

Professional Registration Policy

Version:	<i>Version 2</i>
Ratified by (Committee):	<i>Policy Ratification Group</i>
Date ratified:	<i>03 August 2017</i>
Name of originator/author:	<i>HR</i>
Developed in association with:	<i>Partnership Forum</i>
Review date:	<i>May 2020</i>
Name of responsible committee/individual for reviewing:	<i>HR</i>

Version No	Type of Change	Date	Description of Change
<i>2</i>	<i>Merge of policy and procedure</i>	<i>May 2017</i>	<i>Merge of policy and procedure into one document.</i>
<i>2</i>	<i>Locala Values added</i>	<i>May 2017</i>	<i>Locala Values added</i>
<i>2</i>	<i>Prevent statement removed and Safeguarding statement added</i>	<i>May 2017</i>	<i>Prevent statement removed and Safeguarding statement added</i>

When this document is viewed as a paper copy, the reader is responsible for establishing that it is that most current version.

Caring for you, locally

Contents

1. Overview	3
2. Locala Values	3
3. Equality and Diversity Statement	3
4. Accountabilities & Responsibilities	4
4.1 Individual Responsibility	4
4.2 Managerial Responsibility	4
5. Training	5
Appendix 1: Equality Impact Assessment Tool	6
Appendix 2: Checklist for the Review and Ratification of Procedural Documents	7

1. Overview

Where up to date professional registration is a requirement of a colleague's contract of employment with Locala, it is the policy of Locala that all professionally registered colleagues maintain their registration with the appropriate body, renew such registration at the appropriate intervals and provide evidence of this on renewal. Evidence of up to date registration can be reviewed by Managers and Colleagues on the relevant professional body website.

Examples of professions that can be affected by this policy *include but are not limited to the following professions.*

Doctors

Dentists and other Dental Colleagues

Finance

Human Resources

Nurses

Pharmacists

Podiatrists

Therapists

The aim of this policy is to assist Locala to engage effectively, efficiently and professionally with its service users by setting out clear guidelines for colleagues who are required to maintain professional registration.

This policy applies to all colleagues directly employed by Locala, of any band, permanent or temporary, full time, part time and bank colleagues.

2. Locala Values

Locala expect all colleagues to demonstrate our values as part of their day to day working lives; be caring, be inspirational, be part of it.

Be caring... putting customers at the heart of what we do and providing great customer service by giving and receiving support and respecting others.

Be inspirational... create a vision and get others to share it; engage and enthuse; take a positive approach to challenges and set high standards for self and others.

Be part of it... motivation to improve the performance of our services and make a real difference to others' health and quality of life. To be part of it at Locala, a person needs to be community-minded, able to build relationships and seek to continuously challenge

3. Equality and Diversity Statement

Locala aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

Locala is committed to:

- Eliminating discrimination and promoting equality and diversity in its policies, procedures and guidelines
- Designing and implementing services, policies and measures that meet the diverse needs of its population and workforce, ensuring that no individual or group is disadvantaged

4. Accountabilities & Responsibilities

The Chief Executive is accountable for ensuring that adequate procedures are in place to ensure all Doctors, Nurses and Allied Health Professionals are legally registered but devolves the responsibility to the Head of HR.

4.1 Individual Responsibility

Individual practitioners have the responsibility to ensure that they are eligible to practice. A key element of this eligibility is that of being registered with their professional body.

NMC registrants are responsible for ensuring they achieve revalidation. Revalidation is a formalised process by which NMC registrants must engage to demonstrate that they practise safely and effectively in line with the new NMC code of standards throughout their career

Unless registered, a practitioner does not have the legal authority to practice. Lack of registration can have serious consequences for themselves and for the employing organisation. Practitioners, therefore have certain responsibilities, both to themselves and the organisation, these include:

- Having current and appropriate registration when they join the organization
- Maintaining continuous registration, in order to practice legally. Complying promptly with reminder notifications received from their registering body, to ensure that they continue to remain registered at all times
- Advising their manager, as soon as possible, if any difficulty is experienced in re-registering
- Providing acceptable evidence of reregistration
- Ensuring that the registering body and the organisation are notified of changes to their private addresses promptly in order that notification from their professional body is received in good time

Practitioners should be aware that because of the seriousness of not being registered, failure to re-register and to maintain continuous professional registration will result in suspension without pay and action taken in accordance with Locala's [disciplinary policy](#).

4.2 Managerial Responsibility

Managers have responsibility for ensuring that their colleagues hold appropriate and current registration. They must also ensure that the Human Resources Department is informed of the colleague's current registration status and PIN. Managers can check the professional

registration status of their employee's at any time by accessing the relevant profession website

Managers who are aware of an individual who requires registration, **but has not** produced satisfactory evidence of such (i.e. PIN), should take the following action:

- Advise the individual of the seriousness of the situation
- Inform them that failure to provide evidence of registration prior to the expiry date, will lead to suspension from duty without pay, which could lead to action being taken in accordance with the disciplinary policy
- Instruct the individual to cease practicing immediately and inform him or her that s/he is suspended from duty without pay until evidence of re-registration is provided
- Inform the individual that failure to produce the necessary evidence of registration is regarded as negligence and that as a consequence the disciplinary procedure could be invoked
- Confirm any actions outlined above in writing to the individual concerned
- Inform the Workforce Department of the action taken, particularly of any decisions that affect pay

4.3 Responsibility of the Workforce Department

All professionally registered colleagues will, when asked to attend for interview, be asked to bring along proof of their professional registration. Interviewers must carry out a visual check of registration evidence and record the registration number.

The workforce team will check the current registration of new starters, to ensure it is valid for the purpose the practitioner was employed. Confirmation is printed out and placed on the personal file.

The workforce team maintain checks each month for all existing colleagues with the relevant bodies to ensure renewals have been made.

The workforce team inform managers of any colleague who have not registered and ensure the appropriate action is taken. The workforce team will maintain and update practitioner's registration details on the ESR system.

5. Training

Locala offer support to nursing colleagues with the process of revalidation by running a series of workshops. Colleagues are invited by the workforce team in advance of their revalidation date. The workshop is intended to help support colleagues' understanding of the process and how best to achieve their revalidation whilst maintaining their registration.

6. Safeguarding

When dealing with issues/incidents under this policy there should always be a consideration of the potential safeguarding concerns e.g. whether or not an adult or a child has been or may be harmed. Should safeguarding concerns be identified the 'Safeguarding Children or Safeguarding Adults at Risk Policy' must be used.

Appendix 1: Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Professional Registration Policy			
	Professional Registration of Colleagues	Yes/No	Comments
1.	Does the policy affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

Appendix 2: Checklist for the Review and Ratification of Procedural Documents

	Title of document being reviewed:	Yes/No	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy or protocol?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with appropriate stakeholders and users?	Yes	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
6.	Ratification		
	Does the document identify which committee/group will ratify it?	Yes	
	If appropriate, have the Staff Side committee been consulted about the document?	Yes	

	Title of document being reviewed:	Yes/No	Comments
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Yes	
12.	Policy Overview Group Date		18 July 2017