



London Ambulance Service **NHS**  
NHS Trust

**Policy on the Registration of Professional Clinical Staff**

## DOCUMENT PROFILE and CONTROL.

**Purpose of the document:** To define the process the organisation will follow to ensure that individuals working for the Trust maintain their professional registration and to highlight the professional registrant's duties, including duty to inform in matters relating to health and/or standards of conduct, performance and ethics.

**Sponsor Department:** Human Resources and Organisation Development

**Author/Reviewer:** Deputy Director of Human Resources. To be reviewed by April 2013.

**Document Status:** Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
12/04/11	2.1	Deputy Director of Human Resources	Addition of Governance arrangements to appendix 2.
27/07/10	2.0	Deputy Director of Human Resources	Responsibilities reviewed, clarification of verification processes (sections 6 and 7)
09/05/10	1.2	Senior HR Manager (South)	Previous policy on 'Duty to Inform HPC' merged into document.
07/04/10	1.1	Deputy Director of Human Resources	Reformatted; added, scope, objectives, responsibilities, section 9.4, 7.3; amended monitoring; revised committee names.
	0.1		

**\*Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The Pulse	05/10/10	Governance Administrator	Governance and Compliance Team
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22/06/10	EqlA team (see doc)
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<b>Links to Related documents or references providing additional information</b>		
<b>Ref. No.</b>	<b>Title</b>	<b>Versio n</b>
	HPC Standards of conduct performance and ethics <a href="http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf">http://www.hpc-uk.org/assets/documents/10002367FINALcopyofSCPEJuly2008.pdf</a>	
	HPC Managing Fitness to Practise <a href="http://www.hpc-uk.org/assets/documents/10001344Managingfitnesstopractise.pdf">http://www.hpc-uk.org/assets/documents/10001344Managingfitnesstopractise.pdf</a>	
<b>HR005</b>	Recruitment and Selection Policy and Procedure	

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## 1. Introduction

- 1.1 Professional clinical staff employed in the roles (as defined within Appendix 1) are required to maintain registration with a professional body while employed in the NHS. It is illegal to employ a person in any of these categories if they are unregistered, therefore, in order to safeguard patients, all NHS Trusts are required to take reasonable steps to ensure that staff in these categories maintain registration while employed in the NHS.

## 2. Scope

- 2.1 This document outlines principles of how to ensure that employees who are legally required to maintain their professional registration and those that are contractually required to be a member of a professional organisation do so.
- 2.2 The document also highlights the professional registrant's duties in regards to reporting issues relating to his or her health and/or standards of conduct performance and ethics; as well as set out HR managers' responsibilities in this regard.

## 3. Objectives

1. To define the procedure the Trust will follow to ensure staff are registered and maintain that registration while in the employment of the Trust.
2. To highlight the professional registrant's duties in regards to reporting issues relating to his or her health and/or standards of conduct performance and ethics; as well as set out HR managers' responsibilities in this regard.

## 4. Responsibilities

- 4.1 It is the responsibility of the employee to ensure that his or her professional registration is kept up to date.
- 4.2 The Chair of the Interview Panel has responsibility for ensuring registration details are supplied by an individual prior to their employment.
- 4.3 The Recruitment Department will be responsible for verifying registration information provided by staff prior to an individual being appointed.
- 4.4 It is the line manager's (see 5.1) responsibility to validate, record and the monitor the ongoing registration details of staff.
- 4.5 It is the responsibility of the Workforce Information Team in the Management

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Information department to produce the requisite reports from the Human Resources database (ESR).

- 4.6 It is the responsibility of the Deputy Director of Operations to monitor managers' individual reports of compliance and receive the annual final check for compliance and report onwards to the Clinical Quality, Safety and Effectiveness Committee.
- 4.7 It is the responsibility of the Human Resources Manager to ensure that ESR is updated in accordance with the revised registration information.
- 4.8 It is the responsibility of the Clinical Quality, Safety and Effectiveness Committee to register and note the report of the final compliance check.

## **5. Definitions**

- 5.1 For the purposes of this document, in the vast majority of cases the "line manager" or "manager" will be the Ambulance Operations Manager.
- 5.2 In the vast majority of cases "staff" will be employees of the LAS, however this term may also be used to include agency workers, voluntary and honorary contract workers.

## **6. Commencing Employment**

- 6.1 Interview letters should ask registered healthcare professional applicants to bring with them to interview Professional Documents including proof of Professional Registration, certificates of qualifications and proof of identification e.g. passport, driving licence (pictorial where possible).
- 6.2 At interview, or prior to an offer of appointment being made, the qualifications and registration of a prospective member of staff must be verified. The Manager/Professional Head of Service or Chair of the Interview Panel should see proof of qualifications, identification and current registration number. The registration number together with date of birth should be recorded on the interview documentation and provided to Recruitment Department. The Recruitment Department will then verify the information with the appropriate registration body and ensure that the details are entered on the HR Database. The line manager will be informed immediately if there are any problems with verification of the information.
- 6.3 If an applicant fails to bring documents to the interview, it is the responsibility of the Chair of the Interview Panel to ensure the original documentation is seen within four working days of the interview, enter the information on the interview documentation and return to the Recruitment Department.

- 6.4 Newly qualified members of staff are required to register with the appropriate registration body as soon as possible after qualifying.
- 6.5 Contracts of employment for posts that are subject to having professional registration will state:
- “If it is a requirement for you to be registered with an appropriate professional registration authority, your employment is conditional upon continuing registration throughout your employment with the Trust and you following the appropriate codes of professional conduct, competence and ethics, and any other such standards that are required to be maintained as a condition of your continuing registration. Proof of renewal must be produced and failure to do so within a specified period may lead to dismissal”.*
- 6.6 On the first day of employment a new member of staff (new joiner) must provide to their manager the following information before starting work:
- i) Documentary evidence of current registration.
  - ii) Birth certificate or passport as a means of identification.
- 6.7 It is the manager’s responsibility to place a copy of this information on the individual’s personal file and ensure that the information provided tallies with that provided at the interview stage and that it has been verified with the relevant registering body via the electronic checking system on the website specific to that registering body .
- 6.8 The employee cannot start working with patients until the Manager is satisfied that valid identification and current registration with the relevant regulatory body has been provided.
- 6.9 It is the manager’s responsibility to ensure Registration details are correct before an employee is allowed to treat patients.
- 6.10 It is also the manager’s responsibility to ensure that confirmation of the registration is entered on to a local register. At this stage, the manager needs to remind the employee that he/she must renew the registration at the correct time.
- 6.12 Each employee should undertake to notify his or her Line Manager each time his/her registration is renewed.
- 6.13 The manager should arrange for renewal to be monitored locally.
- 6.14 The procedure for bank, temporary, voluntary workers or individuals engaged on a consultancy basis will be the same as for permanent staff where professional registration is a requirement for the role.

- 6.15 A sample check of the personal files and electronic staff records for new joiners will be conducted by the Recruitment Manager in October and April each year, the results of which will be reported to the Director of Human Resources and Organisation Development and the Risk Compliance and Assurance Group (See Recruitment and Selection Policy 41.4).

## 7. Annual Verification of Registration

- 7.1 The deadline date for registration for paramedics is 1<sup>st</sup> September. Registration is renewable every two years, but verification for all paramedic staff will be undertaken annually.
- 7.2 Staff will be reminded of their responsibility to maintain their registration during August via the Trust's Routine Information Bulletin.
- 7.3 Managers will verify the registration of their staff during August via the HPC website. Once verification of renewed registration has taken place, by 2<sup>nd</sup> September at the latest, the manager will send (via email) confirmation that all their staff are registered to the Deputy Director of Operations (DDO). To ensure full compliance by the deadline, the DDO will monitor submission of these reports and follow up any non-return.
- 7.4 The line manager will ensure that full details of their staffs' registration are sent to their Human Resources Manager to enable the HR database to be updated. The HR database should be updated by 14<sup>th</sup> September.
- 7.5 The Management Information Department will produce an annual exception report each October documenting the staff whose electronic record remains non-compliant. This report will be passed to Line Managers for rectification.
- 7.6 The annual date for registration for nurses, midwives and doctors is the anniversary of their first registration. Given the small numbers of staff in these professions it will be possible for line managers to diarise dates for verification. The process for verification will be undertaken in the same way as for paramedics.
- 7.7 A second check for compliance will be completed by producing a further exception report (by job title) covering all staff who should carry current professional registration. This will be submitted to the Deputy Director of Operations in November each year for scrutiny and any necessary remedial action. The DDO will submit a report to the following meeting of the Clinical Quality, Safety and Effectiveness Committee.

## 8. Failure to Register by the Registration Renewal Date

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- 8.1 Where a lapsed registration has been identified, the line manager should ensure that the individual concerned is seen immediately and ascertain what steps have been taken to renew the registration.
- 8.2 Where paramedic registration has been allowed to elapse, the following will apply:
- 8.3 The individual will be downgraded to an emergency medical technician post and pay and required to renew registration within the quickest timeframe possible. (N.B. Restoration to a register can take several days and may require a re-registration fee over and above the normal fee). For this reason employees are urged to pay their registration fees by direct-debit from their bank account.
- 8.4 Paramedics will not return to their original grade until proof of renewal has been received by the Trust and no backdating of payment will be made to the employee.
- 8.5 Alternatively, if an individual chooses to no longer practice as a registered paramedic, they will be allowed to permanently re-grade to an available emergency medical technician post.
- 8.6 Where registration of other healthcare professionals has been allowed to lapse there will be no unregistered post into which the individual can be re-deployed and therefore the individual will be unable to practice. Pay will be suspended until re-registration has been secured.
- 8.7 Employees must be aware that continued failure to renew registration is likely to lead to disciplinary action.

## 9. Agency Workers

- 9.1 The Trust does not currently use clinical agency workers. Below is detailed the process which would be followed in the event that this practice changes.
- 9.2 Locum /Agency workers should have their details verified before starting. It is the manager’s responsibility on contacting the agency to ascertain the registration details of the employee to be placed. This information should be recorded in the local register.
- 9.2 On the first day of work the manager needs to see the proof of registration and identification. If relevant, they need to ensure that this tallies with that provided by the agency. The manager should check the relevant website to confirm that the registration is current.
- 9.3 The original documentation must be seen and should state “certificate or other proof of registration”. Agencies used by the Trust must show evidence that they regularly check professional registration status of the workers they provide.



9.4 The Trust will include within its contractual agreements with agencies that are to supply temporary/ voluntary workers, the requirement that the agency complete registration checks against the individual prior to the commencement of their service for the LAS.

## **10. Reporting issues relating to health or standards of conduct performance and ethics**

10.1 Obligation of professionally registered staff. Paragraphs 10.2 to 10.7 contain extracts from the Health Professions Council (HPC) document 'Standards of conduct, performance and ethics'.

10.2 The HPC Standards of conduct, performance and ethics states that it is a registrant's duty that she or he 'must tell us (and any other relevant regulators) if you have important information about your conduct or competence, or about other registrants and health professionals you work with'.

10.3 The HPC Standards further state that the registrant should inform the professional body if he or she:

- 'Convicted of a criminal offence (other than a minor motoring offence) or if you accept a police caution;
- Disciplined by any organisation responsible for regulating or licensing a health or social-care profession; or
- Suspended or placed under a practice restriction by an employer or similar organisation because of concerns about your conduct or competence.'

10.4 Registered professionals, in addition to issues regarding their conduct, are also required to inform the relevant registering body of concerns regarding their own or other registered professional's health that might affect their fitness to practise.

10.5 Informing the registering body will not necessarily mean that they will seek to commence fitness to practise proceedings. The registering body seek to work with employers on a collaborative basis whenever possible and will discuss matters on a case-by-case basis.

10.6 The registering body has statutory powers to compel those involved (other than the health professional concerned) to provide information and it is a criminal offence to refuse to do so. Therefore, the registering body must be informed - in all cases - when a registered person has been dismissed by the Trust.

10.7 The HPC Standards state that; 'You should co-operate with any investigation or formal inquiry into your professional conduct, the conduct of any other healthcare provider or the treatment of a patient, client or user, where appropriate. If anyone asks, and they are entitled to it, you should give them any relevant information in connection with your conduct or competence'.

## 10.8 HR responsibilities

- 10.9 In cases when disciplinary action is taking place, it is the responsibility of the relevant HR manager to check with the registering body in order to confirm that the registering body has been provided with the relevant information by the employee involved. Such communication will be on behalf of the Director of Human Resources and any correspondence will be signed as such.
- 10.9 Adherence to this requirement will be spot checked by the Deputy Director of Human Resources in October and April each year, the results of which will be reported to the Director of Human Resources and Organisation Development.

## 11. Other Health care Professionals

- 11.1 For the detail of the obligation of other registered health care professionals see the contact details below.
- 11.2 Any concern regarding the professional conduct of a doctor will be raised in accordance with HSC 2003/012 'Maintaining High Professional Standards in the Modern NHS'.

## 12. Professional Bodies Contact Details

### Health Professions Council

Tel 020 7582 0866

Address HPC, Park House, 184 Kennington Park Road, London, SE11 4BU

Web [www.hpc-uk.org](http://www.hpc-uk.org)

### General Medical Council

Tel 0845 357 8001

Address GMC, Regents Place, 350 Euston Road, London NW1 3JN

Web [www.gmc-uk.org](http://www.gmc-uk.org)

### Nursing and Midwifery Council

Tel 020 7637 7181

Address 23 Portland Close, London W1B 1P2Web [www.nmc-uk.org](http://www.nmc-uk.org)

## Implementation Plan

IMPLEMENTATION PLAN		
<b>Intended Audience</b>	For all registered clinical staff and their managers	
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<b>Dissemination</b>	Available to all staff on the PULSE
<b>Communications</b>	Revised policy/procedure to be announced in the RIB and link provided to the document
<b>Training</b>	N/A
<b>Monitoring</b>	... See Appendix 2 for Governance arrangements.

Table of Professional Registration Bodies

<b>Grade</b>	<b>Professional Registration Body</b>
Doctors (including GP's)	General Medical Council
Dentists	General Dental Council
Nurses/Midwives/Health Visitors	Nursing & Midwifery Council
Pharmacists	Royal Pharmaceutical Society of Great Britain. The Pharmaceutical Society of Northern Ireland
Paramedics	Health Professions Council
Chiropodists/ Podiatrists	Health Professions Council
Art, Music & Drama Therapist	
Dietitians	
Occupational Therapists	
Orthoptists	
Physiotherapists	
Prosthetists & Orthotists	
Operating Department Practitioners	
Therapeutic Radiographers Diagnostic Radiographers	
Biomedical Scientists Clinical Scientists	
Speech & Language Therapist	
Dental Hygienists	General Dental Council
Dental Therapist	General Dental Council
Opticians	General Optical Council

## Governance

Criteria	What is monitored	How is it monitored and frequency	Responsibility – who will carry this out and to which committee/ group are the results reported	Which committee/ group monitors outcomes/ recommendations
NHSLA 1.9a) duties, both on initial appointment and ongoing thereafter	Paragraph 4 – Responsibilities	Recruitment Audit – six monthly  Line managers –  Workforce Information -	The Recruitment Managers report is submitted to the Deputy Director of Human Resources who reports the findings via the Corporate Health and Safety Committee	Risk, Compliance and Assurance Group
NHSLA 1.9b) <b>process for ensuring registration checks are made directly with the relevant professional body, in accordance with their recommendations, in respect of all permanent clinical staff both on initial appointment and ongoing thereafter</b>	Paragraph 6 – Commencing Employment and 7 – Annual Verification of Registration	Recruitment audit - six monthly	Compliance Checks verified by Human Resources and reported to the Clinical Quality, Safety and Effectiveness Committee	Risk Compliance and Assurance Group
NHSLA 1.9c) <b>process for monitoring/ receiving assurance that registration checks are being carried out by all external agencies (e.g. NHS Professionals, recruitment agencies, etc.) used by the organisation in respect of all</b>	Paragraph 9 – Agency Workers	Recruitment Manager request evidence from agency on six monthly basis	Compliance Checks verified by Human Resources and reported to the Clinical Quality, Safety and Effectiveness Committee	Risk Compliance and Assurance Group

<b>temporary and voluntary clinical workers</b>				
NHSLA 1.9d) process in place for following up those permanent clinical staff who fail to satisfy the validation of registration process	Paragraph 8 - Failure to Register by the Registration Renewal Date			