



## Professional Registrations Procedure

|                 |       |
|-----------------|-------|
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|   |   |
|---|---|
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| Equality Impact Assessment                            | 28 June 2010  |
| Linked procedural documents                           | Recruitment and Selection Policy<br>Variations in Clinical Practice and Clinical Competence Policy<br>Managing the Use of Agency Workers Policy<br>HR Services Procedure, Employment Checks, HRS001, and Disciplinary Policy (Managing Conduct and Performance) |
| Dissemination Requirements                            | All Trust employees by intranet   |

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### 1. Procedure Statement

- 1.1 This procedure aims to ensure that all persons being appointed or holding positions which require professional or registration in the Trust are appropriately registered.

### 2. Scope

- 2.1 This procedure applies to permanent and voluntary staff as well as persons undertaking work on a casual/bank or contract basis.
- 2.2 Examples of roles which require professional or registration in the Trust include:
- Registered Paramedics (Health & Care Professions Council);
  - Doctors (General Medical Council); and,
  - Nurses (Nursing and Midwifery Council).

### 3. Access to the Procedure

- 3.1 This procedure is intended for use by the Human Resources Department, however all employees are entitled to access this procedure which is located in the HR Policies and Procedures Folders and/or on the Trust's Intranet. However, if you require this procedure in any other format please seek

guidance from the Human Resources Department, your line management or trade union representative.

#### **4. Roles and Responsibilities**

4.1 The Human Resources Department is responsible for keeping the provisions within this procedural guidance in line with best practice people management principles and NHS guidelines.

4.2 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees and external applicants on the application of this procedure.

4.3 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this procedure to the attention of the Trust.

4.4 The Human Resources Department is responsible for:

- Ensuring compliance with the NHS Employment Check Standards on initial appointment;
- completing documented random monthly audit checks on current employees who are required to hold a valid professional registration;
- ensure that the correct procedure is followed for employees whose registration has lapsed, altered, had sanctions applied or been withdrawn (this list is not exhaustive);
- ensuring the entry and maintenance of the electronic data systems (ESR).

4.5 Line managers are responsible for:

- liaising with the Human Resources Department, to put in place remedial actions to ensure that the individual does not operate in a capacity for which they are not eligible to do so as a result of their non-registration;
- Ensuring that the processes contained within this Procedure are adhered to.

4.6 All persons undertaking, or applying for, posts within the Trust which require professional or state registration are responsible for ensuring that they hold the necessary registration. Any lapses in registration are the sole responsibility of the post holder.

4.7 All persons undertaking, or applying for, posts within the Trust which require professional or state registration are responsible for providing such information and documentation as is necessary to confirm their necessary registration status.

#### **5. Recording of Registration Information**

5.1 Documentary evidence of registrations will be retained by the Human Resources Department.

5.2 Details of registrations will also be recorded on the Trust's Electronic Staff Records (ESR) and Global Resourcing Solutions (GRS) systems. These electronic records will include details of the individual's registration (or pin) number and date of expiry.

#### **6. Pre-employment Checks**

- 6.1 Pre-employment checks apply equally to both external and internal applicants for posts in the Trust as detailed within the HR Services Procedure, Employment Checks, HRS001.
- 6.2 No person can start working with patients in a post which requires registration until valid identification and current registration has been checked directly with the relevant regulatory body.
- 6.3 As outlined in the Trust's Recruitment and Selection Policy, Managing the Use of Agency Workers Policy and HR Services Procedure, Employment Checks, HRS001, all permanent, fixed term, voluntary and casual/bank appointments in the Trust (including those carried out by all external agencies) are subject to receipt of:
- Proof of membership of any professional bodies applicable to the post.
- 6.4 Responsibility for ensuring that the above check is completed rests with the Human Resources Department. A 'recruitment tracker' is utilised to aid adherence to the Trust's recruitment check requirements for all appointments and a signed off copy is placed on an individual's file when all the checks are met.
- 6.5 In all cases, the Human Resources Department will ensure checks are made directly with the relevant professional body, in accordance with their recommendations, in respect of all appointments in the Trust. Furthermore, evidence of the relevant professional or state registration will be retained by the Human Resources Department and recorded on ESR and GRS as per Section 5 above.
- 6.6 In instances where the applicant fails to satisfy the checking requirements, the Human Resources Department will advise the recruiting manager(s), and steps will be taken to withdraw the offer of employment or cease employment as appropriate.
- 6.7 See section 9 for the website links for relevant registering bodies.

## **7. Checking Process for Current Staff, Volunteers and Casual Workers/Bank**

- 7.1 It is ultimately the responsibility of the individual themselves to ensure that they are appropriately registered at all times, the following registration checking process will be undertaken by the HR Department in accordance with the renewal criteria of each registered body (section 9 below), to support this requirement:

### **7.2 Step One**

Confirmation of registration will be validated on the appropriate professional registrations website.

### **Step Two**

Monthly report run through ESR to identify registrations due to expire in the next 60 days.

### **Step Three**

For any persons whose registrations are due to expire, the Trust will remind them either by a standard letter or via an article using the Trust's communication network.

- Registered Paramedics (Health & Care Professions Council) - on a two yearly basis on 31<sup>st</sup> August;
- Doctors (General Medical Council) – as at the identified expiry date;
- Nurses (Nursing and Midwifery Council) – as at the identified expiry date.

#### **Step Four**

Prior to the expiry of their registration, the Human Resources Department will check the relevant professional registration website (as outlined in Section 9) to confirm that the employee has renewed their registration. On occasions, employees may be asked to provide a copy of their registration certificate to the Human Resources Department. This should be done in a timely manner.

#### **Step Five**

The revised registration information will then be entered onto ESR and GRS and a copy of the registration information will be retained on the individuals personnel file (where applicable).

- 7.3 The Human Resources Department will carry out a monthly random audit check of registrations, as set out within the HR Services Procedure, HCPC Registration Audit Checks, HRS004 and Professional Registrations Audit Check, HRS005.

### **8. Late Provision of Documentary Evidence**

- 8.1 In exceptional circumstances (i.e. only if the employee has applied for the renewal in good time, but has not received it back due to a delay with the registering body), the Trust may give permission to allow the evidence of renewal to be forwarded to the Trust up to a month after the expiry date. In such situations, the Human Resources Department will check directly with the relevant professional body, in accordance with their recommendations, to ensure that the individual is appropriately registered.

### **9. Verification of Registration**

#### **9.1 Registered Paramedics**

For Registered paramedics the registrant name needs to be checked against the Health & Care Professions Council Paramedic Register. Checks can be made by specifying the Profession as 'paramedic' and entering the registrant's surname at:

<http://www.hcpc-uk.org/landing/?id=4>

If the individual is registered then their details will be listed on the screen. If the individuals name does not appear on the online register then they are NOT registered and therefore cannot practice.

#### **9.2 Registered Nurses**

For Registered Nurses and Midwives the registrant names need to be checked against the Nursing and Midwifery Council Register. Checks can be made by specifying combination of PIN number, first name/s and surname at:

<http://www.nmc-uk.org/Search-the-register>

If you do not have enough information on the person, asterisks can be used to produce a more accurate search. The asterisks should be used either after the first name(s) and/or the surname.

If the individual is registered then their details will be listed on the screen. If the individual's name does not appear on the online register, they are NOT registered and therefore cannot practice.

### **9.3 Doctors**

For Doctors, the registrant name(s) need to be checked against the General Medical Council. This can be found by specifying a combination of GMC reference number, first name(s) and surname at:

<http://www.gmc-uk.org/register/search/index.asp#>

If the individual is registered then their details, and their "licence to practice" will be listed on the screen together with details of their year of registration. If the individual's name does not appear on the online register then you will need to phone the GMC registration line to confirm whether the Doctor is registered. If the GMC confirm that the Doctor is not registered with them they cannot practice.

## **10. Failure to Maintain Registration – Employees**

- 10.1 Failure to maintain the required registration is a serious matter which places the employees continued employment in that role at risk.
- 10.2 If the employee has not registered within the required time frame, the Human Resources Department will write to them reminding them of the need to re-register in order to continue to practice and advise their line manager accordingly.
- 10.3 It is the responsibility of the line manager in liaison with the Human Resources Department, to put in place remedial actions to ensure that the individual does not operate in a capacity for which they are not eligible to do so as a result of their non-registration.
- 10.4 If after the reminder from the Human Resources Department, the member of staff is still unable to demonstrate registration, the Human Resources Department will liaise with the line manager with a view to temporarily moving the individual into an alternative role with the associated pay relating to that post as a short term interim measure to provide the employee with a period of time in which to address their non-registration. This period should not normally be for more than 4 weeks. Alternatively, it may be possible to request whether the Medical Director is able to authorise them to continue in their current role. This would only be approved for a strict time period, not normally longer than 4 weeks and in situations where it is clear that the employee is taking all reasonable steps to renew their registration and there are no current matters of concern.
- 10.5 Any continued failure to retain registration after the above mentioned concessionary period, will be actionable under the Trust's Disciplinary Policy (Managing Conduct and Performance) and could result in dismissal.

## **11. Failure to Maintain Registration – Volunteers and Bank/Casual Workers**

- 11.1 Failure to maintain the required registration is a serious matter. Volunteers and bank/casual workers will not be permitted to undertake any work/activities with the Trust unless appropriately registered.
- 11.2 If a volunteer or bank/casual worker has not registered within the required time frame, the Human Resources Services Team will write to them and advise them that they will not be permitted to practice until they meet the registration requirements for the post.

## **12. Monitoring**

- 12.1 On a monthly basis, the HR Services Team will make random checks of persons in positions requiring registration to ensure that their registration is current and that the Trust is in possession of the required documentary evidence or registration and that this information is recorded on ESR and GRS.
- 12.2 Monitoring of the above processes will be undertaken periodically to ensure that practices remain 'fit for purpose' and that registrations are renewed in a timely manner. The evidence of this will be kept by the Human Resources Department. Please see appendix A below.

## **13. Further Information**

Further advice or information is available from:

- The Human Resources Department
- Health & Care Professions Council - 020 7582 0866  
- [www.hcpc-uk.org](http://www.hcpc-uk.org)
- General Medical Council - 0161 923 6602  
- [www.gmc-uk.org](http://www.gmc-uk.org)
- Nursing and Midwifery Council - 020 7333 9333  
- [www.nmc-uk.org](http://www.nmc-uk.org)

## **14. Procedure Review**

This procedure will be reviewed on a three yearly basis or amended in the light of new NHS guidance or requirements.



## Appendix A – Monitoring Table

| What                       | Who  | How   | Frequency  | Evidence  | Reporting arrangements  | Acting on recommendations       | Change in practice and lessons to be shared       |
|----------------------------|--|---|--|---|---|---------------------------------|---|
| a. Duties                  | Human Resources Department, Managers, Staffside representatives, employees | Monthly audits undertaken within HR Services                          | Monthly auditing of random sample of HR Services Recruitment Checklists, or more regularly depending on the recruitment campaign | Audit workbook, audit pro forma, ESR records                        | HR Services Manager and the Associate Director of Human Resources, email audit trails | Escalation to Senior HR Manager | HR Services local team meetings and HRBP meetings |
| b. Types of check required | HR Services  | NHS Employers Employment Check Standards                              | Random checks on a monthly basis of 10 employees who are required to have registration, checks for each relevant applicant       | Recruitment checklist, audit workbook, audit pro forma, ESR records | HR Services Manager and the Associate Director of Human Resources, email audit trails | Escalation to Senior HR Manager | HR Services local team meetings and HRBP meetings |
| c. Checking Procedures     | HR Services  | HPC Registration Audit Check (HRS004) Professional Registration Check | Random checks on monthly basis of 10 employees who are required to   | Audit workbook, audit pro forma, ESR records                        | HR Services Manager and the Associate Director of Human Resources, email audit trails | Escalation to Senior HR Manager | HR Services local team meetings and HRBP meetings |



|  |              |   |   |   |  |   |  |
|--|--------------|---|---|---|--|---|--|
|  |              | (HRS005)  | have registration, checks for each relevant applicant |   |  |   |  |
| d. Process for following up those who fail to satisfy the checking arrangements  | HR Services  | HPC Registration Audit Check (HRS004)<br>Professional Registration Check (HRS005),<br>Recruitment Checklist | At least monthly                                      | Recruitment checklist, audit workbook, audit pro forma, ESR records | HR Services Manager and the Associate Director of Human Resources, email audit trails              | Escalation to Senior HR Manager                     | HR Services local team meetings and HRBP meetings                      |
| e. Process for monitoring/receiving assurance that checks are being carried out by all external agencies used by the Trust in respect of all temporary and voluntary staff | Line Manager | Appendix 1 of the Managing the use of Agency Workers Policy   | By appointment  | Appendix 1 of the Managing the use of Agency Workers Policy         | HR Services Manager, Procurement and the Associate Director of Human Resources, email audit trails | Escalation to Senior HR Manager/Head of Procurement | HR Services local team meetings and HRBP meetings, Head of Procurement |

## Appendix B – Equality Impact Assessment

|  |  |
|--|--|
| An Equality Impact Assessment has been completed for this Policy dated: 3 December 2013  | Document Title: Professional Registrations Procedure |
| Authorisation Date:  | Document Type: HR Agreement                          |
| Revision Date:   | Responsible Authority: SPF                           |
| Signed off by:   |  |
|   |  |

***Please refer to the guidance notes “How to carry out an Equality Impact Assessment”***

|                                       |  |
|---------------------------------------|--|
| Document Reference:                   | Document Title: Professional Registrations Procedure |
| Assessment Date: 3 December 2013      | Document Type: HR Agreement                          |
| Responsible Director: Francesca Okesi | Lead Manager: Tracey Leghorn                         |

### **Step 1: Identify main aims of policy**

Describe the main aim, objectives and intended outcomes of the proposed project/policy

|  |
|--|
| <p>Aim:</p> <p>To ensure all persons being appointed, or holding positions needing professional or state registration are registered, ie Doctors, Nurses, Paramedics, ECP etc</p>                |
| <p>Objectives:</p> <p>To be able to understand who must apply for and produce evidence of registration.<br/>To know the outcome for failure to apply for or produce evidence of registration</p> |
| <p>Intended Outcomes:</p> <p>To meet legislative requirements for all appropriate staff.</p>   |

|                |  |
|----------------|--|
| <b>Step 2:</b> | <b>Collect and Analyse Information</b> |
|----------------|--|

Has any previous work or research been done on equality issues in the area of the proposed project/policy? If so, what were they?

No

You should ask relevant questions in relation to all the strands equality & diversity, but information gathered should be relevant to your needs that will inform your decisions around the topic you are reviewing. If you identify a need for information that is not available you should consider and plan with the relevant others how this information could be obtained.<sup>1</sup>

|                              |                                 |     |    |
|------------------------------|---------------------------------|-----|----|
|                              | Do you have enough information? | Yes | No |
| Gender including transgender | What else do you need to know?  |     |    |
|                              | Do you have enough information? | Yes | No |
| Race                         | What else do you need to know?  |     |    |
|                              | Do you have enough information? | Yes | No |
| Disability                   | What else do you need to know?  |     |    |
|                              | Do you have enough information? | Yes | No |
| Sexual Orientation           | What else do you need to know?  |     |    |
|                              | Do you have enough information? | Yes | No |
| Age                          | What else do you need to know?  |     |    |
|                              | Do you have enough information? | Yes | No |
| Religion & Belief            | What else do you need to know?  |     |    |

<sup>1</sup> Refer your need for information and proposal to the Equality & Diversity Steering Group using a copy of this page with your information before proceeding to ensure all similar requests can be coordinated

**Step 3: Identify the level of impact**

To help you think about this, you should complete the High, Medium, Low table and give reasons/comments for where:

(a) The policy/strategy/project could have a positive impact on any of the equality target groups or contributes to promoting equality, equal opportunities and improving relations within equality target groups.

(b) The policy/project/procedure could have a negative impact on any of the equality target groups, i.e. disadvantage them in any way. **If the impact is high, a full Equality Impact Assessment should be completed.**

| Equality target                | a. Positive impact |      |      | b. Negative impact |      |      | c. If NONE how did you evidence this? |
|--------------------------------|--------------------|------|------|--------------------|------|------|---------------------------------------|
|                                | Low                | None | High | Low                | None | High |                                       |
| Gender (including transgender) |                    |      | X    |                    | X    |      | No impact - it affects all equally    |
| Race                           |                    |      | X    |                    | x    |      | As above                              |
| Disability                     |                    |      | X    |                    | X    |      | As above                              |
| Sexual orientation             |                    |      | X    |                    | X    |      | As above                              |
| Age                            |                    |      | X    |                    | X    |      | As above                              |
| Belief and Religion            |                    |      | X    |                    | x    |      | As above                              |

**Step 3<sup>a</sup>: Decide if policy is equality relevant**

Does the proposed project/policy have an explicit focus on inequalities, human rights and diversity? If so, how?

no

Is there a risk that the proposed project/policy may unintentionally mask or cause a negative impact on equality and diversity?

no

Is there a risk of adverse impact? If yes, please list the specific risks. If no, please explain the basis of your judgement.

no

**Step 3<sup>b</sup>: Record findings and produce action plan**

If there are any potential or actual risks, what action will be undertaken to mitigate the specified risks, or to minimise the adverse impact. Within what timescales will this be done, what are the implications on resources and who will be responsible?

| Findings          | Proposed action | Timescale | Implications on resources | Responsible lead |
|-------------------|-----------------|-----------|---------------------------|------------------|
| No adverse impact |                 |           |                           |                  |
|                   |                 |           |                           |                  |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Please state how the policy, procedure or process will be monitored for inequalities that may arise after the implementation:

Review on a two yearly basis through the Policy Group and/or on a regular basis through HR use of the procedure.

**Summary:**

On the basis of the information/evidence/consideration so far, do you believe that the proposed project/policy will have a positive or adverse impact on equality or diversity? (please circle one)

| Positive Impact |    | Adverse Impact |    |
|-----------------|----|----------------|----|
| Yes             | No | Yes            | No |

**Basis for your judgement:**

**At this stage no significant impact as policy applies to all prospective and current employees and must meet legislation**

**Has a significant adverse impact been identified that requires a Full Equality Impact Assessment?**

|  |  |           |
|--|--|-----------|
|  |  | <b>NO</b> |
|--|--|-----------|

**Name of the project/policy lead completing this assessment:**

|                 |   |
|-----------------|---|
| Name: Jon Moore | Job Title: General Manager - Operations |
| Signature:      | Date: 28 June 2010                      |

**Please email this completed draft document to the Equality & Diversity Lead for quality assurance purposes and record monitoring. *This form must accompany all policies and procedures when sent to Trust Board Committee or Group for approval***

**Executive Summary Page for Equality Impact Assessment:**

|  |  |
|--|--|
| Document Reference: Review on a three yearly basis   | Document Title: Professional Registrations Procedure |
| Assessment Date: 3 December 2013   | Document Type: HR Procedure                          |
| Responsible Director: Francesca Okesi  | Lead Manager: Tracey Leghorn                         |
| Conclusion of Equality Impact Assessment:<br>High Positive Impact  |  |
| Recommendations for Action Plan:<br>Review on a three yearly basis through the Policy Group and/or on a regular basis through HR use of the procedure              |  |
| Risks Identified:<br>None identified.  |  |
| <b>Approved by a member of the executive team:</b>   |  |
| <b>YES</b>   | <b>NO</b>  |
| Name: Francesca Okesi  | Position:<br>Director oof HR & organisational        |
| Signature:   | Date:  |
| <b>This whole document should be stored with the master document and a final approved copy must be sent to the Equality &amp; Diversity Lead at Bedford Office</b> |  |