



## Healthcare Registrants: Professional Registration, Verification and Checking Procedure

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## **1 Scope**

- 1.1. This procedure describes the requirements for healthcare professionals (HCPs) employed by the Trust in relation to their professional registration.
- 1.2. This document also describes the processes undertaken by the Trust to regularly check the registrant status of HCPs via the professional registers (i.e. Health & Care Professions Council, General Medical Council, Nursing and Midwifery Council, General Pharmaceutical Council).
- 1.3. Professional revalidation is out of scope for this procedure. Where revalidation is a requirement/condition of ongoing registration, this should be supported by the relevant professional leads. Where revalidation causes a registration issue, this will be detected via the checks outlined in this procedure
- 1.4. All HCPs must read, understand and follow all of the relevant standards published by their regulator (HCPC, NMC, GMC, GPhC etc). Registrants are required to uphold these standards, as well as following Trust policy and procedure, and values.
- 1.5. In order to make this document easy to read and understand, from here on, the term registrant or HCP will be used but the procedure applies to all registered healthcare professionals (HCP).
- 1.6. Please note that this procedure refers only to clinicians in direct employment. HCPs working for sub-contracted private providers must have their registration checked by their employer. SECamb governs this through the contractual arrangements with each private provider.

## **2 Procedure**

- 2.1. This procedure reflects the Trust's commitment to managing its responsibilities appropriately by balancing its public duty to promote a safe culture of openness and transparency with its obligation to safeguard its staff, patients and general public.
- 2.2. By implementing this procedure, the Trust acknowledges its responsibility to comply with its legal obligations and where possible best practice and to ensure that these standards are embedded throughout the Trust by:
  - Providing a clear process to verify the professional status of all registered healthcare professionals employed by or undertaking work on behalf of the Trust.
  - Ensuring the Trust fulfils its Duty of Care to Patients.
  - Providing a clear mechanism to alert the Professional Standards Team who will liaise with the Consultant Paramedics/other professional leads and Operational Management of lapsed or unregistered Healthcare Professionals employed by the Trust.

- Providing a mechanism to verify the professional status of Healthcare Professionals who apply to work for the Trust.
- Providing a clear follow up mechanism that addresses concerns regarding lapsed or unregistered healthcare professionals.

### 2.3. **First Registration**

- 2.3.1. Specific to the paramedic profession, SECamb employs several hundred graduate (newly qualified) paramedics (NQP) who are new to the HCPC register. Upon employment, newly qualified/newly registered paramedics must provide evidence of registration prior to undertaking their first periods of duty.
- 2.3.2. Where a newly qualified paramedic (NQP) is already employed by SECamb (i.e. in-service training), they must be registered with the HCPC prior to undertaking work at paramedic level (and any required Trust HR processes followed accordingly).
- 2.3.3. Paramedics may achieve registration prior to the date that they commence employment with the Trust, or in some cases after. Paramedics who have not achieved registration prior to commencing employment must have evidence of registration prior to commencing work at paramedic level and this must be shared with the Trust. Any delays in registration may require work to be undertaken under supervision (as a student paramedic) or at a lower clinical grade. Staff should refer to the relevant HR Policy (available via the [Trust Intranet](#)) relating to Terms and Conditions where a period of work at a lower clinical grade may affect pay.
- 2.3.4. All other HCPs working in roles requiring professional clinical registration must ensure that they have evidence of registration when commencing employment with the Trust. This should be via the presentation of a certificate or by demonstrating an entry on the register via an online portal.

### 2.4. **Renewal of registration**

- 2.4.1. Registrants are solely responsible for renewing their registration.
- 2.4.2. HCPs employed by the Trust must ensure continuous registration as a condition of continued employment and regular checks will be undertaken to confirm registration status of eligible staff. This does not affect other terms and conditions of employment.
- 2.4.3. Please refer to the section 2.9 in this document which provides detailed information on **Lapses in Registration**

### 2.5. **Annotations**

- 2.5.1. Some regulators, such as the HCPC, may apply annotations to individuals' registration, such as to denote status as a supplementary or independent prescriber. HCPs with prescribing responsibilities employed by SECamb must ensure that their role involves prescribing in order for their annotation to remain.

- 2.5.2. There must be no assumption that a registrant with previous prescribing roles may use their prescribing skills in SECamb unless specified in their job description, and their practice fulfils the requirement of the practice guidance issued by their Professional Body.

## 2.6. **Agency Staff**

- 2.6.1. As stated in the scope of this document, registrants working for private ambulance providers or other organisations sub-contracted to the Trust are not included under this procedure. SECamb is given assurance of continuous registration via the contractual arrangements made with other providers.
- 2.6.2. If in the future the Trust begins using registrants from an agency to undertake clinical duties, evidence of continuous registration will be requested from the individual HCP and/or agency on a monthly basis. Failure to produce evidence may lead to cancellation of periods of duty. Where a shift has already been completed, and a lapse in registration is subsequent identified, full payment for that shift may be withheld, and the individual may be reported to their regulator .

## 2.7. **Checking by the Trust**

- 2.7.1. Nominated professional/clinical leads (such as Professional Standards Managers, Lead Nurse, Lead Pharmacist etc), supported by the Consultant Paramedics, are responsible for responsible for support staff who experience a change in their registrant status.
- 2.7.2. Lapses in registration or sanctions which have not been reported by the HCP will be managed according to the appropriate Trust process.
- 2.7.3. The nominated professional/clinical leads will have their registration checked by the Professional Standards Team. Senior HCPs will check each other's registration and report on statuses to the Medical Director/Deputy Medical Director for assurance.

## 2.8. **Sanctions**

- 2.8.1. Sanctions may be applied to registrants by their regulator where a practice concern is upheld. Sanctions appear on the relevant register. Professional standards leads will lead on any internal actions arising from sanctions applied to HCPs in the Trust.
- 2.8.2. Where a registrant is subject to a Fitness to Practice hearing (or equivalent depending on regulator), and where the case is upheld, the following sanctions may be applied (using examples from the HCPC), along with the associated actions internally by the Trust.
- **Mediation** – not considered by the HCPC as a true sanction. Providing the HCP meets the stipulations arising as a result of the hearing, the Trust may take no further action.

- **Caution** – where a more serious, but usually isolated, error occurs and the registrant shows remorse and insight. The Trust may undertake supportive actions, and may keep a note in the HCP's HR file.
- **Conditions of practice** – where conditions are applied, completion of these conditions should be considered as requirements needed for continuous employment by the Trust.
- **Suspension** – this level of sanction will be dealt with on a case by case basis, and in accordance with the Disciplinary Policy and Procedure. HCPs may, in certain circumstances, continue employment in the Trust in a non-registered clinical or other role. There may be a requirement to closely monitor or supervise the individual, and also work to prepare them for re-joining the register.
- **Striking off** – this most serious level of sanction will be addressed according to the Disciplinary Policy and Procedure. Where the regulator apply this sanction, it is likely to lead to summary dismissal from the Trust.

2.8.3. It is likely that most FTP hearings will arise from the registrant's Trust employment, and therefore may have an accompanying disciplinary case. Application of sanctions would be considered as part of this case and concluded accordingly.

2.8.4. Where the FTP hearing arises through other employment, the Trust may consider taking disciplinary action based on the outcome – particularly where suspension or striking off are the sanction given.

## 2.9. **Lapses in Registration**

2.9.1. During any period where a Healthcare Professional is unregistered or where their registration has lapsed, a decision will be taken by the trust using appropriate mechanisms on action arising. This will depend on the nature of the lapse and continue until they become re-registered, assuming no additional considerations come to light.

2.9.2. The **Professional Standards Team** will inform the **Consultant Paramedic** responsible for professional standards, of any expired registrations immediately who will liaise with other relevant professional leads.

2.9.3. Where appropriate, the Operating Unit Manager (or equivalent depending on role) in consultation with the Consultant Paramedic or professional lead will ensure that the individual's case is appropriately managed until the lapse in registration is addressed (Please also refer to the [Restriction in Clinical Practice Procedure](#)).

2.9.4. Once the individual has re-registered, they will be supported to return to their full clinical role (assuming no other considerations come to light). If a registrant has allowed their registration to lapse, the Consultant Paramedic or professional lead, in conjunction with PSD, HR and Operations, will undertake a review of the circumstances surrounding the lapse in registration. The Consultant Paramedic or nominated professional/clinical lead will also provide advice on the case and will identify routes for the individual to become re-

registered. Issues such as patient risks, time elapsed and skill decay must be taken into account in the review.

## 2.10. **Additional Principles**

### 2.10.1. Monitoring and Assurance

- The Trust is required to provide assurance that its workforce is fit and proper and that patient-facing staff are suitably registered to undertake their role, which also involves the use of specific legal mechanisms (i.e. Human Medicines Regulations).
- The monitoring and assurance process is provided to promote patient safety, as well as assisting staff with issues relating to their registration when they arise.

### 2.10.2. Prevention and Support

- The overarching principle of this procedure is to ensure staff have continuous registration and that issues which may arise, and which may lead to sanctions with their regulator, are prevented. The prevention of circumstances will be promoted via the principles embedded within professional leadership, good management processes, an open culture, and a culture that accepts honest mistakes.
- The Trust is committed to minimising unnecessary self-referrals to professional regulators. This is particularly important in light of the high instances of self-referrals by paramedics to the HCPC. Staff should, when considering self-referring, contact in the first instance PSD, or a Consultant Paramedic or other nominated and appropriate senior professional lead to review the case in question.
- Staff who are subject to Fitness to Practice hearings and/or have a sanction applied, and who remain within the Trust as an employed registrant, will be supported during the period of their sanction. This will promote the welfare of the individual during the sanction and ensure that any remedial actions (such as detailed in conditions of practice) can be undertaken.

### 2.10.3. Professional support and understanding of registration

- All registrants in the Trust will have access to professional leadership that originates from the Medical Director, Deputy/Associate Medical Directors, and Consultant Paramedics. The culture within the Trust will be reflected in how registrants are supported in practice and the Professional Standards Team should be approached to support concerns relating to professional, registered practice.
- The Professional Standards Team will provide support and guidance on regulated professional practice. This will be in the form of regular clinics held within Operating Units, published material, and on request from staff.

## 3 **Responsibilities**

- 3.1. This procedure is aligned to **Scope of Practice & Clinical Standards Policy** which identifies the lines of accountability at policy level.
- 3.2. The **Chief Executive Officer** is responsible for patient safety.
- 3.3. The **Medical Director** is responsible for clinical practice in the Trust.
- 3.4. The **Consultant Paramedics** are responsible for leading and supporting paramedics as the heads of their profession.
- 3.5. The **Professional Standards Department** are responsible for understanding and supporting professional, registered healthcare practice.
- 3.6. The **Human Resources Directorate** are responsible for the Trust workforce, and are specifically responsible for maintaining accurate HR records, including the updating of HCPC registration numbers to ESR and sending monthly reports to professional standards leads.
- 3.7. The **Nominated Professional/Clinical Leads (i.e. Professional Standards Managers)** are responsible for professional and clinical standards, and are responsible for checking the registration status of Trust HCPs.
- 3.8. **Operating Unit Managers/Operations Managers** are responsible for engaging with Trust activities which support professional practice and continuous registration of paramedics.
- 3.9. **Operational Team Leaders and other first line managers** are responsible for raising concerns regarding registrants in their team, and for supporting paramedics' professional practice (working with the Professional Standards Team).
- 3.10. **Individual registrants** are solely responsible for their professional registration and the conditions relating to professional registration as published in the form of guidance and standards by their professional regulator.
- 3.11. The **Consultant Paramedics** are responsible for managing and implementing the procedure, and for monitoring and auditing the process, including annual reports to the Trust.

## **4 Audit and Review**

- 4.1. The regular status of checks of registrants will be sent to the Professional Practice Group.
- 4.2. All procedures have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 4.3. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

- 4.4. This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 4.5. All changes made to this procedure will go through the governance route for development and approval as set out in the Policy on Policies.

## **5 Equality Analysis**

- 5.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the *Human Rights Act* and to meeting the *Equality Act 2010*, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 5.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.
- 5.3. An approved equality analysis form is available for this procedure (Appendix A) and no adverse effects on people with protected characteristics were identified.

## **6 References**

- HCPC Standards