

**PROFESSIONAL REGISTRATION POLICY**

**December 2013**

**Authorship:** CSU Transition HR Policy Lead- adapted locally by North Yorkshire and Humber Commissioning Support Unit.

### Committee Approved: JTUPF and NLCCG Governing Body

**Approved date: 22.1.14 (JTUPF)**

**12.12.13 (NL CCG Governing Body)**

**Review Date:** *January 2014*

### Target Audience: All CCG Members and Staff

**Policy Reference No:** HR04

**Version Number: 1**

**The intranet version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.**

**POLICY AMENDMENTS**

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

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| --- | --- | --- | --- | --- |
| **New**  **Version Number** | **Issued by** | **Nature of Amendment** | **Approved by &**  **Date** | **Date on**  **Intranet** |
| 1 | NL CCG | New Policy for CCG | JTUPF 22.1.14  NL CCG Governing Body 12.12.2013 | 31.03.14 |
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1. **POLICY STATEMENT**
   1. The CCG 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.
   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 maintain their registration with their respective professional bodies.
   3. The policy aims to ensure that all staff who are statutorily or organisationally required to be registered with a 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.
   4. In accordance with NHS Employment Check Standards the CCG will ensure professional registration checks are undertaken 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.

# PRINCIPLES

* 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

The CCG extends the requirement for professional registration to staff in non clinical staff groups as defined by the organisation; this includes but may not be limited to the following;

 Finance

* 1. Employees are responsible for maintaining their registration with their relevant professional body
  2. 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 CCG will ensure that there are processes in place to check the ongoing registration of such workers.
  3. Training and support will be provided to all Line Managers in the implementation and application of this policy as required.

2.5 This Policy must be read in conjunction with the Professional Registration Procedure.

### EQUALITY

* 1. In applying this policy, the 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, 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. See appendix 1.

### SUSTAINABILITY

4.0 The policy has been assessed against the CCG’s Sustainability themes. Please see appendix 2.

### BRIBERY

The 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.

### ASSOCIATED DOCUMENTS

* 1. The following documents should be referred to in conjunction with this policy; Recruitment and Selection policy and procedures

Disciplinary Policy

### MONITORING & REVIEW

* 1. The policy and procedure will be reviewed periodically by the CCG managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen as soon as is practicably possible

7.2 The implementation of this policy will be audited for and reported to the CCG board as required.

# Part 2

**1. PROCEDURE**

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

### 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.

* 1. Employees/contractors must disclose to the organisation any conditions attached to their registration at the earliest available opportunity.
  2. 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.
  3. To provide proof of renewal to their Manager
  4. All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.
  5. Lapsed registrations amount to a breach of terms and conditions of employment 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.
  6. The registration lapse will be recorded in the employees personal file.

### Registration of Temporary Staff from External Agencies

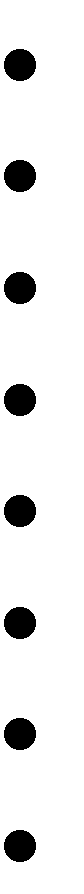
* 1. It is essential that all Contractors / Agencies the CCG engages with fully meet all legal and regulatory requirements. In this respect the onus must be placed on the supplier (Contractor / Agency) by the employee entering the agreement to ensure all relevant workers fulfil all legal and regulatory registration requirements. The employee should ensure the CCG is protected contractually in the event of a supplier not fulfilling these obligations.

### Procedure for Checking Registration – Pre Employment

* 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. A Workforce representative will check with the relevant regulatory body (e.g. GMC, NMC, HCPC, GPhC)

to determine that the registration is valid. Where it is not possible to check directly with a non clinical professional body, the individual will be required to provide proof of registration.

* 1. 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 CSU Workforce 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. As well as for cross-referencing job offers to registered health professionals with the relevant professional body.

* 1. Alert Database checks will be undertaken in line with local CSU recruitment procedures.

### Procedure for Monitoring On-going Clinical Registration

* 1. The CSU Workforce Team will monitor all clinically professional 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
  2. The line managers must address any lapses as per the procedure below.
  3. If the registration has not lapsed and the information is incorrect the manager must provide update information to the CSU Workforce team as soon as possible, including proof of registration.
  4. The manager will identify from the report any staff whose registration is due for renewal within the next quarter and make them aware.

### Procedure for Monitoring On-going non Clinical Registration

* 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.
  2. On a quarterly basis the register will be reviewed to identify any gaps in updated registrations and the CCG will be notified.

### Procedure for Dealing with Lapsed Registrations. Line Managers

* 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

* 1. 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. 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 downgrade into a non qualified post specific to service need

### Employee

* 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

Appendix 1

### EQUALITY IMPACT ASSESSMENT

|  |  |
| --- | --- |
| **1. Equality Impact Analysis** | |
| **Policy / Project / Function:** | Professional Registration Policy |
| **Date of Analysis:** | 1/10/13 |
| **This Equality Impact Analysis was completed by: (Name and Department**) | CSU Workforce Team |
| **What are the aims and intended effects of this policy, project or function ?** | The policy aims to ensure that all staff who are statutorily or organisationally required to be registered with a 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 |
| **Please list any other policies that are related to or referred to as part of this analysis?** | Recruitment and Selection policy and procedures  Disciplinary Policy |
| **Who does the policy, project or function affect ?**  Please Tick  | * Employees   Service Users Members of the Public   * Other (List Below)   In accordance with NHS Employment Check Standards the  CCG will ensure professional registration checks are undertaken 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. |

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| **2. Equality Impact Analysis: Screening** | | | | |  |
|  | Could this policy have a positive impact on… | | Could this policy have a negative impact on… | | Is there any evidence which already exists from  previous (e.g. from previous engagement) to evidence this impact |
| Yes | No | Yes | No |  |
| **Race** |  |  |  |  |  |
| **Age** |  |  |  |  |  |
| **Sexual Orientation** |  |  |  |  |  |
| **Disabled People** |  |  |  |  |  |
| **Gender** |  |  |  |  |  |
| **Transgender People** |  |  |  |  |  |
| **Pregnancy and Maternity** |  |  |  |  |  |
| **Marital Status** |  |  |  |  |  |
| **Religion and Belief** |  |  |  |  |  |
| **Reasoning** | As yet there has been no evidence of a positive or negative impact. The policy includes a procedure to ensure a clear and consistent application of the principles. No anticipated detrimental impact on any equality group. Makes all reasonable provision to ensure equity of access to all staff. However any review of the policy should cover how it has been applied and not just its intention –therefore employment data included in section3 | | | | |
|  | | | | |
| **If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7** | | | | | |

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| **3. Equality Impact Analysis: Local Profile Data** | |
| **Local Profile/Demography of the Groups affected (population figures)** | |
| **General** | Total number of employees in the North Lincs CCG 28 |
| **Age** | No staff employed are under 30  14% of staff are over 55  86 % of staff are aged 30-55 |
| **Race** | 86% of staff employed in the CCG are White  7% of staff are Non-white  7% staff have not stated or defined their ethnicity |
| **Sex** | 50% staff employed are female  50% staff employed are male |
| **Gender reassignment** | No information at this stage |
| **Disability** | **7**% of staff employed declared themselves as having no disability  No staff declared a disability 93% did not declare /undefined |
| **Sexual Orientation** | All staff are recorded as did not wish to respond /undefined |
| **Religion, faith and belief** | All staff are recorded as did not wish to respond /undefined |
| **Marriage and civil**  **partnership** | 86% of employees are married. No employees are in a civil  partnership |
| **Pregnancy and maternity** | No information yet as the CCG has not been established long enough  to build meaningful data |

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| 4. **Equality Impact Analysis: Equality Data Available** | |
| **Is any Equality Data available**  **relating to the use or implementation of this policy, project or function?** Equality data is internal or external information that may indicate how the activity being analysed can affect different groups of people who share the nine *Protected Characteristics* – referred to hereafter as *‘Equality Groups’.*  Examples of *Equality Data* include: (this list is not definitive)   1. Application success rates *Equality Groups* 2. Complaints by *Equality Groups* 3. Service usage and withdrawal of services by   *Equality Groups*  *4.* Grievances or decisions upheld and dismissed by *Equality Groups*  **5.** *Previous EIAs* | * Yes – employment data included for the   purposes of monitoring the impact  No  Where you have answered yes, please incorporate this data when performing the *Equality Impact Assessment Test* (the next section of this document). |
| **List any Consultation e.g. with**  **employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function** | Joint Trade Union Partnership Forum |
| **Promoting Inclusivity**  **How does the project, service or function contribute towards our aims**  **of eliminating discrimination and**  **promoting equality and diversity within our organisation** | This Policy does not directly promote inclusivity, however it  applies a framework to follow a clear process to ensure healthcare professionals are appropriately registered |

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| **5. Equality Impact Analysis: Assessment Test** | | | | |
| **What impact will the implementation of this policy, project or function have on employees, service**  **users or other people who share characteristics protected by The Equality Act 2010 ?** | | | | |
| **Protected Characteristic:** | **No Impact:** | **Positive Impact:** | **Negative Impact:** | **Evidence of impact and if applicable, justification where a Genuine Determining Reason exists** |
| **Gender**  (Men and Women) |  |  |  |  |
| **Race**  (All Racial Groups) |  |  |  |  |
| **Disability**  (Mental and Physical) |  |  |  |  |
| **Religion or Belief** |  |  |  |  |
| **Sexual Orientation**  (Heterosexual, Homosexual and Bisexual) |  |  |  |  |
| **What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by The Equality Act 2010 ?** | | | | |
| **Protected Characteristic:** | **No Impact:** | **Positive Impact:** | **Negative Impact:** | **Evidence of impact and if applicable, justification where a Genuine Determining Reason exists** |
| **Pregnancy and**  **Maternity** |  |  |  |  |
| **Transgender** |  |  |  |  |
| **Marital Status** |  |  |  |  |
| **Age** |  |  |  |  |



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| **6. Action Planning** | | | | |
| **As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by *The Equality Act 2010* ?** | | | | |
| **Identified Risk:** | **Recommended Actions:** | **Responsible Lead:** | **Completion Date:** | **Review Date:** |
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| **7. Equality Impact Analysis Findings** | | | | |
| **Analysis Rating:** | Red | Red/Amber | Amber | * Green |

### SUSTAINABILITY IMPACT ASSESSMENT

Appendix 2

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the CCG’s key Strategies and the CCG has made a corporate commitment to address the environmental effects of activities across CCG services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the CCG’s Sustainability Themes. For assistance with completing the Sustainability Impact Assessment, please refer to the instructions below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Policy / Report / Service Plan / Project Title:** | | | | |
| **Theme (Potential impacts of the activity)** | **Positive**  **Impact** | **Negative**  **Impact** | **No specific**  **impact** | **What will the impact be? If the impact is negative, how can**  **it be mitigated? (action)** |
| Reduce Carbon Emission from buildings by 12.5%  by 2010-11 then 30% by 2020 |  |  |  |  |
| New builds and refurbishments over £2million  (capital costs) comply with BREEAM Healthcare requirements. |  |  |  |  |
| Reduce the risk of pollution and avoid any breaches in legislation. |  |  |  |  |
| Goods and services are procured more  sustainability. |  |  |  |  |
| Reduce carbon emissions from road vehicles. |  |  |  |  |
| Reduce water consumption by 25% by 2020. |  |  |  |  |
| Ensure legal compliance with waste legislation. |  |  |  |  |
| Reduce the amount of waste produced by 5% by  2010 and by 25% by 2020 |  |  |  |  |
| Increase the amount of waste being recycled to 40%. |  |  |  |  |
| Sustainability training and communications for  employees. |  |  |  |  |
| Partnership working with local groups and  organisations to support sustainable development. |  |  |  |  |
| Financial aspects of sustainable development are considered in line with policy requirements and  commitments. |  |  |  |  |

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