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Sponsoring Director:	Michelle McGuigan
Prepared By:	Catherine Gilbert, HR Business Partner
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1.0	April 2013	n/a
2.0	May 2015	n/a
3.0	March 2017	Reference to revalidation requirements included.

Equality Impact Assessment	
Date	Issues
22 March 2013	None
17 March 2017	Policy to be available in alternative formats if required.

Policy Validity Statement
This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid. Policy users should ensure they are consulting the currently valid version of the documentation.

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1. POLICY STATEMENT

- The organisation has a responsibility to ensure that professional standards are met. Recognising the importance of conducting both pre and post employment checks for all persons working in or 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.

1.2 For the purposes of this policy, the term professional registration refers to all post which requires 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.

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

1.4 In accordance with NHS Employment Check Standards the CCG will undertake document checks on every prospective employee and staff in ongoing NHS employment. This includes permanent staff, staff on fixed term contracts, volunteers, students, trainees, contractors and staff supplied by agencies.

2. PRINCIPLES

2.1 In order to protect the public and ensure high standards of clinical practice it is a legal requirement that the organisation may only employ registered practitioners in qualified clinical positions. This includes all posts that have been accepted onto the register of the statutory regulatory bodies outlined in the NHS Employment Check

Standards.

2.2 Employees are responsible for maintaining their registration with their relevant professional body

2.3 Individuals who are not directly employed by the organisation (e.g. NHS Professionals, Agency and Locum workers) but who nevertheless are engaged in work that requires professional registration must also hold current registration. The organisation will ensure that there are processes in place to check the ongoing registration of such workers.

2.4 Training and support will be provided to all Line Managers in the implementation and application of this policy

3. EQUALITY

3.1 In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

4. MONITORING & REVIEW

4.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

Part 2

1. PROCEDURE

1.1 This Policy must be read in conjunction with any local CCG Checking Professional Registration Policy and Procedures.

Employee's Responsibility

1.2 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. This includes complying with all requirements for revalidation, where this applies.

1.3 Employees/contractors must disclose to the organisation any conditions attached to his/her registration at the earliest available opportunity.

1.4 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.

1.5 To provide proof of renewal to their Manager.

1.6 Failure to maintain professional registration and comply with the requirements of the registration may result in disciplinary action.

1.7 All personal data, particularly name changes must be communicated to both the line manager and professional

body to ensure accuracy of data.

1.8 Lapsed registrations amount to a breach of terms and conditions of employment and may result in dismissal.

1.9 The registration lapse will be recorded in the employee's personnel file.

1.10 Repeated lapses in registration may lead to disciplinary action under the Disciplinary Policy and Procedure

Registration of Temporary Staff from External Agencies

1.11 It is essential that all Contractors / Agencies the CCG 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 Criminal Records Bureau 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).

1.12 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 CCG will ensure it is protected contractually in the event of a supplier not fulfilling these obligations.

1.13 In order to facilitate this, all Managers must use the services of Agency suppliers awarded 'Preferred Supplier' status unless there are exceptional circumstances. All preferred suppliers meet legal and regulatory requirements, through the national sourcing process undertaken by 'Buying Solutions' (formerly PASA)

1.14 Where agency staff are being used that are not from 'preferred suppliers' 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.

1.15 Audits will be conducted periodically to ensure compliance.

Procedure for Checking Registration – Pre Employment

1.16 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. A Human Resources representative or recruiting manager will check with the relevant regulatory body (e.g. GMC, NMC, HCPC, GPhC) to determine that the registration is valid and that there are no restrictions to their registration that would affect their ability to carry out their duties. Extra vigilance will be required in checking an EU national's professional registration and qualifications, to ensure the individual is appropriately registered and qualified.

1.17 Where professional registration is a requirement of the post ongoing registration as outlined above will be monitored through the CCG policy.

1.18 Alert Database checks will be undertaken in line with local recruitment procedures.

1.19 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 Professionals Council
- General Dental Council
- General Optical Council
- The General Pharmaceutical Council (GPhC)
- General Chiropractic Council
- General Osteopathic Council

The CCG 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, as well as for cross-referencing job offers to registered health professionals with the relevant professional body.

Procedure for Monitoring Ongoing Registration

1.20 The CCG will monitor all professionally registered staff to highlight staff due to renew their professional registration and any staff whose registration has lapsed.

Procedure for Dealing with Lapsed Registrations.

Line Managers

1.21 Managers who identify a lapsed registration must take immediate action in accordance with CCG procedure. 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
- Discuss the options with the HR Team and employee
- Check re-registration with the relevant regulatory body, receive proof of renewal and to evidence this in the personnel file

1.22 When considering action to be taken, managers will take account of the following factors:

- Length of time since registration has lapsed
- Reason(s) put forward for non-renewal
- Whether the individual has knowingly continued to practice without registration and has failed to notify management
- 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

1.23 The manager in consultation with a Human Resources representative should consider the following options:

- Allow the individual to take annual leave or time owing until their registration is renewed within an agreed time frame
- Allow the individual to take unpaid leave where no annual leave is available
- Suspend the individual from duty without pay, invoke disciplinary process
- Where feasible, consider transferring the individual staff member to another area within the organisation that offers a non-patient contact role that is of equal value.
- Temporary downgrade into a non qualified post specific to service need

Employee

1.24 Staff who recognise that their registration has lapsed must take immediate action in accordance with

organisation's procedure. Immediate actions will include:

- Inform their line manager immediately
- Re-register with the professional body (in most cases this will be achievable within 1 or 2 working days)
- Withdraw from clinical/professional practice with immediate effect in discussion with their manager
- 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 maintaining your professional registration may result in disciplinary action.

Appendix 1 Equality Impact Assessment

What impact will the new policy/system/process have on the following:

Age - Consider and detail age related evidence. This can include safeguarding, consent and welfare issues

Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email and the internet can be accessed by all users in the workplace.

Disability - Consider and detail disability related evidence. This can include attitudinal, physical and social barriers as well as mental health/ learning disabilities

The disability status of the workforce across the region is unknown therefore relevant tools could be made available to staff that potentially do have a disability that the organisations are unaware of. For example, a process to access interpretation services such as BSL. The policy should be able to be communicated in alternative methods as required for those with a disability and/or visual impairment such as braille, large font, interpreters etc.

If training is being carried out to promote the Policy, ensure a venue has disabled parking and is wheelchair friendly.

Gender reassignment (including transgender) - Consider and detail evidence on transgender people. This can include issues such as privacy of data and harassment.

The policy does not include vocabulary that could cause offense or discriminate against any staff members who have undergone or are undergoing gender reassignment or that identify as transgender.

Marriage and civil partnership - Consider and detail evidence on marriage and civil partnership. This can include working arrangements, part-time working, caring responsibilities.

The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership.

Pregnancy and Maternity - Consider and detail evidence on pregnancy and maternity. This can include working arrangements, part-time working, caring responsibilities.

The policy does not discriminate against staff that are currently pregnant or on maternity leave and can be accessed while on maternity leave or any other leave of absence via the organisation's website.

Part-time staff can access the policy whilst at work via the intranet.

Race - Consider and detail race related evidence. This can include information on difference ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers.

The Policy makes provision for candidates who have a professional registration with a licensing or regulatory body in the UK or another country.

A process should be in place for translation services to be made available where required.

Religion or belief - Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

The policy does not include vocabulary that should cause offense or discriminate against staff members of any religion.

Sex/Gender - Consider and detail evidence on men and women. This could include access to services and employment.

The Policy does not discriminate between staff that are men or women.

Sexual orientation - Consider and detail evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers.

The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.

Carers - Consider and detail evidence on part-time working, shift-patterns, general caring responsibilities.

The content of this policy and vocabulary used does not discriminate against staff who have carer responsibilities.

the policy can be discussed in a 1-1 basis with the designated nurse if required.

Other Identified Groups and Health Inequalities - Consider and detail evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include different socio-economic groups, geographical area inequality, income, resident status (migrants, asylum seekers). What is the potential impact of your work on health inequalities?

Other groups have been considered however as the policy is for staff there are no additional impacts on health inequalities.

Action plan

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
1	Staff unable to access policy due to particular	Age, disability	Have a process in place for alternative formats provided if required. As part of reasonable adjustments on	All staff can access and use the policy. NECS HR or Equality Team can be	Jenna McGuines, HR Manager	On receipt of individual request

	characteristic		appointment or during employment any policy should be adapted by the CCG	contacted for any requests.		
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