

Professional Registration Policy and Procedure

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1 Introduction

Professional regulation is intended to protect the public, making sure that those who practice in a particular health care profession can do so safely. Registration with a relevant professional body provides an employer with the necessary assurance that a person is committed to providing high standards of care.

1.1 Why we need this Policy and Procedure

To demonstrate adherence to the required standards outlined within the NHS Employers Employment Check Standards – Professional Registration and Qualification Checks and the requirements of the CQC to ensure that all statutorily professionally registered staff have their registration both verified at recruitment and throughout employment with their appropriate regulatory bodies.

1.2 Purpose

The purpose of this Policy and Procedure is to:

- Outline the principles of professional regulation that will be used for public protection within employment processes in the Trust.
- Overview the procedures for confirmation of statutory professional registration on appointment to post and for ongoing verification of registration throughout employment within the Trust.
- Outline the procedures for management of employees unable to verify the ongoing registration as required by their employment with the Trust.

1.3 Objectives

The objective of this Policy and Procedure is to ensure that all staff understand:

- The principles of professional regulation that will be used for public protection within employment processes in the Trust.
- Procedures for confirmation of statutory professional registration on appointment to post and for ongoing verification of registration throughout employment within the Trust.
- Procedures for management of employees unable to verify the ongoing registration as required by their employment with the Trust.

2 Scope

2.1 Who this Policy and Procedure applies to

This Policy and Procedure applies to all employees of the Trust, including temporary and bank staff, locums, contractors and volunteers who require to be registered with any of the following regulatory bodies to practice:

- General Medical Council (GMC)
- Nursing and Midwifery Council (NMC)
- Health and Care Professions Council (HCPC)
- General Pharmaceutical Council (GPhC)

2.2 Roles and responsibilities

Role	Responsibility
Trust Board, Director of Human Resources and Organisational Development, & Director of Therapies	<ul style="list-style-type: none"> • Implementing, monitoring and reviewing this policy and procedure
Professional Heads, Heads of Service, Heads of Nursing, Managers and Supervisors	<ul style="list-style-type: none"> • Ensuring that regulation and registration requirements are defined within the essential specifications of the post job description • Ensuring this policy is implemented and monitored within their area of responsibility • Ensuring that there are robust local systems in place in all operational areas to support the effective maintenance and management of active registration by every employee who is required to be registered (registrants) including maintaining up to date knowledge of current registration status of their registrant employees • Ensuring direct line managers take appropriate action to manage registrants where their active registration has lapsed, where they are unable to renew registration or where there are concerns regarding maintenance or renewal of registration
Human Resources and Medical Development	<ul style="list-style-type: none"> • Verifying registration status as part of the pre-employment checks undertaken prior to commencement of employment • Maintaining an accurate database of professional registration details and expiry dates • Implementing a robust system to inform managers and employees when a registration is due to expire and verifying registration has been renewed as required

	<ul style="list-style-type: none"> • If there appears to be a discrepancy, liaising with the line manager to discuss the issue as soon as practicable
<p>All Trust staff including temporary, permanent, bank and agency (if applicable) and Medical Staff (if applicable)</p>	<ul style="list-style-type: none"> • Holding a valid registration in line with their contract of employment and the terms of their regulatory or registration body • Maintaining standards of practice, behaviour and ethics set by their regulatory or registration body (compliance with these standards will be monitored within the Trust's supervision, performance appraisal and personal development planning frameworks) • Complying with any management or professional regulatory body actions in relation to verification and maintenance of required valid registration • Immediately notifying their line manager if there is any impediment to maintenance or renewal of their registration or where they have allowed valid registration to lapse for whatever reason

3 Policy and Procedure

3.1 Pre-employment checks relating to appointment of registered healthcare workers

3.1.1 Recognition of qualifications

Prospective employees from the UK who have completed professional qualifications in the UK and are registered with one of the UK statutory regulators are entitled to automatic recognition of their qualifications.

Those prospective employees from within the European Economic Authority (EEA) who have employment rights in the UK and who are doctors, dentists, general care nurses, midwives, allied health therapists and pharmacists are entitled to automatic recognition of professional qualifications they have completed where those qualifications meet the agreed minimum EEA training standards for that profession. The UK statutory regulators have reciprocal agreements in place within the EEA and will recognise those qualifications to give statutory registration.

In nursing there are no mental health (MH) or learning disability (LD) specialist professional qualifications within the EEA (outside the UK) and the general care nursing professional qualifications gained by those prospective nursing employees from within the EEA will entitle them to registration on the general adult parts of the UK NMC Nursing register, provided those qualifications meet the agreed minimum EEA training standards for that profession.

Where those prospective nursing employees are being considered for specialist MH or LD posts the appointing manager must verify practice competence by either proof of recent and appropriate specialist practice (normally considered to be 3 of the preceding 5 years) or by proof of post basic qualification. Advice from professional heads should contribute to an individual case assessment where required.

Copies of all certificates/documents validating the appropriate professional qualifications, that would provide eligibility for statutory registration, must be available at the recruitment interview with originals sighted and verified by the appointing manager as part of the appointment procedure. Copies must be retained and placed on the employee's personal file by the appointing manager.

For overseas professionals (non EEA) working within the statutory regulation groups and those who have been out of professional practice for pre-specified lengths of time, there are specific procedures which must be followed as coordinated by the appointing manager in liaison with the appropriate Professional Head (See Appendix 1-4).

3.1.2 Knowledge of English

The statutory regulatory bodies have separate procedures for confirming English language competency for overseas (non EEA) applicants for registration.

The statutory regulatory bodies are not permitted to require EEA nationals to pass a test of English language knowledge in order to recognise their registration. The GMC does require EEA nationals to pass an English language test before granting registration, this is called the International English Language Test (IELT).

If the Trust requires English language capability for registrant posts, the Trust will therefore include knowledge of and demonstration of ability to communicate in the English language as an essential specification for all the posts where statutory registration is required. It is the responsibility of the appointing manager to ensure that the necessary standards can be met.

3.1.3 Confirmation of registration as part of recruitment process

Each statutory regulatory body has their own system in place for confirming that the prospective employee is registered on the professional register and what their status is on the register (See Appendix 1-4).

The Trust is responsible for ensuring all new employees who require registration to practice by a regulatory body have appropriate and current registration prior to the commencement of their employment with the Trust.

As part of the pre-employment recruitment process prior to the commencement of employment, the Human Resources Department or Medical Development Department (for Medical Staff), will verify the professional registration details and registrant numbers provided by the applicant.

3.2 Maintenance of registration throughout employment

Regulatory bodies require their registrants to maintain active membership of the professional register usually with a periodic re-registration procedure (See Appendix 1-4).

It is the responsibility of each Director to ensure there are directorate systems in place that would support and monitor the effective maintenance of active registration by registrants.

All registrants are personally responsible for taking appropriate actions to maintain their active registration, through compliance with regulatory standards, completing professional practice and development requirements and submitting administrative information and payment in a timely manner to their professional regulatory body. They should provide their line manager with documentary proof of registration maintenance as required or inform their line manager immediately of any impediment to the maintenance of their active registration.

Medical Development will ensure a system is in place to monitor the active registration of medical staff. The process will also include the Medical Development department verifying registration with the GMC website.

Heads of Service and Associate Directors will be prompted by the Human Resources Department mid-month, on a monthly basis, which of their registrant employees are due to re-register.

Heads of Service and Associate Directors are responsible for ensuring that local robust monitoring procedures are in operation to ensure re-registration has taken place. A copy of the registration will be maintained on the personnel file.

The Human Resources Assurance team will implement systems to ensure verification of registration both on appointment and throughout employment; they will ensure an effective monitoring system is in place to verify that re-registration has taken place.

3.3 Professional Registration database and on-going professional registration checks

Human Resources will maintain an accurate database (ESR) of professional registration details (regulatory/registration body, registration number, date of renewal) for each applicable non-medical registrant. Medical Development will maintain an accurate database (ESR) of medical registrants.

From their database of professional registration details the Human Resources Assurance team will inform the appropriate Head of Nursing when registration is due for renewal on a monthly basis.

The GMC allows a three month 'grace' period for Doctor's to renew their registration. If the Doctor fails to renew their registration following reminders this is then reported to the Clinical Director. All GMC registrations are linked into the ESR system which will show when a Doctor has renewed.

Registration details for newly recruited and newly registered employees will be entered onto ESR as part of the appointment procedure by Human Resources or Medical Development.

3.4 Failure to maintain registration

3.4.1 Reasons for lapses

A registrant employee may fail to maintain registration due to:

- Being unable to meet the ongoing registration requirements (See Appendix 1-4)
- Not completing the re-registration procedures in place with the regulatory or registration body
- Non-payment of registration or retention fees
- The professional body's own complaints and referrals procedures resulting in refusal to re-register or suspension or removal from the regulatory body's database

3.4.2 Actions in lapsed registration

If a line manager, the Human Resources department or the Medical Development department becomes aware of any registrant where their registration has lapsed they must directly inform:

- The appropriate Head of Service / Head of Nursing
- The Professional Head

For medical employees - if a second reminder letter fails to generate the submission of a valid registration certificate, the Medical Director and appropriate Clinical Director will be informed. The Medical Director, in conjunction with the Clinical Director, will make arrangements to meet with the individual as soon as possible and agree an appropriate action plan in line with GMC standards.

For all other registrant employees - once the line manager is aware that registration has lapsed/is not able to be maintained through re-registration, arrangements will be made to meet with the registrant as soon as possible to discuss the situation and establish the facts of the registration lapse.

- In circumstances where the registrant is working and it is demonstrated they have failed in their responsibilities to maintain active registration, that registrant has made themselves unavailable for work in the post to which they were appointed. The line manager will therefore suspend the individual on nil pay until confirmation of re-registration.
- Nil pay will apply from the date of registration lapse and all terms and conditions will be reinstated from the date of re-registration once verification of that active registration is produced.
- In circumstances where the individual is absent from work due to sickness or other employment procedures, the line manager will complete an individual case assessment and case management plan in liaison with the professional head.
- All discussions will be documented and will include the action to be taken to ensure renewal of registration (See Appendix 5). A file note will be made in the registered employee's personnel file and a copy of the action plan forwarded to the HR Assurance Team, professional head and Payroll to make any necessary salary adjustments.
- Some cases may require additional referral to the Trust disciplinary or capability policies and procedures. All regulatory bodies have appropriate mechanisms in place to investigate further any concerns regarding a registrant's conduct, fitness to practice and competence that may affect registration status.

4 Definitions

Term	Definition
Statutory Regulation	All the statutory systems that are used to assure the public that certain health and social care workers are appropriately educated and working to set standards of practice, behaviour and ethics with clear systems of accountability to the public.
Statutory Regulatory Body	The statutory organisation that holds the register of health or social care workers, sets and monitors both the requirements for entry to the register and the standards for practice, behaviour and ethics for those registered. A regulatory body has systems in place for the receipt and process of complaints about those registered.
Professional Registration	The confirmation of appropriate eligibility to practice within the framework of the relevant statutory regulatory body
Professional Register	The list of people who meet the relevant statutory regulatory body requirements for registration – known as registrants.
General Medical Council (GMC)	Helps to protect patients and improve medical education and practice in the UK by setting standards for students and doctors, supporting them in achieving and exceeding those standards, and take action when they are not met.
Nursing and Midwifery Council (NMC)	<p>Regulates nurses and midwives in England, Wales, Scotland and Northern Ireland, existing to protect the public. The NMC set standards of education, training, conduct and performance so that nurses and midwives can deliver high quality healthcare throughout their careers.</p> <p>The NMC make sure that nurses and midwives keep their skills and knowledge up to date and uphold their professional standards, and have clear and transparent processes to investigate nurses and midwives who fall short of their standards. They maintain a register of nurses and midwives allowed to practice in the UK.</p>
Health and Care Professions Council (HCPC)	A regulator set up to protect the public, keeping a register of health and care professionals who meet HCPC standards for their training, professional skills, behavior and health.
General Pharmaceutical Council (GPhC)	<p>The independent regulator for pharmacists, pharmacy technicians and pharmacy premises in Great Britain. It is their job to protect, promote and maintain the health, safety and wellbeing of members of the public by upholding standards and public trust in pharmacy.</p> <p>GPhC principal functions include:</p>

- | | |
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| | <ul style="list-style-type: none"> • approving qualifications for pharmacists and pharmacy technicians and accrediting education and training providers; • maintaining a register of pharmacists, pharmacy technicians and pharmacy premises; • setting standards for conduct, ethics, proficiency, education and training, and continuing professional development (CPD); • establishing and promoting standards for the safe and effective practice of pharmacy at registered pharmacies; • establishing fitness to practice requirements, monitoring pharmacy professionals' fitness to practice and dealing fairly and proportionately with complaints and concerns. |
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5 Related documents

- [TEWV Recruitment and Selection Policy](#)
- [TEWV Disciplinary Procedure](#)

6 References

- NHS Employers Employment Check Standards www.nhsemployers.org/your-workforce/recruit/employment-checks/professional-registration-and-qualification-checks
- General Medical Council (GMC) www.gmc-uk.org.uk
- Nursing & Midwifery Council (NMC) www.nmc.org.uk
- Health & Care Professions Council (HCPC) www.hcpc-uk.org
- General Pharmaceutical Council (GPhC) www.pharmacyregulation.org

7 Document control

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Lead:	Name	Title
	Callum Smith	Acting HR Manager
Members of working party:	Name	Title
This document has been agreed and accepted by: (Director)	Name	Title
	David Levy	Director of HR
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Change record

Version	Date	Amendment details	Status
6	14 Feb 2018	Review of Section 2.2 Roles and Responsibilities	Withdrawn
6.1	21 Jun 2018	Review of Appendix 4 Procedure for Pharmacy employees registered with the General Pharmaceutical Council (GPhC)	Published
6.1	18 Jun 2020	Review dated extended from 01 Nov 2020 to 01 May 2021	Published
6.1	May 2021	Review date extended to 01 October 2021	Published
6.1	Oct 2021	Review date extended to January 2022	Published
6.1	Jan 2022	Review date extended to 31 Mar 2022	Published

8 Appendix

8.1 Appendix 1 – Procedure for medical employees registered with the General Medical Council (GMC)

The professional lead for medical staff is the Medical Director or in their absence, the Deputy Medical Directors.

Contact details for registration enquiries

General Medical Council
3 Hardman Street
Manchester
M3 3AW

Tel: 0161 923 6602

e-mail: gmc@gmc-uk.org

Website: www.gmc-uk.org

Valid Registration

Valid registration is demonstrated by the production of a current individual certificate of registration.

Valid registration is confirmed by accessing the GMC List of Registered Medical Practitioners through the GMC website or the dedicated registration telephone enquiry line 0161 923 6602.

When confirming registration status via the GMC website the following information is given:

- Doctors GMC reference number, full name, former names, gender
- Year and place of primary medical degree
- Registration status
- Date of registration
- Entry into the GP/Specialist Register
- Any publicly available fitness to practice history since 20 October 2005

If using the dedicated registration telephone enquiry service, it is possible to receive confirmation of registration details by fax.

Pre-Employment Registration Check

A member of the Medical Development team will check the registration details of doctors who have applied for medical posts prior to the shortlisting process taking place. Attention will be paid to the status of the doctor's registration and the registration requirement of the post for which the doctor has applied.

Doctors invited for interview will be required to produce, on the day of interview, their certificate of original registration and their certificate of current registration. Photocopies will not be accepted.

Doctors Currently Employed by the Trust

It must be noted that doctors with full GMC registration do have a "period of grace" of three months in which to renew their registration. If a doctor's registration is not renewed in advance of its expiry date, the GMC will send a letter to the doctor reminding them that their registration is to be renewed. The letter will be sent to the last recorded address the GMC hold for the doctor.

Bryan O'Leary
Associate Director of Medical Development

8.2 Appendix 2 – Procedure for nursing employees registered with the Nursing and Midwifery Council (NMC)

The professional lead for registered nurses is the Director of Nursing or, in the absence of the Director of Nursing, the Deputy Director of Nursing.

Contact details for registration enquiries

Nursing and Midwifery Council
23 Portland Place
London,
W1B 1PZ

Tel: 0207 333 9333
Fax: 0207 436 2924

e-mail: ukenquiries@nmc-uk.org
Website: www.nmc-uk.org

Contact details for overseas registration enquiries

e-mail: overseasreg@nmc-uk.org

Valid registration

Valid registration is demonstrated by production of a current individual NMC PIN number and proof of payment of latest registration/retention fees.

Valid registration is verified on-line by accessing the NMC registration database through the www.nmc-uk.org website. An organisational caller code and pass number is required to access the employer on-line confirmation section. The Human Resources team and professional heads hold those codes and pass numbers. The employee's name, PIN number and date of birth are required. Only those with valid registration can legally use the title 'nurse'.

New registrants

The NMC are informed of new registrations on completion of pre-registration programmes by the higher education institution following the *NMC Guidelines for higher education institutions in England, Wales and Northern Ireland on registration of newly qualified nurses and midwives: for return to practice and for recording qualifications*. See also NMC circular 8/2008 *Good Health and Good Character Guidance*.

Student nurses who have completed professional programmes, being employed prior to completion of the registration process, must produce the verification of completion of pre-registration professional programme and eligibility to register that would be provided by their higher education institution. It is the responsibility of the appointing manager to verify the prospective registrant is eligible to register with no outstanding academic or practice requirements.

New registrants are required to complete a period of preceptorship of 4-6 months, mentored by a registrant preceptor from their speciality registration branch. The objectives for the preceptorship period should be aligned to the foundation gateway KSF profile for the registrant's post.

Return to practice

Registered nurses who have been out of practice, or working in posts that did not require them to practice as nurses, for more than 5 years must undertake a recognised Return to Practice programme in their registration speciality and a period of supervised practice. They then can renew registration following the *NMC Guidelines for higher education institutions in England, Wales and Northern Ireland on registration of newly qualified nurses and midwives: for return to practice and for recording qualifications*.

Registered nurses returning to practice within 5 years or changing areas of practice can negotiate local development programmes with the appointing manager to assure practice competence if appropriate.

Nurses returning from a career break must ensure they reinstate their registration in good time before commencing in post.

Overseas registrants

Nurses from overseas (outside the EEA) will apply to the Overseas Registration department of the NMC, undertake a recognised adaptation programme and a period of supervised practice within an approved placement and then complete the NMC overseas registration processes. Further information about the process can be obtained from the overseas registration team: overseasreg@nmc-uk.org or the professional advice team: advice@nmc-uk.org. See NMC circular 11/2008 – *Registration for non- EEA trained applicants*.

Current registered nurses

Registered nurses in current practice fully renew their registration every three years but must pay annual retention fees to maintain valid registration.

Renewal of registration prior to April 2016 involved self-verification of competency, fitness to practice, good character, attainment of the PREP practice / CPD standard (see NMC circular 10/2008 – Guidance on PREP) and payment of registration fees.

The Nursing and Midwifery Council implemented new requirements in the form of a Revalidation process from April 2016 www.nmc-uk.org/revalidation

Some nurses will as such be in a transition phase over the next three years where the above guidance on annual payments following on from the previous pre-2016 three-yearly Notification of Practice will apply. At the next three yearly renewal point the nurse will in future be required to revalidate.

Nurses are required to have an on line account with the NMC as the process is completed online. There is further information on the NMC website, which also gives greater detail on the requirements, updates, and supporting materials. However in brief the new requirements, over the three year cycle, are as follows;

- 450 practice hours evidenced, for a nursing registration
- 35 hours of continuing professional development, of which at least 20 must have included participatory learning
- 5 pieces of practice related feedback
- 5 written reflective accounts
- A reflective discussion with another NMC registrant, with signing of the reflective discussion on the approved NMC form and recording of the date and the PIN number of the registrant the discussion was held with
- A health and character declaration
- Professional indemnity arrangement in place
- The Confirmation process, a declaration in which the nurse has demonstrated to an appropriate confirmer that they have complied with the revalidation requirements, with the information captured on a mandatory standard form

The confirmation process is a key part of revalidation, the NMC stress that this is the process by which another person looks at the evidence the nurse has collected and 'confirms' that as such they have met the revalidation requirements. It is vital that nurses make themselves familiar with the guidance on the NMC website as to who can be a suitable confirmer and the steps to carry out confirmation, and make arrangements for this process in good time. The NMC may carry out checks or request further information on the confirmation process and supporting evidence.

Further information and updates on the above requirements are available on the NMC website and it is essential that registered nurses ensure they are complying with the latest requirements in order to maintain their registration

Service managers need to monitor the elements required for re-registration or revalidation as appropriate, through the evidence based appraisal process to ensure registered nurses will be eligible to renew registration; while recognising that complying with the processes to remain on the register is ultimately the nurses own responsibility.

Registered nurses are responsible for maintaining an online account with the Nursing and Midwifery Council, seeking advice if this is not practicable. They are responsible for complying with the requirements of revalidation and responding to any information the NMC sends them through this account. Within this, nurses are responsible for maintaining accurate home address/contact information on the NMC database

Registered nurses will pay fees on an annual basis, to be called an annual retention fee. The NMC will send registered nurses a reminder notice to pay annual retention fees. Failure to pay

retention fees will result in lapsed registration. Proof of payment will be by sight of cashier receipt or bank statement verifying direct debit payment. Registered nurses will provide proof of retention payment to their line managers on an annual basis and provide proof of re-registration every 3 years. Re-registration will be verified by the Human Resources team.

Further recordable qualifications or further registrations

These will be renewed and verified by following the same procedures as for first registration. Registered nurses are responsible for maintaining all the re-registration requirements for all registrations and recordable qualifications they hold.

Non-medical prescribing is a separate registration and a signatory database for non-medical prescribers will be maintained by the Trust Chief Pharmacist with a registration data base for nurse non-medical prescribers held by the Director of Nursing which will be accessible to the Human Resources team. The process for entry onto the register and maintenance of registration is detailed in the non-medical Prescribing Policy.

Registrants working in non-professionally qualified posts

Active nurse registrants or successful student nurses eligible to register, for employment reasons, may choose to apply for posts that do not require a nursing registration. These registrants are entitled to choose non-registered /non-professionally qualified posts but will not have NMC registration verified, checked, monitored or supported by the Trust. Separate NMC guidance is available for that group of registrants/prospective registrants.

Stephen Scorer
Deputy Director of Nursing

8.3 Appendix 3 – Procedure for Allied Health Professional (AHP) employees, including Practitioner Psychologists and Social Care Workers in England registered with the Health and Care Professions Council (HCPC)

The professional lead for Allied Health Professions is the Director of Therapies or in the absence of the Associate Director of Therapies, or the relevant Professional Head.

Contact details for registration enquiries

Health and Care Professions Council
Park House,
184 Kennington Park Road.
London
SE11 4BU

Tel: 0300 500 4472

e-mail: registration@hcpc-uk.org

Website: www.hcpc-uk.org

Regulated professions

The professions regulated by the HCPC have titles protected by law and anyone using these titles must be registered with the HCPC in the relevant category or be subject to prosecution. Registration is demonstrated by production of a current registration certificate and an on line entry in the relevant professional register. The professions are:

- Arts Therapist
- Biomedical Scientist
- Chiropodist/Podiatrist
- Clinical Scientist
- Dietician
- Hearing Aid Dispenser
- Occupational Therapist
- Operating Department Practitioner
- Orthoptist
- Paramedic
- Physiotherapist
- Practitioner Psychologist
- Prosthetist/Orthotist
- Radiographer
- Social Worker in England

- Speech and Language Therapist

Each of the professions regulated by the HCPC has at least one professional body and / or association. These organisations do work which may include promoting the profession, representing members, curriculum frameworks, post registration education and training and continuing professional development. Whilst these organisations are separate from the HCPC, their role may be complementary to it. Further guidance in relation to each profession can be found at www.hcpc-uk.org/aboutregistration/professions

Valid Registration

Valid registration is verified on-line by accessing the relevant professional HCPC registration database through the www.hcpc-uk.org website. Open, public access is allowed to the register by entering a surname or registration number. Applicants are identified by name and location, in the situation where it is difficult to identify the registrant, e.g. if there is more than one person of that name and location or the registrant is relocating the registration number on the paper certificate must be checked against the online register.

UK, overseas and applicants from the EEU must all be registered with the HCPC to practice in the UK.

New registrants

The HCPC are informed of new registrations following approved courses on completion of pre-registration programmes by the education institution. Registrants must apply using the approved course route. The procedures, paperwork and guidelines are downloaded from the HCPC web site.

Return to practice

Allied Health Professionals Return to Practice requirements apply to anyone who has not practiced their profession for more than two years. This is the case if they have remained registered but not practiced or if they need to reregister. The requirements are

- | | |
|-----------------------------------|---------------------------------------|
| • 0 – 2 years out of practice | No requirements |
| • 2 – 5 years out of practice | 30 days updating skills and knowledge |
| • 5 years or more out of practice | 60 days updating skills and knowledge |

These requirements also apply to someone who has never been registered with the HCPC and who has never practiced (or who has not practiced in the last two years) but who holds an approved qualification which is over five years old.

Updating can consist of a combination of formal study, private study and supervised practice in accordance with the HCPC guidance on Return to Practice www.hcpc-uk.org/registrants/readmission

Overseas registrants

Allied Health Professionals from overseas and the EEU must apply and be registered with the HCPC before they can be considered for employment. Registration through this route is considered by the international department of the HCPC. international@hcpc-uk.org

Current registered Allied Health Professionals

Registered Allied Health Professionals in current practice renew their registration every two years. The renewal date is the same date for all registrants in a professional group but varies between professional groups.

There are a small number of AHP's, currently all Occupational Therapists, working in roles where the title is not protected by statute under HCPC regulations. While these roles do demand a professional qualification, they do not primarily demand registration with the HCPC because these workers could also come from professional backgrounds regulated by other bodies for example roles such as Gateway Workers, Assertive Outreach Workers and Early Intervention Services Workers. Modernisation, new ways of working and extended roles may see an increase in this area in future. The Trust needs to ensure that where AHP's are fulfilling these roles they can continue to meet the HCPC registration and regulation requirements.

Renewal involves self-verification of fitness to practice, competency, good character, CPD standards and payment of registration fees. Standards apply to CPD which must be met as a condition of renewal of registration. The HCPC conduct random audits of registrants CPD every two years.

Service managers need to monitor, in partnership with Professional Heads, the CPD elements required for re-registration to ensure registered AHP's will be eligible to renew registration and will be able to evidence their self-verification and meet the random audits through their personal portfolios and appraisal records.

Registered AHP's are automatically sent a registration renewal form at the time of renewal. It is a condition of registration that the registrant keeps the HCPC informed of change of address and contact details.

Registered AHP's will be individually responsible for evidencing good character and maintenance of the HCPC Standards of Conduct, Performance and Ethics and the HCPC Standards of Proficiency for the relevant Professional Group www.hcpc-uk.org/aboutregistration/standards This will be integrated into the evidence based appraisal process.

AHP's pay registration fees on a biannual basis, fees can be paid in full at registration or by direct debit every six months. Registered AHP's will provide proof of re-registration to their line managers every 2 years. Re-registration will be verified by the Human Resources team.

Further recordable qualifications or further registrations

Registered Podiatrists, Chiropodists, Radiographers and Physiotherapists can become supplementary prescribers. The HCPC approves post registration supplementary prescribing courses for AHP's and annotates the register to indicate the registrant is able to practice as a supplementary prescriber.

Legislation allows Chiropodists and Podiatrists, Dieticians, Occupational Therapists, Orthoptists, Paramedics, Physiotherapists, Radiographers, and Speech and Language Therapists to administer or supply medicines under a Patient Group Directive (PGD).

The law allows certain professions on the HCPC register to administer or supply certain drugs on their own initiative when that would normally be restricted to independent prescribers.

For further details, refer to www.hcpc-uk.org/aboutregistration/medicinesandprescribing

In order to have these entitlements they must have successfully completed training in these areas and have the entitlement marked (“annotated”) on the register. The online register indicates where a Chiropodist or Podiatrist can administer local anaesthetic or supply prescription only medicines. Any AHP employed by the Trust with those extended practice conditions would have that condition added to the Trust professional registration database.

Paramedics can administer certain named drugs on their own initiative in emergency situations. The legislation is regularly amended to extend or amend the list of drugs which Paramedics can administer.

Chiropodists and Podiatrists who are appropriately qualified can administer local anaesthetic and supply certain prescription only medicines in the course of their practice.

Tim Cate

Associate Director of Psychology and Allied Health Professionals (AHP’s)

8.4 Appendix 4 – Procedure for Pharmacy employees registered with the General Pharmaceutical Council (GPhC)

The professional lead for Pharmacists and Pharmacy Technicians (known in this Trust as Medicine Management Technicians) is the Chief Pharmacist or in the absence of the Chief Pharmacist, the Deputy Chief Pharmacist.

Contact details for registration enquiries

General Pharmaceutical Council
25 Canada Square
London
E14 5LQ

Tel: 0203 713 8000

e-mail: info@pharmacyregulation.org
Website: www.pharmacyregulation.org

Contact details for overseas registration enquiries:

e-mail: www.pharmacyregulation.org

Valid registration

Valid registration is verified on-line by accessing the General Pharmaceutical Council register through www.pharmacyregulation.org/registers. Access is in the public domain.

Pharmacists

All pharmacists are required to re-register annually with the General Pharmaceutical Council and details of registration are publicly available at the General Pharmaceutical Council website. www.pharmacyregulation.org/registers/pharmacist

Pharmacy Technicians

All pharmacy technicians are required to renew their registration annually. Details of registration are publicly available at the General Pharmaceutical Council website.

Details of registration are publicly available at the General Pharmaceutical Council website. www.pharmacyregulation.org/registers/pharmacytechnician

New registrants

A pharmacist can apply to the register if they have a UK accredited four-year MPharm degree, have successfully completed 52 weeks of pre-registration training in England, Scotland or Wales, and have passed the General Pharmaceutical Council's registration assessment.

Further information about the registration process with the General Pharmaceutical Council can be accessed via www.pharmacyregulation.org/registration

Return to Practice / Restoring your entry on the register

Pharmacists and Pharmacy Technicians who have not been registered on the General Pharmaceutical Council register for more than 12 months need to complete a previously registered application and portfolio of evidence and pay a fee to be restored onto the register.

For further information see www.pharmacyregulation.org/restoration

Where it has been less than 12 months since the pharmacist or pharmacy technician has been on the register the registrant needs to complete an application form to General Pharmaceutical Council and pay a fee.

Registrants from Northern Ireland

A Memorandum of Understanding between the Pharmaceutical Society of Northern Ireland and the General Pharmaceutical Council was signed in July 2014. This MOU outlines the basis of co-operation and collaboration between the two organisations. It is being underpinned by schedules detailing practical arrangements designed to ensure that the two organisations work together as efficiently and effectively as possible, so that the principles of regulation remain consistent and public confidence and safety is maintained in Northern Ireland and Great Britain.

www.pharmacyregulation.org/sites/default/files/memorandum_of_understanding_with_the_pharmaceutical_society_of_northern_ireland.pdf

Any pharmacy technicians currently practicing in Northern Ireland will not be subject to statutory registration requirements (as pharmacy regulation comes under the Pharmaceutical Society of Northern Ireland, PSNI). However, should pharmacy technicians currently working in Northern Ireland seek to practice in England, Wales or Scotland they need to be General Pharmaceutical Council registered.

Overseas registrants

Pharmacists and pharmacy technicians who have qualified in other countries can apply for registration with the Council in order to work in Great Britain. Information packs are available on the General Pharmaceutical Council website as PDF files.

From 21 November 2016, a new law makes it a legal requirement for registrants to provide evidence of your English language skills.

Pharmacists and pharmacy technicians from outside the EEA will need to apply for an information pack from the General Pharmaceutical Council. Applicants must have completed a degree course that is comparable to those in the UK and must be registered or eligible to register as a pharmacist overseas. The route then followed in order to qualify to practise will depend on the decision reached by the Adjudicating Committee. Further details are available on the General Pharmaceutical Council website or from overseas@pharmacyregulation.org

Pharmacists and pharmacy technicians who have qualified within the EEA are allowed to register as a pharmacist (provided that the standard requirements for registration are fulfilled) if they are:

- A national of a Member State of the EEA (or, if not, are entitled to be treated as such)
- In good standing with their professional authority in their Member State.

In addition the requirements for qualification are outlined in full at www.pharmacyregulation.org

Current registered Pharmacists and Pharmacy Technicians

On 30 March 2018, revalidation will replace the current requirement for registrants to complete the Continuing Professional Development (CPD) record. The revalidation framework sets out our expectations of what pharmacy professionals must do each year to meet the revalidation requirement.

Starting with registration renewals due by 31 October 2018, every time a pharmacy professional renews their registration with the GPhC, they will need to submit records to show how they have carried out and recorded revalidation activities.

What do you have to do and when?

- In the **first year** that you submit revalidation records, you will need to carry out, record and submit four CPD records
- In the **second year and in all following years**, you will need to carry out, record and submit;
 - four CPD records, at least two of which must be planned learning activities
 - one reflective account record
 - one peer discussion
- You will need to record and submit these activities using the updated myGPhC online system which will be launched from April 2018. You will also be able to renew via this system.

Pharmacy professionals with a registration renewal deadline of 31 October will be the first group to submit four CPD records when they renew their registration. You will need to submit four CPD records the next time your renewal is due on or after this date.

Each time your registration renewal is due from 31 October 2019, you will need to submit records of these activities which you have carried out over the previous year, to meet the revalidation requirement part of your registration renewal.

If you are not able to submit all of the records because you have taken sick leave, maternity leave, or a break from practice for example you will need to notify of the circumstances through myGPhC and provide evidence. Based on the explanation and evidence given, you may be asked to submit fewer records, or given more time to complete them.

To see what you will need to record and submit and when, please review the revalidation timeline which can be found at; <https://www.pharmacyregulation.org/your-revalidation-timeline>

Further recordable qualifications or further registrations

Pharmacists who are qualified supplementary prescribers by successfully completing an accredited education and training programme must register with the Council as a supplementary prescriber before they can prescribe and pay an additional registration fee.

Supplementary prescribers who have converted to independent prescribers by undertaking a conversion programme which meets the standards set by the Society Practice Certificate in Independent Prescribing must register with the General Pharmaceutical Council and pay an additional fee before they can prescribe independently.

Pharmacists who successfully complete a Practice Certificate in Independent Prescribing, and then pay an additional registration fee, that is a once only annotation fee. This is the only award that is recognised by the Council for annotating the pharmacist's entry in the membership register with independent prescribing status.

www.pharmacyregulation.org/sites/default/files/pharmacist_annotation_as_an_independent_prescriber_feb_17.pdf

Chris Williams
Chief Pharmacist

8.5 Appendix 5 – Professional Registration Action Plan

Staff Details

NAME _____
PAYROLL NUMBER _____
JOB TITLE _____
BASE _____
DIRECTORATE _____
LINE MANAGERS NAME _____
LINE MANAGERS JOB TITLE _____
PROFESSIONAL BODY _____

Details of the lapse (Please give the reasons and any other additional information)

--

Actions (Please state what actions have been agreed)

--

Pay

ACTION TO PAY _____
EFFECTIVE FROM _____

Employees signature

Date

Manager's signature.....

Date

**PLEASE RETAIN A COPY OF THIS FORM ON THE INDIVIDUAL'S PERSONAL FILE AND
SEND AN ELECTRONIC COPY TO WORKFORCE INFORMATION**

8.6 Appendix 6 - Equality Analysis Screening Form

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	HR and OD			
Name of responsible person and job title	David Levy, Director of HR and OD			
Name of working party, to include any other individuals, agencies or groups involved in this analysis	Callum Smith			
Policy (document/service) name	Equality Analysis Guidance			
Is the area being assessed a...	Policy/Strategy	X	Service/Business plan	Project
	Procedure/Guidance		X	Code of practice
	Other – Please state			
Geographical area covered	Trust wide			
Aims and objectives	<p>To ensure all Trust staff understand:</p> <ul style="list-style-type: none"> • The principles of professional regulation that will be used for public protection within employment processes in the Trust. • Procedures for confirmation of statutory professional registration on appointment to post and for ongoing verification of registration throughout employment within the Trust. • Procedures for managing employees unable to verify the ongoing registration as required by their employment with the Trust. 			
Start date of Equality Analysis Screening	1/9/17			
End date of Equality Analysis Screening	29/9/17			

You must contact the EDHR team if you identify a negative impact. Please ring Sarah Jay or Julie Barfoot on 0191 3336267/3046

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

All Medical and Non-Medical staff who are required to maintain professional registration.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?

Race (including Gypsy and Traveller)	No	Disability (includes physical, learning, mental health, sensory and medical disabilities)	No	Gender (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	Age (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners)	No

No – Please describe any positive impacts/s

The Professional Registration Policy and Procedure should ensure an equitable approach to all Medical and Non-Medical staff maintaining their professional registration, including how the organisation addresses cases where registration has lapsed.

<p>3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? If 'No', why not?</p>	<p>Yes</p>			
<p>Sources of Information may include:</p> <ul style="list-style-type: none"> • Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. • Investigation findings • Trust Strategic Direction • Data collection/analysis • National Guidance/Reports 	<ul style="list-style-type: none"> • Staff grievances • Media • Community Consultation/Consultation Groups • Internal Consultation • Research • Other (Please state below) 			
<p>4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Gender, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership</p>				
<p>Yes – Please describe the engagement and involvement that has taken place</p>				
<p>Associate Director of Medical Development, Deputy Director of Nursing and Governance, Associate Director of Psychology and Allied Health Professionals, Chief Pharmacist, Workforce Information (HR), Policy Sub Group, JCC.</p>				

5. As part of this equality analysis have any training needs/service needs been identified?					
No					
A training need has been identified for;					
Trust staff	No	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					
The completed EA has been signed off by you the Policy owner/manager: Beverley Vardon-Odonkor					Date: 29 Sep 2017
Your reporting (line) manager: David Levy					Date: 29 Sep 2017
If you need further advice or information on equality analysis, the EDHR team host surgeries to support you in this process, to book on and find out more please call: 0191 3336267/3046					