

Verification of Registration of Clinical Staff

Date	Version	
November 2015	6	
Purpose		
To ensure that all relevant clinical staff are appropriately qualified, registered with the relevant professional body and meet statutory registration requirements.		
Who should read this document?		
All staff		
Key messages		
To provide assurance that all employees of Plymouth Hospitals NHS Trust that are required to be professionally registered to undertake their role will ensure their registration is up to date with their relevant professional body. The Trust will manage the verification of registration status for all clinical staff to ensure that the Trust and the public can be confident that all clinical staff are appropriately qualified and registered to practice to meet statutory registration requirements. The processes outlined in this document are designed to ensure consistency and fairness for all professionally registered employees.		
Accountabilities		
Production	Workforce Team	
Review and approval	HR and Organisational Development Committee	
Ratification	Director of HR&OD	
Dissemination	HR Business Partners	
Compliance	HR Business Partners	
Links to other policies and procedures		
Recruitment and Selection SOP Performance & Conduct Policy Maternity Policy		
Version History		
5.1	June 2011	Policy update
5.2	December 2011	Revision to ensure consistency with revised and amended process
5.3	May 2012	Approved by JSNC
6	November 2015	Reviewed with minor changes
Last Approval		Due for Review
November 2015		November 2020

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender

reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

Section	Description	Page
1	Introduction	3
2	Purpose	3
3	Definitions	3
4	Duties	3
5	Key elements	6
6	Overall responsibility for the document	10
7	Consultation and ratification	10
8	Dissemination and implementation	11
9	Monitoring compliance and effectiveness	11
10	References and associated documentation	11

1 Introduction

Plymouth Hospitals NHS Trust, (the Trust) is required, by law and in the interests of its patients, to take all reasonable steps to ensure that staff are registered with a relevant regulatory body in order to continue to practice in their clinical specialty. The Trust recognises the importance of keeping up to date assurance that all of its clinical staff continue to maintain their registrations.

2 Purpose, including legal or regulatory background

All staff who are required to be registered with a relevant professional body to undertake their role will have to provide evidence that this registration is up to date. The Trust will manage the verification of registration status for clinical staff to ensure that the Trust and the public can be confident that all clinical staff are appropriately qualified, registered with the relevant professional body and meet statutory registration requirements.

In addition to professional registration with the General Medical Council, all doctors practicing medicine within the Trust will be legally required to obtain a Licence to Practice.

The purpose of this document is to provide a clear procedure to ensure that all existing and prospective employees are professionally registered to carry out the duties of their post.

3 Definitions

For the purposes of this procedural document, the following definitions apply:

- **Professional registration** – a mandatory requirement for any member of staff who is required to be registered in order to practice in a clinical role, for which they are employed to undertake.
- **Staff** – includes all Trust employees, temporary and agency workers, volunteers, students, trainees, individuals engaged on an honorary contract that work on behalf of the Trust in a clinical capacity.

4 Duties

Trust Board and Executive Directors

The Board is responsible for seeking assurance that the Trust maintains an adequate and robust procedure for ensuring that all staff working in a clinical position maintains the required professional registration.

The Director of HR and Organisational Development is responsible for ensuring that the procedure is working effectively and that any breaches of required registration are identified and addressed promptly.

The Director of Nursing/Medical Director and senior managers will be required to investigate or delegate the investigation of any line managers who fail to deliver their responsibilities in respect of preventing and addressing lapsed registrations.

Human Resources

The responsibilities of the HR and Organisational Development are:

1. The Recruitment Team will check confirmation of the registration of new clinical staff during the recruitment process; this will be done by contacting the relevant registration body and requesting confirmation of the potential employee's status. Copy of Pin Cards/certificate or letter of registration will be taken as part of the recruitment process and stored on the Recruitment file. In the rare event that an employee is recruited prior to registration with the relevant professional body, then their salary and duties will be restricted on appointment until they are able to provide proof of registration.
2. A record of this check will be placed on an individual's personnel record including the Electronic Employee Record (ESR), which will be the centralised recording and monitoring system.
3. The Recruitment Team will check confirmation of the registration for external agency workers with the contracting Agency staff. Any non-2nd tier agency workers are required to attend recruitment and provide all information in line with the standard recruitment safety checklist.
4. HR and Recruitment Teams will ensure no potential employee commences work until verification of registration with the professional body has been completed and documented.
5. The HR team will support managers with formal investigations of any lapsed registrations.
6. The HR team will implement and manage the revised Professional Registration Process (see Appendix 4).
7. To provide assurance to the Trust that effective processes are in place, that relevant areas have been alerted as per the Professional Registration Process and that where staff have lapsed that this has been dealt with as per procedure.

Managers

Managers are required to:

1. Verify with the professional body the registration of staff, this verification should be copied and printed and held on the individuals personal file.
2. Confirm at interview that an individual has the required registration. This will be checked by the Recruitment Team during the recruitment process.
3. Fully investigate any cases of lapsed registration and take the appropriate action in line with the guidance contained within this document.
4. Action any lapsed or due to expire reports sent via the management team. Any lapsed registrations will be dealt with under the processes highlighted in this document.
5. The manager and/or Director of Nursing will be required to investigate any line managers who fail to comply with their responsibilities and duties outlined in this policy.
6. Complete the NHS Interim Staff Checklist before any agency member commences work.

Individual Members of Staff

1. Individuals have a responsibility to ensure that they are continuously registered with their professional body. Failure to do so may lead to formal disciplinary action, which may ultimately lead to dismissal.
2. Maintaining continuous registration is a requirement of an individual's contract of employment and for some professions it is also a legal requirement.
3. In the event that an individual discovers that their registration has lapsed they must inform their manager immediately and the professional body concerned. The individual must not practice until their registration is confirmed by the relevant professional body.
4. It is the responsibility of the individual to ensure that the relevant professional body has received the required information in a timely manner in order to process re-registration.
5. It is the individual's responsibility to ensure they maintain their professional registration in periods of Maternity Leave, Sickness, Unpaid/extended periods of leave and Secondments (where they potentially may return to their substantive role).

6. It is the individual's responsibility to disclose any incidences related to health, convictions or fitness to practice which may impact on their professional registration.

5 Key elements

Whilst the requirements for checking registration of directly employed clinical staff on initial appointment is included within this policy in the duties of the HR Team, the full recruitment check process is detailed in the Recruitment and Selection SOP.

All clinical staff are covered by this procedural document. All staff are subject to this general procedure and for some groups, they will also be subject to and supported through local agreements, as outlined in the following appendices:

- Nursing, Midwifery and Health Visitors (Appendix 5)

Profession	Professional Body	Frequency and renewal
Medical staff	General Medical Council	Annually
Nursing and Midwifery	Nursing and Midwifery Council	Annually
Physiotherapists	Health Care Professions Council	Every 2 years / 30 April
Occupational Therapists	Health Care Professions Council	Every 2 years / 31 Oct
Speech and Language Therapists	Health Care Professions Council	Every 2 years / 30 Sep
Prosthetist	Health Care Professions Council	Every 2 years / 30 Sep
Orthotist	Health Care Professions Council	Every 2 years / 30 Sep
Chiropodist	Health Care Professions Council	Every 2 years / 31 July
Dietician	Health Care Professions Council	Every 2 years / 30 June
Biomedical Scientists	Health Care Professions Council	Every 2 years / 30 Nov

Orthoptist	Health Care Professions Council	Every 2 years / 31 Aug
Radiographer	Health Care Professions Council	Every 2 years / 28 Feb
Pharmiscits including Pharmacy Tecnicians	General Pharmaceutical Council	Annually / 1 Jan
Clinical Scientists	Health Care Professions Council	Every 2 years / 30 Sep
ODP / ODA	Health Care Professions Council	Every 2 years
Opticians & Optometrists	General Optical Council	Annually
Dental Clinical staff	General Dental Council	Annually

The Health Care Professions Council (HCPC) is an independent, UK-wide regulatory body responsible for setting and maintaining standards of professional training, performance and conduct of the 12 healthcare professions that it regulates, (Paramedics are also covered but are not relevant to the Trust).

Each registrant has a unique registration number and will be issued with a certificate every two years. The list above should not be seen as exhaustive as clinical staff in new roles become part of the Trust and other groups of healthcare professionals become subject to statutory registration or are in training with supervision.

All managers have a responsibility to ensure clinical staff remain registered with their professional body. Employer online passwords and access codes will be released to designated managers to enable them to complete the full employer relevant checks with the professional body direct through the professional body website – this access provides confirmation of registered status along with 'Fitness to Practice' warnings (note: these will differ from one professional body to another).

When checking a renewal of registration or a new registrant (student), a record should be made by the line manager and held on the personal file indicating the following information:

- The name of the employee.
- Qualifications confirmed.
- The expiry date of said qualifications.
- The date verification check took place online with the professional body, this includes registration number is valid and they are fit to practice.
- Name of the person who undertook the verification.
- A copy of the confirmations from the online professional body check should be kept in the employees personal file.

Additionally, where Healthroster is in use for rostering staff, the function to monitor and update registration details must be used monthly. Healthroster will alert shifts where the person allocated in the rota either has no/out-of-date registration. This alert **must** be acted upon when the rota is approved.

Registration status is also updated daily for GMC and NMC registered staff via an automated interface with ESR. Registration status of staff registered with HCPC and any other bodies is updated on ESR manually by the HR team on a regular basis.

The updated ESR record then facilitates the central monitoring process described in Appendix 4.

For all areas with registered staff the Professional Registration Process (Appendix 4) will monitor ongoing registration status and will alert managers, Heads of Departments and Matrons one month before expiry; this alert will repeat one week before expiry and daily thereafter. This alert will go to Matron, Head of Department, Professional Lead, HR Business Partner (HRBP) and the individual registrant.

Individual Registrant

Any member of non-medical clinical staff who is not registered with their professional body will be restricted in practice and may be excluded from work until registration can be confirmed. For Medical staff, their practice will be restricted and they will be excluded from work.

Consideration can be given to establishing whether the person can work as an unqualified member of staff at the appropriate rate of pay during this time period. The Trust reserves the right to reduce the banding to an appropriate grade on which they are able to practice until their registration has been restored or renewed. For staff that are not able to work as an unqualified member of staff, the individual may be placed onto a period of unpaid leave until the re-registration process is resolved. Appendix 3 outlines this process.

If an individual discovers that their registration has lapsed they must inform their managers immediately and the professional body concerned. Clinical staff must not practice until their registration is confirmed by the relevant professional body.

It is the responsibility of an individual to ensure that the relevant professional body has received the required information to enable them to process re-registration.

Please note that re-registration periods are subject to the terms and conditions outlined by their professional body.

Maintaining continuous registration is a requirement of an individual's contract of employment. Failure to maintain continuous registration may result in disciplinary action, which may ultimately lead to dismissal. Each case will be investigated taking into consideration individual circumstances; however the following guidance on formal disciplinary sanctions may be used.

Length of time registration lapsed	Proposed Disciplinary Action (note – guidance only; individual circumstances may apply)
0 – 4 weeks	Registrant unaware of lapse – Conversation of Concern. Registrant aware – first formal warning.
5 – 12 weeks	Up to Final Formal Warning.
12 weeks +	Formal Conduct Hearing with outcome of anything up to and including dismissal from the Trust.

All incidences of a lapsed registration must be investigated in line with the Trust’s Performance and Conduct Policy and a lapsed registration case can at any time be referred to a Formal Disciplinary Hearing Panel.

Line Managers

Line Managers must maintain up to date records of registrations for the clinical staff they are managerially responsible for. Failure to carry out the necessary checks with the professional body and ensure staff are registered may render the line manager subject to disciplinary action.

It is the responsibility of the line manager to ensure the HR Team are informed and a formal investigation is undertaken in line with the Trust’s Performance and Conduct Policy. The line manager must inform the HR Team once re-registration is confirmed, making a record of the details in the registrant’s personnel file.

Temporary Staffing through NHS Professionals or External Agency

When using temporary staff (medical and non-medical) from either NHS Professionals (NHSP) or an External Agency, Plymouth Hospitals NHS Trust have service level agreements (please refer to service level agreements for full details) to ensure that these agencies are providing appropriately registered staff. This includes registration with the relevant professional body. All pre-employment checks are to be undertaken by NHSP or the Agency prior to commencement of employment and it is the responsibility of NHSP or the external Agency to undertake ongoing checks.

The Trust makes every effort to use only NHSP or a Government Procurement Services (GPS) agency as this gives the Trust assurances surrounding professional registration checks. NHSP are governed by NHS Employers guidelines and adhere to these in the same way as an NHS organisation would comply. They are also required to undertake their own audits and provide the Trust with assurance that all staff are appropriately registered with the professional body.

NHSP provide the Trust’s Recruitment Lead with a copy of these audit reports on a quarterly basis.

In exceptional circumstances where non approved agencies (i.e. not framework approved) are used the Trust is responsible for checking the professional registration with the relevant body. In this instance **Trust** means the Recruitment team will check

with the contracting Agency staff. Any non 2nd tier agency workers are required to attend recruitment and provide all information in line with the standard recruitment safety checklist. Line managers are also required to complete the NHS Interim Staff Checklist before any agency member commences work.

Audit on NHSP compliance with the agreed service level agreement is undertaken by Government Procurement Services on behalf of the Department of Health.

GMC and GDC registration for all grades of new medical staff, from consultants to trainee doctors, is checked at the shortlisting process, prior to interview, by the Medical HR Team. The Medical HR Team checks the doctor's GMC/GDC registration by logging onto the GMC/GDC website and retains a copy of the registration with details of expiry date and any conditions or warnings recorded against the applicant.

When a doctor is appointed to the Trust, the Medical HR Team records the GMC/GDC information onto the ESR. The Team also logs the GMC/GDC number onto the Intrepid database. The GMC system updates ESR and forwards a workflow notification in respect of any lapsed registrations.

The HR & OD Team will follow the process outlined in Appendix 3, Professional Registration Process. If the registration lapses, the doctor/dentist is restricted from practice and excluded from work without pay until they re-register and provide evidence of the updated GMC/GDC Certificate.

6 Overall Responsibility for the Document

The HR Director is responsible for ratifying this document. The HR Business Partner has the responsibility for the dissemination, implementation and review of this policy.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the HR & OD Committee and ratified by the HR Director. Non-significant amendments to this document may be made, under delegated authority from the HR Director, by the nominated author. These must be ratified by the HR Director and should be reported, retrospectively, to the HR & OD Committee.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the HR Director and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

Compliance with this procedure in relation to initial appointment of directly employed clinical staff and non 2nd tier agency workers will be monitored via monthly audits of a sample of new starters undertaken by the Assurance Team.

NHSP / Framework approved agency compliance with registration check requirements will be monitored via quarterly audits of a sample of booked shifts undertaken by the Assurance Team.

Compliance with the process for checking ongoing registration of directly employed clinical staff will be undertaken by the Assurance team on a quarterly basis.

The results of these audits will be reported to the Recruitment Manager, Medical HR Business Partner and Deputy Director of HR who will implement corrective actions as required. Audit results and corrective actions will be reported by the Deputy Director of HR to the HR & OD Committee on an annual basis.

10 References and Associated Documentation

NHS Employers guidance

<http://www.nhsemployers.org/your-workforce/recruit/employment-checks>

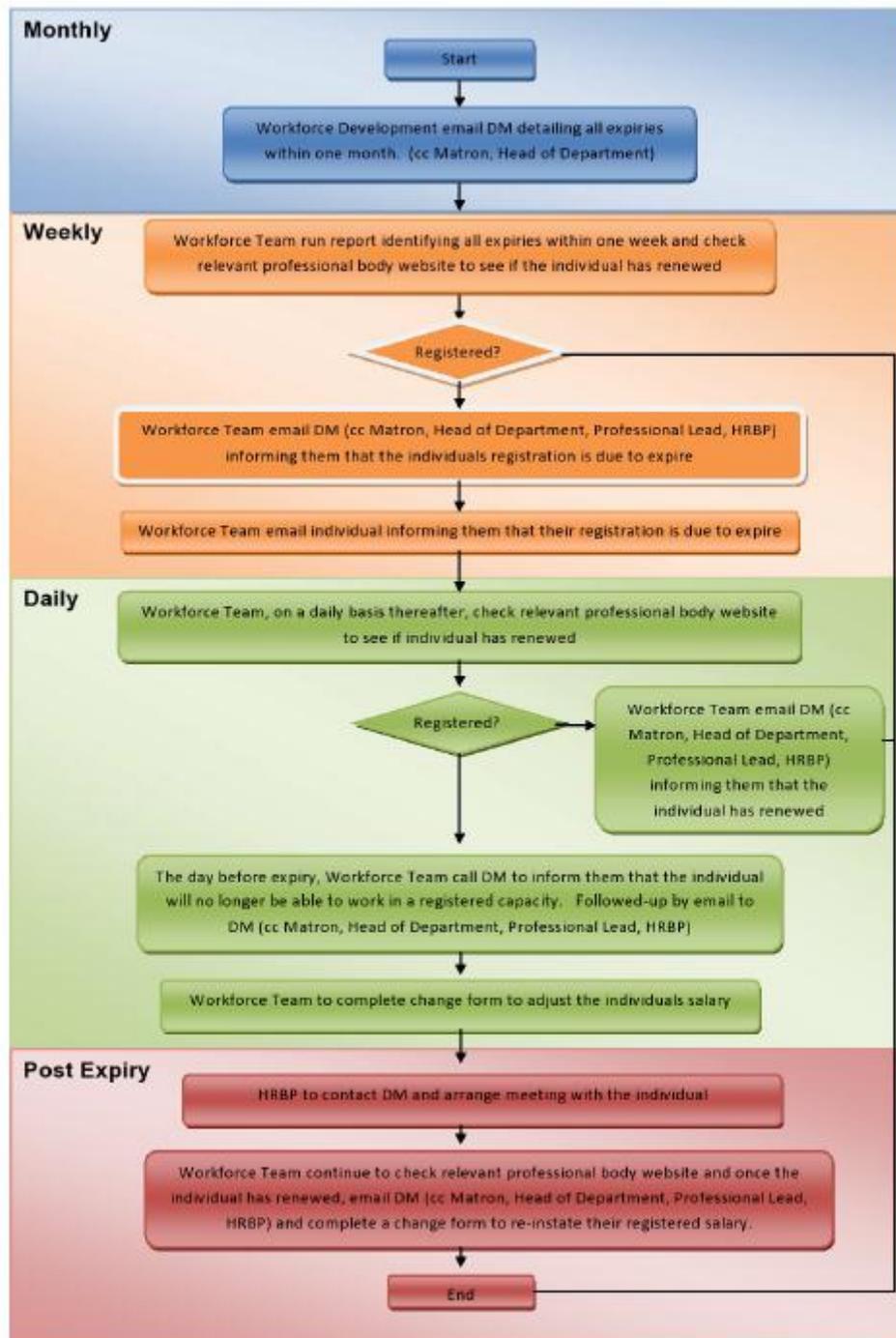
<http://www.nhsemployers.org/your-workforce/recruit/employment-checks/nhs-employment-check-standards/professional-registration-and-qualification-checks>

Core Information				
Document Title	Verification of Registration of Clinical Staff			
Date Finalised	November 2015			
Dissemination Lead	Richard Maguire			
Previous Documents				
Previous document in use?	No			
Action to retrieve old copies.	Yes			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	Y
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Y
	Does the style & format comply?	Y
Rationale	Are reasons for development of the document stated?	Y
Development Process	Is the method described in brief?	Y
	Are people involved in the development identified?	Y
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Y
	Is there evidence of consultation with stakeholders and users?	Y
Content	Is the objective of the document clear?	Y
	Is the target population clear and unambiguous?	Y
	Are the intended outcomes described?	Y
	Are the statements clear and unambiguous?	Y
Evidence Base	Is the type of evidence to support the document identified explicitly?	Y
	Are key references cited and in full?	Y
	Are supporting documents referenced?	Y
Approval	Does the document identify which committee/group will review it?	Y
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y
	Does the document identify which Executive Director will ratify it?	Y
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Y
	Does the plan include the necessary training/support to ensure compliance?	Y
Document Control	Does the document identify where it will be held?	Y
	Have archiving arrangements for superseded documents been addressed?	Y
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y
	Is there a plan to review or audit compliance with the document?	Y
Review Date	Is the review date identified?	Y
	Is the frequency of review identified? If so is it acceptable?	Y
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Y

Core Information	
Manager	Richard Maguire
Directorate	HR
Date	November 2015
Title	Verification of Registration of Clinical Staff
What are the aims, objectives & projected outcomes?	To ensure that all relevant clinical staff are appropriately qualified, registered with the relevant professional body and meet statutory registration requirements.
Scope of the assessment	
Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race.
Religion	There is no evidence to suggest there is a disproportionate impact on religion.
Disability	There is no evidence to suggest there is a disproportionate impact on disability.
Sex	There is no evidence to suggest there is a disproportionate impact on sex.
Gender Identity	There is no evidence to suggest there is a disproportionate impact on gender identity.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation.
Age	There is no evidence to suggest there is a disproportionate impact on age.
Socio-Economic	No impact.
Human Rights	No impact.
What are the overall trends/patterns in the above data?	That there are no significant impacts.
Specific issues and data gaps that may need to be addressed through consultation or further research	None.
Involving and consulting stakeholders	
Internal involvement and consultation	HR Directorate.
External involvement and consultation	NHS Employers.
Impact Assessment	

Overall assessment and analysis of the evidence				
Action Plan				
Action	Owner	Risks	Completion Date	Progress update



All staff groups

It is the statutory responsibility of all nurses and midwives, registered with the Nursing and Midwifery Council (NMC), to ensure that their registration status is valid at all times whilst they remain in practice.

Midwives

In addition to the Trust Procedures for maintaining professional registration, there is an additional responsibility to ensure a midwife is fit to practice and this check is done through the requirements of the Local Supervising Authority (LSA).

Each registered midwife will have a named Supervisor who will be additionally responsible for ensuring the professional registration of the Midwives they are responsible for. For each registrant the named supervisor of midwives will upload the data from the Notification of Intention to Practice form to the LSA database.

This database contains the registrants renewal date. At the beginning and end of each month it is the named Supervisors responsibility to check for renewal dates for their named supervisee's.

This list is then required to be checked against the NMC Confirmation Service. If the Midwife has renewed their membership this information is uploaded. If renewal is due the Supervisor will send out a reminder.

The Supervisor of Midwives will discuss, at each Supervisory review, the importance of ensuring that effective re-registration takes place. If there is likely to be a breach of confirmation, the line manager and Risk manager will be informed and the Midwife will be contacted personally. Re-registration is also checked and re-emphasized at the signing of the Intention to Practice form. All registration checks and lapses of registration will be dealt with in line with the processes within the general sections of this procedure.