

PROFESSIONAL REGISTRATION POLICY

January 2018

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Name of Policy:	HR24 - Professional Registration
Date Issued:	January 2018
Date to be reviewed:	Periodically or if statutory changes are required

Policy Title:	Professional Registration Policy	
Supersedes: (Please List)	All previous Professional Registration Policy 2014 CSU Professional Registration Policy 2013	
Description of Amendment(s):	New Policy for CCG employees	
This policy will impact on:	All staff	
Financial Implications:	No change	
Policy Area:	Workforce	
Version No:	2	
Issued By:	eMBED HR Team on behalf of NHS Hull CCG	
Author:	eMBED HR Team	
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1. POLICY STATEMENT

- 1.1 NHS Hull CCG has a responsibility to ensure that professional standards are met. The CCG recognises the importance of conducting both pre and post-employment checks for all persons working in or for the NHS in order to meet its legal obligations, complement good employment practices, and to ensure as appropriate, existing employees are registered with a relevant regulatory/licensing body in order to continue to practice.
- 1.2 For the purposes of this policy, the term professional registration refers to all posts which require the employee to be qualified in their field and to maintain their registration with their respective professional bodies.
- 1.3 The policy aims to ensure that all staff required to be statutorily registered or organisationally registered (as a requirement of their role) with a statutory regulatory organisation / body in order to practice their speciality/field, are fully aware of their contractual obligation to be registered. The document sets out the role and responsibilities, the monitoring arrangements and the procedure for and implications for lapsed registration.
- 1.4 In accordance with NHS Employment Check Standards the CCG will undertake professional registration checks on every prospective employee and employees' in ongoing NHS employment. This includes permanent staff, staff on fixed term contracts, volunteers, students, trainees, contractors and staff supplied by agencies. This policy also applies to Office Holders at the CCG, e.g. Governing Body Members.
- 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. PRINCIPLES

- 2.1 In order to protect the public and ensure high standards of clinical practice it is a legal requirement that the organisation may only employ registered practitioners in qualified clinical positions. This includes the following posts that have been accepted onto the register of the statutory regulatory bodies outlined in the NHS Employment Check Standards.

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

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

- 2.2 The Job Description will specify where a post requires professional registration (clinical or

non-clinical) to be maintained.

- 2.3 Employees / Office Holders are responsible for maintaining their registration with their relevant professional body.
- 2.4 Individuals who are not directly employed by the organisation (e.g. NHS Professionals, Agency and Locum workers) but who nevertheless are engaged in work that requires professional registration must also hold current registration. The organisation will ensure that there are processes in place to check the ongoing registration of such workers.
- 2.5 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.
- 2.6 This Policy must be read in conjunction with the Professional Registration Procedure.

3.0 IMPACT ANALYSIS

3.1 Equality

In applying this policy, NHS Hull CCG will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An equality impact screening analysis has been carried out on this policy

3.2 Bribery Act 2010

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

4. MONITORING & REVIEW

- 4.1 The policy and procedure will be reviewed every three years by the CCG in conjunction with the HR Team, operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen as soon as is practicably possible.
- 4.2 The implementation of this policy will be audited for and reported to the Integrated Governance and Audit Committee, as required. The following documents should be referred to in conjunction with this policy:
 - Recruitment and Selection policy and procedures
 - Disciplinary Policy

5. RESPONSIBILITIES

5.1 It is ultimately the responsibility of all employees / office holders who require professional registration to practice to:

- Ensure that registration with their professional body remains current at all times and that they abide by their professional code of conduct.
- Employees/contractors/office holders must disclose to the CCG any conditions attached to their registration at the earliest available opportunity.
- During the course of their employment / term of office, employees / office holders must, on request by management, provide evidence that their registration has been renewed in accordance with the procedure.
- To provide proof of renewal to their Manager.
- All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.
- Be aware of the policy and the responsibilities held by all employees

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

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

6. BREACHES

6.1 Breaches of this policy may be investigated and may result in the matter being treated as a disciplinary offence under the CCG's disciplinary procedure

7. IMPLEMENTATION AND MONITORING

7.1 This policy will be communicated to staff via team meetings/team brief and will be available for staff on the Hull CCG website.

GUIDANCE

1. PROCEDURE

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

2.0 REGISTRATION OF TEMPORARY STAFF FROM EXTERNAL AGENCIES

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

2.2 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.

3.0 PROCEDURE FOR CHECKING REGISTRATION – PRE EMPLOYMENT (CLINICAL ROLES)

3.1 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.

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

3.3 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

3.4 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.

3.5 Alert Database checks will be undertaken in line with eMBED HR team recruitment procedures.

4.0 PROCEDURE FOR MONITORING ONGOING REGISTRATION (CLINICAL)

4.1 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 Quality and Clinical Governance. The Director of Quality and Clinical Governance will distribute these reports to the appropriate line manager for them to action.

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

4.3 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.

4.4 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.

4.5 Managers will also check registrations within the employees PDR processes and identify any training requirements.

5.0 PROCEDURE FOR CHECKING REGISTRATION – PRE EMPLOYMENT (NON-CLINICAL ROLES)

5.1 All successful candidates for roles which need non-clinical professional registration e.g Finance, HR 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.

6.0 PROCEDURE FOR MONITORING ONGOING REGISTRATION (NON CLINICAL)

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

6.2 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.

7.0 PROCEDURE FOR DEALING WITH LAPSED REGISTRATIONS

7.1 Line Managers

7.1.1 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.

7.1.2 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.

7.1.3 The manager in consultation with an eMBED HR team representative should consider the
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following options:

- Allow the individual to take annual leave or time owing until their registration is renewed within an agreed time frame. The manager should take into account the reason for the lapse, e.g. if it is due to the individual not undertaking sufficient CPD then it may take a significant period of time.
- Long term sickness, maternity/shared parental leave/adoption or career break may be being taken, however registration must be renewed before returning to work
- 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.

7.2 Employee

7.2.1 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 self-service function
- Provide proof and clarification of pin number if there is a discrepancy in data.

7.2.2 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 (after receiving all the relevant information at the NMC) in which time the employee would be unable to practise. In this event, the line manager would consider options described under 7.1.

Doctors whose registration has lapsed need to apply to restore their registration. Doctors cannot legally practice without a licence to practice and registration. They may also need to be referred to NHS England Performance and Advisory Group.

Employees who hold non clinical professional registration would also follow the route set out in 7.1.3

8.0 REVALIDATION

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.

The requirement for revalidation NMC commenced in 2016. It is a process that allows nurses and midwives to maintain their registration with the NMC, and occurs every three years. As part of this process, all nurses and midwives need to meet a range of requirements designed to show they are keeping up to date and actively maintaining their ability to practise safely and effectively. Nurses and midwives need to collect evidence and maintain records to demonstrate to a confirmer that they have met the revalidation requirements.

The process of revalidation for GMC is to demonstrate licensed doctors are up to date and fit to practice in their chosen field and able to provide a good level of care. Holding a license to practice is becoming an indicator that the doctor continues to meet the professional standards set by the GMC. Revalidation, takes place every five years by having an annual appraisal based on core guidance for doctors to give extra confidence to patients that their doctor is being regularly checked by their employer and the GMC.

9.0 EXCEPTIONAL CIRCUMSTANCES

- 9.1 The NMC recognises some exceptional circumstances where nurses and midwives cannot meet revalidation requirements e.g. due to a period of maternity leave. In these circumstances there is still a requirement to meet previous preparatory renewal requirements.
- 9.2 Extensions to revalidation applications are not normally considered unless received when revalidation applications open.

10. 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	<p>Manager (if included as supervisor within ESR) receives notification via ESR to advise when employees registration is due to lapse</p> <p>CCG highlight with the relevant employee due to lapse and ensure the employee is aware they need to renew their registration</p>
4	Employee	<p>Renew registration and inform line manager</p> <p>Employee to update professional registration details on ESR</p>
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	<p>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:</p> <ul style="list-style-type: none"> • Individual to take annual leave or time owing until their registration is renewed within an agreed time frame. • Individual to take unpaid leave where no annual leave is available. • Suspend the individual from duty without pay, and invoke the disciplinary process. • 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. • Temporary downgrade into a non-qualified post specific to service need

HR / Corporate Policy Equality Impact Analysis:

Policy / Project / Function:	Professional Registration Policy
Date of Analysis:	August 2017
Completed by: (Name and Department)	eMBED HR Team
What are the aims and intended effects of this policy, project or function?	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.
Are there any significant changes to previous policy likely to have an impact on staff / other stakeholder groups?	Since the policy developed in 2014, developments have been seen in regards to revalidation requirements specifically with NMC registrations. These changes are included within the policy
Please list any other policies that are related to or referred to as part of this analysis	<ul style="list-style-type: none"> • Recruitment and Selection Policy • Disciplinary Policy
Who will the policy, project or function affect?	Employees and individuals who are not directly employed by the CCG (e.g. NHS Professionals, Agency and Locum workers) but who nevertheless are engaged in work that requires professional registration and must hold current registration. The CCG will ensure that there are processes in place to check the ongoing registration of such workers.
What engagement / consultation has been done, or is planned for this policy and the equality impact assessment?	SLT All employees Social Partnership Forum Governing Body (approval)
Promoting Inclusivity and Hull 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	This policy does not directly promote inclusivity. However, it applies a framework to follow a clear process to ensure healthcare professionals are appropriately registered.

<p>objectives:</p> <ol style="list-style-type: none"> 1. Ensure patients and public have improved access to information and minimise communications barriers 2. To ensure and provide evidence that equality is consciously considered in all commissioning activities and ownership of this is part of everyone's day-to-day job 3. Recruit and maintain a well-supported, skilled workforce, which is representative of the population we serve 4. Ensure the that NHS Hull Clinical Commissioning Group is welcoming and inclusive to people from all backgrounds and with a range of access needs 	
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Equality Data	
<p>Is any Equality Data available relating to the use or implementation of this policy, project or function?</p> <p>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 <i>Protected Characteristics</i> – referred to hereafter as '<i>Equality Groups</i>'.</p> <p>Examples of <i>Equality Data</i> include: (this list is not definitive)</p> <ol style="list-style-type: none"> 1: Recruitment data, e.g. applications compared to the population profile, application success rates 2: Complaints by groups who share / represent protected characteristics 4: Grievances or decisions upheld and dismissed by protected characteristic group 5: Insight gained through engagement 	<p>Yes <input checked="" type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Where you have answered yes, please incorporate this data when performing the <i>Equality Impact Assessment Test</i> (the next section of this document). If you answered No, what information will you use to assess impact?</p> <p>Please note that due to the small number of staff employed by the CCG, data with returns small enough to identify individuals cannot be published. However, the data should still be analysed as part of the EIA process, and where it is possible to identify trends or issues, these should be recorded in the EIA.</p>

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 <i>Genuine Determining Reason</i> ¹ exists (see footnote below – seek further advice in this case)
Gender	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender
Age	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of age
Race / ethnicity / nationality	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of race/ethnicity/nationality
Disability	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of disability
Religion or Belief	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of religion/belief
Sexual Orientation	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of

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

				sexual orientation
Pregnancy and Maternity	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of pregnancy and maternity
Transgender / Gender reassignment	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of transgender
Marriage or civil partnership	✓			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender

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 policy EIAs must be signed off by Mike Napier, Associate Director of Corporate Affairs

I agree with this assessment / action plan

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

A handwritten signature in black ink, appearing to be 'M. J. ...', is written in the middle of the second section of the form.

Signed:

Date: 19.12.17