

Professional Standards Authority Accreditation Scheme for Assured Voluntary Registers

Discussion paper (draft – 30 April 2011)

1. Introduction

- 1.1 This paper builds on our previous discussion paper '*Early thinking on CHRE's potential role in operating a voluntary register scheme*' and reflects the views, concerns, opinions and suggestions made by interested parties during informal discussions to date. It is intended to set out some preliminary proposals and to act as a 'straw man' - a foundation for further consultation and development of the accreditation system.
- 1.2 CHRE has now been formally commissioned to provide the Department of Health with sight of its proposals for the operation of such an accreditation system in early 2012. CHRE has also been notified that as a result of the pause to the passage of the Health and Social Care Bill 2011 (the Bill) the start date for the accreditation scheme will move to 1 July 2012.
- 1.3 The government proposes to rename CHRE the 'Professional Standards Authority for Health and Social Care' (the Authority) and to give the Authority new powers to accredit voluntary registers. The relevant sections of the Health and Social Care Bill 2011 are at Annex A.
- 1.4 In summary the Authority:
 - Will set accreditation criteria and may accredit a voluntary register where it is satisfied that the criteria are met
 - Must publish the accreditation criteria it sets; and may publish a list of accredited registers
 - May carry out periodic reviews of the operation of the registers accredited
 - May remove, or suspend, or impose conditions on, the accreditation of the register
 - May refuse to accredit a register, or to continue to accredit it unless the person who maintains the register pays a fee of such an amount as the Authority may determine
 - Before accrediting a register the Authority must make an assessment of the likely impact of doing so, and must consult such persons as it considers appropriate.

2. Functions

2.1 The Authority's functions as set out in the *Health and Social Care Bill 2011* in relation to voluntary registers would include:

- Promoting the interests of users of health care, users of social care and social work services in England and other members of the public
- Promoting best practice in the performance of voluntary registration functions
- Formulating principles of good governance in the performance of voluntary registration functions and to encourage persons who maintain or operate accredited voluntary registers to conform to those principles
- At their request, providing advice to the Secretary of State, the Welsh Ministers, the Scottish Ministers or the relevant Northern Ireland department on any matter connected with accreditation of registers (except unregulated social care workers and social work and social care students in England).

3. Foundations

3.1 The Authority has formulated the following tenets as the foundation for development of its scheme:

- Voluntary registration must be clearly differentiated from statutory regulation in order that consumers may understand the difference, especially in terms of not being able to prevent a person from practising a profession or occupation that is subject to a voluntary register, although it should deter them
- The Authority's role is to facilitate the market by encouraging the development and adoption of professional standards of practice, not to direct or control the market
- The Authority's role is to assess an organisation's capability, capacity and its systems for managing its register; and to ensure that it has set appropriate standards - not to itself set standards for clinical, therapeutic or specialist practice that are the proper domain of the profession¹; or to hold or to manage registers itself
- The Authority's role is to ensure that consumers are provided with clear information to enable them to exercise informed choice
- The Authority will make clear that its accreditation does not of itself endorse the clinical or therapeutic efficacy of a treatment or service – although consumers may draw assurance that an organisation accredited by the Authority is promoting a discipline that is permitted to be practised in the UK; and that it has set appropriate standards
- The Authority will promote its scheme as a mark of quality

¹ We do however propose to set some generic standards for practitioners (see Standards for Voluntary Registers)

- The Authority will seek to ensure that the system of voluntary registration is coherent, transparent and credible
- The Authority will operate the scheme on a not for profit basis.

4. Intentions

4.1 The Authority's scheme is intended to facilitate the provision of good quality services to consumers by practitioners in the fields of health and social care². It supports consumers³ by ensuring that organisations that hold voluntary registers manage their registers effectively (and so are trustworthy) and that they foster good standards of practice by their members. It should facilitate informed consumer choice.

4.2 Accreditation means that the organisation holding the voluntary register is well governed in respect of its arrangements for voluntary registers; that its register is reliable; and that its requirements for registrants enable good outcomes for consumers.

4.3 The scheme is open to applications from organisations that hold registers for practitioners:

- Who practise a defined discipline (or related disciplines) within health and social care, which requires a specific body of knowledge, accredited training and the acquisition of particular skills; and
- Meet the Authority's standards including governance, management of its register and criteria for registrants.

5. Multiple registers

5.1 The Authority will not operate a monopoly. It will permit application for accreditation by such organisations as satisfy its criteria and standards. It would consider whether the existence of more than one accredited register for a specific discipline is in consumers' best interests. In making its decision it would balance:

- free trade
- consumer choice
- opportunities for innovation
- potential for the public to be misled
- the extent to which the discipline or form in which it is practised can be differentiated from existing registers.

² Both in private practice, NHS and local authority funded care.

³ Consumers includes patients, service users, clients, employers, and practitioners who receive services from other practitioners (e.g. medical staff relying upon data produced by health information practitioners)

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*Council for Healthcare Regulatory Excellence, 157-197 Buckingham Palace Road, London SW1W 9SP
T 020 7389 8030 F 020 7389 8040 www.chre.org.uk*

5.2 The Authority would not accept applications for accreditation of voluntary registers where an appropriate statutory register already exists.

5.3 The Authority's view is that the market and the choices available to consumers should avoid unnecessary complexity where that serves to confuse the public to a significant degree, but that diversity of supply should not otherwise be restricted.

6. Intended benefits

6.1 Consumers (including employers) can be confident that they can rely upon registration of a practitioner by an accredited body as a quality indicator. They should therefore receive a good quality service from a practitioner who is registered with an organisation that is accredited by the Authority⁴.

6.2 They should be assured that an accredited organisation will:

- Act in the best interests of the consumer
- Behave with integrity and authority
- Promote high standards of training, education and practice
- Apply rigorous standards to itself and its members
- Provide clear and accessible information to the public
- Act swiftly to protect the public when necessary

6.3 Practitioners on the register are committed to:

- Act in the best interests of the consumer
- Be competent, well trained and knowledgeable
- Behave honestly, ethically and courteously
- Provide clear information about their services
- Resolve any concerns and complaints effectively and learn from them
- Act swiftly to protect the public when necessary

6.4 Because registrants adhere to standards in three domains (see below) consumers can expect to receive a service in which the primary discipline (e.g care, treatment, therapy or service) is performed well; and also receive a good level of customer service.

⁴ This is intended to be an overarching goal of the accreditation system as a whole – not a key deliverable for the Authority alone

- 6.5 In addition, the organisation holding the register in addition to dealing directly with any matters related to a practitioner's practice of their discipline (e.g. psychotherapy), also undertakes to help to resolve issues related to customer service and/or business practice or alternatively to refer the matter to an appropriate body directly. For example, they might refer suspected breaches of advertising standards to the Advertising Standards Authority. This provides consumers with an additional reassurance that if things go wrong, they will be helped to get things put right.
- 6.6 Practitioners will benefit from registration with an organisation that is accredited by the Authority as an indicator to consumers and employers that they are competent and committed to providing good standards of care, treatment, therapy or other service and meet high standards of customer service.
- 6.7 Practitioners will also benefit from registering with organisations that have been approved as developing good standards of professional practice; adhering to best practice in the management of registers; being well governed and are therefore delivering good value for money.

7. Standards – stages and domains

- 7.1 Standards would be split into three stages. An organisation seeking accreditation must meet the standards in each stage:
- Stage 1 – organisational standards
 - Stage 2 - standards for voluntary registers
 - Stage 3 – standards for registrants
- 7.2 Standards would fall within three domains:
- personal behaviours
 - technical competence⁵
 - business practices
- 7.3 There are likely to be generic standards which apply to all organisations and specific standards where necessary and taking account of particular characteristics of practitioners (see Annex B for a provisional list of characteristics). Organisations would also be required to demonstrate that the registration criteria and standards that they apply to their practitioners satisfy the Authority's standards for registrants.

⁵ Applied skills and knowledge

7.4 Organisations would be expected to:

- Hold and administer a register of members with defined rules for entry, scope of practice, removal and appeal; and be able to evidence that they exercise proper authority over admittance to, continuance on and exit from the register. They should have proportionate methods for removal from the register
- Be experienced in managing a register and have a substantial membership.
- Have established governance systems and efficient operating systems that comply with the principles of good administration, deliver value for money and ensure delivery of the primary intention. The group should have defined its objectives and desired outcomes
- Have a clear understanding of the nature and extent of risk the practice of their discipline(s) pose to the public. This includes not just the avoidance of harm but also the failure to achieve intended benefits
- Have defined the qualification/vocational training levels which must be commensurate with the degree of expertise required to carry out their professional or occupational role adequately and safeguard the public. Training must encompass the study of ethics as it relates to their professional role
- Have established a robust method of approving, recognising or accrediting and assuring the quality of education and training courses
- Have defined and codified standards governing professional practice including competence, conduct and learning. Registrants must be required to notify the registrar of any breach of standards
- Standards of practice must be accompanied by a clear explanation of their evidence base, sufficient to permit consumers to understand the extent to which efficacy is proven and so make an informed choice
- Have established arrangements to ensure the standards and guidance remains up to date for example to respond to changes in law, research, ethics, public interests
- Have established an internal quality assurance system and undertake periodic audit/review of its systems
- Demonstrate active listening and engagement with the public
- Have established arrangements for raising and handling concerns with a focus on early resolution
- Have safeguarding arrangements in place
- Require practising registrants to have indemnity insurance.

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*Council for Healthcare Regulatory Excellence, 157-197 Buckingham Palace Road, London SW1W 9SP
T 020 7389 8030 F 020 7389 8040 www.chre.org.uk*

- 7.5 Some provisional standards have been drafted as examples and are attached as 'Standards for Voluntary Registers'. *(DN: standards will wherever possible be expressed as outcomes to be achieved rather than processes that must be adopted although these examples are likely to contain a mix at this stage and are intended as a general indication of areas where we think we might wish to set standards. Organisations will be asked to demonstrate to the Authority how they meet the standard/achieve the outcome)*

8. Assessment

- 8.1 The assessment process will be developed in consultation with the public, organisations holding voluntary registers, practitioners and other stakeholders. It will include a preliminary assessment and impact assessment to allow the application to go forward to be considered for accreditation, assessment for accreditation and once registered, ongoing monitoring of compliance. The Authority is likely to require that organisations present an assessment of the risks relevant to the practice of their discipline.
- 8.2 The assessment processes may include a variety of methods of assessment to allow results to be triangulated including consumer feedback, direct observation, document review, self-assessment and interviews.

9. Next steps

- 9.1 This paper and any feedback received will be presented to CHRE's Council on 25 May for discussion. The Authority will commence its formal processes for developing advice to the Secretary of State including consulting the public and working out its funding model.
- 9.2 The Authority will publish information about its work to develop proposals for the accreditation scheme on its website by June. It will also publish a Statement of Intent listing those organisations who have expressed a preliminary interest in being accredited under the Authority's Scheme.

Annex A

Extract from Health and Social Care Bill 2011 as introduced 19 January 2011.

212 Establishment of voluntary registers

After section 25C of the National Health Service Reform and Health Care Professions Act 2002 insert—

“25D Power of regulatory bodies to establish voluntary registers

(1) A regulatory body may establish and maintain a voluntary register of persons who are (and, where the body thinks appropriate, persons who have been)—

- (a) unregulated health professionals;
- (b) unregulated health care workers;
- (c) unregulated social care workers in England;
- (d) participating in studies that come within subsection (2) or (3).

(2) Studies come within this subsection if they are studies for the purpose of becoming a member of—

- (a) a profession to which section 60(2) of the Health Act 1999 applies, or
- (b) the social work profession in England.

(3) Studies come within this subsection if they are studies for the purpose of becoming—

- (a) an unregulated health professional,
- (b) an unregulated health care worker, or
- (c) an unregulated social care worker in England.

(4) A regulatory body may establish and maintain a register under subsection (1)(a), (b) or (c) of only such persons as are (or have been) engaged in work that supports, or otherwise relates to, work engaged in by members of a profession which the body regulates; but this subsection does not apply to the Health and Care Professions Council.

(5) A regulatory body may establish and maintain a register under subsection (1)(d) of only such persons as are (or have been) participating in studies for the purpose of—

- (a) in the case of studies coming within subsection (2), becoming a member of a profession which the body regulates,
- (b) in the case of studies coming within subsection (3)(a), becoming a member of a profession for which the body maintains a voluntary register, or
- (c) in the case of studies coming within subsection (3)(b) or (c), engaging in work in respect of which the body maintains a voluntary register.

(6) The General Pharmaceutical Council may establish and maintain a register under subsection (1) of only such persons as are (or have been) engaged in work or participating in studies in England, Wales or Scotland.

For further information, please contact:

*Council for Healthcare Regulatory Excellence, 157-197 Buckingham Palace Road, London SW1W 9SP
T 020 7389 8030 F 020 7389 8040 www.chre.org.uk*

(7) The Pharmaceutical Society of Northern Ireland may establish and maintain a register under subsection (1) of only such persons as are (or have been) engaged in work, or are participating in studies, in Northern Ireland.

(8) A regulatory body may establish and maintain a register under subsection (1) jointly with one or more other regulatory bodies.

(9) Where regulatory bodies establish and maintain a register in reliance on subsection (8)—

- (a) subsections (4) and (5) apply to each body (but subsection (4) does not apply to the Health and Care Professions Council),
- (b) subsection (6) applies to the General Pharmaceutical Council if it is one of the bodies, and
- (c) subsection (7) applies to the Pharmaceutical Society of Northern Ireland if it is one of the bodies.

(10) But subsections (6) and (7) do not apply where the bodies concerned are or include the General Pharmaceutical Council and the Pharmaceutical Society of Northern Ireland.

(11) Accordingly, in those circumstances, the General Pharmaceutical Council and the Pharmaceutical Society of Northern Ireland may jointly establish and maintain a register of persons who are (and, where they consider appropriate, have been) engaged in work or participating in studies anywhere in the United Kingdom.

(12) A request to be registered, or to continue to be registered, in a register established under subsection (1) must be accompanied by a fee of such amount as the regulatory body (or bodies) concerned may determine.

25E Section 25D: interpretation

(1) This section applies for the purposes of section 25D.

(2) “Voluntary register” means a register of persons in which a person is not required by an enactment to be registered in order to be entitled to—

- (a) use a title,
- (b) practise as a member of a profession,
- (c) engage in work that involves the provision of health care,
- (d) engage in work of a description given in section 60(2ZC) of the Health Act 1999 (social care work in England), or
- (e) participate in studies that come within section 25D(2) or (3).

(3) Where an enactment imposes a requirement of that kind which applies to part only of the United Kingdom, a register is to be regarded as a voluntary register in so far as it applies to any part of the United Kingdom to which the requirement does not apply.

(4) Subsection (2) does not apply in relation to an enactment that imposes a requirement of that kind which applies—

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*Council for Healthcare Regulatory Excellence, 157-197 Buckingham Palace Road, London SW1W 9SP
T 020 7389 8030 F 020 7389 8040 www.chre.org.uk*

- (a) only to work or practice of a particular kind, and
- (b) only when work or practice of that kind is engaged in for particular purposes.

(5) In subsections (2) to (4), “enactment” means an enactment contained in, or in an instrument made under—

- (a) an Act of Parliament,
- (b) an Act of the Scottish Parliament,
- (c) an Act or Measure of the National Assembly for Wales, or
- (d) Northern Ireland legislation.

(6) “Unregulated health professional” means a member of a profession—

- (a) which is concerned with the physical or mental health of individuals, but
- (b) to which section 60(2) of the Health Act 1999 does not apply.

(7) “Unregulated health care worker” means a person engaged in work which—

- (a) involves the provision of health care, but
- (b) is not work which may be engaged in only by members of a profession.

(8) In subsections (2) and (7), “health care” includes—

- (a) all forms of health care for individuals, whether relating to physical or mental health, and
- (b) procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.

(9) “Unregulated social care worker in England” means a person engaged in social care work in England within the meaning of section 60 of the Health Act 1999.

(10) But a person is not to be regarded as being (or having been) engaged in work as an unregulated social care worker merely because the person is (or has been) participating in a course of the description given in subsection (2ZC)(o) of that section (social work courses).

(11) “The social work profession in England” has the meaning given in that section.

25F Establishment of voluntary register: impact assessment

(1) Before establishing a register under section 25D, a regulatory body—

- (a) must make an assessment of the likely impact of doing so, and
- (b) must consult such persons as it considers appropriate.

(2) In performing the duty under subsection (1)(a), the body must have regard to such guidance relating to the preparation of impact assessments as it considers appropriate.

(3) An assessment under this section must, in particular, include an assessment of the likely impact of establishing the register on—

- (a) persons who would be eligible for inclusion in the register;
- (b) persons who employ persons who would be eligible for inclusion in the register;

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(c) users of health care, users of social care in England and users of social work services in England.

(4) A regulatory body must publish any assessment it makes under this section.

(5) In deciding whether to establish a register under section 25D, a regulatory body must have regard to the assessment it made under this section in relation to the register.”

213 Accreditation of voluntary registers

(1) After section 25F of the National Health Service Reform and Health Care Professions Act 2002 insert—

“25G Power of the Authority to accredit voluntary registers

(1) Where a regulatory body or other person maintains a voluntary register, the Authority may, on an application by the body or other person, take such steps as it considers appropriate for the purpose of establishing whether the register meets such criteria as the Authority may from time to time set (“accreditation criteria”).

(2) Accreditation criteria may, in particular, relate to—

(a) the provision to the Authority of information in connection with the establishment, operation or maintenance of register;

(b) publication of the names of persons included in the register or who have been removed from the register (whether voluntarily or otherwise);

(c) the establishment or operation of a procedure for appeals from decisions relating to inclusion in or removal from the register.

(3) If the Authority is satisfied that a voluntary register meets the accreditation criteria, it may accredit the register.

(4) The Authority may carry out periodic reviews of the operation of registers accredited under this section for the purpose of establishing whether they continue to meet the accreditation criteria.

(5) If, on a review under subsection (4), the Authority is satisfied that a voluntary register no longer meets the accreditation criteria, the Authority may remove or suspend, or impose conditions on, the accreditation of the register.

(6) The Authority may refuse to accredit a register, or to continue to accredit a register, unless the person who maintains the register pays a fee of such amount as the Authority may determine.

(7) The Authority must publish such accreditation criteria as it sets.

(8) The Authority may publish a list of registers accredited under this section.

(9) “Voluntary register” has the meaning given in section 25E.

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Council for Healthcare Regulatory Excellence, 157-197 Buckingham Palace Road, London SW1W 9SP

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25H Accreditation of voluntary register: impact assessment

- (1) Before accrediting a register under section 25G, the Authority—
 - (a) must make an assessment of the likely impact of doing so, and
 - (b) must consult such persons as it considers appropriate.
- (2) For that purpose, the Authority must have regard to such guidance relating to the preparation of impact assessments as it considers appropriate.
- (3) An assessment under this section must, in particular, include an assessment of the likely impact of accrediting the register on—
 - (a) persons who are, or are eligible to be, included in the register;
 - (b) persons who employ persons who are, or are eligible to be, included in the register;
 - (c) users of health care, users of social care in England and users of social work services in England.
- (4) For the purposes of subsection (3), the Authority may request the person who maintains the register to provide it with such information as it specifies; and if the person refuses to comply with the request, the Authority may refuse to accredit the register.
- (5) The Authority may publish any assessment it makes under this section.
- (6) In deciding whether to accredit a register under section 25G, the Authority must have regard to its assessment under this section in relation to the register.

25I Functions of the Authority in relation to accredited voluntary registers

- (1) The Authority has the following functions—
 - (a) to promote the interests of users of health care, users of social care in England, users of social work services in England and other members of the public in relation to the performance of voluntary registration functions,
 - (b) to promote best practice in the performance of voluntary registration functions, and
 - (c) to formulate principles of good governance in the performance of voluntary registration functions and to encourage persons who maintain or operate accredited voluntary registers to conform to those principles.
- (2) In this section—
 - (a) a reference to the performance of voluntary registration functions is a reference to the maintenance or operation of an accredited voluntary register, and
 - (b) “accredited voluntary register” means a register accredited under section 25G.”

(2) In section 26 of that Act (general powers and duties of the Authority), after subsection (2) insert—

“(2A) A reference in subsection (2) to a regulatory body includes a reference to a person other than a regulatory body who has voluntary registration functions; and for that purpose, the only functions that person has are the person’s voluntary registration functions.”

(3) After subsection (3) of that section insert—

“(3A) A reference in subsection (3) to a regulatory body includes a reference to a person other than a regulatory body in so far as that person has voluntary registration functions.”

(4) After subsection (4) of that section insert—

“(4A) For the purposes of paragraph (c) of subsection (4), the reference in that subsection to subsection (3) includes a reference to subsection (3) as construed in accordance with subsection (3A).”

(5) After subsection (12) of that section insert—

“(13) In this section, “voluntary registration functions” is to be construed in accordance with section 25I.”

(6) In section 26A of that Act (powers of Secretary of State and devolved authorities to request advice etc.), after subsection (1A) (inserted by section 207(3)), insert—

“(1B) The Secretary of State may request the Authority for advice on any matter connected with accreditation of registers under section 25G; and the Authority must comply with such a request.

(1C) The Welsh Ministers, the Scottish Ministers or the relevant Northern Ireland department may request the Authority for advice on any matter connected with accreditation of registers under section 25G other than accreditation of registers referred to in subsection (1D); and the Authority must comply with such a request.

(1D) The registers are registers of persons who are or have been—

- (a) unregulated social care workers in England,
- (b) participating in studies for the purpose of becoming a member of the social work profession in England;
- (c) participating in studies for the purpose of becoming an unregulated social care worker in England.

(1E) In subsection (1D), “the social work profession in England” and “unregulated social care worker in England” each have the meaning given in section 25E.”

(7) In section 26B of that Act (duty of the Authority to inform and consult the public), after subsection (1) insert—

“(1A) The references in subsection (1) to the Authority’s functions do not include a reference to its accreditation functions.

(1B) For the purpose of ensuring that members of the public are informed about the exercise by the Authority of its accreditation functions, the Authority may publish or provide in such manner as it thinks fit information about the exercise of those functions.

(1C) For the purposes of this section, the Authority’s accreditation functions are—

- (a) its functions under sections 25G to 25I,
- (b) its functions under section 26 that relate to the performance of voluntary registration functions (within the meaning given by section 25I), and
- (c) its function under section 26A(1B).”

(8) In subsection (2) of that section, after “subsection (1)” insert “or (1B)”.

(9) At the end of subsection (4) of that section insert “(other than its accreditation functions)”.

Annex B

Characteristics of practitioners

- a) offer a service
offer more than one service
- b) use products
sell products
- c) operate from business premises
work in their own homes
work within clients' homes
- d) are employed
are self-employed (freelance)
own and run a company/business offering the service
employ staff
are volunteers
- e) manage services for employers
work as part of a multi-disciplinary team
- f) work with children
work with vulnerable adults
work in isolation
- g) are commercially competitive
commonly advertise their services
- h) activity can result in physical harm
activity can result in mental harm
activity can result in emotional distress
activity may result in no clinically proven therapeutic benefit
- i) technical skills, knowledge and products are constantly evolving
technical skills and /or knowledge and products are relatively static

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T 020 7389 8030 F 020 7389 8040 www.chre.org.uk*