

PROFESSIONAL REGISTRATION POLICY

		POLICY
Reference	HR/1005	
Approving Body	Joint Staff Partnership Forum	
Date Approved	30 July 2024	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	YES	NO
	x	
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Summary of Changes from Previous Version	Person-centered approach to lapses in registration	
Supersedes	3	
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Consultation Undertaken	JSPF subgroup	
Date of Completion of Equality Impact Assessment	04 July 2024	
Date of Environmental Impact Assessment (if applicable)	N/A	
Legal and/or Accreditation Implications	It is a legal requirement for healthcare professionals to be registered with a professional regulatory body	
Target Audience	All professionally registered staff	
Review Date	30 June 2027	
Sponsor (Position)	Chief Nurse	
Author (Position & Name)	People Operational Lead	
Lead Division/ Directorate	Corporate	
Lead Specialty/ Service/ Department	Human Resources	
Position of Person able to provide Further Guidance/Information	People Operational Lead	
Associated Documents/ Information		Date Associated Documents/ Information was reviewed
1. Disciplinary Policy 2. Recruitment & Selection Policy		April 2024 July 2021

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1.0 INTRODUCTION

It is a duty of the Trust to ensure that patients and the public are protected and cared for in a safe environment. Professional Registration provides a means of ensuring that health professionals provide high standards of care through professional standards.

This policy is issued and maintained by the Chief Nurse on behalf of the Trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

2.0 POLICY STATEMENT

The aim of the policy is to ensure all professional staff working for the Trust as employees, including bank workers, and agency and locum staff, hold current registration from their professional bodies to comply with the requirements of their employment contract. It is the Trust's responsibility not to allow anyone to practise without ensuring they are currently registered.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust

Sherwood Forest Hospitals NHS Foundation Trust.

Statutory Regulation

All the statutory systems that are used to assure the public that certain health and social care workers are appropriately educated and working to set standards of practice, behaviour and ethics with clear systems of accountability to the public.

Statutory Regulatory Body

The statutory organisation that holds the register of health or social care workers, sets and monitors both the requirements for entry to the register and the standards for practice, behaviour and ethics for those registered.

A regulatory body has systems in place for the receipt and process of complaints about those registered.

Professional Registration

The confirmation that a practitioner is eligible to practice within the framework of the relevant statutory regulatory body.

Professional Register

The list of practitioners who meet the relevant statutory regulatory body requirements for registration – known as registrants.

4.0 ROLES AND RESPONSIBILITIES

Trust Responsibilities

The Trust has a duty to ensure all professional staff working for the Trust as employees, including bank workers, and agency and locum staff, hold current registration from their professional bodies to comply with the requirements of their employment contract. It is the Trust's responsibility not to allow anyone to practise without ensuring they are currently registered. The Trust regards any lapse in registration as a serious matter and will carry out a fact finding exercise in accordance with the Trust's Disciplinary Policy.

The Trust also has a duty to report to the UK Border Agency any migrant workers employed under work permits or sponsorship arrangements who are subject to disciplinary action in serious cases, such as lapsed registration or unauthorised absence from the Trust.

Divisional General Managers

Divisional General Managers must identify within their respective Divisions those managers who should be notified of registrations and their expiration date. If there are changes it is the Divisional Directors responsibility to make the People Directorate aware.

Line Manager Responsibilities

Managers of the Trust have the responsibility to:

- Ensure that regulation and registration requirements are defined in the job description and person specification;
- Ensure that staff are aware of the requirement to be registered appropriately;
- Maintain a record of staff's registration expiry dates;
- Take action to verify registration has been renewed when notified by the People Directorate that an individual's registration is close to expiry and ensure that the individual does not work if they cannot verify renewal. The Manager should inform the People Directorate whether registration is renewed or whether the individual has failed to maintain registration and is taking annual leave or unpaid leave and the action that is being taken to resolve the matter;
- Notify their senior manager of any lapse of professional registration and the action being undertaken to resolve the matter;
- Ensure staff on sickness absence, family leave or employment breaks remain professionally registered;
- Adhere to the processes detailed in this policy to ensure that individuals renew their registrations.

Responsibilities of the People Directorate

It is the responsibility of the People Directorate to:

- Confirm registration as part of the recruitment process, verifying the registration details with the appropriate professional body and check there are no restrictions, fitness to practice investigation or suspension that may affect employment;

- Check, in a timely manner, that registrations maintain active membership of their relevant professional body and that their registration is renewed when required. Emails will be sent to managers and the individuals concerned as detailed below. The People Directorate will liaise with managers through the processes set out below if registration is not renewed;
- Maintain a database of amendments to the professional registers and alert letters.
- Maintain a log of staff and identify individuals whose registration lapses, highlighting to the relevant clinical/professional lead to ensure action taken to resolve the matter and the subsequent renewal is confirmed.

Responsibilities of the Temporary Staffing Office

It is the responsibility of the Temporary Staffing Office to:

- Satisfy themselves that appropriate pre-employment and registration checks have been carried out if booking a locum doctor or a registered professional through an employment agency including obtaining copies of employment checks, including professional registration. In line with NHSE requirements, off framework agencies are not permitted to be used, unless by exception and pre approved by the CEO. In these instances, evidence will be required from the off framework agency around the same levels of compliance that is provided by on framework agencies.

Staff Responsibilities

The responsibility to maintain live registration remains solely with the member of staff. It is the responsibility of all professionally registered staff to:

- Provide evidence of current and valid registration to the Recruitment Team during recruitment and on commencement with the Trust;
- Keep their registration up-to-date throughout employment with the Trust, including during any periods of sickness absence, family leave or employment breaks. This is a contractual requirement;
- Notify renewal dates to their Manager and provide evidence of renewal in a timely manner. Managers will keep a record of this information.
- Inform their manager as soon as possible if there is any impediment to or if there is any lapse in renewing their registration.
Abide by the relevant Code of Professional Practice as published by their regulatory body. Where there are any allegations of failure to abide by the relevant Code, a fact-find will be undertaken, which may result in disciplinary action being taken in accordance with the Trust's Disciplinary Policy.
- Notify their registering body and Line Manager if they are charged with any offence, criminal conviction or fitness to practise proceedings and to inform the respective clinical/professional lead immediately.
- Keep the relevant statutory body informed of changes of address, including email address, status etc., to ensure that records are accurate and up-to-date and routine renewal advice is received.
- Comply with their professional body's notification requirements if they are subject to investigation, caution etc.

5.0 APPROVAL

Joint Staff Partnership Forum.

6.0 DOCUMENT REQUIREMENTS

Checking Registrations on Appointment

Recruiting managers must ensure that adverts, job descriptions and the person specifications for posts clearly indicate the type and level of professional registration required.

Registration will be checked again for the preferred candidate when a conditional offer is made, this will form part of the identity checks candidates have to attend and is undertaken by the People Directorate this will involve the candidate presenting a copy of their registration documentation to the People Directorate. The registration will be checked with the relevant professional body, via the professional body's website or telephone confirmation service, this must be done prior to the issuing of an unconditional offer of employment letter. These checks will ensure that:

- The professional registration (and for doctors licence to practise) is still valid and that the individual has not been removed or suspended from the Register or has stipulations on their practice;
- Confirm that the appointee is suitably registered (e.g. Doctors with Limited Registration);
- Verify the date for re-registration. The above information will be noted for the checks of the preferred candidate and new starters on the employee's personal file transferred from NHS Jobs.

Line Managers will ensure registration is checked on the date of commencement for the successful candidate to ensure that appropriate registration is still held. For medical staff registration will be checked by the Medical Workforce Team who are based in HR.

Newly Qualified Staff

Newly qualified staff will be paid according to their contract i.e. at the rate of the job they have been offered, although they will not be permitted to carry out all of the duties of the post until they have received their registration. This only relates to staff who have been appointed pending their registration, and not to trainee staff who have been employed on training grades/bands until they become registered.

Maintenance of Registration

All professionals holding a registerable qualification are responsible for ensuring that their registration is valid at all times.

Individual health professionals are personally responsible for ensuring that they meet all criteria for re-registration with their national regulating body and that this is undertaken in a timely manner.

The People Directorate will send to the Line Manager each month, a spreadsheet detailing members of staff they manage, and the date they need to be re-registered. The information will be flagged as follows:-

- Red where professional registration is due to expire within the next 30 days to demonstrate that urgent action is required
- Amber where professional registration is due to expire within the next 31 to 60 days.

Individuals are encouraged to present evidence of re-registration to their Line Manager prior to the date their current registration period lapses. This information must include the registration number.

The Line Manager will verify the registration with the appropriate regulating body using the website or telephone checking service.

The Line Manager will then, update the spreadsheet and return it to the People Directorate who will then update the ESR system.

For medical staff, this process will be undertaken by a member of the Medical Workforce Team.

Managers must return this information to the People Directorate as soon as possible.

Temporary/Locum Staff

As part of the Buying Solutions Framework Agreement agencies are required to ensure that all temporary staff are appropriately registered with their professional body. Prior to a locum commencing a post the temporary staffing office or department manager must check the locum's registration using the relevant professional body website or telephone checking service.

Where the Trust uses agencies that are not on the Buying Solutions Framework Agreement, a separate contract will be in place which includes requirements to ensure that all temporary staff are appropriately registered with their professional body. Prior to a locum commencing a post the temporary staffing office or department manager must check the locum's registration using the relevant professional body website or telephone checking service.

Failure to Re-register

Failure to reregister will be considered a failure of professional responsibility and will be viewed very seriously and could lead to the termination of a contract of employment, due to a breach of contractual obligations. This is in line with the Trust's SOSR guidance.

Where an individual has failed to re-register, the member of staff will be given a period of up to 7 working days to engage with the relevant professional body. The time available will enabled the individual to resolve any outstanding concerns relating to the registration lapse and re-register their professional status.

During this period of time the contract of employment will be held in abeyance. If successful re-registration occurs staff will be required to take annual leave or unpaid leave to cover such period.

Under no circumstances will the individual be allowed to continue to work in a professional capacity or in the capacity of a non-registered health support worker.

In such circumstances issuing an improvement notice should be considered. No formal investigation should be undertaken.

Once the period of 7 days has lapsed or the re-registration process with the professional body will take longer than 7 days the employee will be deemed as in breach of their contractual obligations.

During this period the employee will have an agreed reasonable period of time to complete the re-registration process, which will be for no longer than a maximum period of 6 weeks. Individual circumstances will be taken into account during this period of time, which may impact upon the re-registration process, including periods of Bank Holidays etc.

During this period of time the contract of employment will be again held in abeyance. If successful re-registration occurs staff will be required to take annual leave or unpaid leave to cover such period.

However if failure to re-registration occurs within this reasonable period of time the Trust reserves the right to bring to an end the employment contract.

In circumstances where it has taken beyond the 7 days to re-register or if the registered professional has worked whilst being unregistered a fact finding exercise will be undertaken in accordance with the disciplinary policy as to the reason for failing to register following the fact finding exercise a decision will be made about the outcome, this could include;

- No action required
- Improvement notice issues in accordance with Trust Disciplinary Policy
- Investigation commissioned in accordance with Trust Disciplinary Policy.
- Fast track process in accordance with Trust Disciplinary Policy

Alert notices

An alert notice is a mechanism by which an NHS employer makes other bodies aware that a health care professional may pose a risk/threat to patients or staff. The alert system is not part of the disciplinary process but an integral part of the system for pre-employment checks.

If after checking the alert list, if the People Directorate become aware that an employee, or prospective professional employee, who requires professional registration is the subject of a current alert, they should notify the appointing manager who should contact the referring organisation as set out in the written notification.

The manager should 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 follow-up action to ensure that the safety of patients, staff and public is maintained.

An alert notice is not a bar to employment but, if the Trust wishes to appoint an individual who is the subject of an alert, the appointing manager must check if the individual is suitable to be employed in the position being offered and consider what safeguards need to be put in place. Advice must be sought from the People Directorate and Clinical Lead.

Registration fees

The payment of membership fees is a personal responsibility and is not something the Trust can or will pay.

However, managers can develop a case to pay registration as part of a recruitment and retention initiative, advice regarding this must be sought from the relevant Divisional People Lead who will advise and seek divisional approval.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Annually	People Operational Lead	Audit	Annually	JSPF

8.0 TRAINING AND IMPLEMENTATION

New staff will be made aware of requirements of this policy at departmental induction.

Any changes to the policy will require briefing through line management arrangements.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- NHS Employers Employment Check Standards
- Nursing and Midwifery Order 2001
- The Medical Act 1983
- Medicines (Pharmacies) (Responsible Pharmacists) Regulations 2008
- Health and Social Work Professions Order 2001
- Health and Social Work Professions Order 2009
- Health and Social Work Professions (Parts of and Entries in the Register) Order of Council 2003
- Health Act 1999

Related SFHFT Documents:

- Disciplinary Policy
- Temporary Staffing Guidance Documents

11.0 APPENDICES

Appendix 1 Equality Impact Assessment Form (EQIA)

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Professional Registration Policy			
New or existing service/policy/procedure: Existing			
Date of Assessment: 04.07.2024			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	No impact identified	N/A	N/A
Gender	No impact identified	N/A	N/A
Age	No impact identified	N/A	N/A
Religion / Belief	No impact identified	N/A	N/A
Disability	No impact identified	N/A	N/A
Sexuality	No impact identified	N/A	N/A
Pregnancy and Maternity	No impact identified	N/A	N/A
Gender Reassignment	No impact identified	N/A	N/A

Marriage and Civil Partnership	No impact identified	N/A	N/A
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No impact identified	N/A	N/A
What consultation with protected characteristic groups including patient groups have you carried out? None. It is a legal requirement for healthcare professional staff to be registered.			
What data or information did you use in support of this EqIA? N/A			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact: Low Level of Impact For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: J Read			
Signature: J Read			
Date: 04.07.2024			