will be emailed to the registered email provided to the NMC through the registrant's individual on line account. It is the responsibility of the individual registrant to update a change of email address through their on line account.

On appointment, the Recruitment Team will confirm the registration status of the registrant via the NMC website, and confirmation will be placed in the personal file

Meeting Revalidation requirements

All nurses and midwives will need to meet a range of revalidation requirements to demonstrate they are keeping up to date and actively maintaining their fitness to practise. The requirements are available via the NMC website www.nmc.org.uk

The Trust offers both the registrant and confirmer workshops to familiarise and understand the requirements to meet revalidation, and support to achieve these requirements.

For further information, please read the NMC guidance on How to revalidate with the NMC Requirements for renewing your registration via www.nmc.org.uk

Contact details: Nursing and Midwifery Council

All contact details for professional advice can be found via the NMC website

Medical and Dental Staff

All doctors must be registered with the General Medical Council, and dentists with the General Dental Council. The practitioner renews registration annually. On appointment, practitioners are required to provide their current registration document as proof of valid registration to the Medical Resources. They run a monthly report to check the registration status of each member of medical and dental staff, and contacts all medical and dental staff to remind them to renew their registration at the appropriate point in the year and to provide a copy of renewal documentation to Human Resources.

Contact details:

General Medical Council:
Website: www.gmc-uk.org
Helpline: 0207 915 3630

General Dental Council
Website: www.gdc-uk.org
Helpline: 0207 887 3800

Dental Nurses and Technicians

From 31 July 2008 Dental Nurses and Tehnicians are required to register with the General Dental Council (GDC). Annual registration is required.

Contact details: General Dental Council
Website: www.gdc-uk.org
Helpline: 0845 300 7794

Pharmacists and Pharmacy Technicians

Pharmacists & Pharmacy Technicians are registered with the Royal Pharmaceutical Society of Great Britain. Registration is renewed annually in January and reminders are sent out by the Chief Pharmacist to all relevant staff who have not provided proof of registration by 31st January of each year. Pharmacy Assistants are not currently required to register.

Contact details: The Royal Pharmaceutical Society
Website: www.rpsgb.org.uk
Telephone: 0207 735 9141

Operating Department/ITU/Burns Unit/Renal Unit Technicians

Registration of technicians is currently voluntary. A register is held by the Society of Critical Care Technologists. The registration of technicians who have obtained registration can be checked by telephone. It is anticipated that this register will become mandatory in future, and practitioners are encouraged to obtain professional registration.

Contact details: Society of Critical Care Technologists
Website: www.criticalcaretech.org.u

Appendix 2

Agency Worker Placement Checklist for the supply of agency nurses

Authority name (location)		Authority reference no. (if provided)	
Reason for Booking (if provided)			
Job Profile Title		Band	EPP?
Placement date from		Placement date to	
Proposed working pattern		Total number of hours booked	

Hourly Pay Rate incl. any adjustments, as appropriate		Total hourly charge excl. VAT	
Hourly Agency fee		VAT (as appropriate)	
Travel and/or Other disbursements			
Accommodation required			

Agency Worker's full name					
Previously worked at the Authority as above?	Yes / No	Available for full placement period?	Yes / No* (*see below)	Recent photograph attached	Yes / No
Verified ID				Attached	Yes / No
Nationality and Immigration status (Right to Work in UK)				Attached	Yes / No

Relevant Professional and Regularly Body registration (as appropriate)	
Relevant Professional and Regularly Body registration number (as appropriate)	
Relevant Professional and Regularly Body registration last checked (as appropriate)	

Enhanced CRB disclosure no.		Date CRB issued	
Enhanced CRB disclosure name of employer		Regulated Activities status checked date	
Safeguarding Training		Date of Issue	

Certificate of Fitness for Employment issued by		Date issued	
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Competent in oral and written English	Yes / No	Two references attached	Yes / No	Alert notification?	Subject / Not subject
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Other information as required by the Authority	
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The above named Agency Worker has been submitted by the Supplier for consideration in the provision of the Services i) in response to a request from the Authorised Officer of the Authority; ii) has undergone all of the necessary and appropriate pre-employment screening checks as required by the NHS Conditions of Contract for the supply of agency workers to ensure their compliance prior to supply and iii) shall be charged in accordance with the Contract Price set out in Appendix 2 to the Framework Agreement (or Escalated Contract Price as agreed with the Senior Authorised Officer of the Authority).

Name		Position	
Signature		Date	

Professional Registration Lapse - Management Statement of Case
Confidential

Name of Employee:	
Employee Job Title:	
Professional Body:	
Professional Registration Number:	
Date of Professional Registration Lapse:	
How was the lapsed registration found?	(E.G Report generated by HR etc...)

Allegations to be investigated:

1. That Employee Name failed to renew their professional registration with the Professional Body
2. That Employee Name failed to report his/her lapsed professional registration to his/her line manager and that he/she may have practised as Job Title while unregistered.

Methodology:

Following the notification of the professional registration lapse, Manager Name met with / spoke to (if employee not on duty) Employee Name on Date. The following documents were obtained as part of the investigation process:

- Mitigation statement from Employee Name dated DATE

Investigation Process and Findings relating to the aims of the investigation:

- On DATE, Employee Name was advised that their professional registration had lapsed on Date of Lapse.
- The Employee Name had worked Days Worked whilst unregistered.
- Employee Name was suspended without pay from Date.
- Employee Name confirmed that they had re-registered with Professional body on Date Confirmation attached as Appendix X.
- Employee Name returned to their substantive post on Date.

Manager Comments and Actions Taken:

Note – Must include action taken since employees PIN lapsed. E.G If suspension has been applied

Conclusions:

Evidence confirms Employee Name's Professional Registration with Professional Body lapsed. This is supported by the following documentation:

- Appendix X ETC...

Evidence confirms Employee Name worked X days whilst unregistered / did not work whilst unregistered *Delete as appropriate

Evidence confirms that Employee Name is in breach of the Trust's Professional Registration policy

Manager Name:	
Manager Signature:	
Date:	

Equality Impact Assessment
Lead person on the assessment – Rachel Roper

Equality or human Rights concern	Does this item have any differential impact on the equality groups listed? Brief description of impact	How is this impact being addressed?
Gender	The impact of the Professional Registration Policy is neutral	
Race and Ethnicity	The impact of the Professional Registration Policy is neutral	
Disability	The impact of the Professional Registration Policy is neutral	
Religion, faith and belief	The impact of the Professional Registration Policy is neutral	
Sexual Orientation	The impact of the Professional Registration Policy is neutral	
Age	The impact of the Professional Registration Policy is neutral	
Transgender People	The impact of the Professional Registration Policy is neutral	
Social Class	The impact of the Professional Registration Policy is neutral	
Carers	The impact of the Professional Registration Policy is neutral	

Professional Registration Flowchart

