BETSI CADWALADR UNIVERSITY HEALTH BOARD

FITNESS TO PRACTICE

Statement of Policy regarding fitness to practice proceedings by a licensing/regulatory body and relating to criminal investigations in the UK or overseas.

Registration with the General Medical Council or General Dental Council imposes on doctors and dentists the duty to provide a good standard of medical care for, and behave appropriately, towards patients. NHS Employers also have a duty to ensure that patients receive a good standard of medical care and ensure as far as possible the safety of patients. We therefore need to establish if you have been found guilty of criminal offence, been bound over a cautioned or are currently the subject of proceedings which might lead to a conviction, an order binding you over or a caution, in the UK or any other country.

Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. The Application Form includes a declaration for applicants to complete declaring any pervious or pending prosecutions or convictions, including those considered "spent" under this Act. You will also need to declare any cautions or bind-overs.

We also need to establish if you have been the subject of any fitness to practise proceedings in the past, or if any fitness to practise proceedings are being contemplated, by a licensing or regulatory body in the UK or another country and this is also reflected in the declaration.

This information will be treated in confidence and will not debar you from appointment unless the selection panel considers that it renders you unsuitable for appointment. In reaching such a decision we will consider the nature of the conviction/action, how long ago it took place and any other factors, which may be relevant.

Failure to disclose:

- **A criminal offence, having been bound over or cautioned or;**
- **that you are currently the subject of criminal proceedings which might lead to a conviction, an order binding you over or a caution or;**
- **fitness to practise proceedings undertaken or being undertaken by an appropriate licensing or regulatory body, may disqualify you from appointment, or result in summary dismissal/disciplinary action and referral to the General Medical Council for consideration if such a discrepancy came to light.**

If you would like to discuss what effect any previous convictions, police investigations or fitness to practise proceedings taken or being taken either in the UK or by overseas licensing or regulatory body might have on your application, you my telephone Kim Ollerton-Lewis, Strategic Recruitment lead on 07977 689410 or Kimberly.Ollerton-Lewis@wales.nhs.uk in confidence, for advice.

DECLARATION STATEMENT

This should be completed regarding:

(a) any criminal offence, being bound over or cautioned, or current proceedings which might lead to a conviction, an order binding you over or a caution and

(b) fitness to practise proceedings taken or being currently contemplated by a licensing/regulatory body

1.	**Have you been convicted of a criminal offence, been bound over or cautioned or are you currently the subject of any police investigations, which might lead to a conviction, an order binding you over or a caution in the UK or any other country?** **Please write your answer YES or NO in the space provided: ……**

Note:
Applicants for posts in the NHS are exempt from the Rehabilitation of Offenders Act 1974. You are required to declare prosecutions or convictions, including those considered "spent" under this Act.

If YES, please provide details of the criminal offence, order binding you over or caution or details of any current proceedings which might lead to a conviction, an order binding you over or a caution, including approximate date, the offence, and the authority and country which dealt with the offence.

2.	**Have you been or are you currently subject to any fitness to practice proceedings by an appropriate licensing or regulatory body in the UK or any other country?** **Please write your answer YES or NO in the space provided: ……**

If **YES,** please provide details of the nature of proceedings undertaken, or contemplated, including approximate date of proceedings, country where proceedings were undertaken and the name and address of the licensing or regulatory body concerned.

I hereby declare that the information given here is true.

NAME (Please Print) ……..

Signature …….

Date ……..