



Recruitment and Selection Policy

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**Temporary changes during covid pandemic, in place until
5 April 2022, are on page 10 (in red font) regarding
verification of ID**

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The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

NHS Grampian
Recruitment and Selection Policy

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

This Policy has undergone Equality and Diversity Impact Assessment.

Revision History:

Document Title	Policy Version	Date approved by GAPF	Review Date
Recruitment and Selection Policy	3	Not approved by GAPF. Changes made are temporary during the covid pandemic (p10 in red font) and legislative regarding statutory checks (p10).	Amended to 31 December 2023 to reflect the extended conclusion of the Once for Scotland Workforce policies programme.

NHS Grampian Recruitment and Selection Policy

Contents

1.	Introduction	4
2.	Scope	4
3.	Roles and responsibilities	5
4.	Good Practice and Support	6
5.	Vacancy Management/Advertising	7
	5.1 Vacancy Information	7
	5.2 Advertising	7
6.	Shortlisting	8
	6.1 Shortlisting	8
	6.2 Redeployment Policy	9
	6.3 Disabled Candidates	9
7.	Interview Arrangements	9
	7.1 Interview Arrangements	9
	7.2 Verification of Identification	10
	7.3 Entitlement to work in the UK	10
	7.4 Qualifications/Regulatory Bodies/Professional Registration	11
	7.5 Language Competence	11
	7.6 Post Interview	11
8.	Appointment	11
	8.1 Conditional Acceptance	11
	8.2 Interview Recording Form	11
	8.3 Conditional Offer	12
	8.4 Occupational Health Screening	12
	8.5 PVG/Disclosure Scotland Check	13
	8.6 References	14
	8.7 Fitness to Practice	15
	8.8 Confidentiality Clause	15
	8.9 Decision Making	15
	8.10 Start date	16
	8.11 Induction	16
Appendix		
1	Verification of Identity	17
2	Good Practice Guidance on Checking the Validity of Documentation	18
3	Entitlement to Work in the UK	21
4	Referral to Statutory Regulatory Bodies	22
5	Referrals to Disclosure Scotland	24
6	Language Competency	29
7	Transfer of Information (Responsible Officer)	31

NHS Grampian Recruitment and Selection Policy

1. Introduction

NHS Grampian (NHSG) promotes a culture where staff are recruited on the basis of ability without discrimination or prejudice. The recruitment policy supports and endorses this principle.

Recruitment is an investment decision with long term implications. Successful recruitment is more than filling a vacancy, it depends on finding applicants with the appropriate level of skills, knowledge, competence and experience who will identify with the aims and values of the organisation and make a contribution towards it.

Recruitment involves a continual and important interface with the public, which reflects on the organisation and has a significant public relations implication for NHS Grampian.

The objectives of this Policy are, therefore, to:

- i) Promote employment opportunities within NHSG and enhance the profile of the Board as a good place to work;
- ii) Ensure our aims and values are distilled and are encompassed in all that we do;
- iii) Assist service areas and appointing managers to operate effectively ensuring that potential employees are treated fairly and consistently;
- iv) Be supportive in all aspects of the recruitment process.
- v) Ensure compliance with all equality, diversity and other employment related legislation.

2. Scope

This policy applies to all NHS Grampian employees and has been produced specifically to assist Appointing Officers when recruiting by specifying both the principles and processes, as well as outlining the service provided by the NHS Grampian Workforce Directorate through the Recruitment, HR Operational, Workforce and Learning and Development teams.

It applies to employees engaged directly in paid work, as well as to those engaged indirectly in paid work via another organisation (i.e. external agency, secondees). It additionally applies to applicants engaged in other forms of unpaid placement, individuals undertaking work experience and honorary contract holders.

In summary, the aim of the recruitment process and the following underlying principles and values are crucial to the fair, consistent and effective implementation of this policy:

- Require Appointing Officers to have selection skills and sound planning and administration ability;

- Ensure all applicants, who may become future employees, have a positive image of NHS Grampian;
- Fill vacancies as quickly as possible, subject to vacancy management, relevant legislation, user requirements and best practice;
- Recruit on the basis of competency to vacant jobs without bias and implement competency based approach - in line with good practice;
- Ensure transparency and openness to scrutiny;
- Ensure equality of opportunity, fairness, consistency across all staff groups;
- Give applicants a clear understanding of the post and what would be expected of them;
- Promote internal staff development, wherever possible and appropriate;
- Individuals must not be engaged in paid or unpaid work until all necessary pre-employment checks have been carried out and are deemed satisfactory;
- Such checks must be carried out thoroughly and consistently, and in a timely manner;
- Ensure additional pre-employment check procedures are followed for recruiting overseas staff;
- In all cases, the process of undertaking checks and any resulting decisions must comply with both current legislation and national policy.

3. Roles and Responsibilities

NHS Grampian

NHS Grampian is ultimately responsible for ensuring satisfactory checks are undertaken for those working within or on behalf of NHSG. NHSG will ensure that:

- Local policies contained within the NHS Scotland Safer Pre and Post Employment Checks PIN (Partnership Information Network) policy are implemented and there is a mechanism in place to support these ensuring timely and appropriate referral to other organisations and ongoing professional registration of staff;
- Responsible for undertaking relevant checks and for undertaking any resulting decision-making;
- Ensuring local policies are subject to monitoring in order to assess whether they are being fairly and consistently applied and that they are subject to regular review, in partnership, to ensure they continue to be fit for purpose.
- Providing training and support to Appointing Officers.

Appointing Officers

Appointing Officers will ensure that:-

- Those applying for employment or work placement, and those already engaged are aware of their obligations;
- Are aware of and fulfil their responsibilities in relation to undertaking relevant checks, resulting decisions and record keeping;
- Further advice is sought from HR/Occupational Health & Safety where concerns arise as a result of those checks via the Recruitment Team.

Although ultimate decision-making in relation to the outcome of relevant checks rests with the Appointing Officer, it is recognised that the Workforce Directorate may undertake some of the checks on behalf of Appointing Officers.

The Workforce Directorate will:

- Undertake relevant checks on behalf of management as appropriate;
- In partnership, develop and deliver training to key stakeholders on their responsibilities under local policies;
- Provide advice to managers, where required, to ensure compliance with current legislation and local/national policies.

Trade Unions/Professional Organisations

Trade union/professional organisations will:

- Ensure that local policies are implemented which have been agreed in partnership;
- Support their members, ensuring they are aware of their rights and responsibilities;
- Participate in ongoing monitoring and regular review of such local policies to ensure they are being fairly and consistently applied and remain fit for purpose.

Occupational Health Service

Occupational Health Service will:-

- Provide independent expert advice to inform the pre-placement health clearance decision-making process by, advising on whether the roles for which individual are being considered are suitable and safe for them to undertake, and on any reasonable adjustment which should be considered in order to enable them to undertake such roles.

4. Good Practice and Support

NHS Grampian has put in place processes to ensure:

- All Appointing Officers should understand and adhere to the Recruitment and Selection Policy at all stages in the process.
- All posts (new, replacement, redesign, secondments) will be advertised, in compliance with Equal Opportunities Legislation and to encourage staff development.
- Information for candidates will include Job descriptions, Person Specifications, Band/Grade and, where applicable, Job Plan details.
- Competency based structured interview is one method of selection. Other selection tools may be used in conjunction with a face-to-face interview i.e. appropriate aptitude tests, in-tray exercises, presentation, psychometric testing.
- Nobody will be appointed without an interview (excluding agency staff).
- All interviewed candidates will be offered feedback by a panel member.
- All employees on the Redeployment Register will receive priority treatment in the selection process, should they meet or have the potential to meet the minimum person specification.

- HR professionals are available to provide advice on recruitment and staff development.
- All records of shortlisting and interview outcome forms are completed and returned to the Recruitment Team and are retained.
- Specific pieces of legislation are referred to within this policy. The following sources of further guidance on applicable legislation will be helpful:
 - Disclosure Scotland
 - Equality & Human Rights Commission for Scotland
 - Health & Safety Executive
 - UK Border Agency.

5. Vacancy Management/Advertising

5.1 Vacancy Information

- An On-Line Vacancy Authorisation Form must be completed for each post (unless there is more than one vacancy at the same band). Once submitted this will be reviewed and approved or otherwise, as soon as practically possible, by Finance, Operational HR Team and General Manager or equivalent. For Training Grade Doctor posts, these require further approval by the Deanery as these are NES funded. (Please refer to the On-Line Vacancy Approval Guidance on SharePoint).
- All new posts must have the Job Description formally evaluated with a banding outcome and an eKSF Outline prior to submission to Vacancy Management. All new posts also require approval by the executive led Scrutiny Panel.
- The Job Description, Person Specification and advert must be available prior to submitting an on-line vacancy form as these are required to be uploaded on the system prior to submitting.
- Recruitment will not commence until the above is complete and has been approved by all parties.

5.2 Advertising

- **Closing Date**
All vacancies must be advertised for a minimum of one week and must be accessible through the NHSG recruitment website, the intranet, SHOW (Scotland's Health on the Web) and Job Centre Plus. It is recommended however that the closing date should be 2 weeks after the first appearance of the vacancy. For medical posts, these will also be advertised on MedicalJobsScotland Website. If applicants are from outwith the UK, EEA and who require Sponsorship NHSG are required to advertise for a 4 week period in order to satisfy the requirements of the Resident Labour Market Test. If there are applicants from outwith the UK, EEA and who require Sponsorship and where the post has only been advertised for a period of 2 weeks there is a requirement to re-advertise for a further 2 weeks to ensure compliance with the

Resident Labour Market Test. All Medical Training posts and Consultant posts are required to be advertised for a 4 week period.

- **External Advertising**

External advertising in professional journals/newspapers will only be authorised in exceptional cases (e.g. where internal methods have proved unsuccessful), with authorisation from the Head of Human Resources. For external publication deadline or advice please contact Recruitment.

Please note that all adverts may be edited by the Recruitment Team to ensure compliance with relevant legislation. The Recruitment Team will consult with Appointing Officers on material changes.

6 Shortlisting

6.1 Shortlisting

No later than the 2nd working day following the closing date of the vacancy, an email will be sent to the Appointing Officer with a link to the on line application forms.

Appointing Officers will not see any personal information relating to the candidate. Only details deemed necessary to shortlist against the person specification will be available to view at the shortlisting stage. Where application is by a shortened version of application and with an accompanying CV, personal details will be available to the Appointing Officer.

Candidates should be short listed objectively using the Person Specification (candidates who do not meet all essential requirements should not be short listed). Reasons for short listing/non-short listing must be recorded on the Interview Arrangements Form.

All applications should be scrutinised to ensure they are fully and properly completed, and that the information provided is consistent. Any discrepancies, anomalies, repeated changes of employers or gaps in employment should be noted and carefully explored and verified if called for interview. It is the responsibility of the Appointing Officer to ensure that this takes place as part of the recruitment process.

6.2 Redeployment Policy

In accordance with the above Policy, Displaced candidates are guaranteed an interview for all posts for which they express an interest and for which they meet/have the potential to meet the essential criteria detailed on the Person Specification.

Where a Displaced candidate submits an Application Form for a post, the Appointing Officer will not be issued with details of the remaining Applicants until the Displaced person is given consideration for the post.

If the Appointing Officer considers, in consultation with the appropriate Human Resources Team, that the Displaced candidate is unsuitable for the post, the candidate must be provided with feedback. Refer to Redeployment Policy for further guidance.

6.3 Disabled Candidates

Disabled candidates who meet the minimum Person Specification must be interviewed to comply with legislation requirements, along with other shortlisted candidates.

7. Interview Arrangements

7.1 Interview Arrangements

It is the responsibility of the Appointing Officer to arrange a suitable venue and interview panel, before making their recommendations on line and submitting the Interview Arrangements Form to the Recruitment Advisor. This differs for medical, whereby the Recruitment Team arrange the venue, panel etc.

The Interview Arrangements Form should be emailed to the Recruitment Team at least 10 working days prior to the interview date to allow at least 8 working days notice to candidates of the interview date. This allows sufficient preparation time for the interviews and for candidates to arrange time off work etc.

Where candidates are required to undertake a presentation, aptitude or typing test this should be indicated on the Interview Arrangements Form. In such cases it is the responsibility of the Appointing Officer to organise the test and all required equipment. In order to comply with IT Security candidates will be asked to email any presentations to the Appointing Officer prior to their interview.

An Interview Timetable will be forwarded to the Appointing Officer together with an Interview Recording Form, 2 working days prior to the interview. Appointing Officers will be informed of candidates not attending (if known) prior to the interview date. A link to the on line applications, showing all personal details will be emailed prior to interview.

Where a candidate does not book an interview slot, the Recruitment Advisor will endeavor to establish intention to attend/not attend and advise the Appointing Officer accordingly. Where it does not prove possible to contact the candidate the Appointing Officer will be advised.

If a candidate requests a change of date or time they will be given contact details for the Appointing Officer so that they can re-arrange (if possible and/or practicable).

The Interview Panel must record evidence obtained at interview to assist in making an objective appointment in accordance with the Person Specification. A rating/scoring system should be used to assist objectivity.

7.2 Verification of ID (Appendix 1 and 2)

It is vital that the identity of an individual is reliably verified before they are engaged in work. All candidates are asked to bring ID to interview. As a minimum, three original forms of identification (plus photocopies) are required in either of these two combinations:

- Two forms of photographic ID and one document confirming their address; or
- One form of photographic ID and 2 documents confirming their address.

These must be verified and documents signed by the Appointing Officer at time of interview and returned to Recruitment Department.

NOTE: Due to Covid-19 there has been temporary changes made in respect of the right to work check carried out by employers. Checks can now be carried out over video calls and applicants can send scanned documents or a photo of documents rather than sending originals. These temporary changes were introduced on 30 March 2020 and will remain in place until 5 April 2022.

7.3 Entitlement to Work in the UK (Appendix 3)

Satisfactory checks must be undertaken to verify an individual's entitlement to work in the UK before they are engaged directly in paid work i.e. Passport/Visa verified by the Recruitment Team to ascertain status.

Some people are automatically entitled to work in the UK. Others may have restrictions on how long they can stay, whether they can work or the type of work they can do. Under the Immigration, Asylum and Nationality Act 2006, all employers in the UK have a responsibility to prevent illegal working. NHS Grampian must therefore check the entitlement of everyone they plan to employ. Failure to do so may result in a civil penalty. If an employer knowingly employs an illegal migrant worker, they may face criminal prosecution, which could result in an unlimited fine and/or a maximum 2-year prison sentence.

To evidence right to work a Passport/Visa (if applicable) must be obtained. If no Passport is available a Birth Certificate and NI evidence is required. **Please note the temporary changes in how we can receive these documents, as noted above.**

7.4 Qualifications/Regulatory Bodies/Professional Registration (Appendix 2 & 4)

The Appointing Officer should verify that candidates have the necessary qualifications, are registered with the appropriate regulatory bodies and have evidence of valid professional registration (if required). If the individual is required to drive in order to carry out their normal duties of a post, they must hold a valid driving

licence in the UK to cover the appropriate class of vehicle and when using their own vehicle confirmation of a valid insurance policy is required.

The Appointing Officer must be satisfied of the validity of the original documents that the prospective employee is the person named in the documents presented.

7.5 Language Competency

The Appointing Officer must have assurance that the individual has the required level of verbal and written communication to undertake the post. This should be detailed within the essential criteria of the person specification for this post. For further information please refer to **Appendix 6**.

7.6 Post Interview

Once the interview process is complete, the Appointing Officer should return **all** interview documentation to the Recruitment Team within 2 working days and ensure that any surplus paperwork is disposed of confidentially.

8 Appointment

8.1 Conditional Acceptance

A member of the Interview Panel must contact the successful candidate(s) first with feedback on the interview and to obtain a conditional verbal acceptance subject to satisfactory references, OHS Screening and PVG/Disclosure Scotland check where appropriate. (See 8.6 for references). **All unsuccessful candidates must subsequently be contacted by a member of the interview panel and given the opportunity to receive feedback.**

8.2 Interview Recording Form

The Interview Recording Form and supporting interview paperwork must be fully completed for each candidate and returned to the Recruitment Team as soon as possible after the interview. The Recruitment Team will issue the appropriate conditional appointment letter and initiate relevant checks (OHS Screening and where automatically applicable or where advised PVG/Disclosure Scotland Screening) within 2 working days of receipt of the outcome of interview.

8.3 Conditional Offer

The offer of employment/transfer letter issued by the Recruitment Team is conditional pending successful outcome of the following:

- 2 References (if not already obtained);

- Pre-Placement Occupational Health Screening;
- PVG/Disclosure Check;
- Professional Registration and Examination Results. Checking of these is the responsibility of the Appointing Officer. Evidence of this check must be initialed on the Interview Recording Form and copies obtained.
- Fitness to Practice Information Transfer Form (**Appendix 7 - Medical Only**).

The Recruitment team will check that successful applicants have the entitlement to live and work in the UK. In the case of a sponsorship being required, offers of employment will be dependent upon NHS Grampian securing authorisation from The UK Border Agency to employ an individual in a specific post.

These checks are necessary to protect the individual, the organisation and patients from unnecessary exposure to risk. Please contact your Recruitment Advisor for any further information or clarification.

All documentation received will be kept securely.

8.4 Occupational Health Screening

Candidates with a conditional offer for a post with NHS Grampian are required to be cleared to meet the demands of the role in terms of functional fitness and protection of individuals and patients in relation to communicable diseases. Pre-placement health clearance ensures that individuals are physically and psychologically capable of performing the tasks that will be required of them without risk to themselves or others.

OHS Checks should be processed for:

- (A) All new appointments (including e.g. Honorary staff/Clinical Attachments);
- (B) Transfers – only where there is a significant change in post (e.g. change in Banding/Grade or duties) **and** where screening has not been undertaken in the last 12 months.

In all cases a full electronic screening is undertaken with appointments required only in exceptional cases. A link to the on-line OHS Pre-Placement Questionnaire is contained within the conditional letter of appointment and is sent to the successful candidate following interview. If the candidate is fit for employment, OHS normally guarantee a turnaround time of 14 days for completion of the screening process from the date the questionnaire is submitted.

There may be circumstances when the results from OHS screening mean an unconditional offer cannot be made. This would be due to the individual being incapable of performing the duties of the post without risk to themselves or others and there are no recommended reasonable practical adjustments to assist. In some cases, candidates may only be fit with adjustments and the expectation lies with the Appointing Officer to give serious consideration to these.

Candidates who are considered to have a disability as defined under the Equality Act 2010 may require reasonable adjustments in order to be fit for post.

8.5 Protecting Vulnerable Groups (PVG)/Disclosure Scotland Check

The Protecting Vulnerable Groups (PVG) Scheme was introduced in February 2011 and is managed and delivered by Disclosure Scotland (an Agency of the Scottish Government). The PVG Scheme was Scotland's response to the recommendations of the Bichard Inquiry Report.

The recommendations called for a registration system for all those who work with children and vulnerable adults to confirm that there is no known reason why an individual should not work with these client groups.

From 28 February 2011, all new starts to NHS Grampian who carry out regulated work with vulnerable groups and staff transferring within NHS Grampian into an area which involves working with vulnerable groups, have to become members of the PVG Scheme.

PVG Checks are reserved for those:

- People who regularly train, supervise, care or have sole charge of children and young persons under 18;
- People (in positions to be specified in regulations) who regularly train, supervise, care for or have sole charge of vulnerable adults;
- All employees who work in a children's establishment.

The Recruitment Team aim to submit PVG/Disclosure Scotland paperwork within 2 working days of receipt of completed documents from the new appointee. PVG/Disclosure checks normally take 10 working days to receive an outcome.

A Recruitment Advisor will contact the Appointing Officer when a satisfactory outcome is received. If there is any vetting information detailed, which raised cause for concern, the Recruitment Advisor will contact an appropriate member of the HR Team.

For further details refer to **Appendix 5** or PVG Policy (under review).

8.6 References

It is NHS Grampian policy that references should be pursued for the successful candidate only, covering the last three years therefore including the current or most recent previous employer who has full line management responsibilities. At least 2 satisfactory references must be provided.

Following interview, the referees should be contacted immediately either by the Appointing Officer or by the Recruitment Advisor. A structured rating form is used to ensure our approach to references is objective and consistent. Verbal references must be fully documented, signed by Appointing Officer and returned to the Recruitment Team.

Referees must not be contacted without the consent of the preferred candidate.

References are used to check the accuracy of a candidate's previous employment and training history therefore forming part of the decision to move to a conditional offer. The Appointing Officer will not see references until the interview has been conducted.

The Appointing Officer should check references contain the following information:

- Signed and dated by referee (electronic signature acceptable);
- Referee's name and position clearly stated;
- Company contact details included;
- Email references come from bona fide address;
- How the referee knows the applicant and for how long;
- Dates of employment;
- Main duties;
- Reason for leaving;
- Applicants suitability for the post- referring to person specification.

References should be in writing (even if verbally obtained) and be checked they are genuine by referring to Appendix 2.

Where an individual has been overseas for a single spell of three months or more, or a cumulative total of six months or more, every effort should be made to obtain a relevant reference from overseas. The following documentation can also be requested:

- Proof of residence for time spent abroad;
- Overseas employer or academic references;
- References from UK departments and agencies based overseas (for example, the Foreign and Commonwealth Office (FCO), missions, British Council, non- government departments and agencies).

If employment references are unavailable, 2 satisfactory references should be obtained from referees of some standing in the community who have known the candidate for at least three years such as a doctor, lawyer, MSP or MP.

Within the last three years, if the candidate has been in full time education, a reference should be obtained from the relevant academic institution. If the candidate has served in the Armed Forces or Civil Service during the previous three years, employer's references should be obtained from the relevant service or department. Or if the candidate was self-employed during the last three years, evidence should be obtained (from HM Revenue & Customs, bankers, accountants, solicitors or client references) to confirm that the individual's business was properly conducted and that the applicant's involvement in the business was terminated satisfactorily.

8.7 Fitness to Practice (Medical Only – Appendix 7)

Doctors working in the UK with a licence to practise medicine, should be connected to a Designated Body with a Responsible Officer (RO) for the purposes of Medical Revalidation by the General Medical Council (GMC). The RO should

be aware if there are any significant performance issues in Doctors for whom they are the RO.

As a condition of employment in NHS Grampian, the RO will require a satisfactory Transfer of Information Form (Appendix 7) to be completed by a Doctor's current RO.

In the case of Doctors who have just completed their specialist training with a satisfactory ARCP, a RO Transfer Form will not be required if this is their first appointment since being included on the GMC specialist or GP register.

For Doctors working abroad who may not have a current RO, the Transfer Form (Appendix 7) must be completed by the most senior medical postholder in their current place of work.

8.8 Confidentiality Clause

All newly appointed staff are required to sign and return a Confidentiality Clause which identifies responsibilities and signifies acceptance of these. This Clause is attached to the conditional offer letter.

8.9 Decision Making

NHS Grampian must ensure that an unconditional offer of employment is not made until all relevant checks have been undertaken to the satisfaction of the organisation. We must ensure that we are complying with our responsibilities as set out within the NHS Grampian Equality, Diversity and Human Rights Policy, in relation to both the undertaking of relevant checks and the subsequent decision-making process.

While the outcome of checks may mean that an individual absolutely cannot be engaged in employment or other work placement, they may equally give rise to issues where the Board must make a decision as to whether or not they may be engaged. In such cases, employment should not be unreasonably refused, but rather a decision must be made based on the balance of risk, in such cases seeking HR advice before reaching such a decision.

Where it has been identified that an individual has intentionally failed to provide accurate and truthful information, or has withheld information that is relevant to their post, we should not progress such applications further.

Where such discovery is made following employment, this should be considered a disciplinary matter and be managed in line with Employee Conduct Policy. In exceptional circumstances, where checks reveal substantial misdirection, it may be appropriate to report concerns to such bodies (such as the Police, UK Border Agency, Statutory Regulatory Bodies, Disclosure Scotland, Counter Fraud Services).

8.10 Start Date

A member of the Recruitment Team will contact the Appointing Officer once the outcome of all employment checks have been received in order that the Appointing Officer can arrange a start date. This date must be fed back to the Recruitment Team for issue of appointment letter.

It is **not** permitted to arrange a start date prior to all pre-employment checks being successfully completed.

The Appointing Officer should then arrange for a Staff Engagement Form/Change Form (if transferring) to be completed on the new member of staff's first working day. The form should be forwarded promptly to the Payroll Team, Westholme, Woodend Hospital.

8.11 Induction

On appointment, new starts (excluding Honorary staff, Clinical Attachments and Short Term Locums (see 8.9.1)) will have one stop access to the following:

- Active Directory (AD) accounts for PC access (where appropriate);
- nhs.mail accounts;
- eKSF and AT Learning (the learning booking and reporting system);
- and have been booked on statutory and mandatory training (including Health Care Support Worker (HCSW) Induction workbook and the Code of Conduct).

It is therefore imperative that start dates are communicated to your Recruitment Advisor in a timely manner to allow these processes to be set up as soon as possible.

8.11.1

It is the responsibility of the Appointing Manager to book Active Directory (AD) accounts for PC access and nhs.mail accounts for Honorary staff, Clinical Attachments and Short Term Locums.

8.11.2

A Local Induction and Orientation Programme should take place in the workplace, be designed by the Appointing Manager, to meet the needs of positions within the service. A Local Orientation Checklist should be completed. This is available from the Intranet under Departments/Recruitment/Induction.

Verification of Identity

Verification of ID checks are designed to determine that the identity is genuine and relates to a real person and establish that the individual owns and is rightfully using that identity.

If an individual seems genuinely unable to provide any acceptable photographic ID then each of the following should be requested:-

- Two forms of non-photographic ID;
- Two documents confirming their address; and
- A passport-sized photograph of themselves.

Photographs must be endorsed by someone who works in (or is retired from) a recognised profession or be a person of good standing in the community (see <https://www.gov.uk/countersigning-passport-applications> for examples). They cannot be closely related to or involved with the person applying, they must have known the person concerned for at least 2 years and they must be in a position to be able to identify them. They should write on the back of the photograph "I certify that this is a true likeness of (title and full name)" and add their signature and the date. They should also provide a separate signed statement confirming that they have known the individual for more than 2 years and that the individual is who they claim to be. Always check that the signature on the statement matches with the one on the back of the photograph and that it contains a legible name, address and telephone number. It is good practice to contact the signatory to authenticate the details of the statement.

Lists of acceptable photographic and non-photographic personal ID and documents confirming address are provided in full in the NHS Scotland Safer Pre and Post Employment checks PIN Policy.

All documents provided must be valid, current and original. Where copies of originals are provided, these must be certificated by a solicitor. Documents downloaded from the internet must not be accepted.

Where identity documents are provided in a foreign language, an independently verified translation must be obtained.

A face-to-face meeting is an essential part of the verification process in order to match the individual with their photographic ID (ideally this should take place during the selection process itself).

Good Practice Guidance on Checking the Validity of Documentation

General Checks

- Check to ensure that documents are genuine and have not been tampered with;
- Check to ensure that the documents belong to the individual;
- Check that any photographs, where available, are consistent with the appearance of the individual;
- Check the biographical details (i.e. name, and, where available, date of birth) are consistent across documents;
- In the case of date of birth details, check that these correspond with the appearance of the individual;
- If the individual produces two documents which have different names, ask for a further document to explain the reason for this (e.g. a marriage certificate, divorce decree absolute, deed poll document or statutory declaration).

Specific Checks

Passports (UK or overseas)

- Check the general quality and condition. Look out for page substitution, incorrect numbering of pages, damage to the cover or spine of the document, or poor paper or print quality.
- Check that print is clear and even – print processes are deliberately complex on genuine documents.
- Check wording, issue and expiry dates – spelling mistakes are common in forged or counterfeit documents, especially on stamps and visas. Forgers often only alter the expiry date so ensure this corresponds with the issue date.
- Check for damage – accidental damage is often used to conceal tampering so treat any excessive damage with caution.
- Check photographs for size, signs of damage or for excessive glue – this could indicate photo substitution. An excessively large photograph may be hiding another photograph underneath. There should also be an embossed strip embedded into the laminate, which will catch a portion of the photograph.
- Check that watermarks can be clearly seen when holding the document up to the light.
- Check the name of the country of origin. Unofficial travel documents in the name of non-existent countries, or countries no longer known by their original name, are in circulation.

Visas

- Check for signs of alteration to the passport number or personal and issue details. Make sure details correspond with information in the passport;
- Check that security features, such as watermarks, are intact;
- Check image on the visa for signs of substitution;
- Check wording for evidence of alteration or spelling mistakes.

Biometric Residence Permits

- Check the permit number on the front of the card in the top right corner – it should start with two letters followed by seven numbers. The permit number should not be raised; it should feel smooth when you run your fingers across it.
- Photographs will always be in greyscale.
- Check the security features at the back of the permit. This should be a raised design incorporating the four national flowers of the UK, which can be seen clearly by shining a light across the card.
- The permit should be the size of a credit card; it will feel slightly thicker than a driver's licence and will have a distinctive sound when flicked.
- If you have any concerns about the validity of a biometric residence permit, or to access the online checking service, contact UK Border Agency via the Recruitment Team.

Photo-card driving licences

- Examine the licence carefully, looking for any damage or adjustments;
- Ensure that the printed details have not been changed;
- Check that watermarks and security features are intact;
- Photographs will always be in greyscale;
- Check that the paper counterpart document is printed on both sides, and that details correspond with those on the photo-card, and compare the signature;
- Ensure the valid-to date is the day before the owner's 70th birthday (if the owner is over 70 this does not apply).

UK CitizenCard photo-card

- Check the card has the PASS (Proof of Age Standards Scheme) hologram. This signifies that the card is genuine and is recognised as valid ID under the law.
- Every CitizenCard displays UV (ultraviolet) markings in the form of two '100% proof' logos.

Birth certificates

- Check the quality of paper used; genuine certificates use a high grade;
- When the document is held up to the light there should be a visible watermark;
- Any signs of smoothness on the surface might indicate that original text has been washed or rubbed away;
- There should be no signs of tampering, changes using liquid paper, overwriting or spelling mistakes;
- Ensure that the date of birth and registration/issue dates are provided.

Other supporting verification of identify documentation

- Check that documents have not been printed off from online bills or statements – most companies will provide hard copies to customers on request.
- Check that the document is on original quality letterhead paper. Pay particular attention to the company logo, as logos lose their quality when photocopied or scanned.
- Check for even folds on original documents – the vast majority of bills are machine folded before being sent to customers.

Qualifications

- Contact the awarding body directly, where possible, to confirm the applicant's attendance, course details and grade awarded.

Where individuals have obtained qualifications from institutions outwith the UK, check that this qualification exists, that it is equivalent to the stated UK qualification and that the prospective employee does, in fact, hold the qualification. These checks should be carried out directly with the awarding institution where possible. Where this is not possible, you should seek advice from the relevant country's UK Embassy, Consulate or High Commission. The National Recognition Information Centre for the United Kingdom (UK NARIC) provides a service whereby such qualifications can be compared to the UK's qualification frameworks (visit www.naric.org.uk/).

References

- Check that the organisation exists (using the phone book, internet or business directories);
- Phone or email the HR department to verify that employment dates and information are correct;
- All hard copy references should be on headed company paper (or include the referee's company stamp where a standardised form is used) or, where emailed, should be from an authenticated company email address.

Entitlement to Work in the UK

NHS Grampian must ask individuals to produce certain documentation to ensure that they can work lawfully. Such documentation should be checked and copied before an individual commences employment.

We cannot assume that someone from an ethnic minority is an immigrant, nor assume that someone is British because they think that they appear to be so, and must therefore carry out such checks in all cases to avoid racial discrimination.

We are not required to undertake a check on entitlement to work in the UK in relation to those placed in the organisations for work experience or for training purposes via a recognised education provider.

We are advised to seek legal advice in relation to “volunteering” arrangements in order to ensure that, where these might more appropriately be defined “unpaid work” they then undertake the necessary checks on entitlement to work in the UK.

Individuals must provide:

- One of the original documents alone from List A or List B; or
- Two of the original documents in the specified combinations required from List A or List B.

Documents from List A (found on Home Office Website) will establish a statutory excuse for the duration of an individual’s employment. This is undertaken by the Recruitment Team and relevant documents to form the evidence of a statutory excuse are held by Recruitment to comply with immigration regulations and avoid fines for employing illegal workers.

Documents from List B (found on Home Office Website) will indicate that an individual only has limited permission to be in the UK. To maintain a statutory excuse in such circumstances, repeat checks of documents from List B should be carried out at least every 12 months. The specified steps given above should be undertaken and records kept of the date the check was carried out. This process must continue until the individual is able to provide specified documents, from List A, which indicates a right to remain and work permanently in the UK.

NHS Grampian should not continue to employ an individual who is not entitled to work in the UK (although they should always first check with the UK Border Agency, as there may be exceptional circumstances in which employment can continue in the case of individuals awaiting Home Office decision).

Referral to Statutory Regulatory Bodies

Introduction

The overriding obligation on the part of the regulators of the health and social care professions is to protect the public. It is therefore sometimes necessary to take action, where required, in order to: protect patients; ensure their safety; in the interest of the public. A statutory regulatory body (RB) can act on any information it receives, from any source, where concerns have been raised about a registered professional's fitness to practise. However, in some cases, when it is clear from the outset that the complaint's matter(s) of concern(s) do not raise an issue of impaired fitness to practise (e.g. minor motoring offences not involving drugs or alcohol; or minor clinical matters (e.g. complaints about the cost of treatment) the RB does not need to investigate and these cases are closed.

There are, however, other complaints that may require communication with employers to ensure that they have no concerns about the practitioner. In addition, there are cases that require full investigation by the regulatory body and **it is these cases that will be the focus of this guidance.**

The term "practitioner" is used in this paper to refer to a healthcare professional who is registered with at least one of the eight UK professional regulatory bodies, i.e. GMC, NMC, HCPC, GDC, GPhC, GOC, GCC, GOsC or a social care professional registered with the Scottish Social Services Council.

Cases that require full investigation

Cases that require a full investigation into the practitioner's fitness to practise, such as those relating to conduct, will, in some cases, involve an assessment of the practitioner's health, character, competence or performance. A panel of the Investigating Committee will usually meet and, following its deliberations, reach a decision regarding whether the practitioner should be referred for a full Fitness to Practise hearing.

A practitioner's fitness to practise **may** be impaired by one or more of the following:

- Misconduct;
- Deficient performance/lack of competence;
- A criminal conviction;
- Physical or mental ill-health.

The Panel's decision may also be influenced by a decision taken by another health professional regulatory body that the practitioner's fitness to practise is impaired, or a barring decision taken by a barring authority in England or Scotland.

Cases where the Regulatory Body is likely to take action

In some cases, allegations about a practitioner are so serious that, if proven, they are likely to result in the RB taking action regarding the practitioner's registration. These cases tend to fall into the following four categories:

- Sexual assault or indecency;

- Violence;
- Improper sexual/emotional relationship with a patient or someone close to the patient;
- Dishonesty.

Any allegation falling into one of these four categories is likely to meet the threshold for referral to the RB. (For examples of allegations relating to potential areas of concern see below). Allegations relating to any one of the four categories will always be of interest to the RB, although other factors, such as those outlined below, may also apply:

- The practitioner's performance has deviated from the RB's code of conduct, performance and ethics and, as a result, has harmed patients or the public or put them at risk of harm;
- Attempts to improve the practitioner's performance locally have failed, and the employer has identified an unresolved risk to patient safety;
- The practitioner, about whom the employer has developed significant concerns, leaves employment to take up work elsewhere;
- The practitioner has shown a deliberate or reckless disregard for clinical responsibilities towards patients;
- The practitioner has abused a patient's trust, not respected their autonomy, or has failed to acknowledge and respect their fundamental rights;
- The practitioner has behaved dishonestly, fraudulently or in a way that is designed to mislead or harm others;
- The practitioner's behaviour was such that public confidence in the relevant healthcare profession might generally be undermined if the RB did not take action;
- The practitioner's health compromises patient safety, and the practitioner lacks insight into the need to pursue advice or treatment and to restrict their sphere of practice.

Where an employer has concerns about a practitioner's fitness to practise these should be conveyed to the relevant regulatory body. This should apply even when the practitioner is leaving that employment to take up work elsewhere, including as a locum or as an independent practitioner.

Summary

If a practitioner working for/with you appears to have reached, or be close to reaching, **any** of the thresholds set out above the RB should be contacted for advice on how to proceed.

Further information

More detailed guidance relating to the standards expected of healthcare professionals, case examination and investigation processes, fitness to practise panels, and the sanctions that may be applied is available on the websites of the various regulatory bodies.

Referrals to Disclosure Scotland

The PVG (Protecting Vulnerable Groups) 2007 Act to provide a robust system by which unsuitable people are prevented from doing regulated work with children or protected adults, and by which people who become unsuitable are identified. For it to work effectively, it is necessary for organisations to pass on information to Disclosure Scotland that indicates an individual may be unsuitable to do regulated work so that it can be properly evaluated and appropriate action taken.

The process of providing such information to Disclosure Scotland is called 'making a referral'. The 2007 Act places a duty on organisations and personnel suppliers to make a referral when certain criteria are met. Broadly speaking, the criteria are that:

- an individual doing regulated work has done something to harm a child or protected adult;
- the impact is so serious that the organisation has (or would) permanently remove the individual from regulated work.

The first of these criteria is known as the referral ground. The 2007 Act gives organisations a power to make referrals where the criteria were met before the Act came into force.

Making a referral is very important. Failure to refer an individual may mean that an individual who is unsuitable to do regulated work does not get barred from doing that type of work and can go on and harm other vulnerable people in other settings.

Referral grounds

The PVG Scheme seeks to prevent vulnerable groups being harmed by those people who work with them. Sometimes an individual doing regulated work can become unsuitable to continue to do this work and this may be indicated by their conduct at work or outside of work. This should trigger a referral.

A prerequisite for anybody to make a referral is that at least one of the referral grounds set out at section 2 of the 2007 Act has been met. First of all, the individual must:

- Be doing regulated work;
- Have been doing regulated work; or
- Have been offered or supplied for regulated work.

Then the individual must have done something harmful or inappropriate in respect of a child or protected adult. But note that the harmful or inappropriate behaviour must correspond with the type of regulated work the individual does. For example, a schoolteacher (doing regulated work with children) who harms a protected adult does not meet the referral grounds. After a referral is made, Disclosure Scotland may place the individual under consideration for listing for either or both lists, irrespective of how the referral grounds are met. Therefore, it is not for organisations to "recommend" consideration for listing on one or other list as part of the referral process.

The harmful or inappropriate behaviour does not have to have taken place in the workplace, or be connected with that person's work in any way. For example, someone who has taken inappropriate pictures of children on a beach or has stolen from an elderly and frail neighbour would meet the grounds for referral if the individual was doing regulated work with children or regulated work with adults, respectively.

The referral grounds for those doing regulated work with children and referral grounds for those doing regulated work with adults mirror each other. The subject of the referral must have done one or more of the following:

- Harmed a child or protected adult;
- Placed a child or protected adult at risk of harm;
- Engaged in inappropriate conduct involving
- Pornography;
- Engaged in inappropriate conduct of a sexual nature
- Involving a child or protected adult; or
- Given inappropriate medical treatment to a child or
- Protected adult.

Concerns about a person's professional competence, which do not constitute a referral ground, should be addressed by the relevant professional regulatory body.

The regulatory body will decide whether the person is fit to continue doing that specific type of work with a particular client group.

Meaning of 'harm'

The meaning of the word harm is key to the first two grounds for referral. Harm includes:

- Physical harm;
- Psychological harm (for example: causing fear, alarm or distress);
- Unlawful conduct which appropriates or adversely affects another person's property, rights or interests (for example: theft, fraud, embezzlement or extortion).

The Act also provides a meaning for 'risk of harm' which includes:

- Attempting to harm another;
- Trying to get someone else to harm another;
- Encouraging someone to harm themselves;
- Conduct otherwise causing, or likely to cause, another to be harmed.

When considering the terms 'harm' and 'risk of harm', it is important for individuals and employers to develop an understanding of what sort of actions might result in someone being harmed, or placed at risk of harm. Examples of harmful behaviours include:

- Emotional abuse, perhaps by controlling a child with extreme verbal threats;
- Neglecting a person's needs, for example by inappropriate feeding or failing to provide appropriate sanitation;
- Inappropriate physical restraint;
- Failing to attend to whatever health and safety requirements may be in force;

- Supplying illegal or unauthorised drugs.

While some of these examples might in the first instance lead to questions of professional competence being raised, they could lead to disciplinary action being taken. The outcome from that action might require a referral to be made to Disclosure Scotland.

This is not an exhaustive list of things that may cause harm or place someone at risk of harm. Organisations may wish to consider how harmful behaviour may be guarded against in their own workplace policies and procedures. This can be done, for example, by making awareness of child and adult protection policies part of the induction of new staff into your organisation.

Duties on organisations to refer If, as a result of any of the referral grounds being met, an organisation dismisses an individual who was doing regulated work or transfers them to other duties that do not involve that type of regulated work, the organisation must make a referral. If the individual concerned has stopped doing regulated work for some other reason, the organisation must make a referral if it would or might have dismissed or transferred the individual on the referral ground. The duty to make a referral in these circumstances applies whether or not the individual is a member of the PVG Scheme.

The same duty applies if the individual stops doing regulated work and the organisation subsequently becomes aware of information which it was unaware of when the individual stopped doing regulated work. If the organisation considers that, if it had been aware of that information at the time and the individual had not stopped doing regulated work, it would or might have dismissed the individual on the referral ground, then it must make a referral.

The referral process to Disclosure Scotland is entirely separate from any dispute with the individual as to whether the dismissal was fair or otherwise. Even if a dismissal is challenged by the individual, the referral must still be made to Disclosure Scotland. Any findings of fact by an employment tribunal cannot be disputed as part of a consideration for listing. Sometimes it will be necessary for a consideration for listing case to be held pending the outcome of such proceedings.

The conjunction of both the referral ground being met and the action by the organisation to remove permanently the individual from regulated work ensure that trivial matters cannot be the subject of a referral. Harm covers such a broad range of incidents from flicking food at somebody to a serious violent assault. But the only harm which can lead to a referral is that which the organisation considers to be so serious that they have dismissed (or would dismiss) the individual on that basis.

The intention is that a referral should be triggered by an organisation permanently removing an individual from regulated work. Provision is made to accommodate referral grounds being identified after the individual has otherwise stopped doing regulated work. A temporary removal, such a suspension or temporary transfer, should not lead to a referral.

Organisations must make referrals when the criteria are met after the introduction of the PVG Scheme. But it does not oblige them to make a referral when the criteria were met before the introduction of the PVG Scheme. However, it does give organisations the

power to make a referral about a historical incident if they wish to do so. For example, employers may be aware of situations they dealt with historically, before it was possible to make referrals to the children's or adults' list, which, if such an incident happened now, would result in the employer making a referral to Disclosure Scotland. If an employer decides to make such a referral, the employer would need to provide as much information as possible. There is no requirement that they inform the individual but it may be courteous to do so. The employer will not commit an offence for failing to refer an individual who was subject to disciplinary action before the PVG Scheme started.

It is for organisations to decide who within the organisation should be responsible for compiling a referral and being the point of contact with Disclosure Scotland throughout the process. In cases where the organisation is a registered body, the contact person could be the lead signatory or a countersignatory but it does not have to be. It could be another senior official in the organisation. In NHSG's case, the Appointing Officer in conjunction with HR would compile the referral and the point of contact with Disclosure Scotland is the Head of HR.

Making a referral does not in any way take away the need to involve the police if criminal behaviour is suspected. That could happen well in advance of the referral to Disclosure Scotland being made.

Failure to refer

It is an offence not to make a referral within three months of the criteria for referral being met. Failure to refer can result in a fine and a prison sentence of up to five years. Individuals within organisations may be prosecuted, alongside the organisation itself, if it can be demonstrated that the offence was committed with their consent, connivance or through their negligence.

Referral information

The information which must be submitted to make a referral is set out in regulations. Organisations or bodies making referrals are only required to supply the required information which they hold; they do not have to make further enquiries to find the information if they do not already hold it. Disclosure Scotland provides a standard referral form, along with guidelines for its completion, to assist organisations in ensuring they include all necessary information when making a referral. It is not mandatory to use this form although it will make the referral process easier for both the organisation and Disclosure Scotland if it is used.

The referral form includes space for all the prescribed information (which organisations must provide if they hold it) and space for other information (which is entirely discretionary). Providing this latter information is likely to help with the consideration process and reduce the need to request additional information from the referring organisation.

As they contain sensitive personal information, referrals should not be sent to the generic Disclosure Scotland postal address. Instead, referrals should be sent to a dedicated address (details of which will be available on the Disclosure Scotland website).

In brief, the information which must be submitted with any referral includes identity details relating to the individual; details about the referral ground; contact details for the referring organisation; details of the regulated work done by the individual; details of

any relationship between the child or protected adult involved; and details of any action taken by the referring organisation.

Section 41 of the 2007 Act provides protection from actions for damages for any organisation providing referral information to Disclosure Scotland in good faith. This means, for example, that a teacher who loses their job after being listed cannot sue any organisation who made a referral or provided supporting information for the consideration for listing process. It does not matter whether or not the decision to list is upheld on appeal. However, an organisation that, knowingly or recklessly, provides untrue or misleading information to Disclosure Scotland is not protected from actions for damages. For example, an employer who makes malicious claims about an employee who has been dismissed in support of a referral is not protected.

Language Competency

Most roles within NHS Scotland will involve a requirement for individuals to possess a certain level of verbal and/or written communication skills, and as such may require that candidates have a particular level of proficiency in the English language.

That said, stipulation of a language requirement for a role may be indirectly discriminatory unless it is necessary for the satisfactory performance of that role. Where this is the case, such requirement should be detailed within the essential criteria of corresponding person specifications.

NHS Grampian must seek assurance that individuals meet such essential criteria, irrespective of their actual or perceived background.

Where an individual is registered with a statutory regulatory body and NHS Grampian assesses an individual as being unsuitable for a role (including UK nationals), due to poor communications skills (including, but not limited to, English language competence), consideration should be given to referring the matter back to the statutory regulatory body.

Posts which require registration with a UK statutory regulatory body

Individuals who have trained and qualified outside the European Economic Area (EEA) must satisfy UK statutory regulatory bodies of their knowledge of English in order to become professionally registered.

Although, EEA nationals (including Swiss nationals and individuals with an EC right) are exempt from any routine assessment of language competency before registration, regulatory bodies can ask EEA nationals to provide evidence if they suspect there is a language issue. European legislation also states that migrants should 'have a knowledge of languages necessary for practising the profession in the host member state' and therefore NHS Grampian is legally entitled to and indeed has a duty to assure that any potential worker has the necessary communication skills required to safely and effectively undertake the relevant role.

Satisfying an English language requirement

There are a number of ways an applicant could meet and evidence an English language requirement:

- They may be a national of a majority English speaking country or have worked in an organisation/institution where English was the primary language used for communication;
- They may have pursued part of their education in the UK;
- They may hold a degree or relevant educational qualification that was taught in English by a recognised institution abroad;
- They may have lived in a multi-lingual household in which a relative or a carer used English as their primary form of communication;
- They may have or be required to pass an English language competency test.

A proportionate approach should be adopted depending on the extent of communication skills (including English language competence) required. Only where an individual is not otherwise able to demonstrate competence in English and where there

is doubt about their ability to communicate clearly with patients or colleagues (for example where English is not their first language), should English language testing be considered. It should not be used systematically in the case of all EEA applicants. It is recommended that where it is necessary to undertake a test of English language competence, such a test should be chosen from amongst those already used by statutory regulatory bodies in the case of non-EEA nationals, and as a minimum apply the same competence levels required in the case of each profession as appropriate.

NHS Grampian

Transfer of Information between Responsible Officers

Doctor's name		GMC Number	
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Employment/Placement/Locum activity

Start date	End date	Details	Comments

Do you have any concerns about this doctor's fitness to practice	Yes	No
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1. Conduct/Capability investigation	Has this doctor been involved in a conduct/capability investigation?	Yes	No
	If yes, has this been resolved satisfactory with no unresolved concerns about this doctor's conduct?	Yes	No
	If no to b), please give a brief summary and the anticipated date of the outcome of the investigation or ongoing concerns that are being addressed through reskilling/remediation:		
2. Serious untoward incident/significant event investigation	Has this doctor been involved in formal serious untoward incident/significant event investigation?	Yes	No
	If yes, has this been resolved satisfactorily with no unresolved concerns about this doctor's fitness to practice?	Yes	No
	If no to b), please give a brief summary and the anticipated date of the outcome of the investigation or ongoing concerns that are being addresses through reskilling/remediation:		
3. Complaints	Has this doctor been named in a complaint?	Yes	No
	If yes, has this been resolved satisfactorily with no further action being needed by any party?	Yes	No

	If no to b), please give a brief summary and the anticipated date of the outcome of the investigation or ongoing concerns that are being addresses through reskilling/remediation:		
4. Referral to GMC/NCAS or any other Medical Regulator	Has this doctor been the subject of a referral to the GMC/NCAS, or any other Medical Regulator?	Yes	No
	Has this been resolved satisfactorily with no further action being needed by any party?	Yes	No
	If not please give a brief summary and the anticipated date of the outcome of the investigation or ongoing concerns that are being addresses through reskilling/remediation:		

This doctor is aware that this information is being shared with another RO	Yes	No
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Signature:		Date:	
Full Name:		Job Title:	
Organisation:			