	NHS Founda	ation Trust
Document Type: PROCEDURE		Unique Identifier: CORP/PROC/594
Title: Referral to the NMC and Health Pro	ofessionals Council	Version Number: 1
		Status: Ratified
Scope: All Clinical and Allied Health Profession	onals	Classification: Organisational
Author/Originator and title: Angela McKeane, Assistant Directo Palmer-Rigby HR Business Partner	or of Nursing and Eleanor	Responsibility: Human Resources
Replaces:Description of amendments:New ProcedureN/A		nents:
Name Of: Divisional/Directorate/Working	Date of Meeting:	Risk Assessment: N/A
Group: Human Resources Policy Group	14/06/2012	Financial Implications N/A
Validated by: N Grimshaw, Director of HR & OD	Validation Date: 24/07/2012	Which Principles of the NHS Constitution Apply? Principle 3
Ratified by: JNCC	Ratified Date: 24/07/2012	Issue Date: 24/07/2012
Review dates may alter if any signi	ficant changes are made	Review Date: 01/06/2015
Does this document meet the requi Race, Religion and Belief, Age, Dis Identity, Pregnancy & Maternity, Ma Rights and Social Economic Depriv	ability, Gender, Sexual Ori arriage and Civil Partnersh	entation, Gender ip, Carers, Human

1. PURPOSE

The purpose of this Procedure is to provide guidance on what issues require referral to the appropriate professional body, and at what point.

2. SCOPE

This policy covers all nurses, midwives and health professionals who are required to register with a statutory body for their role and for them to use a given title. This includes all permanent and temporary staff employed by Blackpool Teaching Hospitals NHS Foundation Trust and honorary contract holders, bank staff, students or agency/locum staff.

3. PROCEDURE

3.1 Before Making A Referral

Professional organisations are concerned with cases where those holding registration have been involved in a situation or incidents where their fitness to practice is impaired.

Before making a referral a preliminary investigation must be conducted to determine if the situation concerns fitness to practice, or bringing the health profession into disrepute. If the preliminary investigation shows that this is not the case then a full investigation should be commenced, in line with relevant Trust Policy or Procedure (See Section 7).

Where the preliminary case shows that the situation concerns fitness to practice, then the case must be referred to the Director of Nursing immediately. The Director of Nursing will decide if the case needs to be immediately referred to the relevant statutory body or whether the case can proceed to full investigation and consideration given to referral at a later stage.

Where the Director of Nursing is unavailable, then the case must be referred to either the Head of Midwifery, the Assistant Director of Nursing or Associate Nurse Directors who will make the decision on the Director of Nursing's behalf.

3.2 Making a Referral

Once it has been decided that a referral is required, then the Investigating Manager will be responsible for contacting the relevant Statutory Body and advising them appropriately. In the case of the Nursing and Midwifery Council, a referral form is attached at Appendix 1.

The Statutory Body will require the following information in order to make a judgement on their next steps:

- Name and Job Title of the person referring
- Name of the professional involved
- Date of the incident(s)
- Where the incident(s) took place
- Detail of the incident(s)
- Witness details
- What action has been taken
- Consent to disclose

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3.3 Situations when a Referral must be made

There are certain situations where a referral must always be made. However in all cases authority must be sought from the Director of Nursing or one of the aforementioned deputies (Section 3.1) prior to a referral being made. The following are cases where referral must always be made:

- There has been a serious risk to patient safety
- Suspension or dismissal is being considered
- Criminal Activity has taken place
- Serious or real harm been caused
- The profession is being brought into disrepute

Full guidance on raising and escalating concerns for nursing and midwifery staff is attached at Appendix 2 (please see attachments).

3.4 Lack of Competence

In the case of lack of competence, then matters should only be referred to the Statutory Body if attempts to address competence via the Local Capability Policy (See Section 7) have failed.

3.5 Health Related Concerns

In the case of ill health of the health professional, then matters should only be referred to the Statutory Body if the condition is affecting performance and is not being addressed via the local Sickness Absence or Capability Policies (See Section 7). Where ill health is being managed locally, then no referral is necessary.

3.6 Alert Notices

Where cases are referred to the NMC and following an appropriate investigation by them, employee's may be subject to Alert Notices. An alert notice is a way of notifying NHS bodies, or other organisations providing services to NHS bodies, about registered health professionals whose performance or conduct could pose a significant risk of harm to patients, staff or the public. It is the responsibility of Recruiting Officers, to comply fully with the Trusts Recruitment Policies and to ensure Alert Notice records are checked prior to appointments being made. A detailed list of Codes applicable to Alert Notices, is attached at Appendix 3.

4. ATTACHMENTS	
Appendix Number	Title
1	NMC Referral Form
2	Raising and Escalating Concerning – Guidance for Nurses and Midwives
3	Classification of Reasons for Suspension / Issuing an Alert Notice
4	Equality Impact Assessment Tool

5. ELECTRONIC AND MANUAL RECORDING OF INFORMATION

Electronic Database for Procedural Documents Held by Policy Co-ordinators/Archive Office

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6. LOCATIONS THIS DOCUMENT ISSUED TO		
Copy No Location Date Issued		
1	Intranet	24/07/2012
2	Wards and Departments	24/07/2012

7. OTHER RELEVANT/ASSOCIATED DOCUMENTS		
Unique Identifier	Title and web links from the document library	
Corp/Pol/011	Management of Sickness Absence Policy	
	http://fcsharepoint/trustdocuments/Documents/CORP-POL-	
	011.doc	
Corp/Proc/204	Capability Procedure	
	http://fcsharepoint/trustdocuments/Documents/corp-proc-204.doc	
Corp/Proc/203	Disciplinary Procedure and Rules	
-	http://fcsharepoint/trustdocuments/Documents/CORP-PROC-	
	203.doc	

8	8. SUPPORTING REFERENCES/EVIDENCE BASED DOCUMENTS		
	References In Full		

9. CONSULTATION WITH STAFF AND PATIENTS		
Name	Designation	

10. DEFINITIONS/GLOSSARY OF TERMS	

11. AUTHOR/DIVISIONAL/DIRECTORATE MANAGER APPROVAL			
Issued By Angela McKeane Checked By Marie Thompson			
Job Title	Assistant Director of	Job Title	Director of Nursing
	Nursing		
Date	July 2012	Date	July 2012

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Appendix 1: Link to NMC Referral Form

http://www.nmc-uk.org/Documents/FtP_Information/Referral-form-employers.doc

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Appendix 2: Raising and Escalating Concerns – Guidance for Nurses and Midwives

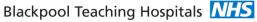
See attachment

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Appendix 3: Classification of Reasons for Suspension / Issuing an Alert Notice

Sub Stand	ard Clinical Practice	SS
	y/Criminality Fraud	D D1
	Haus Harassment (not sexual/breaching a restraining order)	D2
	Alleged euthanasia	D3
•	Kidnap/common assault	D4
	Attempted murder Working when suspended	D5 D6
-	Forged GMC/NMC etc documentation	D7
•	Arrested for Possession of Drugs (not for personal use)	D8
Problems	with Drugs or Alcohol	Α
•	Recognised drug addiction/alcoholism	A1 A2
-	Alleged drug addiction/alcoholism (include stealing from workplace for personal use) Misappropriation of prescriptions for personal use	A3
Health Cor	ncerns	н
•	Other than those involving problems with drugs or alcohol	H1
-	Mental illness (including attempted suicide)	H2
•	Dementia	H3
-	"Bizarre' behaviour but undiagnosed condition Infected with contagious disease/other condition which means contact with patients	H4 H5
	at risk (e.g. Elevated Hep B viral load)	
Sexual As	sault / Indecency	SB
•	Alleged or proved sexual assault of a patient	SB
	Alleged or proved sexual assault of someone other than a patient Possession of child pomography	SB
	Possession of child pornography Sexual harassment of patients/colleagues or others	SB
	and the second	
Other	Poor management of clinical unit impacting on patient safety	0
	Allowing an unqualified colleague to prescribe controlled drugs	02
	Prescribing for patients not registered with the practice/ as a patient	03
•	Bogus professional/ no registration	04
Unknown		U
	Incomplete paperwork Missing file	U1 U2
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Equality Impact Assessment Tool

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

Would the relevant Equality groups be affected by the document? (If Yes please explain why you believe this to be discriminatory in Comment box)

Title & Identification Number of the Document: Referral to the NMC and Health Professionals Council Corp/Proc/594

11010	Questionnaire	Vac/Na	Commonto
	Questionnaire	Yes/No Double click and select answer	Comments
1	Grounds of race, ethnicity, colour, nationality or national origins e.g. people of different ethnic backgrounds including minorities: gypsy travellers and refugees / asylum seekers.	No	
2	Grounds of Gender including Transsexual, Transgender people	No	
3	Grounds of Religion or belief e.g. religious /faith or other groups with recognised belief systems	No	
4	Grounds of Sexual orientation including lesbian, gay and bisexual people	No	
5	Grounds of Age older people, children and young people	No	
6	Grounds of Disability: Disabled people, groups of physical or sensory impairment or mental disability	No	
7	Is there any evidence that some groups are affected differently?	No	
8	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
9	Is the impact of the document/guidance likely to be having an adverse/negative affect on the person (s)?	No	
10	If so can the negative impact be avoided?	N/A	

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11	What alternatives are there to avoid the adverse/negative impact?		Please Comment		
12	12 Can we reduce the adverse/nega impact by taking different action?		N/A	Please Ide	ntify How
impact by taking different 13 Q1 (a) Is the document directly discriminatory? No (under any discrimination legislation) • Racial Discrimination • Age Discrimination • Disability Discrimination • Gender Equality • Sexual Discrimination		Q2 (b) (i) indirectly dis No b (ii) If you justifiable in legitimate a N/A	scriminat said yes meeting	ory? , is this	Q3 (c) Is the document intended to increase equality of opportunity by positive action or action to redress disadvantage N/A Please give details To safeguard vulnerable adults
discrir If you If you If the	 14 If you have answered no to all the above questions 1-13 and the document does not discriminate any Equality Groups please go to section 15 If you answered yes to Q1 (a) and no to Q3 (b) this is unlawful discrimination. If you answered yes to Q2 (b) (i) no to Q2 (b) (ii) and no to Q3 (c), this is unlawful discrimination If the content of the document is not directly or indirectly discriminatory, does it still have an adverse impact? 				
	No Please give details				
If the content document is unlawfully discriminatory, you must decide how to ensure the organisation acts lawfully and amend the document accordingly to avoid or reduce this impact					
15 Name of the Author completing the Equality Impact Assessment Tool.					
Name Angela McKeane					
Signature					
Designation Assistant Director of Nursing					
Date 、	Date July 2012				

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