

## 1. Accredited Registers Strategic Review - Equality Impact Assessment (v3)

The Equality Impact Assessment (EIA) has been produced to assess the impact of the changes made as a result of the strategic review. The document has been used as a living document and updated throughout the project.

Project/Policy name:	Accredited Registers Strategic Review
Completed by:	Louise Appleby, Accreditation Officer Melanie Venables, Head of Accreditation

## 2. Main objectives of the project/programme

The objectives of the strategic review were summarised by its Terms of Reference, which were agreed by the Authority's Board in May 2020. The aims of the strategic review were to:

1. Consider to what extent the programme has achieved the aim for it, set out in Enabling Excellence and the Health and Social Care Act 2012, and if not, why not.
2. Identify funding options to achieve financial sustainability.
3. Consider the scope of the programme and whether the Authority's criteria for inclusion or exclusion of occupations are sound.
4. Identify how the Accredited Registers programme might achieve the traction it needs so that more benefit from the assurance it provides.
5. Make recommendations for the future shape of the Accredited Registers programme

The strategic review aimed to deliver recommendations for the future direction of the programme for our Board to consider in March, with a final decision in May 2021.

## 3. Engagement and involvement

The Authority has consulted with a number of groups as part of its strategic review.

The Authority hosted the following round table discussions:

- 1) In December 2020 with key stakeholders from NHS England, NHS Employers, Public Health England and representatives from all four UK Governments.
- 2) In December 2020 with the current Accredited Registers.
- 3) In January 2021 with patient groups such as the Patients Association.
- 4) In January 2021 with employers such as NHS Employers and the Independent Healthcare Advisory Service.

We wrote to a wider group of stakeholders including those within Northern Ireland, Wales and Scotland. Due to the impact of the Covid-19 pandemic, we received fewer responses to engage with our round table events.

The Authority issued as public consultation on its proposed changes which included a question on the impact of the changes on those with protected characteristics. The consultation was emailed out to our stakeholder lists and posted on our website from 10 December to 18 February 2021. The consultation was open to anyone to respond. We received 84 full responses from a range of stakeholders including public bodies, Accredited Registers, practitioners, and the public including a response from the Patients Association who surveyed 105 of its members to inform its response. We have also received a further 12 responses which did not answer the questions directly or use the format within the form, these have also been analysed for any impacts.

#### 4. Impacts and mitigations

Table One – Impacts and Mitigations

Protected characteristic	Impact	Actions to be taken and timescale
Age	<ol style="list-style-type: none"> <li>1. Older people are more likely to develop serious ill health and to have complex co-morbidities, putting them at increased risk of harms from inappropriate or ineffective treatments.</li> <li>2. People with serious ill health may seek relief through the use of complementary therapies and so may rely more on the assurance offered through the programme for these practitioners.</li> <li>3. Misinformation about the effectiveness of some therapies may result in parents choosing not to vaccinate their children, risking wider public health impacts.</li> <li>4. Misinformation about the effectiveness of some therapies may result in people choosing a therapy as an alternative to accepted medical interventions.</li> </ol>	See table 2 below.
Disability	<ol style="list-style-type: none"> <li>1. People with long term</li> </ol>	See table 2 below.

	<p>health conditions may look for answers in non-conventional treatments putting them at increased risk of harms from inappropriate or ineffective treatments.</p> <ol style="list-style-type: none"> <li>2. People with mental health conditions may seek treatment that extends beyond that offered by the NHS putting them at increased risk of harms from inappropriate or ineffective treatments.</li> <li>3. People who are considered vulnerable adults may seek treatment that extends beyond that offered by the NHS putting them at increased risk of harms from inappropriate or ineffective treatments</li> <li>4. People with long term health conditions may seek relief through the use of complementary therapies and so may rely more on the assurance offered through the programme for these practitioners.</li> </ol> <p>Misinformation about the effectiveness of some therapies may result in people choosing a therapy as an alternative to accepted medical interventions.</p>	<p>We will target those who use complementary therapies for long term conditions and those with mental health conditions as part of our assessment of the effectiveness of the new Standards.</p>
<p>Gender re-assignment</p>	<ol style="list-style-type: none"> <li>1. All the current counselling and psychotherapy Accredited Registers have signed the Memorandum of Understanding on conversion therapy banning its practice by their practitioners. This provides extra protection for people who are seeking help with gender issues.</li> </ol>	<p>We will engage with Government's consultation on legislating the banning of conversion therapy in 2021.</p>

<p>Pregnancy and maternity</p>	<ol style="list-style-type: none"> <li>1. Some of the complementary therapies found on the Accredited Registers are offered during pregnancy. Removal of these from the programme could result in reduced assurance and therefore reduced public protection.</li> </ol>	<p>.</p> <p>We will target those who use complementary therapies for long term conditions and those with mental health conditions as part of our assessment of the new Standards.</p>
<p>Race</p>	<ol style="list-style-type: none"> <li>1. Data demonstrating the uptake of the Covid-19 vaccination suggests some vaccine hesitancy in some ethnic minority groups, primarily black, Bangladeshi and Pakistani backgrounds.<sup>1</sup> Misinformation about the effectiveness of some therapies may exacerbate this and result in people choosing not to vaccinate themselves or their children risking wider public health impacts.</li> <li>2. Some groups rely on medical models that are different to the Western medical model, for example Traditional Chinese Medicine. Removal of these from the programme could reduce the assurances for those who choose these types of interventions.</li> <li>3. Keeping these therapies within the scope of the programme runs the risk of conferring effectiveness, and of misinformation if limitations of treatments aren't clearly stated.</li> <li>4. Groups that rely on these</li> </ol>	<p>See table 2 below.</p> <p>.</p> <p>We will target users for long term conditions and those with mental health conditions as part of our assessment of the new Standards.</p>

<sup>1</sup> <https://www.bmj.com/content/372/bmj.n513>

	<p>medical models may be at increased risk of harms from inappropriate or ineffective treatments.</p> <ol style="list-style-type: none"> <li>5. Groups that rely on these medical models may be at increased risk of harms from health misinformation</li> <li>6. Any future standardisation of education and training standards may result in higher costs which may make them unaffordable. There is also a concern that this will reduce choice so that fewer courses are available that take into account cultural differences.</li> </ol>	
Sex	<p>In 2010 the International Journal of Clinical Practice found that women were significantly more likely to use complementary therapies in England.</p> <ol style="list-style-type: none"> <li>1. Standardising the education and training requirements could result in increased costs to the practitioner.</li> </ol>	<p>We will gather further data on the characteristics of registrants and users of all registers as part of Standard 1.</p>
Religion or belief	<ol style="list-style-type: none"> <li>1. Some groups rely on medical models that are different to the Western medical model, for example Traditional Chinese Medicine. Some of these models are linked to religion or belief. Removal of these from the programme on the basis that they are not based in Western medicine potentially discriminates against these groups and reduces the assurances for those who choose these types of interventions.</li> </ol>	<p>See table 2 below</p> <p>We will target users of treatments that have a non Western medicine basis as part of the assessment of Standard 1.</p>

	<ol style="list-style-type: none"> <li>Groups that rely on these medical models may be at increased risk of harms from inappropriate or ineffective treatments.</li> <li>Groups that rely on these medical models may be at increased risk of harms from health misinformation.</li> </ol>	
Sexual orientation	<ol style="list-style-type: none"> <li>All the current counselling and psychotherapy Accredited Registers have signed the Memorandum of Understanding on conversion therapy banning its practice by their practitioners. This provides extra protection for people who are seeking help with gender issues.</li> </ol>	We will engage with Government's consultation on legislating the banning of conversion therapy in 2021.
Other significant impacts		
Equality across the four UK nations	<ol style="list-style-type: none"> <li>The Accredited Register programme covers the UK. We currently have one register which is based on Scotland. Many other registers have practitioners from across the four countries of the UK. It is important that all four countries are considered and that awareness of the programme is increased in all four nations in order to maximise public protection.</li> </ol>	<p>Increased contact with the UK Government during the strategic review has increased awareness of the programme at Government level, this will be continued going forward.</p> <p>Consideration of whether there are any country specific registers that we could target going forward.</p> <p>Consideration needs to be given to the differences in legislation when piloting enhanced safeguarding checks in 2021.</p>
Social impacts	<ol style="list-style-type: none"> <li>Services provided by practitioners in private practice are limited to those that can afford to pay for them so potentially contributing to health inequalities in the UK.</li> </ol>	

	<ol style="list-style-type: none"> <li>2. Health misinformation can undermine public health messages.</li> <li>3. Standardising education and training requirements may result in increased costs which could impact those on lower incomes.</li> <li>4. Research by the Richmond Group<sup>2</sup> has shown that there is a higher proportion of people living with multiple conditions who are from a lower socio-economic background. Some patients within this group use complementary therapies to help manage their conditions. The Richmond Group research found that these groups can benefit the most from person-centred approaches to care within the NHS. Modifications to the programme are therefore likely to impact this group.</li> </ol>	
--	---	--

**Table Two - General impacts across all equality strands**

	General comments across all equality strands	Mitigation of negative impact/maximisation of positive impact
Risks of harm from health misinformation	<p>People may be persuaded by information on the registers website or that offered by a practitioner into choosing alternative therapy over accepted medical interventions which could cause further ill health to the service user.</p> <p>Misinformation could</p>	<p>Mitigations include development of stronger Standards for advertising and the knowledge base, along with greater monitoring and enforcement by the Accreditation team.</p> <p>Consideration should be given to ensuring that complementary therapies</p>

<sup>2</sup> [https://richmondgroupofcharities.org.uk/sites/default/files/final\\_just\\_one\\_thing\\_after\\_another\\_report\\_-\\_singles.pdf](https://richmondgroupofcharities.org.uk/sites/default/files/final_just_one_thing_after_another_report_-_singles.pdf)

	undermine health and public health messages.	<p>are not offered as alternatives to accepted medical interventions.</p> <p>This could lead to the programme having a positive impact where Accredited Registers are supporting the UK health and public health system.</p> <p>This could lead to improvements in general health literacy for those that use the services of Accredited Registers</p>
Risk of harm from inappropriate or ineffective treatment	<p>People may choose an inappropriate or ineffective treatment over accepted medical interventions which could cause further ill health to the service user.</p>	<p>Mitigations include development of stronger Standards for advertising and the knowledge base, along with greater monitoring and enforcement by the Accreditation team.</p> <p>Consideration should be given to ensuring that complementary therapies are not offered as alternatives to accepted medical interventions.</p> <p>This could lead to the programme having a positive impact where Accredited Registers are supporting the UK health and public health system</p>
Costs	<p>Increased costs may result in some registers withdrawing from the programme which would reduce the level of assurance offered to the public. It could also impact on the viability of some businesses and lead to loss of income for registrants.</p>	<p>Fees models aim to limit increases for registers by including caps, and minimising increases for smaller registers.</p>



	<p>Increased costs may be passed onto the practitioner which may result in them deciding not to maintain their registration resulting in reduced public protection.</p> <p>Increased costs may be passed onto the client/service user through increases to practitioner membership fees.</p>	
--	--	--

## 5. Version control

Version	Key changes	Date approved
V1	N/A	Reviewed by Board November 2020
V2	Updated structure and content to include new impacts identified through public consultation.	For review by Board March 2021
V3	Updated to reflect changes arising during the review	July 2021