

CRB/DBS Checks

The intelligence we have gathered so far from CQC Inspections and feedback from Practice Managers (that have recently been inspected by CQC) is, if the CQC Inspectors are looking at the GP practice in evidencing CRB/DBS checks then, it seems, they are asking for evidence of a CRB/DBS check on all members of staff and or a risk assessment of individual staff that haven't had a CRB/DBS check carried out on them.

The following guidance (pre DBS) will help you determine whether members of staff in your GP practice need a CRB check:

Beyond the requirements for CQC countersigned CRB checks for providers and registered managers during the initial registration process, providers of primary care (GP practices) are responsible for checking the suitability of their staff.

GP practices have a responsibility to ensure that they carry out appropriate CRB checks on applicants for any position within the practice that qualifies for such a check. In addition to GPs, this is likely to include nursing staff and may in some circumstances also include front office reception staff, although this depends on their duties, which can vary greatly. The requirement for a CRB check and the level of that check depends on the roles and responsibilities of the job and the type of contact the person will have with vulnerable groups. GP practices themselves are required to determine which staff are required take CRB checks.

There is some other useful guidance to help you with this matter:

NHS employment check standards published by NHS employers that can be applied to GP practice staff:

<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/CriminalRecordChecksStandard/Pages/CriminalRecordChecks.aspx>

and in particular the frequent Q&A

<http://www.nhsemployers.org/RecruitmentAndRetention/Employment-checks/Employment-Check-Standards/CriminalRecordChecksStandard/Pages/Frequently-Asked-Questions.aspx>

It states:

Q2.6 Are all practice staff (GP and dental) required to have a CRB check?

General and dental practices have a responsibility to ensure that appropriate CRB checks on applicants for any position within the practice that qualifies for such a check is carried out. In addition to GP's and Dentists, this is likely to include health visitors, nursing staff, dental technicians and so on. This may in certain circumstances also include front office reception staff - depending on their duties - which can vary greatly depending on the size of the practice. The requirement for a check and level of check is dependent on the roles and responsibilities of the job and the type of contact with vulnerable groups.

It's very important for a GP practice to ensure that staff and patients are safe and are kept from harm. CQC Outcome 12 is asking GP practices to declare compliance on this very matter.

Our advice would also be to have an effective recruitment and staffing policy in place to include specific questions in your annual appraisal process. This will help GP practices work towards ensuring staff and patients are safe and kept from potential harm and protects the GP practice.

It's important to do a risk assessment on all areas of the business where there a threat or risk to include a staff risk assessment. Its' also important to ask staff to keep them informed if they have a criminal record pre and post appointment into the GP practice. This could be made into a contractual duty as part of their employment contract. This helps to overcome the restrictions of any criminal event post a CRB/DBS check.

The only roles that require a CQC counter-signed DBS check are GPs joining the practice as a partner after April 2013 (this includes GPs within the practice changing their contractual status to become a partner), and the registered manager if not a GP. From April 2013 any change to the registered manager will need a CQC counter-signed DBS – even GPs. The reason for it being CQC counter signed is to enable CQC to view the certificate. Salaried GPs and nurses will need a DBS check carried out also; this will not need to be counter-signed by CQC. On June 17th the functionality for DBS checks carried out after this date to be available to view online became available. The check will be kept up-to-date through input from the relevant organisations so does not expire. If a GP signs up to this they can provide the employer with their reference number to view their check. The CQC have agreed to accept this as an alternative to a CQC counter-signed DBS; practices will need to complete the CQC change to registration document which asks if a DBS check is in place. The applicant will say yes and share their online DBS access code with CQC for checking. A lot of further information about this is available on the government website and on the CQC website.

GP practices should be assuring themselves of a Locum's suitability through as many checks as is practical e.g. performers list details, GMC number, CV and references etc

There have been some inconsistencies with the views of different CQC inspectors, with some believing that ALL members of staff need a DBS due to their access to patient records. This is not a solely justifiable reason, as practices should have appropriate confidentiality policies within the employee's contract. ***It is the responsibility of GP practices to determine which other job roles require a DBS check and CQC should not be telling GP practices all staff require a DBS check. GP practices should at all times comply with the Data Protection Act.***

We would recommend that this information is discussed at a partners meeting and a judgement made on which staff should have a check that complies with the CQC essential standards. The requirement for a CRB/DBS check and level of check is dependent on the roles and responsibilities of the job and the type of contact with vulnerable groups.

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