

Verification of Professional Registration

Human Resources Policy No. HR04

Addendum added February 2016

Additionally refer to: HR07 Disciplinary Procedure for Doctors & Dentists
 HR33 Recruitment and Selection
 HR36 Disciplinary Procedure

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1 Policy Statement

The Trust has an obligation to ensure that all employees and others who undertake work on behalf of the Trust, who are required to be professionally registered with an appropriate regulatory council in order to practise within their professions, maintain valid registration. This policy sets the standards for verification of registration and maintenance of appropriate records.

2 Scope

2.1 The policy applies to all staff in the following groups:

Regulatory Body	Staff Groups covered
Health Professions Council (www.hpc-uk.org)	Arts Therapists Biomedical Scientists (Medical Laboratory Technicians) Chiropodists/Podiatrists Clinical Scientists Dietitians Occupational Therapists Operating Department Practitioners Orthoptists Paramedics Physiotherapists Prosthetists and Othotists Radiographers Speech and Language Therapists
General Dental Council (www.gdc-uk.org)	Dental practitioners Dental Nurses
General Medical Council (www.gmc-uk.org)	Doctors
Nursing and Midwifery Council (www.nmc-uk.org)	Midwives Nurses
Royal Pharmaceutical Society of Great Britain (www.rpsgb.org.uk)	Pharmacists

2.2 All employees in these staff groups, including those in temporary, locum and relief appointments must have valid up-to-date registration in order to practise. In addition anyone undertaking work on behalf of the Trust, for example under an honorary contract, must have valid up-to-date registration.

2.3 For all medical staff, standards and procedures for verification of registration and licensing arrangements (from November 2009) must comply with GMC guidance (Appendix A) in addition to this policy.

2.4 Managers responsible for other staff may establish equivalent procedures within their area for post-holders for whom it is a requirement that they maintain a specialist professional registration.

3 Responsibilities

3.1 It is the responsibility of every employee who is required to be registered with a regulatory body to ensure that they maintain their registration. Employees are advised to process all registration documentation as early as possible in order to prevent administrative delays.

3.2 Employees who are required to be registered must inform their line manager if their registration lapses for any reason and what action they are taking to remedy the situation. Failure to notify your line manager may result in action being taken under HR 36 Disciplinary Procedure or HR07 Disciplinary Procedure for Doctors and Dentists (which ever is appropriate)

Failure to become registered (where required) or failure to renew registration will result in action being taken under HR36 Disciplinary Procedure or HR07 Disciplinary Procedure for Doctors and Dentists (which ever is appropriate). (Refer to Section 6.3.2 for additional information)

3.3 Responsibility for confirming that employees and those undertaking work for the Trust are appropriately registered is as follows:

Staff Group	Management Responsibility
Doctors and Dental Practitioners	HR Manager – Medical Staffing
All other staff groups	Line Manager

This responsibility cannot be delegated.

4 Records

4.1 The Trust will maintain an electronic record for all staff requiring registration using the ESR system. Records will be maintained by line managers using the Self-Service tool; where this is not available to line managers, they will be required to hold paper records.

4.2 The Medical Staffing team in HR will maintain records for all medical and dental staff.

5 Procedure for verification

5.1 On Appointment

5.1.1 NOTE: Proof of professional registration is NOT proof of identity and appropriate checks must be made (see also HR33 Recruitment and Selection Policy) to ensure that the registration that is being confirmed matches the details of the individual presenting it.

5.1.2 For ALL appointments to posts requiring professional registration (including external appointments and internal promotions and transfers), all offers of employment must be subject to proof of current valid professional registration. As soon as any such offer is accepted, the Appointing Officer will confirm registration of the successful applicant by telephone with the appropriate regulatory body or by use of the on-line facility.

5.1.3 On the first day of employment, the Line Manager or Medical Staffing Officer will verify the registration and will record the registration number and expiry date on the individual's personal file and on the ESR New Starter form. The Line Manager or Medical Staffing Officer will also place a copy of the registration certificate/proof of registration on the individual's personal file.

5.1.4 In the case of locum and relief workers, confirmation of registration must be provided BEFORE the individual commences his/her duties.

5.2 During Employment

- 5.2.1 The Nursing & Midwifery Council (NMC) and the General Medical Council (GMC) have an interface into ESR which will automatically update renewals/expiry dates on a daily basis for all relevant registered staff. Any mismatches in details of registrations will be notified to the Trust from the GMC/NMC interface and the ESR Team will inform the relevant Manager and HR link in each case to be followed up to rectify the mismatched details.
- 5.2.2 Each month the ESR Team will check all other professional registrations on the relevant professional website and update expiry dates in ESR. The ESR Team will inform the Manager and HR or Medical Staffing link of any member of staff who hasn't updated their registration.
- 5.2.3 In all cases, the Line Manager or Medical Staffing Officer will remind staff that their registration is due for renewal. The Line Manager or Medical Staffing Officer is responsible for confirming that registration has been renewed on or before the expiry date, by confirming directly with the relevant regulatory council (either by telephone or using the on-line facility).

6 Action if registration cannot be confirmed

- 6.1 Individuals who do not possess the required up to date registration must not continue to practise in their professional role. The individual will therefore, be restricted to non-clinical/professional duties.
- 6.2 When being asked to confirm registration, employees should be warned of the consequences of not renewing their registration.
- 6.3 Where registration cannot be confirmed:
 - 6.3.1 The individual will be responsible for updating their registration without delay. (also refer to Section 3.1 and 3.2)
 - 6.3.2 The time taken for this may be up to a maximum of 4 weeks. During this period, the individual will be restricted to non-clinical duties, although it is recognised that such duties may not be available or may only be available for a very limited time. Where alternative duties cannot be identified, there are a number of options available such as annual leave at their substantive grade, unpaid leave, or alternative duties at the appropriate rate of pay for the unregistered role. The Manager should write to the individual confirming the decision and advise Pay Services, with a copy to the Centre Manager.
 - 6.3.3 Where no suitable duties can be identified then the manager may grant annual leave at the individual's substantive grade or enforced unpaid leave. The Manager should write to the individual confirming the decision and advise Pay Services.
 - 6.3.4 If registration is not renewed within 4 weeks, the member of staff may be subject to action in accordance with HR36 Disciplinary Procedure or HR07 Disciplinary Procedure for Doctors and Dentists, which could result in termination of employment.
- 6.4 If it is alleged that an employee has practised clinically without appropriate registration, the Line Manager will initiate an immediate investigation and must act to prevent any continuation. Where the individual has practised when knowing that his/her registration has expired (e.g. after being reminded of the need to renew registration) then formal disciplinary action will be taken which could result in dismissal. In other cases any disciplinary action taken will depend on the circumstances involved.

7 Agency , Locum and Bank Staff

- 7.1 Where Agency Staff, Locums or Bank staff (who are required to have registration) are used within the Trust, their registration details must be verified. Where Staff are from an Agency, it is the Agency's responsibility to ensure that staff they are supplying have current registration and evidence of these checks should be made available to the Trust. As Agency and Locum staff should be coming through agencies listed on the Buying Solutions agreement, (which changes annually), these agencies are required to carry out the appropriate checks prior to supplying staff to the Trust. Please note that the Trust is legally liable for ensuring that any persons who require professional registration working on Trust premises are appropriately qualified and registered to do so.
- 7.2 The Temporary Staffing Department will request an annual Buying Solutions audit report to provide assurance that registration checks are carried out by the agencies used.
- 7.3 If an Agency which is not on the Buying Solutions framework is used to supply staff to the Trust, the appointing manager should ensure that the Agency has taken all reasonable action to ensure that the person supplied is suitably qualified and has current registration and a licence to practise (where applicable). A non-Buying Solutions agency should supply verification to the Trust, that the pre-employment checks (that a Buying Solutions agency are required to carry out), have been completed prior to placement of staff within the Trust. (The use of Non- Buying Solutions agencies is not encouraged but it is recognised that this may happen where there is a shortage of persons with speciality qualifications/experience etc).
- 7.4 Where staff are supplied through the Trust's Temporary Staffing Department or are registered as Bank Staff, it is the responsibility of the individual to provide evidence of their current registration.
- 7.5 Temporary Staffing Department should carry out an initial check upon persons registering with Temporary Staffing and this should then be reviewed each month to ensure registration is maintained using the reporting mechanism as described in Section 5.1 and 5.2. and the online facilities where available.
- 7.6 Should the Agency supply a name of an individual and then (outside TSD operating hours), that individual goes off sick/does not attend, at the next available opportunity the manager must check that the alternative individual is currently and appropriately registered.
- 7.7 Agencies supply TSD with a checklist for each individual the first time they are used within the Trust (which confirms details such as personal details, DOB, CRB check, NMC PIN and expiry and training) and have a list of their staff who are allocated to work within the Trust. TSD confirms professional registration with the online facility for the appropriate Professional regulatory body.
- 7.8 Where a manager contracts directly with an Agency to provide staff where professional registration is required, the Trust manager is responsible for ensuring that the agency worker is suitably qualified and currently registered.
- 7.9 In regards to Bank Staff, where that is their main employment with the Trust, all staff are checked in line with HR33 Recruitment & Selection policy using the Recruitment Checklist. If a member of Bank staff is required to come into work (outside of TSD operating hours), the Clinical Site Managers have access to the TSD database which contains the details of all relevant registered staff with their PIN and expiry dates.

8 Training

8.1 There is no mandatory training associated with this policy. If staff have queries about its operation, they should contact their HR link in the first instance.

9 Equality Impact Assessment (EQIA)

9.1 The policy applies to all employees who require professional registration in order to carry out the duties for which they are employed. It does not discriminate positively or negatively between any protected characteristic.

10 Process for monitoring compliance

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Duties of the key individual(s) for risk management activities	<i>To be addressed through the monitoring below</i>			
Process for ensuring registration checks are made directly with the relevant professional body, in accordance with their recommendations, in respect of all permanent clinical staff both on initial appointment and ongoing thereafter	Capture and analysis of ESR Reports Where interfaces exist (GMC/NMC) for medical and dental staff See flowchart at appendix 2	HR Team	Monthly for GMC/NMC GDC registrations – interface to ESR automatic upload daily Annually for HPC registrations – defined by set dates for each profession Annually for RPSGB	Operational Management Group
Process for receiving assurance that registration checks are being carried out by all external agencies used by the Trust in respect of all temporary clinical staff	Review of Buying Solutions Audit Report	HR Team	Annual	Operational Management Group
Process in place for following up those permanent clinical staff who fail to satisfy the validation of registration process	Capture and analysis of ESR Reports where interfaces exist (GMC/NMC) for medical and dental staff. See previous comment See flowchart at appendix 2	HR Team	Monthly for GMC/NMC GDC registrations – interface to ESR automatic upload daily Annually for HPC registrations – defined by set dates for each profession Annually for RPSGB	Operational Management Group

- 10.1 Where action is required recommendations and action plans will be developed from the analysis and will be part of the reporting mechanism

11 Review Process

- 11.1 The Trust will review this policy every 3 years, unless there are significant changes at either national policy level, or locally. In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the document strategy having to return to the ratifying committee

12 References

NHS Employers Checks – July 2010

Appendix A GMC Registration– General Information

The General Medical Council (GMC) introduced a new system of licensing in November 2009. From this date any doctor wishing to practise medicine in the UK will by law, need to be registered and hold a licence to practise.

Licensing is the first step towards the introduction of revalidation – a new approach in medical regulation that will give patients regular assurance that doctors are up to date and fit to practise.

All doctors employed by the Trust must be appropriately registered with the General Medical Council.

TYPES OF REGISTRATION

Full Registration

Doctors must have full registration for unsupervised medical practise in the NHS or private practise in the UK. Consultants must also be entered on the GMC Specialist Register for the specialty in which they work. All doctors will need to hold both current registration with the GMC and a current licence to practise.

Provisional Registration

Provisional registration allows newly qualified doctors to undertake the general clinical training needed for full registration. A doctor who is provisionally registered is entitled to work only in a programme for provisionally registered doctors, currently Foundation Year 1 (FY1).

Specialist Registration

All consultants (except locum consultants) must be entered on the GMC Specialist Register. It is not possible to hold specialist registration without also holding full registration.

Temporary Full Registration

In certain cases, doctors may be granted temporary full registration if they are coming to the UK to provide specialist medical services for a short period, for example to demonstrate a specialist procedure.

LOCUM DOCTORS

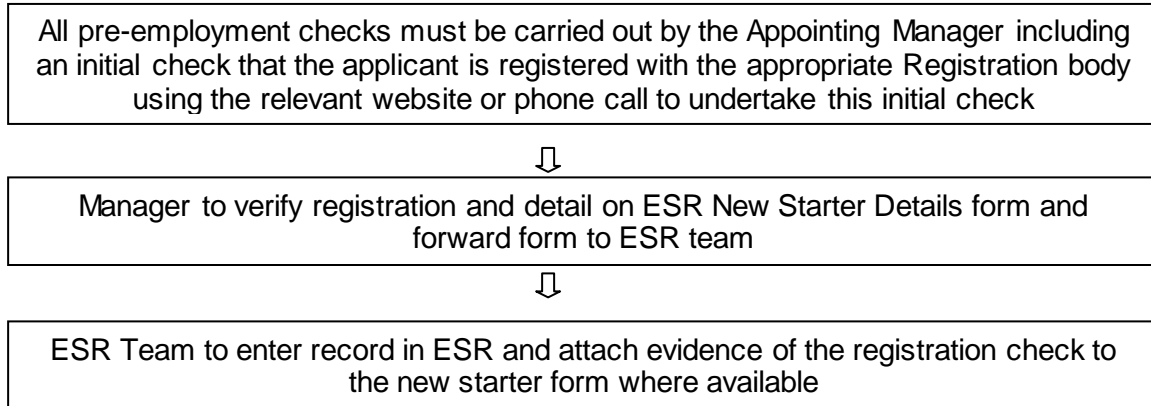
All doctors employed by the Trust as locums must have appropriate registration.

Appendix B Flow chart for collecting and maintaining data

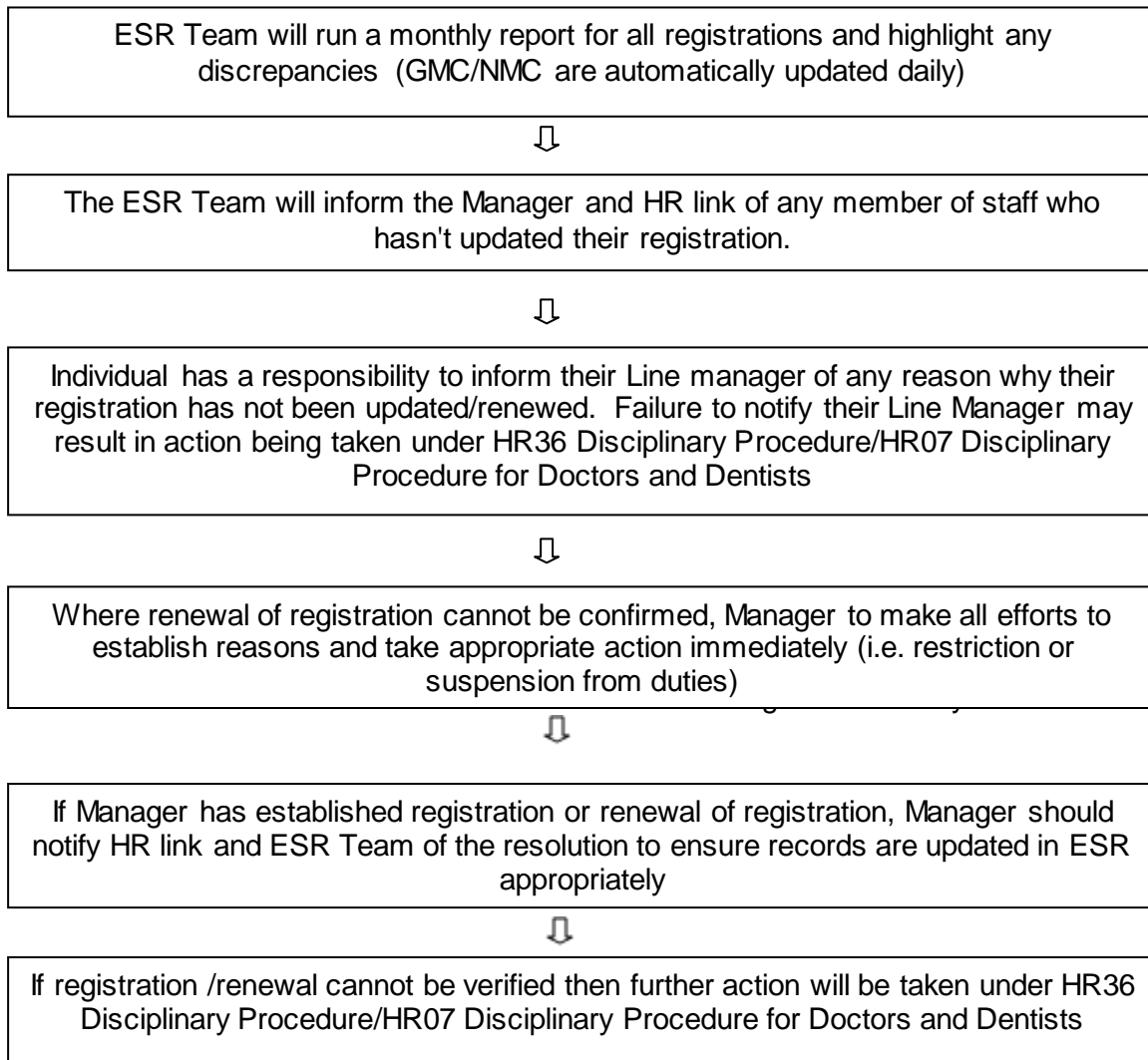
PROFESSIONAL REGISTRATION

FLOW CHART FOR COLLECTING AND MAINTAINING DATA

New Employee



Checks during Employment:



Nurse Revalidation with effect from April 2016

What is revalidation?

Revalidation is the process where registered nurses and midwives are required every three years to demonstrate to the Nursing and Midwifery Council (NMC) they remain fit to practice. Revalidation promotes greater professionalism among nurses and midwives and also improves the quality of care that patients receive by encouraging reflection on nurses' and midwives' practice against the revised NMC Code.

Why is the NMC introducing revalidation?

Revalidation aims to improve public protection by making sure that nurses and midwives demonstrate their continued ability to practise safely and effectively throughout their career.

Registered nurses and midwives will need to be up to date in their professional practice, develop new skills, and understand the changing needs of the patients they care for.

When will revalidation start?

The first nurses and midwives to revalidate will be those with a renewal date in April 2016. From this point on all nurses and midwives registered with the NMC will revalidate every 3 years when renewal of their registration is due.

Who is responsible for completing revalidation?

Revalidation is the responsibility of nurses and midwives themselves. The Trust and your manager will support in many ways but you are the owner of your own revalidation process.

How do I know when my renewal date is?

You can register online with the NMC to find out your renewal date, this is the last day of the month in which your registration expires.

When do I need to submit my Revalidation Application by?

Your revalidation must be submitted to the NMC by the first day of the month in which your registration expires. This is called your Revalidation Application Date.

What happens if I miss the deadline?

Late revalidation applications are not accepted by the NMC. If you fail to submit your application by your revalidation application date you will be required to make an application for revalidation. This can take a minimum of 2 to 8 weeks to process (see below - *what happens if I do not revalidate?*).

How do I revalidate?

Every three years nurses and midwives will need to renew their registration with the NMC by submitting a revalidation application online.

The online application opens 60 days before your Revalidation Application Date.

What are the main elements of revalidation?

It is expected that in the three years prior to revalidation all registered nurses and midwives will be required to have:

- A minimum of 450 practice hours (900 hours for those revalidating as both a nurse and midwife (including Nurse/SCPHN and Midwife/SCPHN)).
- 35 hours of Continuing Professional Development (CPD), of which at least 20 hours must be participatory learning
- Five pieces of practice-related feedback
- Five written reflective accounts on their CPD and/or practice-related feedback and/or an event or experience in their practice, and how this relates to the Code
- Reflective discussion with another nurse or midwife

- Health and character declaration, and
- Professional indemnity arrangement.

As part of the process for revalidation all registered nurses and midwives will have to gain confirmation from a third party to verify their evidence portfolio to ensure that standards required by the NMC are met. This third party is called your confirmer and they will normally be your Line Manager, provided that they are Band 7 or above.

More guidance is available via the NMC Website and SaTH Nurse Revalidation Guidance on the Trust Intranet web page.

Does the Trust provide my professional indemnity?

The Trust will supply professional indemnity for all registered nurses and midwives for the care you provide to our patients whilst undertaking duties as part of your employment. It will not cover you for any work you carry-out outside of SaTH.

Will the NMC ask for more information to support my application?

Each year the NMC may select a sample of nurses and midwives to provide further information to verify the declarations that they made as part of their revalidation application. This does not mean that they have any concerns about their application. When this happens these nurses and midwives will remain on the register while this process is completed and they can continue to practise during this time.

What happens after I submit my revalidation application?

Once you have submitted your revalidation application, the NMC will take a decision on your application. You will need to pay your renewal fee as part of your revalidation application. Your registration will not be renewed if payment is not made.

What happens if I do not revalidate?

If you do not meet the revalidation requirements by your re-registration date, you will be removed from the NMC register. During this period you will be unable to work for the Trust as a registered nurse or midwife or in any other clinical capacity

What happens if I work as a registered nurse or midwife without registration?

Continuing to practise as a registered nurse without valid registration is a criminal offence and could lead to a fine of up to £5,000. The offence would also be disclosable to a prospective new employer via a DBS check.

It is the responsibility of every employee who is required to be registered with a regulatory body to ensure that they maintain their registration failure to do so can result in disciplinary action being taken by the Trust.

It is also possible that the Trust will be unable to provide professional indemnity for any work undertaken that falls within the remit of a registered role whilst you are not registered.

What work will I be asked to do if I am unable to revalidate?

In accordance with HR04 (Verification of Registration Policy) section 6 '*Action if Registration cannot be Confirmed*' during this time you will be restricted to non-clinical duties and the Trust may be able to accommodate you working on alternative duties.

However such duties may not be available or may only be available for a very limited period of time. (See below for what happens where alternative duties are not available)

What pay will I receive when undertaking alternative duties?

Your pay will be adjusted to the rate of pay appropriate to the duties you are undertaking, i.e. the non-clinical role/ Ward Clerk etc.

The Trust is not required to create a non-clinical role for you during this time and where a role is identified you must be able to undertake all duties associated with that role.

What happens if alternative duties are not available, can only be supported for a limited period of time, I do not have the necessary skills to undertake the duties or I am not willing to undertake all the duties of the role?

Your manager may grant annual leave at your substantive grade or your manager may require you to take unpaid leave. Your manager will write to you confirming any decision and advise Pay Services accordingly where required.

Annual leave may only be taken where leave has been accrued in the leave year at the date of taking the leave.

What do I need to do if I fail to revalidate?

Readmission to the register can take between 2 and 8 weeks (or longer in exceptional circumstances).

You will need to progress this as quickly as possible and ensure that your manager is updated regularly on progress.

Failure to act quickly may result in Disciplinary Action in accordance with the Trust Disciplinary Procedure and HR04 Verification of Professional Registration Policy. Disciplinary action can result in termination of your contract of employment.

HR04 Verification of Professional Registration Policy at section 6.3.4 states that 'If registration is not renewed within 4 weeks, the member of staff may be subject to action in accordance with HR36 Disciplinary Procedure or HR07 Disciplinary Procedure for Doctors and Dentists, which could result in termination of employment.' Due to the possibility that readmission to the register may exceed this time the Trust will not take action until after 8 weeks if you are able to demonstrate that you have progressed matters as quickly as possible.

Does revalidation change the process for fitness to practice concerns?

No, if an employer, a nurse or midwife, or any other individual becomes aware of a serious concern about the fitness to practise of another nurse or midwife they should raise it promptly through NMC fitness to practise procedures.

Revalidation does not create a new way of raising a fitness to practise concern about a nurse or a midwife, and the confirmation stage of revalidation does not involve making a judgment as to whether a nurse or midwife is fit to practise.

If a nurse or midwife is subject to an NMC investigation, condition(s) of practice order or a caution, will they be able to apply to renew their registration?

Yes as long as they fulfil all the revalidation requirements. However, they will remain subject to NMC fitness to practise processes and the outcome of those processes.

If the nurse or midwife is subject to an internal disciplinary procedure, will they be able to apply to renew their registration?

Yes as long as they fulfil all the revalidation requirements. However, if this internal disciplinary procedure includes concerns about the nurse or midwife's fitness to practise, these should be raised in the appropriate way at the appropriate time. This would fall outside of the revalidation process.