



**Shropshire, Telford  
and Wrekin**  
Clinical Commissioning Group

# PROFESSIONAL REGISTRATION POLICY

|                                   |               |
|-----------------------------------|---------------|
| <b>Author(s) (name and post):</b> | MLCSU HR Team |
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## Document Control Sheet

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## Document Amendment History

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The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin CCG website: [www.shropshiretelfordandwrekinccg.nhs.uk](http://www.shropshiretelfordandwrekinccg.nhs.uk)

Printed copies or those saved electronically must be checked to ensure they match the current online version.

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## **1.0 PURPOSE**

- 1.1** This 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.
- 1.2** The organisation has a responsibility to ensure professional standards are met. Recognising the importance of conducting both pre- and post-employment checks for all CCG employees to meet its legal obligations and ensure, as appropriate, existing employees are registered with the relevant regulatory/licensing body in order to continue practice.

## **2.0 SCOPE**

- 2.1** This policy applies to all individual employees irrespective of age, sex, gender reassignment, sexual orientation, race, religion or belief, disability, marriage and civil partnership or pregnancy and maternity, provided that the matter at issue is within the control of the organisation. This will include those employed on temporary, bank, honorary and fixed term contracts.
- 2.2** Individuals employed by agencies and other contractors will be expected to adhere to the standards required in this policy.

## **3.0 RESPONSIBILITIES**

- 3.1** The Board has a responsibility to oversee the implementation of this policy and to ensure that managers take action to meet the organisation's obligations to ensure equity and consistency.
- 3.2** Managers have a responsibility to follow this policy and to act on concerns or issues raised in a sympathetic, sensitive and supportive manner.
- 3.3** The HR Department are responsible for the provision of advice and/or support to managers and employees in relation to the application of this policy.
- 3.4** Employees have a responsibility to familiarise themselves and act in accordance with this policy.

## **4.0 PRINCIPLES**

- 4.1** 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
- Pharmacists

- 4.2** Employees are responsible for maintaining their registration with their relevant professional body
- 4.3** 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 on-going registration of such workers.

## **5.0 PROCEDURE**

### **5.1 Employees Responsibility**

- 5.1.1 It is ultimately the responsibility of all employees who require professional registration to practice as contained within their job description to ensure that registration with their professional body remains current at all times and that they abide by their professional code of conduct.
- 5.1.2 Employees/contractors must disclose to the organisation any conditions attached to his/her registration at the earliest available opportunity.
- 5.1.3 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.
- 5.1.4 To provide proof of renewal to their Manager
- 5.1.5 Failure to maintain professional registration and comply with the requirements of the registration may result in disciplinary action
- 5.1.6 All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.
- 5.1.7 Lapsed registrations amount to a breach of terms and conditions of employment and may result in dismissal, fraud investigation, prosecution, disciplinary action including referral to professional bodies.
- 5.1.8 The registration lapse will be recorded in the employee's personnel file.
- 5.1.9 Repeated lapses in registration may lead to disciplinary action under the Disciplinary Policy and Procedure

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

- 5.2.1 It is essential that all Contractors/ Agencies the CCG/Organisation 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 Professional Bodies where appropriate, confirmation of Fitness to Work, Home Office status if applicable and working within the EWTD regulations (Working Time Directive 1993 and Working Time Regulations 1998).
- 5.2.2 In this respect the onus must be placed on the supplier (Contractor / Agency) to ensure all relevant workers fulfil all legal and regulatory requirements.

The CCG will ensure it is protected contractually in the event of a supplier not fulfilling these obligations.

5.2.3 The CCG will conduct audits periodically to ensure compliance.

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

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

5.3.2 Where professional registration is a requirement of the post on-going registration as outlined above will be monitored through the CCG policy.

5.3.3 Alert Database checks will be undertaken in line with local CCG protocol.

5.3.4 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
- General Pharmaceutical Council (GPhC)
- General Chiropractic Council
- General Osteopathic Council

The CCG 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.

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

5.4.1 The CCG will monitor all professionally registered staff to highlight staff due to renew their professional registration and any staff whose registration has lapsed.

## 5.5 Procedure for Dealing with Lapsed Registrations

### Line Managers

5.5.1 Managers who identify a lapsed registration must take immediate action. 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 to evidence this in the personnel file

5.5.2 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

5.5.3 The manager in consultation with a Human Resources representative should consider the following options:

- 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

### Employee

5.5.4 Staff who recognise that their registration has lapsed must take immediate action. 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
- 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.

## **6.0 REVIEW AND REVISION**

- 6.1** This policy will remain in force until superseded by a replacement agreement or until either side seeks the opportunity to jointly amend or renegotiate the agreement.
- 6.2** This policy will be jointly reviewed with trade unions and staff representatives on a regular basis and any issues raised by the review will be discussed.
- 6.3** Minor amendments to the policy to take account of changes in organisational arrangements or legislation/codes of practice can be made where required.
- 6.4** In any event a joint review of this policy will take place annually.

## **7.0 FRAUD BRIBERY AND CORRUPTION**

- 7.1** Unfortunately fraud, bribery and corruption, as well as theft, does occur throughout the NHS, and as such all NHS employees have a duty to ensure that public funds are protected. The CCG is committed to reducing the level of fraud, bribery and corruption (economic crime) within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care.
- 7.2** If an employee, manager or volunteer suspects that there has been a potential act of fraud, bribery or corruption against the CCG or the wider NHS, or has seen any suspicious acts or events, they must report the matter to the CCG's Counter Fraud Team (contact details can be found on the CCG's public website) or report the matter to the NHS Fraud and Corruption Reporting Line on 0800 028 4060. Alternatively reports can be made through the online reporting tool at <https://cfa.nhs.uk/reportfraud>. Further advice on counter fraud issues is available from the Executive Director of Finance, Deputy Executive Director of Finance/Fraud Champion and the CCG's Counter Fraud Team.

### **CCG Counter Fraud Contact details:**

Paul Westwood (Heads CW Audit's Counter Fraud Team and is the CCG's nominated Local Counter Fraud Specialist)

Tel: 07545 502400

Email: [paul.westwood@cwaudit.org.uk](mailto:paul.westwood@cwaudit.org.uk)

Email: [pwestwood@nhs.net](mailto:pwestwood@nhs.net) (secure)

## **8.0 COUNTER FRAUD**

- 8.1** This policy should be read in conjunction with the CCG's policies covering counter fraud, bribery and corruption which can be found on the CCG's website ([www.shropshiretelfordandwrekinccg.nhs.uk](http://www.shropshiretelfordandwrekinccg.nhs.uk)) or you can contact a member of the Team who will be able to supply a copy.



**Appendix 1 - Equality analysis initial assessment Title of the change proposal or policy:**

Professional Registration

**Brief description of the proposal:**

To ensure that the policy meets the needs of a small employer, is legally compliant, complies with NHS standards and takes account of best practice.

**Name(s) and role(s) of staff completing this assessment:**

Simon Morris, HR Business Partner, Midlands and Lancashire CSU

**Date of assessment:** tbc

**Please answer the following questions in relation to the proposed change:**

**Will it affect employees, customers, and/or the public? Please state which.**

Yes, it will affect all employees who need professional registration for their role. It will also affect members of the public applying for positions which require professional registration.

**Is it a major change affecting how a service or policy is delivered or accessed?**

No

**Will it have an effect on how other organisations operate in terms of equality?**

No

**If you conclude that there will not be a detrimental impact on any equality group, caused by the proposed change, please state how you have reached that conclusion:**

From an assessment of this policy and consideration of employees with protected characteristics under the Equality Act 2010 there is no anticipated detrimental impact on any equality group. The policy makes all reasonable provision to ensure equity of access for all staff. There are no statements or conditions within this policy or requirements of this policy that disadvantage any particular group of people with a protected characteristic.