

**N3**

# 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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Type of Policy	Clinical	Non Clinical √
Which Relevant CQC Fundamental Standards:	12	

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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	<p>Focus throughout the policy is upon making it employees and managers responsibilities to ensure registration is maintained, with appropriate systems in place to assist.</p> <p>Section 4 - Responsibilities of a Managers/ leaders /employees updated</p> <p>Section 6 - Provides clarifications about Notification of payment and that when payment is received does not mean that the professional registration is renewed/updated.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Appendix 1 and 4– flowchart updated to reflect section 6 and 7</p> <p>Appendix 2 - (new) letter to manager</p> <p>Appendix 5 – New – provides renewals guidance for all regulatory body</p> <p>Appendix 8 – NMC guidance</p> <p>Appendix 9 – Due Regard</p> <p>Training paragraph added and NHS Constitution checklist included.</p>
5.	02/11/15	<p>Policy updated to reflect NMC change in practice re timescales to re-register.</p> <p>Appendix 8 updated</p> <p>Section 6.4 updated</p> <p>Policy amended to reflect that staff whose registration lapses will be able to undertake unqualified duties at a band 2 only.</p>
9	1/2/2018	<ul style="list-style-type: none"> <li>• Full policy review in line with policy review and expiry dates.</li> <li>• Lapsed registration for Agenda for Change staff amended to annual leave or unpaid leave until registration completed.</li> </ul>

		<p>Expectations in line with revalidation added.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Appendix 4 – removed. Already covered in Section 8.</li> <li>• Amalgamation with the NMC Revalidation policy and procedure.</li> </ul>
10	1/10/2019	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Extra question added to Appendix 5 (no 8)</li> </ul>
11	26/10/2022	<ul style="list-style-type: none"> <li>• Full policy review in line with policy review and expiry dates.</li> </ul>

**For further information contact:**

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Assistant Director of Nursing and Quality LPT

## Definitions that apply to this Policy

<b>The Trust</b>	Leicestershire Partnership Trust
<b>NHS Employment Check Standards</b>	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
<b>Professional Registration</b>	Registration with the regulatory body.
<b>GMC (General Medical Council)</b>	Doctor's registration with the GMC is renewable on an annual basis.
<b>NMC (Nursing and Midwifery Council)</b>	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.
<b>HCPC (Health and Care Professionals Council)</b>	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.
<b>GPhC (General Pharmaceutical Council)</b>	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.
<b>Revalidation</b>	The process that allows nurses and nursing associates to maintain their registration with the NMC.
<b>Due Regard</b>	Having <b>due regard</b> for advancing equality involves: <ul style="list-style-type: none"> <li>• Removing or minimising disadvantages suffered by people due to their protected characteristics.</li> <li>• Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.</li> <li>• Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.</li> </ul>

## **1.0 Equality Statement**

**Leicestershire Partnership NHS Trust (LPT) 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 promotes 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, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.**

## **2.0 Due Regard**

**LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:**

- **Strategies, policies and procedures and services are free from discrimination.**
- **LPT complies with current equality legislation.**
- **Due regard is given to equality in decision making and subsequent processes.**
- **Opportunities for promoting equality are identified.**

Please refer to due regard assessment (Appendix 6) of this policy.

## **3.0 Purpose**

3.1 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.

## **4.0 Summary**

4.1 This policy describes the process and responsibilities for ensuring that where relevant, all professional staff and workers (substantive, bank, agency, volunteers, students, medical) working in the Trust hold and maintain their professional registration during the course of their employment.

4.2 It outlines the consequences of failing to maintain registration or loss of registration and action to be taken by managers and HR.

## **5.0 Introduction**

5.1 The Professional Registration Policy applies to all prospective employees and workers 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/engaged.

5.2 It applies to all permanent and temporary staff and includes bank staff, students, trainees, locums, honorary appointments, contractors, mobile staff, staff supplied by an agency and staff on secondment.

- 5.3 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.
- 5.4 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.
- 5.5 This policy is subject to variation from time to time due to changes in employment law and professional regulations.

## **6.0 Duties within the Organisation**

- 6.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.
- 6.2 Trust Strategic Workforce Committee has the responsibility for adopting this policy.
- 6.3 All staff should act in accordance to our Trust leadership behaviours for all and be able to evidence adherence in situations that involve professional registration. A fundamental approach to developing our Leadership behaviours for all is our ability to both give and receive feedback in a positive and insightful way. The feedback method is based on defining; Context, Understanding, Behaviour and Effect (CUBE).
- 6.4 Directors and Heads of Service are responsible for:
- Ensuring that 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.
- 6.5 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 2 provides line managers with tools to assist with this.
  - Act upon all notifications from ESR and Human Resources regarding expiring registrations in a timely manner.
  - In the event of lapsed or non-renewal of registration for a 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 4 should be completed and forwarded to the Professional Standards Learning Group or Lapse 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.

- 6.6 Registered 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.
  - It is the responsibility of **all employees** (and applicants seeking employment with the Trust) **requiring a professional registration** to ensure you are registered in the same name that you practice in. This is to help patients, the public, and employers to find the right information about your registration.
  - 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 professionals own responsibility to receive confirmation of registration from the professional body.
- 6.6.1 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.
- 6.6.2 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.
- 6.6.3 Failure to maintain registration or loss of registration for a registered post will be treated as a breach of professional contractual terms and conditions.
- 6.7 The 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.

## 7.0 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.



## 8.0 Procedure for Pre-employment and Post-employment Registration Checks

8.1 A flowchart outlining the procedure for monitoring of professional registration checks is included in Appendix 1.

### **New Appointments**

8.2 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 recruitment stage by the Resourcing Team who will take copies of evidence of any professional registrations necessary for the role.

8.3 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.

8.4 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**

8.5 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 10.0.

8.6 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.

8.7 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.

8.8 **HR** will notify the **employee** and 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 email. N.B. Employees should **not** delay taking action in respect of their registration pending an email from HR or management.

8.9 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 10 and Appendix 1.

8.10 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.

## **9.0 LPT Temporary Workers – Agency, Locum**

9.1 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.

9.2 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.

9.3 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.

## **10.0 Failure to Maintain / Non-renewal / Lapsed Professional Registration**

10.1 It is unlawful for staff in the groups listed in Appendix 3 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.

10.2 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 <https://www.leicspart.nhs.uk/wp-content/uploads/2022/01/Incident-Reporting-and-Management-Policy.pdf>

10.3 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.

- 10.4 The line manager must meet with the individual to complete Appendix 4 and submit to their assigned HR Advisor and the Project Officer Professional Practice. The case will be reviewed by the next Lapse Panel meeting.
- 10.5 Deliberate or unreasonable failure, by the employee, to re-register may lead to disciplinary action being taken.
- 10.6 To manage the situation with the employee whose registration has lapsed, managers must take the following action:

#### **Annual Leave or Unpaid Leave**

- 10.7 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.
- 10.8 For Medical Staff, payment for doctors will cease and they will be put on unpaid leave. There will be no reimbursement.
- 10.9 Confirmation of the application to re-register must be submitted within 72 hours; failure to do may result in disciplinary action being taken.
- 10.10 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.

#### **11.0 Nurses NMC Revalidation**

- 11.1 The NMC Code (March 2015) requires that all registered nurses and nursing associates fulfil all the registration requirements. To fulfil this 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.

- 11.2 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.
- 11.3 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.
- 11.4 An alternative manager / senior professional confirmer may be chosen in line with

NMC guidance 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.
- The line manager does not possess the required professional registration to enable them to act as a confirmer.

- 11.5 NMC registrants who are Director(s) may wish to choose a confirmer outside the organisation who is an NMC registrant with effective registration. This may also apply to other roles within the Trust in line with the NMC guidelines.
- 11.6 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.
- 11.7 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.
- 11.8 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.
- 11.9 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.
- 11.10 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.
- 11.11 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.

## **12.0 Lapse Panel**

- 12.1 All cases of lapsed registration (except for medical staff) will be referred to the Lapse Panel which will consist of:
- HR Representative
  - Head of Nursing/Deputy Head of Nursing/Lead AHPs (as appropriate)
- 12.2 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.

### 13.0 Bogus certificates or use of bogus names

13.1 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.

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

14.1 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.

14.2 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.

14.3 Employees returning from career break must ensure their registration is in date on their return to work, in line with Section 8.8.

### 15.0 Monitoring, Compliance and Effectiveness

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.

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
1.9b	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	Appendix 3  Section 8.0	ESR has interface with appropriate professional regulatory body who can inform of expiration or other relevant information Or Workforce run monthly reports	HR	As required  Monthly

Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	ongoing basis.		from ESR, which highlights all expiry date.		
1.9c	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 staff.	Section 9.0	Procurement limited to those approved by the Government Procurement Service	Procurement and LPT Centralised Staffing Solutions	As required
1.9d	How the organisation follows up those directly employed clinical staff (except medical staff) and LPT Bank worker who do not satisfy the validation of registration process.	Section 10.0 Appendix 4	Lapse in registration is a reportable incident – incident reporting process	HR, Manager and Professional Learning Standards Group	As required

## 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.
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 <a href="#">CQC essential standards</a> )	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 12.
Codes of conduct: professional bodies.	Registered nurses, nursing associates, doctors, health visitors and allied health professionals are personally accountable for compliance with their Codes of Conduct.

## 17.0 Key individuals involved in developing the document

Name	Designation
James Leo	Senior HR Advisor
Louise Evans	Assistant Director of Nursing and Quality LPT
Anita Patel	Project Officer Professional Practice
Annie Lin	HR Officer

### Circulated to the following individuals for comments

Name	Designation
Directors / Heads of Service and Direct Reports	
Professional Standards Learning Group	Head of Nursing / Lead Nurses - all directorates and Lead Allied Health Professionals
Operational HR Team	
Equalities Team	
Staffside	
Strategic Workforce Committee	

## 18.0 Dissemination and Implementation

The policy is approved by the Leicestershire Partnership NHS Trust Strategic workforce 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

## 19.0 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

## 20.0 Training

There is no training requirement identified within this policy.

## Appendix 1

### Procedure for Administration of Lapsed Professional Regulatory Registration Checks

**Step 1:** Human Resources (HR) Officer notifies line manager, Project Officer Professional Practice (POPP) and HR Advisor of lapse for registration and revalidation and sends **Appendix 5** paperwork to line manager. (In the absence of HR officer POPP picks up).

**Step 2:** Line manager for individual completes Appendix 5 paperwork with the individual immediately and advises of their options. \* **(Where registration has not been renewed; (Refer to section 9)** The line manager is expected to report as an incident (eIRF).

Line manager is expected to report as an incident.

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 [www.leicspart.nhs.uk/wp-content/uploads/2022/01/Incident-Reporting-and-Management-Policy.pdf](http://www.leicspart.nhs.uk/wp-content/uploads/2022/01/Incident-Reporting-and-Management-Policy.pdf)

**CSS:**  
Line manager at the time

**Substantive:**  
Current line manager

**Step 3:** Form to be completed in full and returned to POPP [anita.patel23@nhs.net](mailto:anita.patel23@nhs.net) and Senior HR Advisor for area. POPP to add to agenda for next lapse panel meeting or if no panel a virtual panel to be setup with either 1x HoN/DHoN and a 1x HR representative.

#### **Incomplete forms**

Will be sent back to the line manager to complete in full.

#### **Complete forms**

Will be sent to POPP to add to agenda for next lapse panel meeting or if no panel a virtual panel to be setup.

**Step 4:** Panel meeting / Virtual panel take place and decision is discussed. HoN/DHoN to update line manager / Assistant Director of Nursing / Director of Nursing of decision. Copy of form to be kept in personal file, HR and with POPP.

**Step 5:** Panel decision shared with individual within 1 calendar month.

#### **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

### **Professional Registration Control Procedure**

The following documentations (Appendices 2a) 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 2a**

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.

#### **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 2a - Master Control Schedule**

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

### Appendix 3 - 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 <a href="http://www.gmc-uk.org">www.gmc-uk.org</a> 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 <a href="http://www.nmc-uk.org">www.nmc-uk.org</a> 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 <a href="http://www.hcpc-uk.org">www.hcpc-uk.org</a> 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 Professionals (Dental Hygienists, Dental Therapists)	General Dental Council <a href="http://www.gdc-uk.org">www.gdc-uk.org</a> 0845 222 4141 or 020 7887 3800	Yearly Renewal date varies by individual	Minimum 6 weeks 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 if any changes to the employee's registration, such as suspensions/sub parts to employee's registration etc.

Pharmacists, Pharmacy Technicians	General Pharmaceutical Council <a href="http://www.pharmacyregulation.org">www.pharmacyregulation.org</a> 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	<a href="http://www.nhsemployers.org">www.nhsemployers.org</a> 0113 306 3000 or 020 7799 6666			

Appendix 4

**Lapse Panel - Case Review**

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

**Completed forms to be sent to the HR Representative for the area and Project  
Officer Professional Practice**

**Introduction**

All employees have a professional responsibility and contractual obligation to maintain their registration 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. Did you receive any notifications that your registration was due for renewal? (i.e. management or professional body – please refer to appendix 4 for timescales)**
- 5. When and how did you become aware that your professional registration had lapsed?**
- 6. How did you feel when you realised it had lapsed?**
- 7. What action did you take as a result?**
- 8. Please explain why you were unable to renew your registration.**
- 9. Part of your responsibility is to provide a copy of your registration confirmation to your line manager- have you done this in previous years? What was different this year?**
- 10. How do you pay your professional registration fees? (direct debit/cheque etc.)**
- 11. Are you aware of the Professional Registration Policy?**
- 12. What did you think the implications are for your lapsed registration?**

- 13. 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**
  - 14. If No, how does it make you feel knowing that it is a criminal offence?**
  - 15. 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?**
  - 16. Can you provide details of all patient/client/service user contact in that period?**
  - 17. Were you alone during that contact?**
  - 18. Were you responsible for staff during that period?**
  - 19. Did you undertake any supervision of other staff during that period?**
  - 20. What are the implications for patients/clients/service users when you are practicing with a lapsed registration? What are the implications for the Trust?**
  - 21. Within the team you work what process is in place to monitor staff registrations?**
  - 22. Is there anything you would do differently in the future?**
  - 23. 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 Lapse Panel**

<b>Panel members</b>	<b>Name</b>	<b>Signature</b>
<b>HR Representative</b>		
<b>Head of Nursing/Deputy Head of Nursing/Lead AHP</b>		
<b>Date of panel</b>		
<b>Mitigation considered (please state details)</b>		
<b>Disciplinary action recommended?</b>	<b>Yes</b>	<b>No</b>
<b>If yes, level of sanction recommended</b>	<b>First written warning</b>	<b>Final written warning</b>
<b>Rationale for decision (whether sanction applied or not)</b>		



### **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**

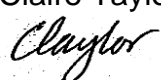
On your notification of practice form, you will need to declare that you have met the Prep standards that enable you to remain on the register. You can fill in your form on NMC Online or complete and return the paper copy to the NMC. NMC Online is the only way to access and fill in the form from the 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		
<b>Name of activity/proposal</b>	Professional Registrations Policy	
<b>Date Screening commenced</b>	15 November 2022	
<b>Directorate / Service carrying out the assessment</b>	Human Resources	
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	James Leo, Senior HR Advisor	
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>		
<b>AIMS:</b> 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.		
<b>OBJECTIVES:</b> Provide advice and guidance for employees and managers in ensuring that professional registration is maintained throughout employment.		
<b>PURPOSE:</b> 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		
<b>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 <u>tick</u> appropriate box below.</b>		

Yes		No	
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B		Low risk: Go to Section 4.	<b>x</b>

Section 4			
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>			
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.			
<b>Signed by reviewer/assessor</b>	James Leo	<b>Date</b>	15 November 2022
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>			
<b>Head of Service Signed</b>	Claire Taylor 	<b>Date</b>	16 November 2022

## The NHS Constitution

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.

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

## Appendix 8

### DATA PRIVACY IMPACT ASSESSMENT SCREENING

<p><b>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.</b></p> <p><b>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.</b></p>		
<b>Name of Document:</b>	<b>Professional Registrations Policy</b>	
<b>Completed by:</b>	<b>James Leo</b>	
<b>Job title</b>	<b>Senior HR Advisor</b>	<b>Date 15 November 2022</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>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.</b>	<b>No</b>	
<b>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.</b>	<b>No</b>	
<b>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?</b>	<b>No</b>	
<b>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?</b>	<b>No</b>	
<b>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.</b>	<b>No</b>	
<b>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?</b>	<b>No</b>	
<b>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.</b>	<b>No</b>	
<b>8. Will the process require you to contact individuals in ways which they may find intrusive?</b>	<b>No</b>	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a></b></p> <p><b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	<b>Hannah Plowright</b>	
<b>Date of approval</b>	<b>16/11/2022</b>	