

## PROFESSIONAL REGISTRATION & NMC REVALIDATION POLICY

<b>POLICY REFERENCE NUMBER:</b>	CLP57
<b>VERSION NUMBER:</b>	2
<b>KEY CHANGES FROM PREVIOUS VERSION</b>	3 year review – no significant changes to Policy
<b>AUTHOR:</b>	Assistant Director, Quality and Practice
<b>CONSULTATION GROUPS:</b>	Operational Service Leads, Heads of Workforce and HR, Professional Leads
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<b>POLICY SUMMARY</b>
<p>This policy sets out the principles to be followed in order that professional staff in the Trust are appropriately registered with the relevant body and aims to maintain competencies to enable revalidation through lifelong learning.</p> <p>The procedure complies with CQC registration requirements and Risk Management Standards.</p>
<b>The Trust monitors the implementation of and compliance with this policy in the following ways;</b>

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is the Executive Director of Nursing**

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SAMPLE ONLY

**PROFESSIONAL REGISTRATION & NMC REVALIDATION POLICY**

**1.0 INTRODUCTION**

- 1.1 The purpose of this policy is to ensure that all professionally qualified practitioners, except medical staff (as they are subject to a separate policy) employed by the Trust maintain their professional registration. It should be read in conjunction with the Professional Registration and NMC Revalidation Procedure.
- 1.2 Unless clinical practitioners are registered with the relevant Professional Body, they will not be able to practise within the Trust (see also the Recruitment and Retention Policy).
- 1.3 Where a lapse in registration has occurred, the line manager or Professional Lead will investigate the situation immediately. Failure to maintain registration is a breach of contract terms and could result in action up to and including dismissal being taken under the Trust's Disciplinary (Conduct) Policy and Procedure.
- 1.4 All information and documentation will be held in accordance with the General Data Protection Regulation (2016) and the Trust's Record Management Policy

**2.0 SCOPE**

- 2.1 This policy applies to all registered practitioners within the Trust, including Trust employees, bank and agency workers. This includes individuals registered by:
  - a) Nursing & Midwifery Council (NMC)
  - b) General Medical Council (GMC)
  - c) Health Professions Council (HCPC)
  - d) General Pharmaceutical Council (GPhC)
- 2.2 This policy also applies to newly qualified employees, awaiting formal registration with the relevant Professional Body.
- 2.3 This policy also applies to employees who are required to be registered with a professional or trade body as condition of employment, including where this may not also be a legal requirement.
- 2.4 Employees may wish to retain their professional registration if they move into a role where this is no longer either a professional or Trust requirement. Such employees can voluntarily be monitored under this policy and procedure and should contact the HR department for inclusion in monitoring activities. The procedure will only apply as a form of reminding the employee that renewal of registration is due.

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### 3.0 RESPONSIBILITIES

- 3.1 It is ultimately the responsibility of the employee to ensure that they maintain their professional registration and revalidate (where appropriate) in accordance with the requirements of their professional body, the Trust and the requirements of the role. All professionally qualified practitioners must provide evidence of their professional registration, and ensure that at all times they are appropriately registered for the post for which they are employed. This is also a requirement of their contract of employment.
- 3.2 It is the responsibility of line managers to inform HR of any requirement for an employee to be registered with a professional or trade body, regardless of whether this is a legal requirement.
- 3.3 The implementation of this policy is the responsibility of the Professional Leads within the Trust:
- 3.3.1 Professional Leads have an additional responsibility regarding registration of professional workers. The outcome of a conduct or capability hearing, against a worker with professional registration, will be referred to the relevant professional lead that will make a decision, on a case by case assessment, as to whether the matter should be referred to the professional body.
- 3.4 The Recruitment and Medical Staffing Team are responsible for checking professional registration directly with the relevant professional body, at initial appointment, for all permanent staff in line with the Trust Recruitment and Retention policy and Procedure.
- 3.5 The Human Resources department are responsible for checking professional registration directly with the relevant professional body, for all permanent staff in line with each individual professional group's requirements of the Trusts requirements.
- 3.6 The Bank Office is responsible for checking professional registration directly with the relevant professional body for all agency workers before they commence their first shift.

### 4.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

- 4.1 The workforce directorate will produce a regular report on the first working day of each month detailing registrations that are due to expire in the following three months. This report will be forwarded to the HR Department and Medical Staffing teams.
- 4.2 An email will be sent in advance to any employee whose registration is due to expire. The email will advise them to contact their professional body to facilitate a renewal of their registration. The email will also advise them of what may happen if they allow their registration to lapse.

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- 4.3 The HR department will remind employees that have not provided registration details when expiry is within two weeks and will also make their line manager aware.
- 4.4 Statistics showing the numbers of renewals due and whether any are outstanding are reported routinely to the HR Senior Management Team.
- 4.5 An audit of implementation will be undertaken, as a minimum of every 3 years by the HR Department to ensure the policy and procedure are being abided by. This will include as a minimum auditing roles and responsibilities, process for checking registration (initial and renewal) for both permanent and agency workers and process for following up those who fail to maintain registration.
- 4.6 Results will be presented to the Clinical Governance & Quality Sub-committee and HR Senior Management Team and escalated to the Executive Team should there be any concerns.

### **5.0 NURSING REVALIDATION**

- 5.1 Since April 2016 all registered nurses have been required to declare their intention to practice, every 3 years, following the process for revalidation.
- 5.2 All registrants will be required to meet the criteria as set out in the Professional Registration and Revalidation Procedure with regard to revalidation and to include these requirements within their professional portfolio. It is recommended that nursing staff maintain an electronic record of their evidence to enable submission to the NMC should this be required.
- 5.3 EPUT staff are permitted to act as confirmer for agency staff who have undertaken long term placements within EPUT.

### **6.0 POLICY REFERENCES**

- General Data Protection Regulation (2016)
- Assessment and investigation of fitness to practise referrals to the NMC
- Professional Registration
  - NMC
  - GMC
  - HCPC
  - GPhC

### **7.0 REFERENCE TO OTHER TRUST POLICIES AND PROCEDURES**

This policy should be used in conjunction with the following Trust policies and procedures:

- Training and Study Leave
- Supervision & Appraisal
- Equality, Diversity & Human Rights
- Recruitment & Selection
- Conduct & Capability
- Records Management Policy

**END**