

**BARN斯LEY CLINICAL COMMISSIONING  
GROUP**

**PROFESSIONAL REGISTRATION POLICY**

<b>Version:</b>	1.1
<b>Approved By:</b>	Governing Body
<b>Date Approved:</b>	11 September 2014 (approved)
<b>Name of originator / author:</b>	HR Business Partner
<b>Name of responsible committee/ individual:</b>	Equality Steering Group
<b>Name of executive lead:</b>	Vicky Peverelle
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<b>Review Date:</b>	2 years from date of implementation
<b>Target Audience:</b>	All employees.

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REGISTRATION POLICY

**THIS POLICY HAS BEEN SUBJECT TO A FULL EQUALITY IMPACT  
ASSESSMENT**

**DOCUMENT CONTROL**

<b>Version No</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change</b>
V.1 DRAFT	New Policy	July 2014	New policy currently with CCG for review and comment.
1	Approved	September 2014	Approved by the CCG Governing Body on 11 September 2014.
1.1	Reviewed	July 2016	Minor changes following review by Head of Assurance, HR Business Partner, Staff Side, and LCFS

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# BARNSELY CLINICAL COMMISSIONING GROUP'S PROFESSIONAL REGISTRATION POLICY

## 1. Policy Statement

- 1.1 Barnsley CCG has a responsibility to ensure that professional standards are met. It 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 employees to be qualified in their field as a requirement of their post and to periodically renew their registration with their respective regulatory bodies.
- 1.3 The policy aims to ensure that all staff required to be registered with a statutory 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.
- 1.4 In accordance with NHS Employment Check Standards the CCG and NHS Sheffield CCG Shared HR and Learning & Development Service will ensure that document 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.

## 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.
- 2.2 Employees are responsible for maintaining their registration with their relevant regulatory body. In order to maintain professional registration

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individuals must be able to demonstrate practical application of their clinical skills on a regular basis. Employees should work with their line managers to ensure they are able to facilitate this.

- 2.3 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 organisation will ensure that there are processes in place to check the ongoing registration of such workers.
- 2.4 Training and support will be provided to all line managers in the implementation and application of this policy
- 2.5 This policy must be applied in conjunction with NHS Sheffield CCG Shared HR and Learning & Development Service's Checking Professional Registration Policy and Procedure and advice should be sought from the Human Resources Team in this regard.

### **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.

### **4. Monitoring and Review**

- 4.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with operational managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen immediately.

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## **PART 2**

### **1 Procedure**

- 1.1 This Policy must be read in conjunction with NHS Sheffield CCG Shared HR and Learning & Development Service's Checking Professional Registration Policy and Procedures and advice should be sought from the Human Resources Team in this regard.

#### **Employees' Responsibility**

- 1.2 It is ultimately the responsibility of all employees who require registration to practice to ensure that registration with their regulatory body remains current at all times and that they abide by their professional code of conduct.
- 1.3 Employees/contractors must disclose to the organisation any conditions attached to his/her 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 to provide proof of renewal to their manager. Nurses' registration should be checked via the on line register as this is the only way to guarantee registration.
- 1.5 Failure to maintain professional registration and comply with the requirements of the registration may result in disciplinary action and / or criminal investigation which may result in prosecution.
- 1.6 All personal data, particularly name changes must be communicated to both the line manager and regulatory body to ensure accuracy of data.
- 1.7 Lapsed registrations amount to a breach of terms and conditions of employment and may result in dismissal. The registration lapse will be recorded in the employees personnel file. Repeated lapses in registration may lead to disciplinary action under the Disciplinary Policy and Procedure.

#### **Registration of Temporary Staff from External Agencies**

- 1.8 It is essential that all Contractors / Agencies the CCG engages with fully meet all legal and regulatory requirements. These include, but are not limited to, the Data Protection Act (1998), the NHS Confidentiality Code of Practice (Approved DoH Guidance 2003), all Disclosure and Barring Service requirements, registration with the appropriate regulatory bodies where appropriate, confirmation of Fitness to Work, Home Office status if applicable and working within the EWTD regulations (Working Time

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Directive 1993 and Working Time Regulations 1998).

- 1.9 The CCG expects the supplier (Contractor / Agency) will ensure all relevant workers fulfil all legal and regulatory requirements. The CCG, supported by the HR Shared Service, will ensure it is protected contractually in the event of a supplier not fulfilling these obligations.
- 1.10 In order to facilitate this, all managers must, use the services of agency suppliers awarded 'Preferred Supplier' status by the HR Shared Service unless there are exceptional circumstances. All suppliers on this contract meet legal and regulatory requirements, through the national sourcing process undertaken by 'Buying Solutions' (formerly PASA).
- 1.11 Where agency staff are being used that are not on the contract, the line manager will be responsible for ensuring written assurance is sought from the supplier that they are abiding by NHS Employers Employment Check Standards.
- 1.12 This CCG, supported by the HR Shared Service, will conduct audits periodically to ensure compliance.

### **Procedure for Checking Registration – Pre Employment**

- 1.13 All successful candidates who have a 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. Nurses' registration needs to be checked on line. A Human Resources representative will check with the relevant regulatory body (e.g. GMC, NMC, HCPC, GPhC) to determine that the registration is valid.
- 1.14 Where professional registration is a requirement of the post ongoing registration as outlined above will be monitored through the CCG's policy.
- 1.15 Alert Database checks will be undertaken in line with local HR Shared Service recruitment procedures.
- 1.16 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

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- General Optical Council
- The General Pharmaceutical Council (GPhC)
- General Chiropractic Council
- General Osteopathic Council.

1.17 The CCG, supported by the HR Shared Service, 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. The CCG, supported by the HR Shared Service, is also responsible for cross-referencing job offers to registered health professionals with the relevant regulatory body.

### **Procedure for Monitoring Ongoing Registration**

1.18 The CCG, supported by the HR Shared Service, will monitor all professionally registered staff to highlight staff due to renew their professional registration and any staff whose registration has lapsed.

### **Procedure for Dealing with Lapsed Registrations**

#### **1.19 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 effect;
- Discuss the options with the HR Team and employee;
- Check re-registration with the relevant regulatory body, receive proof of renewal and 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 Human Resources representative should consider the following options:

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- 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, invoke disciplinary process;
- Where feasible, consider transferring the individual staff member to another area within the organisation that offers a non-patient contact role that is of equal value;
- Temporary downgrade into a non-qualified post specific to service need.

1.22 Cases of suspected fraud, bribery, or corruption should be referred to the Local Counter Fraud Specialist (contact details are available of the CCG's intranet).

### 1.23 **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 regulatory body (in most cases this will be achievable within 1 or 2 working days, but for nurses / midwives changes introduced from April 2016 mean that they are removed immediately from the register if lapsed and then must go through a formal readmission processes that can take up to six weeks.);
- Withdraw from clinical/professional practice with immediate effect in discussion with their manager;
- Provide proof of renewal to the manager;
- Provide proof and clarification of pin number if there is a discrepancy in data.

Failure to comply with maintaining your professional registration may result in disciplinary action.

## APPENDIX 1 - Equality Impact Assessment

<b>Title of policy or service:</b>	Professional Registration	
<b>Name and role of officer/s completing the assessment:</b>	Richard Walker, Head of Assurance	
<b>Date of assessment:</b>	July 2016	
<b>Type of EIA completed:</b>	Initial EIA 'Screening' <input checked="" type="checkbox"/> or 'Full' EIA process <input type="checkbox"/>	<i>(select one option - see page 4 for guidance)</i>

1. Outline	
<p><b>Give a brief summary of your policy or service</b></p> <ul style="list-style-type: none"> <li>• Aims</li> <li>• Objectives</li> <li>• Links to other policies, including partners, national or regional</li> </ul>	<p>The policy aims to ensure that all staff required to be registered with a statutory 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.</p>

### Identifying impact:

- **Positive Impact:** will actively promote or improve equality of opportunity;
- **Neutral Impact:** where there are no notable consequences for any group;
- **Negative Impact:** negative or adverse impact causes disadvantage or exclusion. If such an impact is identified, the EIA should ensure, that as far as possible, it is either justified, eliminated, minimised or counter balanced by other measures. This may result in a 'full' EIA process.

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<b>2. Gathering of Information</b> This is the core of the analysis; what information do you have that might <i>impact on protected groups, with consideration of the General Equality Duty.</i>					
(Please complete each area)	What key impact have you identified?			For impact identified (either positive or negative) give details below:	
	Positive Impact	Neutral impact	Negative impact	How does this impact and what action, if any, do you need to take to address these issues?	What difference will this make?
<b>Human rights</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A - No anticipated detrimental impact on any equality group. The policy adheres to the NHS LA Standards, NHS Employment Check Standards, Professional Code of Practice and takes account of best practice. Makes all reasonable provision to ensure equity of access.	N/A
<b>Age</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Carers</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Disability</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Sex</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Race</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Religion or belief</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Sexual orientation</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Gender reassignment</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Pregnancy and maternity</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Marriage and civil partnership</b> (only eliminating discrimination)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>Other relevant groups</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<b>HR Policies only: Part or Fixed term staff</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		

**IMPORTANT NOTE:** If any of the above results in 'negative' impact, a 'full' EIA which covers a more in depth analysis on areas/groups impacted must be considered and may need to be carried out.

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Having detailed the actions you need to take please transfer them to onto the action plan below.

<b>3. Action plan</b>				
<b>Issues/impact identified</b>	<b>Actions required</b>	<b>How will you measure impact/progress</b>	<b>Timescale</b>	<b>Officer responsible</b>
None	N/A			

<b>4. Monitoring, Review and Publication</b>				
<b>When will the proposal be reviewed and by whom?</b>	<b>Lead / Reviewing Officer:</b>	<b>Head of Assurance</b>	<b>Date of next Review:</b>	<b>July 2018</b>

Once completed, this form **must** be emailed to Elaine Barnes, Equality Manager for sign off:

[elaine.barnes3@nhs.net](mailto:elaine.barnes3@nhs.net).

<b>Elaine Barnes signature:</b>	Elaine Barnes, Equality & Diversity Manager, 5 <sup>th</sup> July 2016
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