

Professional Registration Policy

Version 2.0

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Supersedes	Professional Registration Policy V1.0

Summary of Key Changes since Last Approved Version:

- *Updating of terminology. Inclusion of HCPC process for re-validation and lapses.*

Policy Summary

Summary & Aim

To advise and inform Trust staff of maintaining professional registrations.

Applicable to:

For all employees required to have a professional registration(s)

Training:

Human Resources and Senior Managers across the Trust will be responsible for training and education relating to compliance with this policy and procedures in the event that an individual need arises.

CONTENTS

SECTION 1 – INTRODUCTION	4
1.1 Policy Statement and Rationale	4
1.2 Key Principles	4
1.3 Definitions	4
1.4 Key Related Policies	4
SECTION 2 – DUTIES AND RESPONSIBILITIES	4
SECTION 3 – POLICY DETAILS	5
3.1 Referring to Professional Bodies	5
3.2 Professional Registration Responsibilities	5
3.2.1 Employee Duties and Responsibilities	5
3.2.2 Manager Duties and Responsibilities	5
3.2.3 HR Duties and Responsibilities	5
3.2.4 Trust Duties and Responsibilities	5
3.2.5 Trust Duties and Responsibilities during Employment Nursing/Midwifery and Medical/ Dental Staff – Renewal Process (Excluding AHP HCPC Registrants)	6
3.3 Lapsed Professional Registration	7
3.4 Professional Revalidation	7
3.4.1 Registered Nurses, Nursing Associates and Registered Midwives	7
3.4.2 Medical Staff	7
3.4.3 HCPC Registrants	8
3.4.4 Audit process outcome	8
SECTION 4 – TRAINING AND EDUCATION	8
SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION	8
SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS	9
SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS	9
SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES	9
APPENDIX 1: PROFESSIONS REQUIRING REGISTRATION WITH A PROFESSIONAL BODY	10
DOCUMENT CONTROL	11

SECTION 1 – INTRODUCTION

1.1 Policy Statement and Rationale

East Suffolk and North Essex NHS Foundation Trust is committed to ensuring all professional staff who wish to practice are registered / enrolled with their professional body and re-registered at regular intervals. Failure to maintain professional registration places the patient, individual, the Trust and professional colleagues at risk. The Trust must not knowingly allow anyone to practice without ensuring they are currently registered.

1.2 Key Principles

- All staff including applicants will be dealt with in a fair and consistent manner
- Relevant legislation, professional bodies, procedures will be adhered to
- All professional registration checks will be undertaken in a timely manner
- If a request for information is received from a professional regulatory body, in relation a staff member, the Trust will inform the staff member of the request unless there is a legitimate reason not to do so.

1.3 Definitions

Term	Definition
ESR	Employee Staff Record
GMC	General Medical Council
GDC	General Dental Council
HCPC	Health and Care Professional Council
AHP	Allied Health Professional
HR	Human Resources
NMC	Nursing and Midwifery Council
SPF	Staff Partnership Forum

1.4 Key Related Policies

- Disciplinary Policy and General Rules of Conduct
- Recruitment & Selection Policy
- Leave Policy
- Medical Appraisal and Revalidation Policy
- Nursing and Midwifery Revalidation Policy
- Recruitment and Selection Policy

SECTION 2 – DUTIES AND RESPONSIBILITIES

- 2.1** The Director of People and Organisational Development has overall responsibility for this Policy. The Deputy Director of People and Organisational Development is responsible for monitoring compliance and effectiveness. The Head of Employee Relations is the Responsible Officer for this Policy.
- 2.2** Directors and managers at all levels are responsible for managing this policy for all staff under their direct line management.
- 2.3** As a member of a professional body, the primary responsibility for professional Registration rests with the individual practitioner.

SECTION 3 – POLICY DETAILS

3.1 Referring to Professional Bodies

- 3.1.1 There may be occasions when an employee's performance or conduct warrants an external review in which case a referral to their professional body may be necessary. The employee will be made aware of the referral and provide a copy of the referral document, unless there is a legitimate reason not to do so. Referrals are to be made in accordance with the relevant Professional Body, via their website. Staff should be supported through referral to Wellbeing and signposting to their Trade Union.
- 3.1.2 The Deputy Chief Nurse or Director of AHP's and the Trust's Responsible Officer (for referral to the GMC) have overall responsibility for the sign off for all referrals to professional bodies on behalf of the Chief Nurse and the Trust. The Head of Employee Relations is to be notified when a member of staff has been referred to their professional body.
- 3.1.3 Where a registered staff member is either recruited with restrictions or a restriction is applied following a referral, the Divisional Associate Director of Nursing or Divisional Director ensure a management plan is in place and will inform their executive lead or the Trust's Responsible Officer

3.2 Professional Registration Responsibilities

3.2.1 Employee Duties and Responsibilities

As a member of a professional body, the primary responsibility rests with the individual practitioner:

- To register and re-register with the appropriate professional body and pay appropriate fees
- Keep the documentation relating to registration/re-registration in a safe place.
- Produce this documentation when requested by the appropriate manager, Human Resources or any other appropriate person
- Keep the relevant professional body informed of any changes in circumstances e.g. change of name, address, status etc. so that all records are up to date and routine renewal advice is received.
- Inform the Trust of any disruption or changes to his/her registration. This should include any changes to DBS status.

3.2.2 Manager Duties and Responsibilities

To monitor the registrations for staff registered with a professional body i.e. NMC, HCPC, and other staff groups identify whose registration is due for renewal within the next 90 days.

To check with the appropriate professional body that registration has been renewed for each member of staff within their area of responsibility, prior to expiry of the end of their current registration period

To take appropriate action to manage any lapses in registration as detailed in below paragraph 4.0

3.2.3 HR Duties and Responsibilities

To support managers in dealing with any cases that Breach and may require formal Action.

3.2.4 Trust Duties and Responsibilities

Medical and Dental Staff

The Medical Staffing Department are responsible for administering the appointment process for all medical and dental staff including verifying registration with the General Medical Council (GMC) and General Dental Council (GDC) .

All Professional Staff Groups

The Recruitment Team are responsible for administering the appointment process, as part of the pre-employment checks. This includes verifying registration with the professional bodies listed in Appendix A.

3.2.5 Trust Duties and Responsibilities during Employment Nursing/Midwifery and Medical/Dental Staff – Renewal Process (Excluding AHP HCPC Registrants)

Employees will receive automated reminders from the Revalidation Support Team at **90, 60 and 30 day intervals** identifying staff in their area whose registration is due for renewal.

At **15 days** the Revalidation Team will email line managers and individuals.

If no engagement has been received, then the revalidation team email the Deputy Chief Nurse 5 days prior to the renewal date for escalation.

Managers should then check with the appropriate professional body that registration has been renewed for each member of staff within their area of responsibility.

Those Employees with 15 days' notice of Professional Lapse, are to inform their manager when they have renewed

3.2.6 Trust Duties and Responsibilities during Employment - Allied Health Professional HCPC Registrants - Renewal Process (Excluding Nursing/Midwifery and Medical/Dental Staff)

Automated email is sent to the employee at 90 days, 60 days and 30 days prior to registration expiry as a reminder to process their renewal.

Managers are to proactively monitor this notification to ensure compliance

At 30 days prior to expiry, the Help Desk will make contact with the employee to advise that their registration is due for renewal.

At 15 days the Help Desk will email line manager and individuals.

The 15 day notification is also to be sent to the Director of Allied Health Professional for oversight.

If no engagement has been received, then the Help Desk will email the Deputy Chief Nurse and Director of Allied Health Professional, 5 days prior to the renewal date for escalation.

3.2.7 Temporary Staffing

Under the Code of Practice, NHS Professionals and approved agencies are committed to ensure that all agency staff offered to the Trust have the appropriate registration to enable them to carry out the duties required to undertake the placement. The documentation supplied by NHS Professionals whether from their own bank or the agencies states that the

appropriate registration has been checked as part of the recruitment process and again at the renewal stage.

Temporary staff employed directly by the Trust will have their registration checked in the same way as substantive staff

3.3 Lapsed Professional Registration

3.3.1 Any professional practitioner whose registration has lapsed will not be eligible for substantive and or temporary employment in roles requiring registration to a professional body.

3.3.2 Where a member of staff has allowed their registration to lapse by failure to renew their registration, the following actions must be taken:

The employee must be advised by their Line Manager to contact the Registration Department of the appropriate professional body immediately. They may be advised to present themselves to the registering body to hasten the process.

Until an employee's registration has been reinstated they cannot undertake the duties and responsibilities of a registered practitioner and should be placed on unpaid or annual leave.

The employee can discuss with their line manager and choose to remain at work and undertake **non-clinical (i.e. administrative) duties**, at the pay band in accordance with that role, until their registration has been reinstated. In this circumstance, the line manager is responsible for ensuring that a Change of Circumstances form is completed.

For medical staff, the Medical Staffing Department will report the lapse in registration to the Director of Medical Education for Doctors in training and the Chief Medical Officer for Consultants and non-Consultant career grades.

3.4 Professional Revalidation

3.4.1 Registered Nurses, Nursing Associates and Registered Midwives

All Nurses, Nursing Associates and Midwives must carry out revalidation to maintain their registration with the NMC, this is a continuous process that a registrant will engage in throughout their career. Whilst registration is an annual process every three years a registrant is required to go through a revalidation process in order to maintain their registration with the NMC. For further details please refer to the Nursing and Midwifery Revalidation Policy.

3.4.2 Medical Staff

Revalidation is the process by which licensed doctors demonstrate to the GMC that they are fit to practice. The cornerstone of the revalidation process is that doctors will participate in annual medical appraisal. On the basis of this and other information available to the Responsible Officer from local clinical governance Systems, the Responsible Officer will make a recommendation to the GMC, normally every five years, about the doctor's revalidation. The GMC will consider the Responsible Officer's recommendation and decide whether to renew the doctor's license to practice. For further details please refer to the Medical Appraisal and Revalidation Policy.

3.4.3 HCPC Registrants

Each time HCPC registrants renew their registration, they are asked to sign a form to confirm they continue to meet the HCPC's standards, including CPD. During each renewal HCPC randomly select 2.5 per cent of each profession and ask them to submit their CPD profile.

Registrants selected for audit will be notified by HCPC via email within **10 working days** of the renewal window opening.

Those selected for audit will need to:

- Inform their line manager they have been selected to ensure support is in place
- Renew their registration and pay the registration fee (as normally would)
- Submit a CPD profile by the deadline, which shows the activities they have undertaken since last renewal.
- Provide supporting evidence that shows their CPD meets the standards, including a dated list to help the assessors identify any gaps of more than three consecutive months which have not been accounted for

3.4.4 Audit process outcome

Once the audit process is completed, the registrants need to inform their line manager of the outcome.

In cases where registrants fail to provide a CPD profile within the allowed timeframe, or if a submitted CPD profile is rejected, registrants are given notice that they will be removed from the Register in 28 days.

SECTION 4 – TRAINING AND EDUCATION

- 4.1 Human Resources and Senior Managers across the Trust will be responsible for training and education relating to compliance with this policy and procedures in the event that an individual need arises.

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

- 5.1 This policy has been written in accordance with the terms of the Development and Management of Trustwide Procedural Documents Policy and has involved the following who will lead on its implementation within the Trust:
- Director of People & Organisational Development
 - Deputy Director of People & Organisational Development
 - Head of Employee Relations
 - Chief Nurse, Director of AHPs, Medical Director and the Trust's Responsible Officer
- 5.2 Advice was sought from the Local Counter Fraud Specialist
- 5.3 This document was submitted to the Trust's Staff Partnership Forum, Policy Sub Group and Joint Union Committee

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

- 6.1** Monitoring compliance with and effectiveness of this document will be monitored annually by the Deputy Director of People & Organisational Development by case review and feedback from Trust staff involved in managing the policy and procedures. Remedial action for non-compliance with the policy and procedures will be the responsibility of the Division/Line Managers.
- 6.2** This document will be reviewed by the Director of People & Organisational Development (or nominated deputy) and the Policy Sub Group of the Staff Partnership Forum three years from the date of ratification, unless any change is required due to changes in legislation or case law or any other reason.

SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS

- 7.1** Once ratified by EMC, the Responsible Officer will forward this document to the Information Governance Department for a document index registration number to be assigned and for the document to be recorded onto the central hospital master index and central document library of current documentation.
- 7.2** In order that this document adheres to the Hospital's Records Management Policy, the Information Governance Department will:
- Ensure that the most up-to-date version of this document is stored on the documentation library.
 - Archive previous versions of this document.
 - Retain previous versions of this guideline for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES

- 8.1** This document will support the Trust's compliance with its legal obligations as set out in the following:
- Employment Act 2002
 - Employment Rights Act 1996
 - Equality Act 2010
 - Professional Regulatory Bodies e.g. NMC, GMC, HCPC
 - Data Protection Act

APPENDIX 1: PROFESSIONS REQUIRING REGISTRATION WITH A PROFESSIONAL BODY

PROFESSION	PROFESSIONAL BODY	FREQUENCY OF RENEWALS
Doctors	General Medical Council	Annual or quarterly
Nurses/Midwives/Nursing Associates	Nursing & Midwifery Council	Annual (3 Year Revalidation Process)
Pharmacists	Royal Pharmaceutical Society	Annual
*Arts Therapist	Health and Care Professions Council (HCPC)	Every 2 Years
Biomedical Scientist	HCPC	Every 2 Years
*Chiropodist	HCPC	Every 2 Years
Podiatrist	HCPC	Every 2 Years
Clinical Scientist	HCPC	Every 2 Years
Dentists, Dental Nurses/Technicians	GDC	Every 2 Years
Dietitian	HCPC	Every 2 Years
Occupational Therapist	HCPC	Every 2 Years
Operating Department Practitioner	HCPC	Every 2 Years
Optometrists and Dispensing Opticians	General Optical Council	Annual
Orthoptist	HCPC	Every 2 years
*Paramedic	HCPC	Every 2 Years
Advanced Paramedics	HCPC	Every 2 Years
Physiotherapist	HCPC	Every 2 Years
Radiographer	HCPC	Every 2 Years
Speech & Language Therapist	HCPC	Every 2 Years
Prosthetics & Orthotist	HCPC	Every 2 Years

DOCUMENT CONTROL

Archive date i.e. date guideline no longer in force	<i>To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.</i>
Date document to be destroyed i.e. 25 years after archive date	<i>To be inserted Information Governance Department when this document superseded</i>

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Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for Trust -wide issues) or Division/ Departmental Management Team (for Division or Departmental specific issues). Any requests to share this document must be directed in the first instance to the Director of Human Resources.

For further advice see the [Development and Management of Trustwide Procedural Documents Policy](#)