

# PROFESSIONAL REGISTRATION POLICY

Policy reference – LHR24

SUMMARY	This Policy outlines the organisation's Professional Registration procedure.
AUTHOR	eMBED Health Consortium HR Team
VERSION	V2.0
EFFECTIVE DATE	November 2017
APPLIES TO	All employees
APPROVAL BODY	Remuneration and Nomination Committees in Common
RELATED DOCUMENTS	All HR policies
REVIEW DATE	November 2021

## VERSION CONTROL SHEET

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Status</b>	<b>Comment</b>
1.1	May 2017	HR Team, eMBED Health Consortium on behalf of CCG	Draft	Consultation with Trade Unions via the Social Partnership Forum
2.0	November 2017	HR Team, eMBED Health Consortium on behalf of CCG	Approved	

## CONTENTS

	<b>Page</b>
1. Purpose	4
2. Scope	4
3. Equality	4
4. Accountability	5
5. Implementation and Monitoring	5
6. Responsibilities	5
7. Principles	5
8. Procedure	6
9. Employee's / Office Holders Responsibility	6
10. Registration of Temporary Staff from External Agencies	7
11. Procedure for Checking Registration – Pre Employment (Clinical Roles)	7
12. Procedure for Monitoring Ongoing Registration (Clinical)	8
13. Procedure for Checking Registration – Pre Employment (Non-Clinical Roles)	8
14. Procedure for Monitoring On-Going Non-Clinical Registration	8
15. Procedure for Dealing with Lapsed Registration	9
16. Revalidation	10
17. Exceptional Circumstances	10
18. Process	10
Appendix 1 – Equality Impact Assessment	12

## **1. PURPOSE**

- 1.1 Leeds Clinical Commissioning Groups Partnership (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.
- 1.5 The CCG is committed to ensuring that all personal information is managed in accordance with current data protection legislation, professional codes of practice and records management and confidentiality guidance. More detailed information can be found in the CCGs Data Protection and Confidentiality and related policies and procedure.

## **2. SCOPE**

- 2.1 This Policy will apply to all employees within the Organisation.

## **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. An Equality Impact Assessment is used for all policies and procedures.

### 3.2 **BRIBERY ACT 2010**

The Bribery Act 2010 makes it a criminal offence to bribe or be bribed by another person by offering or requesting a financial or other advantage as a reward or incentive to perform a relevant function or activity improperly performed.

The penalties for any breaches of the Act are potentially severe. There is no upper limit on the level of fines that can be imposed and an individual convicted of an offence can face a prison sentence of up to 10 years.

The Bribery Act applies to this policy.

## 4. **ACCOUNTABILITY**

4.1 The Chief Officer is accountable for this policy.

## 5. **IMPLEMENTATION AND MONITORING**

5.1 The Remuneration and Nomination Committees in Common is responsible for formal approval and monitoring compliance with this policy. Following ratification the policy will be disseminated to staff via the intranet.

5.2 The policy and procedure will be reviewed periodically by the Senior Management Team in conjunction with Human Resource and Trade Union representatives where applicable. Where review is necessary due to legislative change, this will happen immediately.

## 6. **RESPONSIBILITIES**

6.1 Good working relations are vital for the organisation to operate successfully and provide services. There is a joint responsibility for management, trade unions and employees to accept the responsibility of working together on issues in good faith and with the shared intention of facilitating good working relations.

## 7. **PRINCIPLES**

8.1 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

- Pharmacists and Pharmacy Technicians

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

- 7.2 The Job Description will specify where a post requires professional registration (clinical or non-clinical) to be maintained.
- 7.3 Employees / Office Holders are responsible for maintaining their registration with their relevant professional body.
- 7.4 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.
- 7.5 A copy of the policy will be available on the CCG intranet. Training needs will be identified via the appraisal process and training needs analysis.
- 7.6 This Policy must be read in conjunction with the Professional Registration Procedure.

## **8. PROCEDURE**

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

## **9. EMPLOYEE'S / OFFICE HOLDERS RESPONSIBILITY**

- 9.1 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 their employer 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 of registration and revalidation 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.
- 9.2 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 the possibility of dismissal and will be dealt with as outlined under Section 8.0 – Procedure for Dealing with Lapsed Registrations.

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

## **10. REGISTRATION OF TEMPORARY STAFF FROM EXTERNAL AGENCIES**

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

10.2 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.

## **11. PROCEDURE FOR CHECKING REGISTRATION – PRE EMPLOYMENT (CLINICAL ROLES)**

11.1 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.

An eMBED HR 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.

11.2 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 (GMC)
- Nursing and Midwifery Council (NMC)
- Health and Care Professionals Council
- General Dental Council
- General Optical Council
- The General Pharmaceutical Council (GPhC)
- General Chiropractic Council
- General Osteopathic Council

11.3 The eMBED HR 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.

- 11.4 Alert Database checks will be undertaken in line with eMBED HR Team recruitment procedures.

## **12. PROCEDURE FOR MONITORING ONGOING REGISTRATION (CLINICAL)**

- 12.1 The eMBED HR Team 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 Nursing and Quality and Clinical Governance. The Director of Nursing and Quality and Clinical Governance will distribute these reports to the appropriate line manager for them to action.
- 12.2 The line managers must deal with any lapses as per the procedure below.
- 12.3 If the registration has not lapsed and the information is incorrect the manager must provide updated information to the eMBED HR Team as soon as possible, including proof of registration.
- 12.4 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.
- 12.5 Managers will also check registrations within the employees PDR processes and identify any training requirements.

## **13. PROCEDURE FOR CHECKING REGISTRATION – PRE EMPLOYMENT (NON-CLINICAL ROLES)**

- 13.1 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.

## **14. PROCEDURE FOR MONITORING ON-GOING NON CLINICAL REGISTRATION**

- 14.1 Proof of re-registration must be provided to the line manager as soon as an individual has re-registered otherwise the procedure for lapsed registration will be followed . The eMBED HR Team will maintain a central register of non-Clinical Professional Registrations and their expiry dates.
- 14.2 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.

## **15. PROCEDURE FOR DEALING WITH LAPSED REGISTRATIONS**

### **15.1 Line Managers**

15.1.1 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 eMBED HR Team and employee.
- Check re-registration with the relevant regulatory body, receive proof of renewal and to evidence this in the personnel file.

15.1.2 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.

15.1.3 The manager in consultation with an eMBED HR team 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.

### **15.2 Employee**

15.2.1 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.
- Update registration on ESR within the self-service function once available.
- Provide proof and clarification of pin number if there is a discrepancy in data.

15.2.2 Since November 2015, the only way to regain registration once it has lapsed for the Nursing and Midwifery Council will be by applying for re-admission. This process can take from two to six weeks in which time the employee would be unable to practise.

15.2.3 Doctors whose registration has lapsed need to apply to restore their registration. Doctors cannot legally practice without a licence to practice and registration.

## 16. REVALIDATION

16.1 Revalidation is a process that health professionals undertake to collect evidence and demonstrate their fitness to practise in order to renew their professional registration. In 2007 the Government published a white paper which proposed that all healthcare professionals should complete a process of revalidation, every three years for NMC members and five years for GMC members. The GMC and NMC have their own criteria for renewal; it is the responsibility of NMC members to ensure their registration is valid. Revalidation for GMC members depends on recommendations from the responsible officer in their designated body.

## 17. EXCEPTIONAL CIRCUMSTANCES

17.1 The NMC recognises some exceptional circumstances where nurses and midwives cannot meet revalidation requirements e.g. due to disability or a period of maternity leave, in which case an extension of up to 6 weeks may be granted, prior to the date that the registration was due to lapse. In these circumstances there is still a requirement to meet previous preparation renewal requirements

## 18. PROCESS

	Lead	Action
1	HR	Inform the CCG as part of the Quarterly Workforce Reports of professionally registered employees whose registration is due to lapse in the next 3 months
2	CCG	CCG to determine and inform Line Manager of employees due to expire
3	Line Manager	Manager (if included as supervisor within ESR) receives notification via ESR to advise when employees registration is due to lapse

		CCG highlight with the relevant employee due to lapse and ensure the employee is aware they need to renew their registration
4	Employee	Renew registration and inform line manager  Employee to update professional registration details on ESR
5	HR	ESR checked for updated Professional Registration and inform the CCG if the employee has failed to update their registration – refer back to stage 3
6	Employee	Once information has been received, employee will update the professional registration details on ESR, inform line manager and HR. If registration is not received/updated proceed to stage 6
7	HR	If registration lapses, HR will contact the Head of Service and inform them. Head of Service should consider the reason for the lapse. Actions to be taken if registration lapses are as follows: <ul style="list-style-type: none"> <li>• Individual to take annual leave or time owing until their registration is renewed within an agreed time frame.</li> <li>• Individual to take unpaid leave where no annual leave is available.</li> <li>• Suspend the individual from duty without pay, and invoke the disciplinary process.</li> <li>• Consider transferring the individual staff member to another area within the organisation that offers the opportunity to perform a role that is of equal value, but does not require professional registration.</li> <li>• Temporary downgrade into a non-qualified post specific to service need</li> </ul>

## Equality Impact Assessment

<b>Title of policy</b>	Professional Registration Policy	
<b>Names and roles of people completing the assessment</b>	eMBED HR	
<b>Date assessment started/completed</b>	02/10/17	02/10/17

1. Outline	
<b>Give a brief summary of the policy</b>	The Policy ensures 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 specialty/field are fully aware of their contractual obligation to be registered. The Policy sets out the responsibilities, the monitoring arrangements and the procedure for and implications to lapsed registration.
<b>What outcomes do you want to achieve</b>	To ensure the policy complies with legislation and takes place effectively, efficiently and fairly.

2. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	<b>Are there any likely impacts?  Are any groups going to be affected differently?  Please describe.</b>	<b>Are these negative or positive?</b>	<b>What action will be taken to address any negative impacts or enhance positive ones?</b>
<b>Age</b>	No		
<b>Carers</b>	No		
<b>Disability</b>	No		
<b>Sex</b>	No		
<b>Race</b>	No		

<b>Religion or belief</b>	No		
<b>Sexual orientation</b>	No		
<b>Gender reassignment</b>	No		
<b>Pregnancy and maternity</b>	No		
<b>Marriage and civil partnership</b>	No		
<b>Other relevant group</b>	No		
No anticipated detrimental impact on any equality group. The Policy adheres to the NHS LA Standards, NHS Employment Checks Standards, Professional Codes of Practice and takes account of best practice. Makes all reasonable provision to ensure equity of access.			
<b>If any negative/positive impacts were identified are they valid, legal and/or justifiable?  Please detail.</b>			
<b>4. Monitoring, Review and Publication</b>			
<b>How will you review/monitor the impact and effectiveness of your actions</b>	Number of lapsed registrations will be monitored against protected characteristics to look for any trends and action taken as appropriate.		
<b>Lead Officer</b>	Liz Beecroft	<b>Review date:</b>	2/10/17
<b>5. Sign off</b>			
<b>Lead Officer</b>			
<b>Director</b>	Dawn Jarvis	<b>Date approved:</b>	22/11/2017