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| **Document name:** | **Registration of Health and Social Care Professionals and other Staff Required to Maintain Registration Policy.** |
| **Document type:** | **Human Resources Policy** |
| **Staff group to whom it applies:** | **All Professional and industry registered staff** |
| **Distribution:** | **The whole of the Trust** |
| **How to access:** | **Intranet and internet / ward folder** |
| **Issue date:** | **August 2020** |
| **Next review:** | **August 2023** |
| **Approved by:** | **Executive Management Team** |
| **Developed by:** | **Senior HR Advisor and the Employment Policy Group which consists of representatives from staff side, management and HR.** |
| **Director lead:** | **Director of Human Resources, Organisational Development and Estates** |
| **Contact for advice:** | **Human Resources Representative.** |

# Index

**Page**

1.0 Introduction 1

2.0 The Responsibility of the EMT 1

3.0 The Responsibility of Human Resources 1

4.0 The Responsibility of Employees 1

5.0 The Responsibility of Managers 2

6.0 Procedure for checking registration 2

6.1 Non clinical staff 3

6.2 Lapsed registration 3

7.0 Monitoring Procedure 4

8.0 Equality Impact Assessment 4

9.0 Version Control 4

Appendices:

Appendix 1 An Introduction to Medical/Nursing Revalidation

Appendix 2 Links to Other Regulators

Appendix 3 Timescale for Renewal of Registration

Appendix 4 Model letter suspending staff whose registration has lapsed

Appendix 5 Flow Chart of How Registration is Checked

Appendix 6 Equality Impact Assessment

Appendix 7 Version Control Sheet

# Policy Regarding the Registration of Doctors, Nurses, Pharmacists, Pharmacy Technicians, Psychologists, Allied Health Professionals

# and Non Clinical Staff

## 1.0 Introduction

It is a legal requirement that doctors, nurses, pharmacists, pharmacy technicians, psychologists and Allied Health Professionals, are registered with their appropriate regulatory body. Registration is also an obligatory requirement of their contract of employment with the Trust. The employment of unregistered staff working in the NHS jeopardises the protection to which the public are entitled and the safety of service users/clients may potentially be compromised.

* 1. This policy and procedure applies to all employed clinical staff and sets out the various responsibilities and actions required to ensure the registration required by registering bodies is maintained by staff, whether employed on a substantive or temporary basis. This also applies to Medical/Nursing Revalidation as appropriate, see Appendix 1. (This policy does not apply to agency staff, please see Agency Staff - Guidance Regarding their Use for information on registration)

1.2 There are also non-clinical professional staff who are required to maintain professional registration, who are covered under this policy. This requirement should be reflected in their job description/person specification.

1.3 This policy and procedure should be read in conjunction with the Trust’s Recruitment and Selection Policy and Code of Practice, the Agency Staff Guidance, the Induction Policy and Procedures and protocol for Bank staff.

**2.0 The Responsibility of the Executive Management Team (EMT)**

The EMT will be responsible for scrutinising and approving this policy.

## 3.0 The Responsibility of the Human Resources Directorate

## The HR Systems and Information team will send out monthly renewal reminders of all professional registrations due to lapse, to relevant managers and professional leads, via e-mail.

**4.0 The Responsibility of Employees**

Unless registered, a practitioner does not have the legal authority to practice.

Practitioners must:

* Maintain current and continuous registration and validity of, all recordable qualifications necessary for their role e.g. prescribing qualification in addition to registration.
* Inform their manager if they have conditions placed on their practice by the registering body and not exceed these conditions.
* Comply promptly with reminder notifications received from their registering body.
* Advise their manager, as soon as possible, if any difficulty is experienced in registering/re-registering.
* Advise their manager immediately of anything that may potentially compromise their registration e.g. police cautions etc.
* Provide appropriate evidence of registration/re-registration.
* Ensure that the registering body and the Trust are promptly notified of changes to their private addresses.
* Inform their manager if they undertake a non-professionally registered role as this will have implications for the contract of employment and registration. Guidance should be sought from the Registered body

**Practitioners should be aware of the seriousness of not being appropriately registered as necessary for the role. Failure to re-register will lead to suspension without pay, and may lead to disciplinary action up to and including dismissal.**

## 5.0 The Responsibility of Managers

* Managers are responsible for verifying the registration of new starters and the periodic renewal of registration for staff required to maintain registration in order to practice. They must also ensure that a non-registered practitioner does not continue to practice in a registered capacity.

**6.0 Procedure for checking registration**

Managers must:

* Check with the registering body, via the internet, to ensure new starters are registered and that periodic renewals of registration have been carried out by staff, See Appendix 2 and 3 for links to relevant websites. A copy of the appropriate web page must be downloaded/printed by the manager and kept on personal files. The Registration card is not proof of registration.
* Ensure that the HR team who maintain the ESR records is informed of their staff’s PIN. This enables up to date registration to be checked with the registering body and maintained on the Human Resources Electronic Staff Record (ESR) computer database.
* Ensure that they are aware of any conditions of practice set down by the registering body on an individual practitioner and that the individual adheres to these conditions.
* Ensure that where a nurse or Health and Care Professional (HCP) student has completed their training and is awaiting their registration number, they do not work as a registered practitioner until their registration is confirmed.
* Note that nurses are only issued with a “statement of entry” certificate when they are first placed on the register. If their registration changes a letter of re-registration is issued, which states the nurse’s eligibility to practice in specific areas of the register (e.g. to prescribe drugs).

6.1 **Non-Clinical staff**

* Managers must check registration where it is required to undertake the responsibilities of the post e.g. Accountancy and record this on ESR, with appropriate renewal dates. Regularly check registration is current and confirm the new renewal date to HR. In these cases, continued professional registration must be included in the person specification as an essential criterion for the post.

6.2 **Dealing with lapsed registration**

Managers must inform the individual:

* Of the seriousness of the situation and to cease practising in a registered capacity immediately.

*Note: Where a lapse of registration has occurred, which is not the fault of the individual; advice should be sought from a HR Representative.*

* That they are suspended from duty without pay until evidence of re-registration is provided. Inform payroll of the suspension immediately to avoid any over payment. It should be noted that it can take the Professional bodies between 2-6 weeks to complete re-registration.
* That the taking of (paid) annual leave, occupational sick pay or, occupational maternity pay, compatible with their contract of employment, is not an acceptable alternative as the contract of employment requires the practitioner to be registered. Statutory sick and maternity pay is unaffected.
* That failure to maintain registration without good reason is regarded as a breach of their contract of employment. As a consequence this may be investigated in line with the Trust’s Disciplinary Procedure.
* If they fail to take reasonable steps to re-register, that the position will be discussed with a HR Practitioner to decide on appropriate action, which could include, invoking the disciplinary procedure, which could lead to disciplinary action up to and including dismissal.
* Confirm any actions outlined above in writing to the individual concerned. (See suggested model letter Appendix 4)
* Inform the relevant Professional Lead should any practice issues arise as a result of a lapse in registration.
* Continue to monitor the position, until the individual is re-registered.
* Once re registered pay will be reinstated from the date the registration is confirmed by the trust. The suspension will be reviewed on this date and the individual may return to work where provided any potential disciplinary is unlikely to result in dismissal.

**7.0 HR Monitoring Procedure**

* Each month the HR System and Information team will check on the first working day of the month via the appropriate registration web site, for those registrations that were due for renewal the previous month. HR will then update ESR and inform the appropriate manager and professional lead of any lapses of registration.
* Where re-registration is not forthcoming, or there is an issue regarding re-registration, HR will escalate the matter by informing the General Manager. Managers can check registration details via HR Online on the Trust intranet.
* A flow chart showing the different process that is followed on appointment and for yearly re-registration is given at Appendix 5.
* Spot audit checks will be undertaken by HR on the process outlined in the policy. Where the policy is not being followed (e.g. where a serious lapse of registration has occurred) appropriate measures will then be taken to address the issues, including reviewing the policy.
* Compliance of agencies is monitored through a quarterly report on agency expenditure to the Trust’s Audit committee which provides details of expenditure per agency provider and whether those suppliers are on a formal contract or are a non-contract provider.
* Where contract suppliers are unable to supply a placement, assurance is required from the non-contract agency that they are compliant. The use of non-contract agencies will require the agreement of the Director of Human Resources and Workforce Development.

# 8.0 Equality Impact Assessment

The EIA is included at Appendix 6.

**9.0 Version Control**

The Version control sheet is included at Appendix 7.

**Appendix 1**

**An introduction to Medical/Nursing Revalidation**

# Medical Revalidation

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# Revalidation is the process by which all licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice in their chosen field and able to provide a good level of care. This means that holding a license to practice is becoming an indicator that the doctor continues to meet the professional standards set by the GMC and the specialists’ standard set by the medical Royal Colleges and Faculties.

Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.

If a doctor holds a license to practice, they are legally required to revalidate, usually every five years, by having annual appraisal based on the GMC’s core guidance for doctors, [*Good medical practice*](http://www.gmc-uk.org/guidance/good_medical_practice.asp).

(Extract from the GMC website)

**Nursing and Midwifery Revalidation**

In April 2016, the NMC introduced a process of revalidation, this replaces the Prep requirements.

Revalidation is the process by which registered nurses and midwives are required to regularly demonstrate to the NMC that they remain fit to practice.

All nurses and midwives on the register will be revalidated every three years at the point of their renewal. Each nurse and midwife will take ownership of their revalidation.

Those who do not revalidate will lapse from the register. Those who wish to revalidate will be required to continually gather evidence for their revalidation based on criteria in the revised Code, standards and guidance.

**(Extract from the NMC website)**

**Appendix 2**

**Links to Other Regulators**

Should the Trust need to check that a Social Worker is registered, this can be checked on the HCPC website at: <http://www.hcpc-uk.org/>

**NB** as of 1 August 2012 the regulation of the social work profession and education has transferred to the Health and Care Professions Council (HCPC).

The General Social Care Council (GSCC) website and all of its content has been archived for reference purposes only. To access an archive of the website please visit the National Archives: [http://www.nationalarchives.gov.uk](http://webarchive.nationalarchives.gov.uk/*/http:/www.gscc.org.uk/)

**Useful Links to Professional Organisation’s Regulator Web Sites**

<http://www.gmc-uk.org/register/search/index.asp>

*- GMC (Medical Staff)*

<https://www.nmc.org.uk/Employer-confirmations/>

-NMC (Nursing staff – General Register Search)

<http://www.hcpc-uk.org/>

*- HCPC (Health and Care Professions Council)*

<http://www.pharmacyregulation.org/>

- GPC General Pharmaceutical Council (Pharmacists and Pharmacy Technicians)

**Appendix 3**

**Timescale for Renewal of Registration**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Group** | **Registering Body** | **Period of Validity** | **End of Registration**  **Year**  **(where applicable)** |
| Medical | General Medical  Council | Revalidation – 5  Yearly | Variable |
| Nurses and Health  Visitors | Nursing & Midwifery  Council | Annually.  3 yearly revalidation  from 2016 | Variable |
| Physiotherapists | Health Professions  Council | Two yearly | 30 April |
| Occupational  Therapists | Health Professions  Council | Two yearly | 31 October |
| Chiropodists,  Podiatrists | Health Professions  Council | Two yearly | 31 July |
| Speech & Language  Therapists | Health Professions  Council | Two yearly | 30 September |
| Art Therapists | Health Professions  Council | Two yearly | 31 May |
| Dieticians | Health Professions  Council | Two yearly | 30 June |
| Psychologists | Health Professions  Council | Two yearly | 31 May |
| Pharmacists  Pharmacy  Technicians | General Pharmaceutical Council | Annually | Variable |

A**ppendix 4**

|  |  |
| --- | --- |
| **DATE**  Name  Address  Postcode | **Name of office/team**  **Location address**  **Address**  **Address**  **Address**  **Postcode**  **Tel:**  **Fax:**  **Ref:**  **Email address** |

Dear

**Lapse of Registration**

I have been notified that your registration with your registering body has lapsed.

As you are aware registration is an obligatory contractual requirement and you must remain registered at all times in order to undertake your duties with the Trust.

In line with the Trust’s Registration Policy, you are regarded as being in breach of your contract and will be suspended without pay until you are re-registered. This suspension will take effect from ………………..and remain in place until the situation is resolved.

I also need to advise you that this is a potential conduct issue and that as a consequence may be investigated in line with the Trust’s Disciplinary Procedure. This could lead to disciplinary action up to and including dismissal.

You must inform me as soon as you are re-registered, so that your suspension may be lifted before you are able to return to work.



Yours sincerely

Name and title

**Copies to: HR and Payroll.**



**Appendix 5**

**Flow Chart of How Registration is checked**

**All Practitioners have Responsibility for Ensuring they are Registered and Maintain their Registration**

**Appendix 6**

**EQUALITY INPACT ASSESSMENT**

**Date of Assessment: February 2020**

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| --- | --- | --- | --- |
|  | **Equality Impact Assessment Questions:** | | **Evidence based Answers & Actions:** |
| **1** | **Name of the document that you are Equality Impact Assessing** | | **Registration of Doctors, Nurses, Psychologists, Pharmacists, Pharmacy Technicians, Allied Health Professionals and Non Clinical Staff Policy** |
| **2** | **Describe the overall aim of your document and context?**  **Who will benefit from this policy/procedure/strategy?** | | **It is a legal requirement that Doctors, Nurses, Psychologists, Pharmacists, Pharmacy Technicians, Allied Health Professionals and some non clinical staff, are registered with their appropriate registering body. This policy sets out the various responsibilities and actions required to ensure that registration is maintained by staff, whether employed on a substantive or a temporary basis.**  **It should ensure that staff fulfil their professional requirement to be registered with the appropriate registering body and that service users and the Trust are appropriately protected.** |
| **3** | **Who is the overall lead for this assessment?** | | **Director of Human Resources, Organisational Development and Estates** |
| **4** | **Who else was involved in conducting this assessment?** | | **Members of the employment Policy sub Group, consisting of management and staff side representatives.** |
| **5** | **Have you involved and consulted service users, carers, and staff in developing this policy/procedure/strategy?**  **What did you find out and how have you used this information?** | | **As it is a staff specific policy, service users were not involved. Staff Side Organisations and managers in the EPG represent the interests of staff.**  **n/a** |
| **6** | **What equality data have you used to inform this equality impact assessment?** | | **The Trust’s Equality Workforce Monitoring Annual report 2020** |
| **7** | **What does this data say?** | | **See below** |
| **8** | **Taking into account the information gathered above, could this policy /procedure/strategy affect any of the following equality groups unfavourably:** | **Yes/No** | **It is not anticipated that this Policy will have any negative impact on any of the equality groups.** |
| **8.1** | **Race** | **No** | **Asian – 4.5%**  **Black – 2.7%**  **Chinese Other – 0.9%**  **Mixed – 1.2%**  **White – 90.4%**  **Unknown – 0.3 %** |
| **8.2** | **Disability** | **No** | **6.1%** |
| **8.3** | **Gender** | **No** | **Female – 79.5%**  **Male – 20.5%** |
| **8.4** | **Age** | **No** | **19 and under – 0.5%**  **20 – 29 – 12.7%**  **30 – 39 – 21.7%**  **40 – 49 – 25.9%**  **50 – 59 – 29.6%**  **60 – 69 – 9.0%**  **70 + - 0.5%** |
| **8.5** | **Sexual Orientation** | **No** | **Gay or Lesbian– 2.3%**  **Heterosexual – 80.4%**  **Bisexual – 0.9%**  **Unknown – 16.4%** |
| **8.6** | **Religion or Belief** | **No** | **Atheism - 17.0%**  **Christianity – 47.6%**  **Islam – 2.9%**  **Other – 11.9%**  **Unknown – 20.7%** |
| **8.7** | **Transgender** | **No** | **No information available in the Trust’s monitoring data, however, based on national statistics it has been projected that up to 1% of the Trust’s workforce could be gender variant.** |
| **8.8** | **Maternity & Pregnancy** | **No** | **No information available in the Trust’s monitoring data.** |
| **8.9** | **Marriage & Civil partnerships** | **No** | **Civil partnership – 0.9%**  **Divorced/legally separated – 10.1%**  **Married – 53.3%**  **Single – 34.0%**  **Widowed – 0.9%**  **Unknown – 0.8%** |
| **8.10** | **Carers\*Our Trust requirement\*** | **No** | **It is not anticipated there will be any negative impact on service users or their carers, however, it would be expected that if any issues arose they would be captured and reported during consultation with staff.** |
| **9** | **What monitoring arrangements are you implementing or already have in place to ensure that this policy/procedure/strategy:-** | | **This policy aims to ensure staff meet their obligations to remain registered in order to practice. This should not be affected by race, disability, gender, age, sexual orientation, religion, belief, transgender.** |
| **9a** | **Promotes equality of opportunity for people who share the above protected characteristics;** | | **N/A** |
| **9b** | **Eliminates discrimination, harassment and bullying for people who share the above protected characteristics;** | | **N/A** |
| **9c** | **Promotes good relations between different equality groups;** | | **N/A** |
| **9d** | **Public Sector Equality Duty – “Due Regard”** | | **N/A** |

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| **10** | **Have you developed an Action Plan arising from this assessment?** |  |
| **11** | **Assessment/Action Plan approved by** |  |
|  | **(Director Lead)** | Sign: Alan Davis Date: February 2020  Title: Director HR, OD and Estates |
| **12** | ***Once approved, you must forward a copy of this Assessment/Action Plan to the Equality and Inclusion Team:***  [**inclusion@swyt.nhs.uk**](mailto:inclusion@swyt.nhs.uk)  **Please note that the EIA is a public document and will be published on the web.**  **Failing to complete an EIA could expose the Trust to future legal challenge.** |  |

**Appendix 7**

**Version Control Sheet**

*This sheet provides a history of previous versions of the policy and changes made*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment / changes** |
| 1.0 | Jan 2010 | James Corson HR Business Manager | Previous | Not first version, but first revision, post Policy Development Policy. Minor changes to reflect changes to PASA and new Foundation Trust status. Also noting that Drs now need a LtP and Practitioner Psychologists will need to be registered by 1st June 2011. |
| 1.1 | June 2010 | James Corson HR Business Manager | Previous | Addition regarding role of profession leads if individual not renewed. Also process for non clinical staff who are required to have renewable registration as part of essential job requirement |
| 1.2 | Sept 2010 | James Corson HR Business Manager | Previous | Addition of a flow chart at Appendix 6 to clarify the current process of how registration is checked. |
| 1.3 | Oct 2012 | Andrea Richards Senior HR Advisor/James Corson HR Business Manager | Previous | Updated with regards to new Guidance Regulations; Statutory Regulation of Practitioner Psychologists and Pharmacy Technicians, Government Procurement Service and Medical Revalidation. It also incorporates other minor changes. This policy replaces all previous policies of the former organisations including Barnsley, Wakefield and Calderdale PCTs. |
| 1.4 | June  2014 | James Corson HR Business Manager | Previous | A small amendment made to the model letter at Appendix 4 and the relevant associated text at 5.1. The purpose being to strengthen the wording to reinforce the gravity of the situation if an individual is not registered. |
| 1.5 | Aug  2016 | Marilyn Gill HR Business Partner | Previous | Minor updating. |
| 1.6 | Feb 2020 | HR Business Partner | Current | Minor updating |
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