Trust Policy

Verification of Registration of Clinical Staff

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>November 2015</td>
<td>6</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Production</th>
<th>Workforce Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review and approval</td>
<td>HR and Organisational Development Committee</td>
</tr>
<tr>
<td>Ratification</td>
<td>Director of HR&amp;OD</td>
</tr>
<tr>
<td>Dissemination</td>
<td>HR Business Partners</td>
</tr>
<tr>
<td>Compliance</td>
<td>HR Business Partners</td>
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</tbody>
</table>

**Links to other policies and procedures**

Recruitment and Selection SOP
Performance & Conduct Policy
Maternity Policy

**Version History**

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5.1</td>
<td>June 2011</td>
<td>Policy update</td>
</tr>
<tr>
<td>5.2</td>
<td>December 2011</td>
<td>Revision to ensure consistency with revised and amended process</td>
</tr>
<tr>
<td>5.3</td>
<td>May 2012</td>
<td>Approved by JSNC</td>
</tr>
<tr>
<td>6</td>
<td>November 2015</td>
<td>Reviewed with minor changes</td>
</tr>
</tbody>
</table>

**Last Approval**

November 2015

**Due for Review**

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_
An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>3</td>
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<td>2</td>
<td>Purpose</td>
<td>3</td>
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<tr>
<td>3</td>
<td>Definitions</td>
<td>3</td>
</tr>
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<td>4</td>
<td>Duties</td>
<td>3</td>
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<td>5</td>
<td>Key elements</td>
<td>6</td>
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<tr>
<td>6</td>
<td>Overall responsibility for the document</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>Consultation and ratification</td>
<td>10</td>
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<tr>
<td>8</td>
<td>Dissemination and implementation</td>
<td>11</td>
</tr>
<tr>
<td>9</td>
<td>Monitoring compliance and effectiveness</td>
<td>11</td>
</tr>
<tr>
<td>10</td>
<td>References and associated documentation</td>
<td>11</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
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<tr>
<td></td>
<td>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.</td>
<td></td>
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<table>
<thead>
<tr>
<th></th>
<th>Purpose, including legal or regulatory background</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>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.</td>
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<tr>
<td></td>
<td>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.</td>
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<table>
<thead>
<tr>
<th></th>
<th>Definitions</th>
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<tbody>
<tr>
<td></td>
<td>For the purposes of this procedural document, the following definitions apply:</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Duties</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Trust Board and Executive Directors</td>
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<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>
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-2\textsuperscript{nd} 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)

<table>
<thead>
<tr>
<th>Profession</th>
<th>Professional Body</th>
<th>Frequency and renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>General Medical Council</td>
<td>Annually</td>
</tr>
<tr>
<td>Nursing and Midwifery</td>
<td>Nursing and Midwifery Council</td>
<td>Annually</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 April</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 31 Oct</td>
</tr>
<tr>
<td>Speech and Language Therapists</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 Sep</td>
</tr>
<tr>
<td>Prothetist</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 Sep</td>
</tr>
<tr>
<td>Orthotist</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 Sep</td>
</tr>
<tr>
<td>Chiropodist</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 31 July</td>
</tr>
<tr>
<td>Dietician</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 June</td>
</tr>
<tr>
<td>Biomedical Scientists</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 Nov</td>
</tr>
<tr>
<td>Role</td>
<td>Professional Body</td>
<td>Frequency</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>------------------------------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>Orthoptist</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 31 Aug</td>
</tr>
<tr>
<td>Radiographer</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 28 Feb</td>
</tr>
<tr>
<td>Pharmiscits including Pharmacy Technicians</td>
<td>General Pharmaceutical Council</td>
<td>Annually / 1 Jan</td>
</tr>
<tr>
<td>Clinical Scientists</td>
<td>Health Care Professions Council</td>
<td>Every 2 years / 30 Sep</td>
</tr>
<tr>
<td>ODP / ODA</td>
<td>Health Care Professions Council</td>
<td>Every 2 years</td>
</tr>
<tr>
<td>Opticians &amp; Optometrists</td>
<td>General Optical Council</td>
<td>Annually</td>
</tr>
<tr>
<td>Dental Clinical staff</td>
<td>General Dental Council</td>
<td>Annually</td>
</tr>
</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Length of time registration lapsed</th>
<th>Proposed Disciplinary Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4 weeks</td>
<td>Registrant unaware of lapse – Conversation of Concern. Registrant aware – first formal warning.</td>
</tr>
<tr>
<td>5 – 12 weeks</td>
<td>Up to Final Formal Warning.</td>
</tr>
<tr>
<td>12 weeks +</td>
<td>Formal Conduct Hearing with outcome of anything up to and including dismissal from the Trust.</td>
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</tbody>
</table>

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
<table>
<thead>
<tr>
<th>Dissemination Plan</th>
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</thead>
<tbody>
<tr>
<td><strong>Recipient(s)</strong></td>
</tr>
<tr>
<td>All staff</td>
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<tr>
<td>Review</td>
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<td></td>
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<tr>
<td>Rationale</td>
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<tr>
<td>Development Process</td>
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<td>Evidence Base</td>
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<td>Approval</td>
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<tr>
<td>Dissemination &amp; Implementation</td>
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<tr>
<td>Document Control</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Monitoring Compliance &amp; Effectiveness</td>
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<tr>
<td></td>
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<tr>
<td>Review Date</td>
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<td></td>
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<tr>
<td>Overall Responsibility</td>
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</table>
### Core Information

<table>
<thead>
<tr>
<th>Manager</th>
<th>Richard Maguire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Directorate</td>
<td>HR</td>
</tr>
<tr>
<td>Date</td>
<td>November 2015</td>
</tr>
<tr>
<td>Title</td>
<td>Verification of Registration of Clinical Staff</td>
</tr>
<tr>
<td>What are the aims, objectives &amp; projected outcomes?</td>
<td>To ensure that all relevant clinical staff are appropriately qualified, registered with the relevant professional body and meet statutory registration requirements.</td>
</tr>
</tbody>
</table>

### Scope of the assessment

#### Collecting data

<table>
<thead>
<tr>
<th>Race</th>
<th>There is no evidence to suggest there is a disproportionate impact on race.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religion</td>
<td>There is no evidence to suggest there is a disproportionate impact on religion.</td>
</tr>
<tr>
<td>Disability</td>
<td>There is no evidence to suggest there is a disproportionate impact on disability.</td>
</tr>
<tr>
<td>Sex</td>
<td>There is no evidence to suggest there is a disproportionate impact on sex.</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>There is no evidence to suggest there is a disproportionate impact on gender identity.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>There is no evidence to suggest there is a disproportionate impact on sexual orientation.</td>
</tr>
<tr>
<td>Age</td>
<td>There is no evidence to suggest there is a disproportionate impact on age.</td>
</tr>
<tr>
<td>Socio-Economic</td>
<td>No impact.</td>
</tr>
<tr>
<td>Human Rights</td>
<td>No impact.</td>
</tr>
<tr>
<td>What are the overall trends/patterns in the above data?</td>
<td>That there are no significant impacts.</td>
</tr>
</tbody>
</table>

#### Specific issues and data gaps that may need to be addressed through consultation or further research

None.

### Involving and consulting stakeholders

<table>
<thead>
<tr>
<th>Internal involvement and consultation</th>
<th>HR Directorate.</th>
</tr>
</thead>
<tbody>
<tr>
<td>External involvement and consultation</td>
<td>NHS Employers.</td>
</tr>
</tbody>
</table>

### Impact Assessment

TRW.HUM.SOP.168.6 Verification of Registration of Clinical Staff
## Overall assessment and analysis of the evidence

<table>
<thead>
<tr>
<th>Action</th>
<th>Owner</th>
<th>Risks</th>
<th>Completion Date</th>
<th>Progress update</th>
</tr>
</thead>
</table>

TRW.HUM.SOP.168.6 Verification of Registration of Clinical Staff
Verification of Registration of Clinical Staff

**Appendix 4**

**Monthly**
- Start
- Workforce Development email DM detailing all expiries within one month (cc Matron, Head of Department)

**Weekly**
- Workforce Team run report identifying all expiries within one week and check relevant professional body website to see if the individual has renewed
- Registered?
  - Workforce Team email DM (cc Matron, Head of Department, Professional Lead, HRP) informing them that the individual registration is due to expire
  - Workforce Team email individual informing them that their registration is due to expire

**Daily**
- Workforce Team, on a daily basis thereafter, check relevant professional body website to see if individual has renewed
- Registered?
  - Workforce Team email DM (cc Matron, Head of Department, Professional Lead, HRP) informing them that the individual has renewed
  - The day before expiry, Workforce Team call DM to inform them that the individual will no longer be able to work in a registered capacity. Followed-up by email to DM (cc Matron, Head of Department, Professional Lead, HRP)
  - Workforce Team to complete change form to adjust the individual's salary

**Post Expiry**
- HRP to contact DM and arrange meeting with the individual
- Workforce Team continue to check relevant professional body website and once the individual has renewed, email DM (cc Matron, Head of Department, Professional Lead, HRP) and complete a change form to re-initiate their registered salary.
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.