

Professional Registration Policy

This policy describes the process and responsibilities for ensuring that professional staff hold current registration upon appointment and maintain their registration during the course of their employment with the relevant regulatory body and the consequences of failing to maintain registration or loss of registration.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1	April 2012	Harmonised document
2	May 2012	Added NHSLA standards Updated Monitoring and compliance section following comments received from Policy group
3	31/01/13	Added Appendix 5 Policy Monitoring Table
4	13/12/13	Focus throughout the policy is upon making it employees and managers responsibilities to ensure registration is maintained, with appropriate systems in place to assist.
		Section 4 - Responsibilities of a Managers/ leaders /employees updated
		Section 6 - Provides clarifications about Notification of payment and that when payment is received does not mean that the professional registration is renewed/updated.
		6.4 – updated wording regarding process for LPT Bank/E-Rostering staff 6.4.2 – reviewed wording for Agency staff - up to date wording in relation to checking professional registrations for Agency staff and its link with the Government Procurement Service framework. Also included information regarding TALENT in CHS division.
		Section 7- provided full details of the process that will be undertaken for all lapsed registrations. Provides clarity in the options for AfC staff groups and other staff groups such as Medics, Dental etc.
		Section 9 and 10 new – provides information about staff on sick leave, career break etc. to ensure registration is maintained throughout and Clarification is provided for staff who intend to retire still have a responsibility to ensure their registration is to be maintained up until their leaving date.
		Appendix 1 and 4– flowchart updated to reflect section 6 and 7
		Appendix 2 - (new) letter to manager
		Appendix 5 – New – provides renewals guidance for all regulatory body
		Appendix 8 – NMC guidance
		Appendix 9 – Due Regard
		Training paragraph added and NHS Constitution checklist included.
5	02/11/15	Policy updated to reflect NMC change in practice re timescales to

		re-register.
		Appendix 8 updated
		Section 6.4 updated
		Policy amended to reflect that staff whose registration lapses will be able to undertake unqualified duties at a band 2 only.
9	1/2/2018	<ul style="list-style-type: none"> • Full policy review in line with policy review and expiry dates. • Lapsed registration for Agenda for Change staff amended to annual leave or unpaid leave until registration completed. Expectations in line with revalidation added. • Recognition of working at relevant banding in line with skills and roles that can be performed whilst waiting for registration to become live after completing a professional programme. • Appendix 4 – removed. Already covered in Section 8. • Amalgamation with the NMC Revalidation policy and procedure.
10	1/10/2019	<ul style="list-style-type: none"> • Paragraph 5.5.2 – If staff member experiencing any financial difficulties with payments of their registration fees can be sign posted as appropriate to support to help member of staff resolve issue. • Extra question added to Appendix 5 (no 8)

All LPT Policies can be provided in large print or Braille formats, if requested, and an interpreting service is available to individuals of different nationalities who require them.

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Definitions that apply to this Policy

The Trust	Leicestershire Partnership Trust
NHS Employment Check Standards	Outline the legal and mandatory checks employers must carry out for the appointment's and on-going employment of all individuals in the NHS across England
Professional Registration	Registration with the regulatory body.
GMC (General Medical Council)	Doctor's registration with the GMC is renewable on an annual basis.
NMC (Nursing and Midwifery Council)	Nurses and Midwifery Council. Professional body for nurses, midwives and specialist community public health. NMC renewal is on an annual basis. Registered nurses are expected to meet the revalidation requirements as set out by the NMC on a three yearly basis.
HCPC (Health and Care Professionals Council)	Practitioners covered by the HCPC are registered on a 2 yearly basis with set expiry dates for practitioner groups. Practitioners covered by HCPC are: Psychologists, Podiatrists, Speech & Language Therapists, Physiotherapists, and Occupational Therapists.
GPhC (General Pharmaceutical Council)	Registered body for Pharmacists, and Pharmacy Technicians. Pharmacists and Pharmacy Technicians registration must be renewed annually, which involves completing a declaration stating that they meet all of GPhC's professional, fitness to practise and ethical standards.
Revalidation	The process that allows nurses and nursing associates to maintain their registration with the NMC.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

1.0 Equality Statement

Leicestershire Partnership NHS Trust (LPT thereafter referred to as the Trust) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions the Trust must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which the Trust is responsible, including policy development, review and implementation.

2.0 Summary

2.1 This policy describes the process and responsibilities for ensuring that all professional staff (substantive, bank, agency, volunteers, students, medical) working in the Trust hold a current registration and maintain their registration during the course of their employment or work with the Trust with the relevant regulatory body. It outlines the consequences of failing to maintain registration or loss of registration and action to be taken by managers and HR.

3.0 Introduction

- 3.1 The Professional Registration Policy applies to all prospective employees and staff employed by or engaged to work with the Trust who are required to be registered with a professional body in order to carry out the role in which they are employed.
- 3.2 It applies to all permanent and temporary staff and includes bank staff, students, trainees, locums, honorary appointments, contractors, mobile staff and staff supplied by an agency and staff on secondment.
- 3.3 As part of the Trust's responsibility to protect the public and to meet the NHS Employment Check Standards, it is essential that upon appointment professional staff hold current registration with the relevant regulatory body and maintain their registration during the course of their employment.
- 3.4 Staff undertaking work which requires professional / state registration are responsible for ensuring that they are registered and that they comply with any codes of conduct applicable to that profession. Failure to maintain registration or loss of registration may result in disciplinary action being taken in accordance with the Trusts Disciplinary Policy and Procedure.
- 3.5 This policy is subject to variation from time to time because of changes in employment law and professional regulations.

4.0 Purpose

- 4.1 The purpose of this policy is to provide clear guidance on the Trust's standards and procedures in place to ensure that all professional registrations are appropriately checked and maintained, both upon commencement of employment and on an on-going basis throughout employment.

5.0 Duties within the Organisation

- 5.1 The **Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

- 5.2 Trust **Strategic Workforce Group** has the responsibility for adopting this policy.

- 5.3 **Directors and Heads of Service** are responsible for:

- Ensuring that comprehensive arrangements are in place regarding adherence to this policy and how this policy is applied within their own area of responsibility.
- Ensuring that team managers and other management staff are given clear instruction about the policy arrangements so that they in turn can instruct staff under their direction.

- 5.4 **Managers and Team Leaders** are responsible for:

- Ensuring that registered healthcare professionals renew their registration as directed by their professional body.
- Communicating to their teams, the importance of maintaining professional registrations at all times.
- Ensuring that they have systems in place to ensure they maintain a record of relevant professional registrations, expiry and renewal dates. Appendix 3 provides line managers with tools to assist with this.
- In the event of lapsed or non-renewal of registration for a health care professional, meet with the employee to establish the circumstances surrounding the issue. Advice should be sought from HR to agree the appropriate course of action as well as Appendix 5 should be completed and forwarded to the Professional Standards Learning Group or Temporary Workforce Panel (whichever meets first (see Section 9.0 below) for the case to be reviewed by them and determine an appropriate plan of action for the employee concerned.
- Ensuring that the policy is followed and understood by all registered health care professionals. It is the responsibility of local managers and team leaders to have in place a local induction that includes this policy.

5.5 Registered healthcare professional employees (and applicants for employment including seconded staff) are responsible for:

- Adhering to this policy at all times.
- It is the responsibility and contractual obligation of all employees (and applicants seeking employment with the Trust) requiring a professional registration, to maintain their registration throughout their employment with the Trust and to notify their manager in the first instance any issues affecting their registration or any restrictions placed upon their practice.
- The Trust will ensure that it has systems in place to check registration status of staff prior to and during their employment and to identify any lapsed registrations and take appropriate action.
- All employees requiring professional registration must complete all appropriate forms correctly and submit with payment to the professional body prior to the date of expiry. Staff making a payment to the professional body does not mean renewal of registration and does not provide evidence of such. It is the healthcare professionals own responsibility to receive confirmation of registration from the professional body.

5.5.1 No practitioner who is authorised to practice their profession by virtue of their name being maintained on their professional body's register can be allowed to continue to practice if their registration is not maintained.

5.5.2 In the event that the member of staff is experiencing any financial difficulties with paying their registration payments, he/she should they bring this to the attention of their manager as a matter of urgency so that meaningful conversations can be had to help that member of staff resolve the issue.

5.5.3 Failure to maintain registration or loss of registration for a registered post will be treated as a breach of professional contractual terms and conditions.

5.6 Human Resources Department is responsible for;

- Ensuring that notification is provided to the relevant managers with regards to an expected expiry of registration 1 month in advance of expiry.
- Checking the registration details of new starters prior to issuing an offer of employment and provide evidence of this as a way of assurance.
- Providing expert advice with regards to the appropriate action to be taken as a result of lapsed / potential lapses in professional registration and any subsequent action that should be taken as a consequence.

6.0 Non-Regulatory Bodies

Certain posts may require either professional qualifications or registration with non-regulatory bodies, such as the Chartered Institute of Management Accountants (CIMA), Chartered Institute of Public Finance and Accountancy (CIPFA), Charter Institute of Personnel and Development (CIPD) to perform the duties required. Where this is the case this will be listed on the person specification and such qualifications and registrations are therefore covered by this policy. Renewal criteria will be as per professional body requirements.

7.0 Procedure for Pre-employment and Post-employment Registration Checks

- 7.1 A flowchart outlining the procedure for administration/monitoring of professional registration checks is included in Appendix 1.

New Appointments

- 7.2 As part of the NHS Employment Check Standards and in line with the Trust's Recruitment Policy, professional registration details for all prospective employees and workers joining the LPT Bank will be checked at interview stage by the Recruiting Manager who will take copies of evidence of any professional registrations necessary for the role and this will be sent to HR for verification (Recruitment Team or Medical Staffing).
- 7.3 Professional registration details provided at interview stage to the recruiting manager will be checked by HR for preferred candidates (substantive staff and Bank worker) with the relevant professional body. This will be done using the online verification service prior to any unconditional offer of employment being confirmed by HR (Recruitment Team or Medical Staffing). A copy of the online verification will be kept in the employee's/worker's personal file.
- 7.4 Candidates awaiting confirmation of their final examination results will only be employed as a registered practitioner once they have obtained the relevant professional registration and this has been checked by their manager/HR team. If appropriate, the candidate/employee will be recruited to undertake duties which do not require their new professional registration. They will be paid in accordance to the role that does not require the new professional registration until they have received confirmation of their new registration, and this registration status has been verified by their manager/HR team. Staff are expected to inform their manager as soon as they receive confirmation that their PIN status has changed, so that their manager can assure themselves that the PIN is now in place - until the manager has undertaken this assurance check, the employee cannot work in the role that requires the new registration. Failure to secure confirmation of their registration and PIN number within 3 months of starting with the Trust will lead to the termination of contract unless there are exceptional circumstances.

Existing staff

- 7.5 Employees need to ensure that documentation and/or fees are submitted before their due date or their registration will automatically lapse and they will be unable

to practice. Refer to section 9.0.

- 7.6 Should an employee's registration lapse, the only way to re-register will be by applying for readmission to the register with their relevant professional body. This process is not within the control of the Trust as it is reliant upon the professional body to enact and can take approximately 12 weeks, depending on the circumstances.
- 7.7 One month prior to the expiry of an individual's registration, and where the registration has not yet been renewed, the **Workforce Information Team** will provide a monthly professional registration report to the HR Operational Team. This report identifies all employees who are in date with their registration, registration due to expire or registration that has expired.
- 7.8 **HR** will notify the **line manager** of the employee whose registration has expired/is due to expire. The possible actions that a manager may need to take in relation to the employee are included in the notification letter (Appendix 2).
- 7.9 If an employee fails to renew their registration or loses their registration their manager must seek immediate advice from HR and take action in accordance with section 9.
- 7.10 The system does not allow booking of a bank worker onto shifts if the registration has expired or for shifts which fall after an expiry date.

8.0 LPT Temporary Workers – Agency, Locum

- 8.1 Where Government Procurement Service Framework Agreements, or Framework Agreements provided for NHS use by other agencies are used for the supply of registered nurses and other professionals, the Centralised Staffing Solutions team is responsible for confirming that the contract requires the provider of agency staff to check that individuals' registration with their regulatory body is up to date. This will be audited as part of the contract. Expectations regarding professional registration of registered nurses and other professional will be communicated to Agencies by the Trust. It will be expected that their compliance regarding professional registrations of their supply of registered nurses and other professionals will be integral to maintaining their status with the National Procurement framework.
- 8.2 For medical staff, the medical staffing team will verify professional registrations of all medical locums using the online verification service of the regulatory body before the individual starts working on a shift. Confirmation must always be provided by the agency to the medical staffing team as to the level and type of registration of the doctor.
- 8.3 If it becomes necessary to use a non-contracted agency for the supply of temporary registered nurses and other professionals, the Centralised Staffing Solutions Team is responsible for ensuring that prior confirmation is requested in writing from the agency verifying that they have undertaken all of the pre-employment checks, including registration checks. Expectations regarding

professional registration of registered nurses and other professional will be communicated to Agencies by the Trust.

9.0 Failure to Maintain / Non-renewal / Lapsed Professional Registration

- 9.1 It is unlawful for staff in the groups listed in Appendix 4 to practice if they do not hold an up to date registration for the position in which they are employed. The Trust reserves the right to invoke its Disciplinary Policy and Procedure in respect of failure to maintain registration.
- 9.2 When it has been identified that a registration has lapsed, managers are required to report this incident, please refer to the Trust Incident Reporting Policy http://www.leicspart.nhs.uk/Library/IncidentReportingPolicy_Final_March2013.pdf
- 9.3 Any member of staff who fails to renew/maintain their registration or loses their registration will not be allowed to practice as a registered practitioner and this will be treated as a breach of their terms and conditions of employment.
- 9.4 The line manager must meet with the individual to establish the circumstances surrounding the loss of registration or failure to renew their registration and advice should be sought by HR to agree the appropriate course of action.
- 9.5 A case review will be undertaken in all circumstances relating to lapsed registrations (Appendix 5).
- 9.6 Deliberate or unreasonable failure, by the employee, to re-register may lead to disciplinary action being taken.
- 9.7 To manage the situation with the employee whose registration has lapsed managers must take the following action:

Annual Leave or unpaid leave

- 9.8 For Agenda for Change staff, registered professionals will be expected to take annual leave or unpaid leave until registration can be confirmed with the appropriate regulatory body. There will be no reimbursement.
- 9.9 For Medical Staff, payment for doctors will cease and they will be put on unpaid leave. There will be no reimbursement.
- 9.10 Confirmation of the application to re-register must be submitted within 72 hours; failure to do may result in disciplinary action being taken.
- 9.11 Following re-registration, staff will commence their duties in line with their substantive post on the date evidence of successful registration is provided to the Trust from the regulatory body.

10.0 Nurses NMC Revalidation

- 10.1 The NMC Code (March 2015) requires that all registered nurses and nursing

associates fulfil all the registration requirements. To fulfil this every NMC registrant must complete the revalidation expectations every three years to maintain their professional registration (<http://revalidation.nmc.org.uk/welcome-to-revalidation>). To achieve this, they must:

- Meet any reasonable requests so the NMC can oversee the registration process.
- Keep to the prescribed hours of practice and carry out continuing professional development activities, and
- Keep personal knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop personal competence and improve personal performance.

- 10.2 To complete the online revalidation application, the NMC will request that the registrant has demonstrated to an appropriate third party (confirmer) that they have complied with the revalidation requirements.
- 10.3 NMC registrants employed by the Trust will be expected to have their revalidation requirements confirmed by their line manager or alternative manager / senior professional within the Trust.
- 10.4 An alternative manager / senior professional confirmer may be chosen if:
- The line manager is not available due to leave commitments (annual, maternity, sick, career break).
 - The line manager is not available to provide confirmation due to conflicting work commitments and it is agreed that it is reasonable to delegate the role to another confirmer.
 - There is a conflict of interest between the registrant and the line manager.
- 10.5 NMC registrants who are Director(s) may wish to choose a confirmer outside the organisation who is an NMC registrant with effective registration.
- 10.6 NMC registrants who have more than one line manager, for instance those who have dual contracts between providers, part-time workers who have more than one contractual employment or have more than one role within the Trust only require one confirmation. It is expected that confirmation is sought from where the NMC registrant undertakes most of their practice.
- 10.7 NMC registrants with a temporary work contract with the Trust (LPT Bank staff) will where necessary be allocated a confirmer. It is the temporary workers responsibility to request allocation of a confirmer prior to their revalidation due date.
- 10.8 For staff that work in the Trust through an Agency, proof of revalidation will be requested through the contracted agency providing nursing staff. The Trust will have no obligation to act as confirmers for Agency workers.
- 10.9 It is the responsibility of the registrant to contact the NMC at the earliest opportunity if they do not expect to be able to meet revalidation requirements.

They must ensure that they keep their line manager is informed of their circumstances.

10.10 Confirmers must complete the NMC Confirmation Form which the registrant will retain in their portfolio as evidence of confirmation that the nurse has met the requirements of revalidation.

10.11 Where a NMC registrant is not satisfied with the confirmer's assessment or the confirmer has doubt whether the registrant has met the requirements. A request for a review must be lodged within 14 calendar days of the date of confirmation. A review will be undertaken by a Lead Nurse or Senior Nurse within 21 calendar days. There will be no further right of review.

11.0 Professional Standards Learning Group*

11.1 All cases of lapsed registration (except for medical staff) will be referred to the Professional Standards Group which will consist of;

- Head of HR/Senior HR Business Partner
- Head of Professional Practice and Education; or suitable allocated deputy.
- Lead Nurse

* As this group only meets quarterly, if a lapse occurs within the month of meeting, the case will go to the PSLG; if outside the month it could go to the Temporary Workforce Panel to avoid any delay.

11.2 The role of the panel will be to review the case and determine a plan of action for the employee, which may include a recommendation that action will be taken in accordance with the Trusts Disciplinary policy and procedure. The purpose of the review of lapsed registrations is to ensure consistency in dealing with cases.

12.0 Bogus certificates or use of bogus names

12.1 If a member of staff is found to have submitted a bogus certificate or is found to have used another person's name and certificate, this will be reported to Counter Fraud for investigation in line with the Trust's Counter Fraud, Bribery and Corruption Policy and appropriate action will also be taken in line with the Trusts Disciplinary Policy and Procedure. Managers should report concerns to HR to seek advice and agree a way forward.

13.0 Maintaining Registration during periods of other paid or unpaid from the Trust.

13.1 It is the responsibility of the employee to ensure their registration is maintained throughout any periods of leave (paid or unpaid) from the Trust such as sickness, maternity, special leave, career break etc. The employee remains contractually bound by their terms and conditions of service whilst on leave from their employment.

- 13.2 Employees who wish to take a career break may choose to allow their professional registration lapse whilst on career break. However, in accordance with the requirement of the LPT Career Break scheme, it is the employee's responsibility to ensure that they take the necessary steps to re-register prior to their return to work. If, whilst on career break, the employee is required (where practicable) to undertake a minimum of 10 days paid work annually for updating purposes, it is the employee's responsibility to ensure that they take whatever action is necessary during their career break to maintain their professional registration so that they can participate in the requirement of the LPT Career Break scheme.
- 13.3 Employees returning from career break must ensure their registration is in date on their return to work.

14.0 Monitoring, Compliance and Effectiveness

Please refer to Appendix 6 for Monitoring and compliance table

15.0 Due Regard (Appendix 8)

15.1 The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such this policy has been developed in context of Section 149 of the Equality Act 2010 have due regard for the need to:

- Eliminate discrimination
- Equality of Opportunity
- Provide for good relations between people of diverse groups

15.2 There are a number of support processes in place staff can access to resolve registration issues and effective monitoring system in place to reduce any adverse impact on patient, staff and carers safety.

16.0 Standards /Key Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Initial appointment of all <i>permanent</i> clinical staff have undertaken professional registration checks.	Recruitment Checklist
On-going registration checks are in place for all <i>permanent</i> staff.	Monthly audit via ESR Alert Notice Circular
Assurance for professional registration checks for all <i>temporary</i> staff	Verification from external recruitment agencies.

<p>Care Quality Commission registration standards (outcome 12) <i>Requirements relating to workers</i> regulation (21) of the Health & Social Care Act (2008) (Regulated Activities Regulations 2010 CQC essential standards)</p>	<p>That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 12</p>
<p>Codes of conduct: professional bodies.</p>	<p>Registered nurses, nursing associates, doctors, health visitors and allied health professionals are personally accountable for the practice through their Codes of Conduct: Nursing and Midwifery Council (NMC), the health and care professional council, the general medical council (GMC), and the general Pharmaceutical council</p>

17.0 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Workforce and OD Committee and is accepted as a Trust wide policy. This policy will be disseminated immediately throughout the Trust following ratification.

The dissemination and implementation process is:

- Line managers will convey the contents of this policy to their staff
- Staff will be made aware of this policy using existing staff newsletters and team briefings
- The policy will be published and made available on the Intranet

18.0 References and Associated Documentation

This policy was drafted with reference to the following:

- Leicestershire Partnership Trust Professional Registration Policy
- Leicestershire Partnership Trust NMC Revalidation Policy and Procedure
- Leicester City Community Health Services Professional Registration Policy
- Leicestershire County and Rutland Professional Registration Policy
- Leicestershire Partnership Trusts Principal Counter Fraud Specialist
- Leicestershire Partnership Trusts Recruitment and Selection Policy
- NHS Employers 2010: NHS Employment Check Standards
- NHSLA Risk Management Handbook 2011/2012
- Nursing and Midwifery Council

19.0 Training

There is no training requirement identified within this policy.

Procedure for Administration/ Monitoring of Professional Regulatory Registration Checks

The professional regulatory body send reminders to employees when their registration is due for renewal. It is the employee's responsibility to maintain their registration to practice. Please refer to appendix 5 for timescales for when reminders are issued.

The Workforce Information Team provide a monthly professional registrations report to the HR Operational Team. This identifies all employees who are in-date, due to expire and expired. HR will notify managers of the potential lapse within their area to follow this up with the employee. Where registration has lapsed HR will provide advice and support to managers to enable them to take appropriate action in accordance with section 9 of this procedure.

If the registration has been renewed
Once verified by managers they will advise HR to input the updated details on ESR.

A case review will be undertaken and reviewed by the Professional Standards Group (Appendix 5)

Where registration has not been renewed; (Refer to section 9)

1. **For Agenda for Change staff**, registered professionals will take annual leave or unpaid leave pay until registration is confirmed with appropriate professional regulatory body.
2. **For Medical Staff**, payment will cease and put on unpaid leave.

Confirmation of application to re-register must be confirmed within 72 hours

3. **For Bank workers**, shifts will not be allocated until registration confirmed.

Once registration is confirmed, employee will return to their substantive post (or with temporary workers, as appropriate).

If application to re-register is not confirmed within 72 hours, disciplinary action may be taken in accordance within the Trust's Disciplinary Policy and Procedure

Appendix 2

Communication to manager- within 4 weeks prior to expiry

Dear Managers Name,

Re: Professional Registration Expiry:

I write to inform you that our monthly report downloaded from ESR has highlighted that the following employee(s), professional registration is due to expire on the following date;

Name of Employee	Expiry date

Please could you contact *Employee's Name* as soon as possible to inform them that their professional registration is due to expire and that it is their responsibility to ensure that they have renewed their registration prior to its expiry date. Failure to re-register prior to expiry may result in disciplinary action being taken in accordance with the Trust's Disciplinary Policy and Procedure, unless there are exceptional circumstances.

If re-registration does not occur prior to the expiry date, *Employee Name* will be unable to work in a registered capacity and you will need to inform the Employee that the case review will be undertaken to establish the reasons for the lapsed registration in the first instance (appendix 6 of the professional registration policy provides guidance on this). In the meantime the following actions will be taken;

Annual leave/Unpaid Leave

For Agenda for Change staff, they will be expected to take annual leave or unpaid leave until registration is confirmed with the appropriate regulatory body. There will be no reimbursement.

For Medical Staff, payment for doctors will cease and they will be put on unpaid leave. There will be no reimbursement.

(delete as appropriate)

Application to re-register must be confirmed within 72 hours, failure to do may result in disciplinary action being taken.

Should an employee's registration be allowed to lapse, the only way to re-register will be by applying for readmission to the register. This process can take up to 12 weeks, depending on the circumstances.

Following re-registration, staff will commence their duties in line with their substantive post on the date evidence of successful registration is provided to the Trust from the regulatory body. Staff making a payment to the regulatory body does not mean renewal of registration. ALL appropriate forms must be correctly completed and submitted with payment to ensure re-registration. Confirmation of re-registration must be received from the regulatory body to confirm their registration.

All cases of lapsed registration will be referred to the Professional Standards Learning Group or Temporary Workforce Panel (whichever meets first) to review the case and determine a plan of action for the employee.

You will need to continue to monitor the registration status of *Employee Name* and provide *Human Resources (name of HR Rep)* with evidence that the re-registration has occurred. Please refer to section 9 of the Professional Registration policy.

If you have any questions or queries please do not hesitate to contact me on ext xxx.

Yours sincerely

Name
HR Officer/Advisor/Business Partner

Professional Registration Control Procedure

The following documentations (Appendices 3a and 3b) is to ensure that line managers have the appropriate mechanisms in place to monitor and assure the Trust that their practitioners are appropriately registered at all times.

Master Control Schedule Appendix 3a

This is available as a working Spreadsheet on the intranet. This should be completed to **include ALL practitioners**. This document will act as assurance to the trust and should be kept up to date at all times so that it can be produced as and when requested to ensure compliance of this procedure.

- New starters should be added using the information received from Human Resources as detailed on the Notification of New Starter Form.
- The year of a practitioner's renewal should be inserted along with an X to indicate which month of the year their renewal is due.
- One month prior to the renewal month the Line Manager should remind the practitioners that they will be expecting their renewal documentation the next month.

Yearly Control Schedule – Appendix 3b

This is available as a working spreadsheet on the intranet. For each regulatory body a Yearly Control Schedule should be kept for **ALL practitioners** registered with that body. This document will act as assurance to the Organisation and should be kept up to date at all times so that it can be produced as and when requested to ensure compliance of this procedure.

- New starters commencing during that year should be added using the information received from Human Resources as detailed on the Notification of New Starter Form.
- An X should be used to indicate which month of the year their renewal is due.
- One month prior to the renewal month the Line Manager should remind the practitioners that they will be expecting their renewal documentation the next month.

Maintenance of Systems / Renewal Documentation

As renewals are received the practitioners name should be removed from the yearly schedule and their new renewal year (and month if this has changed) entered onto the Master Schedule. Renewal documentation should be placed on the practitioner's personal file. Managers are also responsible for ensuring renewals are updated on the ESR.

Appendix 3a - Master Control Schedule

Service:	Department:		Ward/Area:					Manager:						
			Month of renewal											
Name of Practitioner	Regulatory Body	Year of Renewal	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Appendix 3b - Yearly Control Schedule

Service:	Department:	Ward/Area:						Manager:					
Name of Regulatory Body							Year						
Name of Practitioner	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	

Appendix 4 - Professional Regulatory Bodies – Renewals guidance

Staff Group	Professional Regulatory Body	Renewal Details	Notice Employee Receives for Renewal	How the check is carried out by the LPT
Medical Staff	General Medical Council www.gmc-uk.org 0161 923 6602	Yearly Renewal date varies by individual	One month prior to expiring	Employees that have a registration on ESR. There is an interface with the GMC and ESR, which provides an email alert of any changes to the employee's registration, such as suspensions/sub parts to employee's registration etc.
Nurses, Midwives and Health Visitors	Nursing & Midwifery Council www.nmc-uk.org 0207 333 9333	Yearly Renewal date varies by individual	Letter will be sent 60 days prior to expiring	Employees that have a registration on ESR. There is an interface with the NMC and ESR, which provides an email alert of any changes to the employee's registration, such as suspensions/sub parts to employee's registration etc. NMC Guidance on professional Registrations is provided in appendix 8
Allied Health Professionals i.e. Art Therapist, Occupational Therapist, Physiotherapist, Speech & Language Therapist, Social Workers, Dietetics	Health & Care Professions Council www.hcpc-uk.org 0845 300 4472	Every 2 years	Minimum 6 weeks prior to expiring	Workforce Information run monthly reports from ESR, which lists all expiry dates and highlights those lapsed and due to lapse. Reports sent to HR Advisory Team to inform line manager to take appropriate action.
Dentists, Dental Care	General Dental Council	Yearly	Minimum 6	Employees that have a registration on ESR.

Professionals (Dental Hygienists, Dental Therapists)	www.gdc-uk.org 0845 222 4141 or 020 7887 3800	Renewal date varies by individual	weeks prior to expiring	There is an interface with the NMC and ESR, which provides an email alert of if any changes to the employee's registration, such as suspensions/sub parts to employee's registration etc.
Pharmacists, Pharmacy Technicians	General Pharmaceutical Council www.pharmacyregulation.org 0203 713 8000	Yearly	Letters will be sent out 2 months in advance prior to expiring. 2-3 emails will be sent out within that time	Workforce Information run monthly reports from ESR, which lists all expiry dates and highlights those lapsed and due to lapse. Reports sent to HR Advisory Team to inform line manager to take appropriate action.
Other Bodies designated by the NHS Staff Council	www.nhsemployers.org 0113 306 3000 or 020 7799 6666			

Professional Standards Learning Group - Case Review

Employee Name		Band	
Service (CHS/FYPC/LD/ADMH)		Service/Area/ Ward/Department	
Line Managers Name		Manager undertaking the case review (if different from the above)	
HR Representative:		Professional Regulatory Body (NMC, HCPC, GMC etc...)	
Date of Lapsed registration		Date of case review with employee	
Date HR informed manager		Date employee informed by the manager	
Action taken by management in relation to lapsed registration (Suspension without pay/unpaid leave)			
Was application to re-register confirmed within 72 hours (of expiry)	Yes	Date of registration.....	
	No		

Completed forms to be sent to the HR Representative for the area

Introduction

All employees have a professional responsibility and contractual obligation to maintain their registration in a timely manner throughout their employment.

The purpose of this meeting is to establish the reasons of why you failed to maintain your registration with your professional regulatory body.

Questions and answers:

- 1. Please explain what your job role and responsibilities are?**
- 2. When did you qualify as a 'qualified practitioner'?**
- 3. Do you have line management responsibility for staff?**
- 4. When did you become aware that your professional registration had lapsed?**
- 5. How did you become aware it had lapsed?**
- 6. How did you feel when you realised it had lapsed?**
- 7. What action did you take as a result?**
- 8. Did you receive any notification from your manager that your registration is due to lapse?**
- 9. Did you receive a notification from your regulatory body that your registration was due for renewal? (Please refer to appendix 5 for timescales)**
- 10. When did you receive this and what did you do?**
- 11. Please explain why you were unable to renew your registration?**
- 12. Part of your responsibility is to provide a copy of your registration confirmation to your line manager- have you done this in previous years?**
- 13. Why has it been different this year?**
- 14. How do you pay your professional registration fees? (direct debit/cheque etc.)**
- 15. Are you aware of the Professional Registration Policy?**

- 16. What did you think the implications are for your lapsed registration?**
 - 17. Are you aware that it is a criminal offence to practice as a qualified health practitioner if you are not registered with the appropriate professional regulatory body? Yes/no**
 - 18. If No, how does it make you feel knowing that it is a criminal offence?**
 - 19. Can you give us an account of your activity on each day you were practising as qualified practitioner during the period of your lapsed registration?**
 - 20. Can you provide details of all patient/client/service user contact in that period?**
 - 21. Were you alone during that contact?**
 - 22. Were you responsible for staff during that period?**
 - 23. Did you undertake any supervision of other staff during that period?**
 - 24. What are the implications for patients/clients/service users, when you are practicing with a lapsed registration?**
 - 25. What are the implications for the Trust when you are practicing with a lapsed registration?**
 - 26. Within the team you work what process is in place to monitor staff registrations?**
 - 27. Is there anything you would do differently in the future?**
 - 28. Is there anything else you would like to tell us about in this meeting that is relevant to your lapsed registration?**
-

To be completed by the Professional Standards Learning Group

Panel members	Name	Signature
Head of HR / Senior HR Business Partner		
Lead Nurse Professional Learning Standards		
Divisional Lead Nurse		
Date of panel		
Mitigation considered (please state details)		
Disciplinary action to be taken?	Yes	No
If yes, level of sanction	First written warning	Final written warning
Rationale for decision (whether sanction applied or not)		

Appendix 6 - Policy Monitoring Section

Criteria Number & Name: 1.9 Professional Clinical Registration

Policy: Professional Registration Policy

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self-assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1.9 (b)	How the organisation checks registration with the relevant professional regulatory body, in accordance with their recommendations, for all directly employed clinical staff and LPT bank workers, both on initial appointment and on an ongoing basis	Appendix 4 Section 7.0	ESR has interface with appropriate professional regulatory body who can inform of expiration or other relevant information Or Workforce run monthly reports from ESR, which highlights all expiry date.	HR	As required Monthly
1.9 (c)	How the organisation makes sure that registration checks are being carried out by all external agencies used by the organisation in respect of all clinical <u>staff</u>	Section 8.0	Procurement limited to those approved by the Government Procurement Service	Procurement and LPT Centralised Staffing Solutions	As required
1.9 (d)	How the organisation follows up those directly employed clinical <u>staff</u> (except medical staff) and LPT Bank worker who do not satisfy the validation of registration process	Section 9 Appendix 5 Page 29 of 34	Lapse in registration is a reportable incident – incident reporting process	HR, Manager and Professional Learning Standards Group	As required

Nursing and Midwifery Council guidance on professional registration

Renewing your registration

How to renew and retain your registration each year

It is important that you pay your registration fee annually, promptly, to stay on our register. This renewal of your registration is known as annual retention.

In addition, every three years from April 2016 onwards, nurses and midwives will need to renew their registration through revalidation. The revalidation requirements replace the post-registration education and practice (Prep) requirements which remain in place until then.

To renew your registration online (either annual retention or renewal), visit NMC Online. You will be able to set up an online account if you do not already have one.

The NMC will write to you 60 days in advance if your annual retention or renewal through revalidation is due. So it is important that you tell the NMC about any changes to your contact details.

If you don't submit your documentation or fees before your due date your registration will automatically lapse and you will be unable to practice. From November 2015, should you allow your registration to lapse the only way to regain registration would be by applying for readmission. That process can take up to 12 weeks, depending on your circumstances. You would be unable to practise during that period.

It is illegal to work in any role if you are unregistered. Applications for readmission from nurses and midwives who are found to have been working unregistered will be referred to the Registrar's Advisory Group for consideration.

Meeting the Prep standards

To maintain your registration with the NMC, you need to declare you have completed:

- 450 hours of registered practice in the previous three years and
- 35 hours of learning activity (Continuing Professional Development) in the previous three years.

The practice standard can be met through administrative, supervisory, teaching, research and managerial roles as well as providing direct patient care.

Any practice hours completed while you were lapsed or not registered cannot be counted towards the practice requirement.

The CPD standard

For examples of learning activities and how to create a professional profile please see the Prep Handbook.

If you cannot fulfil the Prep standards, you will need to complete an approved return to practice programme.

Annual retention

If you are not due to complete a periodic renewal, the only thing you need to do is pay your annual registration. Please do this well before your expiry date. The NMC will then update your registration for a further year. To renew your registration online, visit NMC Online.

Periodic renewal

On your notification of practice form, you will need to declare that you have met the Prep standards that enable you to remain on the register. You can fill in your form on NMC Online or complete and return the paper copy to the NMC. NMC Online is the only way to access and fill in the form from the website.

You must ensure your notification of practice form is completed correctly. Please make sure this form reaches the NMC at least 15 days before the expiry date so your registration does not lapse. To renew your registration online, please visit NMC Online.

Due Regard Equality Analysis

Section 1		
Name of activity/proposal	Professional Registrations Policy	
Date Screening commenced	1 October 2019	
Directorate / Service carrying out the assessment	Human Resources	
Name and role of person undertaking this Due Regard (Equality Analysis)	Jyoti Chauhan, Senior HR Advisor	
Give an overview of the aims, objectives and purpose of the proposal:		
AIMS: The Professional Registration Policy applies to all staff including workers, volunteers, students, trainees, contractors, highly mobile staff and agency staff. It also applies to individuals with honorary contracts and licenses to operate.		
OBJECTIVES: Provide advice and guidance for employees and managers in ensuring that professional registration is maintained throughout employment.		
PURPOSE: The purpose of this policy is to provide clear guidance as to the Trust's expected Standards, policy and procedures which are in place to ensure that all professional registrations are appropriately checked, both upon commencement of employment and on an on-going basis throughout employment. The policy also outlines the responsibility of all professional staff to maintain their professional registration and outlines the consequences of failing to maintain their professional registration or loss of registration and actions taken by the Trust.		
Section 2		
Protected Characteristic	Could the proposal have a positive impact Yes or No (give details)	Could the proposal have a negative impact Yes or No (give details)
Age	Yes – clear guidance for all staff irrespective of their protected characteristic.	No, there is no impact on protected groups as the policy applies to all in any circumstance.
Disability	As above	As above
Gender reassignment	As above	As above
Marriage & Civil Partnership	As above	As above
Pregnancy & Maternity	As above	As above
Race	As above	As above
Religion and Belief	As above	As above
Sex	As above	As above
Sexual Orientation	As above	As above
Other equality groups?	As above	As above
Section 3		
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely		

to have a major affect for people from an equality group/s? Please tick appropriate box below.

Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	X

Section 4

It this proposal is low risk please give evidence or justification for how you reached this decision:

This policy has been updated in light of recent cases and guidance has been strengthened to ensure managers and staff take personal responsibility for maintaining professional registrations.

Sign off that this proposal is low risk and does not require a full Equality Analysis:

Head of Service Signed:

Kathy D BA

1 October 2019

The NHS Constitution

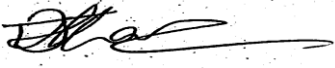
NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.
 The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input type="checkbox"/>

DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Professional Registrations Policy	
Completed by:	Jyoti Chauhan	
Job title	Senior HR Advisor	Date 23 October 2019
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk</p> <p>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:		
Date of approval	23/10/2019	

Checklist for the Review and Approval of Procedural Document

To be completed by Policy Support Staff in conjunction with Policy Lead. It is then sent with the document to the committee for consideration and approval.

Name of Policy	Professional Registration Policy		
Section being reviewed:	Yes/No/ Not applicable	Comments	
1. Front Page/Title			
Is the title clear and unambiguous?	y		
Is it clear whether the document is a guideline, policy, protocol or standard? If in doubt it is not a policy.	y		
Is the front sheet the correct version <u>and completed</u> other than adoption date? Please check that you have added the correct committee	y		
Do the contents page numbers match the page numbering of the body text?	y		
2. Key Points / Changes to the Policy			
Is the rationale stated in the Version Control/Summary of Changes table?	y		
3. Development Process			
Does the front page include a sentence which summarises the contents of the policy?	y		
Is the method described in brief?	y		
Has relevant expertise been used?	y		
Is there evidence of consultation with stakeholders and users? (with representatives from all relevant protected characteristics)	y		
Has staff side been consulted?	y		
Has consideration be given to change any functionality implications for any and all software systems including clinical systems e.g. Rio	y		
4. Content			
Is the objective of the document clear?	y		
Is the target population clear and unambiguous?	y		
Are the relevant CQC outcomes identified?	y		
Are the intended outcomes described?	y		
Are the training requirements clear and unambiguous?	n/a		
5. Evidence Base			
Is the evidence to support the document identified explicitly?	y		
Are key references cited?	y		

	Have you completed and signed off a due regard assessment and is it included in the policy as an addendum?	y	
	Are supporting documents referenced?	y	
	Is the NHS Constitution template completed?	y	
	Does the MH Act Code of Practice apply to the policy? If so is there evidence in the policy?	n/a	
	If this is a clinical policy, does it include the statement from section 5.5 in the policy template re patient's capacity consent?	n/a	
	Does the Modern Slavery Act impact on your policy? See below for list of policies to consider re: Slavery and Human Trafficking	n/a	
	Is there evidence that data protection obligations have been assessed?	y	
6.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	y	
	Have you completed the policy monitoring template?	y	
7.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	y	
8.	Brand and reputation management		
	Has consideration been given with regards to the assessment and management of risks to LPT brand and reputation? In particular, consider any potential associations from celebrities, VIPs or major donors.	y	
9.	Modern Slavery Act		
	Consideration is needed for the following policies/areas: <ul style="list-style-type: none"> • Safeguarding Policies • Prevent Policy • Equality and Human Rights Policy • Procurement Policy/Strategy • Whistleblowing Policy • HR Employment Policy 	n/a	

Policy Support Staff

Once the checklist is completed prior to submission for review at committee/group sign and date below to confirm.

Only a completed checklist should accompany a policy document for review at the committee/group giving approval prior to adoption by a Board Committee.

Name	Frank Lusk	Date	23/10/19
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Signature	F Lusk		
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Committee Approval

If the reviewing committee Chair is satisfied then please sign and date it to that effect below.

The completed checklist and final policy version should then be forwarded to the Corporate Affairs Administration Assistant in the Trust Secretary's team for logging in the Policy Database, arranging for adoption by the pertinent Board committee, and posting to e-source.

Name	Kathryn Burt	Date	5.11.2019
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Signature	Kathryn D Burt		
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