

PROFESSIONAL REGISTRATION POLICY

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The intranet version is the only version that is maintained. Any printed copies should, therefore, be viewed as ‘uncontrolled’ and as such may not necessarily contain the latest updates and amendments.

POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approved by & Date	Date on Intranet
1	NL ICB	New Policy for ICB	JTUPF 22.1.14 NL ICB Governing Body 12.12.2013	
2	Humber HR Team	Draft for review Policy also updated in line with GDPR requirements Updated to include GphC revalidation requirements Link to Learning and Development Policy added		
2.1	HR	Updated to reflect ICB – Review dates remain unchanged	Rem Com – 01/07/2022	

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1. INTRODUCTION

- 1.1 The ICB has a responsibility to ensure that professional standards are met. Recognising 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 maintain their registration with their respective professional bodies.
- 1.3 In accordance with [NHS Employment Check Standards](#), the ICB will ensure professional registration 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. This policy also applies to Office Holders at the ICB, e.g. Governing Body Members.
- 1.4 The ICB 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 ICBs Data Protection and Confidentiality and related policies and procedures.

2. ENGAGEMENT

The policy has been developed by the Humber HR Team, with expert advice from the Local Counter Fraud Specialist, and consultation with the ICB's senior management team, employee policy group, the ICB's Integrated Governance and Audit Committee and the Joint Trades Union Partnership Forum

3. SCOPE

- 3.1 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

The ICB extends the requirement for professional registration to staff in non-clinical staff groups as defined by the organisation; this includes but may not be limited to the following;

- Finance

Employees are responsible for maintaining their registration with their relevant professional body

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 ICB will ensure that there are processes in place to check the ongoing registration of such workers.

4. POLICY PURPOSE & AIMS

- 4.1 The policy aims to ensure that all staff who are statutorily or organisationally required to be registered with a 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.

5 DEFINITIONS

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 maintain their registration with their respective professional bodies.

6 ROLES / RESPONSIBILITIES / DUTIES

- 6.1 Employees are responsible for maintaining their registration with their relevant professional body.
- 6.2 Line Managers are responsible for checking that the relevant professional registration is held by staff where necessary and is up to date.

7 IMPLEMENTATION

- 7.1 All employees will receive notification that the policy has been approved and will receive confirmation of where the policy is located.
- 7.2 This policy should be incorporated as part of the employee induction process for all new employees joining the ICB.

8 TRAINING & AWARENESS

Training and support will be provided to all Line Managers in the implementation and application of this policy as required.

9 MONITORING & AUDIT

The implementation of this policy will be audited for and reported to the ICB board as required.

10 IMPACT ANALYSIS

10.1 EQUALITY

In applying this policy, the ICB 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. See appendix 1.

10.2. SUSTAINABILITY

The policy has been assessed against the ICB's Sustainability themes. Please see appendix 2.

10.3. BRIBERY

The ICB 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.

11 POLICY REVIEW

The policy and procedure will be reviewed periodically by the ICB managers and Trade Union representatives. Where review is necessary due to legislative change, this will happen as soon as is practicably possible

12 REFERENCES

<https://www.eugdpr.org/>
<http://revalidation.nmc.org.uk/>
<https://www.gmc-uk.org/doctors/revalidation.asp>
<https://www.nhsemployers.org/your-workforce/retain-and-improve/standards-and-assurance/professional-regulation/medical-revalidation>

13 ASSOCIATED DOCUMENTATION

The following documents should be referred to in conjunction with this policy;

- Recruitment and Selection policy and procedures
- Disciplinary Policy
- Learning and Development Policy

GUIDANCE

1. PROCEDURE

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

Employee's Responsibility

- 1.2 It is ultimately the responsibility of all employees 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.
- 1.3 Employees/contractors must disclose to the organisation any conditions attached to their 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.
- 1.5 To provide proof of renewal to their Manager
- 1.6 All personal data, particularly name changes must be communicated to both the line manager and professional body to ensure accuracy of data.
- 1.7 Lapsed registrations amount to a breach of terms and conditions of employment and as such failure to maintain professional registration and comply with the requirements of the registration may result in disciplinary action including the possibility of dismissal.
- 1.8 The registration lapse will be recorded in the employee's personal file.

Registration of Temporary Staff from External Agencies

- 1.9 It is essential that all Contractors / Agencies the ICB engages with fully meet all legal and regulatory requirements. In this respect the onus must be placed on the supplier (Contractor / Agency) by the employee entering the agreement to ensure all relevant workers fulfil all legal and regulatory registration requirements. The employee should ensure the ICB is protected contractually in the event of a supplier not fulfilling these obligations.

Procedure for Checking Registration – Pre Employment

- 1.10 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. A HR representative will check with the relevant regulatory body (e.g.

GMC, NMC, HCPC, GphC) to determine that the registration is valid. Where it is not possible to check directly with a non-clinical professional body, the individual will be required to provide proof of registration.

1.11 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 (GMC)
- Nursing and Midwifery Council (NMC)
- Health and Care Professionals Council (HCPC)
- General Dental Council (GDC)
- General Optical Council (GOC)
- The General Pharmaceutical Council (GphC)
- General Chiropractic Council (GCC)
- General Osteopathic Council (GOsC)

NHS bodies have access to the National Performers List and Healthcare Professional Web Check Service, which allows employers to check whether an individual is subject to an active Healthcare Professional Alert Notices (HPAN). Alert Database checks will be undertaken in line with local HR Humber recruitment procedures. It is the professional's responsibility to ensure that they maintain their registration with the National Performers List throughout their employment with the ICB.

Procedure for Monitoring On-going Clinical Registration

- 1.13 The Humber HR Team will monitor all clinically professional 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 ICB
- 1.14 The line managers must address any lapses as per the procedure below.
- 1.15 If the registration has not lapsed and the information is incorrect the manager must provide update information to the Humber HR Team as soon as possible, including proof of registration.
- 1.16 The manager will identify from the report any staff whose registration is due for renewal within the next quarter and make them aware.

Procedure for Monitoring On-going non-Clinical Registration

- 1.17 Proof of re-registration must be provided to the line manager as soon as an individual has re-registered. The HR Humber Team will maintain a central register of non-clinical Professional Registrations and their expiry dates.
- 1.18 On a quarterly basis the register will be reviewed to identify any gaps in updated registrations and the ICB will be notified.

Procedure for Dealing with Lapsed Registrations.

Line Managers

- 1.19 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 Humber Team and employee
 - Check re-registration with the relevant regulatory body, receive proof of renewal and to 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 an HR Humber Team 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, 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 downgrade into a non-qualified post specific to service need

Employee

- 1.22 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 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
 - Provide proof and clarification of pin number if there is a discrepancy in data
- 1.23 Doctors whose registration has lapsed need to apply to restore their registration. Doctors cannot legally practice without a licence to practice and registration.

2. REVALIDATION

- 2.1 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. In 2018, the GphC introduced new revalidation measures, which replaced the regulator's old continuing professional development (CPD) only system. Revalidation requires pharmacy professionals to collect four CPD records in their first revalidation year, and further records of peer discussion and reflective accounts in following years.
- 2.2 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.
- 2.3 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.
- 2.4 The [revalidation process for GphC](#) requires pharmacy professionals to demonstrate what they done to keep their knowledge and skills up to date, and reflect on how this has been put into practice throughout the past registration year. .
- 2.4 In line with the ICB's Learning & Development policy, study leave time will be allowed for ICB staff who are undertaking re-validation and registration. This is deemed as critical development and pertinent to roles requiring professional registration.

3. EXCEPTIONAL CIRCUMSTANCES

- 3.1 The NMC recognises some exceptional circumstances where nurses and midwives cannot meet revalidation requirements e.g. due to disability or a period of maternity leave, in which case an extension of up to 6 weeks may be granted, prior to the date that the registration was due to lapse. In these circumstances there is still a requirement for the individual to meet previous preparation renewal requirements.

While revalidation is the responsibility of the nurse or midwife, the ICB has a key role in helping to provide a supportive environment and the resources to ensure staff successfully revalidate and are registered to work in settings; and exceptional circumstances will therefore be reviewed on an individual basis.

- 3.2 Extensions to revalidation applications are not normally considered unless received when revalidation applications open.

4. PROCESS

	Lead	Action
1	HR	Inform the ICB as part of the Quarterly Workforce Reports of professionally registered employees whose registration is due to lapse in the next 3 months
2	ICB	ICB 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>ICB 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 ICB 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. <p>Temporary downgrade into a non-qualified post specific to service need</p>

INTEGRATED IMPACT ASSESSMENT			
Policy/project/function/service	Professional Registration Policy		
Date of analysis:	December 2021		
Type of analysis completed	Quality		
	Equality	✓	
	Sustainability		
What are the aims and intended effects of this policy/project or function?	The policy aims to ensure that all staff who are statutorily or organisationally required to be registered with a 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.		
Please list any other policies that are related to or referred to as part of this analysis	Recruitment and Selection policy and procedures Disciplinary Policy		
Who does the policy, project, function or service affect?	Employees	✓	
	Service users		
	Members of the public		
	Other (please list)	✓	
In accordance with NHS Employment Check Standards the ICB will ensure professional registration 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.			
QUALITY IMPACT			
	Please 'X' ONE for each	Brief description of	Mitigation strategy
	Risk 5 x 5 risk matrix)		

	Chance of Impact on Indicator			potential impact	and monitoring arrangements	Likelihood	Consequence
	Positive Impact	No Impact	Negative Impact				
	X	X	X				
PATIENT SAFETY							
Patient safety /adverse events	X						
Mortality position		X					
Infection control MRSA/CDIFF		X					
CQC status		X					
NHSLA / CNST		X					
Mandatory/statutory training		X					
Workforce (vacancy turnover absence)		X					
Safe environment	X						
Standard & suitability of equipment		X					
CLINICAL EFFECTIVENESS							
NICE Guidance and National Quality Standards, eg VTE, Stroke, Dementia		X					
Patient related outcome measures		X					
External accreditation e.g. professional bodies ie RCN		X					
CQUIN achievement		X					
PATIENT EXPERIENCE							

Will there be an impact on patient experience if so how		X					
Will it impact on carers if so how							
INEQUALITIES OF CARE							
Will it create / reduce variation in care provision?		X					
STAFF EXPERIENCE							
What is the impact on workforce capability care and skills?	X						
Will there be a change in working practice, if so, how?		X					
Will there be an impact on training		X					
TARGETS / PERFORMANCE							
Will it have an impact on performance, if so, how?		X					
Could it impact on the achievement of local, regional, national targets, if so, how?		X					
EQUALITY IMPACT							
Analysis Rating (see completion notes)	Red		Red/Amber		Amber		Green
Approved by:	Commissioner Lead:				GP lead for E&D:		
	Date				Date		

Local Profile Data	
General	Total number of employees 82
Gender (Men and Women)	Female = 76.1% Male = 23.9%
Race (All Racial Groups)	White - British = 70.73% Asian or Asian British - Indian = 4.88% Asian or Asian British - Bangladeshi = 2.44% Asian or AsiaBritish - Any other Asian background = 1.22% Mixed-White & Black African – 1.22% Unspecified = 18.29% Not Stated = 1.22%
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	No = 11% Not Declared = 1.2% Unspecified = 87.8%
Religion or Belief	Christianity = 7.32% Not Disclosed = 3.66% Unspecified = 89.02%
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	Heterosexual or Straight = 4.88% Not stated (person asked but declined to provide a response) = 3.66% Unspecified = 91.46%
Pregnancy and Maternity	This information is not currently available
Transgender	This information is not currently available

Marital Status	Civil Partnership = 1.22% Divorced = 8.54% Married = 62.20% Single = 21.95% Unknown = 1.22 Unspecified = 4.88%
Age	21-25 = 1.22% 26-30 = 4.88% 31-35 = 6.10% 36-40 = 15.85% 41-45 = 13.41% 46-50 = 15.85% 51-55 = 19.51% 56-60 = 14.63% 61-65 = 7.32% 66-70 = 1.22%
Equality Data	
Is any equality data available relating to the use or implementation of this policy, project or function?	

List any consultation e.g. with employees, service users, Unions or members of the public that has taken place in the development or implementation of this policy, project or function.	North Lincolnshire ICB Employees Joint Trade Union Social Partnership Policy (SPF) Group Joint Trade Union Social Partnership Forum (SPF)
Promoting inclusivity; How does the project, service or function contribute to our aims of eliminating discrimination and promoting equality and diversity?	This Policy does not directly promote inclusivity, however it applies a framework to follow a clear process to ensure healthcare professionals are appropriately registered

Equality Impact Risk Assessment test

What impact will the implementation of this policy, project or function have on employees, service users or other people who share characteristics protected by *The Equality Act 2010*?

Protected Characteristic:	No Impact	Positive Impact	Negative Impact	Evidence of impact and if applicable justification where a <i>Genuine Determining Reason</i> exists
Gender (Men and Women)	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of gender
Race (All Racial Groups)	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of race.
Disability (Mental and Physical, Sensory Impairment, Autism, Mental Health Issues)	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of disability
Religion or Belief	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of religion or belief
Sexual Orientation (Heterosexual, Homosexual and Bisexual)	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of sexual orientation

Pregnancy and Maternity	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of pregnancy and maternity
Transgender	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of transgender
Marital Status	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of marital status
Age	X			This policy has been considered against this protected characteristic and applies equally to all staff regardless of age

Action Planning

As a result of performing this Equality Impact Analysis, what actions are proposed to remove or reduce any risks of adverse outcomes identified on employees, service users or other people who share characteristics protected by The Equality Act 2010?

Identified Risk:	Recommended Action:	Responsible Lead	Completion Date	Review Date

SUSTAINABILITY IMPACT

Staff preparing a Policy / Board Report / Committee Report / Service Plan / Project are required to complete a Sustainability Impact Assessment. Sustainability is one of the Trust's key Strategies and the Trust has made a corporate commitment to address the environmental effects of activities across Trust services. The purpose of this Sustainability Impact Assessment is to record any positive or negative impacts that this activity is likely to have on each of the Trust's Sustainability Themes.

	Positive Impact	Negative Impact	No Specific Impact	What will the impact be? If the impact is negative, how can it be mitigated? (action)
Reduce Carbon Emission from buildings by 12.5% by 2010-11 then 30% by 2020		X		

New builds and refurbishments over £2million (capital costs) comply with BREEAM Healthcare requirements.		X		
Reduce the risk of pollution and avoid any breaches in legislation.		X		
Goods and services are procured more sustainability.		X		
Reduce carbon emissions from road vehicles.		X		
Reduce water consumption by 25% by 2020.		X		
Ensure legal compliance with waste legislation.		X		
Reduce the amount of waste produced by 5% by 2010 and by 25% by 2020		X		
Increase the amount of waste being recycled to 40%.		X		
Sustainability training and communications for employees.		X		
Partnership working with local groups and organisations to support sustainable development.		X		
Financial aspects of sustainable development are considered in line with policy requirements and commitments.		X		