

Annual review of accreditation 2020/21

Alliance of Private Sector Practitioners

October 2020

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About Alliance of Private Sector Practitioners

The Alliance of Private Sector Practitioners (the Alliance) registers:

- Foot Health Practitioners

Its work includes:

- Setting and maintaining standards of practice and conduct
- Maintaining a register of qualified professionals
- Assuring the quality of education and training
- Requiring registrants to keep their skills up to date through continuing professional development
- Handling complaints and concerns raised against registrants and issuing sanctions where appropriate.

As of June 2020, there were 1337 registrants on the Alliance's register.

The Alliance was first accredited on 1 August 2013. This is its seventh annual review and this report covers 1 August 2019 to 1 August 2020.

Background

The Professional Standards Authority accredits registers of people working in a variety of health and social care occupations not regulated by law. To be accredited, organisations holding such registers must prove that they meet our demanding [Standards for Accredited Registers](#) (the Standards). Accreditation is reviewed every 12 months.

Accreditation can be renewed by a Moderator in cases where all Standards are evidenced to be met. A Moderator can issue Recommendations and note Achievements.

Where concerns do exist, or information is not clear, a targeted review will be initiated by a Moderator. The outcome of this review is assessed by an Accreditation Panel, who can decide to renew accreditation, renew accreditation with conditions, suspend accreditation or remove accreditation. Panels may also issue Recommendations and note Achievements.

- **Condition** – Changes that must be made within a specified timeframe to maintain accreditation
- **Recommendation** – Actions that would improve practice and benefit the operation of the register, but do not need to be completed for compliance with the Standards to be maintained. Implementation of recommendations will be reviewed at annual renewal
- **Achievement** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

Outcome

Accreditation for the Alliance was renewed for the period of 1 August 2020 to 1 August 2021.

Accreditation was renewed by a Moderator following a review of evidence gathered by the Accreditation team and supplied by the Alliance.

The following Recommendations were issued to be implemented by submission of annual renewal documentation:

1. The Alliance should update its risk register to include risks to patients associated with the COVID-19 pandemic. (Paragraph 3.7 to 3.10)
2. The Alliance should develop supporting documents for its Ethics Committee, including Terms of Reference, recruitment documents and information about any training that is offered. (Paragraph 7.2 to 7.4)

The following report provides detail supporting the outcome.

Assessment against the Standards for Accredited Registers

Standard 1: the organisation holds a voluntary register of people in health and/or social care occupations

- 1.1 There were no significant changes reported or noted in the past year. The Alliance reported a large drop in registrants, and this is discussed further under the impact assessment.
- 1.2 The Authority found that this Standard continues to be met.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

- 2.1 There were no significant changes reported or noted in the past year.
- 2.2 The Authority found that this Standard continues to be met.

Standard 3: risk management

- 3.1 There were no significant changes reported or noted in the past year.
- 3.2 At last year's annual review, the Authority considered how Accredited Registers approach safeguarding issues. The Alliance confirmed that its registrants can treat children under the age of 16 if supervised and that children and vulnerable adults who are unable to consent should be accompanied by a representative who can consent on their behalf. The Authority noted that the Alliance's risk matrix did not include specific risks relating to the treatment of vulnerable adults or children and decided to issue the Alliance with a recommendation to consider whether there are specific risks associated with working with children or vulnerable adults and if so to add this to the risk matrix.
- 3.3 Also, at last year's annual review, the Authority considered how registers approach 'adjunctive therapies': these are practices performed by registrants in the course of their work that are outside the explicit scope of their practise or competence. These practices may be directly related to the register's modalities or completely unrelated. The Alliance noted that some of its registrants practice adjunctive therapies but that it would expect those who were offering them to adhere to the Code of Practice of the relevant organisations overseeing them. The Alliance noted that if it received a concern about a registrant's use of an adjunctive therapy it would question the practitioner about their insurance cover, ability and qualification to offer such therapies. Where a practitioner has indicated that they belong to another organisation, the Alliance would refer the matter, otherwise the Alliance would consider the complaint under its complaints procedure. The Authority noted that adjunctive therapies were not included within the Alliance's risk matrix and issued a Recommendation that the Alliance should consider adding the practise of adjunctive therapies by its registrants to its risk matrix.
- 3.4 The Authority reviewed the risk matrix submitted with this year's annual review. The Alliance has added risk 1d (working with vulnerable adults and

- children) which has an inherent and residual risk factor of 4, mitigations for this risk include adherence to the Alliance's rulebook, Code of Conduct and professional behaviour and its Standards of Behaviour. The Alliance noted that 'the very nature of the Foot Health profession, the risks to venerable adults and children has always been a consideration during training and any future membership in that in these circumstances all venerable adults and children should at all times be accompanied by a responsible adult.' The Alliance reported that it has also updated its [Rulebook - Code of Conduct and Professional Ethics](#) part g) to include 'we must ensure and defend the dignity of our clients at all times during the course of our work. When working with vulnerable adults and children members must work with a guardian, carer, chaperone or other responsible adult present.'
- 3.5 The Alliance has added risk 3e (business practice - adjunctive therapies) which has an inherent and residual risk factor of 4. Under mitigations the Alliance has noted that 'the Alliance does not advocate the practice of adjunctive therapies. Where members do include them in their work they are insured only if properly qualified within that discipline.'
 - 3.6 The Authority noted the actions taken by the Alliance and found that the Recommendations had been considered.
 - 3.7 This year the Authority has asked registers to review and update their risk registers, to assess how the coronavirus emergency will impact them and their registrants, and what actions can be taken to mitigate these risks.
 - 3.8 The Alliance reported that it has kept its members updated throughout the pandemic by posting statements on its website. The Alliance directed its registrants 'to only attend emergency cases using appropriate PPE equipment and highlighting the importance of hand washing and hand sanitising gels. We emphasised emergency appointments only and to 'phone ahead before the appointment to ensure that clients were not showing symptoms of coronavirus infection and that it was safe to attend them.'
 - 3.9 The Alliance advised that it had revised its *Infection Control Policy* to include the provisions for 'wet technique' which reduces dust and social distancing to minimise the risk of infection. The Alliance has also added risk 5 (cessation of practice on Government instruction) with an inherent risk of 12 and a residual risk of 9, with existing controls being 'Government will use media/social media to issue instructions. Alliance will update members with information and recommendations.'
 - 3.10 The Authority noted the actions taken by the Alliance in response to the pandemic and considered that the risk noted within the risk matrix does not extend to the risks to patients associated with Covid-19. It decided to issue a Recommendation: The Alliance should update its risk register to include risks to patients associated with the COVID-19 pandemic. (Recommendation 1)
 - 3.11 The Authority found that this Standard continues to be met.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

- 4.1 As part of its due diligence, the Accreditation team reviewed records from Companies House to year end December 2018 and 2019. The Alliance highlighted the challenges caused by the current COVID-19 crisis, noting that newly qualified practitioners are not applying for registration and that some registrants are finding it difficult to maintain their registration. The Alliance has noted that the lockdown of the College has 'had a tremendous impact on our students and financially on both the College and the Alliance.'
- 4.2 The Alliance confirmed that it still holds liability insurance which covers the Alliance and its officer in case of legal challenge following a disciplinary procedure. The Alliance also confirmed that its registration fee remains the same as last year.
- 4.3 The Authority noted the accounts and the challenges posed by the pandemic. The Authority found that this Standard continues to be met but requested that the Alliance keeps the Accreditation team informed of any significant changes within the Accreditation year.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

- 5.1 There were no significant changes reported or noted in the past year.
- 5.2 The Authority found that this Standard continues to be met.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

- 6.1 There were no significant changes reported or noted in the past year.
- 6.2 The Authority found that this Standard continues to be met.

Standard 7: governance

- 7.1 There were no significant changes reported or noted in the past year.
- 7.2 At last year's annual review, the Authority noted that all the members of the Ethics Committee were new. The Alliance told us that its Board had decided that 'it was time to give the Panel members the opportunity to stand aside for new members. None of the Ethics Committee resigned, however, the Alliance decided to appoint new members, thanking the original members for their support.' The Authority was concerned that this approach lacked transparency and decided to issue a Recommendation that the Alliance should specify time limits for the terms of office of its Ethics Committee members and should develop a plan to ensure continuity and stagger replacement. It should also consider developing a transparent recruitment process for Ethics Committee members.

- 7.3 The Alliance has developed its *Ethics Committee Recruitment Protocol* which details the terms of office for the Ethics Committee and how the Alliance plans to recruit future members. The Authority noted that the Alliance had stated that a member of the Ethics Committee will be expected to sit for three years and will then be asked if they wish to sit again, but that there did not appear to be a limit on the number of terms that an individual could sit.
- 7.4 The Authority considered the *Ethics Committee Recruitment Protocol* and noted that although the Recommendation had been considered the Alliance would benefit from further documenting its policies and procedures for the Ethics Committee and decided to issue a further Recommendation: The Alliance should develop supporting documents for its Ethics Committee, including Terms of Reference, recruitment documents and information about any training that is offered. (Recommendation 2)
- 7.5 The Alliance stated that it has been unable to carry out its Ethics Committee Meeting this year (due in April) due to the lockdown. The Alliance indicated that it considered that there was no significant impact in postponing the Ethics Committee meeting and that it had not considered whether to hold the meeting virtually, although this may be considered moving forward.
- 7.6 The Alliance reported that one of its Directors, who was also the Registrar retired in December 2019. The Registrar role has now been taken over by a current Director and a new Director has been appointed. The new Director is a qualified foot health practitioner and has worked for the college for four years.
- 7.7 The Authority found that this Standard continues to be met.

Standard 8: setting standards for registrants

- 8.1 There were no significant changes reported or noted in the past year.
- 8.2 At last year's annual review, the Authority considered the Alliance's approach to the professional Duty of Candour. The Alliance confirmed that the Duty of Candour is covered within its standards, the Authority found that the Alliance's Rulebook states that 'practitioners must at all times rise above temptation, behave with honesty and integrity and conduct themselves honourably in accordance with the law and the highest values of their profession' and that 'members have a duty of candour, and refusal to engage and co-operate with the Panels in the course of an investigation will itself count as gross misconduct.' The Authority considered that as the Duty of Candour is a relatively new concept and that many practitioners may have difficulty understanding when it applies and that the wording of the Code suggested that it may simply be in the context of complaints. The Authority decided to issue a Recommendation that the Alliance should consider developing guidelines for duty of candour for its registrants.
- 8.3 The Alliance noted that its Rulebook states that 'Members have a duty of candour, and refusal to engage and co-operate with the Panels in the course of investigation will itself count as gross misconduct and may lead to being struck from the Register. The Panels will be obliged to make decisions in absentia in the event of non-co-operation or refusal to engage. The Panel will continue to deliberate and reach a decision, and this cannot be prevented or avoided by resignation or permitting lapse of membership during the process.'

Outcomes of investigations will be reported on the public register.’ The Alliance added a further update to its Rulebook to state that ‘Members at all times will be expected to recognise and exercise a Duty of Candour in all dealings with clients, colleagues, professional body and in all business transactions. Candour is openness and truthfulness – honesty in all that we do.’

8.4 The Authority noted the changes to the Rulebook and highlighted the importance of ensuring that the Alliance’s registrants are informed of the changes. The Authority found that the Recommendation had been considered.

8.5 The Authority found that this Standard continues to be met.

Standard 9: education and training

9.1 There were no significant changes reported or noted in the past year.

9.2 The Alliance reported that the College that runs the courses that lead to registration was shut in March 2020 due to lockdown. The college was re-opened in July following Government advice for example controlled social distancing. The Alliance carries out an independent audit for the practical element of its training every year. This audit has been postponed due to the current crisis.

9.3 The Authority found that this Standard continues to be met.

Standard 10: management of the register

10.1 There were no significant changes reported or noted in the past year.

10.2 The Authority found that this Standard continues to be met.

Standard 11: complaints and concerns handling

11.1 There were no significant changes reported or noted in the past year.

11.2 The Alliance reported that it had received one complaint against a registrant and provided the outcome to the team for review.

11.3 The Accreditation team noted that the outcome was provided on College headed paper and that it contained personal information about the patient. The team deleted the outcome from our system without reading it due to the nature of the information contained. The Alliance reported that this was an oversight and provided a copy of its *Data Protection Policy* to the Authority. It confirmed that it had taken appropriate action to address the occurrence, in line with GDPR. The Authority has previously highlighted that the use of College headed paper for responding to complaints could cause a perception of a conflict of interest.

11.4 The Alliance confirmed that the complaint was in relation to a registrant and that the response should have gone from the Alliance and not the College. The Alliance reported that the Alliance ‘assembled evidence from the complainant and the practitioner, then passed the concern to the College for the consideration of Director of Clinical Studies.’ The Alliance confirmed that the final report should have been provided by the register and not the College.

11.5 The Authority found that this Standard continues to be met.

Share your experience

12.1 The Authority did not receive any responses to the invitation to share experience and did not receive any concerns about the Alliance during the accreditation year.

Impact assessment

- 13.1 There were no significant changes reported or noted in the past year.
- 13.2 The Alliance has reported a significant drop in registrants. The Alliance noted the challenges caused by the COVID-19 crisis and reports that it has caused difficulties for its members in continuing to practice and that as a result some membership renewals have been deferred and that no new members are currently coming forward.
- 13.3 The Authority considered the impact of its decision to renew the Alliance's accreditation.

Equality duty under the Equality Act 2010

14.1 The Authority took account of its duty under the Equality Act 2010 when deciding to renew accreditation.