



PROFESSIONAL REGISTRATION POLICY

Policy Type	Clinical
Directorate	Clinical
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Deputy Director of Nursing
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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 Mar 12	3.1		Carol Alstrom	Amended - New organisation's logo & wording	
Jan 13	3.2	04 Feb 14	Executive Director of Nursing & Workforce	Amendments made & reviewed at DNT	
28 th March 2014	3.2	28 th March 2014	Executive Director of Nursing & Workforce	Ratified on voting buttons at	Clinical Standards Group
15 th April 2014	4.0	15 th April 2014	Executive Director of Nursing & Workforce	Approved at	Policy Management Group
May 2020	4.1		Director of Nursing, Midwifery, AHP's and Community Services	Scheduled policy review	
29 May 2020	4.1		Director of Nursing, Midwifery, AHP's and Community Services	Contents agreed at	Clinical Standards Group
18 Aug 2020	5.0	18 Aug 2020	Director of Nursing, Midwifery, AHP's and Community Services	Policy approved via Chairs action at	Policy Management Sub-Committee
29 Jan 2021	5.0	18 Aug 2020	Chief Nurse including Midwifery and Allied Health Professionals	12 month blanket policy extension due to covid 19 applied with author review date set 6 months prior to Valid to Date.	Quality & Performance Committee
20 May 2021	5.0	18 Aug 2020	Chief Nurse including Midwifery and Allied Health Professionals	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

This policy provides the Trust's framework for ensuring all relevant clinical practitioners are registered with the relevant professional body and that their registration is current.

The policy sets out the expectation for verifying registration for new staff members, agency and locum staff and ensuring ongoing registration of all existing professional practitioners with their independent bodies. It also advises on the actions that should be taken in the event that a staff member has a lapsed registration

2 Introduction

The verification of registration status of clinical staff is essential to ensure that the Trust, and the public, can be confident that all clinical staff are appropriately qualified, registered with the relevant professional body and meet statutory registration requirements.

3 Definitions

Relevant Clinical Staff – Clinical Staff whether they are Trust employees, temporary bank and agency workers, that require registration with a professional regulatory body to be able to work, for example a Registered Nurse who requires registration with the Nursing and Midwifery Council.

Professional registration – a mandatory requirement for any member of staff who is required to be registered in order to practice in a clinical role, for which they are employed to undertake.

GDC – General Dental Council

GMC – General Medical Council

GPC–General Pharmaceutical Council

HPC – Health Professions Council

NMC – Nursing and Midwifery Council

4 Scope

All staff, whether in permanent, temporary, agency or voluntary positions, where professional registration is a requirement for the post they are working in, are included in the scope of this policy. The list below details the main professions but *should not be seen as exhaustive* as clinical staff in new roles become part of the Trust, and other groups of healthcare professionals become subject to statutory registration.

Profession	Regulatory Body
Doctors	GMC
Dentists	GDC
Nurses	NMC
Midwives	NMC
Specialist Public Health Practitioners	NMC
Biomedical Scientists	HCPC
Chiropodist / Podiatrist	HCPC
Clinical Scientists	HCPC
Dietician	HCPC
Occupational Therapists	HCPC

Operating Department Practitioners (ODP)	HCPC
Orthoptist	HCPC
Paramedics	HCPC
Pharmacists	GPhC
Pharmacy Technicians	GPhC
Physiotherapists	HCPC
Practitioner Psychologist	HCPC
Prosthetist/Orthotist	HCPC
Radiographer	HCPC
Social Worker in England	HCPC
Speech and Language Therapists	HCPC
Dental Nurses	GDC
Dental Technicians	GDC
Dental Hygienist	GDC
Clinical Dental Technicians	GDC
Dental Therapists	GDC
Orthodontic Therapists	GDC
Mental Health Care Practitioner (Psychiatry)	GSCC

5 Purpose

This policy provides clarity on the necessary professional registration requirements and arrangements to monitor these to ensure all practitioners are registered and if any registrations lapse that remedial action is taken in a timely manner.

6 Roles and Responsibilities

Registered Clinical Staff

As a member of a Profession the onus to maintain registration lies with the individual.

Each registered practitioner has a personal responsibility to ensure their registration is kept up to date and to report immediately to their line manager any lapse in registration.

The individual staff member is also required to keep their relevant statutory body and line manager informed of changes of address and status, including any actual or potential police charge, caution or conviction.

Line Managers

Line managers are responsible for the implementation of the requirements in this policy including confirming the registration status of their staff members.

Line managers are responsible for recording up to date PIN/Registration details on the Electronic Rostering (MAPS) system.

It is the responsibility of the line manager to confirm that re-registration has taken place. Proof of payment is insufficient evidence of live registration. Line managers should not rely on a registrant presenting paperwork bearing a PIN as proof of registration. Line managers must always check the registration status of practitioners directly with the relevant professional body.

For medical, nursing and midwifery staff and other Health Professionals, the Human Resources (HR) department will hold a central record of all registrations and will advise managers when a renewal is required to support the process of checking.

Line managers are responsible for managing registration lapses and seeking advice/guidance from HR in the event that a practitioner's registration has expired or lapsed.

Human Resources (HR)

HR advises prospective employees in writing to produce evidence of current registration at the time of interview. Any prospective employee who cannot, for whatever reason, supply these details must be treated with great caution and should not be appointed until the individual has contacted the relevant statutory body and produced documentary proof of registration.

Check the relevant statutory body's verification system in all cases where doubt exists.

Ensure prior to commencement that agency staff produces evidence of current registration appropriate to the proposed duties/grade.

Advise staff of the possible financial and contractual implications of failure to maintain their professional/statutory registration as set out in the Trust's terms and conditions of employment.

Run monthly reports from the Electronic Staff Record (ESR) to identify registrations due to expire two months in advance, and notify the Head of Clinical Services/Clinical Director for distribution to the relevant areas. A monthly report is also run through MAPS Healthroster to identify lapsed NMC numbers, which is then sent to the Quality & Clinical Standards Business & Projects Manager for distribution to the appropriate areas across the Trust

7 Policy detail/Course of Action

7.1 Employment of New Clinical Staff

All potential new clinical staff must have their registration status confirmed by the employing manager before being offered a position and start date within the Trust; this includes registered clinical professionals working on the Trust's Staff Bank. Confirmation of registration of new clinical staff must be made by contacting the relevant registration body and requesting confirmation of the potential employee's status. It is the responsibility of the employing manager to undertake this check

7.1.1 A record should be made indicating the following information

- The name of the potential employee
- Their date of birth
- Any registration/personal identification number
- That the qualification is confirmed with the relevant registering council
- The expiry date of said qualifications
- The date verification took place
- Any current investigations; restrictions on practice under review; or any convictions or spent convictions
- Name and signature of the manager who undertook the verification

- Doctors only – confirmation of Licence to Practice

7.1.2 A copy of this information must be forwarded to the HR Information Team and a copy must be kept in the staff member's personal file. The Trust's starter form provides this basic information, however managers should keep confirmation of registration on the staff member's personal file.

7.1.3 No potential employee must be employed until verification of registration with the appropriate professional body has been completed.

The appendices provide details of the professional bodies for each group of staff and how to verify registration. Passwords and access codes will only be released to designated managers to enable them to complete the relevant checks.

7.1.4 A screenshot of the NMC registration page or copy of governing body registration certificate confirming registration should be printed and retained in the staff members personal file. It must be remembered that current registration may only be confirmed by contacting the relevant professional body.

7.2 Agency Staff

7.2.1 It is the responsibility of the agency to ensure that supplied staff has valid professional registration. It is essential for Agencies to supply Registration confirmation for every episode of Medical locums booked. Supplied Registration details will be checked using the GMC online facility by Medical workforce as well.

7.2.2 Doctor and Dentist registrations will be checked via HR Medical Workforce prior to commencing.

7.2.3 Nurses and Midwives and other Professions – will be supplied only from Agencies within the Buying Solutions Framework Agreement and it is the responsibility of that agency to ensure that staff supplied are registered.

7.3 Renewal of Registration

7.3.1 The responsibility of maintaining registration lies with the individual concerned. However, all managers are responsible for carrying out regular checks to ensure clinical staff remain registered with the appropriate professional body - this includes the Staff Bank. The staff groups have different renewal timetables and these are indicated in Table 1. Directorates should have in place systems to ensure managers are aware of their responsibility to verify registrations.

Table 1. Renewal Timetable

Professional Group	Frequency of Renewal
Doctors and Dentists	Annually (Five yearly revalidation)
Nurses	Annually (Three yearly revalidation)
Midwives	Annually (Three yearly revalidation)
Other Clinical Professionals	Annually or Every Two Years (Three yearly revalidation)

7.3.2 The E-Rostering system provides a warning triangle three months before a staff member's professional registration is due to expire. When the date of re-registration is reached and this is not updated by the line manager, the warning triangle changes to orange to indicate that the staff member's registration has not been verified.

7.3.3 When checking a renewal of registration, a record should be made indicating the following information:-

- The name of the employee,
- Qualifications confirmed,
- The expiry date of said qualifications,
- The date verification took place,
- Any current investigations; restrictions on practice under review; or any convictions or spent convictions; or is subject to conditions imposed by, or undertakings agreed with GMC/GDC/NMC or other professional body (see section 8)
- Name and signature of the manager who undertook the verification

A copy of the confirmation of current registration should be kept in the employees' personal file.

7.3.4 The manager will advise the HR department of renewals and other changes relevant to their area.

7.4 Lapsed Registration

7.4.1 Any member of clinical staff (including doctors) who is not registered with their professional body will be removed from their contracted duties. This may result in suspension from clinical practice as a registered practitioner, until registration can be confirmed.

However, alternatives to suspension should be considered prior to suspension taking place. Suspension should only occur where all reasonable alternatives have been considered.

A failure to maintain registration should be seen as a failure to maintain contract of employment and therefore the individual surrenders the rights afforded to them through their contract of employment.

Where professional registration is a requirement of an individual's contract of employment, consideration may be given to undertaking a disciplinary investigation in accordance with section 10 of the Trust's Disciplinary and Dismissal Policy and Procedure following any identified lapse in professional registration.

This confirmation should be undertaken within 14 days and during this time the member of staff is not paid. Failure to re-register can result in dismissal as indicated in the contract of employment with the Trust.

(Consideration can be given to establish whether the clinician can work as an unqualified member of staff at the appropriate rate of pay during this time period if a vacancy exists within the organisation.)

If registration is not renewed within 4 weeks, the member of staff may be subject to action in accordance with Trust's Disciplinary and Dismissal Policy and Procedure, which could result in termination of employment.

NB. There are no exceptions to this and staff are advised to maintain registration at all times as non-registration is a breach of the terms and conditions of their

employment. This includes sick leave, maternity, paternity or adoption leave or a break in service.

It is advised that any sabbatical or gap year may result in the registrant having to re-register with the professional body and this process can be lengthy.

- 7.4.2 Managers should maintain up to date records of current registrations for the clinical staff they are managerially responsible for and a monthly update should be forwarded to the personnel department when requested to ensure centrally held records on all staff are kept up to date.
- 7.4.3 If a member of clinical staff discovers that their registration has lapsed the professional body concerned should be contacted immediately by the member of staff, and their manager **MUST** be informed at the same time. Clinical staff must not practice until their registration is confirmed by the relevant professional body.
- 7.4.4 It is the responsibility of the staff member to ensure that the relevant professional body has received the required information to effect re-registration. *Reliance on payment made by direct debit or similar is not proof of registration.*
- 7.4.5 It is the responsibility of the line manager to confirm that the re-registration has taken place by contacting the relevant professional body and printing off the certificate of confirmed current registration. This must be kept in the staff member's personal file.

8 Problems With Registering Bodies

Where a registering body fails, or is unable to renew the registration/license to practice of a member of staff due to a failure of that body's administrative systems, the member of staff will normally be able to continue to work in their post.

9 GMC/NMC/Health Professions Council Conditions Or Undertakings

9.1 GMC Conditions or Undertakings

When HR is notified by the General Medical Council (GMC) or General Dental Council (GDC), or alerted on checking registrations that a doctor or dentist is subject to conditions imposed by, or undertakings agreed with GMC/GDC, the Executive Medical Director / Clinical Director / Responsible Officer is notified and monitors compliance with those conditions or undertakings.

The Executive Medical Director must be sent copies of all correspondence received or copies of registration information with conditions or undertakings.

NB: In addition to the Executive Medical Director, if Doctors in Training rotate to the Trust with conditions or undertakings, or receive conditions or undertakings whilst at the Trust, the Responsible Officer for Doctors in Training is the Post Graduate Dean.

9.2 NMC/Health Professions Conditions or Undertakings

When HR is notified by the General Nursing Council (GMC) or Health Professions (HP), or alerted on checking registrations that a nurse or midwife or health professional is subject to conditions imposed by, or undertakings agreed with

NMC/HP, the Executive Director of Director of Nursing, Midwifery, AHP's and Community Services / Deputy Director of Nursing is notified and monitors compliance with those conditions or undertakings.

10 Consultation

This is an update of the previous version and does not require consultation. There are no changes to the current process. The Fraud and Corruption information and Human Resources information has been checked with Counter Fraud Specialist and HR and is still relevant and up-to-date.

11 Training

This professional registration policy does not have mandatory training requirement or any other training needs.

This policy is available via the intranet and will be reissued to line managers once agreed. Support in using verification systems such as the NMC internet checking system is available via the Director of Nursing, Midwifery, AHP's and Community Services.

12 Fraud and Corruption

The Isle of Wight NHS Trust is totally committed to maintaining an honest, open and well-intentioned culture and is therefore dedicated to the elimination of any fraud or corruption within the Trust.

If Fraud or Corruption is suspected **confidentiality** is vital to ensure the integrity of the information and any subsequent investigation.

Please report any suspicions of Fraud and Corruption direct to the Local Counter Fraud Specialist or the Executive Director of Finance or contact the National Fraud and Corruption reporting line on 0800 028 4060. Please also refer to the Counter Fraud web link: <https://cfa.nhs.uk/reportfraud>.

Please refer to the organisations Countering Fraud and Corruption Policy and Reporting Procedure for details, the policy is available on the Countering Fraud Intranet Page. This action will ensure that the organisation is demonstrating every effort to Countering Fraud.

13 Monitoring Compliance and Effectiveness

13.1 The Human Resources Department will run a monthly report to verify that all registrations are active, and to provide notification of pending registration renewals two months in advance. This report will be forwarded to Head of Nursing for distribution to the relevant areas in advance of the lapse in registration. If gaps or expired registrations are discovered these will be reported to the Head of Nursing/Clinical Director for the relevant Clinical Directorate for action to be taken. Any actions taken would be recorded in the personal file of the staff member affected.

- 13.2 The Staff Bank will be able to demonstrate that any agencies used have been asked confirm that staff supplied are registered with the appropriate professional body and that this is updated annually. Agencies used will also be part of the Buying Solutions Framework Agreement

14 Links to other Organisational Documents

This policy should be used in conjunction with:

Recruitment and Selection Policy
Clinical and Management Supervision Policy
Disciplinary and Dismissal Policy and Procedure
Countering Fraud and Corruption Policy

15 References

NMC website
HPC website
GDC website
GPhC website
GMC website

16 Appendices

**PROCEDURE FOR CHECKING REGISTRATION THROUGH THE GENERAL
MEDICAL COUNCIL (GMC)**

1. HR will confirm the registration and licence to practice status of all doctors and dentists working within the Trust.
A rolling monthly check will show those practitioners whose registration is due for renewal in the forthcoming two months.
2. These checks will be undertaken by accessing the GMC website at www.gmc-uk.org and following the links to 'Check a doctor's registration status.' The doctor's GMC reference number and full name will be required to complete the process.

The Workforce Information Team will run a report through the electronic staff record (ESR) two months in advance to verify that all current registrations are active, and will show any registrations due to lapse. This report is sent to the Clinical Directors for dissemination.

**PROCEDURE FOR VERIFYING REGISTRATION THROUGH THE NURSING AND
MIDWIFERY COUNCIL (NMC)**

NMC registration can be confirmed by checking
<https://www.nmc.org.uk/registration/search-the-register/>

This provides details of nurses, midwives and nursing associates who:

Have effective registration with no restrictions and cautions, with registration fees having been paid and registration is up to date.

Are on the register but have restrictions on their practice or a caution order.

Have been suspended or removed from our register since 1 January 2008 and are not currently allowed to practice

**PROCEDURE FOR VERIFYING REGISTRATION WITH
THE HEALTH & CARE PROFESSIONS COUNCIL**

There are three methods of verifying registrations with the Health Professions Council

Via the Internet: Access on line checking via www.hpc-uk.org and going to the employers section to check the online register. You will need details of the allied health professional's profession and name or registration number. If the professional's name is on the register their details will be displayed, if they are not registered their name will be omitted.

Telephone: You will need details of the allied health professional's surname and initials, profession and registration number. The telephone number to ring is 0845 3004 472

Written: By writing to the Health Professions Council, with details of the allied health professional's surname and initials, profession and registration number, at The Health Professions Council, Park House, 148 Kennington Park Road, London SE11 4BU

**PROCEDURE FOR VERIFYING REGISTRATION WITH THE
GENERAL DENTAL COUNCIL**

The main method for verification with the General Dental Council is via their website

www.gdc-uk.net/searchregister/

To confirm whether a dental professional is registered with the Council and able to practise in the UK, you can search the GDC registers via the above website. The registers are updated daily. You can search the register by entering either a name, town, postcode or registration number, or any combination of these by clicking 'find records'

The database will bring up the following information

- * Registration number
- * Full name
- * Full registered address
- * Date of first registration
- * Primary dental qualification

When searching for a dental practitioner other than a dentist, you will need to select the relevant profession from the drop down list

If you can't find the person you are looking for, please call the GDC on 020 7344 3740 or email at GDCregistrations@gdc-uk.org

**PROCEDURE FOR VERIFYING REGISTRATION THROUGH THE GENERAL
PHARMACEUTICAL COUNCIL**

There are two methods of verifying registrations for Pharmacists and Pharmacy Technicians with the General Pharmaceutical Council

Via the Internet Access on line checking via www.pharmacyregulation.org/ following the links to “our registers”. You will need details of the Pharmacists/technicians name or registration number.

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	PROFESSIONAL REGISTRATION POLICY
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	0	£0.00	£0.00
Training Staff	0	£0.00	£0.00
Equipment & Provision of resources	0	£0.00	£0.00

Summary of Impact: None

Risk Management Issues: None

Benefits / Savings to the organisation: £0.00

Equality Impact Assessment

- | | |
|--|-----|
| ▪ Has this been appropriately carried out? | YES |
| ▪ Are there any reported equality issues? | NO |

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs	0	£0.00	£0.00
Totals:	0	£0.00	£0.00

Staff Training Impact	Recurring £	Non-Recurring £
Totals:	£0.00	£0.00

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	£0.00	£0.00

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	N/A
Signature & date of financial accountant:	N/A
Funding / costs have been agreed and are in place:	N/A
Signature of appropriate Executive or Associate Director:	N/A



Equality Impact Assessment (EIA) Screening Tool

Document Title:	Registration Policy
Purpose of document	This policy provides clarity on the necessary professional registration requirements and arrangements to monitor these to ensure all practitioners are registered and if any registrations lapse that remedial action is taken in a timely manner
Target Audience	Employees Trust wide
Person or Committee undertaken the Equality Impact Assessment	Quality Improvement Advisor

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	This policy protects all clinical staff, staff, patients and the organisation as a whole ensuring that appropriately registered staff are employed		This policy document supports staff to understand their responsibilities in respect of registration it also sets out expectations and responsibilities of line managers and corporate teams such as HR
	Women	As above		As above
Race	Asian or Asian British People	As above		As above

	Black or Black British People	As above		As above
	Chinese people	As above		As above
	People of Mixed Race	As above		As above
	White people (including Irish people)	As above		As above
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	As above		As above
Sexual Orientation	Transgender	As above		As above
	Lesbian, Gay men and bisexual	As above		As above
Age	Children	As above		As above
	Older People (60+)	As above		As above
	Younger People (17 to 25 yrs)	As above		As above
Faith Group		As above		As above
Pregnancy & Maternity		As above		As above
Equal Opportunities and/or improved relations		As above		As above

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
Legal (it is not discriminatory under anti-discriminatory law)			N/A
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
N/A	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
N/A	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
N/A	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	19 May 2020