

TRUST POLICY FOR  
PROFESSIONAL REGISTRATION

<b>Reference Number</b> POL-HR/1689/07	<b>Version:</b> 4.0		<b>Status</b> Final	<b>Author:</b> Karen Hill
<b>Version /Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	4.0	September 2023	Karen Hill Lead Nurse Professional Standards	Re-write and update Policy

<b>Intended Recipients:</b> All Trust colleagues who hold Professional Regulatory Statutory Body Registration (PRSB) status to undertake their role / occupation as per job description.	
<b>Training and Dissemination:</b> Available on Trust Intranet – Policy Library (kohaptfs.co.uk)	
<b>To be read in conjunction with:</b> Recruitment <b>Policy</b> , Disciplinary <b>Policy</b> , <b>Policy</b> for dealing with concerns relating to medical and dental doctors, <b>Policy</b> for managing performance and supporting staff (capability), <b>Policy</b> for concerns resolution, Managing Allegations Policy and <b>Policy</b> for inclusion and belonging.	
<b>In consultation with and Date: September / October / November 2023</b> Chief Nurse Senior Leadership Team (CNSLT), Medical Responsible Officer Forum (ROF) People and Culture group (PCG), Oversight Professional Standards Group, People Policy Review Group, Local Negotiating Committee (LNC); Trust Joint Partnership Forum (TJPF); People & Culture Group (PCC).	
EIRA stage One: Full consultation and engagement has been fulfilled and inclusion evidenced with Staff Side, Network Leads and Trust wide key stakeholders including LNC. Feedback has been sought and incorporated throughout.	
<b>Approving Body and Date Approved</b>	Trust Delivery Group (TDG) February 2024
<b>Date of Issue</b>	April 2024
<b>Review Date and Frequency</b>	2026 and every 3 years
<b>Contact for Review</b>	Karen Hill Lead Nurse, Professional Standards
<b>Executive Lead Signature</b>	Amanda Rawlings Executive Chief People Officer

<b>Contents</b>	<b>Page No.</b>
Introduction:	page 3
Trust values:	page 3
Professional registration:	page 3
Aims of the Policy:	page 4
Definitions: professional regulation:	page 4
Definitions: professional standards authority (PSA):	page 4
Professional regulation statutory body (PRSB) purpose:	page 5
Registration and renewal:	page 5
Voluntary and best practice registration:	page 5
Revalidation:	page 5
Respective responsibilities:	page 5
Registration renewal process	page 10
Lapsed registrations	page 10
Registrant responsibility	page 11
Process for readmission to a PRSB stages 1, 2 & 3	page 11
Referral to PRSB	page 12
Self-referral to PRSB	page 13
External Referral to PRSB	page 13
Notification from PRSB regarding a referral	page 13
Suspension / sanctions by a PRSB	page 13
Staff support – occupational health and employee assistant provision (EAP)	page 13
Internal Oversight of concerns and PRSB Referrals	page 15
Monitoring of this Policy	page 15
Monitoring Method	page 15
Monitoring Report presented to	page 15
Indemnity Insurance	page 15
Alert Notices	page 15
Professions and dates for PRSB registration renewal - appendix 1	page 17
References and evidence base - appendix 2	page 18

## 1. Introduction

- 1.1 This Policy applies to all colleagues who are required to hold professional registration to practise, (irrespective of their age, disability, gender reassignment, marriage, civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation).
- 1.2 Colleagues must be registered with the relevant Professional Regulatory Statutory Body (PRSB) and comply with the criteria for registration and renewal of registration. This Policy should be read in conjunction with the relevant Trust policies, procedures, and guidance cited on page 1.
- 1.3 As part of ensuring safe professional practice for patients, most PRSB require practitioners to maintain ongoing registration in order to practise.
- 1.4 Professional registration is a statutory requirement and therefore the Trust is responsible to ensure and verify that colleagues comply with the requirements and regulations of each PRSB.
- 1.5 Professional registration is the responsibility of each individual practitioner, this includes fee retention, renewal and revalidation requirements. Practitioners must take personal responsibility to keep their PRSB up to date with email addresses and instruct their bank of direct debit payments to ensure their registration does not lapse.
- 1.6 This Policy sets out the Trusts standards for the professional registration and supporting procedures, as well as defining the Trusts position and escalation processes for concerns in relation to individuals' fitness to practice.
- 1.7 Failure of a practitioner to maintain registration and provide documentary evidence, at any stage of employment, will result in the necessity to remove the registrant from duties which require professional registration.

## 2. Trust values

- 2.1 The University Hospitals of Derby and Burton NHS Foundation (the Trust) is committed to protecting the public through the professional registration Policy, which is underpinned by the Trust's values of **compassion excellence** and **openness**.

## 3. Professional registration

- 3.1 Regulation of healthcare professionals exists to protect the public ensuring that those who practice as healthcare professionals do so according to their professional codes of practice. Professional registration is the process through which healthcare professionals and identified occupational groups are regulated. Professional groups are identified in appendix 1.
- 3.2 The Trust's legal duty of care is to protect the public and will take appropriate measures to verify the registration of colleagues covered by this Policy, both before appointment and annually thereafter.

- 3.3 The Trust has systems in place to ensure colleagues know how to raise concerns with the relevant PRSB's and how to respond to requests for and information received from them.
- 3.4 The Trust expects colleagues to be responsible for maintaining their own professional registration and renewal of registration.
- 3.5 The Trust will protect the public, making sure that those that work in health care professions can practice safely and adhere to specific PRSB codes of conduct.
- 3.6 The Trust will ensure that fit and proper persons are employed, who have the skills, knowledge, and competence and, who can practice safely and adhere to conditions of employment and their specific PRSB codes of conduct.
- 3.7 The Trust has standards, policies, and procedures in place to ensure that all professional registrations are appropriately checked, both on commencement of employment and on an on-going basis through employment.
- 3.8 Where concerns are raised about any colleague, the Trust will ensure supportive actions are put in place and monitored to achieve improvements so that exceptional care is delivered.
- 3.9 Equality, diversity, inclusion, and belonging are at the heart of the Trust values. This Policy is aligned to the Inclusion and Belonging Policy. The Trust is committed to promoting equality, valuing diversity and protecting human rights, eliminating discrimination against any individual on the grounds of gender, gender reassignment, disability, age, race, sexual orientation, marriage and civil partnership, pregnancy and maternity, religion or belief.

#### **4. Aims of the Policy**

- 4.1 This Policy sets out the process for ensuring that Trust colleagues have appropriate registration prior to appointment and during their employment at UHDB. It describes the expectations of colleagues in relation to confirming registration; maintaining registration; and expected actions where registration is compromised.
- 4.2 Professional registration is one of the NHS employers' pre-employment check standards. Guidance from NHS employers' states that Trust must carry out all checks in compliance with the data protection act 1998. Information should only be obtained where it is essential to the recruitment decision and kept in accordance with the act.
- 4.3 Information regarding professional registration will be recorded and maintained on the Electronic Staff Record (ESR). This is single source in the Trust which maintains colleagues information, including professional registration, by which compliance with this Policy is monitored.
- 4.4 This Policy defines the Trust stance and escalation process for concerns in relation to practice and defines the responsibilities of individuals in relation to professional registration.

#### **5. Definitions:**

##### **5.1 Professional regulation**

- 5.1.1 Professional regulation sets standards of practice and behaviour expected of healthcare professionals and identified occupational groups. Colleagues working in regulated roles must be registered with the relevant PRSB to enable them to practise.

## 5.2 Professional standards authority (PSA)

The professional standards authority (PSA) oversees the performance of the 10 statutory regulators in healthcare, which includes (appendix 2):

- General Dental Council
- General Optical Council
- General Pharmaceutical Council
- Nursing and Midwifery Council
- General Chiropractic Council
- General Medical Council
- General Osteopathic Council
- Health and Care Professions Council
- Pharmaceutical Council of Northern Ireland
- Social Work England

## 6. Professional regulation statutory body (PRSB) purpose

- 6.1 Professional regulation is set in law and regulates certain professions. Where a role falls under a PRSB, colleagues are required to hold and maintain the relevant registration to be able to work in that occupation. PRSB's do four things:
- 6.2 Set standards of competence and conduct that health and care professionals must meet in order to be registered and practice.
- 6.3 Check the quality of education and training courses to make sure they provide healthcare students with the skills and knowledge to practice safely and competently.
- 6.4 Maintain a register that everyone can search.
- 6.5 Investigate complaints about people on their register and decide if they should be allowed to continue to practice, or practice with time limited sanctions, or should be struck off the register - either because of problems with their conduct or their competence.

## 7. Registration and renewal

- 7.1 Registration is the process by which an individual's name is included on a PRSB register. Where it is an essential requirement of a post to hold professional registration, it is the responsibility of the individual colleague to maintain their relevant registration and the renewal processes which the regulator has identified.

## 8. Voluntary and best practice registration

- 8.1 Where a role is not legally regulated, the Trust may require colleagues working in those roles to hold professional registration as an essential criterion of their appointment. Usually this will be an accredited registration overseen by the PSA. Through being on an accredited register, the professional body have shown their commitment to good practice, setting standards for best practice and procedures to manage concerns. In

certain circumstances, registration with a professional body that follows the standards set by the PSA, however not currently accredited with the PSA, will be considered.

## 9. Revalidation

- 9.1 Revalidation is a requirement of some PRSB for colleagues to maintain registration. The purpose of revalidation is to ensure registrants remain *'fit to practise'* throughout their professional careers.

## 10. Respective responsibilities

### 10.1 Colleagues / registrants

- 10.1.1 Are personally responsible for understanding the PRSB registration requirements for their profession/occupation. This includes any additional requirements of their profession e.g. renewal of registration and revalidation.
- 10.1.2 Obtaining and maintaining their professional registration. Colleagues will receive reminders about renewing registration from their leader / manager via ESR. However, the absence of a reminder will not be accepted as a justifiable reason for failing to maintain registration as it remains the personal responsibility of the registrant.
- 10.1.3 Notifying their PRSB, should their personal details change e.g. change of address or change of bank account, to avoid any risk of registration being delayed.
- 10.1.4 Renewing and paying for their registration before registration lapses. Providing evidence of such renewal to their leader / manager if requested to do so.
- 10.1.5 Notifying their leader / manager immediately of any lapse in registration, for any reason, and ceasing to work as a registered practitioner until such time as their registration is properly renewed.
- 10.1.6 Notifying their leader / manager immediately of any change in the status of their registration e.g. suspension from the PRSB register, limited registration, sanctions etc.
- 10.1.7 Maintaining PRSB registration during periods of sustained leave e.g. maternity, adoption and paternity leave, parental leave, shared parental leave, special leave and career break. This is because the employment contract remains in place during these periods and so the individual **must** remain registered under their contract. Should this not be possible, the registrant is responsible for making contact and discussing this and how this may affect their return to work, with their leader / line manager at the earliest opportunity.
- 10.1.8 When colleagues go on an employment break, they remain an employee of the Trust. However, if the employment break does not necessitate them maintaining their professional registration, they will not be subject to the conditions within this Policy in terms of failing to renew their registration. Once an individual returns to the Trust, all conditions and responsibilities within this Policy will apply.
- 10.1.9 Confirming PRSB registration details on return from sustained leave. Where a registered professional holding an honorary contract for a position within the Trust that

requires registration, chooses not to renew or allows their registration to lapse, their honorary contract will be withdrawn.

## **10.2 All colleagues**

- 10.2.1 Have a duty to comply with Trust policies and procedures. If colleagues have any questions or concerns about these, they must raise these with their leader/ manager and/or the divisional HR business partner.

## **10.3 Chief Executive**

- 10.3.1 Will ensure the Trust has robust policies and procedures in place for maintaining professional registration. In practice the responsibility of operationalising this Policy is delegated to the directors of the professions, the medical responsible officer, heads of service, operational leaders, managers, and clinical leads.

## **10.4 UHDB Trust Board**

- 10.4.1 Will seek assurance from the Trust on a regular basis that there are robust processes in place to manage concerns raised regarding colleagues' fitness to practice. This includes, that all colleagues are registered with the appropriate PRSB and that any lapses in registration or concerns raised with the regulators have been addressed.
- 10.4.2 The Trust Board will seek assurance regarding the process for statutory requirement in relation to medical revalidation.

## **10.5 Executive Chief Nurse**

- 10.5.1 Will ensure all nursing, midwifery and Allied Health Professions (AHP) colleagues and Health Care Scientists (HCS) are compliant with this Policy and maintain their registration as required with the appropriate PRSB. They will maintain high level oversight of any referrals to NMC, GDC (dental nurses) or HCPC via non- medical oversight professional standards group (OPSG). They will liaise with the Executive Chief People Officer to ensure processes and procedures are in place to achieve this.

## **10.6 Executive Medical Director**

- 10.6.1 Will ensure all medical colleagues have an identified Responsible Officer (RO) in line with the Medical Professions Responsible Officer Regulations 2010 (Amended 2013).

## **10.7 Responsible Officer (RO)**

- 10.7.1 Is an identified person within the Trust with statutory responsibility to: ensure processes for medical appraisal and therefore assure suitability for the job the medical practitioner is doing; ensure processes to monitor medical performance; ensure processes to respond to concerns about the performance of a doctor or dentist; make revalidation recommendations to the General Medical Council (GMC) and General Dental Council (GDC); refer concerns to the GMC / GDC and monitor compliance with any conditions. They will liaise with the Executive Chief People Officer to ensure processes and procedures support this and align with Trust policies.

## **10.8 Chief Pharmacist**

10.8.1 Will ensure that all pharmacists and pharmacy technicians are registered with the general pharmaceutical council (GPhC) and maintain their registration as required. They will maintain oversight of any referrals to the GPhC and inform the non-medical OPSG. They will support activities required to revalidate or renew registration. They will liaise with the Executive Medical Director and with the Executive Chief People Officer to ensure processes and procedures support this and align with Trust policies.

## **10.9 Executive Chief People Officer**

10.9.1 Is the executive sponsor for this Policy and is accountable to the Chief Executive for the ongoing management of the Policy and ensuring systems, processes and procedures are in place to enable the Chief Executive, Executive Chief Nurse and the Executive Medical Director /Responsible Officer/ Chief Pharmacist to fulfil their responsibilities of the Policy.

## **10.10 People Services**

10.10.1 Will work in partnership with leaders, managers, service leads, clinical leads, the Responsible Officer and trade union and professional organisation representatives to ensure colleagues are treated fairly and consistently within the framework of the Policy.

10.10.2 Will provide advice and support to leaders, managers, service leads, clinical leads and responsible officer of options should a colleague be managed under this Policy.

10.10.3 Will escalate to the relevant leaders, managers, service leads, clinical leads and responsible officer of any lapses in registration notified by the PRSB or identified on the Trust checking processes.

10.10.4 Will provide annual reporting of data from ESR on professional registration compliance and lapses.

## **10.11 Recruitment Team**

10.11.1 Will agree with the appointing officer, leader / manager when and what PRSB registration is required for a post before it is advertised.

10.11.2 Will check that any requirement for PRSB is clear within the person specification and advertisements for posts.

10.11.3 Will ensure colleagues hold the appropriate PRSB registration on commencement in post. This includes new starters to the Trust both temporary and substantive; colleagues changing position to a new role within the Trust; and colleagues on secondment.

10.11.4 Will ensure registration details provided during the recruitment and selection process are cross checked with the relevant PRSB. The outcome of pre-employment checks are recorded on the Electronic Staff Record (ESR).



## **10.12 Electronic Staff Record (ESR) team**

- 10.12.1 Will maintain the provision and maintenance of workforce systems, ESR and processes to enable the capture of professional registration information in line with Policy and organisational standards.
- 10.12.2 Will annually check the registration status of colleagues in posts that have been identified as requiring PRSB registration through monitoring of appraisal documentation, automotive notifications from identified PRSBs and annual audit activity.
- 10.12.3 Will provide and maintain mechanisms to report professional registration data from ESR in line with Policy and Trust standards.
- 10.12.4 Will provide and maintenance guidance and support to use systems (ESR) and processes in line with Policy and organisational standards.

## **10.13. Leaders / managers, service leads and clinical leads**

- 10.13.1 Must act fairly and consistently in line with a person centred, compassionate and inclusive culture principles.
- 10.13.2 Are responsible for ensuring that this Policy is disseminated effectively and observed by all colleagues that it applies to.
- 10.13.3 Have a responsibility to ensure that the registration of all colleagues in their areas are current.
- 10.13.4 Where registration has lapsed, they must act as soon as is reasonably practicable.
- 10.13.5 Must ensure that registrations are checked for colleagues returning from maternity or other long-term absences, e.g. sickness, secondment, employment break.
- 10.13.6 As part of the recruitment and selection process, appointing manager / panel chair must identify where PRSB registration is a requirement of the post; ensures that the application form is checked for current registration details including registration unique identifier and expiry date.
- 10.13.7 In the event of unsatisfactory registration checks being received prior to employment, the recruiting manager will be informed, enabling them to make a full review of the facts and circumstances and decide to recruit or withdraw the job offer.
- 10.13.8 When colleagues are seconded into the Trust, their employer remains the organisation with whom they have a substantive contract with. However, the Trust will, as a good employer, check the professional registration via the appropriate PRSB website.
- 10.13.9 Will notify the appropriate medical or non-medical oversight group with any concerns they have about a registrant's fitness to practise for consideration of referral to the appropriate PRSB. This includes the behaviour or actions of a colleague where concerns about their fitness to practise is raised; if a registrant is dismissed or there is a case of serious misconduct.

- 10.13.10 Take responsibility regarding management decisions and actions related to colleagues. They should review all evidence to help decision making.
- 10.13.11 May seek advice from the Responsible Officer or chair of Oversight Professional Standards Group (PRSB) and are responsible for contacting PRSBs screening process if they have concerns about a colleague's fitness to practice. They are required to follow the advice provided at screening, which may include:
  - 10.13.12 to manage the concern at local level.
  - 10.13.13 advising the colleague to self -refer to the PRSB.
  - 10.13.14 to complete a PRSB referral for the colleague.
  - 10.13.15 Must notify the Responsible Officer or chair of OPSG if a PRSB referral is required and when it has been made.
  - 10.13.16 The chair of the OPSG will notify the Executive Chief Nurse, with any concerns they have about a colleague's fitness to practise which requires a referral to the PRSB.
  - 10.13.17 Are responsible to sign-post colleagues to Trade Union and professional organisation support, if required.

#### **10.14 Trade Union and Professional Organisations**

- 10.14.1 Trade unions and professional organisations work with all Trust colleagues who are members and are available to support and provide advice to their members on issues related to this Policy.

### **11. Registration renewal process**

- 11.1 Colleagues on PRSB registers must meet specific criteria in relation to renewal of registration and revalidation.
- 11.2 PRSB registers interface with the Trust ESR and alerts leaders/manages to change in colleagues' eligibility to practice automatically. Expiry dates are routinely updated. Workforce Systems Teams in people services will notify leaders/managers of colleagues whose registration has changed or lapsed as soon as it comes to light. Leaders / managers are required to take immediate actions related to any colleague whose registration has lapsed.

### **12. Lapsed Registrations**

- 12.1 The Trust regards a situation where professional registration has lapsed, been revoked, or suspended as a serious matter. However, where a colleague has lapsed registration, every effort will be made to allow for readmission to the PRSB register to take place as soon as it is practicable to do so.
- 12.2 In respect of medical colleagues, the GMC / GDC permit a period of grace to a maximum of 3 months post the identified re-registration date.

- 12.3 Colleagues whose registration has lapsed are removed from the professional register by the PRSB and therefore must not practice in their professional capacity, as this has implications for public protection. This is a breach of their terms and conditions of employment.
- 12.4 Where a registration has lapsed, it is the responsibility of the leader / manager or responsible officer and the respective HR business partner, to take prompt action to protect the interests of the public, patients, and other colleagues.
- 12.5 The leader / manager or responsible officer will establish the facts for the lapsed registration and will ensure the colleague understands the implications of this. They will also provide advice to the colleague as soon as practicable to ensure that they take corrective action quickly.
- 12.6 Advice may be sought from the chair of the appropriate oversight group.
- 12.7 Where a practitioner's registration has lapsed and they have continued to work in their contracted capacity despite their registration lapse, their leader / manager will need to undertake a review of this period of time to ensure that there has been no harm caused to patients.
- 12.8 Leaders/managers are required to provide clear and contemporaneous records of all lapsed registration.
- 12.9 In respect of medical colleagues, following the GMC/ GDC permitted period of grace, if readmission has not occurred, follow from 16.3.

### **13. Registrant responsibility**

- 13.1 It is the responsibility of each registrant to maintain, renew registration and complete revalidation requirements, including through periods of leave (paid or unpaid) from the Trust, such as sickness, maternity, special leave, career break etc. The registrant remains contractually bound by their terms and conditions of service whilst on leave from their employment.

If a registrant's PRSB registration is likely to lapse or does lapse for any reason, they must:

- 13.2 Inform their leader / manager and HR business partner of a lapse in their registration. This will demonstrate remediation (personal understanding and learning of the situation).
- 13.3 Are responsible for reading the readmission guidance on the relevant PRSB website.
- 13.4 Contact the relevant PRSB for advice, particularly if the lapse is related to non-payment of registration fees. This may be resolved quickly.
- 13.5 Collect evidence to support for re-admission to the PRSB register.
- 13.6 Submit their evidence to the relevant PRSB.
- 13.7 Check their emails and registration status.

## **14 Process for readmission to a PRSB**

### **14.1 Stage 1**

- 14.1.1 Colleagues with a lapsed registration will be allowed a period of up to 7 working days to engage with their relevant PRSB. The time available will enable them to resolve any outstanding concerns relating to the registration lapse and readmission to their professional status. During this period, the contract of employment will be held in abeyance.
- 14.1.2 Until successful readmission occurs, the colleague will be required to take annual leave, unpaid leave, change of shifts or to accumulate time to be worked at a later date to cover such period.
- 14.1.3 Under no circumstances will the colleague be allowed to continue to work in a professional capacity or in the capacity of a non-registered health care support worker.

### **14.2. Stage 2**

- 14.2.1 Once the period of 7 days has lapsed or if the readmission process with the PRSB will take longer than 7 days to reinstate, the colleague will be given an agreed reasonable period to complete the re-registration process, which will be for no longer than a maximum period of 6 weeks.
- 14.2.2 During this period the contract of employment will be held in abeyance. If successful readmission occurs the colleague will be required to take annual leave, unpaid leave, change of shifts or to accumulate time to be worked at a later date to cover such period.

### **14.3 Stage 3**

- 14.3.1 Where failure to be readmitted to the PRSB occurs or does not take place within the 6-week period, or if a lapsed registration has occurred on more than one occasion a fact-finding exercise will take place as soon as is reasonably practicable, and an outcome decision will be made about the circumstances of a failed readmission to the PRSB or a lapsed registration has occurred more than once.
- 14.3.2 The outcome of the fact-finding exercise will be undertaken in accordance with the Trust disciplinary Policy as to the reason for a failing readmission of professional registration.
- 14.3.3 Outcomes of the fact-finding exercise could include:
  - 14.3.4 No action required.
  - 14.3.5 A formal investigation is commissioned in accordance with Trust disciplinary policy, which may lead to disciplinary action up to and including dismissal being taken.
  - 14.3.6 A fast-track process in accordance with Trust disciplinary policy may be considered.
  - 14.3.7 All lapsed registration, readmissions and management actions will be tracked in the Trust and themes and trends of lapsed registration will be identified to support learning and upward reported.

## **15. Referral to PRSB**

- 15.1 Where concerns are raised about the conduct or competence of a colleague who is on a PRSB register, the leader /manager or responsible officer to whom the concerns were reported must make a professional judgement along with the appropriate HR business partner regarding the course of action.
- 15.2 This could be to manage the issue at a local level. Leaders /managers or responsible can directly contact the relevant PRSB who will offer advice or they can seek advice from the appropriate oversight group chair.
- 15.3 Where the decision to make a referral to PRSB is an outcome of a people services HR process the appropriate Executive Chief Nurse / Executive Medical Director will be notified by the appropriate oversight group chair.
- 15.4 If it is decided that a PRSB referral is appropriate, the colleague will be informed of this action before it takes place and will be sent a letter confirming the action that is being taken. It is the Leaders /managers responsibility to draft and send this letter for non-medical colleagues, while the responsible officer will complete the letter for medical and dental colleagues.
- 15.5 If there is a concern raised about an PRSB board member or a PRSB referral is made for or a self-referral is made by executive board member, the Chief Executive Officer will seek external support to manage the concern / referral.

## **16. Self-referral to PRSB**

- 16.1 A colleague may choose to refer themselves to their PRSB. In these circumstances, they should be encouraged to seek support through their leader /manager or Responsible Officer before making the referral themselves.
- 16.1.1 They should also be provided with details of the Trust employee assistance programme (EAP) to ensure that they receive advice and support throughout the process.
- 16.2 Leaders /managers or responsible officer may advise colleagues to self-refer to their respective PRSB. Self-referral demonstrates remediation.
- 16.3 It is important that in cases of self-referral the colleague keeps their leader/ manager or responsible officer fully informed of the progress and outcome of the referral process. This will ensure that appropriate support and arrangements are regularly reviewed and updated in accordance with the referral.

## **17. External Referral to PRSB**

- 17.1 There may be occasions when a colleague is referred to a PRSB by an external source, this could be a patient, a relative, police, coroner, or an individual from another organisation. It is unlikely in these circumstances that the Trust would receive notice before the referral is made.
- 17.2 However, it is important that once the Trust is notified of the referral, there is an open discussion with the colleague and appropriate support mechanisms such as EAP are

put into place whilst the matter is investigated.

## **18. Notification from PRSB regarding a referral**

**18.1** Where a colleague or leader/ manager receives notifications or requests from a PRSB concerning a colleague's registration or fitness to practice, they need to inform the appropriate oversight chair, who will notify the Executive Chief Nurse or Executive Medical Director. Appropriate support should be put in place for colleagues.

## **19. Suspension / sanctions by a PRSB**

**19.1** Where a colleague has sanctions imposed by their PRSB or their registration suspended / are removed from the register, or an interim suspension is put in place, the colleague will not be paid as they do not meet their conditions of employment with Trust (i.e. active registration with a PRSB).

**19.2** Where there is a concern that a colleague may endanger a member of the public through their actions or omissions, a request can be made to their PRSB for an interim suspension pending the outcome of the regulator investigations.

**19.3** This should be discussed and agreed with the relevant oversight group chair, who will notify the Executive Chief Nurse or Executive Medical Director.

## **20. Staff support – occupational health and employee assistant provision (EAP)**

**20.1** The health and wellbeing of Trust colleagues is of uttermost importance. The Trust recognises that PRSB referrals and lapsed registrations can be very stressful to individual colleagues.

**20.2** Leaders /managers and the Responsible Officer will act fairly and compassionately and will be non-judgmental, provide support and signpost colleagues to achieve an active registration or readmission status as timely as possible.

**20.3** The occupational health department will provide a confidential support service for colleagues. Leaders /managers or responsible officer may make a referral for specific health-related advice or opinion where health concerns may require a colleague to be referred to their PRSB.

**20.4** Leaders/managers or the Responsible Officer can refer, and colleague themselves can independently seek support for stress related issues that may arise because of a PRSB referral and any associated procedures and processes.

**20.5** If health of a colleague is causing fitness to practice concerns, they can be referred to the relevant PRSB. This must be clearly demonstrated through occupational health reviews and is supported by clinical evidence.

**20.6** EAP is provided via Health Assured and is a free confidential service which provides support to Trust colleagues on work and personal issues 24 hours per day, 7 days per week. Any colleague who is referred to their PRSB must be provided with the EAP details.

**20.7** Colleagues must be offered on-going, continuous support, before, during and following any referral to a PRSB.

**21. Internal Oversight of concerns and PRSB Referrals**

**21.1** The Medical Profession (Responsible Officer) Regulations came into force on 1 January 2011 and were amended on 1 April 2013 (The Medical Profession (Responsible Officers) (Amendment) Regulations 2013). The regulations require all designated bodies to nominate or appoint a Responsible Officer (RO).

**21.2** The Trust has a Responsible Officers Forum (ROF) in place, which meets bi-monthly to manage medical / dental practitioner concerns and or GMC /GDC referrals.

**21.3** The Oversight of Professional Standards Group (OPSG) is in place for the management PRSB concerns and or referrals related to non- medical practitioners.

**22. Monitoring of this policy**

**22.1 Monitoring compliance and effectiveness**

22.1.1 Process for ensuring registration checks are made directly with the relevant PRSB, in accordance with their recommendations, in respect of all permanent colleagues on initial appointment and ongoing thereafter.

22.1.2 Process for monitoring / receiving assurance that PRSB registrations checks are being carried out by all external agencies (e.g. NHS professionals, recruitment agencies etc.) used by the Trust in respect of all temporary staff.

22.1.3 Process in place for following those colleagues both permanent and temporary who fail to satisfy registration, renewal or validation processes of PRSB registration.

**23.2 Monitoring Method:**

23.2.1 Review the monthly report run from ESR which details colleagues PRSB registration status and due to expire dates.

23.2.2 Review by the ongoing checks and analysis of actions following any breaches.

**24.3 Monitoring Report presented to:**

The recognised formal groups, committees, and forums in place at the time

Frequency of upward reporting	<p><b>Medical and Dental</b></p> <ul style="list-style-type: none"> <li>• Monthly verbal update to Confidential Trust Board (CTB)</li> <li>• Quarterly written report to CTB</li> <li>• Monthly written report to People and Culture Group (PCG)</li> <li>• Six monthly report to People and Culture Committee (PCC)</li> </ul>	<p><b>Non-medical</b></p> <ul style="list-style-type: none"> <li>• Monthly verbal update CTB</li> <li>• Six monthly written report to CTB</li> <li>• Monthly written report to PCG</li> <li>• Six monthly report to People and</li> </ul>
-------------------------------	---	---

Culture Committee (PCC)

**25. Indemnity Insurance**

- 25.1 It is a legal requirement for all PRSB colleagues to have indemnity or insurance in place to cover their practice and confirm this to their PRSB on renewal of registration.
- 25.2 The responsibility to have the appropriate level of indemnity rests with the individual colleague.
- 25.3 Colleagues who work in the NHS at the Trust will already have an appropriate indemnity arrangement in place.
- 25.4 NHS employees' professional indemnity insurance is provided through the Trust's insurance arrangements. This means that colleagues will be covered if a claim is made against them about the work they undertake whilst employed by the Trust.
- 25.5 Locum medical staff engaged by an agency are covered by indemnity arrangements as although not contracted to an NHS body, they are contracted to provide services as they owe a duty of care to NHS patients.

**26. Executive Medical Director Healthcare Professional /Chief Nurse Alert Notices (HPAN) letters for Health Care Professional under Investigation by Health and Social Care (HSC) Employers**

- 26.1 An alert letter is the way in which all HSC employers and private health care providers are made aware of a health professional whose performance or conduct could place patients, colleagues or the public at serious risk. Alert letters cover situations where health professionals who pose a hazard to patients, staff or the public may move from their present HSC employer to work elsewhere in a health or social care setting in any capacity, whether or not requiring registration, before their PRSB has had the chance to consider interim suspension or other measures. Where such measures are in place, alert letters are intended to reduce the risk of inappropriate employment in any capacity.



## Appendix 1

### Professions and dates for PRSB registration renewal

Post	Regulatory Body	Registration renewal requirements
Biomedical Scientist	Health Professions Council (HPC)	Every 2 years
Chiropodist	HPC	Every 2 years
Clinical Scientists	HPC	Every 2 years
Dentists, Dental Foundation Trainees, Dental Nurses and Dental Technicians	General Dental Council (GDC)	Annually
Diagnostic Radiographer	HPC	Every 2 years
Dietician	HPC	Every 2 years
Doctors	GMC*  * GMC <b>and</b> GDC for Specialty Registrar / Specialist Registrar & Consultant in Oral & Maxillofacial Surgery	Annually
Medical Laboratory Technician	HPC	Every 2 years
Registered Nurses, Midwives & Nursing Associates	Nursing and Midwifery council (NMC)	Every 3 years however annual payment is required
Occupational Therapist	HPC	Every 2 years
Operating Department Practitioner	HPC	Every 2 years
Orthoptist	HPC	Every 2 years
Orthotist	HPC	Every 2 years
Pharmacists and Pharmacy Technicians	General Pharmaceutical Council (GPhC)	Every year
Physiotherapist	HPC	Every 2 years
Podiatrists	HPC	Every 2 years
Radiographer	HPC	Every 2 years
Social Worker	General Social Care Council	Every 3 years
Speech and Language Therapist	HPC	Every 2 years
Therapeutic Radiographer	HPC	Every 2 years

## Appendix 2

### Contacts

Nursing, Midwifery and Nursing Associates  
Doctors  
Dentists  
AHP's  
Pharmacy  
Professional Standards Authority

[www.nmc-uk.org](http://www.nmc-uk.org)  
[www.gmc-uk.org](http://www.gmc-uk.org)  
[www.gdc-uk.org](http://www.gdc-uk.org)  
[www.hcpc-uk.org](http://www.hcpc-uk.org)  
[www.pharmacyregulation.org](http://www.pharmacyregulation.org)  
<https://www.professionalstandards.org.uk>