

**REGISTRATION POLICY  
AND MONITORING PROCEDURE**

Version:	7.0
Ratified By:	Trust Executive
Date Ratified:	02 September 2015
Date Policy Comes Into Effect:	02 September 2015
Author:	Michael Kelly
Responsible Director:	Louise Hall
Responsible Committee:	Trust Executive
Target Audience:	Trust Staff and Managers
Review Date:	September 2019

Equality Impact Assessment	Assessor: Macius Kurowski	Date: 02/09/2015
HRA Impact Assessment	Assessor: Anthony Konzon	Date: 02/09/2015

## Document History

### Version Control

Version No.	Date	Summary of Changes	Major (must go to an exec meeting) or minor changes	Author
1	N/A	N/A	N/A	N/A
2	N/A	N/A	N/A	N/A
3	January 2010	N/A	Major	Sally Dibben
4	August 2010	Amended on page 4 to remove paragraph removing responsibility from manager	Major	Louise Norris
5	October 2011	Appendix C and D amended to exclude responsibility of the line manager.	Major	Louise Norris
6	February 2012	Reviewed and wording slightly refreshed to reflect practice. Appendix A letter reworded to reflect current practice	Major	Sally Dibben
6.1	May 2012	New policy format and monitoring table	Minor	Louise Norris
7.0	September 2015	Refreshed renewal dates and updated process.	Minor	Michael Kelly
7.0	May 2017	Amended sentence in relation to newly registered nursing staff awaiting their pin – para 4.3 of the policy	Minor	Sally Dibben

### Plan for Dissemination of Policy

Audience(s)	Dissemination Method	Paper or Electronic	Person Responsible
All Trust Staff & Managers	Once the policy has been ratified it will be made available to all staff via the Trust intranet (on the HR policies page)	Electronic	Michael Kelly

## **Contents**

<b>Section</b>	<b>Page</b>
1. INTRODUCTION	4
2. DEFINITIONS	4
3. ROLES AND RESPONSIBILITIES	4
4. PROCEDURE	5
5. LAPSED REGISTRATION	6
6. MONITORING COMPLIANCE	8
7. FREEDOM OF INFORMATION ACT 2000	8
<b>APPENDICES</b>	
APPENDIX 1: EQUALITY IMPACT ASSESSMENT	9
APPENDIX 2: HUMAN RIGHTS ASSESSMENT	14
APPENDIX 3: CHECKLIST FOR REVIEW	16

## Policy

### 1. Introduction

This policy complies with Safer Recruitment standards for the NHS. Certain qualified professional staffs, including doctors, is required to have current and valid registration with their appropriate professional registration body in order to carry out their professional and clinical duties. As an employer of professionally qualified staff it is imperative that the Trust has in place a robust process to ensure that all have valid registration.

### 2. Definitions

Registration refers to the employee having a valid and relevant entry in the professional register of the appropriate registration body.

Periodic registration is the period for which the registration is valid and the professional able to practice.

Lapsed registration refers to the situation where a registration fee has not been paid, or where applicable the notification of practice has not been submitted and the individual is deemed as not being able to practice.

PIN is a personal Identification Number.

### 3. Roles and Responsibilities

#### 3.1 Individual Responsibility

As a member of a profession, the onus must be on the individual:

- To register and maintain registration with the appropriate statutory body;
- Keep the documentation relating to this registration /re-registration in a place of safety;
- Produce this documentation when requested by the appropriate service or professional managers;
- On receipt of/or renewal of registration, the member of staff must ensure that their line manager and/or professional lead is shown original documentation so that the registration can be verified and copies taken for personal file if required and recorded/updated on ESR;
- Contact the appropriate Statutory Body for appropriate proof/evidence/written documentation if requested to provide it; and to
- Keep the relevant statutory body informed of changes of address, status, etc., so that internal records are accurate and up to date and routine renewal advice is received;

#### 3.2 Management and Trust Responsibility

The manager must ensure that individuals within their sphere of Management/Professional responsibility hold the appropriate current registration during employment; a copy of this should be kept on the employee's personal file and recorded on ESR.

If a professional registration is not required for the role, this should be advised to Employment Services.

Following appointment, and as part of the local induction process, the manager of the professional member of staff must emphasise the personal responsibility that the employee has for continued periodic registration.

Any prospective employee who cannot, for whatever reason, supply these details must be treated with great caution and should not be appointed until the individual has contacted the relevant statutory body and produced documentary proof of registration.

## **4. Procedure**

### **4.1 Confirmation of Registration on Appointment**

The process for the confirmation of registration will commence prior to the offer of appointment to a position within the Trust. The Employee Services Department will seek confirmation from the appropriate registration body, through their online database, that the individual has current and valid registration.

### **4.2. Recording of Registration**

Details of the registration number and date of expiry of the current registration will be recorded using the Electronic Staff Record (ESR) system. Employees will be asked to provide evidence of their current registration and a copy of this document will be placed in their personal file.

Possession of evidence of registration is not to be deemed as confirmation of registration. The Employee Services Department must always confirm registration status with the professional prior to the offer of appointment to a position within the Trust.

### **4.3 Newly Registered Staff**

Newly registered staffs who have not received their PIN will be paid at the appropriate unqualified banding for their profession. For the avoidance of doubt for nursing staff this will be at Band 4 – minimum point until such time as registration has been verified. Once registration has been verified the banding will move to Band 5 with immediate effect. There will be no backdating of Band 5 salary.

### **4.4 NHS Professionals (NHSP)**

All NHSP employed staff who have or are being used in the Trust are required to have their registration confirmed and checked by NHSP. NHSP will provide annual assurance that all pre-employment checks to NHS standards have been completed.

### **4.5. Agency Staff (Non Medical)**

Managers and authorised bookers booking agency staff are responsible for advising the agency that the agency member of staff must bring their registration documentation with them when they attend the booking.

The Manager in charge of the shift on which the agency member of staff is due to work must obtain the professional registration number of the agency staff and verify they are a registered practitioner with the relevant professional body.

Managers should ensure that the Agency have supplied to them the Agency Worker Checklist which also includes the registration checks performed by the Agency.

Once you have confirmed a practitioner's registration you must keep a record of the practitioner's name, the expiry date of their current effective registration, the part(s) of the register checked and the date the registration was confirmed.

#### **4.6. Agency Staff (Medical)**

The Medical HR team will obtain a copy of the doctor's registration number from the agency. The registration number will be verified through the GMC online registration system.

### **5. Lapsed Registration**

#### **Nursing**

Each month the Nursing and Midwifery Council (NMC) will automatically update ESR through the interface of any expired and expiring nursing, midwifery or health visitor registrations. Nursing registrations require annual renewal and expire at different points throughout the year. Any individual whose professional registration has lapsed will not be eligible to work in positions requiring registered professionals. From 1<sup>st</sup> November 2015 any lapsed registration will result in an automatic removal from the NMC Register.

Employee Services will clarify the reason for the lapse. The individual will be placed on no-pay from the date of lapse of registration. The member of staff will be advised not to attend work until evidence of registration can be provided. Pay will not be reinstated for any period of time not covered by an up to date registration, even if the registration is eventually backdated. Readmission to the NMC Register can take between 2-6 weeks.

Continuing to practice whilst not on the Register is a criminal offence and can lead to fines of £5,000.

Once evidence of confirmation has been received, copies will be kept on file confirming new renewal date and the change effected on the Trust's database.

The manager, in conjunction with an Employee Relations Advisor, may consider whether any action should be taken under the auspices of the Trust's disciplinary procedure. In all cases where the registration has lapsed for 3 months or more disciplinary action will be taken.

#### **Medical and Dental Staff**

All Medical and Dental staff are required to be registered with the General Medical Council (GMC) or General Dental Council (GDC) respectively and this is renewable annually. [www.gmc-uk.org](http://www.gmc-uk.org) and [www.gdc-uk.org](http://www.gdc-uk.org) Medical and Dental staff will require registration and a Licence to Practice. All medical staff are required to notify Medical HR when they have renewed. This will be updated on ESR.

#### **Pharmacists and Pharmacy Technicians**

All Pharmacists and Technicians are required to be registered with the General Pharmaceutical Council (GPhC) and this is renewable annually.

#### **Health and Care Professions Council**

The Health and Care Professions Council are the regulatory body for a large number of health and social care professionals. Each profession renews at a set time - these times are the same every two years and are staggered throughout the year. The following list is the currently publicised staging dates for each respective profession.

HPCP PROFESSION	RENEWAL OPENS	RENEWAL CLOSES
Operating department practitioners	1 September	30 November
Social Workers in England	1 September	30 November
Practitioner psychologists	1 March	31 May
Orthoptists	1 June	31 August
Paramedics	1 June	31 August
Clinical scientists	1 July	30 September
Prosthetists/orthotists	1 July	30 September
Speech and language therapists	1 July	30 September
Occupational therapists	1 August	31 October
Biomedical scientists	1 September	30 November
Radiographers	1 December	28/28 February
Physiotherapists	1 February	30 April
Arts therapists	1 March	31 May
Dieticians	1 April	30 June
Chiropodists/podiatrists	1 May	31 July
Hearing aid dispensers	1 May	31 July

## 6. Monitoring Compliance

What will be monitored i.e. measurable policy objective	Method of Monitoring	Monitoring frequency	Position responsible for performing the monitoring	Group(s)/committee (s) monitoring is reported to, inc responsibility for action plans
Expired registration	ESR report	Monthly	Head of Employee services	HRMs meeting detailing follow up action
Follow up actions	Report of follow up actions	Monthly	Head of Employee services	HRMs meeting

## 7. Freedom of Information Act 2000

All Trust policies are public documents. They will be listed on the Trusts FOI document schedule and may be requested by any member of the public under the Freedom of Information Act (2000).



## Part 1: EQUALITY IMPACT ASSESSMENT – Equality Relevance Checklist

The following questions can help you to determine whether the policy, function or service development is relevant to equality, discrimination or good relations:

- Does it affect service users, employees or the wider community? Note: relevance depends not just on the number of those affected but on the significance of the impact on them.
- Is it likely to affect people with any of the protected characteristics (see below) differently?
- Is it a major change significantly affecting how functions are delivered?
- Will it have a significant impact on how the organisation operates in terms of equality, discrimination or good relations?
- Does it relate to functions that are important to people with particular protected characteristics or to an area with known inequalities, discrimination or prejudice?
- Does it relate to any of the following 2013-16 equality objectives that SLaM has set?
  1. All SLaM service users have a say in the care they get
  2. SLaM staff treat all service users and carers well and help service users to achieve the goals they set for their recovery
  3. All service users feel safe in SLaM services
  4. Roll-out and embed the Trust's Five Commitments for all staff
  5. Show leadership on equality through our communication and behaviour

<b>Name of the policy or service development: Registration Policy and Monitoring Procedure.</b>								
<b>Is the policy or service development relevant to equality, discrimination or good relations for people with protected characteristics below?</b>								
Please select yes or no for each protected characteristic below								
Age	Disability	Gender re-assignment	Pregnancy & Maternity	Race	Religion and Belief	Sex	Sexual Orientation	Marriage & Civil Partnership <i>(Only if considering employment issues)</i>
No	No	No	No	No	No	No	No	No
<b>If yes to any, please complete Part 2: Equality Impact Assessment</b>								
<b>If not relevant to any please state why: Policy relating to professional registration compliance for all registered health and social care professionals.</b>								

**Date completed: 24/8/15**

**Name of person completing: Michael Kelly**

**CAG: Human Resources**

**Service / Department: Human Resources**

**Please send an electronic copy of the completed EIA relevance checklist to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

## Part 2: Equality Impact Assessment

### 1. Name of policy or service development being assessed?

Registration Policy and Monitoring Procedure.

### 2. Name of lead person responsible for the policy or service development?

Michael Kelly

### 3. Describe the policy or service development

#### What is its main aim?

To ensure all staff requiring registration are registered with their relevant professional body.

#### What are its objectives and intended outcomes?

Process for ensuring registrations are checked on appointment and whilst in employment.

#### What are the main changes being made?

Update of renewal dates for some professional groups. Revised process for checking.

#### What is the timetable for its development and implementation?

Implement immediately.

### 4. What evidence have you considered to understand the impact of the policy or service development on people with different protected characteristics?

*(Evidence can include demographic, ePJS or PEDIC data, clinical audits, national or local research or surveys, focus groups or consultation with service users, carers, staff or other relevant parties).*

This policy is applicable to all staff who require a professional registration to perform in their role.

### 5. Have you explained, consulted or involved people who might be affected by the policy or service development?

*(Please let us know who you have spoken to and what developments or action has come out of this)*

Yes. Joint Staff Committee. No further developments as policy relates to governance and compliance.

**6. Does the evidence you have considered suggest that the policy or service development could have a potentially positive or negative impact on equality, discrimination or good relations for people with protected characteristics?**

*(Please select yes or no for each relevant protected characteristic below)*

<b>Age</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Disability</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Gender re-assignment</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Race</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Pregnancy &amp; Maternity</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Religion and Belief</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Sex</b>	<b>Positive impact: r No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Sexual Orientation</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Marriage &amp; Civil Partnership</b> <i>(Only if considering employment issues)</i>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		
<b>Other (e.g. Carers)</b>	<b>Positive impact: No</b>	<b>Negative impact: No</b>
Please summarise potential impacts:		

**7. Are there changes or practical measures that you can take to mitigate negative impacts or maximise positive impacts you have identified?**

**NO: This is a policy applicable to all staff who require a professional registration to perform their role.**

**8. What process has been established to review the effects of the policy or service development on equality, discrimination and good relations once it is implemented?**

N/A.

**Date completed:**

**Name of person completing:**

**CAG:**

**Service / Department:**

**Please send an electronic copy of the completed EIA relevance checklist to:**

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

### PART 3: Equality Impact Assessment Action plan

Potential impact	Proposed actions	Responsible/ lead person	Timescale	Progress
N/A				

Date completed:  
Name of person completing:  
CAG:  
Service / Department:

Please send an electronic copy of your completed action plan to:

1. [macius.kurowski@slam.nhs.uk](mailto:macius.kurowski@slam.nhs.uk)
2. Your CAG Equality Lead

## Appendix 2 – Human Rights Act Assessment

To be completed and attached to any procedural document when submitted to an appropriate committee for consideration and approval. If any potential infringements of Human Rights are identified, i.e. by answering Yes to any of the sections below, note them in the Comments box and then refer the documents to SLaM Legal Services for further review.

For advice in completing the Assessment please contact Paul Bellerby, Legal Services [paul.bellerby@slam.nhs.co.uk]

HRA Act 1998 Impact Assessment	Yes/No	If Yes, add relevant comments
<b>The Human Rights Act allows for the following relevant rights listed below. Does the policy/guidance NEGATIVELY affect any of these rights?</b>		
Article 2 - Right to Life [Resuscitation /experimental treatments, care of at risk patients]	No	
<ul style="list-style-type: none"> <li>Article 3 - Freedom from torture, inhumane or degrading treatment or punishment [physical &amp; mental wellbeing - potentially this could apply to some forms of treatment or patient management]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 5 – Right to Liberty and security of persons i.e. freedom from detention unless justified in law e.g. detained under the Mental Health Act [Safeguarding issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 6 – Right to a Fair Trial, public hearing before an independent and impartial tribunal within a reasonable time [complaints/grievances]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 8 – Respect for Private and Family Life, home and correspondence / all other communications [right to choose, right to bodily integrity i.e. consent to treatment, Restrictions on visitors, Disclosure issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 9 - Freedom of thought, conscience and religion [Drugging patients, Religious and language issues]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 10 - Freedom of expression and to receive and impart information and ideas without interference. [withholding information]</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 11 - Freedom of assembly and association</li> </ul>	No	
<ul style="list-style-type: none"> <li>Article 14 - Freedom from all discrimination</li> </ul>	No	

Name of person completing the Initial HRA Assessment:	Michael Kelly
Date:	27 <sup>th</sup> August 2015
Person in Legal Services completing the further HRA Assessment (if required):	Anthony Konzon
Date:	

## Appendix 3 – Checklist for the Review and Approval of a Policy

This checklist must be used for self-assessment at the policy writing stage by policy leads and be completed prior to submission to an appropriate Executive Committee/Group for ratification.

	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>1.</b>	<b>Style and Format</b>		
	<p>Does the document follow The South London and Maudsley NHS Foundation Trust Style Guidelines? i.e.:</p> <ul style="list-style-type: none"> <li>• The Trust logo is in the top left corner of the front page only and in a standard size and position as described on the Intranet</li> <li>• Front page footer contains the statement about Trust copyright in Arial 10pt</li> <li>• Document is written in Arial font, size 11pt (or 12pt)</li> <li>• Headings are all numbered</li> <li>• Headings for policy sections are in bold and not underlined</li> <li>• Pages are numbered in the format Page X of Y</li> </ul>	Yes	
<b>2.</b>	<b>Title</b>		
	Is the title clear and unambiguous?	Yes	
<b>3.</b>	<b>Document History</b>		
	Is the document history completed?	Yes	
<b>4.</b>	<b>Definitions</b>		
	Are all terms which could be unclear defined?	Yes	
<b>5.</b>	<b>Policy specific content</b>		
	Does the policy address, as a minimum, the NHSLA Risk management Standards at Level 1 where appropriate	Yes	
<b>6.</b>	<b>Consultation and Approval</b>		
	Has the document been consulted upon?	Yes	
	Where required has the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes	
<b>7.</b>	<b>Dissemination</b>		
	Does the document include a plan for dissemination of the policy?	Yes	



	<b>Title of document being reviewed:</b>	<b>Yes/No/Unsure</b>	<b>Comments</b>
<b>8.</b>	<b>Process for Monitoring Compliance</b>		
	Is it explicit how compliance with the policy will be monitored?	Yes	
<b>9.</b>	<b>Review Date</b>		
	Is the review date identified on the cover of the document?	Yes	
<b>10.</b>	<b>References</b>		
	Are supporting references cited?	Yes	
<b>11.</b>	<b>Associated documents</b>		
	Are associated SLAM documents cited?	Yes	
<b>12.</b>	<b>Impact Assessments</b>		
	Is an Equality Impact Assessment included as the appendix of the document?	Yes	
	Is a HRA Assessment included as an appendix of the document?	Yes	