

PROFESSIONAL REGISTRATION POLICY

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| HR Policy: | HR24 – Professional Registration Policy |
| Date Issued: | 24 September 2014 |
| Date to be reviewed: | Periodically or if statutory changes are required |

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| Policy Title: | Professional Registration Policy |
| Supersedes: | All previous Professional Registration Policies |
| Description of Amendment(s): | New Policy for CCG employees |
| This policy will impact on: | All staff |
| Financial Implications: | No change |
| Policy Area: | Workforce |
| Version No: | 1 |
| Issued By: | CSU Workforce Team on behalf of NHS Hull CCG |
| Author: | NYH CSU Workforce Team |
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APPROVAL RECORD

| | Committees / Groups / Individual | Date |
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| | Employees | January/Feb 2014 |
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1. POLICY STATEMENT

- 1.1 NHS Hull CCG has a responsibility to ensure that professional standards are met. The CCG recognises 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 posts which require the employee to be qualified in their field and to maintain their registration with their respective professional bodies.
- 1.3 The policy aims to ensure that all staff required to be statutorily registered or organisationally registered (as a requirement of their role) with a statutory regulatory organisation / body in order 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 professional registration checks on every prospective employee and employees' in ongoing NHS employment. This includes permanent staff, staff on fixed term contracts, volunteers, students, trainees, contractors and staff supplied by agencies. This policy also applies to Office Holders at the CCG, e.g. Governing Body Members.

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 the following posts that have been accepted onto the register of the statutory regulatory bodies outlined in the NHS Employment Check Standards.

- Medical and Dental
- Nurses and Midwives
- Allied Health Professionals
- Healthcare Scientists
- Hearing Aid Dispensers
- Practitioner Psychologists
- Pharmacy Technicians

NHS Hull CCG extends the requirement for professional registration to employees in non-clinical roles as defined by the organisation, e.g. financial roles.

- 2.2 The Job Description will specify where a post requires professional registration (clinical or non-clinical) to be maintained.
- 2.3 Employees / Office Holders are responsible for maintaining their registration with their relevant professional body.

- 2.4 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.
- 2.5 Training and support will be provided to all Line Managers in the implementation and application of this policy, as required.
- 2.6 Having sought workforce advice, the CCG will decide on a case by case basis if any conduct or disciplinary investigation should be brought to the attention of a professional body prior to any hearing. This will depend on the severity of any allegation and the relevance to the professional status.
- 2.7 This Policy must be read in conjunction with the Professional Registration Procedure.

3. EQUALITY

- 3.1 In applying this policy, NHS Hull CCG 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, sex, 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.

4.0 BRIBERY

- 4.1 Hull CCG follows good NHS business practice as outlined in the Business Conduct Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified as long as the evidence required through the policy is retained for audit purposes.

5.0 ASSOCIATED DOCUMENTS

- 5.1 The following documents should be referred to in conjunction with this policy:
- Recruitment and Selection policy and procedures
 - Disciplinary Policy

6. MONITORING & REVIEW

- 6.1 The policy and procedure will be reviewed periodically by the CCG in conjunction with the Workforce Team and Trade Union representatives. Where review is necessary due to legislative change, this will happen as soon as is practicably possible
- 6.2 The implementation of this policy will be audited for and reported to the CCG Senior Leadership Team as required.

Part 2

1. PROCEDURE

1.1 This procedure must be read in conjunction with the CCG's Professional Registration and Policy.

2.0 Employee's / Office Holders Responsibility

2.1 It is ultimately the responsibility of all employees / office holders 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/office holders must disclose to the organisation any conditions attached to their registration at the earliest available opportunity.
- During the course of their employment / term of office, employees / office holders must, on request by management, provide evidence that their registration has been renewed in accordance with the procedure.
- To provide proof of renewal to their Manager.
- All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.

2.2 Lapsed registrations amount to a breach of terms and conditions of employment / office holder status and as such failure to maintain professional registration and comply with the requirements of the registration may result in disciplinary action including and the possibility of dismissal.

2.3 The registration lapse will be recorded in the employees personnel file.

3.0 Registration of Temporary Staff from External Agencies

3.1 It is essential that all Contractors / Agencies the CCG engages with fully meet all legal and regulatory requirements.

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

4.0 Procedure for Checking Registration – Pre Employment (Clinical Roles)

4.1 All successful candidates who have a clinical 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 – i.e. the professional

registration number so that the pin numbers can be checked using the appropriate online register.

A Workforce representative will check with the relevant regulatory body (e.g. GMC, NMC, HCPC, GPhC) to determine that the registration is valid.

4.2 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

4.3 The CSU 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.

4.4 Alert Database checks will be undertaken in line with North Yorkshire and Humber CSU recruitment procedures.

5.0 Procedure for Monitoring Ongoing Registration (Clinical)

5.1 The CSU will monitor all clinically professionally registered staff to highlight staff due to renew their professional registration and any staff whose registration has lapsed. Quarterly reports will be produced and provided to the CCG, usually via the Director of Quality and Clinical Governance. The Director of Quality and Clinical Governance will distribute these reports to the appropriate line manager.

5.2 The line managers must deal with any lapses as per the procedure below.

5.3 If the registration has not lapsed and the information is incorrect the manager must provide updated information to the CSU Workforce team as soon as possible, including proof of registration.

5.4 The manager will identify from the report any staff whose registration is due for renewal within the next quarter and make them aware that their registration shortly expires.

6.0 Procedure for Checking Registration – Pre Employment (Non-Clinical Roles)

6.1 All successful candidates for roles which need non-clinical professional registration are required to provide documentary evidence of up to date registration prior to appointment –

i.e. the professional registration number / card. These will be checked as part of the recruitment process.

7.0 Procedure for Monitoring On-going non Clinical Registration

- 7.1 Proof of re-registration must be provided to the line manager as soon as an individual has re-registered. The CSU will maintain a central register of non Clinical Professional Registrations and their expiry dates.
- 7.2 On a quarterly basis the register will be reviewed to identify any gaps in updated registrations and line managers will be informed as soon as possible.

8.0 Procedure for Dealing with Lapsed Registrations

8.1 Line Managers

- 8.1.1 Managers who identify a lapsed registration must take immediate action in accordance with this 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 Workforce Team and employee.
 - Check re-registration with the relevant regulatory body; receive proof of renewal and to evidence this in the personnel file.
- 8.1.2 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.
- 8.1.3 The manager in consultation with a Workforce 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, and invoke the 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 transfer into a post requiring no registration, possibly at a lower grade specific to service need.

8.2 Employee

8.2.1 Staff who recognise that their registration has lapsed must take immediate action in accordance with this 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 or an alternative manager if the direct line manager is unavailable.
- Provide proof of renewal to the manager.
- Provide proof and clarification of pin number if there is a discrepancy in data.