

Policy and Procedure for Checking Professional Registration of Staff

(Version 8)

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1. Introduction

- 1.1 The Trust has a duty to ensure **all** professional practitioners working for the Trust, either as employees or bank staff, or through agencies, hold current registration from their professional bodies to comply with the requirements of their employment contract. This does include Section 12 approval (which permits approved doctors to admit patients under S12 of the MHA).
- 1.2 This policy details the responsibilities of managers, employees, agencies and the Human Resources Department to keep registration up to date and to ensure that this is recorded appropriately.

2. Scope

- 2.1 Those covered by this policy are all staff that are required to have and maintain professional registration in order to do their job and includes; medical, nursing and midwifery practitioners, allied health professionals and scientific and professional staff.
- 2.2 Bank staff and agency staff are also covered by this policy but the requirement to keep records, and ensure registration is up-to-date on these staff rests with the Recruitment Team and the external agencies.

3. Responsibility of Employees of the Trust

- 3.1 It is the responsibility of all professional practitioners to provide evidence of current registration at interview and to the Human Resources Department on commencing with the Trust.
- 3.2 Professional practitioners are required to keep their registration up to date during their period of employment with the Trust.
- 3.3 Employees should notify renewal dates to their line manager, who will keep a record of this information and will monitor this as part to the normal supervision process.

4 Responsibility of Managers

- 4.1 It is the responsibility of managers to keep adequate records of all their staff's professional registration details, including the expiry date. They must set up systems to ensure all staff are professionally registered at all times. It is recommended this is undertaken as part of the normal supervision process.
- 4.2 Managers must ensure that employees submit proof of their renewal. The evidence provided must be the original and managers should keep a photocopy for their records.
- 4.3 The workforce team will run monthly reports and forward to the Local HR teams, who will inform line mangers, who's pins are due to expire.

Managers are responsible for ensuring employees are made aware of any registration lapse, or advising them that their registration is due to lapse.

- 4.4 If a manager discovers that a member of staff is not adequately registered they should immediately discuss Human Resources Department.
- 4.5 In the event that a registration does lapse the manager will be responsible for deciding if the employee can remain at work or not. (Please refer to Appendix B, Guidance for Managers of staff with expired registration numbers).

5 Responsibility of Human Resources

- 5.1 The Human Resources Department will ensure that checks are carried out with the relevant professional bodies prior to an individual commencing employment with the Trust (see paragraph 6).
- 5.2 The Human Resources Department will ensure that new employees provide proof of registration with the relevant professional body on commencement of employment with the Trust (see paragraph 7).
- 5.3 The Human Resources Department will monitor professional registrations, on behalf of Trust (see paragraph 8).
- 5.4 The Human Resources Department will provide advice to the line manager in the cases of lapsed registration including advice on continuation of employment during registration lapsed period and disciplinary action.

6 Procedure for Checking Registration Prior to Appointment

- 6.1 Proof of registration will be requested at interview by the Appointing Officer. All details should be recorded at this stage by the Appointing Officer and placed on the Interview Scoring/Questions form and returned to the Human Resources Department.
- 6.2 Prior to appointment, qualifications relevant to the position, will be verified directly with the relevant professional body, by the Human Resources Department, to verify whether:
 - The applicant is appropriately registered
 - The registration covers the proposed role.
- 6.3 This check is usually carried out via the regulatory body's website (see Appendix A) but in some cases it will be necessary to telephone or write to the regulatory body to verify whether:
 - The registration is subject to any current restrictions

- The applicant is the subject of any fitness to practice investigations which the regulatory body has a duty to disclose

A screenshot of the validation screen from the professional website will be saved in the individuals electronic file.

- 6.4 Managers are advised to check qualifications and registration details at interview.

7 Procedure for Checking Registration on Appointment

- 7.1 In the offer letter to new employees, they will be asked to bring their professional registration details (original copies) with them when they visit HR to carry out the Pre Employment checks.

These details will then be recorded on the Staff Appointment Form, which will later be input on ESR by the Human Resources Department.

8 Procedure for Monitoring Continued Registration of Non-Bank/Agency Staff

- 8.1 The monitoring of continued registration of all staff, excluding bank and agency staff, will be undertaken by the Human Resources Department on behalf of the Trust.

- 8.2 The local Human Resources Department will receive a monthly report produced by the Workforce Planning Department, which details all employees whose registration has either lapsed, is due to lapse within the next three months, or is incomplete.

- 8.3 This information will only be distributed to line managers in the case of lapsed registrations or, in the case of medical staff the Workforce Team will review the GMC data and identify those whose registration is due to expire in the next 3 months. The Workforce Team will email all the doctors within each quarter with a copy to the locality point of contact, so there is an awareness that their GMC is due to expire. The Workforce Team will check the GMC website during the month of expiry to check the status and update ESR accordingly. Any cases that show a lapse will be referred to the Clinical Director and the Senior Medical HR Advisor to take immediate action.

9 Procedure for Monitoring Continued Registration of Bank Staff

- 9.1 For the purposes of this policy, Bank employees are considered to be members of staff who work on the bank but who do not have a substantive contract with the Trust.

- 9.2 The Recruitment team is responsible for keeping adequate records of all bank staff professional registration details, including the expiry date. Expired registrations are monitored on a regular basis by the Bank Office who will check staff details with the relevant professional body to ensure that all staff are registered at all times. Should an employee's registration be due to expire, the Bank Office will write to the employee reminding them of their obligation to ensure that they are registered with their professional body in the course of their employment.
- 9.3 If the Recruitment Team don't receive confirmation that the employee is adequately registered and the registration has subsequently lapsed, they will immediately discuss this with a senior member of the Human Resources Department

10 Procedure for Monitoring Continued Registration of Agency Staff

- 10.1 Agencies who supply the Trust with agency workers are responsible for keeping adequate records of all agency staffs' professional registration details including the expiry date and must set up systems to ensure that all staff are professionally registered at all times.

The Agency will send the Bank Officer a checklist which will contain all the relevant pre employment information. The bank officer will check these details with relevant professional websites and save the details in the electronic file.

The contract will then be signed and returned to the agency.

11 Procedure for Allowing Staff to Commence Employment without Registration

- 11.1 If a new employee is unable to provide satisfactory evidence of their current registration status, the Human Resources Department will inform the Appointing Officer/ Manager.
- 11.2 In exceptional circumstances a new employee can be permitted to commence employment without proof of registration. In these circumstances, he/she will be placed, and work in, an unqualified grade, and paid accordingly, until proof of registration has been provided to the Human Resources Department who will then instruct payroll to pay the member of staff at their qualified rate of pay. Please note: Payment will not be backdated.

12 Section 12(2) approval

- 12.1 It is the line manager's responsibility, in conjunction with the Mental Health Act Administration Service, to ensure that any doctors who are required to undertake Section 12(2) work have the appropriate approval. For further details see the Appendix C Introduction to Section 12.

13 Lapsed Registration

- 13.1 A lapsed registration could have implications for the Trust and could put patient's lives at risk. This section only refers to substantive staff and it is the responsibility of the bank and employing agency to ensure the member of staff registration has not lapsed.
- 13.2 It is the responsibility of each individual member of staff to keep their registration up to date. It is the responsibility of the Manager to put systems in place to ensure they are aware at all times of registration status.
- 13.3 The Trust regards failure to keep professional registration up to date as a serious offence. If a lapse of registration does occur the following action could be taken:
- Employee sent home on unpaid leave until registration is renewed
 - Employee required to take annual leave until registration is renewed
 - Employee required to work in an unqualified position until registration renewed. Please note pay would be paid at the appropriate remuneration for the unqualified grade.
 - Employee redeployed into a different role or a different location until registration is renewed
 - Disciplinary action which could result in the issuing of formal warnings or ultimately dismissal

14 Disciplinary action following lapse of registration

- 14.1 Following a lapse of registration the manager will be required to meet with the individual to establish the reasons for the lapse. When considering disciplinary action the manager along with advice from Human Resources will contemplate the following:
- Length of lapsed registration
 - Whether the individual was aware that the registration had lapsed prior to the manager meeting with them
 - The circumstances surrounding contact between the individual and their professional body
 - Whether the member of staff is/was on maternity/sick leave or authorised absence at the time of sick leave.
 - Whether previous contact had been made by the manager and of the Human Resources Department with the individual notifying them that their registration was due to lapse however the individual is personally accountable for ensuring the registration does not lapse
- 14.2 As stated in section 13.2, in addition to the member of staff taking appropriate action to ensure that their registration remains up to date it is also the responsibility of their manager to ensure that their staff registration

remains up to date. Should the line manager fail to ensure that their member of staffs registration is up to date they may also be subject to Disciplinary proceedings as stated above.

15 Fitness to practice

15.1 If the fitness of an employee to practice is called into question the Trust will:

- inform the appropriate regulatory body
- provide notice in writing to the employee, who is the subject of the referral, of the decision to refer.

16 Policy Review

16.1 It is the responsibility of the Director of Human Resources and the workforce committee as shown below to monitor and review this policy.

NHSLA Policy Monitoring Templates

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
Professional clinical registration policy								
1.9	Professional Clinical Registration	<p>How the organisation checks registration with the relevant professional body, in accordance with their recommendations, for all directly employed clinical staff on initial appointment and on an ongoing basis.</p> <p>How the organisation makes sure that registration checks are being carried out by all external agencies used by the organisation in respect of all clinical staff.</p> <p>How the organisation follows up those directly employed clinical staff who do not satisfy the validation of registration process</p>	Associate Director of HR	<p>Workforce report, System spot check audit</p> <p>Audit of temporary staff application forms</p> <p>Check of registration numbers of agency staff</p>	<p>Six monthly</p> <p>Six monthly</p>	The Associate Director of HR receives the audit report	The Associate Director of HR will formulate action points and timescales for the Human Resources Directorate where there is evidence of non-compliance within two weeks of receiving the audit	The Workforce Committee will receive and discuss the report and monitor the action plan within six weeks of the audit having been completed
Recruitment Policy								

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
1.10	Employment Checks	Types of check required How checks are made How the organisation follows up those staff who do not satisfy the checking arrangements How the organisation makes sure that checks are being carried out by all external agencies	Associate Director of HR	Audit of staff files	Annual	The Associate Director of HR receives the audit report	The Associate Director of HR will formulate action points and timescales for the Human Resources Directorate where there is evidence of non-compliance within two weeks of the audit having been completed	The Workforce Committee will receive and discuss the report and monitor the action plan within six weeks of the audit having been completed
3.1	Corporate Induction	Minimum content of corporate induction Process for booking all new permanent staff onto corporate induction Timescales for completion of corporate induction How the organisation records that all new permanent staff complete corporate induction How the organisation follows up those who do not complete corporate induction	Associate Director of HR	Induction report Audit report	Six monthly	The Associate Director of HR receives the reports	The Associate Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance within two weeks of the audit having been completed	The Workforce Committee will receive and discuss the report and monitor the action plan within six weeks of the audit having been completed

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
3.2	Local Induction of Permanent Staff	Minimum content of local induction Timescales for completion of local induction How the organisation records that all new permanent staff complete local induction How the organisation follows up those who do not complete local induction	Assistant Director of HR	Induction report Audit report	Six monthly	The Assistant Director of HR receives the audit reports	The Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance within two weeks of the audit having been completed	The Workforce Resources Committee will receive and discuss the report and monitor the action plan within six weeks of the audit having been completed
3.3	Local Induction of Temporary Staff	Minimum content of local induction Timescales for completion of local induction How the organisation records that all new permanent staff complete local induction How the organisation follows up those who do not complete local induction	Assistant Director of HR	Audit of induction forms against bookings Audit report	Six monthly	The Assistant Director of HR receives the audit reports	The Assistant Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance within two weeks of the audit having been completed	The Workforce Resources Committee will receive and discuss the report and monitor the action plan within six weeks of the audit having been completed

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
3.4	Statutory & Mandatory Training	How the organisation records that all permanent staff complete relevant training, in line with the training needs analysis How the organisation follows up those who do not complete relevant training programmes Action to be taken in the event of persistent non-attendance	Director of Nursing	Workforce report Audit report	Monthly quarterly	The Director of Nursing and the Associate Director of HR receive the reports.	The Director of Nursing and the Associate Director of HR will formulate action points and timescales for each Directorate where there is evidence of non-compliance every quarter.	The Workforce Committee will receive the report covering the preceding quarter and monitor the action plan

NHS LA Standard	Name	Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Actions on recommendations and leads	Change in practice and lessons to be shared
3.5	Training Needs Analysis	Process for developing a training needs analysis, which must include all those topics referred to in the TBA Minimum Data Set How action plans are developed to deliver the training identified within the training needs analysis How annual training prospectus is developed which reflects the training needs analysis	Director of Nursing	Training report covering all the topics identified within the TNA Minimum Data Set	Six monthly	The Director of Nursing receives the workforce report for the preceding financial year	The Director of Nursing writes the mandatory training report by the end of May of each year and formulates action points and timescales for each Directorate where there has been evidence of Directorates not complying with the Trust minimum standard.	The Workforce Committee will receive and discuss the report and monitor the action plan within six weeks of the report having been written.

Appendix A-Current Registration Bodies

Prior to appointment, qualifications relevant to the position will be checked directly with regulatory bodies. Detailed below are the ways in which separate regulatory bodies can be contacted.

General Medical Council (GMC)

- There are four ways that the medical register can be searched to find out if a doctor is registered with the GMC:-
- If the doctor's GMC reference number is known, the GMC's 24-hour automated enquiry service on 08453 573 456 can be used – select option 1 from the first menu and then follow the instructions.
- The GMC also runs a telephone helpline service available on 0845 357 8001. The helpline is open between 9am and 5pm, Monday to Friday (excluding bank holidays)
- The GMC operates a fax back service on 0161 923 6700 when asked enter the Doctors 7 digit GMC number choose the options provided.
- The GMC website at www.gmc-uk.org can be used following the instructions to search the online database.

Alternatively, the Trust can write to The General Medical Council, Regent's Place 350 Euston Road, London NW1 3JN

The GMC can confirm a doctor's: -

- Full name
- Registration number
- Dates of registration (provisional, full, specialist or limited)
- Current registered address
- Sex
- Current registration status
- Primary medical qualifications
- Annual retention fee due date

The GMC has the power to suspend or place conditions on a doctor's registration. Interim orders do not amount to a 'finding of fact' against the doctor but are imposed to protect the public, pending a full investigation. Details of interim orders appear on the GMC website news page.

The GMC have introduced the licence to practice which will take effect from the 14th November 2009. The introduction of the licence is the first step towards a new system of revalidation that will apply to all doctors who want to practice in the UK.

Revalidation is the process by which doctors will have to demonstrate to the GMC, normally every five years that they are up to date and fit to practice.

A Doctor will not be classified as registered if they fail to complete the revalidation exercise.

Nursing & Midwifery Council (NMC)

• Online at www.nmc-uk.org every organisation has a unique caller code and password to check the register.

The service will inform an employer if a practitioner has the following status: -

- Removed
- Restored
- Conditions of practice
- Suspended
- Lapsed
- Effective

It will not show if someone is under investigation. For further information on the status of a practitioner, an employer should write to the NMC's Fitness to Practice Department.

The NMC website also contains an NMC circulars page which includes recent circulars providing details of practitioners who have been struck off, suspended or cautioned during the previous month. The NMC keeps this information online for three months. Previous circulars can be obtained on request.

The Trust can also write to: The NMC, 23 Portland Place, London W1B 1PZ

Health and Care Professions Council (HCPC)

The following health professionals are all regulated by the HCPC: arts therapists, biomedical scientists, chiropractors, podiatrists, clinical scientists, dieticians, occupational therapists, operating department practitioners, orthopodists, paramedics, physiotherapists, prosthetists, orthotists, radiographers and speech and language therapists.

A health professional's registration status can be checked on the HCPC's website at www.hpc-uk.org . If a health professional's registration status has changed this is immediately entered onto the register.

Fitness to practise cases are listed on the HPC'S website and, after a hearing, the decision is posted online.

The HPC strongly encourages employers to use the HCPC's online register, but if this is not possible, registration can also be checked via telephone (0845 3004 472), e-mail, and fax. Alternatively, the Trust can write to the HPC at: The Health Professions Council, Park House, 184 Kennington Park Road, London, Se11 4BU, or fax the HPC on 0207 840 9801.

Royal Pharmaceutical Society of Great Britain (RPSGB)

The RPSGB website (www.rpsgb.org.uk) allows employers to check a pharmacist's registration. The list provides registered details of pharmacists who hold full-time, part-time, retired, or overseas registration. Searches can be done by either entering the pharmacists' registration number or by using their surname. There is also the option of entering the forename but this is not compulsory.

A pharmacist's eligibility to practise in Great Britain depends on their type of registration, which is indicated in their entry on the register. Pharmacists who have paid the 2005 retention fee will have either 'P' or 'NP' in their entry.

- P means they are practising
- NP means that they are non-practising

Pharmacists who have not yet paid the 2005 retention fee will have either 'f', 'p', 'r', 'i' or 'o' in their entry. Only pharmacists holding full-time (f) or part-time (p) registration are eligible to practice; pharmacist holding retired (r) ill health (i) or overseas (o) registrations are not eligible to practice.

The Trust can write to the RPSGB if it is required for them to make further checks on our behalf at: Royal Pharmaceutical Society of Great Britain, 1 Lambeth High Street, London SE1 7JN. The member's registration number, full surname and forename, date of registration and postal town of their registered address will be required.

Details of current and recent fitness to practise inquiries can also be obtained from the RPSGB website.

British Psychological Society (BPS)

A Psychologist registration can be checked on the BPS website at www.bps.org.uk. The Trust can search online by name and town where the Psychologist is currently employed, or by registration number

UK Council for Psychotherapy (UKCP)

A Psychotherapist registration can be checked on the UKCP website at www.psychotherapy.org.uk. The Trust can search online by name and town where the Psychotherapist is currently employed, or by registration number.

Appendix B- Guidance for Managers of staff with expired registration numbers

Should a registration number expire without renewal in addition to the managers own professional registration checking system the manager will be contacted by the local Human Resources Department to inform them of the lapse and to try to establish the facts around the expired registration. The manager will also receive advice from Human Resources on how to progress the case.

Further to this discussion, if the registration has indeed expired, the manager of the individual member of staff should arrange to meet with them to immediately notify them that their registration number has expired and to speak to them about how this has occurred.

At the meeting the individual should be informed that the Trust is aware that the registration number has expired and they have been practising as an unregistered member of staff. The individual should be offered an opportunity to explain the reasons for their expired registration.

The following considerations should be discussed:

- Length of lapsed registration
- Was the individual aware that their registration had lapsed prior to the meeting
- Had any previous contact been made by either, the manager, HR, the professional body

Having given due consideration to all of the evidence, the manager and the Head of Service along with advice should assess the suitability of continuation of employment in the qualified role. The member of staff should be informed of the intended action that will be taken by the Trust. This may include one or more of the following:

- Putting measures in place to reduce any potential risk, including the restriction of scope of duties e.g. working in an unqualified role (this option will attract reduction in pay for the period the member of staff in unregistered).
- Redeployment to an alternative role/location (this option would attract the pay for the particular post being fulfilled)
- Granting of annual leave or unpaid leave in order to make arrangements to re register
- Formal/Informal action under the Trust's Disciplinary Procedure which may include suspension from duty and which could ultimately result in the issuing of formal warnings or dismissal.

All actions/discussions between employee and line manager must be documented in the form of a letter from the Departmental Head or line manager and sent to the employee and a copy placed on the employee's HR file.

What is a Section 12(2) Approved Doctor?

A Section 12 Approved Doctor is a registered medical practitioner who is approved for the purposes of Section 12(2) of the Mental Health Act 1983 by the Secretary of State as having special experience in the diagnosis or treatment of mental disorder.

In circumstances where two medical recommendations are required to support an application for detention under the Mental Health Act, at least one of those recommendations must be made by a Section 12(2) Approved Doctor.

How approval status is achieved and monitored within London

The statutory approval of doctors having special experience in the diagnosis and treatment of mental disorders rests with NHS London who may delegate the administration to a host organisation such as a National Health Service or Foundation Trust.

There is an approval panel that considers applications from doctors with work addresses in London and those based at Broadmoor Hospital.

Attendance at a validated initial training course for first approval and on a refresher course before re-approval is obligatory.

Two references are sought for new applicants and at least one for re-approval. Two panel members independently consider whether to recommend first approval and one for re-approval.

The Section 12(2) administrator for London holds all the approved doctors details on a register who have registered via London.

Approximately three months before expiry, the Administrator will normally send out a reminder to doctors on the register to renew their approval. If the doctor does not respond by a month prior to expiry, then a final reminder is sent.

Reasons for monitoring approval status locally

Unfortunately, the above procedure is not failsafe. Problems can arise where the doctor's address has changed since approval and reminders to re-approve are never received. Similarly, the doctor could move into the London area and fail to inform the Section 12(2) administrator.

If the doctor's approval subsequently lapses and they continue to undertake formal assessments under the Mental Health Act, it can lead to the unlawful detention of patients.

Procedure

HR will ask doctors who require Section 12(2) Approval for their job role to provide evidence of their approval at their pre-employment appointment with HR. This information will be entered onto to the doctor's ESR record.

Medical HR will run produce a report via ESR on a monthly basis of all doctor's whose Section 12(2) Approval is due to expire in the following three months. Medical HR will write to these doctors and ask them to provide evidence of their re-approval. This information will also be cross referenced with the twice yearly Approved Clinician & Section 12 London Register produced by the London Region Section 12 (2) Administrator. However, as not all doctors will be registered via the London Register the onus is on the doctor to provide evidence of their re-approval.

If no response is received by Medical HR from the doctor concerned further reminders will be sent to the doctor including a further reminder sent 1 month prior to expiry, copied to the doctor's line manager and their Clinical Director .

Medical HR will notify the line manager, Clinical Directors and the Associate Director of Mental Health Law of those doctors who fail to provide evidence of their re-approval or fail to obtain re-approval. It will be the responsibility of the Clinical Director to inform the doctor concerned that they cannot continue with making Section 12 (2) assessments until they are re-approved.

Medical HR is also responsible for providing updates of the ESR report to the Trust's Postgraduate Department so that doctors can be contacted for Section 12(2) courses being run by the Trust and for updating on the GMC Revalidation database.