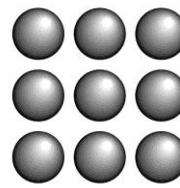


Council meeting

26 January 2012

Paper 7



**council for
healthcare
regulatory
excellence**

Purpose: For decision

Voluntary Registers – proposed model for the accreditation scheme

1. Introduction

- 1.1 The aim of the Professional Standards Authority's accreditation scheme is to enhance public confidence in unregulated health and care occupations by creating a reliable and effective assurance scheme for voluntary registers, promoting quality in education and training, registration, and standards of conduct.
- 1.2 The scheme will be open to all holders of voluntary registers for health and/or social care occupational groups that meet our standards. These are likely to comprise of two types: a) individual organisations who apply direct to us for accreditation of their own register; b) organisations who act as sponsor for more than one occupational register.
- 1.3 Extending our accreditation scheme to both types of organisations makes it possible for more occupational groups to become accredited, facilitates an affordable means of accessing the scheme for smaller organisations and therefore choice for service users. It may also discourage fragmentation of disciplines, where these had previously begun to coalesce around common aims in anticipation of statutory regulation.
- 1.4 The key characteristics of our accreditation model are that:
 - It is a mark of quality
 - It seeks to influence outcomes
 - It promotes professionalism, personal responsibility and accountability
 - It balances public protection and market freedom
 - It confers added value for consumers, commissioners and employers
 - It clarifies, supports and simplifies choice
 - It conforms to right-touch principles.

2. Overview of the scheme

- 2.1 The following principles were approved by Council at their meeting in November 2011, in response to our paper 'Setting the Bar'. For ease of reference, they are restated below.
- 2.2 Being accredited by the Professional Standards Authority will be a mark of quality. We will commission a designed symbol to be used in association.
- 2.3 Our aim will be to make accreditation 'mandatory through choice', attracting people to it because it is seen to offer positive benefits and to deliver positive outcomes.
- 2.4 By acting as a mark of quality, and being associated with delivering benefits, it will attract commissioners, employers and members of the public to seek to contract and employ individuals who are on an accredited register. That, together with the high standards of the organisations we accredit and the degree to which they require, support and develop good practice, will attract potential registrants to join an accredited register.
- 2.5 Our bar for entry will therefore be set high. However, as we seek to encourage a wide range of occupational groups to be professional and provide good quality health and social care, it must also be felt to be achievable by organisations that might not initially meet the standards and so cannot be immediately accredited. We should encourage and facilitate their improvement.
- 2.6 This means that our scheme must be pitched at the level of good practise, not 'just good enough'. Our accreditation process will therefore be designed to assess that, whilst remaining true to right-touch principles. When someone is removed from an accredited register, it may indicate depending upon the circumstances either that they are not competent, not honest or not well behaved: and that they have not been meeting the quality standards required. It is not therefore operating at the 'just good enough' level: Membership of an accredited register is a mark of quality. Organisations will need to demonstrate to us:
 - that they are identifying and removing people who are unfit to practise and ensuring that all reasonably practicable steps are taken to restrict their future practise for example, publishing removal, referrals to the Independent Safeguarding Authority and other relevant authorities; and recognizing removal decisions by other accredited register holders or statutory regulators
 - that they are vigorously applying their standards of good practice including refusing entry to those who do not meet them, requiring and supporting continuous professional development, and placing conditions on registration to limit practise that falls below the standards.
- 2.7 Our model requires us to set high standards for the organisations holding registers. It requires the organisations we accredit to set high standards for their registrants and to be rigorous in managing their register and removing people who do not meet the required standard.

- 2.8 The scheme will provide added value to service users, commissioners and employers because it will seek to ensure that they are provided with a rounded experience: good conduct, competent care and good customer service. Additional benefits that might be provided by the accredited organisations to employers include developing their registrants' leadership skills, team work and business practices. The organisations themselves should work effectively in partnership with other key partners including employers, commissioning groups, local employer networks and other professional bodies in order to understand service needs and help develop their registrants to meet them.
- 2.9 There is some evidence already that the scheme is likely to have a beneficial impact. Several organisations are already reviewing their arrangements and governance systems in response to our drafts and discussions. For example, United Kingdom Public Health Register commissioned research to examine the extent of potential and actual risks associated with the practise of specialists and generalist practitioners. British Acupuncture Council are proposing to work with the Picker Institute to develop a patient experience tool to assist with building an evidence base for a treatment which currently largely relies on anecdotal evidence.

3. Standards and process

Work on developing the standards for voluntary registers is continuing. A draft of the standards at Annex A has been circulated to stakeholders for comment (except standard seven) and a workshop will be held to test the extent to which these are measurable before the final draft is made available for formal consultation by April. In the standards we will adopt the same approach as we do with performance reviews in that we shall state the outcome we require and organisations will be asked to demonstrate to us how they meet them. We will provide examples of ways in which they might do so.

Organisations have told us that they would find it helpful to have clear guidance from us on what might constitute acceptable evidence and we will examine this with them at a future workshop. A CHRE staff workshop will be held in February to ensure we have used their expertise fully in developing the standards and designing the assessment process.

Accreditation process

- 3.1 Only organisations who meet our standards will be accredited. If an organisation applies but does not meet our standard in full, we may, at our discretion grant them a period to implement changes without having to re-apply.
- 3.2 We will set preliminary eligibility criteria to allow organisations to assess whether they are ready to apply; and to allow us to screen out at an early stage any organisations that are clearly ineligible, in order to reduce their and our costs. Those criteria will include:

- Holds a register for a defined occupational group or groups that falls within the scope of 'health and social care'
- Is of good standing
- Is focused on upholding public confidence and public protection
- Has sufficient funds to meet its liabilities
- Its registrants are covered by indemnity insurance where there is a clear public need for them to be so
- Has been operating as a voluntary register for at least one year and can demonstrate its credibility in its sector
- Has completed its self-assessment and is satisfied that it can demonstrate to us that it is meeting our standards
- Has consulted the service users about its arrangements for its register.

3.3 The process for assessment will include self-assessment and risk based follow up and shall include:

- documentary review
- third party feedback analysis
- registrar interview
- registrant pathway tracking
- complaints case note analysis
- observation of at least one complaints panel.

Pre-application advice

3.4 We will help organisations to understand our standards and guidance and assist them with considering whether they are eligible to apply. We may charge a fee if extensive assistance is required.

3.5 Organisations will be free to commission us without prejudice for more detailed work or advice in advance of applying but in the main, we expect that they will complete our online self-assessment to test their own readiness.

3.6 Guidance, FAQs, entry criteria and standards and the self-assessment tool will all be provided online.

Multi-source feedback

3.7 We will publish all applications and invite feedback from external stakeholders in respect of an organisation seeking accreditation and thereafter. We will also monitor published material for positive and negative references. We will require organisations to monitor and evaluate the impact of their codes and standards on registrants' behaviours and service user outcomes. We will require consultation and engagement with service users and will encourage the adoption of point of use feedback,

including where relevant the use of validated tools to capture patient experience.

Risk management

- 3.8 Organisations must complete the 'practitioner/discipline risk assessment using a tool which we will develop. This tool will require the organisation to have analysed any risks inherent in either their particular practitioner group, or in the exercise of their discipline(s) and the means by which they are, or could be, controlled. We will take this risk assessment into account when reviewing their standards for registrants' education and training, practise and behaviours; and when considering whether their organisational systems and processes are fit for purpose. It will include consideration of factors such as: physical, mental or emotional harm; failure to achieve intended benefit (of treatment, therapy or service), situational and environmental risks, consumer service and business practices. A business case for development of the tool has been submitted to the Department of Health.
- 3.9 Where registrants use products or equipment, or the environment in which they practise may impact upon the health and welfare of service users, we will ensure that the organisation has included appropriate arrangements to monitor and safeguard service users. We will also require them to have appropriate links to safeguarding systems and information sharing protocols with relevant bodies.

4. Governance

- 4.1 The Scrutiny Committee will oversee the operation of the accreditation scheme. An accreditation panel will be held to consider applications and decide whether to grant accreditation. The panel will comprise of three staff including two directors. The Chair will consider appeals against the panel's decision.
- 4.2 Operational responsibility for the scheme will lie with the Director of Standards & Policy. An accreditation manager will manage the scheme. The accreditation manager and staff will not sit on the accreditation panel.

5. Fees

- 5.1 The income and expenditure for the work associated with the accreditation of voluntary registers is to be accounted for separately from the core regulatory function and other income streams. The scheme is to be based on full cost recovery but this is unlikely to be achieved until the third year of operation.

- 5.2 We have identified criteria for determining the voluntary accreditation fees. They will need to:
- generate the required income
 - be affordable to interested parties
 - offer value
 - be fair and transparent
 - be within a pricing structure that ensures that smaller bodies are not prohibited from seeking accreditation.
- 5.3 The fees will need to cover the cost of:
- staffing and associated costs including travel and subsistence
 - the overheads including provision for publicity and communications
 - a cost to cover the support received from other areas of the Authority
 - the support and development of prospective applicants.
- 5.4 We will need to determine a cost for the initial accreditation and a cost for the annual renewal process. For the purposes of business planning we have set our fees at £11,000 for initial assessment and £9,000 thereafter. We will seek views and consider whether we should make any adjustment for size/income or complexity for instance where an organisation acts as sponsor for more than one occupational registers. We expect to be able to assess the need for such adjustment after the evidence workshop to be held in February.
- 5.5 We anticipate that in 2012-13 we will have five at least organisations apply and complete the process. If it were five, this would not cover the costs and the short fall to be met by the Department would therefore be £238,000 comprising £177,000 development/transitional work and £61,000 subvention.
- 5.6 In 2013-14 we anticipate that we will accredit a minimum of a further five organisations; and renew the accreditation of the first five. By the end of 2015 we envisage having accredited at least five more organisations and for the scheme to be sustainable thereafter.

6. Implementation plan

- 6.1 We will recruit two staff to operate the accreditation scheme. We plan to recruit the first by June 2012 to assist with the development of the guidance and to pilot the methods of assessment. We plan to recruit the second in the late summer in advance of the launch of the scheme to support organisations who are preparing their applications. We will support organisations that intend to seek accreditation to help them to meet our standards. We anticipate that this will allow us to gauge the likely volume of early applicants and so to adjust our resourcing model accordingly.
- 6.2 Our timetable is as follows:

January	Award tender for development of risk tool; award tender for communications plan.
Feb	Workshop with voluntary registers to test the draft standards
Feb/Mar	Present proposals to DH
June	Appoint first staff member
April – June	Consultation on criteria and standards, test risk tool, pilot assessment process
June	Begin implementing the communications plan.
July/Aug	Appoint second staff member. Publish criteria, standards, guidance and online readiness test. Prepare financial, governance and other processes.
July-Nov	Support applicants' preparation
December	Launch scheme

6.3 Our key performance indicators for 2012-2013 are provided below.

Key Performance Indicators (KPIs) for 2012 – 2013

Activity Stream	Key performance indicator/ milestone
Voluntary Registers	<ul style="list-style-type: none"> • Organisations use our readiness test and seek advice to help them prepare for application • At least five organisations apply and complete the process • Applications processed to timescales • Information achieves quality standards • Expenditure is controlled to agreed budget

7. Communications plan

7.1 In order for the accreditation scheme to succeed we will need to ensure that it is positioned correctly within the market and that it is communicated effectively. We will need to both make sure that the professions, employers, commissioners and the public are aware of the scheme and stimulate a demand for accreditation. We will therefore need to attract attention and to promote the scheme. We will actively promote this scheme to NHS employers and commissioners and to the independent sector. We are already engaging with the Any Qualified Provider team at the Department of Health and are communicating with the UK Department for

Business, Innovation and Skills. The need to actively promote the scheme will require us to adopt a different communications approach.

- 7.2 We intend to seek external professional advice to help us to develop our strategic approach to marketing the scheme and to develop a communications plan. A business case for professional services has been submitted to the Department.
- 7.3 We will advertise the scheme on our web, using a separate section devoted to voluntary registers. Our site will act as a common portal for the public and employers, linking through to the accredited registers. We will provide or support the provision of information which helps the public, employers and commissioners to make informed choices about registrants with whom they contract.

8. Risks

Risks: Voluntary Registers	Managing Impact
The accreditation process is considered flawed	<ul style="list-style-type: none"> • Co-create processes with key stakeholders and consult to ensure flaws are detected. • Pilot methods in advance of use. • Undertake user acceptance testing of the system.
Demand exceeds resources	<ul style="list-style-type: none"> • Prioritise applications against transparent criteria aim for at least five • Provide online readiness test to assist applicants • Manage the workflow with a booking system
Demand is inadequate	<ul style="list-style-type: none"> • Stakeholder engagement • Explain the purpose and benefits of the scheme • Re-Examine the costs
That the financial forecasts are inaccurate and the costs increase	<ul style="list-style-type: none"> • Monitor budgets and costs • Work to maximise income through engagement and publicity
That the overall reputation of the Authority /CHRE is damaged as a consequence of bad publicity etc associated with the scheme	<ul style="list-style-type: none"> • Set appropriate standards to control entry • Demonstrate that the scheme is robust and effective • Operate scheme competently and economically

9. Conclusion

- 9.1 We have concluded our initial development phase and now have a model for our accreditation process, which Council are asked to approve. Further work on refining the standards will be concluded by March, when our proposals will be presented to the Department of Health. We intend to

commence our formal consultation in April and are preparing for launch in December.

10. Annex A

Standards

- 10.1 We propose to have a two part test. The first part will be against initial eligibility criteria to help sift those organisations that fall within scope of the scheme and to check whether they are ready to proceed to a full application.
- 10.2 The second test will be a full assessment against the standards, an impact assessment and a risk profile. Where an organisation hosts other organisations i.e. their members are on the host organisation's register, or are on separate registers but operating under its auspices, we will expect all of the organisations that are hosted to meet our standards. Where a register encompasses a range of disciplines the arrangements for each must meet our standards.

Eligibility criteria

Who may apply?	Guidance notes	Demonstrated by (<i>tbc through testing</i>)
Organisations who hold a voluntary register for professionals or other people who are involved in delivering health and/or social care; and	We reserve the right to determine what constitutes health or social care, having regard to the definitions set out in the Bill.	
meet our standards; and	At our discretion, our accreditation scheme will apply only to registers of persons whose primary function is related to the provision of health and social care. Where a register covers several occupations we may specify that some do not fall within the scope of our accreditation scheme and will not be entitled to use our accreditation mark .	
have operated their voluntary register for a minimum of one year before the date of their application and have established credibility; and	Organisations must be able to demonstrate that their operating systems function effectively and are delivering the outcomes set out in our standards. Where an organisation has established a new voluntary register but is otherwise experienced in managing registers, we may accept evidence of that as	

	equivalent.	
has consulted the public about its arrangements for its register and taken account of their views; and	Organisations must be able to show that they have engaged with members of the public including those who use the services of their registrants. The form of consultation may vary but should be consistent with the principles of good practice in public engagement.	
the organisation is of good standing; and	The organisation must command the confidence of the public and be respected within its field It must be operating lawfully, be financially solvent.	
the organisation's (or that part which holds and manages the voluntary register), primary purpose is to promote good practise, protect the public and to uphold public confidence; and	This need not be the organisations sole purpose. It may, for example, be a professional body and also represent the interests of its members; provided that it can fulfil both roles without compromising public protection.	
its registrants are covered by indemnity insurance if there is a public need for them to do so; and	Registrants may either hold personal indemnity insurance, other relevant insurance or be indemnified by their employer.	
It has completed our risk assessment tool; and	The organisation must have a clear understanding of the type and extent of any risk posed to the public in association with the practise of the disciplines covered by its register.	
It has defined the nature and extent of the knowledge base that underpins its standards of competence	The organisation must be a) a) be honest and open about the nature and extent of the knowledge which underpins practise b) be prepared to take action to develop or extend the knowledge base c) target the development of knowledge against areas of greatest risk to the public	

Essential standards

- 10.3 First principles - We have set our overall standard as 'good practice'. This means that for each standard we will be looking for organisations to demonstrate, where relevant, that they operate in accordance with good practice and we shall identify examples for them Nolan principles for public life, OFT consumer codes or the Standards for NHS Boards and Governing Bodies in England.
- 10.4 There are six main areas of business that organisations have flagged may require some significant changes or key decisions by them and so we have circulated draft standards covering each of these. A seventh standard, which was included in earlier versions has been added below as it relates to current concerns about use of products by health professionals. Whilst we have not settled on the precise wording in essence these standards are:

Governance

- 10.5 The organisation's governance arrangements must ensure that its registration function promotes the safety and well-being of service users and is focussed on the public's best interests.
- 10.6 The organisation ensures that the public have an equal voice to that of registrants in the arrangements for registration.
- 10.7 The organisation is governed in accordance with recognised principles of good practice.
- 10.8 The organisation actively encourages and supports its registrants to meet good practice standards.

Standards

- 10.9 In setting standards for registrants:
- It promotes high standards of personal behaviour and competence, good business practice and customer service
 - It supports ethical practice
 - It takes account of risks associated with the practise of its registrants
 - It bases its standards of competence upon a body of knowledge
 - It encourages, where relevant, the development of effective team work and leadership skills
 - It promotes effective partnership working to enhance public protection and to promote quality of care
 - It evaluates the effect of its standards

Education and training

- 10.10 The organisation requires its registrants to successfully complete approved training that has been independently assessed and meets recognised quality assurance standards.

10.11 Where an organisation permits a vocational entry route, registrants successfully complete an independent assessment that meets recognised quality assurance standards.

Registration

10.12 In managing its register:

- It is focussed on protecting the public and ensuring that its standards are met and maintained
- It applies 'right touch' principles to its work
- It manages its register effectively and efficiently [*CHRE guidance*]
- It provides clear guidance to registrants
- It assesses applications carefully and only admits applicants who meet its standards
- It checks at appropriate intervals and ensures that registrants are maintaining its standards
- It considers and reviews complaints in accordance with good practice principles
- It provides good advice and support for those providing evidence in disciplinary cases
- Its decisions are fair, transparent, consistent and explained clearly
- It ensures appropriate action is taken when registrants are found to have failed to meet its standards, to protect the public and to maintain or improve standards
- Its register is online, accessible and supports those using it to make informed choices
- It takes account where relevant of decisions made by regulatory bodies and other registers accredited by the Professional Standards Authority as to a person's fitness to practise
- It has explained clearly the circumstances in which it will review its decisions and how it will do that; and it does so.

Complaints and concerns

10.13 The organisation's arrangements for complaints are proportionate, fair, swift, focussed on restoring confidence and making amends, promoting learning and protecting service users.

10.14 The organisation has appropriate arrangements to report concerns to other relevant bodies when that is needed to protect the public

Information

- 10.15 The organisation provides clear, helpful, easy to access information. It ensures that information provided by the organisation and by its registrants helps service users, employers and commissioners to make informed choices.

Premises, products and equipment

- 10.16 The organisation provides clear guidance to registrants on any special requirements relating to the suitability of premises, products and equipment for the practise of their discipline which are essential to protect the health of the public.
- 10.17 The organisation requires its registrants, where relevant to their discipline, to use products and equipment that are approved as suitable and safe for use in health care.