

Referral of a Registrant to a Professional Regulator Policy

This policy sets out information and clarity on the processes and procedures required when there is a need to refer a registrant to their regulator.

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Policy On a Page

This policy outlines the Trust process for referrals to nursing, AHP, psychology, social worker and pharmaceutical regulators.

This policy is relevant to all substantive and temporary staff registered with the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), Social Work England (SWE) or General Pharmaceutical Council (GPC).

For Medical staff please refer to the Managing Concerns about Medical Staff Policy.

This policy does not cover non-regulated professions that are not mandated by law.

A professional regulator has one clear overarching objective in protecting the public. To achieve this in relation to fitness to practice there are two clear aims:

- A professional culture that values equality, diversity and inclusion and prioritises openness and learning in the interest of patient safety.
- Registrants who are fit to practice safely and professionally.

A restorative (just culture) approach which will include local resolution and investigation are generally the best way to deal with concerns if it does not leave the public at risk.

A professional regulator will need to become involved in cases where there is evidence of a serious concern that requires them to take regulatory action to protect the public, including criminal convictions.

Risks looked at to decide if regulatory action is needed could include risks to patients, services or the public's confidence in the profession.

All internal and external correspondence regarding cases referred to a regulator will be through the generic email: lpt.professionalstandards@nhs.net

1. Introduction and Purpose

The Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC), Social Work England (SWE) and General Pharmaceutical Council (GPC) are the regulatory bodies for Registered Nurses, Midwives, Nursing Associates, Allied Health and Care Professions, Practitioner Psychologists, Social Workers, Pharmacists and Pharmacy Technician (hereby known as registrants) at Leicestershire Partnership NHS Trust (LPT). They safeguard the health and wellbeing of the public through regulation of practitioners by setting and upholding standards of conduct and performance for daily practice and assuring the public through robust statutory requirements around education, training and continuing professional development.

Registrants are bound to their professional standards of conduct, performance and ethics to deliver safe and effective care also known as being 'fit to practise'. If there are concerns about a registrant's fitness to practise, such as (but not limited to): dishonesty, fraud, breach of professional boundaries, patient harm, we may need to refer to a professional regulator.

This policy outlines the Trust process for referrals to nursing, AHP, psychology, social worker and pharmaceutical regulators.

2. Policy Requirements and Objectives

This policy provides clarity around the processes in place for when a registered practitioner with either the Nursing and Midwifery Council (NMC), Health and Care Professions Council (HCPC), Social Work England (SWE) or General Pharmaceutical Council (GPC) should be referred to their regulatory body by the Trust for further investigation or any professional regulatory sanction.

For Medical staff please refer to the Managing Concerns about Medical Staff Policy.

This policy does not cover non-regulated professions that are not mandated by law.

3. Process

On behalf of the Trust, managers, matrons, clinical leads and supervisors of registrants must deal with situations concerning the misconduct, lack of competence or poor health using key Human Resource (HR) policies including Disciplinary, Supporting Performance Management and Attendance Management and Wellbeing to guide and support processes.

Local resolution and investigation are generally the best way to deal with concerns if it does not leave the public at risk. The rationale is that employers are closer to the situation, where a concern is raised and are often best placed to manage issues. If required, employers can intervene directly and quickly in a professional's practice and do so in a more targeted way.

While most of these incidents can be managed at a local level and do not give rise to wider concerns about public protection there are occasions where registrants will

need to be referred to their professional regulatory body for further investigation or any professional regulatory sanction.

In some circumstances it will be appropriate for the matter to be both referred to the professional regulatory body and dealt with by the Trust.

A professional regulator will need to become involved in cases where there is evidence of a serious concern that requires them to take regulatory action to protect the public. Risks looked at to decide if regulatory action is needed could include risks to patients, services or the public's confidence in the profession.

A referral to the professional regulator is a serious matter for an individual registrant and the Trust's decision to refer a registrant will not be taken lightly. It will be made based upon careful consideration of the evidence presented in relation to a fitness to practice allegation based on ill health and/ or evidence of poor practice, documented through the triage decision form.

As the strategic lead for regulatory referrals, the Group Chief Nurse/Executive Director of Nursing, AHP's & Quality* (*or designated deputy) must be informed as soon as there is a potential for a referral to be made by the Trust. The Group Chief Nurse/Executive Director of Nursing, AHP's & Quality* needs to be assured that internal processes have been put into place before a registrant should be referred to their professional regulatory body for investigation or decide if it is sufficient for the matter to be dealt with through the Trusts' internal processes. The Group Chief Nurse/Executive Director of Nursing, AHPs and Quality also has to ensure that the registrant has wellbeing support throughout this process regardless of the outcome.

Referrals of registrant(s) to the professional regulator, made from outside the Trust should also be managed through the Group Chief Nurse/Executive Director of Nursing, AHP's & Quality's office (3.6 & 3.7)

Substantive and temporary workforce staff and members of the public or other organisations have both a right and a duty to refer themselves or any registrant if, in their assessment, the risk to the public (or individual patient) warrants such action.

There is no right of appeal for the registrant in relation to the decision to refer, as this is the discharge of professional judgment based on an assessment of risk and the duty of registrants and employers to protect the public.

All internal and external correspondence regarding cases referred to a regulator will through the generic email: lpt.professionalstandards@nhs.net

3.3 Reasons for referrals

Misconduct

Please refer to the Disciplinary Policy and Procedure.

Professional regulators determine the professional standards of practice and behaviour of registrants. If a registrant's conduct falls seriously short of the expectations, what they did or failed to do could be professional misconduct.

Misconduct can involve issues outside of professional or clinical practice. This can include the conduct of a registrant away from their working environment, but only when it could affect the protection of patients, undermine public confidence or expectations of conduct and behaviour to be followed.

Wherever possible a referral should only be considered following a concluded outcome of misconduct as part of the disciplinary hearing. There will however need to be a consideration of an urgent referral if there is significant harm and patient safety issues see section 3.5.

Lack of competence

Please refer to the Supporting Performance Policy and Procedure.

Lack of competence would usually involve an unacceptably low standard of professional performance. For instance, registrants demonstrating a lack of knowledge, skill or judgment, which shows they're incapable of safe and effective practice.

Unless it's exceptionally serious, a single clinical incident wouldn't usually indicate a general lack of competence.

Lack of competence cases are usually only referred to the professional regulator after robust actions have been put in place, which are clearly documented and have not been achieved by the registrant and therefore have been unsuccessful in meeting the requirements of the supporting performance policy and procedure.

Criminal convictions and cautions (including allegations under investigation ie safeguarding)

Registrants must declare any investigation, charge, cautions or convictions.

Not every criminal conviction will raise a fitness to practice concern, the regulator will consider cases where the conviction raises a risk to patients to the reputation of the profession.

A referral would be considered following a disciplinary hearing or a police charge. On the situation where there is a police charge the police usually refer to the regulator themselves, the registrant should also inform their professional regulator and line manager.

In certain circumstances, for example imprisonment or where the offences would formerly have been a 'serious arrestable offence' or involve hate crime or child pornography please refer to point 3.5 below for urgent referrals.

Health

Regulators will not normally need to get involved in a registrant's practice because of ill health unless there is a risk of harm to patients or to the public's confidence and trust in the profession.

Good health is necessary to undertake practice as a registered professional. Good health means that a person must be capable of safe and effective practice without supervision. It does not mean the absence of any disability or health condition.

Professional regulators are particularly concerned about long-term, untreated or unacknowledged physical or mental health conditions that impair a registrant's ability to practise without supervision. To be considered fit to practise registrants should also demonstrate suitable attention to their personal needs and should not, for example, abuse or be dependent on alcohol or drugs. Evidence of insight into concerns and a willingness to take steps to address the issues are important factors.

Wherever possible a referral would only be considered when there is robust evidence in line with Attendance Management and Wellbeing Policy and Procedure and/or where the outcome of the case is dismissal.

Fraudulent and incorrect entry onto the register

If a registrant has not told the truth about their qualifications or experience when applying for registration or through recruitment process

Not having the necessary knowledge of English

English spoken or written language issues that could lead to potential or actual patient harm, putting the public at risk. For example: incomplete handovers or miscommunication during care transitions, serious errors in record-keeping due to poor written English, misunderstanding verbal or written instructions from colleagues or patients, medication errors stemming from inability to read prescriptions clearly.

Not every language concern raised will need the regulator to carry out an investigation. Minor issues (spelling mistakes, slang, or regional accents) that do not affect patient safety should be supported locally for registrants to demonstrate written and spoken English Language according to the standards required by the role

3.1 Referral procedure

See appendix 3.

The Group Chief Nurse/Executive Director of Nursing, AHPs and Quality is the senior responsible officer for regulatory activity and is the point of contact which can be delegated to Deputy/Assistant Director of Nursing and Quality. Operational oversight and management of referrals is undertaken by the corporate nursing and quality directorate.

Any investigation to be conducted in line with an approved Human Resources Trust policy and if there is a case to answer, then a hearing to is to be conducted in line with approved Trust policy.

Key element of NMC, HCPC, SWE or GPC fitness to practice principles breeched will be identified at hearing of:

- Misconduct.
- Lack of competence
- Criminal convictions and cautions
- Health
- Fraudulent and incorrect entry onto the register
- Not having the necessary knowledge of English

The referral is to be made online and a copy of the referral (downloaded) and any supporting documents must be sent to lpt.professionalstandards@nhs.net

Any registrant who has been referred to their professional regulatory body will have their details added to the Trust's Regulators log.

NMC, HCPC, SWE or GPC regulator referrals are monitored through the bi-monthly Professional Standards Learning Group and reported through the Annual Professional Registration Report. Reporting may be requested by NHS England/regionally.

3.2 Dismissal

Human Resources/panel clinical lead must inform the Group Chief Nurse/Executive Director of Nursing, AHPs and Quality of a dismissal of a registrant for oversight and agreement.

If the registrant has been dismissed from the Trust, the registrant will have the right to appeal. Where possible a referral to a regulator should not be undertaken until the time has lapsed for an appeal to be made or if an appeal is made then the outcome of that appeal has been confirmed.

The professional/clinical representative on the disciplinary/performance/ill health panel will make the referral to the regulator once agreed by the Director of Nursing, AHPs & Quality. The referrer must ensure the registrant is aware of the intention to refer to their professional regulator.

3.3 Non-Dismissal

If at Trust hearing stage the decision is a sanction short of dismissal (e.g., written warning), then where applicable the key regulatory breaches should be a clear objective within a development plan supporting local resolution.

Achievement of the development plan must be regularly reviewed for attainment by the same registrants as the initial approval.

If the development plan is not achieved in the timeline set and the Supporting Performance Policy and Procedure has concluded, a referral to be made to the relevant professional regulator by the clinical lead of the panel.

3.4 Disclosure of Information

See appendix 4.

All requests for information by regulators will be managed, coordinated and monitored through lpt.professionalstandards@nhs.net

Any requests for information from the professional regulator will be logged with the data privacy team through a Subject Access Requests (SAR) lpt.sarrequests@nhs.net. The SAR team will log the request on the Ulysess system. The SAR SG reference number will be added to the regulator log. The corporate nursing and quality team will liaise with the regulator in relation to any timescales for response.

The professional regulator may ask for patients records as part of their investigatory processes. The SAR team will obtain these. If it is evident that the patient has not consented to sharing information in the records, the SAR team will contact the professional regulator requesting consent is sought from the patient before sharing the information and or in consultation with the Caldicott Guardian.

The SAR team will send the patient record to lpt.professionalstandards@nhs.net for review. The patient identifiable information will be redacted to disclosure to the professional regulator, removing all patient identifiers and ensuring only relevant, anonymised information is included.

A permission to disclose form will be completed by the AdoN and sent to the SAR team with the relevant records to disclose to the professional regulator.

Requested information that does not contain patient information will be sent directly to the regulator through lpt.professionalstandards@nhs.net, copying SAR into the response.

Requested information that contains patient information will be approved and sent to the regulator by the SAR Team, copying in lpt.professionalstandards@nhs.net into the response.

Where the regulator deems it necessary to receive personal identifiable data to fulfil their statutory function of safeguarding the health and wellbeing of people using the services the Data Privacy Team will consider the need to share the information requested in line with UKGDPR & Data Protection Act 2018 requirements. It is important to remain open and transparent with patients about how their data is used wherever possible.

Professional regulators may delegate the investigation to a legal organisation for which we follow the above process to comply with the regulation requirements.

3.5 Urgent referrals

As an employer the Trust can suspend, remove from clinical duties or dismiss a registrant but this may not prevent the individual from working elsewhere.

Professional regulators are the only organisations with legal powers to prevent registrants from practicing if they present a risk to patient safety.

In very serious cases it will be appropriate to refer a registrant to their professional regulator at a very early stage even before an internal investigation has been conducted. The Corporate nursing and quality team should be involved in the outcome of fact-finding and triage decision making meeting to support teams, who will escalate to the Group Chief Nurse/Executive Director of Nursing, AHPs and Quality to agree to referral. The triage decision form must be completed as evidence on the decision and diverse representation at the meeting should be assured. The professional regulator should also be informed if the police or safeguarding authorities have been involved.

The Head or Deputy Head of Nursing, Lead AHP, clinical lead or Head of Pharmacy for the Directorate/service will make the referral.

3.6 Determinations by other health or social care organisations

Registrants can be registered members of other health or social care professions regulated by different legal bodies in the UK or overseas. Sometimes the professional regulators receive referrals from these other organisations, that will be investigated.

Once the professional regulator has received a case, they will take it through the screening process. This may involve the Trust being contacted for information, this will be coordinated and managed by the Corporate Nursing and Quality Directorate supported by HR.

If the registrant is a substantive, bank or agency worker the Corporate Nursing and Quality Directorate, supported by HR will request a fact-finding meeting and completion of the triage decision record, if appropriate.

In screening, the concern is assessed to decide if it's serious enough to warrant taking regulatory action to protect the public and uphold confidence in the professions.

3.7 Referrals made by staff, patients, carers, previous employers or anonymously.

There will be occasions when regulators receive a referral from a third party. Any person is at liberty to make a referral to a regulator irrespective of the Trust's view.

Once the professional regulator has received a case, they will take it through the screening process. This may involve the Trust being contacted for information, this will be coordinated and managed by the via Nursing and Quality Directorate.

3.8 Referral of a member of temporary workforce, i.e., bank or agency staff.

Refer to the Procedure for Managing Capability and Conduct - Temporary Workers.

Referral of any temporary worker is added to the regulators log and reviewed at Professional Standards Learning Group.

3.8.1 Bank staff

The same process for referral to a regulator will be undertaken as for substantive staff, using the Procedure for Managing Capability and Conduct - Temporary Workers.

Centralised Staffing Solutions (CSS) will be informed of the referral and any actions to be taken because of the referral and updated as information received.

CSS will be the contact for support for the individual referred or if bank staff are witnesses.

3.8.2 Agency Staff

If the registrant is employed by an agency, the Corporate nursing and quality directorate will contact the agency within 5 working days of the concerns being identified and have a conversation clearly stating the concerns raised and the principles which they feel have been broken.

An agreement will be made of who will refer the registrant.

If the ADoN does not feel that these concerns have been taken on board or that development will not be undertaken to support protecting the public safety then they will refer to the regulator, clearly stating that contact has been made with the agency.

Any contact with an external partner of this nature should be followed up in writing (email or formal letter) within 5 working days hours of the contact being made.

CSS will be informed of the referral and any actions to be taken because of the referral and updated as information received.

CSS will be the point of contact with the Agency for the individual referred or if agency staff are witnesses.

3.9 Registrants employed with pre-existing interim orders.

Refer to Professional Registration Policy.

The Corporate Nursing and Quality directorate will be contacted by the recruiting manager to discuss the interim order to assess if conditions of practice can be supported in the role applied for. If they cannot be supported in the role applied for the recruitment will not be progressed.

If the interim conditions of practice can be supported in the role applied for, the individual and the conditions of practice will be added to the regulators log that is reviewed at Professional Standards Learning Group.

3.10 Registrants who obtain interim orders whilst employed substantively or as a temporary worker.

The line manager, Deputy Head of Nursing, clinical lead, ADoN and HR to meet to consider if conditions of practice through an interim order can be supported in the registrant's role through completion of the triage decision form. This will be managed under the appropriate HR Policy.

The interim conditions of practice will be added to the regulators log that is reviewed at Professional Standards Learning Group.

3.11 Interim suspensions

Where there is a concern that the registrant may endanger a member of the public through their actions or omissions, a request can be made to their regulator for an interim suspension pending the outcome of the regulatory body investigations.

The line manager, matron, clinical lead, ADoN and HR to meet to consider the impact of an interim suspension through completion of the triage decision form. This will be managed under the appropriate HR Policy to consider:

- Working in a temporary non-registered role pending re-registration
- Annual Leave
- Unpaid Leave
- Referral to Disciplinary Policy & Procedure.

3.12 Communication with staff referred or staff who are witnesses.

Registrants will receive communication, supporting professional regulatory guidance and signposting of support from the Corporate Nursing and Quality Directorate, in following circumstances:

- When referred to the regulator by the Trust.
- When the Trust receives notification of a referral from a third party.
- When the regulator confirms no further action, and the case is closed.

Referrers and witnesses will receive communication, supporting professional regulatory guidance and signposting of support from the Corporate Nursing and Quality Directorate, in following circumstances:

- When any information provided by them has been shared with the regulator
- If requests for contact have been made by the regulator.
- If called to a regulator panel/hearing.

This will include details of who will support them through the process.

4. Roles and Responsibilities

Roles and responsibilities including duties of relevant individuals and groups.

Group Chief Nurse/Executive Director of Nursing, AHPs & Quality

The Group Chief Nurse/Executive Director of Nursing, AHPs & Quality has strategic responsibility for ensuring there is compliance with the NMC, HCPC and SWE. That

they are applied in a fair and consistent manner. The Group Chief Nurse/Executive Director of Nursing, AHPs & Quality will cascade and communicate to all Executive Directors, Directors, Managers, Human Resources staff, Staff Side representatives and staff so that they are fully aware of the NMC, HCPC, SWE referral guidelines.

Medical Director

Will cascade and communicate to all Executive Directors, Directors, Managers, Human Resources staff, Staff Side representatives and staff so that they are fully aware of the GPC referral guidelines.

Deputy Director/Assistant Director of Nursing & Quality

The Deputy/Assistant Director of Nursing & Quality are the designated deputy for professional practice referrals. They are responsible for ensuring that nurses act in accordance with this policy, for processing all Trust Registered registrant referrals to the regulator and for gaining approval and providing feedback to the Group Chief Nurse/Executive Director of Nursing, AHPs & Quality and HR team.

Associate Director of Allied Health Professional (AHP) & Quality

The Associate Director of Allied Health Professional (AHP) & Quality has delegated responsibility for ensuring that AHPs act in accordance with this policy, for processing all Trust AHP referrals to the HCPC and for providing feedback to the Director of Nursing, AHPs & Quality and HR team.

Associate Director of Psychological Professions

The Associate Director of Psychological Professions (PP) is responsible for ensuring that Practitioner Psychologists (PPs) act in accordance with this policy, for overseeing all Trust PP referrals to the HCPC and for providing feedback to the Group Chief Nurse/Director of Nursing, AHPs & Quality and HR team.

Head of Safeguarding /Named Nurses for Safeguarding

The Head of Safeguarding and Named Nurses for Safeguarding must be notified, in confidence if there are concerns within the referral relating to the abuse or neglect of a child or adult. They will be responsible for liaising with the relevant statutory agencies to identify whether additional interventions regarding the registrant are necessary if there is no conflict of interest.

The Head of Safeguarding and Named Nurses for Safeguarding must notify the Corporate nursing and quality directorate and the relevant head of nursing of any safeguarding concerns raised from external or internal sources involving a registrant that needs to be considered.

Directorate Heads of Nursing and AHPs

Heads of Nursing and AHPs must support staff both within their line of reporting and in accordance with any designated role they may be given in relation to referrals to the professional regulators. They must have a clear oversight of any plans/actions

taken in relation to supporting registrants to make improvements before referral to a regulator is considered.

Matrons/Ward and Department Leaders

Matrons/Ward Leaders are accountable and responsible for ensuring that any instances where the practice of a registrant is called into question are escalated without delay to their line manager and must act to further support the well-being and protection of patients.

Human Resources

Human Resources and the panel lead clinician, following disciplinary, performance of ill health proceedings, are responsible for informing the Group chief Nurse/Executive Director of Nursing, AHPs and Quality of any cases that require consideration for referral to the regulator.

The Human Resources Department will support senior Trust staff at all levels in the application of this policy and associated procedures.

Data Privacy Team

The team will log the regulator request for information on the Ulysses system and communicate the reference number.

The team will obtain any patient information requested.

Staff Support – Occupational Health and Employee Support

The Occupational Health Department will provide a confidential support service for staff. Managers may make a referral for specific health related advice or opinion where health concerns may require a registrant to be referred to their regulator.

Managers can seek support for registrants and witnesses for stress related issues that may arise because of referral and any associated procedures/processes.

Any staff member who is referred to their regulatory body will be provided with the details of all the support services available to them.

Staff will be offered on-going, continuous support, before, during and following any referral to a regulatory body.

Staff Support – Professional Nurse Advocates

A Professional Nurse Advocate (PNA) can be identified to provide ongoing support and restorative supervision to a registrant who has been referred or witnesses involved in a case.

Staff Support – Staff Side Organisations

Staff Side organisations work with staff that are active members alongside the Trust and are available to support their members. It is the responsibility of the registrant to contact and organise their individual staff side representation.

Registrants

Registered Nurses and Nursing Associates are accountable for adhering to Professional standards of practice and behaviour as specified in the NMC Code (2018).

Allied Health Professionals and Psychological Professionals are accountable to their regulator specified within the HCPC Standards of Conduct, Performance and Ethics (2024) and the HCPC - Standards of Proficiency (2023) specific to their professional occupation. It is the responsibility of the registrant to contact and organise their individual trade union representation.

Social Workers are accountable to their regulator providing assurance that the people who practise as social workers in England have the right skills and qualifications and are capable of safe and effective practice.

Corporate Nursing and Quality Directorate

Maintenance of regulators log

Management of generic email.

Liaison with Data Privacy Team

Appendix One Definitions

Registrant: Includes a nurse, registered nursing associate, allied health professional, social worker, pharmacist or pharmacy technician.

Regulator: will be used collectively for the NMC, HCPC, SWE and GPC

NMC: Nursing and Midwifery Council – The regulatory body for registered Nurses, Midwives and Registered Nursing Associates

HCPC: Health and Care Professions Council - The regulatory body for registered AHP's - Art Therapists, Biomedical Scientists, Chiropodists, Podiatrists, Clinical Scientists, Dieticians, Hearing Aid Dispensers, Occupational Therapists Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Practitioner Psychologists, Radiographers and Speech and Language Therapists, Orthotists

SWE: Social Work England - an independent public protection body, setting professional, education and training standards for social workers.

GPC: General Pharmaceutical Council - regulator for pharmacies, pharmacists and pharmacy technicians in Great Britain whose role is to protect everyone who uses pharmacy services.

RN: Registered Nurse – registrant

AHP: Allied Health Professional - registrant

PP: Psychological Professional - registrant

SW: Social Worker - registrant

RNA: Registered Nursing Associate - registrant

HR: Human Resources

SAR: Subject Access Request

Appendix Two Governance

Version control and summary of changes

Version number	Date	Description of key change
1	Sept 2025	New policy
1.1	August 2026	Changed review to 3 yearly as happy with new policy

Responsibilities

Responsibility	Title
Executive Lead	Group Chief Nurse/Executive Director of Nursing & Quality
Policy Author	Assistant Director of Nursing and Quality
Advisors	Deputy Directors of Nursing and Quality Associate Director of AHPs and Quality Associate Director for Psychological Professions Head of Operational Human Resources Legal Team Staff side Data Privacy Team Heads of Nursing and AHP Leads Head of Pharmacy Project Officer, Professional Practice Trust EDI Lead FTSU Guardian
Policy Expert Group	
Professional Standards Learning Group	

Governance

Governance Level	Name
Level 1 Assurance Oversight	People and Culture Committee
Level 2 Delivery Group for policy approval and compliance monitoring	Workforce Development Group

Compliance Measures

KPI (only need 1-2 KPI's per policy)	Where will this be reported and how often
Monitoring of number of regulator referrals and progress	Annual Professional Registration Report - PSLG, WDG, PCC

Training Requirements

Training
No specific training is required in relation to this policy

References

References

CQC Regulation 18: Staffing
 HCPC (2024) Standards of conduct, performance and ethics. 01.09.2024
 HCPC (2023) Standards of Proficiency. 01.09.2023
 HCPC (2019) Threshold policy for fitness to practise investigations.
 Health Professions Order 2001. SI 2002/254.
 LPT Attendance Management and Wellbeing Policy and Procedure
 LPT Disciplinary Policy and Procedure
 LPT Procedure for Managing Capability and Conduct - Temporary Workers
 LPT Professional Registration Policy
 LPT Supporting Performance Policy and Procedure
 NHSE Midlands 2024 NMC Best Practice (draft)
 NHSEi A Just Culture Guide.
 NMC (2016) Advice and information for employers of nurses and midwives.
 NMC (2016) Referral Decision Tree.
 NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates
 Nursing and Midwifery Order 2001. SI 2002/253.

Appendix Three: Process for referral to regulatory bodies

Concern raised/Incident reported escalation through Ulysses if appropriate.

Enquiries made by the regulator to LPT form a 3rd party referral.

Escalated to senior team (DHON/Operational Lead/HON/AHP Lead), Human Resources and Safeguarding team if indicated.



Triage Decision Making Huddle convened to establish next steps to include Matron/Clinical Lead, Operational lead and DHON/HON/AHP Lead as appropriate, HR rep, Assistant Director for Nursing & Quality and Safeguarding to be invited as appropriate.

(It is important to minimise individuals involved as this affects who can be involved further down the line)

Outcome and Agreement in relation to which process to be followed e.g., fact finding, disciplinary/conduct policy/managing capability & conduct for temporary workers to be followed.

Urgent Referrals to regulator – The HON and Assistant Director of Nursing should be part of any decision making who will escalate to the Exec Director of Nursing to agree to the referral.



Following outcome/ or during of any investigation if deemed necessary - **REFERRAL TO THE REGULATOR.** Any referral should be after the appeal timeframe has passed or the outcome of the appeal is known **UNLESS** there is an immediate risk to the public in relation to the individual fitness to practice.

Discuss and Inform

- Head of Nursing or Deputy
- Assistant Director of Nursing & Quality (ADoN) who has delegated responsibility from the Executive Director of Nursing, AHPs and Quality and is the named link between the Trust and regulators for all registrant cases.



- The referral is to be made online and a copy of the referral (downloaded) by the Clinical Lead of the Service e.g., Matron/DHON/Professional lead on panel and any supporting documents must be sent to, Project Officer Professional Practice.
- ANY COMMUNICATION WITH THE REGULATOR FOLLOWING REFERRAL MUST BE THROUGH lpt.professionalstandards@nhs.net
- The referrer must ensure the registrant is aware of the referral to their professional regulator.
- For enquiries made by the regulator following a 3rd party referral a decision will be made of who is most appropriate individual to inform the registrant

Oversight:

- The Project Officer Professional Practice will add and maintain the details to the Trust's Regulators log.
- The ADoN will send a monthly update of cases to the director, deputy directors of nursing and quality, associate director of AHPs and quality directorate directors and Heads of Nursing.
- Regulator referrals are monitored through the bi-monthly Professional Standards Learning Group and reported through the Annual Professional Registration Report.

Allegations that would be considered for a referral:

- Misconduct
- Lack of competence
- Criminal convictions and cautions
- Health
- Fraudulent and incorrect entry onto the register
- Not having the necessary knowledge of English

The need to consider the points below:

- The nature and seriousness of the concern
- Were there any contextual factors that contributed to the concerns?
- Were there any health issues that contributed to the concerns?
- Has the professional shown insight into the concerns?
- Have they been supported to try to put things right?
- Have you taken steps to ensure that your referral is fair and unbiased?
- Do you have the right information and evidence to support the referral?

Appendix Four: Process managing requests received for regulators.

Steps	Process for managing requests for records from HCPC, NMC etc
1	Request for information received by Nursing and Quality (N&Q) team for information related to a referral to the professional body
2	N&Q Team to contact professional body or other for details of the staff members name
3	N&Q Team to send request to SARs team for logging lpt.sarrequests@nhs.net
4	SAR Team to Log & ensure professional body reference number is logged on Ulysses front page
5	SAR Team to send the SG reference number to N&Q Team
6	N&Q Team to undertake initial enquiries and contact SAR team for specific patient records
7	SAR team to send patient records to N&Q Team along with a permission to disclose form.
8	N&Q Team to gather staff information and return along with the patient records and completed permission to disclose form to SAR Team
9	SAR Team to disclose information to requestor, cc'ing N&Q Team
10	SAR Team to follow checklist and closing process on Ulysses.

NB If the SAR team receive a request or information in relation to a professional governing body, they must inform the N&Q Team as soon as possible.