

Annual review of accreditation 2019/20

Alliance of Private Sector Practitioners (the
Alliance)

July 2019

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About the Alliance of Private Sector Practitioners (the Alliance)

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

- Foot Health Practitioners (FHPs)

Its work includes:

- Setting and maintaining standards of practise 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 2019, there were 1549 registrants on the Alliance's register.

The Alliance was first accredited on 1 August 2013. This is its sixth annual review and this report covers 1 August 2018 to 1 August 2019.

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 2019 to 1 August 2020.

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

No Conditions were issued as a result of this annual review.

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

1. The Alliance should consider whether there are any specific risks associated with working with children or vulnerable adults and if so to add this as a separate risk to its risk matrix. (See paragraphs 3.3 to 3.6)
2. The Alliance should consider adding the practise of adjunctive therapies by its registrants to its risk matrix. (See paragraphs 3.13 to 3.15)
3. 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. (See paragraphs 7.2 to 7.3)
4. The Alliance should consider developing guidelines for duty of candour for its registrants. (see paragraphs 8.2 to 8.5)

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 decrease in the number of registrants in the past accreditation year which the Alliance put down to retirement.
- 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 considered the points raised under Standards 5 and 7 when reviewing this Standard. 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. When comparing the risk matrix to the one submitted last year, the Authority noted that the Alliance had added a new risk, risk 3d Business Practice - failure to complete Continuing Professional Development or join the Accredited Register of Foot Health Practitioners. Mitigations for this risk include the Alliance's published CPD guidance. The Alliance has noted this as an increasing risk with the risk scores rising from 6 to 8. The Alliance told us that this has been indicated as an increasing risk due to 'the number of poorly trained persons coming out of low-quality institutions – against which the Alliance cannot mitigate.' The Alliance noted that this was not a risk experienced by the Alliance and its members.
- 3.2 The Authority considered that this risk was not in the control of the Alliance or related to the practice of Alliance registrants and was therefore unclear why it was included in the Alliance's risk matrix.
- 3.3 The Authority is reviewing how Accredited Registers approach safeguarding issues; how registers are prepared to protect children, young and vulnerable adults from abuse and neglect. This follows from the seminar held by the Authority in April 2019. To develop its knowledge, the Authority is asking current Accredited Registers, and new applicants, standardised questions about their approach to safeguarding risks and the mitigating actions that are in place.
- 3.4 The Alliance confirmed that its practitioners 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.

- 3.5 The Alliance considers that safeguarding is covered within its risk matrix under risks 1a to 1c. These risks are based around boundary violations and have appropriate mitigations such as adherence to the Code of Practice, training and CPD and information leaflets that are available to its registrants. The Authority noted that the risk matrix did not include specific risks related to the treatment of vulnerable adults or children.
- 3.6 The Authority decided to issue the following Recommendation: The Alliance should consider whether there are any specific risks associated with working with children or vulnerable adults and if so to add this as a separate risk to its risk matrix. (Recommendation 1)
- 3.7 The Alliance noted that safeguarding is covered by part 10 of its [Code of Conduct and Professional Ethics](#).
- 3.8 The Alliance has produced a safeguarding policy which notes that 'The Alliance of Private Sector has a responsibility, working with other health professionals to promote the safeguarding of the young, adult and vulnerable patients treated by its registered practitioners.' The policy later goes onto say that 'where there are safeguarding concerns whether it be by the patient or practitioner there is a duty to share information. This information should be proportionate, relevant, accurate and professionally presented. The Data Protection Act in such cases is no barrier to the sharing of information.'
- 3.9 The Alliance noted that the education and training provided by the College also covers safeguarding issues.
- 3.10 The Alliance noted that if a safeguarding query was raised, it would have no hesitation in referring the issue to the police or other relevant agency. The Alliance highlight the Data sharing section of its [General Data Protection Policy 25th May 2018 Information Commissioners Privacy Notice](#) which notes that 'we will share your personal data with third parties where we are required by law.'
- 3.11 The Authority asked the Alliance how it would handle declarations of convictions. The Alliance asks for declarations of convictions at application and then on an annual basis. The Alliance does not differentiate between spent and unspent convictions within the declarations. The Alliance noted that it would consider the nature of the offence, when it occurred and the conduct since the offence had taken place. The Alliance told us that it would only accept those for registration if the conviction was minor and was spent. Where the conviction was for a more serious offence, such as those that could pose a risk to the public, the Alliance would not accept the individual whether the conviction was spent or not. The Alliance noted that those who had been convicted of serious offences would also be unlikely to get insurance cover through its insurance broker.
- 3.12 The Authority has recently considered how Accredited 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.
- 3.13 The Alliance noted that some of its members do offer adjunctive therapies. This is not something that the Alliance would monitor, however, registrants are

asked about their qualifications in these therapies by the insurance broker when they apply to the Alliance.

- 3.14 The Alliance told us that it has considered whether the use of adjunctive therapies could pose a risk to the public but considers that adjunctive therapies are only offered by those who are qualified in the therapies. The Alliance states that it would expect those offering adjunctive therapies to adhere to the Code of practice of the relevant organisations overseeing them. The Alliance said that it makes it plain that it does not 'advocate or promote practice that is inclusive of adjunctive therapies.'
- 3.15 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.
- 3.16 The Authority noted that the practise of adjunctive therapies was not included within the Alliance's risk matrix and decided to issue a Recommendation: The Alliance should consider adding the practise of adjunctive therapies by its registrants to its risk matrix. (Recommendation 2)
- 3.17 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 There were no significant changes reported or noted in the past accreditation year. As part of its due diligence, the Authority reviewed financial information including records from Companies House and found that the Standard continued to be met.

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 Alliance, its Register of Foot Health Practitioners and the College of Foot Health Practitioners, which provides the qualifications accepted by the register are owned and operated by the same people. At its initial accreditation, the Authority noted the Alliance's *Conflicts of Interest Policy*, and that its lay Ethics Committee could accept complaints about the Alliance and was responsible for monitoring potential conflicts of interest between the Alliance and the College. The Authority considers that this relationship could still lead to perceptions of conflicts of interest but that it had not seen any evidence of patient harm.
- 5.3 The Authority has issued Learning Points, Instructions or Recommendations around managing conflicts of interest to the Alliance since 2015.
- 5.4 At the last annual review, the Authority issued the following recommendation: The Alliance should develop a more detailed reporting mechanism to help provide assurance that the potential for conflicts of interest between the

Alliance and the College of Foot Health Practitioners are appropriately managed and scrutinised by its Ethics Committee.

- 5.5 The Alliance provided its *Protocol for Meetings of the Ethics Committee* which was updated in January 2019. This protocol states that the Ethics Committee is made up of three lay persons who will be convened to hear complaints about the Alliance or its staff and will also consider actual or potential conflicts of interest where they arise or where the Ethics Committee is notified. The protocol provides details of the three committee members and notes that they will meet at the Alliance's office at the earliest opportunity after receiving a concern.
- 5.6 The Alliance's Registrar will present the concern and explain the reason for the meeting but will not take place in the ensuing debate unless required to provide guidance on procedural matters. The Registrar will also record the minutes of the meeting which will be distributed to the committee, so they can review and agree that they are a true and accurate record. The protocol specifies that the minutes of these meetings will be provided for 'information and acceptance of the shareholders and executive board members who have pledged to accept the recommendations of the Ethics Committee, and who will attempt to learn from any issues raised and make such alterations as are reasonable to try to prevent the raised issues from recurring.' The protocol provides that the recommendation and the background to the concern will be published on the register website.
- 5.7 The protocol also provides that to address conflicts of interest or perceived conflicts of interest the Alliance has established a set of criteria to be applied by the Registrar when making registration decision. These are:
 - a) If the Registrar is unsure, they will refer to the two Directors for assistance
 - b) If the applicant is not satisfied with the outcome, they can complain to the Ethics Committee.
- 5.8 This protocol can be found on the [policies](#) page of the Alliance's website. The Alliance's [governance](#) page of the website states that 'where conflicts of interest arise an Ethics Committee of lay persons meets to consider the issues and make recommendations for the guidance of the Directors who will then act accordingly to allay or prevent the issue arising in the future.' The team noted that the Alliance provide the name and postal address of the Ethics Committee Chair so that members of the public can contact the Ethics Committee directly if they have any concerns about the Alliance.
- 5.9 The Alliance provided a copy of its *New Members Ethics Committee & Panel members 2019*. This provides details of the members of the complaints panels. The Authority noted that the Alliance has three panels within its complaints process (investigations, adjudication and appeals), each panel is made up of one Director of the Alliance, one healthcare professional and one Ethics Committee member (who is the lay member).
- 5.10 The Authority noted that the Ethics Committee is responsible for overseeing complaints about the Alliance and potential conflicts of interest. The team noted that there could be a potential conflict with members of the Ethics Committee being on the complaints panels, should a situation arise where someone complained about the complaints process. The Alliance confirmed

that if it received a complaint against a specific panel then the Ethics Committee member involved would not consider the complaint.

- 5.11 The Authority found that the Recommendation had been considered and that the 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 the Standard continues to be met.

Standard 7: governance

- 7.1 There were no significant changes reported or noted in the past year.
7.2 The Alliance provided the latest Ethics Committee minutes to the team. The Authority noted that all the members of the Ethics Committee were new. The Alliance told us that at last year's Board meeting it 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.
7.3 The Authority decided to issue a Recommendation: 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. (Recommendation 3)
7.4 The Alliance's management system has been certified as meeting the requirements of ISO 9001:2015. The Alliance has recently had its third recertification audit and provided a copy of the report with its supporting documents. The Authority noted that the outcome of the audit was positive with only three opportunities for improvement identified. The Authority reviewed the report and noted that none of the opportunities for improvement would impact on the Alliance's compliance with the *Standards for Accredited Registers*.
7.5 The Alliance reported that it has published a new accredited register website. The Authority reviewed the website and noted that it was a user-friendly site that is easy to navigate. There are separate tabs for the [register](#) and for [raising a concern](#), making these easy to find. The [home page](#) describes foot health practice and the diploma in foot health practice which has been assessed as meeting the Alliance's registration standards. The website provides information about the [standards](#) that registrants are expected to follow and [the policies](#) that the Alliance adheres to.
7.6 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 The Authority is also considering how Accredited Registers approach whistleblowing and Duty of Candour.
- 8.3 The Alliance confirmed that it invites anyone to raise a concern, offering people a direct route to the Ethics Committee. The Alliance noted that anyone raising a whistleblowing concern about the Alliance, or someone who was raising a concern about another registrant would have their anonymity protected. The Alliance noted that it does not produce whistleblowing guidance for its registrants who may wish to raise a concern against their employers but noted that most of their practitioners are self-employed.
- 8.4 The Alliance confirmed that the Duty of Candour is covered within its standards, the team noted that the [Alliance 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 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.
- 8.5 The Authority decided to issue a recommendation: The Alliance should consider developing guidelines for duty of candour for its registrants.
(Recommendation 4)
- 8.6 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 training provided by the College of Foot Health Practitioners is assessed as meeting the Alliance's standards for registration through external assessment of the academic work by the NCFE who have mapped this as being equivalent to a Qualifications and Credit Framework (QCF) level 4 diploma. The clinical training provided by the College was assessed solely by the Alliance.
- 9.3 At the last annual review, the Authority noted that whilst it did not consider that the Alliance's ability to meet Standard 9 had been compromised but it did query whether the assessment of the Colleges clinical training should be undertaken by the Alliance. The Authority decided to issue the following Recommendation: The Alliance should revisit the need for external oversight, separate to that provided by the Alliance, of clinical training provided at the College of Foot Health Practitioners.
- 9.4 The Alliance provided the completed audits carried out by the Alliance and the independent auditor. The independent auditor noted at the end of the audit that they 'hold an honorary award from the Alliance, she went on to note that

'in the interests of transparency the assessor is declaring this and confirms this has no bearing on the conclusions drawn in the report.' The Independent Auditor provided some improvement suggestions to the Alliance which the Alliance reports have already been implemented.

- 9.5 The Authority noted the Independent Auditor held an honorary award from the Alliance which could potentially lead to perceptions of a conflict of interest. The Authority considered the declaration by the auditor, the improvement actions recommended, and that the Alliance had already acted in response to the recommendations. It therefore considered that it could have confidence in the findings of the audit but felt that the association with the Alliance could have led to a perception of conflict. The Authority found that the recommendation had been considered.
- 9.6 The Alliance has reported that the College is working towards an external accreditation of its advanced foot health practitioner course. The Alliance noted that this will not result in any changes to the standards required to join the register.
- 9.7 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.

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 two complaints against registrants in the past accreditation year, neither of which were progressed. The Alliance did not receive any complaints against the organisation.
- 11.3 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. The Authority received one concern in the accreditation year but did not have permission to share with the Alliance. The Authority reviewed the concern for themes and did not highlight any issues.

Impact assessment

- 13.1 There were no significant changes reported or noted in the past year.
- 13.2 The Authority took account of the impact of its decision to reaccredit.

Equality duty under the Equality Act 2010

- 14.1 The Authority had regard to its duty under the Equality Act 2010 when considering the application for renewal of accreditation.