# PROFESSIONAL REGISTRATION POLICY
# FEBRUARY 2014

| Authorship: | HR, eMBED | | | |
|---|---|---|---|---|
| Committee Approved: | Governing Body | | | |
| Approved date: | 23/04/14 | | | |
| Review Date: | 23/04/18 | | | |
| | Relevant | Screening | Full / Completed | Outcome |
| Equality Impact Assessment | Yes | Yes | No | No Issues Identified |
| Sustainability Impact Assessment | Yes | | Yes | No Issues Identified |
| Privacy Impact Assessment | Yes | No | No | |
| Bribery Checklist | No | | | |
| Target Audience: | Staff | | | |
| Policy Reference No: | P617 | | | |
| Version Number: | V.1.1 | | | |

| Publication/Distribution | Website | Email Staff | Others (i.e. SBC) |
|---|---|---|---|
| | Yes | Yes | No |

# 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 | | |
| 1.0 | SRCCG | Policy for CCG | JTUPF | 23.04.14 | |
| 1.0 | SRCCG | Final policy | Senior Management | 03.06.14 | 04.06.14 |
| 1.1 | | Policy updated in line with GRPR | SPF 10/01/18 | | |
| | | | | | |
| | | | | | |

# Table of Contents

# 1   INTRODUCTION

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

- Joint Trade Union Partnership Forum/Policy Development Group
- 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

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 AND AIMS

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.

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.

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 procedures.

## 6  DEFINITIONS

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 AND DUTIES

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

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

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

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

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

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

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

# 11 POLICY REVIEW

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

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

# PART TWO – PROCEDURE

## 1    PROCEDURE

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

## 2    EMPLOYEE'S RESPONSIBILITY

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.

Employees must disclose to the organisation any conditions attached to their registration at the earliest available opportunity.

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.

To provide proof of renewal to their Manager on an annual basis.

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

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.

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

## 3    REGISTRATION OF TEMPORARY STAFF FROM EXTERNAL AGENCIES

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.

## 4    PROCEDURE FOR CHECKING REGISTRATION – PRE EMPLOYMENT

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 CSU 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.

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 CSU 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.

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

## 5 PROCEDURE FOR MONITORING ON-GOING CLINICAL REGISTRATION

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.

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

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.

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

## 6 PROCEDURE FOR MONITORING ON-GOING NON CLINICAL REGISTRATION

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.

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

# 7 PROCEDURE FOR DEALING WITH LAPSED REGISTRATIONS. LINE MANAGERS

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

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

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

# 8 EMPLOYEE

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.

# 9 APPENDICES

- Appendix 1      Equality Impact Assessment
- Appendix 2      Sustainability Impact Assessment

# 10 APPENDIX ONE – EQUALITY IMPACT ASSESSMENT

## General Information

| | |
|---|---|
| **Policy:** | Professional Registration Policy |
| **Date of Analysis:** | 12/02/14 |
| **Policy Lead:** (Name, job title and department) | CSU Workforce Team |
| **What are the aims and intended effects of this policy?** | 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. |
| **Are there any significant changes to previous policy likely to have an impact on staff, patients or other stakeholder groups?** | None |
| **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 is likely to be affected by this policy?** | General Public | |
| | Service Users | |
| | Staff | X |

| | |
|---|---|
| | 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. |
| **What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?** | Consultation has taken place with Trade Unions nationally and locally |
| **Promoting Inclusivity and NHS Scarborough and Ryedale CCG's Equality Objectives.** How does the project, service or function contribute towards our aims of eliminating discrimination and promoting equality and diversity within our organisation? How does the policy promote our equality objectives | This policy does not directly promote inclusivity. However, it applies a framework to follow a clear process to ensure healthcare professionals are appropriately registered. |

# Employee Equality Data

| | |
|---|---|
| **General** | Total number of employees in the CCG is 87 |
| **Age** | 11.5%  of staff are under 30<br>54.02% of staff aged 30 - 55<br>34.48 of staff are over 55 |
| **Gender** | 81.61% of staff employed are female<br>18.39% of staff employed are male |
| **Race / Nationality** | 87.36% of staff employed in the CCG declared themselves  White<br>10.34% of staff are not stated/undefined<br>2.30% of staff declared themselves Mixed |
| **Disability** | 75.86% of staff employed declared themselves as having no disability<br>22.99% of staff did not declare /undefined<br>1.15% of staff declared a disability |
| **Sexual Orientation** | 63.22% of staff described themselves as heterosexual<br>1.15% of staff described themselves as gay<br>35.63% did not wish to respond /undefined |
| **Gender Reassignment** | No information available |
| **Religion / Belief** | Christianity is the largest religious group declared by staff in the CCG 42.53%<br>35.63% were undefined or did not wish to declare<br>21.84% of staff declared other faith or religious beliefs |
| **Pregnancy and Maternity** | No information yet as the CCG has not been established long enough to build meaningful data |
| **Marriage and civil partnership** | 58.61% of employees are married.<br>24.14% of employees are single<br>6.90% of employees are divorced<br>9.20% of employees were undefined or did not wish to declare<br>1.15% of employees are in  a civil partnership |

# Assessing Impact

**Is this policy (or the implementation of this policy) likely to have a particular impact on any of the protected characteristic groups?**

**(Based on analysis of the data / insights gathered through engagement, or your knowledge of the substance of this policy)**

| Protected Characteristic: | No Impact: | Positive Impact: | Negative Impact: | Evidence of impact and, if applicable, justification where a *Genuine Determining Reason[1]* exists (see footnote below – seek further advice in this case) |
|---|---|---|---|---|
| Gender | X | | | Considered, however there is no evidence of impact |
| Age | X | | | Considered, however there is no evidence of impact |
| Race / ethnicity / nationality | X | | | Considered, however there is no evidence of impact |
| Disability | X | | | Considered, however there is no evidence of impact |
| Religion or Belief | X | | | Considered, however there is no evidence of impact |
| Sexual Orientation | X | | | Considered, however there is no evidence of impact |
| Pregnancy and Maternity | X | | | Considered, however there is no evidence of impact |
| Transgender / Gender reassignment | X | | | Considered, however there is no evidence of impact |
| Marriage or civil partnership | X | | | Considered, however there is no evidence of impact |

**What measures have been put in place to mitigate any potential impact?**

Not aplicable

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1.     [1] *The action is proportionate to the legitimate aims of the organisation (please seek further advice)*

## Action Planning:

**As a result of performing this analysis, what actions are proposed to remove or reduce any risks of adverse impact or strengthen the promotion of equality?**

| Identified Risk: | Recommended Actions: | Responsible Lead: | Completion Date: | Review Date: |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## Sign-off

**All EIAs must be signed off by a member of SMT**

**I agree / disagree with this assessment / action plan**

**If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:**

|  |
|---|

**Signed off by (Name/Job Title)**

**Signed:**

**Date:**

# 11 APPENDIX TWO – SUSTAINABILITY IMPACT ASSESSMENT

## Instructions

Sustainability is one of the CCG's key priorities and consequently the CCG has made a corporate commitment to address the environmental effects of its activities across all service areas. The purpose of the Sustainability Impact Assessment is to record any positive or negative impacts that a Policy / Board Report / Committee Report / Service Plan / Project is likely to have on each of the CCG's sustainability themes. The Sustainability Impact Assessment enables any relevant impacts to be identified and potentially managed.

The Sustainability Impact Assessment is based on assessing the impact of the activity against a series of criteria covering environmental sustainability issues. It would be most desirable for activities to score positively in as many areas as possible, although it is likely that some areas will score positively against some themes, and negatively against others.

## Using the Sustainability Impact Assessment template

To complete the Sustainability Impact Assessment template, you should consider whether the Policy / Board Report / Committee Report / Service Plan / Project will have a positive or negative impact on each of the themes by placing a mark in the appropriate column. When you think there is likely to be an impact, please provide some annotations regarding the nature of the impact, and any actions that will be taken to address that impact. Users should note that not every theme will be relevant. Where this is the case the 'No Specific Impact' column should be marked. Users should also consider the following tips:

1. Make relative not absolute judgements (e.g. a new energy efficient service would score positively even if it consumes more energy than if no service were provided).
2. Be aware that small positive changes could be outweighed by negative ones (e.g. new energy efficient lighting in the short term may outweigh the benefits of maintaining current lighting).
3. If there are both positive and negative impacts, these need to be recorded in order to give a balanced view. Be objective and unbiased.
4. Concentrate on the most key significant issues - there is the potential to consider the appraisal in a very detailed way. This should be avoided at this stage.
5. Judge a proposal over its whole lifespan and remember that some impacts may change over different timescales.

If you require assistance in completing the Sustainability Impact Assessment please contact the Corporate Services Team

| Domain | Review questions | Assessment of Impact<br><br>Negative = -1<br>Neutral = 0<br>Positive = 1<br>Unknown = ?<br>Not applicable = n/a | Brief description of impact | If negative, how can it be mitigated?<br>If positive, how can it be enhanced? |
|---|---|---|---|---|
| **Models of Care** | Will it minimise 'care miles' making better use of new technologies such as telecare and telehealth, delivering care in settings closer to people's homes?<br>Will it create incentives to promote prevention, healthy behaviours, mental wellbeing, living independently and self-management?<br>Will it provide evidence-based, personalised care that achieves the best possible health and well-being outcomes with the resources available?<br>Will it reduce avoidable hospital admissions or permanent admissions to residential care or nursing homes?<br>Will it pay for services based on health outcomes rather than activity for example through personal budgets?<br>Will it deliver integrated care, that co-ordinate different elements of care more effectively and remove duplication and redundancy from care pathways?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/clinical-and-care-models.aspx | N/A | | |
| **Travel** | Will it reduce 'care miles' (telecare, care closer) to home?<br>Will it reduce repeat appointments?<br>Will it provide / improve / promote alternatives to car based transport (e.g. public transport, walking and cycling)?<br>Will it support more efficient use of cars (car sharing, low emission vehicles, community transport, environmentally friendly fuels and technologies)?<br>Will it improve access to services and facilities for vulnerable or disadvantaged groups or individuals?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/travel.aspx | N/A | | |
| **Facilities Management** | Will it reduce the amount of waste produced or increase the amount of waste recycled?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/waste.aspx<br>Will it reduce water consumption?<br>Will it improve the resource efficiency of new or refurbished buildings (water, energy, density, use of existing buildings, designing for a longer lifespan)?<br>Will it improve green space and access to green space?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/energy.aspx | N/A | | |

| | | | | |
|---|---|---|---|---|
| **Adaptation to Climate Change** | Will it support mitigation of the likely effects of climate change (e.g. identifying proactive and community support for vulnerable groups; contingency planning for flood, heatwave and other weather extremes)?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience/community-resilience-copy.aspx | N/A | | |
| **Procurement** | Will it specify social, economic and environmental outcomes to be accounted for in procurement and delivery in line with the Public Services (Social Value) Act 2012?<br>Will it stimulate innovation among providers of services related to the delivery of the organisations' social, economic and environmental objectives?<br>Will it reduce waste, environmental hazards and toxic materials for example by reducing PVC, antibiotic use, air pollution, noise, mining and deforestation?<br>Will it reduce use of natural resources such as raw materials, embedded water, and energy to promote a circular economy?<br>Will it support the local economy through local suppliers, SMEs or engage with third sector or community groups?<br>Will it promote ethical purchasing of goods or services e.g. increasing transparency of modern slavery in the supply chain globally?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/commissioning-and-procurement/procurement.aspx | N/A | | |
| **Workforce** | Will it provide employment opportunities for local people?<br>Will it promote or support equal employment opportunities?<br>Will it promote healthy working lives (including health and safety at work, work-life/home-life balance and family friendly policies)?<br>Will it offer employment opportunities to disadvantaged groups and pay above living wage?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/social-value.aspx | N/A | | |
| **Community Engagement** | Will it promote health, increase community resilience, social cohesion, reduce social isolation and support sustainable development?<br>Will it reduce inequalities in health and access to services?<br>Will it increase participation including patients, the public, health professionals and elected officials to contribute to decision making?<br>Have you sought the views of our communities in relation to the impact on sustainable development for this activity?<br>Will it increase peer-support mechanisms?<br>More info: http://www.sduhealth.org.uk/areas-of-focus/community-resilience.aspx | N/A | | |
| **Estimated carbon benefit** | What is the estimated carbon benefit (in terms of $tCO_2e$) from the implementation of this project? As opposed to the current business as usual position. Speak with your sustainability manager and see the following guidance:<br>More info: http://www.sduhealth.org.uk/areas-of-focus/carbon-hotspots/pharmaceuticals/cspm/sustainable-care-pathways-guidance.aspx | N/A | | |

# 12 APPENDIX THREE – PRIVACY IMPACT ASSESSMENT

## Screening Questions

The below screening questions should be used inform whether a PIA is necessary. This is not an exhaustive list therefore in the event of uncertainty completion of a PIA is recommended.

Please contact the Corporate Services Team of IG Manager (eMBED) if you need any assistance

| | |
|---|---|
| **Project title** | |
| **Brief description** | |

*Screening completed by*

| | |
|---|---|
| Name | |
| Title | |
| Department | |
| Telephone | |
| Email | |
| **Review date** | |

Marking any of these questions is an indication that a PIA is required:

| | Screening Questions | Tick |
|---|---|---|
| 1 | Will the project involve the collection of identifiable or potentially identifiable information about individuals? | ☐ |
| 2 | Will the project compel individuals to provide information about themselves? i.e. where they will have little awareness or choice. | ☐ |
| 3 | Will identifiable information about individuals be shared with other organisations or people who have not previously had routine access to the information? | ☐ |
| 4 | Are you using information about individuals for a purpose it is not currently used for or in a new way? i.e. using data collected to provide care for an evaluation of service development. | ☐ |
| 5 | Where information about individuals is being used, would this be likely to raise privacy concerns or expectations? i.e. will it include health records, criminal records or other information that people would consider to be sensitive and private. | ☐ |
| 6 | Will the project require you to contact individuals in ways which they may find intrusive? i.e. telephoning or emailing them without their prior consent. | ☐ |
| 7 | Will the project result in you making decisions in ways which can have a significant impact on individuals? i.e. will it affect the care a person receives. | ☐ |
| 8 | Does the project involve you using new technology which might be perceived as being privacy intrusive? i.e. using biometrics, facial recognition or automated decision making. | ☐ |

*Please retain a copy of this questionnaire within your project documentation.*

***If you have ticked any of the questions above – please complete a full Privacy Impact Assessment – The most up to date version of the form is available on the CCG website at:***

***http://www.scarboroughryedaleccg.nhs.uk/publications/policies-2/***