Sheffield Health and Social Care NHS
NHS Foundation Trust

Policy:

Clinical Professional Registration Verification

Executive or Associate Director lead	Director of Human Resources
Policy author/ lead	Ian Hall, HR Directorate Partner
Feedback on implementation to	Ian Hall, HR Directorate Partner

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Ratified by	Executive Directors Group
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Target audience	All managers; clinical staff required to maintain professional registration / accreditation

Keywords	Professional Registration, Professional Accreditation, NMC, GMC, GPhC, HPC

Policy Version and advice on document history, availability and storage
This is version 5 of this policy. This version replaces the previous version, ratified in October 2014.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Director of Corporate Governance.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

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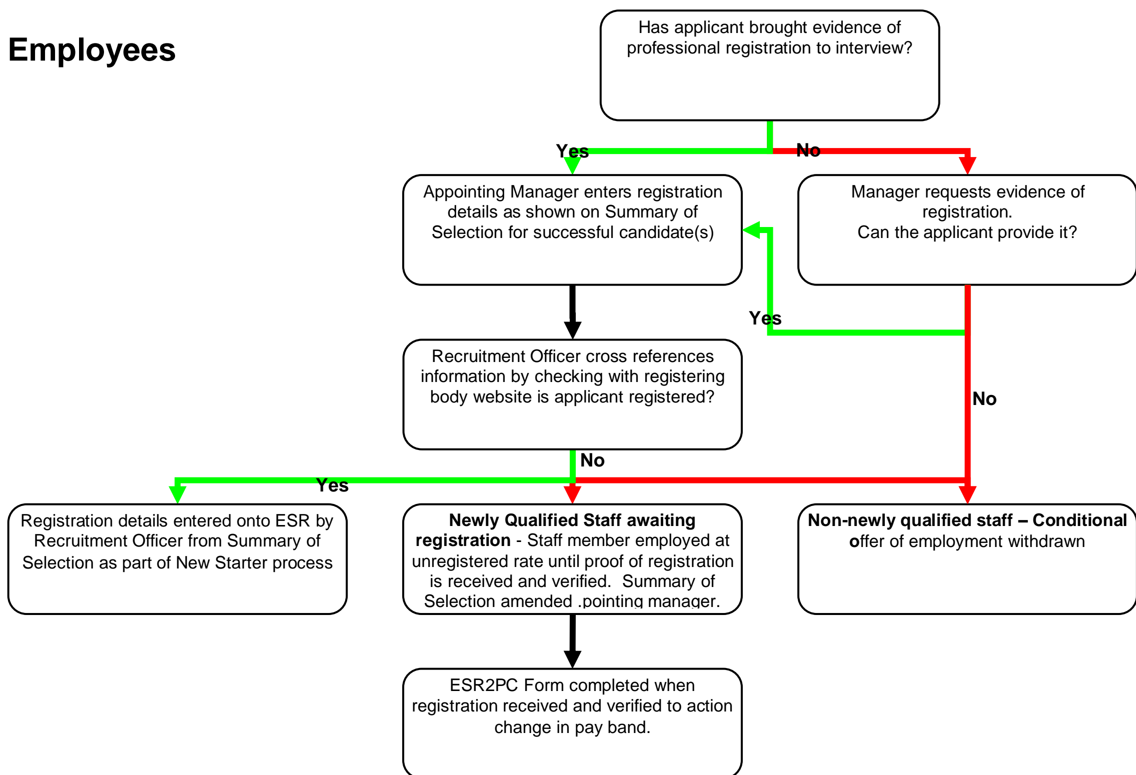
Flowcharts

New Employees



Verification of Current Employees

HR produce monthly report from ESR of staff whose registration will lapse in following 2 months. Send to Team Managers.

Team Manager verifies (with individual and on-line or by telephone) that re-registration has taken place. Has re-registration occurred?

Yes

Manager completes pro-forma (appendix A) and sends to HR Department (unless GMC/NMC registration – see below)
)

Registration details updated on ESR via GMC/NMC interface or by HR

Investigate circumstances surrounding registration lapse. Is it confirmed that the employee is not registered to practise?

No

Yes

Manager removes the employee from current registered role, ensuring the employee only works in an unregistered capacity until re-registration is received and verified

Manager completes ESR2PC form to action payment at the unregistered rate.

Manager considers whether any disciplinary action is necessary

Manage reviews the situation for any change in circumstance and repeat above steps accordingly

1. Introduction

The Trust is responsible for demonstrating that all members of staff required to be on a professional register are currently registered.

This procedure is supported by ESR (Electronic Staff Record) to:

1. Ensure that the Trust holds the necessary information concerning those members of staff required to maintain professional registration.
2. Ensure that staff are currently registered; and
3. Provide a system to **remind** managers when periodic re-registration is due.

2. Scope

This policy applies to all clinical staff working within the organisation that are required to register with professional bodies, and maintain that registration, in order to carry out their work. It applies to all managers who manage staff as defined above, and to staff within central services responsible for the record keeping and system updates.

3. Definitions

To continue practicing:

1. Doctors need to register annually with the General Medical Council (GMC).
2. Qualified nurses need to register annually with the Nursing & Midwifery Council (NMC).
3. Pharmacists and Pharmacy Technicians need to register annually with the General Pharmaceutical Council (GPhC).
4. Occupational/Art/Music/Drama/Speech and Language Therapists, Physiotherapists, Dieticians and Practitioner Psychologists are required to update their registration every two years with the Health Professions Council (HPC).
5. Social workers are required to register with the General Social Care Council, and renew every 3 years.

Psychotherapists, Counsellors and Family Therapists do not currently have a legal requirement to be registered with any particular body. Many posts within the Trust do, however, have requirements within the job description for accreditation with a particular association, e.g. British Association for Counselling and Psychotherapy (BACP), United Kingdom Council for Psychotherapy (UKCP) etc) and often at a specific level, e.g. Therapist, Supervisor, Trainer. Directorates with responsibilities for staff within these professions should make their own arrangements for assurance that the requirements of the job description are met, both on appointment, and throughout the period of employment as applicable. Directorates should record the requirements in the employee's personal file and monitor compliance through the PDR process or more regularly as specified by the Directorate. The Team Governance process should also be used to ensure compliance.

Team Manager refers to either the Team Manager or the nominated contact for the team/group of staff.

4. Purpose

4.1 Doctors' registration and licence to practise with the GMC:

The GMC database has a direct interface with ESR. Registration, license to practice status and renewal dates are automatically updated via this interface. Central staff working with ESR receive workflow notifications via ESR's Medical Staffing Officer role, which flags up

for investigation any mismatches between GMC and ESR data and confirms GMC renewal when it has taken place.

4.2 Nursing registration and licence to practice with the NMC:

The NMC database has a direct interface with ESR. Registration, licence to practice status and renewal dates are automatically updated via this interface. Central staff working with ESR receive workflow notifications via ESR's Nursing Prof Registration role, which flags up for investigation and mismatches between NMC and ESR data and confirms NMC renewal when it has taken place.

The purpose of this policy for GMC and NMC registration is to remind managers that registration is due for renewal. This allows managers to check with the individual that they are following the necessary procedures to ensure their registration is maintained without interruption. Managers of Doctors and Nurses are not required to complete the proforma in Appendix G as ESR will be updated via the interface with the GMC/NMC.

For nursing staff a designated IT system has been secured from IT Premier, called HeART. All nurses employed in SHSC are required to use this system to keep records of their revalidation requirements as set out by the NMC. In order to effectively use HeART for the revalidation process, the Trust should provide all employed nurses with access to relevant IT equipment at their place of work. As there is a clear requirement on all nurses to use this system, if there are any issues at all regarding IT access, please raise this immediately with your line manager.

4.3 All other professional bodies as defined in Section 2:

1. To ensure all managers understand their role in collecting and verifying professional registration on appointment of new staff and verifying re-registration.
2. To ensure managers provide Human Resources with the information to update ESR when they have verified that staff have re-registered.
3. To provide an auditable process for maintaining details of professional registration.
4. To use ESR to record details of professional registration and remind team managers when re-registration is due.
5. Pharmacists / Pharmacy Technicians registration status should be verified on the GPhC website http://www.pharmacyregulation.org/

5. Duties

Appointing Managers are responsible for checking the appropriate registration of new employees, during the selection process.

The **Employee** is responsible for maintaining professional registration with the appropriate body, as stated within Trust terms and conditions of service.

Team Managers are responsible for verifying the renewal of registration with the individual and either online or by telephone.

Team Managers are responsible for ensuring that the Human Resources Department is informed of updated registration details. (Note exception at Section 3.1 and 3.2)

The **Human Resources Department** is responsible for maintaining and updating ESR with registration information.

The **Human Resources Department** is responsible for regularly informing team manages of staff whose registration is to expire within 2 calendar months.

6. Process

6.1 New employees

1. All relevant applicants are asked to bring to interview evidence of current registration with a professional body. This will be shown to the appointing manager at interview.
2. Details of the registration number, expiry date and awarding body will be entered onto the Summary of Selection form by the Appointing Manager.
3. The Recruitment Officer will cross reference this information by checking with the Registering Body, via the appropriate website.
4. The information will be entered onto ESR as part of new starter documentation.

6.2 Existing employees

1. On a monthly basis ESR will be used to identify employees whose registration is due to be updated within the forthcoming 2 calendar months.
2. A report will be generated and emailed to each team manager.
3. Each team manager will be responsible for verifying with the individual and either on-line or by telephone[*], that re-registration has taken place and returning signed, completed proformas (Appendix G) to Human Resources. It is essential that this form is returned, as it provides the audit trail necessary for compliance with statutory and regulatory bodies. In the case of certain professional bodies[^], this form is the only source of information for the correct renewal date. Information cannot be checked by a central function online or by telephone. (Note exception at Section 3.1 and 3.2)
4. ESR will be updated from this information.

6.3 Flexible Staffing

1. The above procedures apply to the Flexible Staffing workforce, as well as those on substantive contracts.
2. For all staff with Flexible Staffing only contracts, the Flexible Staffing Manager will be responsible for making sure the initial information is completed and verified on appointment, and for ensuring the necessary re-registration and return of the proforma to Human Resources.

6.4 Seconded Staff

The Trust will gain written commitment from the originating employer that they are able to comply with the Trust requirement to ensure registration is maintained for staff seconded into this organisation. The originating employer will be responsible for monitoring compliance with professional registration. However, the line manager within SHSC is able to check registration of staff on-line through the professional bodies' websites at any time. If a seconded member of staff is found to be practising without registration, the steps below 'In the event of Non-registration' should be followed, and the originating employer informed.

6.5 In the Event of Non-registration

1. If an applicant is appointed to a position where registration is a requirement of their role, they will be paid at the unregistered rate until proof of their registration / re-registration / revalidation is received and verified by the Trust, as per the procedures above. An ESR2PC form should then be completed by the manager to change the

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[*] All the registering bodies allow a search by name for any member of the public, but in the case of the NMC, there is an employer's access password which managers can use if necessary. Please contact the ESR Administrator for more details.

[^] RPSGB, GSCC, BACP, UKCP

employee from unregistered to registered banding, and pay will be backdated to the date of registration.

This procedure normally applies to newly qualified staff (particularly nurses) – any non-newly qualified applicant who is required to have registration but cannot provide evidence of it would not be appointable.

2. In the event of a current staff member failing to maintain their professional registration, the manager should:

   - Immediately investigate the circumstances surrounding the non registration
   - If the outcome of the above investigation confirms the staff member is not registered to practice the manager should:

     i. Remove the (un) registered member of staff from their current area of work, either to work in an unregistered capacity supervised by a registered member of staff, or to work as an unregistered employee until re-registration is received and verified.
     ii. Complete and ESR2PC Electronic Form to ensure the staff member is paid at the unregistered rate.
     iii. Consider whether any disciplinary action is necessary
     iv. Review the situation for any change in circumstance and repeat the steps above accordingly.

For professions where work at 'unregistered rate' or supervised is not practical (e.g. Psychotherapy), the individual should be removed from duties until the manager/department is assured of the individual's fitness to practice in the role.

For further advice and guidance, contact a member of the HR advice team.

3. If registration lapses while a staff member is on agreed leave from the Trust, e.g. Long term Sickness Absence/Maternity/Adoption Leave/Career Break etc, the manager should ensure that the registration is renewed by the return to work date, or the staff member will have to work and be paid in an unregistered capacity, as above, until registration is received and verified.

4. <u>Nurses</u>

   This section relates specifically to Nurse Revalidation which came into effect April 2106.

   The NMC states that *"you cannot work as a nurse or midwife without effective registration. It is illegal to work in a role requiring registration in any circumstances while you are unregistered".*

   The NMC online application opens 60 days before their revalidation application date, which is the first day of the month in which their registration expires. Employees must submit their revalidation application by this date.

   From November 2015 the only way for nurses and midwives who lapse from the register to regain registration is by making an application for readmission. This process can take two to six weeks, and they would be unable to practise during that period.

6.6 Notes

Information is only held on ESR for staff who are employed by and paid by SHSC – e.g. ESR does not hold details for staff seconded into the organisation.

6.7 Temporary (Agency) Staff

The Trust will only use Agencies to supply temporary staff who are able to comply with the Trust requirement to ensure relevant registration is maintained. The providing Agency will be responsible for monitoring to guarantee staff they employ maintain their professional registration.

The Trust will obtain written confirmation on a 6 monthly basis from the agencies which it uses that the agency will only supply temporary staff who are able to comply with the Trust requirement that the relevant registration has been maintained. The Trust will also check registration on-line where practicable.

If the Trust discovers an Agency worker without registration, the engagement with the worker should be terminated immediately, and the Agency should be notified. The worker should not be allowed to work in a registered capacity for the Trust again until the Trust has been satisfied by the Agency that re-registration has occurred.

In the case of locum medical staff, all bookings must be made through the Trust's nominated Locum Agency, in line with the SHSC Guidelines ***for Booking a Locum Doctor.*** The Locum Agency is responsible for ensuring GMC registration, however, the responsible Recruitment Officer will double check registration of the selected doctor prior to booking them for the placement. If registration will lapse during the tenure of the placement, it will be re-checked on the date that it lapses to ensure that the Doctor has re-registered.

7. Dissemination, storage and archiving (Control)

This policy is available on the SHSC intranet and available to all staff.

An email will be sent to "All SHSC" staff informing them of the revised policy. In addition, Clinical, Service & Support Directors will be advised that the revised version is available.

The previous policy will be removed from the intranet and replaced with the current version by Human Resources. Managers are also responsible for ensuring that hard copies of the previous version are removed from any policy/procedure manuals or files stored locally.

The previous policy will be removed from the Trust website by Human Resources. Human Resources will keep an electronic copy of the previous policy. Please contact them if a copy is needed.

8. Training and other resource implications

Not applicable

9. Audit, monitoring and review

Overall HR Policies are subject to joint monitoring and review between management and staff side in the Trust Joint Consultative Forum (JCF).
The reports produced from ESR on a monthly basis show when registration is due. These reports are monitored by the Human Resources department and updated manually to show the date the email reminder was sent to managers and the date the form (as per Appendix G) was returned to the HR Department.

The HR Department will regularly review compliance with the policy through existing performance monitoring mechanisms and raise any issues with the Director of Human Resources and Service & Clinical Directors.

Continued overleaf.

Monitoring Compliance Template

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Policy to be reviewed at least every 3 years	Review, audit	Governance Committee	Annual	Quality Assurance Committee	Quality Assurance Committee	Quality Assurance Committee

10. Implementation plan

Policy already implemented.

Action / Task	**Responsible Person**	**Deadline**	**Progress update**
New policy to be uploaded onto the Intranet and Trust website.	Director of Corporate Governance	Within 5 working days of ratification	
A communication will be issued to all staff via the Communication Digest immediately following publication.	Director of Corporate Governance	Within 5 working days of issue	
A communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

DBS Policy
Recruitment Policy
Disciplinary Policy

12. Contact details

Members of the Human Resources Workforce Information team should be contacted for advice regarding monitoring & verifying registration. Contact the Workforce Information & Planning Manager or ESR/Recruitment Admin Assistant via the HR Department on 0114 2263985/2263278.

Members of the Human Resources Advice Team should be contacted for advice and support for any other issue relating to Professional Registration. Contact an HR advisor via the HR Department on 0114 226 3277.

13. References

SHSC Process for Booking a Locum Doctor (HR intranet)
SHSC HR Policies & Procedures (HR intranet)

Nursing & Midwifery Council (NMC)
https://www.nmc.org.uk

General Medical Council (GMC)
http://www.gmc-uk.org/

General Pharmaceutical Council

http://www.pharmacyregulation.org/

Health Professions Council (HPC)
http://www.hpc-uk.org/

United Kingdom Council for Psychotherapy (UKCP)
http://82.219.38.131/ukcp.org.uk/home.asp

British Association for Counselling & Psychotherapy (BACP)
http://www.bacp.co.uk/

General Social Care Council (GSCC)
http://www.gscc.org.uk/

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
V5 D0.1	Transferred into new policy format	September 2016	New policy format
5.0	Policy Ratified	October 2016	Ratified at EDG

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of "all SHSC staff" email	Any other promotion/ dissemination (include dates)
5.0	November 2016	November 2016 via Communications Digest	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES –** proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date) | See below |

Stage 3 – **Policy Screening** - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	No	No
DISABILITY	No	No	No
GENDER REASSIGNMENT	No	No	No
PREGNANCY AND MATERNITY	No	No	No
RACE	No	No	No
RELIGION OR BELIEF	No	No	No
SEX	No	No	No
SEXUAL ORIENTATION	No	No	No

Stage 4 – **Policy Revision** - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)
Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date) | Ian Hall – September 2016 |

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site
http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf
(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

X **Yes. No further action needed.**

☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

☐ **No, no further action needed.**

☐ **Yes, go to question 3**

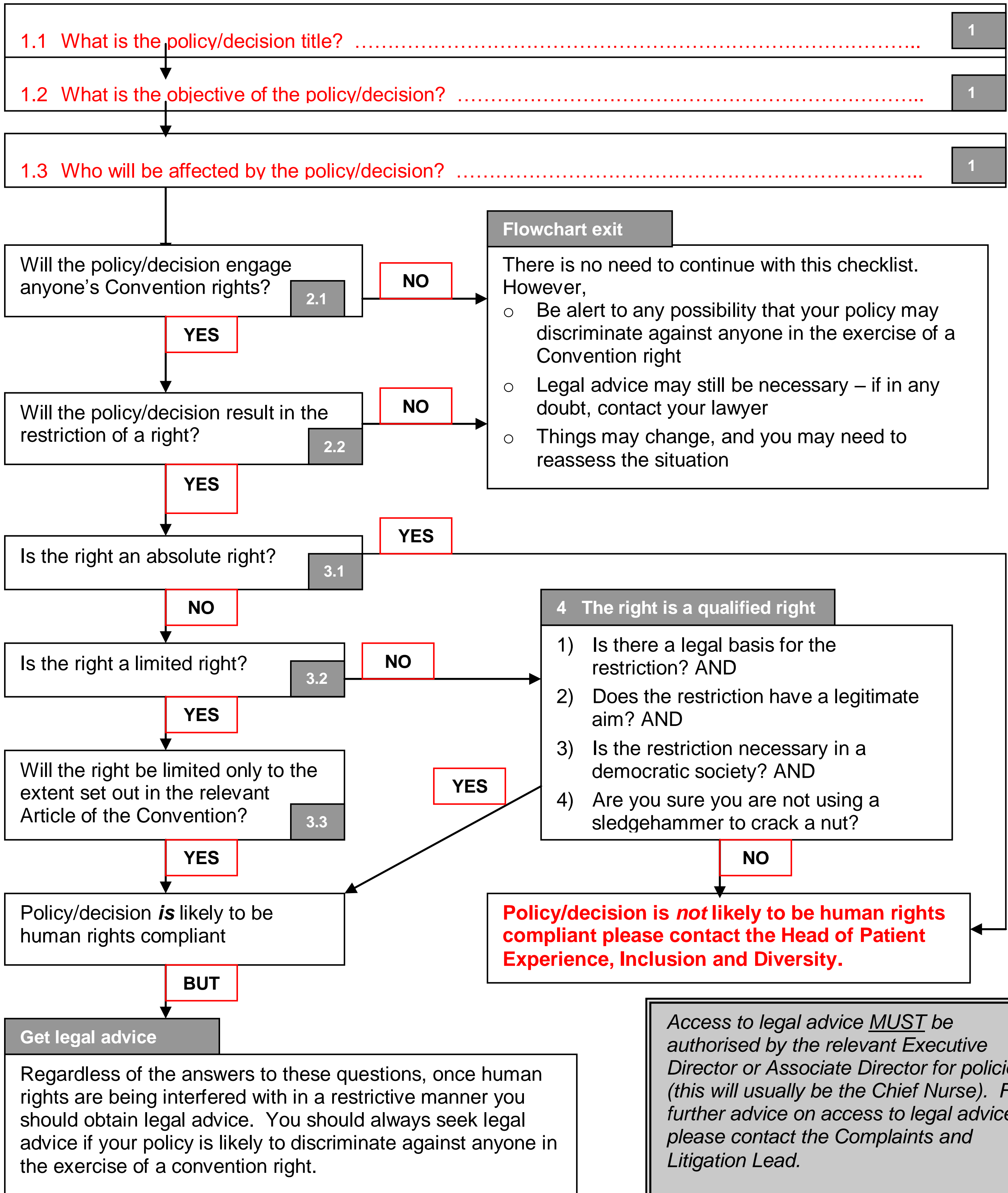
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

The policy was recently reviewed in light of the new Nurse Revalidation requirements and was amended to reflect these. The policy was consulted on via the Nurse Revalidation Group, which was chaired by the Deputy Chief Nurse for the Trust. The consultation took place between June and August 2016.

The Joint Consultative Committee (JCF) verified this policy on 21 September 2016 and was ratified by the Executive Directors Group on 6 October 2016.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet ✓

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy ✓
- The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification ✓
- Date of ratification ✓
- Date of issue ✓
- Ratifying body ✓
- Date for review ✓
- Target audience ✓
- Document type ✓
- Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page ✓

3. Flowchart ✓

4. Introduction ✓

5. Scope ✓

6. Definitions ✓

7. Purpose ✓

8. Duties ✓

9. Process ✓

10. Dissemination, storage and archiving (control) ✓

11. Training and other resource implications ✓

12. Audit, monitoring and review ✓

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Require-ment	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan

14. Links to other policies (associated documents)

15. Contact details

16. References

17. Version control and amendment log (Appendix A)

18. Dissemination Record (Appendix B)

19. Equality Impact Assessment Form (Appendix C)

20. Human Rights Act Assessment Checklist (Appendix D)

21. Policy development and consultation process (Appendix E)

22. Policy Checklist (Appendix F)

Appendix G

Sheffield Health and Social Care

NHS Foundation Trust

Professional Registration Update

Employee No:	
Name:	
Directorate:	
Team:	

Professional Body:	
Registration/PIN number:	

Previous registration expired on:			-			-				
New registration expiry date:			-			-				
NB - If previous registration expires the new registration expiry date cannot be the same eg if expiry date is 31/5/2014 new expiry date needs to be after this date eg 31/5/2014. Please do not complete this form until the new registration expiry is known.										

Employee signature		Date	

	I confirm that I have verified with the registering body the registration of the above named employee.		
Manager's signature		**Date check carried out**	
Manager's name			

Please complete this form clearly and return it:

Professional Registration Update
Human Resources Department
Sheffield Health & Social Care NHS FT
Fulwood House
Old Fulwood Road
Sheffield
S10 3TH