PROFESSIONAL REGISTRATION POLICY

FEBRUARY 2014

Authorship:	CSU Transition HR Policy Lead- adapted for local use by North Yorkshire and Humber Commissioning Support Unit on behalf NHS Scarborough and Ryedale CCG.
Committee Approved:	SRCCG Committee Joint Trade Union Partnership Forum
Approved date:	23.04.14
Review Date:	4 years
Equality Impact Assessment	completed
Sustainability Impact Assessment	completed
Target Audience:	All CCG staff
Policy Reference No:	SRCCG P617
Version Number:	1.0

The on-line 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.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date approved	Date on Intranet
DRAFT	SRCCG	Draft policy for CCG	Senior Management Team		
1.0	SRCCG	Policy for CCG	JTUPF	23.04.14	
1.0	SRCCG	Final policy	Senior Management Team	03.06.14	04.06.14

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1 INTRODUCTION

1.1 The 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.

2 ENGAGEMENT

- o Joint Trade Union Partnership Forum/Policy Development Group
- o SRCCG staff via team meetings/team brief/internet

3 IMPACT ANALYSES

3.1 Equality

In applying this policy, the CCG will have due regard to 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 attached at Appendix 2. As a result of performing the analysis, the policy does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

3.2 Sustainability

A Sustainability Impact Assessment has been completed for this policy and is attached at Appendix (3).

3.3 Bribery Act 2010

The Bribery Act is particularly relevant to this policy. Under the Bribery Act it is a criminal offence to:

- Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and

- Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist

4   SCOPE

4.1   This policy applies to all employees of NHS Scarborough and Ryedale Clinical Commissioning Group (the CCG). It also applies to 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.

5   POLICY/ PURPOSE / AIMS

5.1   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.

5.2   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.

6   DEFINITIONS

6.1   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.

7   ROLES / RESPONSIBILITIES / DUTIES

7.1   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

7.2   Employees are responsible for maintaining their registration with their relevant professional body.

7.3 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 CCG will ensure that there are processes in place to check the ongoing registration of such workers.

8 IMPLEMENTATION

8.1 This policy will be communicated to staff via team meetings/team brief/staff newsletters and will be available for staff on the intranet.

8.2 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCGs disciplinary procedure.

9 TRAINING & AWARENESS

9.1 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.

10 MONITORING & AUDIT

10.1 The implementation of this policy will be audited on an annual basis by the CCG and reported to CCG Governing Body.

11 POLICY REVIEW

11.1 The policy and procedure will be reviewed after 3 years for the CCG Governing Body in conjunction with Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

12 ASSOCIATED DOCUMENTATION

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

PART 2   PROCEDURE

1   PROCEDURE

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

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.

1.3   Employees must disclose to the organisation any conditions attached to their 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 on an annual basis.

1.6   All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.

1.7   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 the possibility of dismissal.

1.8   The registration lapse will be recorded in the employee's personal file.

Registration of Temporary Staff from External Agencies

1.9   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) 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. Contractors must disclose to the organisation any conditions attached to their registration at the earliest available opportunity.

Procedure for Checking Registration – Pre Employment

1.10   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 eMBED 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.

1.11   Alert Notes 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 eMBED Workforce Team is responsible for managing Alert Notes 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.

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

Procedure for Monitoring On-going Clinical Registration

1.13 The eMBED 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.

1.14 The line managers must address any lapses as per the procedure below.

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

1.16 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

1.17 Proof of re- registration must be provided to the line manager as soon as an individual has re-registered. The eMBED will maintain a central register of non Clinical Professional Registrations and their expiry dates.

1.18 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

1.19 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 Workforce Team and employee
- Check re-registration with the relevant regulatory body, receive proof of renewal and to evidence this in the personnel file

1.20 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

1.21 The manager in consultation with a Workforce representative should consider the following options:
- Suspend the individual from duty without pay, and invoke the disciplinary process
- 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
- 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

1.22 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.

APPENDICES

Appendix 1   Equality Impact Assessment
Appendix 2   Sustainability Impact Assessment

Appendix 1:

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<u>Equality Impact Analysis: Form</u>
<u>February 2014</u>

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1. Equality Impact Analysis

Policy / Project / Function:	Professional Registration Policy
Date of Analysis:	12.2.2014
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 specialty/field are fully aware of their contractual obligation to be registered. The document sets out the roles, responsibilities, monitoring arrangements and the procedure and process/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 Procedure Disciplinary Procedure
Who does the policy, project or function affect ? Please Tick ✔	Employees ☒ Service Users ☐ Members of the Public ☐ Other (List Below) ☒ In accordance with the NHS Employment Check Standards the CCG will ensure professional registration checks are undertaken on every prospective employee and staff in on-going NHS employment. This includes permanent staff, staff on fixed term contracts, volunteers, students, trainees, contractors and staff supplied by agencies.

	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	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Age	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Sexual Orientation	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Disabled People	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Gender	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Transgender People	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Pregnancy and Maternity	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Marital Status	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Religion and Belief	☐	☐√	☐	☐√	Considered, however there is no evidence of impact.
Reasoning	As yet there has been no evidence of 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 invention – therefore employment data included in section 3.				
If there is no positive or negative impact on any of the Nine Protected Characteristics go to Section 7					

3. **Equality Impact Analysis: Local Profile Data**	
Local Profile/Demography of the Groups affected (population figures)	
General	Total number of employees in the CCG is 94
Age	63.84% of staff are aged 30-55 21.27% of staff are over 55 14.89% of staff employed are under 30
Race	87.24% of staff employed in the CCG declared themselves White 9.58% of staff are not stated/undefined 1.06% of staff declared themselves Black 1.06% of staff declared themselves Mixed 1.06% of staff declared themselves Other
Sex	79.79% of staff employed are female 20.21% of staff employed are male
Gender reassignment	No information
Disability	82.98% of staff employed declared themselves as having no disability 17.02% of staff did not declare /undefined 0% of staff declared a disability
Sexual Orientation	65.96% of staff described themselves as heterosexual 32.98% did not wish to respond /undefined 1.06% described themselves as bisexual
Religion, faith and belief	Christianity is the largest religious group declared by staff in the CCG (55.32%) 34.05% were undefined or did not wish to declare 10.63% of staff declared other faith or religious beliefs
Marriage and civil partnership	62.77% of employees are married. 1.06% of 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

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	Consultation has taken place with Trade Unions nationally and locally
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.

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)	√			Considered, however there is no evidence of impact.
Race (All Racial Groups)	√			Considered, however there is no evidence of impact.
Disability (Mental and Physical)	√			Considered, however there is no evidence of impact.
Religion or Belief	√			Considered, however there is no evidence of impact.
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	√			Considered, however there is no evidence of impact.

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	√			Considered, however there is no evidence of impact.
Transgender	√			Considered, however there is no evidence of impact.
Marital Status	√			Considered, however there is no evidence of impact.
Age	√			Considered, however there is no evidence of impact.

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:
none				

7. Equality Impact Analysis Findings			
Analysis Rating:	☐ Red	☐ Red/Amber	☐ Amber	✓Green

		Actions	Wording for Policy / Project / Function
Red **Stop and remove the policy**	**Red:** As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* It is recommended that the use of the policy be suspended until further work or analysis is performed.	**Remove the policy** Complete the action plan above to identify the areas of discrimination and the work or actions which needs to be carried out to minimise the risk of discrimination.	No wording needed as policy is being removed
Red Amber **Continue the policy**	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason may exist that could legitimise or justify the use of this policy and further professional advice should be taken.	**The policy can be published with the EIA** List the justification of the discrimination and source the evidence (i.e. clinical need as advised by NICE). Consider if there are any potential actions which would reduce the risk of discrimination. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination exists (direct, indirect, unintentional or otherwise) to one or more of the nine groups of people who share *Protected Characteristics.* However, a genuine determining reason exists which justifies the use of this policy and further professional advice. *[Insert what the discrimination is and the justification of the discrimination plus any actions which could help what reduce the risk]*

Equality Impact Findings (continued):			
		Actions	Wording for Policy / Project / Function
Amber **Adjust the Policy**	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document.	**The policy can be published with the EIA** The policy can still be published but the Action Plan must be monitored to ensure that work is being carried out to remove or reduce the discrimination. Any changes identified and made to the service/policy/ strategy etc. should be included in the policy. Another EIA must be completed if the policy is changed, reviewed or if further discrimination is identified at a later date.	As a result of performing the analysis, it is evident that a risk of discrimination (as described above) exists and this risk may be removed or reduced by implementing the actions detailed within the *Action Planning* section of this document. *[Insert what the discrimination is and what work will be carried out to reduce/eliminate the risk]*
Green **No major change**	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.	**The policy can be published with the EIA** Another EIA must be completed if the policy is changed, reviewed or if any discrimination is identified at a later date	As a result of performing the analysis, the policy, project or function does not appear to have any adverse effects on people who share *Protected Characteristics* and no further actions are recommended at this stage.

Brief Summary/Further comments	

Approved By		
Job Title:	**Name:**	**Date:**
Chief Officer	Simon Cox	03.06.14

Appendix 2: Sustainability Impact Assessment

SUSTAINABILITY IMPACT ASSESSMENT

Staff preparing a policy, Governing Body (or Sub-Committee) report, service development or project are required to complete a Sustainability Impact Assessment (SIA). The purpose of this SIA is to record any positive or negative impacts that this is likely to have on sustainability.

Title of the document	Professional Registration Policy
What is the main purpose of the document	
Date completed	
Completed by	CSU Workforce

Domain	Objectives	Impact of activity Negative = -1 Neutral = 0 Positive = 1 Unknown = ? Not applicable = n/a	Brief description of impact	If negative, how can it be mitigated? If positive, how can it be enhanced?
Travel	Will it provide / improve / promote alternatives to car based transport? Will it support more efficient use of cars (car sharing, low emission vehicles, environmentally friendly fuels and technologies)? Will it reduce 'care miles' (telecare, care closer) to home? Will it promote active travel (cycling, walking)? Will it improve access to opportunities and facilities for all groups?	n/a		

Procurement	Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery? Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives? Will it promote ethical purchasing of goods or services? Will it promote greater efficiency of resource use? Will it obtain maximum value from pharmaceuticals and technologies (medicines management, prescribing, and supply chain)? Will it support local or regional supply chains? Will it promote access to local services (care closer to home)? Will it make current activities more efficient or alter service delivery models	n/a		
Facilities Management	Will it reduce the amount of waste produced or increase the amount of waste recycled? Will it reduce water consumption?	n/a		
Workforce	Will it provide employment opportunities for local people? Will it promote or support equal employment opportunities? <u>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?</u> Will it offer employment opportunities to disadvantaged groups?	n/a		
Community Engagement	Will it promote health and sustainable development? Have you sought the views of our communities in relation to the impact on sustainable development for this activity?	n/a		

Buildings	Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)? Will it increase safety and security in new buildings and developments? Will it reduce greenhouse gas emissions from transport (choice of mode of transport, reducing need to travel)? Will it provide sympathetic and appropriate landscaping around new development? Will it improve access to the built environment?	n/a		
Adaptation to Climate Change	Will it support the plan for the likely effects of climate change (e.g. identifying vulnerable groups; contingency planning for flood, heat wave and other weather extremes)?	n/a		
Models of Care	Will it minimising 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes? Will it promote prevention and self-management? Will it provide evidence-based, personalised care that achieves the best possible outcomes with the resources available? Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?	n/a		