

Board meeting

16 January 2019

Paper 05



Update on Accredited Registers

Purpose: For information

1. Introduction

- 1.1 This paper provides an update on the Accredited Registers programme. An update on applications going through assessment for initial accreditation and annual reviews is outlined in appendix 1. The reporting within this table has been updated to provide detail on open conditions.

2. Applications and renewals

- 2.1 Accredited registers due for renewal continue to apply. To date, 100% of registers have applied for renewal.
- 2.2 We continue to have discussions with several potential registers.

3. Communications

- 3.1 Our research with the National Association for Patient Participation (NAPP) has been completed and Research Works have submitted their report which we are considering. This will help to further inform our communications strategy to ensure we are focusing our efforts on approaches that will resonate with target stakeholders.

4. Ongoing funding

- 4.1 We have provided further information to DHSC to help them draft the Ministerial Submission for ongoing funding for 2019-20 onwards.

5. Staffing

- 5.1 Graham Mockler, Head of Accreditation has left his position to take up a new role as Assistant Director Scrutiny and Quality (Performance). We thank Graham for his leadership of the programme and wish him well in his new role. Roisin Fairfax has been seconded as Head of Accreditation for one year and takes up post this month.

6. Revisiting the principles underpinning the accreditation programme

- 6.1 The accredited registers programme has been in operation for seven years. It was formed to implement the government's policy on 'assured

registration', first set out in the Command paper, *Enabling Excellence: Autonomy and accountability for healthcare workers* (2011). That policy had its origin in an earlier paper *Trust, Assurance and Safety* and the proposal in 2009 by the Working Group on Extending Professional Regulation that statutory regulation was not always a proportionate response to risks posed by a range of unregulated occupations. *Enabling Excellence* determined that there needed instead to be a means of providing independent assurance that voluntary registers for these occupations were competent, trustworthy and focused on public protection.

- 6.2 The Health and Social Care Act 2012 (the Act) gave the Authority a new role – to set standards for and accredit voluntary registers for health and social care. The definition of 'health' provided in the Act is broad and includes 'all forms of health care for individuals, whether relating to physical or mental health; and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition'.
- 6.3 The Authority established the Accredited registers programme in 2012, following a period of extensive consultation during the previous year with stakeholders. The early consultation period included: publication of an early discussion paper and analysis of responses, individual meetings with over forty professional bodies and interested groups to ascertain the risks the occupations that might be covered by the programme posed to the public; and a series of workshops attended by professional bodies and members of the public to work through the main issues raised during the consultation period and to develop the standards for accreditation. A formal consultation on the standards and assessment was also held. The Centre of Health Service Economics and Organisation (the Centre) also did some preliminary research to assess the potential scope of the programme and the factors to be taken into account in its design, including the number of organisations holding voluntary registers and the range of occupations that might be eligible.
- 6.4 When it was formed, the Board agreed a set of principles to underpin our approach. These were drawn from the government's policy and the Centre's advice. These principles are that the programme:
- Should ensure that any restrictions developed through the creation of the accreditation standards, or the operation of the programme, would reflect the potential risks of harm to the public
 - Should not unfairly or unnecessarily restrict the market by creating monopolies and would be open to any eligible register, including those relating to the same occupation
 - Accreditation should be affordable and not price small registers out of the market, making it open to registers clustering under umbrella organisations
 - The Authority should not set the education and training requirements for entry onto a register; it was our view that individual professions are the experts on what education and training is required for competent practice

- The Authority make no judgement about the efficacy of any therapy or health or care practice. That is a matter for the NHS, employers and service users.
- 6.5 We reviewed our approach to education and training in 2014 and the Board reconfirmed the principle that it should not set education and training requirements for entry to a register but that these should continue to be set by the registers. We have noted that one counselling register voluntarily raised its entry requirements to that of other registers in its field; two other registers have introduced specific requirements for working for children to the benefit of the public. We introduced a new standard to require all registers to make clear to the public their education standards.
- 6.6 When we carried out our formal consultation some stakeholders expressed concern that accreditation of a register might be misconstrued as meaning that we had approved the therapies practised by its registrants. The therapies that caused them concern were complementary and alternative therapies and homeopathy. We considered this matter carefully, including meeting the Nightingale Collaboration to hear their concerns first hand, taking account of the reports of the Science and Technology Committee and the government's response.¹
- 6.7 We noted that complementary therapies are used extensively by the UK population (approximately a quarter of the population at the time) and that people considered they derived benefit from them. They are used within cancer care services, mental health services, by people with long-term conditions and in hospices. Our report *Accredited registers: ensuring that health and care practitioners are competent and safe* (2015) provides examples. We noted that risks of harm in relation to complementary therapy is generally low and can be addressed by education and training. We noted concern about evidence and the risks of diverting patients with serious conditions away from conventional medicine and the risk of misleading advertising and introduced standards to address them. We further noted that the Complementary and Natural Healthcare Council was established with funding from the Department of Health and Social Care; that homeopathic medicines are licensed; that complementary remedies are readily available through pharmacies and that some statutorily registered health professionals use complementary therapies alongside their conventional practice. We considered that it was reasonable to conclude that the wording of the definition of health in the Act could apply and that registers would therefore be eligible for accreditation. We differentiated however between complementary and alternative practice as the latter implies being used instead of conventional medicine rather than as a support or adjunct to it.
- 6.8 Following our consultation, we introduced some specific standards to address concerns raised. This includes the explicit recognition under standard 6 that not all disciplines are underpinned by evidence of proven therapeutic value. This includes disciplines such as counselling and psychotherapy where some NICE and SCIE guidelines exist for some aspects of care, but do not cover the full range of modalities used by

¹ Science and Technology Committee – sixth report (2000) Complementary and Alternative Medicine; Science and Technology Committee (2010) fourth report. Evidence 2: Homeopathy

practitioners or all conditions experienced by members of the public. Research is being conducted within this field and knowledge is improving. That is also true of play therapy – one register has been collating data for several years, but no randomised controlled trials have yet been conducted to our knowledge. It is unclear too what evidence of efficacy would be relied upon for certain public health interventions. Standard 9 ensures that practitioners are trained to recognise when to refer onto another health professional and our assessments include checking that registers are observing the Advertising Standards Authority standards.

- 6.9 We have received no complaints from members of the public relating to their personal use of complementary therapies. We have received some complaints from five individuals who reiterate the concerns made during the consultation, that accreditation may imply efficacy. We also require registers to make clear the knowledge base that underpins their registrants' practise and to be explicit if this does not exist or is being developed. We publish clear statements at regular intervals that accreditation does not imply efficacy. We continue to be vigilant for evidence of risk of harm and recently acted on concern about CEASE therapy, which included administration of high doses of vitamins to children above the recommended dose.
- 6.10 Whether a therapy has a proven scientific action or not, service users can still come to harm through their practitioner through a number of actions, including sexual or financial exploitation. The accredited register programme offers them a method of checking that practitioners have been vetted by organisations that have been assessed and awarded accreditation by the Authority. This fulfils the expectation set out in *Enabling Excellence* that they would be offered a way to access services they choose to use from bodies that have been independently verified. The effect of the programme in raising their standards is evident.
- 6.11 We do not consider the Authority would have the expertise or resource to assess efficacy, even if minded doing so – of the grounds on which it might make such a judgement in relation to the volume of occupations, range of conditions and various therapeutic approaches that might entail.
- 6.12 We recommend continuing our observance of the founding principles. In the light of our experience with considering the issues involved in CEASE therapy we would highlight one additional point. Whilst we addressed this primarily from a safety perspective, it also raised an ethical issue under the Equality Act in so far as the therapy seeks to 'eliminate' a characteristic that not everyone would think necessary or desirable to eliminate. Since we already consider observance with the Equality Act within our assessment process we do not think we need to amend the principles.

We consider the safeguarding legislative gap to present an ongoing risk to the public and we will continue to raise this matter with the DHSC and Ministers. This year we will focus our assessment activity on accredited registers risk management procedures, which will include reviewing their safeguarding arrangements and if this continues to highlight a problem, we will present our findings to DHSC to strengthen our call for action.

6.13 Appendix 1 – update on applications going through assessment for initial accreditation and annual reviews

New applications	
Annual Reviews	
British Association for Counselling and Psychotherapy	Annual review under assessment
Federation of Holistic Therapists	Annual review under assessment
Society of Homeopaths	Annual review under assessment
Other Accredited Registers	
Academy for Healthcare Science	No open conditions
Alliance of Private Sector Practitioners	No open conditions
Association of Child Psychotherapists	No open conditions
Association of Christian Counsellors	No open conditions
British Acupuncture Council	No open conditions
British Association of Play Therapists	No open conditions
British Association for Sports Rehabilitators and Trainers	No open conditions
British Psychoanalytic Council	No open conditions
Complementary and Natural Healthcare Council	No open conditions
Counselling and Psychotherapy in Scotland	No open conditions
Genetic Counsellor Registration Board	No open conditions
Human Givens Institute	No open conditions
Joint Council for Cosmetic Practitioners (JCCP)	Newly accredited. One open condition: 1. The JCCP must provide an update on its financial sustainability to the Accreditation team after six months.
National Counselling Society ²	No open conditions
National Hypnotherapy Society	No open conditions
Play Therapy UK	No open conditions
Register of Clinical Technologists	No open conditions
Registration Council for Clinical Physiologists (RCCP)	Newly accredited. One open condition: 1. RCCP must put processes in place to check the accuracy of the information provided, and any changes made to this information, by registrants for their entry on the register.
Treatments You Can Trust	Accreditation removed
Save Face	No open conditions

² The National Counselling Society and the National Hypnotherapy Society are a cluster and therefore assessed together as one application.

<p>UK Association for Humanistic Psychology Practitioners</p>	<p>Newly accredited. Three open Conditions: 1. UKAHPP must update its risk matrix to include more fully all risks, such as remote counselling, and all mitigations, such as training, relevant CPD and adherence to the Codes of Conduct. This should be completed by 7 February 2019 2. UKAHPP must develop quality assurance processes to ensure the information on the public register is accurate. This should be completed 7 February 2019 3. UKAHPP must review the wording and the practicalities of the Complaints Procedure and the Disciplinary Procedure to ensure that it is clear which process will be used and when. This is to be completed and sent to the Accreditation team 7 February 2019.</p>
<p>UK Board of Healthcare Chaplaincy</p>	<p>No open conditions</p>
<p>United Kingdom Council for Psychotherapy</p>	<p>No open conditions</p>
<p>UK Public Health Register</p>	<p>No open conditions</p>