



London Ambulance Service **NHS**
NHS Trust

Policy on Professional Clinical Registration

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: HR Manager - Projects. To be reviewed by April 2019.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
17/05/16	4.2	IG Manager	Document Profile & Control update.
10/05/16	4.1	Senior HR Manager	Amendments as requested by SMT to 7.6.3
12/04/16	3.3	Senior HR Manager	Amendments to 8.2.1 and 8.2.2
28/10/15	3.2	HR Manager - Projects	Amendments to 7.6.3 and deletion of 7.6.5.
03/06/15	3.1	IG Manager	Document Profile & Control update
07/05/15	2.4	HR Manager - Projects	Reviewed and updated to incorporate renaming of HPC to HCPC, wider employment of other Healthcare Professionals and Operational Restructure
03/09/12	2.3	IG Manager	Document Profile & Control update.
29/08/12	2.2	Recruitment Manager	References updated and new Implementation plan. Minor update to S.9.3.
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.

Ref. HR027	Title: Policy on Professional Clinical Registration	Page 2 of 14
------------	---	--------------

For Approval By:	Date Approved	Version
SMT	13/04/16	4.0
SMT	27/05/15	3.0
RCAG	23/08/10	2.0
Director of HR	09/08	1.0
Ratified by Trust Board (If appropriate):		

Published on:	Date	By	Dept
The Pulse (v4.2)	18/05/16	Governance Administrator	G&A
The Pulse (v3.2)	19/06/15	Digital Media Officer	Comms
The Pulse (v3.1)	03/06/15	Digital Media Officer	Comms
The Pulse	04/09/12	Governance Co-ordinator	GCT
The Pulse	05/10/10	Governance Administrator	GCT
LAS Website (v4.2)	18/05/16	Governance Administrator	G&A
LAS Website (v3.2)	19/06/15	Digital Media Officer	Comms
LAS Website (v3.1)	03/06/15	Digital Media Officer	Comms
LAS Website	04/09/12	Governance Co-ordinator	GCT
LAS Website	05/10/10	Governance Administrator	GCT
Announced on:	Date	By	Dept
The RIB	24/05/16	IG Manager	G&A
The RIB	09/06/15	IG Manager	G&A
The RIB	10/10	Governance Administrator	GCT

Equality Analysis completed on	By
22/06/10	EqIA team (see doc)
Staffside reviewed on	By
07/08	Staffside

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Health and Care Professions Council (HCPC) Standards of conduct performance and ethics http://www.hcpc-uk.org/assets/documents/10003B6EStandardsofconduct.performanceandethics.pdf	
	Nursing and Midwifery Council (NMC) http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revise-new-nmc-code.pdf	
	General Medical Council (GMC) http://www.gmc-uk.org/doctors/index.asp	
HR005	Recruitment and Selection Policy and Procedure	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are neither controlled nor substantive.

Ref. HR027	Title: Policy on Professional Clinical Registration	Page 4 of 14
------------	--	--------------

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 all 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 the Trust aims 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 meet their responsibilities in this regard.
- 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

- 3.1 To define the procedure the Trust will follow to verify that staff are registered and maintain that registration while in the employment of the Trust.
- 3.2 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 maintained and up to date. The registrant is responsible for funding any new and recurring registration fees.
- 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 and inputting this data into ESR.
- 4.4 It is the line manager's (see 5.1) responsibility to validate, record and the monitor the on-going registration details of staff, passing this information on to their HR Manager (HRM) for inputting into the Electronic Staff Record (ESR).

- 4.5 The Bank Administrator, located within the Resource Department has responsibility for validating, recording and monitoring the on-going registration for registrants on the internal bank, passing this information on to their HRM for inputting into ESR.
- 4.6 It is the responsibility of the Workforce Planning and Information Manager in the Workforce department to produce the requisite reports from Electronic Staff Record (ESR) and to share these with the relevant managers
- 4.7 It is the responsibility of the Director of Operations (DO) to ensure managers' complete individual reports of compliance and that the DO receives the annual final check for compliance and report onwards to the Workforce Committee.
- 4.8 It is the responsibility of the Medical Director to ensure that all Doctors working for the Trust remain registered with the GMC and are fit to practice.
- 4.9 It is the responsibility of the Human Resources Manager to ensure that ESR is updated in accordance with the revised registration information.
- 4.10 It is the responsibility of the Workforce 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 Clinical Team Leader.
- 5.2 In the vast majority of cases "staff" will be employees of the LAS, however this term may also be used to include bank workers, agency workers, voluntary and honorary contract workers.

6. Commencing Employment

6.1 Interview Stage

- 6.1.1 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 and driving licence .
- 6.1.2 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

Ref. HR027	Title: Policy on Professional Clinical Registration	Page 6 of 14
------------	---	--------------

details are entered on ESR. The line manager will be informed immediately if there are any problems with verification of the information.

6.1.3 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.

6.1.4 Newly qualified members of staff are required to register with the appropriate registration body as soon as possible after qualifying.

6.1.5 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”.

6.2 Reporting for Duty

6.2.1 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.

6.2.2 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.

6.2.3 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.

6.2.4 It is the manager’s responsibility to ensure Registration details are correct before an employee is allowed to treat patients.

6.2.5 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.

- 6.2.6 Each employee should undertake to notify his or her Line Manager each time his/her registration is renewed.
- 6.2.7 The manager should arrange for renewal to be monitored locally.
- 6.2.8 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.
- 6.2.9 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 Strategy, Transformation and Workforce and the Workforce Committee (See Recruitment and Selection Policy 28.3).

7. Annual Verification of Registration for Paramedics

- 7.1 The deadline date for registration for paramedics is 1st 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 Health and Care Professions Council (HCPC) website; this will include checking of both name and registration number. Where there is no registration number documented in ESR, original registration number documentation should be requested from the individual. Once verification of renewed registration has taken place, by 2nd September at the latest, the manager will send (via email) confirmation that all their staff are registered to the Director of Operations. To ensure full compliance by the deadline, the DO 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 ESR to be updated. ESR should be updated by no later than the 14th September.
- 7.5 The Workforce Planning and Information Manager 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 Failure to Register by the Registration Renewal Date for Paramedics
 - 7.6.1 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. The manager should clarify the reason for the lapse in registration and where possible take reasonable steps to assist the individual in resolving any issues.

7.6.2 Where paramedic registration has been allowed to lapse, the following will apply:

7.6.3 The individual will be temporarily downgraded to an available alternative role and pay e.g. Emergency Ambulance Crew. They will be 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). This should remain under constant review and should the individual fail to re-register, formal investigation will take place under the Trust's Disciplinary Policy. For this reason employees are urged to pay their registration fees by direct-debit from their bank account.

7.6.4 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.

7.6.5 Employees must be aware that continued or repeated failure to renew registration will lead to disciplinary action.

8. Annual Verification of Registration for other Registered Healthcare Professionals

8.1 The annual date for registration for nurses, midwives and doctors is the anniversary of their first registration. The Workforce Planning and Information Manager will provide monthly reports, highlighting those individuals who are due to renew their registration in the coming month. Notification will be sent to the relevant Managers to verify the registration of their staff. Once verification has taken place, the Manager will send their staff members registration details to their HRM, to enable HR to update the ESR database, to be updated as soon as practicable.

8.2 Failure to Register by the Registration Renewal Date for other Registered Healthcare Professionals

8.2.1 Where registration of other healthcare professionals has been allowed to lapse consideration will be given to redeploying them to an alternative role with commensurate pay. If there is no unregistered post into which the individual can be redeployed the employee will be suspended from duty on no pay until re-registration has been secured.

8.2.2 The individual will not return to his or her original grade until proof of renewal has been received by the Trust and no backdating of payment will be made to the employee.

8.2.3 Employees must be aware that continued or repeated failure to renew registration will lead to disciplinary action.

9. Annual Check

9.1 An annual check for compliance will be completed by producing an exception report (by job title) covering all staff who should carry current professional registration. This will be submitted to the Director of Operations in November each year for scrutiny and any necessary remedial action. The Director of Operations will submit a report to the following meeting of the Workforce Committee.

10. Bank Workers

10.1 The Resource Department has the responsibility for checking registrants on the internal bank.

10.2 The Bank Administrator, based in Resources will check registrants' registration in line with the process outlined in section 7.3, 7.4 and 8.1 (for any non-Paramedics).

11. Agency Workers

11.1 Individual workers

11.1.1 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.

11.1.2 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.

11.2 Private Ambulance Providers

11.2.1 The original documentation must be seen by the contractor, agency or private ambulance provider at their point of employment and a copy retained by them – this copy must state “certificate” or “proof of registration”. Contractors, agencies or private ambulance providers must show evidence that they regularly check the professional registration status of the workers they provide to the Trust. This will be assessed in the annual assurance audits completed by the Trust, in order to confirm compliance. The Trust will also complete randomised sampling of staff qualifications and a copy of each qualification will be made available to the Trust on request.

11.3 Contractual responsibilities

Ref. HR027	Title: Policy on Professional Clinical Registration	Page 10 of 14
------------	---	---------------

11.3.1 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.

12. Reporting issues relating to health or standards of conduct performance and ethics

12.1 The HCPC Standards of conduct, performance and ethics states that it is a registrant's duty that she or he:

'must provide (to us and any other relevant regulators) any important information about your conduct and competence.

12.2 *You must tell us (and any other relevant regulators) if you have important information about your conduct or competence, or about other registrants and health and care professionals you work with.*

12.3 *In particular, you must let us know straight away if you are:*

– convicted of a criminal offence, receive a conditional discharge for an 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.

12.4 *You should cooperate with any investigation or formal inquiry into your professional conduct, the conduct of others, or the care or services provided to a service user, where appropriate. If anyone asks for relevant information in connection with your conduct or competence, and they are entitled to it, you should provide the information.¹*

12.5 Other registered healthcare professionals have similar duties, copies of which can be found from the following links:

- NMC <http://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/revise-new-nmc-code.pdf>

- GMC <http://www.gmc-uk.org/doctors/index.asp>

¹ <http://www.hcpc-uk.org/assets/documents/10003B6EStandardsOfconduct,performanceandethics.pdf>
pg.9

12.6 HR responsibilities

- 12.7 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 Strategy, Transformation and Workforce and any correspondence will be signed as such.
- 12.8 Adherence to this requirement will be spot checked by the Assistant Director of Human Resources in October and April each year, the results of which will be reported to the Director of Strategy, Transformation and Workforce.

13. Other Health care Professionals

- 13.1 For the detail of the obligation of other registered health care professionals see the contact details below.

14. Professional Bodies Contact Details

Health and Care Professions Council

Registration enquiries: 0845 300 4472

Address: HCPC, Park House, 184 Kennington Park Road, London, SE11 4BU

Web www.hpc-uk.org

General Medical Council

Tel 0161 923 6602

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

Web www.gmc-uk.org

Nursing and Midwifery Council

Registration enquiries: 020 7333 9333

Address Nursing and Midwifery Council, 23 Portland Place, London, W1B 1PZ

Web <http://www.nmc.org.uk/>

IMPLEMENTATION PLAN				
Intended Audience	For all registered clinical staff and their managers			
Dissemination	Available to all staff on the Trust Intranet - PULSE			
Communications	Revised policy/procedure to be announced in the RIB and link provided to the document			
Training	N/A			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Duties, both on initial appointment and ongoing thereafter (Section 6)	Recruitment Audit – six monthly Line managers Workforce Information	Recruitment Manager’s report is submitted to the Assistant Director of Human Resources who reports findings via the Workforce Committee	Workforce Committee	Learning disseminated via the Workforce Committee
Registration checks with the relevant professional body, for all directly employed clinical staff, both on initial appointment and on an on-going basis (Section 6,7 and 8)	Recruitment audit - six monthly	Compliance Checks verified by Human Resources and reported to the Workforce Committee		
How the organisation makes sure that registration checks are being carried out by all external agencies in respect of all temporary and voluntary clinical staff (Section 9)	Via sample check of local induction records, as per Induction Policy Statement, Ref: HR011			
How the organisation follows up those directly employed clinical staff who fail to satisfy the validation of registration process (Section 7 & 8)				

**Table of Statutory Regulators
Professional Registration Bodies**

Profession	Professional Registration Body
Doctors (including GP's)	General Medical Council (GMC)
Dentists	General Dental Council (GDC)
Dental Care Professionals	General Dental Council (GDC)
Chiropractic	General Chiropractic (GCC)
Nurses/Midwives/Health Visitors	Nursing & Midwifery Council (NMC)
Opticians	General Optical Council (GOC)
Osteopaths	General Osteopathic Council (GOsC)
Pharmacists	Royal Pharmaceutical Council (GPhC) Pharmaceutical Society of Northern Ireland (PSNI)
Art Therapist	Health and Care Professions Council (HCPC)
Biomedical Scientists	
Chiropodists/ Podiatrists	
Clinical Scientists	
Dietitians	
Hearing Aid Dispenser	
Occupational Therapists	
Orthoptists	
Physiotherapists	
Practitioner Psychologist	
Prosthetists & Orthotists	
Operating Department Practitioners	
Paramedics	
Radiographers	
Social Workers in England	
Speech & Language Therapist	