

Registration with Professional Bodies – Policy and Procedure

Department / Service:	Human Resources	
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Designation:	Director of Human Resources and OD	
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This version approved:	April 2017	
Review Date:	7 th December 2020	
This is the most current document and should be used until a revised version is in place		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	All	
Target staff categories	All permanent and temporary medical & dental staff, registered nurses and midwives and staff employed in allied health professionals and those staff required to be registered with the Healthcare Professions Council, Pharmaceutical Council or General Dental Council.	

Purpose of this document:

This document sets out the process and procedures for ensuring that all staff, permanent or temporary, employed in posts which require registration with a professional body, are duly registered, that their registration with the relevant professional body is maintained up to date at all times.

Key amendments to this Document:

Date	Amendment	By:
May 2010	Inclusion of Fitness To Practice rules for medical staff.	JNCC Sub Group
August 2010	Changes to reflect the closure of NHS PASA (Purchasing & Supply Agency), and to include the recommendations made in the NHS Employers Employment Check Standards (July 2010)	Debbie Drew on behalf of the JNCC Subgroup
June 2012	Implementation of GMC Licence to Practice	Julie Stupart Head of HR
April 2015	Review of policy to ensure up to date and fit for purpose; incorporating NHS Employers Professional Registration and Qualification Checks, together with changes to the remit and titles of the professional bodies where appropriate, and changes to	JNCC

	reflect the use of the HTE Framework Agreement for agencies.	
April 2017	Review of Policy to ensure up to date and fit for purpose taking into account the Fit and Proper Persons Test (Nov 14) and NHS Employers Professional Registrations & Qualifications Check (Aug 16)	Sarah Woodall
June 2019	Document extended for 12 months whilst review process takes place	Rachel Morris/Tina Ricketts
June 2020	Document extended for 6 months during COVID-19 period	

References:

Code:

NHS Employers (May 2005), Safer Recruitment – A Guide for NHS Employers, The NHS Confederation (Employers) Company Ltd.	
NHS Employers (November 2006), Safer Recruitment – scheme for the issue of alert notices for healthcare professionals in England, NHS Employers	
NHS Employers Professional Registration and Qualification Checks – July 2013	
Trust Recruitment policy and managers guidance 2008	
NHS Employers Employment Check Standards (July 2010)	
NHS Employers Professional Registration & Qualifications Checks (Aug 16)	
Fit and Proper Persons Test (Nov 14)	

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1. Introduction

In order to best serve and protect patients and the public, it is the responsibility of all staff employed in posts that require registration with a professional body, to ensure that their registration with the relevant professional body is maintained up to date at all times and that they comply with the relevant professional Codes of Practice.

NHS Employers developed 10 NHS Employment Check standards in 2010. These standards, last updated July 2013, include those that are required by law, those that are determined by Department of Health (DH) policy in relation to compliance with the Government's core standards outlined within the Standards for Better Health, and those required for access to the NHS Summary Care Record (NHS SCR).

All NHS providers (including NHS organisations and private providers) are required to be registered with the Care Quality Commission (CQC) and, as part of this registration, are required to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. The CQC's Essential Standards of Quality and Safety outline 16 core standards which must be met, including having robust recruitment practices in place (Outcome 12: *Requirements relating to workers*, specifically refers). NHS organisations therefore need to provide evidence of compliance with the NHS Employment Check Standards as part of the CQC's annual regulatory framework.

Failure to comply with these standards could potentially put the safety and even the lives of patients, staff and the public at risk.

2. Scope of the Policy

This policy and procedure applies to all permanent or temporary staff who are required to be registered with a professional body in order to practice in their role.

The NHS Employment Check standards apply to all applicants/prospective employees and staff in on-going NHS employment. This includes permanent staff, staff on fixed-term contracts, volunteers, students, trainees, contractors, temporary workers (including locum doctors), those working on a trust bank, and other workers supplied by an agency.

3. Definitions

3.1 Registration

Professional regulation is intended to protect the public, making sure that those who practise a health profession are doing so safely. It is a statutory requirement and a contractual condition of employment that the healthcare professional has registration throughout their employment. In the event that an individual's registration is suspended, the employer should treat this as an exclusion from the work for which the registration is required and manage it accordingly.

The purpose of registration and qualification checks is to ensure that a prospective employee is recognised by the appropriate regulatory body and that they have the right qualifications to do the job, and that they are not subject to restrictions in their fitness to practice.

Employers must make it clear to prospective employees that appointment to any position is conditional on satisfactory registration and qualification checks, and that any information disclosed on the application form will be checked. Prospective employees must also be informed that any offer of appointment may be withdrawn if they knowingly withhold information, or provide false or misleading information, and that employment may be terminated should any subsequent

information, which affects an employee's fitness to practice, come to light once they have been appointed.

3.2 Regulatory Bodies

There are currently eight regulatory bodies relevant to trust clinical staff:

- General Medical Council – which covers all grades of doctor
- General Dental Council - which holds the Dentists Register and the Dental Care Professionals Register which includes Dental Hygienists, Dental Therapists, Orthodontic Therapists, Dental Nurses Clinical Dental Technicians and Dental Technicians.
- Nurses & Midwifery Council
- General Pharmaceutical Council (GPhC) formerly the Royal Pharmaceutical Society of GB – covers Pharmacists and Pharmacy Technicians.
- General Optical Council
- General Osteopathic Council (GOSC)
- General Chiropractic Council (GCC)
- Health and Care Professions Council (HCPC – formerly the Health Professions Council) which covers:
 - arts therapists
 - biomedical scientists
 - chiroprodists
 - hearing aid dispensers
 - podiatrists
 - clinical scientists
 - dieticians
 - occupational therapists
 - operating department practitioners
 - orthoptists
 - paramedics
 - physiotherapists
 - prosthetists
 - orthotists
 - radiographers
 - Social workers (in England)
 - speech and language therapists
 - practitioner psychologists

3.3 Fitness to Practice and Revalidation for Doctors

Since 16 November 2009, all doctors have been required by law to be both registered with the GMC and hold a licence to practise before they can undertake any form of medical practice in the UK, this includes where prescribing prescription-only drugs and issuing medical certificates for statutory purposes (for example death certificates). This requirement applies to any employed or self-employed doctor and is inclusive of any full time, part time, or locum contract. It also includes positions within both private and independent healthcare and in the NHS, including GPs. Since April 2015 a time limit has been introduced for doctors who are provisionally registered. Provisional registration is now only valid for 3 years and 30 days (1,125 days) during which time doctors must complete the training required to progress to full registration. Doctors who hold registration with a licence to practise are subject to the requirements under medical revalidation.

All doctors are required to revalidate. If they wish to keep their license to practice. This is usually every 5 years by having regular appraisals.

Revalidation has three key elements:

- To confirm that licensed doctors are practising in compliance with GMC standards (Good Medical Practice – revised in 2013).
- To confirm that doctors on the GMC's specialist register or GP register continue to meet the standards appropriate to their speciality.
- To identify a requirement for further investigation and remediation where locum systems are not robust enough to do this or do not exist

3.4 Revalidation for Nurses and Midwives

The Nursing and Midwifery Council (NMC) has introduced revalidation. Everyone on the register will have to demonstrate on a regular basis that they are able to deliver care in a safe effective and professional way. To remain practicing, nurses and midwives will have to show they are staying up to date on/in their professional practice and living the values of their professional code.

Revalidation is the responsibility of the employee. All nurses and midwives will need to revalidate at the point of the renewal of their registration every 3 years to remain registered and able to practice. There is no longer a 3 month probationary period.

4. Responsibility and Duties

4.1 Managers

It is the responsibility of managers/recruitment officers to:

- Ensure appointment letters are sent out once evidence of registration has been received and the necessary checks have been made with the alert letter and registration status databases
- Verify applicants are the person registered with that regulatory body
- Verify there are no restrictions to their registration that would affect their ability to undertake the duties of the role being offered
- Verify there are no pending investigations on their fitness to practice
- Ensure that all clinical staff (including substantive, temporary and agency staff) are registered with the appropriate professional body.
- Maintain records of registration on appointment and throughout employment
- Ensure that appropriate action is taken in line with the policy for those staff who fail to maintain registration with the relevant body

When appointing to director level appointments, the Manager will ensure that the applicants met the 'fit and proper person test'. In particular whether the person has been erased, removed or struck off a register of professionals maintained by a regulator of healthcare or social work professionals

4.2 Human Resources / Medical Resourcing

It is the responsibility of the Human Resources Department/ Medical Staffing Department to:

- Run a registration report at least 4 times a year to ensure all registrations have been logged on the system and that all registrations are in date
- Inform the manager of any expired registrations and the appropriate course of action to follow
- Update and check the alert letter databases and alert notice files in line with letters issued

4.3 Potential Applicant

It is the responsibility of the Potential Applicant to:

- Provide evidence of their registration with the appropriate regulatory body prior to their appointment
- Provide consent to have your registration number checked

4.4 Employees

It is the responsibility of current employees to:

- Ensure that they are registered and remain registered with the relevant regulatory body throughout employment
- Provide evidence of their registration renewal as appropriate

5. Equality requirements

An Equality Impact Assessment has been undertaken in accordance with Trust policy and attached at Supporting Document 2.

6. Policy Detail

6.1 On Appointment

Trust application forms require applicants to detail any professional registration details if they are a requirement for the advertised post. If the applicant is shortlisted, they are asked to produce documentary evidence of their professional registration at their interview for the recruiting officer to check. The recruiting officer will retain a copy of the registration and/or licence to practise screen print which confirms the individual's registration on file.

For the successful candidate in a post that requires professional registration, the registration details will be checked on the relevant professional body's website to ensure that registration is correct and to confirm the renewal date. The candidate will also be checked against relevant alert letters.

Under no circumstances will an individual be allowed to commence duty in a post requiring professional registration until evidence of current registration has been obtained.

N.B., all doctors who are practising medicine in the UK are required to hold GMC registration and a Licence to Practise. Both must be verified with the GMC.

6.2 Current Employees

All members of staff to whom this policy applies are required to maintain their registration and may be required to produce documentary evidence of registration at such intervals determined by the relevant regulatory authority for renewal of registration and any annual retention to maintain effective registration.

The managers of the staff to whom this policy applies will maintain records of registration, including the due dates for renewal, and will be responsible for scrutinising such registering bodies' databases as frequently as necessary to ensure that all relevant staff have current registration. They will be required to retain a copy of the registration and/or licence to practise screen print which confirms the individual's registration on the individual's personal file.

For medical staffing, registration checks must include verification that the doctor continues to hold a Licence to Practise.

A report on the status of professional registrations will be run at least 4 times a year by the HR Department, and sent to managers. Managers will make appropriate database checks and take a screen print of the renewed registration, retaining a copy on the individual's personal file, or in a separate Registrations file, and ensuring that the Electronic Staff Record is updated.

This monitoring process **does not** transfer the responsibility for maintaining registration from the individual to the Trust.

6.3 Lapsed Registration

Failure to maintain registration (and additionally, a Licence to Practise in the case of doctors practising medicine in the UK) with the relevant body will disqualify staff in post from practising and will render the individual in breach of contract. In such circumstances, the individual will not be permitted to work again in their substantive post (or in any other post which requires the individual to be registered) until proof of registration is provided.

During this period, the individual will receive no pay unless alternative employment is made available by the Trust in a post which does not require the individual to be formally registered with a regulatory body. The provision of such alternative employment is at the discretion of the individual's manager and the rate of pay for any work undertaken will be that appropriate to the banding of the alternative post.

The Trust reserves the right, however, to invoke its disciplinary procedure and this may result in summary dismissal.

6.4 Newly Qualified Staff

During recruitment, some newly qualified professionals may be appointed into roles that require registration with a regulatory body. Should an individual not have formally registered with the regulatory body, they may commence employment in a role that does not require formal registration e.g. Health Care Assistant. The rate of pay for any work undertaken will be that appropriate to the banding of the alternative post.

On receiving registration and providing evidence of this to their manager the employee can then commence duties and receive the rate of pay appropriate to the qualified position from that date.

6.5 Removal/Concerns of Professional Registration

6.5.1 Notification of Removal from the Register

The Department of Health notifies the Chief Executive of all registered nurses/midwives, and staff employed in allied health professions recently removed/suspended from the register on a regular basis. For medical and dental staff, the General Medical Council (GMC) provides this notification to the Chief Executive.

This notification is forwarded to the Human Resources Department who check the details against current employees.

The details of the letters are checked against the information provided in the alert letters from the Department of Health/GMC.

Should any clinical professional who requires professional registration be shown to have been suspended or removed from the register, the relevant Director will be informed immediately and the individual will not be permitted to continue working with pay stopped appropriately.

6.5.2 Alert Letters

Alert letters are sent to the Trust via NHS Employers to inform the Trust of registered healthcare professionals whose performance or conduct gives rise to concern that patients or staff may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour.

On receipt of an alert letter the Trust will check whether a current employee is the subject of the alert. If the alert is in relation to a current employee, the Trust will contact the referring organisation as set out in the alert letter. The Trust will then review the information provided by the individual alongside the information provided by the referring organisation, and take any appropriate action to ensure that the safety of patients and the public is maintained.

All alert letters will be checked ~~against~~ prior to appointment. Should the potential employee be the subject of an outstanding alert letter, the Trust will review the information provided by the individual in their application form in the light of the information provided by the referring organisation, and take any appropriate action to ensure that the safety of patients and the public is maintained.

6.6 Miscellaneous Provisions

6.6.1 Frequency of Renewal

This is dictated by the regulatory body. All renewal dates are stored on the ESR system and the report produced by Human Resources identifies all employees whose registration is due for renewal in the next four weeks.

6.6.2 Temporary Workers

All agency staff should (wherever possible) be supplied by an agency that is linked to the Health Trust Europe LLP (HTE) Framework Agreement.

For those agency staff supplied by NHS Professionals or an external agency regulated by the HTE Framework Agreement the Professional Registration check should have already been completed. Managers should however, reassure themselves that this is the case.

In the event that agency staff are supplied from an external agency outside the HTE Agreement, the manager must ensure that appropriate checks have been made in accordance with the Recruitment and Selection Policy.

7. Financial risk assessment

The financial risk assessment associated with professional registration is attached as Supporting Document 3.

8. Consultation

This policy has been consulted with staff side and management representatives.

9. Approval process

The policy has been developed by a sub-group of the Joint Negotiating and Consultative Committee and has been subject to consultation with staff representatives. The policy has been approved by the Joint Negotiating and Consultative Committee.

10. Implementation arrangements

The policy will be implemented immediately upon approval

11. Dissemination process

The policy will be placed in the Trust's HR Document library on the Intranet and will be publicised through the weekly Trust update, policy update briefings for Divisions and managers and notified to the Trust Board.

12. Training and awareness

Awareness of this Policy will be raised throughout the Trust via the intranet, Trust Weekly Brief the weekly Trust update, and through the team briefing processes.

13. Monitoring and compliance

Compliance with the policy will be monitored by managers and divisions upon the production of data from the Human Resources Department/ Medical Resourcing Department. This data is produced at least 4 times a year.

This policy and procedure will be reviewed after 2 years by the Joint Negotiating and Consultative Committee.

The review process will consider legislative changes and necessary amendments as a result of the monitoring of the effectiveness of the policy. It will be updated prior to the intended review date if required on receipt of changes to relevant legislation.

Document Audit and Monitoring Table	
Monitoring requirements *What in this document do we have to monitor (e.g. processes)	a) Current employees are registered with the appropriate professional body on appointment and throughout their employment b) All registrations on the ESR system are in date c) Current and new employees are checked against alert letters or a letter regarding suspension or removal from the register
Monitoring Method: (e.g. statistics, report)	a) At least monthly of all professional registrations with expiry dates b) All new appointments checked for professional registration if required and against alert letter and registration status database c) Current employees database is checked when an alert letter or registration status letter is received
Monitoring prepared by :- (name job titles)	a) Workforce Analyst b) HR Advisor c) Medical Resourcing

<p>Monitoring presented to:- (e.g. Committees)</p>	<p>a) Managers and employees made aware of renewal dates b) Director of Nursing for issues arising from alert letters b) Medical Director for issues arising from alert letters</p>
<p>Frequency of presentation:- (e.g. annually, six-monthly etc)</p>	<p>a) At least 4-12 times a year b) As necessary</p>

14. Development of the Policy

This policy will be reviewed 2 years after approval by the Joint Negotiating and Consultative Committee.

Supporting Document 1**Checklist for review and approval of key documents**

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	Policy
2	Title of document	Registration with Professional Bodies - Policy and Procedure
3	Is this a new document?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, what is the reference number WAHT – HR- 067
4	For existing documents, have you included and completed the key amendments box?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5	Owning department	Human Resources
6	Clinical lead/s	N/A
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9	For policies and strategies, does the document have a completed Equality Impact Assessment included?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	Policy Working Group (06 April 2017)
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Professional Registration Policy

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale
Publish on Intranet		

Plan for dissemination

Disseminated to	Date
To all staff via intranet	
Weekly Email Brief	
Via Divisional Board Meetings	

1	<p>Step 1 To be completed by Clinical Governance Department</p> <p>Is the document in the correct format?</p> <p>Has all mandatory content been included?</p> <p>Date form returned ____/____/____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	Name of the approving body (person or committee/s)	
	Step 2 To be completed by Committee Chair/ Accountable Director	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.

Supporting Document 2 Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy / guidance affect one group less or more favourably than another on the basis of:	No	All clinical staff are required to be registered with their professional body
	Disability	No	
	Gender	No	
	Gender Reassignment	No	
	Pregnancy and maternity	No	
	Age	No	
	Race	No	
	Sexual Orientation	No	
	Marriage and Civil partnership	No	
	Religion and Belief	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and / or justifiable?	No	
4.	Is the impact of the policy / guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy / guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

NB:

Where an inappropriate, negative or discriminatory impact has been identified please proceed to conduct a Full Equality Impact Assessment and refer to Equality and Diversity Committee, together with any suggestions as to the action required to avoid / reduce this impact.

Advice can be obtained from the Equality and Diversity Leads in HR and Nursing Directorates (details available on the Trust intranet).

**Supporting Document 3
Financial Risk Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval