

# Accredited Registers

Annual review process guide

November 2018



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# 1. Introduction

## About this guide

- 1.1 This document provides guidance and information on the annual review process.

## About Accredited Registers

- 1.2 The Accredited Registers programme is run by the Professional Standards Authority (the Authority) and aims to enhance public protection in health and social care occupations that are not regulated by law.
- 1.3 The Authority accredits registers of people working in a variety of health and social care occupations. In order to be accredited, organisations holding these registers must prove that they meet the [Standards for Accredited Registers](#), which include areas such as complaints handling, education and training, registration and governance. In addition, the organisation needs to demonstrate its commitment to public protection.
- 1.4 Accreditation provides assurance to the public that the registers are well run and that the organisation requires its registrants to meet high standards of personal behaviour, technical competence and, where relevant, business practice.
- 1.5 The Authority publishes a list of Accredited Registers on its website and allows these organisations and their registrants to use the 'quality mark' (shown below) on their literature and websites to show that they are accredited by the Authority.



- 1.6 Only Accredited Registers and their registrants are allowed to use the quality mark.
- 1.7 Accreditation lasts for 12 months and is renewable annually, provided organisations demonstrate that they continue to meet the Standards.

### **Contacting the Accreditation Team**

- 1.11 If you would like to discuss this guidance, the Accredited Registers programme or the annual review process, the Accreditation team can be contacted during office hours either by email at [accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk) or by telephone on 020 7389 8037.
- 1.12 The Accreditation team is happy to discuss an application for renewal at any point during the process.

## **2. Application**

- 2.1 Accredited Registers must reapply for accreditation on an annual basis to ensure continued compliance with the Standards. Applications for renewal must be made before the renewal date unless approval has been granted by the Authority. Applications for renewal made after the accreditation period has lapsed will be treated as new applications and subject to the full accreditation fee.

## **3. Information required**

- 3.1 Throughout the accreditation year, the Accreditation team will gather and review evidence from publicly available sources through regular checks and sampling. Examples of the types of information that the team will review include:
  - a. external communications such as newsletters, social media and websites
  - b. complaints, comments and compliments received
  - c. entries on the register
- 3.2 Any concerns raised with the Accreditation team by stakeholders, or areas of concern that the Accreditation team discovers during the accreditation year, will be raised with the register during the year. We will not wait for the annual review to raise issues that suggest a public protection concern, bring the programme into disrepute or that suggest an Accredited Register may not be compliant with our Standards.
- 3.3 If the Accreditation team's in-year monitoring raises sufficient concerns, or if information is shared with us that raises concerns, a targeted review may be initiated. The process and possible outcomes of this targeted review are the same as for a targeted review initiated at annual review. An in-year targeted review will not negate the need for an annual review.
- 3.4 The Accreditation team will populate an annual review form based on the information collected throughout the year and send this to the Accredited Register in month eight. The Accreditation team will ask the Accredited Register to confirm their intention to apply for renewal and will arrange a meeting with

those who will be completing the form. This meeting can be face to face, via telephone or videoconference.

- 3.5 At the meeting, the Accreditation team will provide clarity to the Accredited Register on the information that they need to supply within the form and as supporting documents. This should prevent the submission of information already held by the team. The Accredited Register will then be responsible for completing the form and providing any updates that the Accreditation team is not aware of.
- 3.6 All Accredited Registers will be required to ensure the Accreditation team is provided with the following core information:
- a. Information on addressing outstanding Conditions, Instructions or Learning Points (will become Conditions and Recommendations in due course)
  - b. An overview of the past year, separated into developments, challenges and achievements
  - c. An update on the number of registrants on the register, including registrants added and removed
  - d. A financial update
  - e. An update on complaints against registrants – this should include numbers received, how they were handled, brief details of any themes identified and links to any public outcomes
  - f. An update on complaints against the organisation – this should include numbers received, themes and a summary of outcomes. Complaints against the organisation refers to any complaints received, including where a complaint has been escalated where the complainant or registrant is not happy with the outcome
  - g. An updated risk register
  - h. Board minutes (if not available online)
  - i. Annual reports produced by boards and / or committees (if not available online)
  - j. Any changes that would alter the impact assessment.
- 3.7 Once the Accredited Register has confirmed its intention to apply for renewal of accreditation, the Accreditation team will start the ‘Share your Experience’ process by sending an email to stakeholders and by posting on the Authority’s website ‘current work’ page. This will run for 28 working days. After the deadline, the team will review the responses and where issues are noted, seek consent to share with the Accredited Register. The Accreditation team will send all pertinent information (received during the 28 working days and in the past year of accreditation if applicable) to the organisation for comment.

- 3.8 The Accredited Register will be required to submit its completed annual review form and supporting documents by month ten of accreditation.

#### **Filling in the form – hints and tips**

- 3.9 The annual review form will be supplied by the Accreditation team in month eight of accreditation. The form should be completed electronically; we ask that the form be completed in Arial, font size 12. Each of the boxes is designed to be expandable to fit the length of the answer.
- 3.10 Please ensure that all abbreviations and terminology (including roles and positions) familiar to the organisation but not to the layperson are clearly defined at the first instance.
- 3.11 If part of the explanation includes policies that are still under development or future plans, then please provide timelines for key milestones within their development.
- 3.13 Please remember to fill in the document checklist and sign and date the form before sending it to the Accreditation team.

## **4. How to apply**

- 4.1 Once the annual review form has been completed, it should be submitted along with relevant supporting documents to the Accreditation team at [accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk).
- 4.2 If there are a considerable number of supporting documents, please contact the team to find out how to send them via the document sharing website, Dropbox.

## **5. Fees and payment**

- 5.1 The Accredited Registers programme operates on a full cost recovery non-profit making basis. On submitting the annual review application, organisations will have to pay a fee to renew their accreditation (the renewal fee).
- 5.3 The fees, which are non-refundable, must be paid in full. For details of the current fees and payment methods please see the [Fees and Payment guide](#).
- 5.4 Fees will be calculated on submission of the annual renewal form to include the per-registrant charge. Applicants must complete the Fees and payment form, which will be sent out with the annual review form and submit it to the Accreditation team with their review form.

## **6. The assessment process**

6.1 Once the Accreditation team has received the required paperwork as documented above, they will send a confirmation email acknowledging receipt and begin the assessment process as follows:

**Step 1:** The Accreditation team will carry out a review of the evidence gathered during the year and supplied by the Accredited Register in the annual review form. The Accreditation team will produce a report based on this review which will be shared with the Accredited Register to check for factual accuracy and to answer any questions that the Accreditation team may have.

**Step 2:** The Accreditation team will submit a summary report with its recommendation on whether to renew accreditation to the Moderator and arrange a meeting to discuss the application.

**Step 3:** The Moderator will decide whether no further review or a targeted review (see steps 4-6) is necessary. The Moderator can also refer a report directly to a Panel meeting, if it is clear that a Condition is required to be issued, or a decision on whether to suspend or remove accreditation is required. The Moderator will determine whether previously issued Conditions, Instructions and Learning Points (issued up to April 2018), or Recommendations (issued from April 2018) have been implemented. Where the Moderator considers all Standards to be met, no further review is needed and accreditation will be renewed. The Moderator can issue Recommendations and note Achievements. The team will produce a written report which will be approved by the Moderator to ensure that it is an accurate record of the Moderator's decision before being sent to the organisation. The Accredited Register will have 10 working days to confirm whether it is content for the Authority to publish the report or to submit an appeal. The outcome document will be published on the Authority's website and the 'Find an Accredited Register' directory will be updated as applicable.

**Step 4 (if applicable):** A targeted review will take place against one or more specific Standards where the Moderator has concerns that these Standards may not be met. A register will be informed which Standards will be investigated within a targeted review. A targeted review will take the most appropriate form for the evidence required. This may include one or more of a range of evidence gathering processes, including documentation review, face to face or telephone interview, and site visits. The use of a targeted review will be detailed in the published report as part of the evidence gathering process. No specific notification will be placed on the website indicating that a register is undergoing a targeted review.

**Step 5 (if applicable):** Once the team has completed its targeted review, it will update the summary report. This will be shared with the Accredited Register to check for factual accuracy. The team will then convene an Accreditation Panel made up of three members of the Authority's staff. The Moderator will not be

eligible to sit as one of the three members of the Panel for a register they have reviewed in Step 3.

**Step 6 (if applicable):** All targeted review reports will be assessed by Accreditation Panels. The Accreditation Panel can decide to renew accreditation, renew with Conditions, suspend accreditation or remove accreditation. The Accreditation Panel can also issue Recommendations and note Achievements. The team will produce a written report which will be approved by the Panel to ensure that it is an accurate record of the Panel's discussion before being sent to the Accredited Register. The Accredited Register will have 10 working days to confirm whether it is content for the Authority to publish the report or to submit an appeal. The outcome document will be published on the Authority's website and the 'Find a Register' directory will be updated as applicable.

## 7. Outcomes

### Possible outcomes from an annual review

- 7.1 The decision on whether to renew accreditation is made by either the Moderator or the Accreditation Panel. The Moderator can decide to renew accreditation, send the application for a targeted review or refer the report directly to a Panel. The Accreditation Panel may decide to renew accreditation, renew accreditation with Conditions, adjourn the meeting, suspend accreditation or remove accreditation. The Moderator and the Accreditation Panel may also decide to issue Recommendations and note Achievements.
- 7.2 **Renew accreditation** – the Moderator or the Accreditation Panel is satisfied that the organisation continues to meet all the Standards. Accreditation is valid for 12 months from the anniversary of the initial accreditation date.
- 7.3 **Renew accreditation with Conditions** – the Accreditation Panel requires the organisation to make changes within a specified timeframe to renew accreditation. Conditions are attached to a register's accreditation and will be published on the directory of Accredited Registers on the Authority's [website](#). When compliance with Conditions has been verified, these will be removed from the directory. Non-compliance with a Condition may result in suspension or removal of accreditation.
- 7.4 **Adjourned** – the Accreditation Panel needs further clarification, information or believes that an Accredited Register should be given time to complete specific actions before deciding whether to renew accreditation. The organisation will be given a timeframe to provide the information to the Accreditation team. The Panel will then reconvene to assess the information and decide whether to renew, renew with Conditions, suspend or remove accreditation.



- 7.5 **Accreditation suspended** – the Accreditation Panel finds that the organisation does not continue to meet one or more of the Standards and the nature and extent of the concerns/shortcomings allow the Panel to give the organisation an opportunity to put matters right before the Panel considers removal of accreditation.
- a) In making the decision to suspend accreditation, the Panel has to decide whether or not during the suspension period the organisation and its registrants may continue to display the Accredited Registers quality mark. This decision will be made on a case by case basis. For example, the right to use our quality mark may be suspended if the Panel's concerns about the Accredited Register pose a risk to the public.
  - b) The outcome will be communicated to the organisation with reasons from the Panel. The Panel will give the Register a timeframe to put matters right and inform the Accreditation team. The Panel will provide information on the issues that require resolution for suspension to be lifted. The Register has 10 working days from receipt of the outcome to decide whether it will submit further evidence to address shortcomings within the timeframe provided by the Panel and/or appeal the Panel's decision. The headline outcome (i.e. accreditation suspended) will be published on the Authority's website (without the Panel's full reasoning) as soon as the organisation informs the Authority which course of action it would like to take (but no later than 10 working days of receipt of outcome). The Panel's full reasoning will only be published after conclusion of the annual review process, including appeals.
  - c) If the Register submits an appeal, our Appeals Policy (see section 9) will be followed.
  - d) If the Register submits further evidence, this will be assessed by the team and provided to the Panel. Further information may subsequently be requested. The Panel will be reconvened at a suitable date to decide whether to:
    - i) lift the suspension and renew accreditation; or
    - ii) lift the suspension and renew accreditation with Conditions and/or Recommendations; or
    - iii) remove accreditation.
  - e) The Register has the right to appeal the Panel's final decision following consideration of further evidence submitted.
  - f) If the Register does not address the Panel's concerns within the specified timeframe, accreditation will be removed. A Panel may provide additional time for a Register to resolve concerns if it is confident the Register is addressing the issues yet needs more time to fully resolve them.

7.6 **Accreditation removed** – the Accreditation Panel finds that the organisation does not and cannot continue to meet one or more of the Standards. The outcome will be communicated to the organisation with the Panel’s reasons. The organisation will then have 10 working days from receipt of the outcome to inform the Authority whether it will accept or appeal the Panel’s decision (see section 9). The outcome will be published on the Authority’s website after conclusion of the annual review process, including any appeal.

7.7 The Moderator and the Accreditation Panel can also issue:

**Recommendations** – Actions that would improve practice and benefit the operation of the register.

7.8 The Moderator and the Accreditation Panel can also note:

**Achievements** – Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

7.9 When making its decision, the Accreditation Panel will consider all the options available to it.

## 8. After re-accreditation

### Feedback about process

8.1 Once the accreditation process has been completed, the Accreditation team will request feedback about the process. This is a necessary step within the process to enable the team to ensure its processes, practice and performance are effective. It is also required for the team to be able to formally evaluate the new processes it has introduced in 2018.

### Following up on timed Conditions

8.2 If as part of accreditation the Accredited Register was issued Conditions with a deadline, it will be required to submit a report by the date specified outlining how it has met the Conditions. The register will be required to provide supporting evidence to demonstrate compliance.

8.3 The team will review the actions taken and follow up with any clarifications if required. The team will then report to a Moderator (one of the Authority’s Director-level staff members) who will consider the evidence provided and decide if the Condition has been met.

8.4 The Accredited Register will be informed in writing of the Panel’s decision and a summary will be included in the next annual review report. Once the Panel is satisfied that the Condition has been met, this will be removed from our directory.

- 8.5 Conditions that have a deadline of the annual review will be assessed as part of the annual review and considered by the Moderator.

### **Making a change**

- 8.5 If during the accreditation year, the Accredited Register decides to make changes to its policies or procedures, we ask that it informs us so that the Accreditation team can make a decision about whether a formal Notification of change is needed. More about this process can be found in the Notification of change guide.

### **Ongoing contact**

- 8.7 If you have any questions or queries throughout the accreditation cycle, please contact the Accreditation team on 0207 389 8037 or at [accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk).

## **9. Appeals**

- 9.1 An organisation can appeal the Authority's decision using the Authority's [Appeals policy](#). The team will send a copy of the policy to the Register if it indicates its intention to appeal.

## **10. Making a complaint about the Accreditation team**

- 10.1 If you wish to make a complaint about the Accreditation team please follow the Authority's complaints procedures – [How to complain about us](#).

## **11. Oversight of accreditation**

- 11.1 Oversight of the accreditation process will be provided by the Authority's Scrutiny Committee.
- 11.2 This oversight will involve the Scrutiny Committee sampling accreditation decisions made by the Moderator and Panels, reviewing reports provided by the Accreditation team and observing Moderator and Panel meetings.
- 11.3 The Scrutiny Committee is able to provide recommendations for improvements to be made to the processes employed within the Accredited Registers programme. It will monitor implementation of any recommendations and may require reports from the Accreditation team as part of this process.

## 11. Glossary

### Accreditation Panel

A Panel made up of three members of the Authority's staff team who will decide whether a register continues to meet the Standards following a targeted review. The Accreditation Panel can also issue Conditions, Recommendations and note Achievements.

### Accreditation suspended

A Panel meeting outcome where the register has not met one or more of the Standards, but where the nature and extent of the concerns/shortcomings allow the Panel to give the organisation an opportunity to put matters right before the Panel considers removal of accreditation. A register may be suspended where Conditions have not been implemented.

### Accreditation removed

A Panel meeting outcome where a register has not and cannot meet one or more of the Standards.

### Accredited

An outcome from either the Moderator or the Accreditation Panel, used when a register has met all the Standards.

### Accredited with a Condition

A Panel meeting outcome where a register has not met all the Standards, but would do so following completion of a specific action. Changes must be implemented within a specified timeframe to maintain accreditation.

### Achievement

Areas where a register has demonstrated a positive impact on one of the four pillars of the programme; protection, choice, confidence and quality.

### Adjourned

A Panel meeting outcome where the Panel has decided that it needs more information to make a decision.

### Condition

A change that must be implemented within a specified timeframe to maintain accreditation. Issued when a Standard has not been met.

### Instruction

An action that would improve practice but does not affect compliance with the Standards and that the Panel requires to be implemented within a given timeframe

### Learning Point

An action that would benefit the operation of the register, the implementation of which would be verified during the annual review of accreditation.

#### Moderator

One of the Directors at the Authority, responsible for deciding whether a register meets the Standards or whether a targeted review is needed. The Moderator can sign off Conditions, issue Recommendations and note Achievements.

#### Quality Mark

This refers to the logo that Accredited Registers and its practitioners are allowed to display.

#### Recommendation

Actions that would improve practice and benefit the operation of the register.

#### Renew Accreditation

A meeting outcome from either the Moderator or the Accreditation Panel, used when a register has met all the Standards.

#### Renew Accreditation with Condition(s)

A Panel meeting outcome where a register must implement a change to maintain accreditation.

#### Scrutiny Committee

Members of the Authority's Board who will have oversight of the decisions made within the Accreditation process.

#### Standards

This refers to the Standards for Accredited Registers against which Accredited Registers are assessed. All Standards must be met to maintain accreditation with the Authority.

#### Targeted Review

An outcome from the Moderator which is used where there is concern that a register may not be meeting one or more of the Standards and further assessment is required.

# 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   |
|---------|--------|--------------------------------|------------------|
| 1.0     |        | New procedure                  | 5 July 2018      |
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