

## TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

# VERIFICATION OF STATUTORY REGISTRATION OF TEMPORARY AND PERMANENT COLLEAGUES

Policy Number:	HR08
Scope of this Document:	All colleagues who are required to be registered to undertake their role (excludes medical colleagues)
Recommending Committee:	HR Policy Group
Approved by:	Executive Director of Workforce
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Version Number:	Version 6 - 2020
Lead Executive Director:	Executive Director of Workforce
Lead Author(s):	Workforce Operations Service Manager

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Version 6 - 2020

*Striving for perfect care and a  
Just Culture*

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### Further information about this document:

Document name	<b>VERIFICATION OF STATUTORY REGISTRATION OF TEMPORARY AND PERMANENT COLLEAGUES (HR08)</b>
Document summary	This procedure outlines the process that needs to be followed to verify that appropriate staff employed by Mersey Care NHS Foundation Trust have statutory registration
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To be read in conjunction with	<b>HR01 Disciplinary Procedure</b> <b>HR30 Revalidation and Medical Appraisal</b> <b>NHS Employment Check Standards</b>
<b>This document can be made available in a range of alternative formats including various languages, large print and braille etc</b>	
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### Version Control:

		Version History:
Version 1		March 2015
Version 2		November 2016
Version 3		November 2017
Version 4		January 2018
Version 5		May 2018
Version 6		August 2020

## SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

### SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child / adult;
- knowing how to deal with a disclosure or allegation of child /adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child / adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session

### EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality, **D**ignity, and **A**utonomy.

## CONTENTS

Section	Page No
1 Purpose and Rationale	5
2 Outcomes focused Aims and Objectives	5
3 Scope	5
4 Definitions	5
5 Duties	6
6 Process	7
7 Procedure	8
8 Consultation	10
9 Training and Support	10
10 Monitoring	10
11 Equality and Human Rights Analysis	11

## 1. PURPOSE AND RATIONALE

- 1.1 The purpose of this policy is to:
- 1.2 Outline the procedure within Mersey Care NHS Foundation Trust for verifying the statutory registration of its colleagues.
- 1.3 To clarify the responsibilities for colleagues in maintaining their professional registration. To outline the action to be taken in cases of registration lapses.
- 1.4 The policy applies to all clinical colleagues who are required to maintain professional registration.
- 1.5 This policy should be read in conjunction with the following documents:
  - NHS Employment check Standards
  - DOH Guidance re professional registration requirements
- 1.6 All qualified temporary and permanent clinical colleagues employed by Mersey Care NHS Foundation Trust are required to be registered to practice with their relevant professional and regulatory body.

## 2. OUTCOME FOCUSED AIMS AND OBJECTIVES

The aims and objectives of this policy are as follows:

- 2.1 To ensure that all staff are aware of the statutory verification procedure within the Trust, in accordance with legislative requirements and standards of regulatory bodies.
- 2.2 To provide clarity on the process for verifying registration and clarity on the stages of verification, from recruitment to periodic registrations, set by the regulatory body.

## 3. SCOPE

- 3.1 This procedure applies to all clinical colleagues who are required to maintain professional registration.

## 4. DEFINITIONS

- 4.1 The relevant terms and their definitions (within the context of this policy document) are outlined below:

**Table 1: Definitions**

Term	Definition
ESR	Electronic Staff Record
GMC	General Medical Council

GPHC	General Pharmaceutical Council
GSCC	General Social Care Council
HPC	Health Professions Council
HR	Human Resources
NMC	Nursing and Midwifery Council

## 5. DUTIES

- 5.1 Colleagues are wholly responsible for ensuring that their professional registration is maintained. The Trust will undertake appropriate pre-employment checks as well as monthly checks of the professional registration of colleagues to ensure ongoing compliance with NHS Employment Check Standards, however ultimate responsibility and accountability is with all colleagues to maintain their registration.
- 5.2 **Board of Directors** – The Chief Executive has delegated responsibility for ensuring compliance with “The NHS Employment Check Standards” to the Executive Director of Workforce.
- 5.3 **The Executive Director of Workforce** has a responsibility to ensure that robust systems are in place, to ensure compliance with safer recruitment guidelines. They will also ensure that all Directors, Managers, Human Resource Colleagues and all other colleagues are fully aware of the actions contained within the “The NHS Employment Check Standards” and the Recruitment and Selection Procedure and are aware of their responsibilities.
- 5.4 **The Recruitment Team** has the duty to ensure that all posts requiring a professional registration are checked during pre-employment checks. A valid PIN number must be verified with the appropriate professional body e.g. NMC, or regulatory body as well identification and qualifications must be seen.
- The team will also cross check the status of each registration with the database held by the relevant professional body on recruitment. No offer to appoint will be finalised until all checks have been carried out.
- 5.5 **Employee Lifecycle Team (ELT)** has a duty to generate a twice monthly report of all registrations that are due to expire within that specified month and the following month from the Electronic Staff Record system (ESR). ELT will send a copy of the report to the HR Team to enable them to prompt the line managers and members. ELT will update ESR with amendments to registration details.
- 5.6 **Human Resources** – Human Resource Colleagues are responsible for supporting colleagues at all levels in the application of this policy. The HR Team will prompt the line manager and members on the requirement to renew their registration, which may include their three yearly revalidation. If a registration has not been renewed by the renewal date, the HR Team will notify the designated manager, who will establish why this has not been done, they will then action appropriately.
- 5.7 **Managers** - It is the responsibility of Managers/Heads of Service to ensure that line managers are aware of the need to follow pre and post appointment procedures which are compliant with “The NHS Employment Check Standards.”

## 5.8 **Colleagues** (Permanent and Temporary)

All colleagues have ultimate responsibility to ensure that they have an appropriate and up-to-date registration to practice within the Trust. Failure to re-register will lead to an initial review as to why the colleague/worker has failed to re-register. If appropriate, the Trust Disciplinary Procedure (HR01) may be followed.

From April 2016 all registered nurses are required to undertake a revalidation process on a three yearly basis. This replaces previous notification and practice procedures. Further information is available on the Trust's SharePoint or on the NMC Website. Individuals who only undertake bank work for the Trust can access support directly from the Executive Nursing teams.

## 6. **PROCESS**

- 6.1 There are some actions that the Trust will take, in the form of a running a monthly report on professional registration compliance. This action is intended to assist in ensuring that all colleagues of the Trust maintain appropriate registration. However these actions are primarily for the benefit of the Trust in order to minimise the risk that the Trust is employing colleagues without appropriate registration. No act or failure to act by the Trust in relation to any reminder system operated by the Trust affects in any way the individual responsibility to maintain appropriate professional registration.
- 6.2 It is the responsibility of all professional practitioners to provide evidence of registration at the pre-employment stage of recruitment. Ultimate responsibility lies with the employee to maintain current registration with their professional body. This is a condition of their Terms of Employment. This would include:
- 1.1.1.1 Submitting notification of intention to practice;
  - 1.1.1.2 Providing the necessary evidence required by the appropriate professional or regulatory body to support remaining on the register;
  - 1.1.1.3 Evidence requirements to confirm registration would be a valid PIN number, verified via the relevant professional or regulatory body, in addition to 'Statement of Entry' notification;
  - 1.1.1.4 For psychologists, a valid practicing certificate.
- 6.3 It is a requirement that all colleagues notify their future/current NHS employer immediately if they are:
- (a) Currently the subject of any investigation or proceedings by anybody having regulatory functions relating to health/social care professionals including such a body in another country;
  - (b) Have ever been disqualified from the practice of a profession or required to practice it subject to specified limitations following fitness to practice proceedings by a regulatory body in the UK or in another country.

Any failure to provide this information may lead to disciplinary action. (See HR01: Disciplinary Procedure)

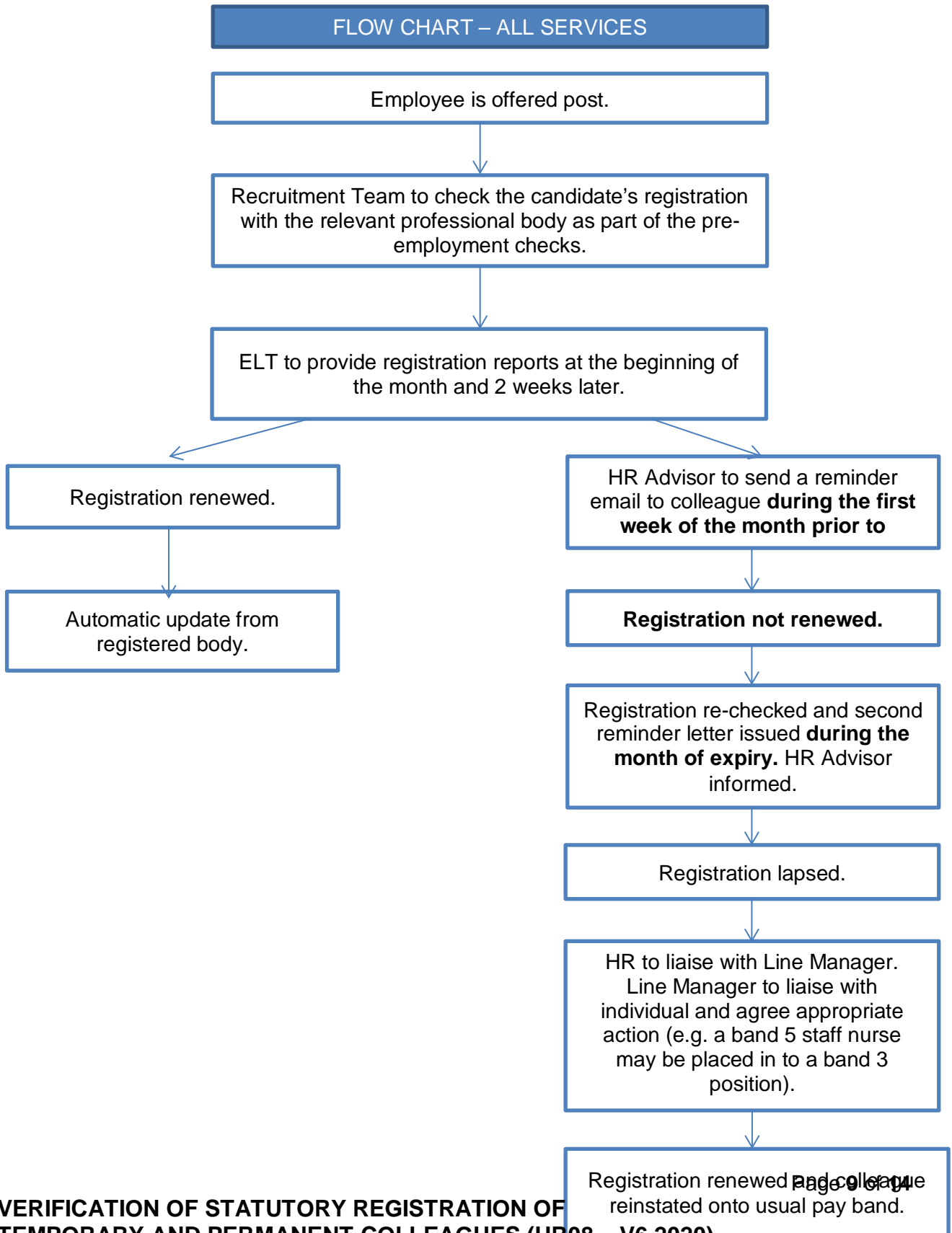
## **7. PROCEDURE**

- 7.1 Procedure for checking verification of all clinical colleagues, both permanent and temporary, upon commencement of employment.
  - 7.1.1 The registration of all relevant colleagues must be checked at the commencement of employment as part of the recruitment process. This is achieved by accessing the relevant professional regulatory website. Evidence which details the date of registration and the expiry date, in the form of screenshot from the relevant website should be produced and saved on the individual's personal file. This will be done by the Recruitment Team. This will then be entered on the individual's record on ESR, the Trust's HR information system.
  - 7.1.2 New employees must not be offered a contract of employment with Mersey Care until their registration has been verified, as outlined above.
  - 7.1.3 The Temporary Staffing and Medical Staffing Teams will also check the registration of all Agency/Locum workers prior to commencement of any work undertaken on behalf of the Trust.
- 7.2 **Procedure for monitoring registration of clinical colleagues employed by Mersey Care NHS Foundation Trust**
  - 7.2.1 Once registration has been verified upon commencement of employment, it is important that registration remains valid.
  - 7.2.2 **It is the individual employee's responsibility to retain registration with their professional and regulatory body.**
  - 7.2.3 The Trust has a role in supporting colleagues in actioning this. Checks will be made on a monthly basis to ensure that the Trust has an up-to-date record of registration of colleagues. This will be achieved by ELT producing monthly reports from ESR to highlight those colleagues with registration due to expire within the following month. ELT will then run a further report 2 weeks later which will be checked by the HR team.
  - 7.2.4 Once the registration has been renewed the new renewal dates will be automatically populated from the registration bodies onto ESR to enable future checking to be undertaken.
  - 7.2.5 Colleagues will receive their own reminders from the professional and regulatory body they are registered with. The Trust takes registration very seriously and the actions undertaken by Mersey Care NHS Foundation Trust are primarily to ensure that the Trust fulfills its duties and responsibilities in relation to upholding professional standards. For the avoidance of doubt, no failure in the Mersey Care NHS Foundation Trust checking system absolves the individual employee of any of their responsibility in relation to registration.
  - 7.2.6 Any colleague who should fail to retain registration or fail to satisfy the validation of registration, the HR Advisor for the Division will inform the individual's line manager who will liaise with the individual and arrange for them to be placed in a lower banded post, for example a band 5 staff nurse will be placed in to a band 3 position. Upon receipt of the evidence of a renewed registration, the employee will be reinstated onto their usual pay band from the date of re-registration.



7.2.7 If it is found that an employee has carried out duties commensurate with their registered post whilst their professional registration has lapsed, the relevant professional or regulatory body will be informed, via the appropriate Trust Professional Lead.

7.2.8 All colleagues are required to ensure that they maintain their registration with their professional body throughout any periods of maternity, paternity, adoption leave and sickness.



## **8. CONSULTATION**

- 8.1 This procedure has been developed by the HR Policy Group which consists of representatives from:
  - 8.1.1 Recognised Staff side representatives
  - 8.1.2 Senior Managers
  - 8.1.3 HR Staff
  - 8.1.4 All Divisions
  - 8.1.5 Director/Deputy Director of Nursing/Head of Nursing and MD should be consulted.

## **9. TRAINING AND SUPPORT**

- 9.1 No formal training is required however colleagues should be made aware of the consequences of not complying with their registered bodies.
- 9.2 The Human Resources department will provide support to colleagues and managers if required.

## **10. MONITORING**

ELT provides a twice monthly report containing the names of employees who are required to be sent a reminder email from the HR Team regarding their professional registration renewal date.

## 11. EQUALITY IMPACT ANALYSIS

# Equality Impact Analysis – Relevance screening

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, and
- whether or not it is necessary to carry out a full equality impact analysis

<b>Division/ Programme: Corporate Services</b>	<b>Service Area/ Project: HR</b>
<b>Lead person: CathBrocklehurst</b>	<b>Date: 25/08/2020</b>

### 1. Title: VERIFICATION OF STATUTORY REGISTRATION OF TEMPORARY AND PERMANENT COLLEAGUES (HR08)

Is this a:

Change to an existing Strategy/ Policy

New Strategy/ Policy

Change to Service(s)/ Function (s)

Other

If other, please specify:

### 2. Summary of the intended outcome of the strategy, policy, Service(s) for function(s) being assessed. Please also detail if this links to a corporate equality objective:

Outline the procedure within Mersey Care NHS Foundation Trust for verifying the statutory registration of its colleagues.

To clarify the responsibilities for colleagues in maintaining their professional registration. To outline the action to be taken in cases of registration lapses.

### 3. Who will be affected

All staff who require professional registration.

### 4. Relevance to equality

Upon discussions, no relevance to equality has been identified.

<p>All the Trusts policies, projects, strategies, services and major developments affect patients, carers, service users, employees or the wider community. These will also have a greater or lesser relevance to equality and diversity.</p> <p>The following questions will help you to identify how relevant your proposals are.</p> <p>When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation, pregnancy and maternity and any other relevant characteristics (for example socio-economic status, social class, income, military veterans, unemployment, residential location or family background and education or skills levels).</p>		
<b>Questions</b>	<b>Yes</b>	<b>No</b>
Is there any indication or evidence (including from consultation with relevant groups) that different groups have different needs, experiences, issues and priorities in relation to the proposed policy or proposal?		x
Is there potential for or evidence that the proposed policy or proposal will affect different population groups differently (including possibly discriminating against certain groups)?		x
Have there been or are there likely to be any public concerns (including media, academic, voluntary or sector specific interest) about the policy or proposal?		x
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		x
Could the proposal affect our workforce or employment practices?		x
Does it relate to an area of work with known inequalities?		x
Is there a greater impact on any protected group (that is not consistent with the policy aims?)		x
Is there potential for or evidence that the proposed policy or proposal will discriminate or not promote equality of opportunity or promote good relations between different groups?		x
Is there an opportunity to further advance and promote equality?		x
Is there a communications issue?		x
Is there a sensitivity issue regarding the needs of different cultures?		x
Is there an impact on the Trusts ability to achieve national targets or to satisfy inspection body standards?		x
Is there a risk of loss of reputation, service restriction or loss of confidence in the Trust?		x

If you have answered **no** to the questions above please complete **section 6**

If you have answered **yes** to one or more of the above and;

- Believe that the policy or proposal is equality relevant, please complete **section 5** and carry out a full Equality Impact Analysis
- Believe you have already considered the impact of your proposal on equality and diversity and there is little or no relevance, please go to **section 4**
- Believe that whilst the policy or proposal is equality relevant, a full Equality Impact Analysis is not necessary at this stage, please go to **section 4**

<b>5. Considering the impact on equality and diversity</b>	
If you have answered yes to one or more of the screening questions and believe that the policy or proposal is not equality relevant or that a full equality impact analysis is not required at this stage, please provide specific details for all three areas below:	
<ul style="list-style-type: none"> <li>• <b>How have you considered equality and diversity?</b> (<b>think about</b> the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)</li> </ul> <p>Upon discussions, it is not felt that there is a negative impact on equality.</p>	
<ul style="list-style-type: none"> <li>• <b>Key findings</b> (<b>think about</b> any potential positive and negative impact on the different protected characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)</li> </ul> <p>Not applicable.</p>	
<ul style="list-style-type: none"> <li>• <b>Actions</b> (<b>think about</b> how you will promote positive impact and remove or reduce negative impact)</li> </ul> <p><b>Not applicable</b></p>	

<b>6. If the policy or proposal is equality relevant, you will need to carry out a full Equality Impact Analysis</b>	
Date to scope and plan your equality impact analysis:	N/a
Date to complete your equality impact analysis:	N/a
Lead person for your equality impact analysis: (Include name and job title)	Equality and Human Rights Advisor

<b>7. Governance, ownership and approval</b>		
Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Amanda Clough	Strategic HR Lead	07/09/2020

