Checking Professional Registration and Revalidation Policy

(For the revalidation of medical staff please refer to the Medical Appraisal and Revalidation Policy)

|  |  |
| --- | --- |
| Version number : | 2.2 |
| Consultation Groups  | All staff |
| Approved by (Sponsor Group) | Joint Staff Committee |
| Ratified by: | Joint Staff Committee |
| Date ratified: | July 2020 |
| Name of originator/author: | Isabella Larkin, Head of People & Culture |
| Executive Director lead : | Tanya Carter |
| Implementation Date : | August 2020 |
| Last Review Date  | January 2020 |
| Next Review date: | July 2023 |

|  |  |
| --- | --- |
| Services  | Applicable  |
| Trustwide | X |
| Mental Health and LD  |  |
| Community Health Services  |  |

# **Version Control Summary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Status** | **Comment** |
| 1.0 | 20/05/2016 | Hannah Lootfun, HR AdviserIsabella Larkin, Head of Transactional Services | Approved | N/A |
| 2.0 | 29/07/2020 | Isabella LarkinHead of People & Culture |  Approved | N/A |
| 2.1 | 07/09/2022 |  | Extended for 1 year | No change |
| 2.2 | January 2023 |  | Extended for 6 months |  |

**Contents Page**

**Checking Professional Registration**

1 Introduction 5

2 Scope 5

3 Responsibility of Employees 5

4 Responsibility of Managers 6

5 Responsibility of Resources The People & Culture Team 6

6 Procedure for checking registration prior to appointment 6

7 Procedure for checking registration on appointment 7

8 Procedure for monitoring continued registration of non- bank/agency staff 7

9 Procedure for monitoring continued registration of bank staff 7

10 Procedure for monitoring continued registration of agency staff 8

11 Procedure for allowing staff to commence employment without registration 8

12 Lapsed Registration 8

13 Disciplinary action following lapse of registration 9

14 Fitness to practice 10

15 Policy Review 10

**Revalidation**

1 Revalidation for Nurses and Midwives – Introduction 11

2 Purpose 12

3 Scope 12

4 Explanation of Terms and Definitions 12

5 Key Aspects of Revalidation to Consider 12

6 Revalidation Requirement and Process 13

7 Registrants who have more than one role 14

8 ELFT nurses not working at time of revalidation 14

9 Nurses failing to revalidate on time 15

 Appendices

A Current Registration Bodies 16

B Guidance for managers for staff with expired professional registration 19

C Revalidation Process for Nurses and Midwives (Detailed) 20

**1. Checking Professional Registration - Introduction**

* 1. This policy is in place in order to ensure that the East London NHS Foundation Trust has adequate procedures to check the professional qualifications and registration status of **all** professional practitioners that are required to hold a professional qualification and maintain registration with a professional regulatory body.
	2. This policy provides guidance to managers, employees, agencies and the People & Culture Department to keep registrations up to date and to ensure that this is recorded appropriately. It provides information on the action managers should take if it is discovered that a practitioner’s registration has lapsed.

**2. Scope**

* 1. Those covered by this policy are all staff that are required to have and maintain professional registration in order to do their job. This includes; medical, nursing and midwifery practitioners, allied health professionals and scientific and professional staff.
	2. This policy applies to all substantive staff, bank staff and agency staff that hold current registration from their professional bodies to comply with the requirements of their employment contract. This policy also applies to all those who are required to be registered as an Approved Clinician (General) Directions 2008 in order to fulfil the requirements of their role.
	3. Bank staff and agency staff are also covered by this policy and the onus to keep professional registration up to date lies with the staff member, the Resourcing Team and the external agency.

**3. Responsibility of Employees of the Trust**

* 1. It is the responsibility of all professional practitioners to provide evidence of current registration at interview and to the Resourcing Team on commencing with the Trust.
	2. Further, professional practitioners are required to register and maintain registration with their appropriate regulatory body throughout their employment with the Trust.
	3. Employees should ensure their professional registration details are accurate in Healthroster - Employee Online and notify their line manager if there are any discrepancies, who will keep a record of this information and monitor this as part of the normal supervision and revalidation process.

**4 Responsibility of Managers**

* 1. A record of the professional registration is held in Healthroster and also in ESR.
	2. The People Information Team will run monthly reports and forward them to the Locality People & Culture Teams, who will inform the employee, when the professional registration is due to expire.
	3. Managers and the locality People & Culture Teams are responsible for ensuring that employees are made aware of any registration lapse or advising them that their registration is due to lapse.
	4. If a manager discovers that a member of staff is not adequately registered they should immediately discuss the issue with their locality People Relations Advisor.
	5. In the event that a registration does lapse; the manager will be responsible for deciding if an employee can remain at work or not. (Please refer to Appendix B, Guidance for Managers of staff with expired registration numbers).

5 **Responsibility of People & Culture**

* 1. The Resourcing Team will ensure that checks are carried out with the relevant professional bodies prior to an individual commencing employment with the Trust.
	2. The Resourcing Team will ensure that new employees provide proof of registration with the relevant professional body on commencement of employment with the Trust.
	3. The People Information Team will monitor professional registrations, on behalf of Trust.
	4. A record of NMC Registrations are held in ESR and Healthroster.
	5. The locality People Relations Advisor will provide advice to the line manager in cases of lapsed registration including giving advice on the continuation of employment during lapsed registration periods and disciplinary action.

**6 Procedure for Checking Registration Prior to Appointment**

* 1. Managers are advised to check qualifications and registration details at interview. 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 Resourcing Team.
	2. Prior to the appointment, qualifications which are relevant to the position, will need to be verified directly with the relevant professional body, by the Resourcing Team. This is to ascertain whether:
		+ The applicant is appropriately registered;
		+ The registration covers the proposed role.
	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

**7 A screenshot of the validation screen from the professional website will be saved in the individual’s electronic file. Procedure for Checking Registration on Appointment**

* 1. In the offer letter to new employees, the candidate will be asked to bring their professional registration details (original copies) with them when they visit the Resourcing Team to carry out the Pre-Employment checks.
	2. These details will then be recorded on the Staff Appointment Form, which will later be inputted on ESR by the Resourcing Team.

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

* 1. Monitoring of the continuing registration of all staff, excluding agency staff, will be undertaken by the People Information Team on behalf of the Trust.
	2. The locality People & Culture Teams will receive a monthly report produced by the People Information Team, which details all employees whose registration has either lapsed or is due to lapse within the next three months.
	3. This information will only be distributed to line managers in the case of lapsed registrations.
	4. In the case of medical staff the People Information Team will review the GMC data and identify those whose registration is due to expire in the next 3 months. The People Information 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 People Information 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 People Advisor – Medical Staffing to take immediate action.

**9 Procedure for Monitoring Continued Registration of Bank Staff**

* 1. For the purposes of this policy, Bank employees are considered to be workers who work on the bank but who do not have a substantive contract with the Trust.

The Resourcing Team are 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 a Bank workers registration be due to expire, the Bank Office will e-mail and telephone the worker reminding them of their obligation to ensure that they are registered with their professional body in the course of their employment.

* 1. If the Resourcing Team do not receive confirmation that the employee is adequately registered and the registration has subsequently lapsed, they will immediately discuss this with a locality People Relations Advisor.

10 **Procedure** **for Monitoring Continued Registration of Agency Staff**

* 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.
	2. 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.

11 **Procedure for Allowing Staff to Commence Employment without Registration**

* 1. If a new employee is unable to provide satisfactory evidence of their current registration status, the Resourcing Team will inform the Appointing Officer/ Manager.
	2. In exceptional circumstances a new employee can be permitted to commence employment without proof of registration. In these circumstances, they will be placed, and work in, an unqualified grade (Band 4 top point), and paid accordingly, until proof of registration has been provided to their manager. On receipt the manager will complete a change form to move them to the correct position and grade. The effective date on the change form will be the date that the manager received the proof of registration. A copy of the registration should be provided to the People Information Team 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 Lapsed Registration**

* 1. A lapsed registration could have implications for the Trust and could put patient safety at risk. This section only refers to bank and substantive staff; it is the responsibility of the employing agency to ensure the registration of members of staff have not lapsed.
	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.
	3. The Trust regards failure to keep professional registration up to date as a serious conduct issue. 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 (Band 4, top point)until registration renewed. Please note, pay would be paid at the appropriate remuneration for the unqualified grade by completion of a change form; (in exceptional circumstances consideration will be given based roles undertaken)
* Once the employee’s registration has been renewed, the manager should complete a further change form to place the employee back on their original banding. The effective date on the change form will be the date that the manager received the proof of the renewed registration.
	+ - 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.
	1. It should be noted that it is a criminal offence for a person to falsely represent themselves as being registered with a statutory regulatory body and the Trust will refer the matter to the Local Counter Fraud Specialist. Staff may be subject to criminal and/or formal action in accordance with the Disciplinary Policy and Procedure.

**13 Disciplinary action following lapse of registration**

* 1. Following a lapse of registration the manager will be required to meet with the individual concerned to establish the reasons for the lapse. When considering disciplinary action the manager along with advice from their locality People Relations Advisor will consider 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 the People Information Team 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.
	2. As stated in section 3, 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.

**14 Fitness to practice**

* 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.

**15 Policy Review**

15.1 It is the responsibility of the Director of People & Culture to monitor and review this policy.

**1. Revalidation for Nurses and Midwives - Introduction**

* 1. Revalidation is the process by which registered nurses and midwives maintain their registration with the NMC.
	2. The arrangements for the revalidation of medical staff are set out in the Medical Appraisal and Revalidation Policy.
	3. As part of this process all nurses and midwives need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practice safely and effectively. Revalidation promotes greater professionalism among nurses and midwives and also improves the quality of care that patients receive by encouraging reflection on nurses’ practice against the revised Nursing & Midwifery Code of conduct, published in February 2015.
	4. The NMC Code is the foundation of good nursing and midwifery practice and sets out the core standards expected of all registrants regardless of their role/ area of work or how or where they are employed. There are four themes that describe what nurses and midwives are expected to do:
		+ prioritise people
		+ practice effectively
		+ preserve safety
		+ promote professionalism and trust
	5. Employees should familiarise with the NMC website - [www.nmc.org.uk](http://www.nmc.org.uk/) where up-to-date information is available.
	6. Revalidation will replace the post-registration education and practice (PREP) standards from 1st April 2016 and the three-yearly notification of practice form by setting new requirements for nurses.
	7. From April 2016 all nurses and midwives must revalidate every three years in order to maintain registration with the NMC and continue to practice.
	8. All nurses and midwives need to meet a range of revalidation requirements designed to demonstrate their continued ability to practice safely and effectively.
	9. These requirements include:
		+ Practising a minimum number of hours;
		+ Undertaking continuing professional development (CPD);
		+ Obtaining feedback about their practice;
		+ Reflecting on the Code, their CPD and feedback about their practice;
		+ Discussing these reflections with another NMC registrant;
		+ Providing a health and character declaration;
		+ Having appropriate indemnity arrangements in place;
* Demonstrating to a third party confirmer that they have met the requirements for revalidation.
	1. This policy provides an overview of revalidation requirements, details the staff who are required to revalidate with the NMC, the processes in place and the on-going action plan to assure readiness for Nurse Revalidation commencing in April 2016.

**2. Purpose**

* 1. The purpose of this policy is to outline the requirements and arrangements for conducting the revalidation of registered nurses and midwives employed by East London NHS Foundation Trust (ELFT) in line with the Nursing and Midwifery Council regulations (2015).
	2. Revalidation reinforces the duty on registrants to demonstrate their ability to practice safely and effectively and to adhere to the Professional Code. Every nurse and midwife working in ELFT must revalidate 3 yearly in order to maintain continued employment with ELFT.

**3. Scope**

3.1 This policy is only applicable to all registered nursing and midwifery staff working for, or on behalf of ELFT.

**4. Explanation of Terms and Definitions**

* 1. **Revalidation** is the process by which registered nurses and midwives are required to regularly demonstrate to the Nursing & Midwifery Council (NMC) their continued ability to practice safely and effectively.
	2. **Nursing & Midwifery Council (NMC)** - NMC is a statutory body set up by the Parliament of the United Kingdom through the Nursing and Midwifery Order 2001. The NMC is the UK regulator for nursing and midwifery professions with a stated aim to protect the health and wellbeing of the public. The NMC maintains a register of all nurses, midwives and specialist community public health nurses eligible to practice within the UK. It sets and reviews standards for their education, training, conduct and performance. The NMC also investigates allegations of impaired fitness to practice where the standards of nursing and midwifery practice are not met.
	3. **Registration** – All nurses and midwives must pay an annual retention fee to maintain professional registration with the NMC and to continue to practice. This is in addition to the requirements of revalidation.

**5. Key Aspects of Revalidation to Consider**

5.1 Revalidation is being introduced to ensure that nurses and midwives can demonstrate to the Nursing & Midwifery Council (NMC) that they are able to deliver care in a safe, effective and professional way. It will strengthen public confidence in the nursing and midwifery professions

**6. Revalidation Requirement and Process**

* 1. Revalidation was introduced from April 2016. All registered nurses and midwives due to re-register from this date will do so via the revalidation process.
	2. The revalidation process requires nurses to demonstrate that they have met a range of revalidation requirements detailed below:
		+ 450 hours of practice (900 if revalidating as both nurse/midwife).
		+ 35 hours of continuing professional development (CPD) at least 20 must have included participatory learning.
		+ Five pieces of practice related feedback.
		+ Five written reflective pieces on the Code or practice related feedback.
		+ Reflective discussion with another NMC registrant.
		+ Provide a health and character declaration.
		+ Appropriate indemnity arrangements in place.
		+ Demonstrate to a third party confirmer that they have met the requirements for revalidation.
	3. Nurses failing to complete the revalidation process at the required time will no longer be registered with the NMC.
	4. It is the individual nurse’s responsibility to ensure that their revalidation application is submitted by the first of the month in which their revalidation date falls.
	5. ELFT has a robust monitoring system in place and nurses failing to revalidate within the time period will be unable to practice in their current role as they will no longer be registered with the NMC.

## Reflective Discussion

* 1. The nurse or midwife is required to have a professional development discussion with another NMC registrant, covering their written reflective pieces on the Code, their CPD, practice-related feedback and professional practice.
	2. If the nurse or midwife’s line manager is an NMC registrant this discussion should form part of the confirmation meeting. If the confirmer is not an NMC registrant, this discussion will need to take place prior to the confirmation discussion.
	3. The Trust feels that if the nurse’s confirmer is not an NMC registrant best practice would be for the nurse to have a discussion with an NMC registrant of a higher banding, as this will ensure that an appropriate level of reflection will occur.

## Confirmation

* 1. The purpose of the confirmation process is to provide an additional degree of assurance that a nurse of midwife has met the revalidation requirements. Confirmation also increases professionalism by making nurses and midwives more accountable for their practice and improvement.
	2. In line with NMC recommendation nurses and midwives should obtain confirmation from their line manager wherever possible, ideally at their annual appraisal. The confirmer does not need to be an NMC registrant.
	3. The confirmer is required to confirm on the basis of the evidence the nurse or midwife presents to them that they have met the mandatory requirements for revalidation in line with the NMCs ‘Information for confirmers.’
	4. This includes checking the evidence outlining:
		+ Log of practice hours completed and supporting evidence;
		+ Log of CPD and evidence of completion;
		+ Evidence of practice related feedback;
		+ Evidence of 5 written reflective pieces and a reflective discussion.
	5. Confirmers are not responsible for making a judgement on the overall quality of the nurse or midwife’s practice, or their fitness to practice.

**7. Registrants who have more than one role**

* 1. Nurses, who undertake more than one role, either within ELFT or have another role outside of ELFT, need to only obtain one confirmation, which covers all of their practice. The outcome needs to be shared with the individual’s employers.
	2. The NMC recommend that nurses have their revalidation discussion and obtain their confirmation through the organisation or service where they undertake the majority of their work. However, it may be beneficial to have a discussion in each organisation/service in which they work, and bring the outputs of those discussions to their confirmation discussion.

**8. ELFT nurses not working at time of revalidation**

* 1. It is the line manager’s responsibility to contact nurses on long term absence who are due to revalidate in the upcoming year, to offer support and obtain assurance that the nurse or midwife is meeting requirements for revalidation.
	2. This group of registrants will include:
		+ Maternity leave
		+ Long term sick leave
		+ Career break
		+ Suspended from work

**9. Nurses failing to revalidate on time**

* 1. It is the nurse’s responsibility to submit their revalidation request in a timely manner, noting that the NMC require a calendar month to process the application. If this does not happen and the nurse’s registration lapses, they are required to inform their line manager immediately. Should the nurse fail to notify their line manager, the nurse will be considered for disciplinary processes, taking into account any mitigating circumstances?
	2. The nurse will be unable to work as a registered nurse and will be required to work and be paid as a Band 4 HCA until their registration is renewed. This re- registration process may take up to 6 weeks.

**Appendix A – Current Registration Bodies**

Prior to the appointment, the qualifications which are 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:-

* + 1. 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.
		2. The GMC also runs a telephone helpline service available on 0845 357 8001. The helpline is open between 9am an 5pm, Monday to Friday (excluding bank holidays)
		3. The GMC operates a fax back service on 0161 923 6700 when asked enter the Doctors 7 digit GMC number choose the options provided.
		4. The GMC website at [www.gmc-uk.org](http://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.

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

## Nursing & Midwifery Council (NMC)

The nursing and midwifery council can be searched to find out if a nurse is registered with the NMC. The most common way of doing so is:

* Online at [www.nmc-uk.org](http://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, 23 Portland Place, London W1B 1PZ

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.

## Health and Care Professions Council (HCPC)

The following health professionals are all regulated by the HCPC: arts therapists, biomedical scientists, chiropodists, podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthopists, paramedics, physiotherapists, practitioner psychologists, prosthetics, 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](http://www.hpc-uk.org/). If a health professional’s registration status has changed this is immediately entered onto the register.

Fitness to practice 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](http://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 practice 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’, ‘l’ 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 practice inquiries can also be obtained from the RPSGB website.

## UK Council for Psychotherapy (UKCP)

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

**Social Workers**

A Social Workers registration can be checked on Social Work England (SWE) - <https://www.socialworkengland.org.uk/> .The Trust can search online by name and town where the Social Worker is currently employed, or by registration number

**Appendix B – Guidance for managers for staff with expired professional registration**

Should a professional registration expire, in addition to the managers own professional registration checking system, the manager will be contacted by the locality People Relations Advisor to inform them of the lapse and to try to establish the facts around the expired registration. The manager will also receive advice from The People & Culture Team 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 or ring them to immediately notify them that their registration number has expired and to speak to them about how this has occurred.

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, People & Culture Team, the professional body

Having given due consideration to all of the evidence, the manager along with advice from the People & Culture Service 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 to the top point of the Band 4 scale 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 writing from the Departmental Head or line manager and sent to the employee and a copy place on the employee’s personnel file.

**Appendix C – Revalidation Process for Nurses and Midwives (Detailed)**

Introduction: Prior to their application for revalidation, registered nurses are required to demonstrate to a third party, a ‘confirmer’ that they have complied with the revalidation requirements.

Nurses apply for revalidation using NMC Online.

The NMC will select a sample of nurses and midwives to provide them with further information to verify the declarations that they made as part of their revalidation application. Such a request does not necessarily mean that there are any concerns about the individual application, and the nurse can continue to practice whilst this process is completed.

* Requirements for revalidation are:
* Practising a minimum number of hours;
* Undertaking continuing professional development (CPD);
* Obtaining feedback about their practice;
* Reflecting on the Code, their CPD and feedback about their practice;
* Discussing these reflections with another NMC registrant;
* Providing a health and character declaration;
* Having appropriate indemnity arrangements in place;
* Demonstrating to a third party confirmer that they have met the requirements for revalidation;
* Submitting revalidation application by 1st of the month in which their’ revalidation is due.

## Practice Hours:

|  |  |
| --- | --- |
| **Registration** | **Minimum practice****hours** |
| Nurse | **450** |
| Midwife | **450** |
| Nurse and SCHPN12 | **450** |
| Midwife and SCHPN | **450** |
| Nurse and midwife (including Nurse/ SCHPN and Midwife/SCHPN Registration | **900** |

Only hours that are relevant to registered nursing or midwifery scope of practice contribute toward meeting the practice hour’s requirement. This is not limited to direct patient care and for some roles will include non-clinical practice. Nurses must meet their practice hours in a role where they use their skills, knowledge and experience of being a registered nurse or midwife. Consequently activities to meet the revalidation requirements will reflect an individual’s current scope of practice as a nurse or midwife.

A nurse who has had, or is on a career break will still be able to meet the practice hours requirement if they have completed the required hours of practice as a registered nurse or midwife at some point earlier in the three-year registration period.

If a nurse has practiced for fewer than the required number of hours in the three years preceding the date of application for renewal of their registration, they are required to successfully complete an appropriate return to practice programme approved by the NMC before the date of application for renewal of registration.

Details required by the NMC about a registrants practice hours are detailed on [www.nmc.org.uk](http://www.nmc.org.uk/)

## Continuing professional development:

Registrants must undertake 35 hours of continuing professional development (CPD) relevant to their scope of practice as a nurse or midwife, over the three years prior to the renewal of their registration.

Of those 35 hours of CPD, 20 must include participatory learning, where the nurse personally interacts with one or more other professionals either in person or in a virtual environment.

The learning activity should be relevant to the nurse’s scope of practice as a nurse or a midwife.

The nurse must maintain accurate records of the CPD they have undertaken including evidence of their participation. These records must contain:

* The CPD method;
* A description of the topic and how it relates to their practice;
* The dates on which the activity was undertaken;
* The number of hours (including the number of participatory hours);
* The identification of the part of the Code most relevant to the activity;
* Evidence that the CPD activity was undertake.

## Practice related feedback:

Registrants must obtain a minimum of five pieces of practice-related feedback over the three years prior to the renewal of their registration.

This feedback can be from a variety of sources. For example, directly from patients, service users, carers, students, or colleagues. The feedback can be written or verbal. Feedback from colleagues does not need to be limited to colleagues who are nurses or midwives.

Feedback can also be on the registrant’s team, unit, ward or organisation’s performance.

Registrants who work directly with patients or service users (including family members and carers) can seek feedback from them directly about their practice. However, they need to be sensitive to the timing and circumstances when requesting feedback. Patients, carers and service users should be assured patients and service

users that the Registrants professional relationship with them will not be adversely affected by any feedback that they provide, and that they do not have to provide feedback if they do not want to. It may be more appropriate in some cases to use a third party to seek feedback on the nurse’s behalf.

Anyone providing feedback, including colleagues and patients should be informed of the way in which their feedback will be used.

Nurses should keep a note of the content of any feedback they obtain, including how they used it to improve their practice in line with How to revalidate with the NMC.’ This record should not include any information that might identify any individual.

## Reflection:

Registrants are required to record a minimum of five written reflective accounts over the three years leading up to their revalidation. Each reflective account should be about an instance of CPD, practice related feedback, an event or experience in their own professional practice, or a combination of these, and the NMC Code.

Reflective accounts should explain what the nurse learnt from the CPD activity, feedback, event or experience, how they changed or improved your work as a result, and how it is relevant to the Code.

Registrants are not required to routinely submit a copy of the reflective accounts to the NMC at the time of revalidation, but should retain these as a record and provide them to the NMC if requested.

## Discussion:

The nurse or midwife is required to have a professional development discussion with another NMC registrant, covering their written reflective pieces on the Code, their CPD, practice- related feedback and professional practice. The discussion should be a face-to-face conversation in an appropriate environment.

If the nurse or midwife’s line manager is an NMC registrant this discussion should form part of the confirmation meeting. If the confirmer is not an NMC registrant, this discussion will need to take place prior to the confirmation discussion.

However, if the nurse or midwife has valid objections or the manager is not an NMC registrant then alternative options will be made available.

The Trust feels that if the nurse’s confirmer is not an NMC registrant best practice would be for the nurse to have a discussion with a NMC registrant of a higher banding, as this will ensure that an appropriate level of reflection will occur.

Appropriate alternative options are:

* Clinical Quality Lead (Nursing);
* Professional Educational Lead;
* Community Practice Teacher;
* Practice Development Nurse;
* Clinical Supervisor;
* Clinical Lead;
* Band 7 Nurse/Midwife or above.

## Health and character declaration:

The NMC requires Registrants to make a health and character declaration as part of their revalidation request.

## Health:

The NMC expect nurses to be in a state of health that ensures they are capable of safe and effective practice without supervision, after any reasonable adjustments are made by their employer.

This does not mean there must a total absence of any disability or health condition. Many people with disabilities or health conditions are able to practice effectively with or without adjustments to support their practice.

## Character:

Good character is important and is central to the Code because nurses and midwives must be honest and trustworthy.

Registrants must state whether they have received any cautions or convictions over the three years prior to their revalidation. A caution or conviction includes a caution or conviction you have received in the UK for a criminal offence, as well as a conviction received elsewhere for an offence which, if committed in England and Wales, would constitute a criminal offence.

Registrants do not need to declare fixed penalty fines for traffic offences unless they have led to a disqualification. Nor do offences that have already been dealt with by the NMC need to be declared again. It is not necessary to declare a protected caution or conviction.

In accordance with the Code, the NMC expect Registrants to declare any cautions and convictions to the NMC immediately, not just at the point of revalidation.

## Professional indemnity assurance:

By law, nurses and midwives must have in place an appropriate indemnity arrangement in order to practice and provide care. While the arrangement does not need to be individually held by the nurse or midwife, it is their responsibility to ensure that appropriate cover is in force.

Anyone practising as a nurse or midwife must have an appropriate indemnity arrangement in place as outlined in. The Code: Standards of conduct, performance and ethics for nurses and midwives (NMC, 2008) has been updated to reflect this change and that having an appropriate indemnity arrangement is now mandatory.

Registrants working exclusively for NHS organisations, such as ELFT, will automatically have an appropriate indemnity arrangement in place by the Trust. Non ELFT working for ELFT should have indemnity arrangements through their employer

* 1. NHSP, Agency staff

Any nurse or midwife also working for another employer in the independent sector should ensure that they have professional indemnity cover in place.

If an ELFT employee also undertakes self-employed work they will need to have their own cover in place, provided through membership of a professional body, or trade union; or directly from a commercial provider.

## Confirmation:

The purpose of the confirmation process is for a third party to examine the evidence the nurse has collected for their revalidation application and to confirm that the nurse has met the requirements for revalidation. This process should take place in a face to face meeting.

In line with NMC recommendation, wherever possible the confirmer will be the nurse’s line manager. The confirmer does not need to be an NMC registrant.

However, if the nurse or midwife has valid objections alternative options will be made available.

This process can take place any time within the twelve months leading up to the nurse’s revalidation date and ideally should form part of the registrant’s annual appraisal. If this is not practicable the discussion can take place at a separate meeting, potentially at the nurse’s six month review. If the nurse’s line manager is not an NMC registrant the reflective discussion should take place prior to the confirmation meeting.

## The confirmer should-

* + - Review the registrant’s evidence to confirm that they have met the revalidation requirements
		- Question the registrant if they are unsure whether they have met a requirement.
		- Use their professional judgment in deciding whether they think that the registrant has met the revalidation requirements.

All of the information required to make the judgment should be provided at the confirmation meeting. So confirmers, for example, do not need to contact CPD providers to check whether the registrant attended or completed a particular item of CPD

The confirmer is not required to make a judgment on whether the registrant is fit to practice and revalidation is not a new way to raise fitness to practice concerns. If there are concerns about a nurse’s fitness to practice, these should be raised in the appropriate way, either through the organisation where they work or directly with the NMC (see page 6 for information on raising concerns). This will be dealt with in line with ELFT Raising concerns at workplace Policy, Disciplinary Policy and Performance & Capability Policy and Procedure.

All confirmations must be provided objectively. Confirmers must not be influenced by any personal or commercial relationship they might have with the registrant when

providing confirmation. If a confirmer does not think that they can provide confirmation objectively, they should discuss this with the registrant.

The NMC expects confirmers to act honestly and in good faith. They do not intend to take action against confirmers who inadvertently provide information that proves incorrect. A confirmer providing confirmation honestly, based on the evidence provided by the registrant, will not be held responsible by the NMC for future or past actions if they were unaware of them at the time of giving the confirmation.