

## Guidance on the Standards for Accredited Registers

### Introduction

The National Health Service Reform and Health Care Professions Act 2002<sup>1</sup> allows for us to set accreditation criteria, known as our *Standards for Accredited Registers* ('the Standards'). We have developed nine Standards which all Accredited Registers must meet. This document sets out further guidance about each of the Standards and should be read in conjunction with the following:

- [Standards for Accredited Registers](#)
- [Standards for Accredited Registers Evidence Framework](#)
- [Supplementary Guidance for Standard One.](#)

### How the Standards are used

We will decide whether an organisation meets our criteria for accreditation, through an assessment against our Standards. Accreditation will only be granted if it is compatible with the Authority's objectives:

- Protecting the public from harm
- Maintaining public confidence in the professions
- Declaring and upholding professional standards.

A register will need to meet all the Standards to assure us that it can protect the public. All organisations, once accredited, will need to demonstrate that they continue to meet the Standards, through periodic assessment.

At initial application, Standard One must be met before an assessment can be carried out against the remaining Standards as it is fundamental to ensuring that accreditation would be in the public interest. We offer an initial assessment against this Standard for prospective registers. (See our guidance for more information on *Applying for accreditation* and *Fees and payments*).

### The Standards for Accredited Registers

#### Standard One: Eligibility and public interest

**The organisation holds a register of people in health and/or social care roles that are not subject to statutory regulation. The activities carried out by the registrants are beneficial to the health and/or wellbeing of the public and any harm is justifiable and mitigated.**

##### 1a) Eligibility of the register under our legislation

We will decide whether the register falls under the scope of our powers of accreditation as set out in the Act, making reference to the definition of a 'voluntary register' set out at Section 25D. This includes that the role(s) registered must not be required to be registered by law in order to use a title or practise as a member of a

<sup>1</sup><https://www.legislation.gov.uk/ukpga/2002/17/contents>

profession or engage in work that involves the provision of health care, or of social care (within England).

### 1b) Public interest considerations

We will decide whether it is likely to be in the best interests of patients, service users and the public to accredit a register, with consideration of the types of activities practised by its registrants. This will include, but not be limited to, consideration of the following:

- Evidence that the activities carried out by registrants are likely to be beneficial.
- Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.
- Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public.

To meet Standard One, we will need to be assured that any harms or risks likely to arise from the activities can be mitigated by the register's requirements for registrants, and that they do not outweigh the likely benefits to patients, service users and the public. If Standard One is met, then these mitigations will be further tested during assessment of Standards Two to Eight before accreditation is granted. For more information, see *Supplementary guidance – Standard One*.

## Standard Two: Management of the register

### **The organisation maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.**

#### 2a) The registration process

The process for applying for registration is clear and accessible. There is a process for applicants to appeal registration decisions. The registration process is fair and promotes equality, diversity, and inclusion.

The register clearly explains the circumstances in which it will review its decisions relating to admissions to the register and removal from it and explains how it will do that. The organisation recognises decisions regarding professional conduct made by regulatory bodies and other registers accredited by us when deciding whether a person should be admitted to the register.

The application process includes an assessment of whether the organisation's education and training requirements are met. The process for how any alternatives to qualifications are considered, such as professional experience, are set out clearly in its guidance. Requirements for maintaining registration, such as continued professional development, are clearly set out.

#### 2b) The register

The organisation maintains a register that is accurate, easily accessible to the public and supports all those using it to make informed decisions. It is easy to locate on the organisation's website, and simple to navigate.

The organisation has in place appropriate mechanisms for checking that registrants' practise remains up to date, such as through continuing professional development (CPD).

### **Standard Three: Standards for registrants**

#### **The organisation sets appropriate standards for competence, professional and ethical behaviour, and business practice.**

##### **3a) Competence**

The organisation bases its standards of competence, which are published, upon available research and evidence.

Registrants should not use products, equipment or modalities that have not been approved by relevant authoritative bodies as suitable and safe for use in health and social care. The organisation provides clear guidance where applicable, to registrants on any special requirements relating to the suitability of premises, products and equipment for the practice of their occupation, which are essential to protect the health, safety and wellbeing of service users.

##### **3b) Professional behaviour**

Registrants are required to prioritise public protection and safety above professional interests. The register has a code of practice setting standards for conduct, competence and business practice. Requirements for conduct include accountability, honesty, openness, integrity, respect and the principles of the professional Duty of Candour.

##### **3c) Business practice**

The organisation requires registrants to uphold high standards of business practice where this is the responsibility of the registrant. This includes observing rules and guidance in relation to advertising where applicable, data handling, and management of work premises/environment. Requirements for registers to promote good standards of customer service, financial management, and administration such as record-keeping by its registrants.

The organisation satisfies itself that registrants have indemnity cover.

### **Standard Four: Education and training**

#### **The organisation sets appropriate education standards for the role(s) registered and ensures that registrants can identify when referral to another health or social care professional may be required.**

4a) The regulator maintains up-to-date standards for education and training which are kept under review and prioritise patient and service user care and safety.

The organisation sets appropriate educational standards that enable safe and competent practice. In setting its standards the organisation takes account of the following factors:

- The nature and extent of risk to service users and the public
- The nature and extent of knowledge, skill and experience required to provide service users and the public with safe care
- Standards set by other relevant bodies for the same or similar occupation and where different, can offer a reasonable justification
- Maintaining public confidence
- Equality, diversity, inclusion and human rights.

As part of this, the organisation ensures that registrants who assess the health needs of service users and provide any form of care and treatment are equipped to have sufficient knowledge of physical and mental health (including an understanding of the social determinants of health) relevant to their scope of practice, to identify where service users may require referral to another health or social care professional. They should be able to recognise the basic signs and symptoms of conditions that their patients and service users are likely to present with, which might require medical attention.

4b) The register has a proportionate and transparent mechanism for assuring itself that the educational providers and programmes it oversees or accepts are delivering students and trainees that meet the register's requirements for registration, and takes action where its assurance activities identify concerns either about training or wider patient safety concerns.

The organisation ensures that any qualifications accepted for registration purposes that are provided by third parties meet the requirements above, with independent verification. It has a quality assurance mechanism in place to ensure that its requirements are met on an ongoing basis and obtains independent verification where appropriate.

4c) The register makes its education and training standards explicit and easily accessible to the public to enable all those using the register to make informed decisions.

There is transparency about the level of education and training required, including how professional experience will be considered.

## **Standard Five: Complaints and concerns about registrants**

**The organisation has robust processes in place for ensuring that concerns about registrants are dealt with in a transparent, timely, and fair way.**

5a) Dealing with complaints and concerns

The organisation has fair and robust processes for handling complaints about conduct and/or performance of its registrants. These processes focus on protecting service users and the public and where possible putting matters right. There are clear

thresholds for when complaints and concerns are escalated to disciplinary proceedings. The organisation is responsible for investigating and presenting concerns to disciplinary panels. There is clear guidance and support for all involved in the complaints process.

#### 5b) Transparency of decisions and outcomes

The organisation demonstrates that its decisions are fair, transparent, consistent and explained clearly. Outcomes from complaints that lead to disciplinary proceedings are published.

There are processes in place for reporting concerns to other relevant agencies when that is needed to protect the public.

### Standard Six: Governance

#### The governance of the organisation supports public protection and promotes transparency, integrity and accountability.

The organisation carries out its governance in accordance with good practice. Its governance arrangements ensure that management of the register and regulatory actions are fair, effective, proportionate, and transparent.

#### 6a) Finance and organisational management

The organisation demonstrates that its funding and business management practices are robust. It can demonstrate that it is financially sustainable and can reasonably cover its legal liabilities if its decisions are subject to challenge.

The organisation has a process in place for handling corporate complaints, so that anyone can raise a concern about the way the register is run.

There are processes in place to identify and take appropriate actions to mitigate organisational risks.

#### 6b) Strategic leadership and accountability

The organisation's aims and values are focused on public protection and are evidenced by its actions. The governing body provides strategic leadership in line with the aims and values of the register. Decision making is transparent and guided by principles based on fairness, integrity and transparency.

Where organisations have functions other than voluntary registration (for example, a professional or representative body) they demonstrate that their governance arrangements ensure that they prioritise public protection. Organisations should have clear separation between management of register, education and training provision, and professional association functions.

The organisation promotes and supports equality, diversity, and inclusion.

The organisation follows good practice in making senior or other key appointments. It requires senior and key appointees to uphold high standards commensurate with their public protection role.

### **Standard Seven: Management of risks arising from the activities of registrants**

**The organisation has a thorough understanding of the risks to service users and the public presented by the activities undertaken by its registrants and takes action to mitigate them.**

The organisation is vigilant in identifying, monitoring, reviewing and acting upon risks associated with the practice of its registrants and actively uses this information in carrying out its functions as a register.

### **Standard Eight: Communications and engagement**

**The organisation provides clear and accessible information to the public, its registrants and other stakeholders about itself, the role(s) it registers, and about the accredited registers programme. It uses engagement with relevant stakeholders to inform and enhance public protection.**

The organisation provides clear and accessible information about its processes and policies for the public and other stakeholders.

The organisation engages with stakeholders to gather diverse perspectives about its work. It uses feedback to inform changes to its policies and processes, with public consultation where appropriate.

The organisation collaborates with other Accredited Registers, regulators and other relevant stakeholders where appropriate to strengthen public protection. It provides accessible and accurate information about the accredited registers programme and its own accreditation.

### **Standard Nine: Equality, Diversity and Inclusion**

**The organisation demonstrates its commitment to equality, diversity and inclusion and ensures that its processes are fair and free from unfair discrimination.**

9a) The register's regulatory functions are underpinned by fairness and equity of access to registrants and service users.

The organisation's policies and processes should be underpinned by the principles of fairness and equity of access to registrants and service users.

The organisation considers EDI when appointing Board, committee, and panel members. It should have appropriate internal policies in place such as whistleblowing, antibullying and recruitment. It should consider how to reduce unconscious bias in its decision making for its regulatory functions.

The organisation should provide accessible information to service users and registrants about its role, the roles it registers and key functions such as complaints. It should ensure that all those involved in complaints can participate in the processes, by removing any unnecessary barriers, considering reasonable adjustments, and providing appropriate support where needed.

9b) The register understands the diversity of its registrants, service users and complainants and has an awareness of issues that may impact those with protected characteristics as defined by the Equality Act 2010<sup>2</sup>.

The organisation should seek to understand the diversity of its registrants, service users and complainants and be aware of issues that may impact on those with protected characteristics.

The organisation should collect demographic data about its registrants to help it gain an understanding of the diversity of its registrant base. This data should be used to help identify whether there are any areas of unfairness within its regulatory processes, barriers to registration or barriers preventing access to education and training. The organisation should act on these where appropriate.

The organisation should develop an understanding of the demographics of the service users. It should identify areas where further support may be needed and act on this where appropriate. In developing this understanding, the organisation could use research in their field as a proxy for data, as well as data it gathers from registrants, and through the complaints handling process.

The organisation should keep up to date with EDI issues affecting the broader system and those which are specific to its sector, and how this translates into its requirements. For example, conversion therapy within counselling and psychotherapy<sup>3</sup>.

9c) The register works to promote and enhance EDI by seeking to understand and act on issues affecting the roles registered and service users.

The organisation should promote and enhance EDI within its organisation and more broadly by developing an understanding of the issues that affect registrants and service users. It should act on these issues where it can.

The organisation should provide information on how it will comply with the Equality Act 2010 and work more broadly to promote and enhance EDI. It should work with other organisations where necessary to promote EDI and remove unnecessary barriers to registration and education and training.

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<sup>2</sup> Or groups listed under Section 75 of the Northern Ireland Act.

<sup>3</sup> [PSA | publishes statement to support MoU on conversion therapy \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk/psa/publishes-statement-to-support-mou-on-conversion-therapy)

# Document Control

## Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Status	Description of Version	Date Completed
2.0	Agreed	Addition of Standard Nine	31 May 2023