Policy for Checking Clinical Professional Registration and Revalidation

Effective Date: April 2016
Review Date: March 2019
**Policy Title:** Policy for Checking Clinical Professional Registration and Revalidation

**Executive Summary:**
The purpose of this policy is to inform managers and employees of the Trust’s procedure relating to professional registration.

The Trust is committed to make every effort to prevent discrimination or other unfair treatment against its staff, potential staff or its users of its services.

**Supersedes:** Policy for the Ongoing Monitoring of Professional Registration

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**This policy will impact on:**
Managers and Clinical Directors and Employees who have responsibility to ensure that ongoing professional registration is renewable on an annual basis to ensure that clinical practice within a specific field can be maintained.

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**Financial Implications:**

**Risks:** Practicing without professional registration can impact on legal claims and employer reputation

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**This policy should also be read in conjunction with:**
Medical and Dental Terms and Conditions
Nursing and Midwifery Code Of Practice
Allied Health Professional Guidance
Recruitment and Selection Policy Pre-Employment Checks

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<table>
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<tr>
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<th>HR</th>
<th>Document Reference:</th>
<th>ECT002575</th>
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<tr>
<td>Version Number:</td>
<td>3</td>
<td>Effective Date:</td>
<td>April 2016</td>
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<td>Issued By:</td>
<td>HR</td>
<td>Review Date:</td>
<td>March 2019</td>
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<td>Author:</td>
<td>HR</td>
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**APPROVAL RECORD**

<table>
<thead>
<tr>
<th>Committees / Groups / Individual</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Consultation: Management</td>
<td>Oct 2016</td>
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<tr>
<td>Staff Side</td>
<td>Sept 2016</td>
</tr>
</tbody>
</table>

**Approved by Committees:**
Professional Forum | Oct 2016

**Board agreement:**
Director of Nursing, Performance & Quality | Oct 2016
# CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Aim</td>
<td>4</td>
</tr>
<tr>
<td>3. Scope</td>
<td>4</td>
</tr>
<tr>
<td>4. Definitions</td>
<td>4</td>
</tr>
<tr>
<td>5. Roles and Responsibilities</td>
<td>5</td>
</tr>
<tr>
<td>6. Registration of temporary staff from external agencies</td>
<td>7</td>
</tr>
<tr>
<td>7. Procedure for checking Registration - Pre Employment</td>
<td>8</td>
</tr>
<tr>
<td>8. Procedure for monitoring ongoing registration</td>
<td>8</td>
</tr>
<tr>
<td>9. Procedure for dealing with lapsed registrations</td>
<td>9</td>
</tr>
<tr>
<td>10. Procedure for updating lapsed registrations</td>
<td>10</td>
</tr>
<tr>
<td>11. Key Performance Indicators</td>
<td>10</td>
</tr>
<tr>
<td>12. Monitoring and Review</td>
<td>10</td>
</tr>
<tr>
<td>13. Audit</td>
<td>11</td>
</tr>
<tr>
<td>14. Communications and Awareness Raising</td>
<td>12</td>
</tr>
<tr>
<td>15. Impact Assessment</td>
<td>12</td>
</tr>
<tr>
<td><strong>Appendix 1: Revalidation – Nurses and Midwives</strong></td>
<td>13</td>
</tr>
<tr>
<td><strong>Appendix 2: Revalidation - Medical Staff</strong></td>
<td>15</td>
</tr>
<tr>
<td>Equality Analysis (Impact Assessment)</td>
<td></td>
</tr>
</tbody>
</table>
1. INTRODUCTION

East Cheshire NHS Trust, as an employer and health care provider has responsibility to provide safe services to patients and to ensure professional standards are met.

The Trust recognises the importance of conducting both pre and post employment checks for all persons working in/for the NHS in order to meet its legal obligations, complement good employment practices, and to ensure as appropriate, existing employees are registered with a relevant regulatory/licensing body in order to continue to practice.

2. AIM

The aim of this policy is to ensure that all staff required to be registered with a statutory regulatory organisation/body to practice in their speciality/field, are fully aware of their contractual obligation to be registered. The document sets out the roles and responsibilities, the monitoring arrangements and the procedure for and implications of lapsed registration.

3. SCOPE

In order to protect the public and ensure high standards of clinical practice it is a legal requirement that the Trust can only employ registered practitioners in qualified clinical positions. This includes the following posts that have been accepted onto the register of the statutory regulatory bodies.

- Medical and Dental
- Nurses and Midwives
- Allied Health Professionals
- Healthcare Scientists

Individuals who are not employed by the Trust (e.g. NHS Professionals; Agency, bank staff, temporary workers, volunteers, students, trainees and Locum workers) but who nevertheless are engaged in work that requires professional registration must also hold current registration. The Trust will ensure that there are processes in place to check the ongoing registration of such workers.

This policy should be read in conjunction with the Trust Recruitment & Selection and Pre-Employment Checks Policy/Procedure.

4. DEFINITIONS

For the purposes of this policy, the term professional registration refers to all posts to include, but not limited to: Medical and Dental, Nurses and Midwives, Allied Health Professionals and Healthcare Scientists which require the employee to be qualified in their field as a requirement of their post, and to periodically renew their registration with their respective professional bodies.
Revalidation refers to the requirement for all posts in Medical and Dental, Nurses and Midwives, Allied Health Professionals and Healthcare Scientists which require the employee to be qualified in their field as a requirement of their post to submit notification of the completion of mandatory practice hours, profession development and reflective practice to the appropriate regulatory body. It is a contractual and statutory requirement that registration is maintained with the relevant regulatory body.

5. ROLES AND RESPONSIBILITIES

5.1 Chief Executive

The Chief Executive has overall responsibility for the strategic and operational management of East Cheshire NHS Trust, including ensuring that policies, such as the Policy and Procedure for Ongoing Monitoring of Professional Registration, comply with all legal, statutory and good practice guidance requirements.

The Chief Executive has the ultimate responsibility for the implementation and monitoring of the policies in use in the Trust.

5.2 Director of Human Resources and Organisational Development

The Director of Human Resources and Organisational Development is responsible for the final ratification prior to the policy actually being implemented. The ratification will take place following a consultation and approval process.

5.3 Deputy Director of Human Resources

The Deputy Director of Human Resources is responsible for the approval and monitoring of this policy.

5.4 Directors

Each Clinical Director (Director of Nursing, Performance and Quality; Medical Director; Director/Senior Manager responsible for AHPs and Healthcare Scientists) shall have responsibility for the implementation and monitoring of this policy.

To respond directly to professional body requests with regard to current and past employees by the designated time frames stipulated by the professional body. HR Business Partner teams to support in gathering the evidence that may be required, for example employment dates.

5.5 Line Managers

Line Managers are responsible for the day to day implementation of the policy and procedure. This includes the following:

- Apply the principles of the policy fairly and equitably
- Ensure that each member of staff is made aware of the policy and their obligations within it
Prior to commencement of employment, the recruiting manager will ensure that the employee has a registration on the relevant part(s) of their register at the interview stage.

Remind new staff that it is the ultimate responsibility of all employees who require professional clinical registration to practice to ensure that their registration with their professional body is up to date, and that they abide by the Professional Code of Conduct.

Retain a copy of the professional registration certificate on the personnel file and all renewal records.

Deal appropriately with any employees whose registration is found to have lapsed during employment with support from the HR Consultancy Team.

Keep a record of the due date for renewal of revalidation of all professional staff within their remit of responsibility.

Verify that Professional Registration details are maintained in line with post employment requirements.

Report any concerns that may impact on a practitioner’s registration to the relevant Clinical Director.

For details of Revalidation for each staff group, please see the relevant appendices.

5.7 Human Resources

Human Resources will be responsible for specific elements of the procedure relating to permanent and temporary staff and support the implementation of the policy and procedure by providing training and guidance to line managers and staff. This includes:

- Provide advice and guidance to managers on the Policy.
- To produce monthly reports on those professionally registered staff that are due for renewal within 3 months to the Service Lines.
- To support managers with the procedures where lapses are identified.
- To audit compliance to this procedure and report to the Trust Board in line with the policy Key Performance Indicators.

5.8 Employees

Registration

- It is ultimately the responsibility of all employees who require professional registration to practice to ensure that registration with their professional body remains current at all times and that they abide by their professional code of conduct.
- Employees/contractors must disclose to the Trust any conditions attached to his/her registration at the earliest available opportunity.
- During the course of their employment employees must, on request by management, provide evidence that their registration has been renewed in accordance with procedures laid down.
- Employees must provide proof of renewal to their Manager.
- Failure to maintain their professional registration may result in disciplinary action being taken.
Employees are reminded that:

- Failure to comply with the requirements of re-registration may lead to disciplinary action under the Trust’s Disciplinary Procedure
- All personal data, particularly name changes must be communicated to both their manager and professional body to ensure accuracy of data.
- Lapsed registrations amount to a breach of terms and conditions of employment and may result in dismissal
- Details of any registration lapse will be recorded in their personnel file
- Where registration to a professional bodies does lapse this may result in a reduction in pay
- Repeated lapses in registration may lead to disciplinary action under the Trust’s Disciplinary Procedure

Revalidation

- It is the individual employee’s responsibility to ensure that they maintain their professional revalidation throughout their employment with the Trust.
- For details of Revalidation for each staff group, please see the relevant appendices

6. REGISTRATION OF TEMPORARY STAFF FROM EXTERNAL AGENCIES

It is essential that all Contractors / Agencies the Trust engages with fully meet all legal and regulatory requirements. These include, but are not limited to, the Data Protection Act (1998), the NHS Confidentiality Code of Practice (Approved DoH Guidance 2003), all Disclosure and Barring Service requirements, Registration with the appropriate Professional Bodies where appropriate, confirmation of Fitness to Work, Home Office status if applicable and working within the EWTD regulations (Working Time Directive 1993 and Working Time Regulations 1998).

In this respect the onus must be placed on the supplier (Contractor / Agency) to ensure all relevant workers fulfil all legal and regulatory requirements. The Trust will ensure it is protected contractually in the event of a supplier not fulfilling these obligations.

In order to facilitate this, all Managers must use the services of Agency suppliers awarded ‘Preferred Supplier status by the North West Collaborative Commercial Agency (NWCCA) unless there are exceptional circumstances.

All suppliers on NWCCA Contract meet legal and regulatory requirements, through the national sourcing process undertaken by ‘Buying Solutions’ (formerly PASA).

Where agency staff are being used that are not on the NWCCA Contract, the line manager will be responsible for ensuring written assurance is sought from the supplier that they are abiding by NHS Employers Employment Check Standards.

This will be audited periodically as outlined within the KPIs section of this policy.
7. PROCEDURE FOR CHECKING REGISTRATION - PRE EMPLOYMENT

7.1 All successful candidates who have a professional registration with a licensing or regulatory body in the UK or another country, relevant to their role are required to provide documentary evidence of up to date registration prior to appointment. The Recruitment Team will check with the relevant regulatory body (e.g. GMC, GDC, NMC, HCPC, GPhC) to determine that the registration is valid, that there are no restrictions to the individual’s registration and there are no pending investigations on their fitness to practise.

7.2 Where professional registration is a requirement of the post ongoing registration as outlined above will be monitored through the Trust's Policy and detailed in section 8 of the policy.

7.3 For posts requiring professional registration when issuing a ‘Conditional Offer Letter’ the Recruitment Team will check the successful candidate is not on the Alert Letter database maintained within HR Administration Service.

The National Clinical Assessment Service (NCAS) are responsible for considering, issuing and revoking alerts. Alert letters are sent to all NHS bodies to make them aware of a doctor or other registered health professional whose performance or conduct could place patients or staff at serious risk. Alert letters are communicated to NHS bodies for those health professionals who are regulated by one or more of the following regulatory bodies:

- General Medical Council
- Nursing and Midwifery Council
- Health and Care Professions Council
- General Dental Council
- General Optical Council
- The General Pharmaceutical Council (GPhC)
- General Chiropractic Council
- General Osteopathic Council

The Recruitment Team is responsible for managing Alert Letters according to Healthcare Professionals Alert Notice Directions 2006, transferring alert letter details to a secure database and retaining paper copies within a safe haven which is locked and accessible to a limited number of staff.

The Recruitment Team is responsible for cross-referencing job offers to registered health professionals with the relevant professional body. If the HR Administration Service is unable to verify registration with the relevant professional body the HR Consultancy Team will be notified.

8. PROCEDURE FOR MONITORING ONGOING REGISTRATION

8.1 The HR Workforce Information Team will produce a monthly report for all professionally registered staff that are due for renewal within the coming 3 month period. This will be cascaded to relevant Service Managers and Heads of Service to action accordingly.
8.2 The HR Workforce Information Team will run reports through the electronic information interfaces for NMC, GMC, GDC, HCPC, GPHC (AHPs and Healthcare Scientists) which will identify any lapses on a monthly basis; the relevant information will be cascaded by the HR Consultancy to service managers and service to action accordingly.

9. PROCEDURE FOR DEALING WITH LAPSED REGISTRATIONS

9.1 Line Managers

Where registration is a contractual requirement, under no circumstances can an employee be allowed to practise without valid current registration.

Managers who identify a lapsed registration must take immediate action. In these circumstances the manager, in consultation with the relevant Clinical Director, must make a decision about the options available during this time and discuss the proposed actions with the HR Consultancy Team. The immediate actions will include:

- Contact the member of staff immediately
- Ensure the person is withdrawn from undertaking the duties of a qualified clinician or professional with immediate effect
- Agree appropriate actions with the relevant Clinical Director
- Discuss the options with the HR Consultancy Team
- Inform the member of staff
- Check re-registration with the relevant regulatory body if appropriate/required

9.1.1 When considering action to be taken, management will take account of the following factors;

- Any previous occasions when the individual has allowed their registration to lapse
- Whether the individual has attempted to conceal the fact that their registration has lapsed

Action will be taken in line with the Trust’s Disciplinary Procedure where an employee has knowingly continued to practice without registration and failed to notify management, concealed the fact that their registration has lapsed or has on previous occasions allowed their registration to lapse.

9.1.2 The manager in consultation with the HR Consultancy Team should consider the following options:

- Suspend the individual from duty without pay, invoke disciplinary process
- Temporary downgrade into a non qualified post specific to service need

9.2 Employee

Staff who recognise that their registration has lapsed must take immediate action to:
• Withdraw from practice
• Inform their line manager immediately
• Re-register with the professional body
• Where feasible agree an alternative role with their Manager during the re-registration timeline
• Provide proof of renewal to the Manager
• Provide proof and clarification of pin number if there is a discrepancy in data

Failure to comply with the requirement to maintain professional registration may result in disciplinary action

10. PROCEDURE FOR UPDATING LAPSED REGISTRATIONS

It is the Manager’s responsibility to:

• Receive proof of renewal and to evidence this in the personnel file
• Contact workforce information to update the record.
• Inform the relevant Clinical Director

11. KEY PERFORMANCE INDICATORS

• 100% of all staff requiring professional registration be registered with their professional body.

• Copies of the written assurance documentation from non-NWCCA Agencies on adherence to the NHS Employment Checks Standards will be requested periodically from all managers using non-NWCCA agency staff on an annual basis

12. MONITORING AND REVIEW

• The HR Workforce Team will produce a monthly report on all clinical professional registrations of staff 3 months in advance of current registrations that are due for renewal.

• This policy will be reviewed by the HR Consultancy Team on a 3 yearly basis or earlier if national policy changes.

• The policy and procedures will be monitored and reviewed by management and staff-side representatives in line with legislative changes and best practice guidelines.

• The impact of the Procedure for Checking Professional Registration will be reviewed by the Director of HR in consultation with the appropriate Senior Management and staff groups, 3 years after implementation. The outcome of this review will be made available to the appropriate body and to staff-side for information and policy improvement.
13. AUDIT

This policy will be audited in line with the KPIs identified in Section 8 at the stated intervals by the identified individuals/teams. Information and statistics relating to post employment checks will be reported to the Trust Board through the 6 monthly HR Board Report. Any action plans developed from this audit will be agreed by the Safety Quality and Standards Committee and reviewed on a 6 monthly basis.

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Monitoring Compliance</th>
<th>Monitoring Committee</th>
<th>Frequency of Review</th>
<th>Review Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duties, both on initial appointment and ongoing thereafter</td>
<td>Will be reviewed as part of the update of the policy and will take account of changing roles, organisational structure and tasks.</td>
<td>Safety, Quality and Standards Committee</td>
<td>Minimum 2 yearly or when changes to the policy are made due to guidance or organisational changes.</td>
<td>Policy author</td>
</tr>
<tr>
<td>Process for ensuring registration checks are made directly with the relevant professional body, in accordance with their recommendations, in respect of all permanent clinical staff both on initial appointment and ongoing thereafter</td>
<td>Monthly report from workforce information on total number of staff registered</td>
<td>Safety, Quality and Standards Committee</td>
<td>6-monthly</td>
<td>Associate Director of Human Resources</td>
</tr>
<tr>
<td>Process for monitoring / receiving assurance that registration checks are being carried out by all external agencies (e.g. NHS Professionals, recruitment agencies, etc.) used by the organisation in respect of all temporary clinical staff</td>
<td>Written evidence form agencies</td>
<td>Safety, Quality and Standards Committee</td>
<td>6-monthly</td>
<td>Associate Director of Human Resources</td>
</tr>
<tr>
<td>Process in place for following up those permanent clinical staff who fail to satisfy the registration requirements</td>
<td>Reporting exceptions to management with confirmation of individuals being managed through the process</td>
<td>Safety, Quality and Standards Committee</td>
<td>6-monthly</td>
<td>Associate Director of Human Resources</td>
</tr>
</tbody>
</table>

14. COMMUNICATION AND AWARENESS RAISING

This policy will be communicated to the Trust through the following mechanisms:

- Email cascade to all staff
- At Trust level and team level meetings
- Team Brief
- HR direct

15. IMPACT ASSESSMENT

East Cheshire NHS Trust recognises its responsibility to ensure that no-one is discriminated against, disadvantaged or given preference, through membership of any particular group, particularly including people with disabilities, people from different ethnic backgrounds or religions, or on the grounds of their gender, age, or sexual orientation. This policy has undergone an impact assessment to ensure that it does not discriminate on any of the above groups either directly or indirectly.
APPENDIX 1: REVALIDATION – NURSES and MIDWIVES

1. Revalidation – Policy statement

Revalidation is the process that allows nurses to maintain their registration with the Nursing Midwifery Council, (NMC). All nurses need to meet a range of requirements designed to show that they are keeping up to date and actively maintaining their ability to practise safely and effectively.

From April 2016 Revalidation is required every 3 years in order for nurses to maintain their registration and continue to practise as a nurse. East Cheshire NHS Trust is committed to supporting nurses employed in the Trust as they go through the revalidation process.

It is a contractual requirement for nurses employed by the Trust to maintain their registration; therefore failure to do so may result in termination of employment.

Maintaining NMC registration is the professional responsibility of the individual NMC registrant and not the organisation which employs them. Therefore, providing they maintain registration with the NMC a nurse can choose to achieve the requirements of revalidation through alternative processes not outlined in this policy.

The Trust will only be able to provide evidence to support revalidation relating to work an employee has undertaken with the Trust. The Trust will not provide evidence of work undertaken for other employers including nurse agencies.

2.1 Purpose

The purpose of revalidation is to improve public protection by making sure that nurses and midwives provide evidence they are working to meet the NMC “The Code – Professional standards of practice and behaviour for nurses and midwives”.

2.2 Standard Requirements of Revalidation

Revalidation aligns to the four themes of the NMC Code

- Prioritise people
- Practise effectively
- Preserve safety
- Promote professionalism and trust.

Nurses and midwives will need to meet a range of revalidation requirements designed to show that they are keeping up to date and actively maintaining their fitness to practise.

This includes undertaking a range of continuing professional development activities and ensuring completion of a minimum amount of practice. It is recommended that some of these activities are identified and agreed as part of the annual appraisal system.

Nurse and midwives will need to meet with a third party to discuss their compliance with the revalidation requirements. In most cases the third party will be the nurse or midwives immediate line manager and this process will be undertaken as part of their appraisal.
The NMC recommends that all nurses and midwives maintain a portfolio of evidence that will demonstrate that they have met the requirements of revalidation which will be used in the discussion with the third party-confirmor.

**The portfolio will need to provide evidence to support the following.**

**Practice hours**

Achieve a minimum of 450 hours practice hours (900 hours for those with dual registration) over three years prior to the renewal of registration.

A template is available on the NMC website to record practice hours.

Practice hours do not necessarily mean hours spent in face to face clinical practice and can be hours worked where the employee relies on their skills, knowledge and experience of being a registered nurse. This could include roles in nursing management, policy and education.

The Trust can support revalidation by providing evidence of practice hours in the following ways:

- Time sheets
- Job descriptions and specifications
- Bank hours worked
- Healthroster

If you are dual registered you must have practised in the relevant areas as follows:

<table>
<thead>
<tr>
<th>Registration</th>
<th>Minimal total hours required</th>
</tr>
</thead>
<tbody>
<tr>
<td>RN</td>
<td>450 practice hours required (in full)</td>
</tr>
<tr>
<td>RM</td>
<td>450 practice hours required (in full)</td>
</tr>
<tr>
<td>RN &amp; SCPHN</td>
<td>450 practice hours required (in full)</td>
</tr>
<tr>
<td>RM &amp; SCPHN</td>
<td>450 practice hours required (in full)</td>
</tr>
<tr>
<td>RN &amp; RM – including nurse SCHPN &amp; midwife SCHPN</td>
<td>900 practice hours required (in full) (to include 450 hours for nursing and 450 hours for midwifery)</td>
</tr>
<tr>
<td>RN &amp; RMN</td>
<td>900 practice hours required (in full) (to include 450 hours for nursing and 450 hours for mental health nursing)</td>
</tr>
</tbody>
</table>

**Continuing professional development**

Undertake 35 hours of continuing professional development (CPD) relevant to their scope of practice as a nurse or a midwife, over the three years prior to the renewal of their registration. Of these hours, 20 must include evidence of participatory learning.

A template is available on the NMC website to record CPD.

Registrants are required to maintain accurate and verifiable records of their CPD activities which include the method, a description of the topic, dates undertaken, hours, (including if this was participatory), which parts of the NMC Code the CPD relates to, and evidence of having undertaken the CPD activity.
**Practice-related feedback**

Obtain at least 5 pieces of practice-related feedback over the three years prior to the renewal of their registration.

Feedback can be written or verbal, formal or informal, positive or constructive.

Practice related feedback does not necessarily mean direct feedback from service users or carers. It can also be feedback on practice from colleagues such as other healthcare professionals or, complaints, team performance reports, root cause analysis investigations and other serious incident investigation or appraisal feedback.

It is recommended that you keep a note of your feedback and must be recorded in a way that no information identifying an individual is used or recorded.

**Written Reflective Accounts**

Record a minimum of 5 written reflections on the Code, their CPD and practice-related feedback over the three years prior to the renewal of their registration.

The NMC form is mandatory and can be found on the NMC website.

Reflective accounts must be recorded in a way that no information identifying an individual is used or recorded.

Reflection accounts can be about practice related feedback, CPD or other events of experiences in practice as a nurse.

**Reflective discussion**

Your reflective discussion must be with another NMC registrant.

A template to record your reflective discussion and for the registrant with whom you have your reflective discussion is available on the NMC website this form is mandatory.

For bank nurses this role will be undertaken by the clinical lead for the bank or nominated deputies.

**Health and character and Professional Indemnity arrangement**

It is wholly the responsibility of the registrant to confirm to the NMC that they are of good health and character and declare if they have been convicted of any criminal offence or issued with a formal caution over the three years prior to the renewal of their registration and that they have professional indemnity arrangements.

These aspects of revalidation are not included in third party confirmation.

All nurse employed by the Trust, including those working on the bank are provided with professional indemnity arrangements as part of their employment.
For bank staff this only applies to hours worked for the Trust and not those worked elsewhere or for agencies.

The NMC does not require further evidence of these areas of revalidation, and this does not replace fitness to practice.

**Confirmation form a third party**

In order to revalidate nurses will need to provide confirmation from a third party that they have met all the requirements of revalidation with the exception of health and character and professional indemnity arrangements, see above.

Whilst the NMC outline that confirmers do not need to be another registrant the Trust recommends that nurses confirmers in ECT are the line manager and in most instances the senior nurse in the team in which they work.

Confirmers are required to review the evidence to support revalidation outlined above and to confirm to the NMC that they registrant has met those requirements.

For bank nurses this role will be undertaken by the clinical lead for the bank or nominated deputies.

The NMC have provided a Confirmation Form which can be found on the NMC website, this form is mandatory.

Nurse are not required to send all their evidence of revalidation to the NMC but must provide a declaration that they have met the requirements.

The NMC will contact nurses directly to let them know how to provide their declaration electronically.

### 1.3 Disputes

Where a dispute arises over revalidation confirmation, this will be referred by the senior nurse within a team to the Deputy Director of Nursing.

Revalidation is not a substitute or replacement for fitness to practise and any issues of competence should not be being identified through revalidation processes but through the Trust Appraisal Policy and Capability Policy and Procedure.

Should a registrant make a false declaration during the revalidation process this will be addressed through the Trust Disciplinary Policy.

### 1.4 What happens if Revalidation lapses

If a nurse or midwife fails to submit their revalidation application in time their registration will lapse.

If they want to return to the register they will need to apply for readmission via the NMC; this process may take up to six weeks.

In the event of a registration lapsing they are no longer a registered nurse or midwife.
1.5 Who to inform if Revalidation lapses

A nurse or midwife who fails to revalidate must take immediate action and withdraw from practice and inform their line manager.

A nurse or midwife who fails to revalidate and as a result their registration lapses will be treated in accordance with Section 9 - Procedure For Dealing With Lapsed Registrations of the policy and may be subject to disciplinary action under the Trust’s Disciplinary Procedure

1.6 Useful Links

NMC Revalidation website: www.nmc.org.uk/standards/revalidation
or email t: revalidation@nmc-uk.org.

NMC Online account - www.nmc.org.uk/registration/nmc-online
APPENDIX 2: REVALIDATION – MEDICAL STAFF

1. **Revalidation**
   All licensed doctors need to demonstrate to the GMC, on a regular basis, that they remain up to date and fit to practice.

   All licensed doctors must participate in the revalidation process as a condition of keeping their license to practice. A doctor will need to revalidate with the GMC every five years.

1.1 **Purpose**
   The purpose of revalidation is to support doctors in maintain and improving their practice throughout their career.

1.2 **Standard Requirements of Revalidation**
   Revalidation is based on a continuing evaluation of a doctor’s fitness to practice through regular annual appraisal that is based in core guidance for doctors set out in the GMC core guidance for doctors, Good medical practice.

   During the appraisal the doctor is required to discuss the whole of their practice with their appraiser and use supporting information to demonstrate that they are continuing to meet the values and principles set out in the GMC core guidance for doctors, Good medical practice.

   **Annual Appraisal**
   The doctor must participate in an annual appraisal process which has Good medical practice as its focus and which covers all of their medical practice.

   **Supporting Information**
   The doctor must collect the following supporting information:
   - Continuing professional development (CPD)
   - Quality improvement activity
   - Significant events
   - Feedback from colleagues
   - Feedback from patients
   - Review of compliments and complaints

1.3 **Failure to Engage**
   Any failure to engage with appraisal, or to collect and discuss supporting information at the appraisal, without reasonable excuse, could put a doctor’s licence at risk.

   Repeated failure to engage in the appraisal process may lead to formal action under ‘Maintaining High Professional Standards in the Modern NHS’ being undertaken and/or notification of non-engagement to the GMC.

1.4 **Useful Links**
   - GMC – Online account –
Equality Analysis (Impact assessment)

1. What is being assessed?

**Procedure for Checking Professional Registration**

**Details of person responsible for completing the assessment:**
- Name: Moya Hlgham
- Job title: HR Consultant
- Team: HR Consultancy

**State main purpose or aim of the policy, procedure, proposal, strategy or service:**
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

To inform all staff required to be registered with a statutory regulatory organisation/body to practise in their speciality/field that they are fully aware of their contractual obligation to be registered.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
All employed staff who are required to hold professional registration for their post

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

None identified.

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? **No**
Explain your response: No impacts identified.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently?
No
Explain your response: No impacts identified.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently?
No
Explain your response: No impacts identified.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently?
No
Explain your response: No impacts identified.

LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?
No
Explain your response: No impacts identified.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?
No
Explain your response: No impacts identified.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently?
No
Explain your response: No impacts identified.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently?  No
Explain your response:-
4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people: Indirectly if a member of staff is not compliant with maintaining professional registration</td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children</td>
<td></td>
</tr>
</tbody>
</table>

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

HR, Staff side and professional forum have been involved in the pulling together of this policy.

6. Date completed: 31.8.2016  Review Date: January 2018

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
</table>

8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 12.9.16