

 <p>lechyd Cyhoeddus Cymru Public Health Wales</p>	<p>Name of Meeting Quality, Safety and Improvement Committee</p> <p>Date of Meeting 12th October 2023</p> <p>Agenda item: 3.8.2</p>
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Audit of arrangements within Public Health Wales for verifying active Professional Registration with the Health and Care Professions Council (HCPC) Nursing and Midwifery Council (NMC) and General Medical Council (GMC) for 2022/23

<p>Executive lead:</p>	<p>Angela Cook Acting Executive Director of Quality, Nursing and Allied Health Professionals Professor Fu-Meng Khaw, Executive Medical Director</p>
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<p>Approval/Scrutiny route:</p>	<p>Business Executive Team</p>
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<p>Purpose</p> <p>The purpose of this paper is to provide assurance that Public Health Wales has an efficient and functioning system in place to monitor and verify current and active licence to practice with the Health and Care Professions Council (HCPC) for Healthcare Scientists and Allied Health Professionals, Nursing Midwifery Council</p>
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(NMC) for Nurses and Midwives and General Medical Council (GMC) for Medical Practitioners.

Although there is no current regulatory requirement for a licence to practise for Public Health Practitioners, it is a requirement for employment by Public Health Wales that all such practitioners employed at Consultant grade are registrants on the voluntary UK Public Health Register. Thus, this paper also seeks to provide assurance that a similar system is in place for all Consultant Public Health Practitioners.

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
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The Committee is asked to:

- Take **assurance** that arrangements are in place within Public Health Wales to ensure all Nursing and Midwifery Council, Health and Care Professions Council and General Medical Council Registrants are registered with the appropriate statutory regulating body.
- Take **assurance** that a similar system is in place for all Consultant Public Health Practitioners.

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives.

This report contributes to the following:

Strategic Priority/Well-being Objective	7 - Building and mobilising knowledge and skills to improve health and well-being across Wales
Strategic Priority/Well-being Objective	Choose an item.
Strategic Priority/Well-being Objective	Choose an item.

Summary impact analysis

Equality and Health Impact Assessment	No decision is required therefore no Equality and Health Impact Assessment has been conducted.
Risk and Assurance	There is a risk that a professional’s registration will lapse, and that they will work in a post that requires registration, whilst unregistered.

Health and Care Standards	<p>This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes</p> <p>Theme 7 - Staff and Resources Theme 2 - Safe Care Choose an item.</p>
Financial implications	None
People implications	None

1. Purpose / situation

The purpose of this paper is to provide assurance to the Committee that arrangements are in place within Public Health Wales to ensure all Nursing and Midwifery Council, Health and Care Professions Council and General Medical Council Registrants are registered with the appropriate statutory regulating body.

The paper also seeks to provide assurance that similar robust systems are in place to ensure that all Consultant Public Health Practitioners within Public Health Wales have current and active registration with the voluntary UK Public Health Register, as is a requirement of their employment.

Audits are conducted annually, and the findings presented in this paper are for the period, 31 March 2022 to 1 April 2023.

2. Background

2.1 Public Health Wales employs 395 Healthcare Scientists & Allied Health Professionals, 124 Nurses / Midwives and 100 Medical Practitioners. These are required to hold active registration with the Health Care Professions Council (HCPC), Nursing Midwifery Council (NMC) and General Medical Council (GMC), respectively. It is recognised that a number of NMC and HCPC Registrants are currently employed within roles that do not require an active registration with their professional body, but they have continued to meet the required standards in order to maintain their professional registration, e.g., senior management roles, quality improvement roles.

2.2 There is a direct live link between the Electronic Staff Record (ESR) and the HCPC, NMC and GMC, registers to facilitate real-time updating of professional registration status. When an expiry date is approaching, the employee and manager receive notification from ESR reminding them that registration is due for renewal at 12 months, minus 6 months and minus 4 months.

However, the live link between the ESR and HCPC will only check registration status of postholders where a post has been identified on ESR as requiring HCPC registration. If this was not undertaken when the position was set up on ESR, automated registration-checking will not take place for that specific member of staff (or groups of staff where the same ESR position is used multiple times).

2.3 Thus, an additional annual audit is undertaken across the organisation to provide assurance around:

- Robustness of processes employed by Directorates to ensure all ESR Positions requiring HCPC, NMC and GMC registration of postholders, are identified and highlighted appropriately for inclusion in the 'live link' real-time monitoring of registration status (Sec. 2.2)
- Directorate-level Registration checking for verification of HCPC registration status. In the case of HCPC registrants, this is also a requirement for United Kingdom Accreditation Service (UKAS) accreditation and is organised by the Quality Managers within the Screening and Microbiology Services Divisions. Medical revalidation is co-ordinated and managed through the office of the Medical Director with submission to HEIW annually.

3. Description/Assessment

The audit and assurance processes for each Professions Council were initially developed separately, primarily due to different arrangements for establishing links between ESR and the Professions Council registers, and because significant information was already available for HCPC registration due to established UKAS accreditation requirements. However, the NMC and HCPC audit and assurance processes have now achieved a significant degree of standardisation, and this will be progressed further.

3.1 Nursing and Midwifery Council

In addition to the ESR automated system, a review was undertaken where all details generated by the automated system were cross-referenced with the online NMC register and nominated line managers contacted to confirm their process for verifying NMC registration.

The audit identified by ESR link that there are **124** Nursing / Midwifery staff with an NMC Registration (PIN number). Analysis of these figures identified an anomaly where 2 members of staff NMC registration, had lapsed (Table 1).

Table 1- Anomaly Found

Number	Description	Comments
1	Part 1 RNA (Adult)	Lapsed – but not required for role
1	Part 1 RNMH (Mental Health)	Lapsed – but not required for role
Total 2	Number of anomalies identified by ESR Link	

Further analysis identified 3 Consultants in Public Health/Communicable Disease Control who have maintained NMC registration and further 119 Registrants (Table 2).

Table 2- Staff Holding Current registration

Number	Description	Comments
3	Consultants in Public Health/Communicable Disease Control	Maintained NMC registration
119	Registrants	Hold current registration
Total 122	Numbers Identified by ESR Link	

There are demonstrable, recognised processes in place within all Directorates, where Nurses/Midwives are employed, to verify professional registration, supported by the ESR system.

3.2 Health and Care Professions Council

Audit is based around reviewing posts on ESR that include titles protected by law under Article 39(1) of the Health Professions Order 2001, and cross-checking post holders with the dataset of staff monitored through the ESR/HPCPC 'live-link' Registration check (section 2.2).

A key finding in previous audits (2019/20, 2020/21, and 21-22) was that a number of staff posts had been established in the incorrect ESR Staff Group, and further work was undertaken to address the root-cause of this. Unfortunately, this problem persists in 2022/23, particularly with Trainee Biomedical Scientist staff (33 of whom have been placed into the incorrect staff group). This is compounded by these unregistered trainee staff being entered into ESR as 'Biomedical Scientist' (or 'Registered Biomedical Scientist'), which is a title protected in law. All discrepant records are reported to the relevant operational management team for ESR records to be amended appropriately.

Number of HCPC-registered staff: Assessment of automated link between ESR and HCPC Register

346 Public Health Wales staff were recorded as HCPC registrants through the automated ESR 'live-link' to the HCPC register.

To determine the accuracy of the data, a manual search was carried out for every Public Health Wales staff record for staff within the following ESR Staff Groups:

- Additional Clinical Services
- Administrative & Clerical
- Allied Health Professions
- Healthcare Sciences

This method identified 395 Public Health Wales staff, all of whom were separately checked against the HCPC register and confirmed to be currently registered. Analysis is detailed below in Table 3 and Table 4.

Table 3 Staff holding Current registration

Number	Description	Comments
265 87 23 20	Biomedical Scientists Radiographers Clinical Scientists Allied Health Professionals <ul style="list-style-type: none"> • 7 Physiotherapists • 4 Occupational Therapists • 3 Operating Department Practitioners • 2 Practitioner Psychologists • 1 Dietician • 1 Chiropodist/ Podiatrist • 1 Paramedic • 1 Speech & Language Therapist 	None
395	HCPC Registrants on ESR	
346	Positions Recorded on ESR as Requiring HCPC Registration Check	
49	Staff registered with HCPC but not identified using the HCPC Registration Check interface (further details Table 4)	

Table 4 Details of the 49 Staff registered with HCPC but not identified using the HCPC Registration Check interface.

The 49 staff records (identified by manual counting of ESR records but not identified using the automated link between ESR and the HCPC register) were reviewed further.

Number	Description	Comments
5	Found to have a different name on HCPC Register vs ESR Record	Any difference in name format will result in records not being matched. In all 5 cases, this was due to a middle initial included on one, but not both, database records.
44	Requirement for HCPC checking not included in ESR Job Profile	These include both recently appointed (2022-23) post holders and some existing post holders.

3.2.1 Other issues identified on ESR database

34 records were found that contained the following other errors/ anomalies (Table 5):

Table 5 Other issues

Number	Description	Comments/Actions
31	Identified on ESR with the protected Job Title 'Biomedical Scientist' were found to be Trainee BMS staff	Records will be sent to the relevant Manager with a request that these ESR records be amended where appropriate
3	Found on ESR with the protected Job Title 'Biomedical Scientist', but appear not to be Trainees	Records will be sent to the relevant Managers with a request that these ESR records be amended where appropriate

3.2.2 Summary

- 395 PHW staff are registered with HCPC across a range of professions (compared to 372 in 2021-22).
- 374 staff are registered as Healthcare Scientists and 21 staff as Allied Health Professions.

- The utility of ESR records to support future HCPC registration audits aimed at providing assurance of 'fitness to practise' for clinical staff, is limited.

Challenges include:

- A number of HCPC-registered staff appear not to be engaged in clinical work, e.g. senior managers, service support roles (including training, quality, safety, etc.). While some of these may require HCPC registration to support emergency public health responses, others are likely maintaining registration for career-development/improvement purposes.
- A number of practitioner posts requiring HCPC registration, appear not to have been identified as such when posts were set up on ESR. These posts will not be included in automated checking.
- Non-standardised use of terms within key ESR field, i.e. 'Position Title' and 'Role' has the result that a protected title does not appear in the ESR records of a number of staff. While this will quite appropriately include staff who are not working in clinical roles, it also includes some staff who are. Identification of this latter group is extremely problematic.

3.2.3 Recommendations:

- Establish a central list of all current PHW staff requiring HCPC registration.
- Work be undertaken with the ESR Manager to ensure that the ESR record for all staff requiring HCPC registration, contains an explicit identifier to this end. This may, for example, be through ensuring the relevant protected title is included in the ESR record of every staff member requiring HCPC registration or may be achievable through other mechanisms. It is noted that HEIW are currently undertaking work around this for the wider NHS Wales workforce.
- Reinforce systems that are aimed at ensuring all newly created posts requiring HCPC registration are notified for inclusion in the automated checking of the HCPC database.

3.3 General Medical Council

The GMC implemented a revalidation process for all medical practitioners, underpinned through annual appraisal (in line with the All-Wales Medical Appraisal policy) and revalidation every five years. To support this process Health Education and Improvement Wales (HEIW) developed an All-Wales Medical Appraisal Revalidation System (MARS) to facilitate the appraisal and revalidation process, by assisting Doctors in organising and collating all the

information required of them. Medical revalidation is co-ordinated and managed through the office of the Medical Director with submission to HEIW annually.

3.4 United Kingdom Public Health Register (UKPHR)

Whilst this is a voluntary register, it is a condition of employment by Public Health Wales that all Public Health Consultants (of which there are 32) maintain UKPHR registration. All UKPHR registrants are required to undertake professional appraisal and revalidation processes equivalent to medical and dental practitioners in order to maintain registration. Registrants are managed on the MARS system used by GMC/GDC registrants. The UKPHR system does not connect directly to the MARS system therefore, the OMD liaises regularly with UKPHR to ensure MARS and UKPHR revalidation dates match.

4. Fitness to Practice

In order to practice, registrants must have the skills, knowledge, character, and health to practice safely and effectively within their profession. Public Health Wales has a duty to ensure that employees are competent and remain competent for their role. The professional bodies (HCPC, NMC and GMC) are there to protect the public from registrants whose fitness to practise is impaired, and whose situation cannot be managed locally. A review of any fitness to practise investigations currently ongoing are detailed below; discussion has taken place with People Organisational Development to confirm that there are no current Fitness to Practise issues, however one case referred in 2018 was closed in 2020 with no case to answer and two referrals were made during the reporting 31 March 2020-1 April 2021. These were reviewed by the HCPC, resolved and now closed.

To strengthen governance and accountability arrangements within the organisation, a "Procedure for Notifying and Reporting Possible Fitness to Practise Concerns for Health Professionals Regulated by the Health and Care Professions Council (HCPC) and Nursing and Midwifery Council (NMC)" has been written and is currently being reviewed within the governance arrangements in Public Health Wales.

Professional Regulating Body	No. Staff requiring registration.	Registration Compliance (%)	'Fitness to Practise' Referrals	Comments
HCPC	372	372/372 (100%)	0	Previous referrals to HCPC resolved and closed

NMC	122	122/122 (100%)	0
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5. Update to Proposed Work Plan for 2020/21 and Work Plan 2021/22

5.1 NMC Registration Quality Improvement

As part of our Improvement Programme for Quality Improvement for 2021/22 the current NMC Registration audit tool and the approach to monitoring compliance with NMC registration and revalidation was reviewed. A procedure for line managers or responsible leads to follow and an audit tool for completion by line managers or responsible lead was developed. Substantial engagement has taken place throughout the year across Directorates / Divisions with senior leaders for Nursing and Midwifery Registrants across the Directorates / Divisions regarding both documents.

Applying quality improvement methodology, the procedure and audit tool have been consistently reviewed and updated, dependant on feedback. Further improvements were made before moving to the new system / processes for reporting year 31 March 2022 / 1 April 2023. The procedure and audit tool can be found at **Appendix A**.

5.2 Nursing Staffing Levels (Wales Act) 2016 Quality Improvement

The Nurse Staffing Levels (Wales) Act 2016 became law in March 2016. Section 25a of the Act relates to the overarching responsibility placed on each Health Board or Trust to provide "sufficient nurses to allow nurses time to care for patients sensitively". In Public Health Wales workforce plans consider service needs and appropriate staffing identified to meet these needs considering financial planning requirements.

There are no areas identified out of compliance with the legislation, however it is a current proposal to strengthen arrangements to better identify any deficits in nurse staffing and we will continue to improve our monitoring arrangements.

5.3 HCPC Registration Quality Improvement

A previous preliminary assessment was carried out of whether Public Health Wales staff currently on the register require this to be maintained in order to carry out their current duties (including routine cover for colleagues during planned or unplanned absence, or redeployment to a practitioner role as part of emergency planning). This includes staff on the HCPC register whose ESR job title does not include an HCPC protected title. This process was found to be

helpful and has now been adopted routinely as part of future audits.

The Public Health Wales Professional AHP / Science Lead and People and Organisational Development (POD) Systems Development Manager are also undertaking an options appraisal for ensuring that all new appointees who require HCPC registration are identified accurately on ESR. This will involve determining whether ESR can reliably capture recruitment information relating to HCPC registration being essential and, if not, whether this can be embedded within the ESR registration process for new staff.

The persistent relatively high level of trainee BMS staff being entered into the incorrect ESR Staff Group, and with the protected title, 'Biomedical Scientist', suggests that additional focused training and support may be helpful for managers registering new posts. Options for this will be explored in 2023-24.

6. Well-being of Future Generations (Wales) Act 2015

The report contributes to Goal 3 "Support the NHS to deliver high quality, equitable and sustainable services". The report follows the five ways of working, as defined within the sustainable development principle in the Act, in the following ways:



An annual audit is conducted to ensure that the organisation is compliant with legal requirements for the registration of nursing and midwifery, healthcare sciences and medical practitioners enabling the organisation to plan its services, functions, and programmes over the following year.



The organisation is acting to prevent problems occurring by ensuring a system is in place to support staff in complying with their registration requirements.



The audit impacts on a number of the wellbeing goals, including "A Resilient Wales."



The audit is conducted across all of Public Health Wales, with the relevant Directorate and staff collaborating to complete the requirements of the audit.



All staff involved in conducting the audit have been update regarding the findings.

7. Recommendation

The Committee is asked to:

- Take **assurance** that arrangements are in place within Public Health Wales to ensure all Nursing and Midwifery Council, Health and Care Professions Council and General Medical Council Registrants are registered with the appropriate statutory regulating body.
- Take **assurance** that a similar system is in place for all Consultant Public Health Practitioners.

1. Introduction

1.1 All Nurses and Midwives practising in the UK (and Nursing Associates practising in England) must hold a current registration on the Nursing and Midwifery Council (NMC) Register¹.

1.2 The legislation governing the NMC is set out in the Nursing and Midwifery Order 2001 (**the Order**), together with its associated Statutory Instruments, and extends to the whole of the UK.

The Order:

- Requires that NMC establish and maintain a register and establish the standards of proficiency necessary to be admitted to the different parts of that register (article 5).
- Provides that the register is divided into parts, each of which has a title indicative of the qualifications, education or training necessary to be on that part (article 6).
- Entitles a nurse, midwife or nursing associate to use the title corresponding to the part on which they are registered (article 6).
- Makes it an offence for someone to falsely represent themselves as being on the register, or on a part of it; to use a title to which they are not entitled; or to falsely represent themselves as having qualifications in nursing or midwifery (article 44).

These provisions make it a legal requirement to be on the NMC register.²

1.3 The RCN Nursing Workforce Standards: Supporting a Safe and Effective Workforce Standard 5 (2021)³ highlights that each clinical team or service are required to have a registered nurse as part of the leadership team; or where nurses practise within a wider multi-disciplinary team and their direct line manager is not a registered nurse, a clear professional line to clinical nursing leadership must be available.

2. Purpose

The purpose of this practice guidance is to provide a framework to support the implementation of a standardised audit process for Registrants within Public Health Wales.

¹ NMC Online <https://www.nmc.org.uk/registration/staying-on-the-register/legal-basis-of-registration/> accessed online 13 August 2020

² NMC Online <https://www.nmc.org.uk/registration/staying-on-the-register/legal-basis-of-registration/> accessed online 13 August 2020

³ Royal College of Nursing (2021). RCN Nursing Workforce Standards: Supporting a Safe and Effective Workforce. <https://www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681> accessed online 22 September 2021.

3. Registration and ESR

3.1 100% of nurses and midwives within Public Health Wales, whose role requires them to hold an NMC registration as detailed within their job description, are required to hold a current registration with the Nursing and Midwifery Council at all times.

3.2 100% of nurses and midwives' registrations are recorded on ESR. ESR will automatically inform Line Managers that registration for a member of their team at minus 12 months, minus 6 months and minus 4 months.

3.3 There are a number of PHW staff who are in roles for which they are not required to maintain their professional registration but, have opted to do so. This information is tracked through ESR and line managers will automatically receive notification via ESR (as detailed at 3.2 above), that there is an upcoming Registration or Revalidation date.

4. Roles and Responsibilities

4.1 Line Managers (or designated responsible person)

a. For Nurses and Midwives who Require NMC Registration for their Role

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process
- The designated responsible person will maintain a database of nurses and midwives' registration details for their Division or Directorate. 100% of registration details, as detailed at 3.1 – 3.2, are to be checked by line manager (or designated responsible person) on a monthly basis
- The designated responsible person will be forwarded the Registration Audit Tool, contained at Annex A, in early April of every year by the Corporate Lead Nurse. The completed document is to be returned to the Corporate Lead Nurse by the last week in April.

b. For Nurses and Midwives who maintain their registration, which is not required for Role

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process

- Line Managers (or designated responsible person) whose staff have opted to maintain their registration, maintain a database of their registration details and checked at least during annual performance reviews.
- Line managers (or designated responsible person) will be forwarded the Registration Audit Tool, contained at Annex A, in early April of every year. The completed document is to be returned to the Corporate Lead Nurse by the last week in April.

c. For Nurses and Midwives who are seconded to Public Health Wales

- Line managers have an overall responsibility for discussing professional registration status with nurses and midwives as part of their regular discussions and my contribution process
- Line Managers (or designated responsible person) whose staff are seconded to their team should maintain a database of their registration details.

4.2 The Corporate Lead Nurse will:

- Review the Nursing and Midwifery Register on a monthly basis as a governance check. Any registration issues identified will be highlighted to Line Managers (or designated responsible person)
- Disseminate the Audit Tool annually, in early April to Line Managers for annual completion
- Produce an Annual Registration Audit Report for BET/ QSIC for assurance.



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Standards – Professional Registration Standards for Nurses and Midwives in Public Health Wales

Nurses and midwives practising in the UK and nursing associates practising in England must be on the NMC register.

Directorate/Division:

Completed By:

Date:

Standard 1 (This relates to 4.1a). 100% of nurses and midwives within Public Health Wales, whose job description/role requires a NMC registration, hold a current registration with the Nursing and Midwifery Council at all times. The designated responsible person will maintain a database of nurses and midwives' registration details and 100% of registration details, are checked by the line manager on a monthly basis.

Standard 2 (This relates to 4.1b). The designated responsible person whose staff have opted to maintain their registration, maintain a database of those registration details which are checked at least during annual performance reviews.

Standard 3 (This relates to 4.1c). The designated responsible person whose staff are seconded to their team should maintain a database of their registration details.

Standard No	Criteria / Question	Collection Guidance	Yes	No	N/A	Comments
1	a. Is there a named responsible person for checking registrations?	1. Check – Are staff aware of this guidance document				1.
	b. Do Line Managers (or named responsible person) maintain a database with all registrant details, who	2. Question a number of registrants from area - Are registrants aware who the named responsible person is?				2.
						3.

	are required to hold a registration and expiry dates?	3. Question a number of registrants from area - Are new starters made aware that they have to inform the named responsible person of their registration status? 4. Confirm – Is a database held? 5. Confirm – is there evidence that the database is updated on a monthly basis				4.
		6. Confirm are all registrants on the database hold a current registration with the NMC				5.
						6.
2	Do Line Managers (or the name responsible person), whose staff have opted to maintain their registration but not required for their role maintain a database of their registration details and checked at least during annual performance reviews.	1. Confirm – Are the details of these registrants held within the database?				1.
		2. Confirm – Is there evidence that the database is reviewed on an annual basis (for example, during My Contribution)?				2.

3	Line Managers (or designated responsible person) whose staff are seconded to their team should maintain a database of their registration details.	1. Confirm – Are the details of these registrants held within the database?				1.
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