![professional standards authority logo]

Standards for Accredited Registers: Evidence framework

The table below set out the types of information we will use to determine whether the *Standards for Accredited Registers* have been met. The evidence considered is provided as a guide to the types of evidence we will consider when assessing an organisation against our standards. This is not intended to be an exhaustive list but has been provided to you to give an indication of what we will consider. We will also consider evidence against any of the Standards that is provided to us through our Share your Experience process. This document will be reviewed and updated at least annually to reflect any changes within regulation and good practice.

This should be read in conjunction with the *Supplementary Guidance on Standard One* and the further guidance document for the rest of the Standards.

Number	Standard	Evidence considered	Minimum requirements
1	Eligibility and public interest		
1a	Eligibility of the register under our legislation	Description of role(s) registered, including definitions agreed by authoritative bodies[1] (for example, World Health Organisation (WHO), National Institute of Care Excellence (NICE) (and equivalents), sector skills councils etc). Articles of association. Review of relevant legislation in addition to the Act.	Register operates within the remit of the definition of a 'voluntary register' as defined by the Act. Role(s) registered are recognised professions providing activities related to healthcare in the UK, and/or social care (in England).
1b	Public interest considerations	Audit of websites by AR team. Desk-based review of information provided by registers at initial application against key reference sources, such as	Clear and objective evidence that users derive benefit from the activities practised by registrants. Any harms arising from the activities practised can be justified by these benefits.

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[1] Further information on how we define authoritative body is found in the Standard One supplementary guidance

		NICE (and equivalents), WHO, Cochrane reports etc. Targeted consultation with groups likely to be impacted. Review of regulatory decisions relating to practice such as ASA outcomes.	The register can demonstrate that it has a thorough understanding of the risks arising from the activities and that it has in place mitigations to address these (noting these mitigations will be further assessed against Standards 2- 8 during full assessment).
i.	Evidence that the activities carried out by registrants are likely to be beneficial.	Recommendations from NICE, SIGN, WHO and equivalent authoritative bodies. Additional evidence (including Patient Reported Outcome Measures) - best available as submitted by register.	We will make a decision on the balance of i - iii using the risk rating at Appendix 1 as a guide.
ii.	Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.	Likely harms, or risks of harm. Mitigations in place.	
iii.	Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public.	Review of register communications. Sample of registrant websites, social media sites and other relevant communications. Relevant clauses in Codes of Practice. Evidence of any monitoring that the register may have done.	
2	Management of the register	Policy about continuing professional development.	Mechanism in place for ensuring continued practice competence such as continuing professional development.

2a	The registration process	Guidance, policies, and process documents. Data about timescales for registration. Data on registration outcomes.	Clear, published processes for all routes to registration. A clear appeal process so that those applying to a register can appeal registration decisions. Register has mechanisms in place to ensure that applicants meet its registration requirements (including those set for education and training) and registrants continue to do so. A process for recognising decisions regarding professional conduct made by regulatory bodies and other registers accredited by us when deciding whether a person should be admitted to the register
2b	The register	Publications policy for complaints decisions and notifications used on individual register entries. Review of online register format and content. Register checks undertaken by us. Policies/processes outlining organisational approach to ensuring data accuracy.	Clear rationale for including the information displayed on the register (including where relevant an exceptional circumstance policy). As a minimum, the register should include full name, a unique ID, details of qualification required for registration, and a link to their own website where available. Published process for applications. Initial register check confirms data accuracy. Process in place for updating and quality assuring the register, including the checking of data accuracy. Information available on the registers is clear and easily accessible. Any restrictions on practice are displayed clearly.

			Policies/processes for readmission/restoring people to the register following disciplinary action (could also be included under Standard 5).
3	Standards for registrants	<u>For 3a-3c (those specific to each are listed in following rows):</u> Guidance for registrants. Examples of training for registrants. Examples of disciplinary actions that demonstrate registrants being held to account.	<u>For 3a-3c (those specific to each are listed in following rows):</u> Written agreement/contract with registrants outlining the terms and conditions of registration. Where relevant to occupation, explicit requirements for advertising as relevant to role, in line with ASA and legislation such as the Cancer Act 1939. Explicit requirement for registrants to hold appropriate indemnity cover.
3a	Competence	Codes of practice.	Documents setting out what registrants can do and must not do within scope of practice. Process for handling safeguarding concerns with appropriate signposting. Where relevant to occupation, guidance for registrants on the use of products, equipment, and modalities that registrants can and cannot use. Where relevant to occupation, guidance or special requirements for premises to ensure the health, safety and wellbeing of users.
3b	Professional behaviours	Ethical frameworks.	Published ethical framework, such as a Code of Ethics which includes accountability, honesty, openness, integrity, respect, and the

			principles of the professional Duty of Candour.
3c	Business practices	Codes of Practice. Guidance documents.	Requirements for registrants on information sharing, data, confidentiality that as a minimum meet UK legal requirement. A requirement for registrants to have procedures for considering complaints and escalating to the registers where necessary. Requirement and mechanisms to check that registrants hold indemnity cover.
4	Education and training	For 4a and 4b (those specific to each are listed in following rows): Information provided by the organisation about its processes for assessing education and training courses.	Process for assessing education and training courses.
4a	Setting education and training requirements	Comparison with WHO, Sector Skills Council, or equivalent requirements. Data about length of education and training courses. Audit of decisions about education and training courses.	Curricula in line with National Occupational Skills (or other relevant) requirements. Process of quality assurance of education and training providers.
4b	Quality of education and training	Examples of curricula from education and training courses.	Education and training requirements include basic training about the wider health and social system.
4c	Transparency of education and training	Review of information available to the public about education and training.	Minimum information provided to the public specifies: • Type and level of qualification required for entry to the register, including

			typical duration if is not a standard qualification such as degree • If equivalence routes exist, how experience will be considered
5	Complaints and concerns about registrants	<u>For 5a and 5b (those specific to each are listed in the following rows):</u> Audit of complaints and decisions, including outcomes from disciplinary hearings. Data about timescales for considering complaints. Information about how concerns have been handled that we receive through our 'Share Your Experience' process.	<u>For 5a and 5b (those specific to each are listed in following rows):</u> Published policy setting out how complaints and concerns about registrants (for professional behaviours, and competence) will be handled, to include information about how outcomes from disciplinary proceedings will be published. This should include clear thresholds for escalation of concerns.
5a	Processes for dealing with complaints and concerns	Guidance and policies for handling concerns about registrants. Information provided by the organisation about its processes.	A process for all parties to appeal outcomes. Processes are accessible and clear to all parties, with appropriate support offered when needed. Process for recruitment, training, and ongoing monitoring of those key decision makers in disciplinary processes. Mechanism for making sure outcomes are consistent. Process for Quality Assurance of decisions. Process for ensuring that actions are taken to restrict practice where there are serious safety concerns. Decision making about complaints is separate from governance Boards, Committees and the Chief Executive (or

			equivalent). Decision makers at different stages of the process including appeal should not have previously been involved in the complaint. Register assumes responsibility for investigating and prosecuting complaints, with complainant as witness rather than prosecutor in cases that reach the threshold for formal hearings. Lay involvement in complaints decisions. A policy for reporting concerns to other relevant agencies (such as the Police or Social Services). Processes for ensuring that other Accredited Registers are notified of disciplinary outcomes.
5b	Transparency of decisions and outcomes	Publications policy for complaints decisions. Review of published information about decisions.	The Register should publish complaints outcomes in line with its Publications policy for outcomes, so that members of the public can make informed decisions about who they see. A process for reporting concerns to other relevant agencies when that is needed to protect the public.
6	Governance	For 6a and 6b (those specific to each are listed in following rows): Trustees' Annual Reports, where applicable. Policies for managing conflicts of interest.	For 6a and 6b (those specific to each are listed in following rows): Articles of Association, mission statements have a clear focus on public protection. A policy in place for managing conflicts of interest.

		Reports to governing Boards and Committees about performance of functions such as complaints and registration. Observation at, and papers and minutes from governance meetings. AGM and other meetings – minutes. Governance documents such as Articles of Association, Mission Statements, terms of reference etc. Policies such as handling conflicts of interest, recruitment, risk management etc.	Clear separation between management of register functions, education and training provision, and professional body. Organisational risk management practices. Publication of key governance documents – Board papers, minutes, registers of interests that relate to Accredited Register.
6a	Financial and organisational management	Trustees' Annual Reports, where applicable. Annual returns. Information provided to Companies House, for registered organisations. Information provided to Charity Commission (and devolved equivalents), for charities. Business continuity plans. Annual business and budget plans. Financial forecasts. Policies and processes relating to financial management, such as fraud. Policies and process relating to information security arrangements, and other as required to meeting UK legal requirements. Policies and processes relating to organisational risk management.	Process in place for anyone to raise a concern or complaint about the Accredited Register. Liability insurance is in place. Processes in place to ensure appropriate data handling. Process for setting annual budget, reserves level based on forecasting information. Business continuity arrangements in place. Clear and documented approach to organisational risk management, with the Board taking an active role in regular review of risks.

6b	Strategic leadership and accountability	Articles of Association. Memorandum of Association. Terms of Reference for governing Boards and Committees. Job descriptions and recruitment processes for key governance and leadership roles. Mechanisms for ensuring training, and regular appraisal of key governance and leadership roles. Policies and procedures that promote Equality, Diversity and inclusion.	Governance arrangements are published, with supporting Terms of Reference for Boards. Clear expectations for Board members that will ensure they can discharge their legal responsibilities. Ensure that governance arrangements and membership include diverse range of perspectives and expertise not limited to those practising in the role (e.g. lay members). Organisational statement on Equality, Diversity and Inclusion setting out commitment and how it is promoted within the Register.
7	Management of risks arising from the activities of registrants	Risk register/matrix covering risks arising from the activities of registrants and any associated policies. Horizon scanning mechanisms – how they identify risks. Check of how mitigations link to processes and actions – how are they embedded? Examples of how actions taken to mitigate risks are embedded in policies and processes and communicated to registrants. Board minutes where practice risks have been discussed and decisions made.	A risk register/matrix covering risks arising from the activities of registrants, which is discussed by the organisation's leadership and Board on a periodic basis. Organisation's website and other materials provide clear and accessible information about the limitations and benefits of treatments offered by roles registered.

| 8 | Communications and engagement | Organisational website and social media. Sample of registrants' websites. Awareness of other stakeholders' policies and processes reflected in own where appropriate. Communications strategy. Communications are responsive and reflect emerging risks and issues. Memoranda of Understanding with other organisations such as with regulators, other Accredited Registers etc. | Clear and accessible organisational website. Published statements (including on social media) are in line with aims of organisation and programme. Commitment to collaborate with Accredited Registers and other key stakeholders. Organisation provides clear information about accreditation on its website and other communications channels and requires registrants to do the same. The register must ensure that only registrants working in the UK use the Accredited Registers Quality Mark. Key processes are published (e.g. complaints, registration). Grades of Membership/registration should be clearly explained. Has policies/processes in place to seek, understand and use the views and experiences of service users and other stakeholders. |

Appendix 1 – Risk rating guide for Standard 1b

	i. Evidence that the activities carried out by registrants are likely to be beneficial.	ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration.	iii. Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public.
Green	Authoritative bodies have concluded on the basis of objective and independent research and reviews that the activities are beneficial and/or effective to health and wellbeing.	Any harms or risks arising from the activities are low and can be addressed through the register's requirements for registration.	Communications by the register and the majority of its registrants are clear and accurate, do not make unproven claims, and are in line with relevant advertising and trading standards requirements.
Amber	Some evidence that activities may be beneficial, but likely to rely on patient-reported outcome measures or secondary evidence.	The harms and risks arising from the activities have potential to cause significant physical, mental, financial or other harm but can be mitigated through the register's requirements for registration.	Further actions need to be put in place to ensure that the register and its registrants are providing clear and accurate information about treatments within a limited time.
Red	Very little or no evidence that activities have demonstrable benefits to health and/or wellbeing, and/or activity is not recommended for use by authoritative body.	The activities are likely to be unlawful on the basis of physical or mental harm, discrimination or any other reason.	A register has failed to take appropriate action to ensure that communications by it and its registrants are clear and accurate, and there is a material risk of the public being misled.