

THE STATE HOSPITALS BOARD FOR SCOTLAND

PROFESSIONAL REGISTRATION AND REVALIDATION POLICY

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The date for review detailed on the front of all State Hospital policies/procedures/guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/procedure/guidance at any time due to organisational or legal changes.

Staff are advised to always check that they are using the correct version of any policy, procedure or guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies, procedures and guidance can be found on the Hospital's Intranet policies page.

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1 INTRODUCTION

The State Hospital (TSH) employs individuals as registered professionals, whose names are listed in the register maintained by the relevant Professional Organisation.

TSH shall not employ staff in a registered professional role without being registered by the appropriate professional organisation and this registration having been checked.

Registered staff are required to practice using the same name as is held on their professional register, to allow patients/public and TSH to confirm a practitioner's eligibility to practice without difficulty.

Persons providing professional healthcare services with the NHS are required by statute to register, and maintain such registration/revalidation with the regulatory body listed below:

The General Dental Council (GDC)

Regulates: Dentists, Dental Therapists, Dental Nurses, Dental Technicians, Clinical Dental Technicians and Orthodontic Therapists.

The General Medical Council (GMC)

Regulates: Doctors

The General Optical Council (GOC)

Regulates: Dispensing Opticians and Optometrists

The Health and Care Professions Council (HCPC)

Regulates: Arts therapists, Biomedical Scientists, Chiropodists/ Podiatrists, Clinical Scientists, Dieticians, Occupational Therapists, Operating Department Practitioners, Orthoptists, Paramedics, Physiotherapists, Prosthetists and Orthotists, Radiographers, Speech and Language Therapists, Practitioner Psychologists

The Nursing and Midwifery Council (NMC)

Regulates: Nurses, Midwives and Specialist Community Public Health Nurses.

The Royal Pharmaceutical Society of Great Britain (RPSGB)

Regulates: Pharmacists, Pharmacy Technicians and Pharmacy Premises.

2 PURPOSE

This policy applies to all directly employed staff with TSH, that fall within the above parameters, irrespective of age, gender, disability, ethnicity/race, marital or civil partnership status, sexual orientation, religion or belief, pregnancy or maternity or gender reassignment.

The purpose of this policy is:

- To protect the public who come into contact with the Board by ensuring that all staff in statutory registered professions are employed by TSH to fulfil registration/revalidation requirements to practice.
- To provide a framework applicable across TSH which ensures that all staff in statutory registered professions are currently registered with the relevant regulator.

3 STATEMENT OF INTENT

- It is a condition of employment with the Board that a person must be registered with the relevant regulator to practice in any of the professions identified in section 1.
- Prior to an offer of employment, all applicants to such posts will have the details of their Registration Documents (which include Statement of Entry to the Professional Register for those regulated by the NMC) and current registration verified.
- A newly qualified practitioner awaiting registration may be employed in the first instance in an appropriate non-registered post, and paid accordingly until proof of registration is submitted and confirmed, at which time the employee will be confirmed in the registered post and paid at the appropriate rate.
- An accurate record of the expiry dates of registration/revalidation will be maintained for all employees in registered posts. This will be captured within the Electronic Employee Support System (eESS).
- It is the employee's responsibility to maintain registration/revalidation. Staff that allow their registration/revalidation to lapse will not be permitted to continue to practice within their registered role. Any serious lapse in registration/revalidation may lead to a formal investigation in line with the relevant policy. If the lapse in registration/revalidation is due to administration errors by the regulatory body and this is evidenced by the employee, reimbursement of substantive pay will be made following return to their registered role.

4 RESPONSIBILITIES

4.1 The Individual's Responsibility

All employees for whom professional registration is a requirement for employment is:

- Accountable for ensuring that their registration/revalidation is current.
- accountable for ensuring that they fulfil the criteria for periodic registration/revalidation renewal with the regulator
- Responsible for ensuring that their Line Manager is shown evidence of renewed registration/revalidation once the confirmation document e-mail is received and ensuring that this is updated on eESS.
- Responsible for advising the relevant regulator of any change in personal details, e.g. address, payment card, bank details, e-mail or name.
- Responsible for ensuring that their registration/revalidation is renewed whilst on leave or suspension (including annual leave, sick, maternity/ paternity/ adoption/ parental and career breaks).
- Required to participate in any process where there is failure to re-register or revalidate.

4.2 Managers Responsibility

Senior Managers will:

- Ensure there are systems and processes in place to support this policy and ensure line managers are aware of the policy and their responsibilities in relation to it.
- Investigate any staff that fail to re-register and revalidate where appropriate, within their area of responsibility.

Line Managers will:

- Regularly monitor eESS reports to ensure maintenance of an accurate record of the current registration/revalidation expiry dates for all of their statutory registered staff.

- Approve employee updates in relation to registration/revalidation dates within eESS, following confirmation of evidence from the employee.
- Ensure proactive engagement with employees regarding the status of registration/revalidation through regular discussions.
- Be accountable for any statutory registered member of staff in their Ward/Department whose registration/revalidation has not been renewed on, or before, the date due and for liaising with HR regarding employees who default, if required.
- Be accountable for advising their Line Manager, and in writing, that their statutory registered staff hold current registration/revalidation prior to the annual (or alternative periods as relevant), renewal dates.
- Be accountable for verifying the registration of newly statutory registered staff employed by TSH.

4.3 Human Resources Responsibility

Human Resources will:

- Be responsible for checking the status of all statutory registered applicants from the applicant's application form and inputting this on eESS as part of the new start process.
- Be responsible for verifying newly qualified staff awaiting entry to a statutory register prior to appointment.
- Prior to offering a post, confirm that a candidate's registration has been seen at interview and that details are recorded on the interview assessment paperwork. The recruitment administrators will then update Job Train.

5 RECRUITMENT PROCESS

An applicant who has recently completed their qualifications and is awaiting registration will be considered for an interview, and any offer made will be made subject to obtaining registration.

At interview

- Candidates will produce their current registration documents.
- Chair of the interview panel will note the applicant's registration status PIN (if applicable), date of entry to the register and the expiry date of current registration on the interview papers assessment form.

At the interview, if successful, candidates will be advised

- If newly qualified, their appointment will be to an appropriate temporary non-registered post in the first instance pending confirmation of registration and their salary will be paid accordingly.
- Staff will not be permitted to practice in a registered post until evidence of registration is submitted and confirmed.
- Staff not successful in obtaining their registration within 6 months of employment will have their contract terminated in accordance with the relevant workforce policy, save exceptional circumstances.

On appointment to a post

- The Employee will submit their registration/revalidation documents to their Line Manager and the HR department as part of the pre-employment stage. Copies will be taken and retained in the employee's personal file.
- Upon receipt of the details, HR will verify the registration with the relevant Regulator's Confirmation Service.
- The registration/revalidation details will be entered into eESS by HR.

- In cases of a newly qualified practitioner, who was previously appointed into a non registered post until confirmation of registration, a transaction update will be carried out on eESS to advise of amended employment status and salary, effective from the date the employee commenced working in the registered post.
- On receipt of confirmation of registration, in accordance with other recruitment checks, contract of employment is issued to the employee.

6 PROCESS/ PROCEDURES

6.1 Renewal of Registration/Revalidation

Verifying Periodic Renewal of Registration/Revalidation

It should be noted that some Regulators operate a fixed-date or bi-annual system of registration/revalidation renewal. In such circumstances, the following procedure should be interpreted in accordance with the appropriate Regulator's registration renewal cycle.

It is the employee's responsibility to make sure that their registration and revalidation requirements are up to date.

The Manager will:

- Review employees' registration expiry record two months in advance.
- Advise in writing to each employee whose registration expires in the period under review that evidence of registration renewal must be submitted before the expiry date of the current registration.
- Include those employees whose registration expires while absent from duty, e.g. on leave or suspension (including annual, sick, maternity/paternity/adoption/parental and career breaks) by forwarding reminders to the employee's home address.
- Update/ approve the record of the registration expiry date on eESS. Report through their Directorate structures that renewals due have been verified.

6.2 Lapse of Registration/Revalidation

Where individuals' registration has lapsed due to their own error

- The Manager will meet and confirm with the employee that they cannot continue in their present post on the expiry of their registration/revalidation until evidence of renewal is submitted.
- Identify suitable vacant non-registered roles i.e. Band 2/3/4 role for the employee to undertake whilst awaiting registration/revalidation.
- Ideally, this position will be out with their own clinical area.
- Advise Payroll of any change in status and salary through eESS.
- Advise their Professional Lead i.e. Lead Nurse, AHP Lead/ Clinical Service Manager, Head of Department, etc. as appropriate, of the situation and action taken.
- Following confirmation and evidence of re-registration/revalidation then the post holder will be reinstated to their registered role and salary. The employees' grade and salary should be updated on eESS.

Where an individual's registration has lapsed due to the error of the Registration Body and there is evidence to confirm this, then the individuals pay will be backdated accordingly and the professional lead updated to this effect.

Where a Supplementary Staff Register Nurse registration has lapsed

- Non-registered shifts will be available through the Supplementary Staff Register (SSR).
- Following confirmation and evidence of re-registration/revalidation then SSR staff will be reinstated to their registered role.

6.3 Loss of Registration

- If a member of staff is not appropriately registered, or have lost their registration, this must be fully considered by the line manager immediately in line with the relevant workforce policy. Advice should be sought from HR at this stage.
- The line manager must advise the staff member that while they do not hold the appropriate registration they cannot continue in their job; and are not permitted to work in a role, which requires a professional registration. This must be communicated to the employee in writing and the steps outlined above 6.2 apply.
- Payroll department will be notified to ensure the individual receives appropriate payment during this period.
- The line manager will fully explore the reason for the registration being lost. Action in accordance with the Conduct Policy may be appropriate. In circumstances that are not a conduct issue, this will be dealt with in accordance with the Capability Policy.
- Similar considerations may also be required where there are significant conditions placed on the staff member's registration. It is the responsibility of the senior manager, or nominated deputy, to assess whether these conditions can be accommodated in the role in which the employee is employed to do.
- Any subsequent return to professional role and/or the resumption of pay will be subject to the individual producing satisfactory evidence of registration. Where the lapse has occurred through no fault of the organisation TSH will not be liable for facilitating or incurring cost of any additional training, return to practice courses or any other necessary remedial action. Once the employee is reinstated on the appropriate register, pay will be reinstated at the appropriate band / grade from the date on which the employee can evidence the required level of registration. It is the line manager's responsibility to ensure that the Payroll Department is advised immediately, to ensure that the individual is paid correctly.

6.4 Referrals to Professional Regulatory Bodies

In line with this policy, whereby any decision to refer a current or former employee to the relevant professional regulatory body, will be done so with the agreement of the Director / Professional Head of Service. This will be with prior notification to the employee. Additional Guidance is contained within the Once for Scotland Conduct Policy - Referral to External agencies. TSH has a duty to engage with professional bodies. On receipt of any requests, please seek advice from HR/Lead Nurses/Head of Service.

6.5 Tribunal Attendance

If a staff member is invited to take part in formal tribunals or events organised by a professional body, TSH will provide them with support. Upon receiving employees should seek advice from the HR department/Lead Nurse/Head of Service/Union for guidance and assistance.

7 LONG TERM LEAVE

Where an employee's registration / revalidation has lapsed while they are on a period of long-term leave, such as suspension, sick leave or maternity leave, the manager will continue to communicate to the employee to advise of the expiry of their registration/ revalidation. The manager should advise the employee that they are required to ensure that their registration/ revalidation is renewed prior to returning to work. If the employee has failed to renew their registration at the time of returning to work, the provisions above apply.

8 EARLY RESOLUTION

Where a lapse in registration is a first occurrence and minor lapse, this will be supported via Early Resolution as detailed in the NHSScotland Conduct Policy.

A formal investigation in accordance with NHSScotland Workforce Investigation Policy will be appropriate where there has been a serious lapse in registration/revalidation, for example, recurring lapses of registration or continuing to work whilst registration has lapsed.

9 COMMUNICATION, IMPLEMENTATION, MONITORING AND REVIEW OF POLICY

This policy will be communicated to all stakeholders within TSH via email, the intranet (HR Connect) and through the staff bulletin.

The responsibility for the implementation and monitoring of the policy will be held jointly by the Director of Workforce, Director of Nursing and Operations and Employee Director to ensure equitable treatment of all employees. The operation of this policy will be regularly reviewed by the Director of Workforce in conjunction with Nursing Practice Development to ensure its continued effective operation.

The Board is required by law to gather monitoring information relating to a broad range of characteristics with regard to equality and diversity (e.g. race/ethnicity, age) for many aspects of employee relations. Employees may be asked for information relating to the above in connection with the policy. Employees do not have to give the monitoring information if they do not wish to. Any equalities monitoring information will be held separately and not used to inform any proceedings that occur in relation to this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

10 EQUALITY AND DIVERSITY

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

11 STAKEHOLDER ENGAGEMENT

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
Carers	N
Volunteers	N