

# Proposed changes to the annual renewal process for Accredited Registers

Consultation paper

May 2017

## About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care<sup>1</sup> promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.<sup>2</sup> We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at [www.professionalstandards.org.uk](http://www.professionalstandards.org.uk).

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<sup>1</sup> The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

<sup>2</sup> *Right-touch regulation revised (October 2015)*. Available at [www.professionalstandards.org.uk/policy-and-research/right-touch-regulation](http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation)

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# 1. Scope of this consultation

- 1.1 This consultation sets out our proposals to change how we assess applications to renew accreditation of registers. We are proposing to introduce changes to ensure that the process is more risk based, targeted and proportionate.
- 1.2 We do not propose to make changes to the initial accreditation process at this time.

# 2. Introduction

- 2.1 The Accredited Registers programme has been in operation for over four years, during which time minor changes to the programme and *Standards for Accredited Registers* have been made.
- 2.2 The legislative framework for our responsibilities is set out in the Health and Social Care Act 2012, which gives us the authority to set standards for voluntary registers of health and care professionals and workers, and accredit any that meet them. Our standards are set out in our *Standards for Accredited Registers*. Registers must demonstrate that they meet all of our Standards to become accredited.
- 2.3 We aim to carry out our assessments in line with our values. We are committed to being:
  - Focused on the public interest
  - Independent
  - Fair
  - Transparent
  - Proportionate.
- 2.4 More recently, some Accredited Registers have suggested that changes might be made to the annual review process to make this more proportionate and focused on areas of risk.
- 2.5 We have observed that all new applicants have had to make changes to achieve or maintain our Standards during the first two to three years of accreditation. Thereafter, the majority complete the annual review process successfully and with very few conditions.
- 2.6 We recognise therefore that the programme has reached a level of maturity where changes are possible, and arguably necessary, to ensure it continues to lead the way as a model of risk-based assurance.

## 3. How we re-assess accreditation each year

- 3.1 Currently, although our process allows variations in the annual review assessment process, in practice it has tended to be uniform.
- 3.2 Our Standards cover 11 areas including commitment to public protection, governance, standards for registrants, education and training and complaints. The 11 Standards form the basis of our assessment.
- 3.3 Each year, the registers return an application form on which they declare whether they continue to meet the Standards and if any substantial changes have been made. They provide us with an updated risk assessment and tell us about hearings and complaints. During the year, we gather information about the register from a range of sources.
- 3.4 When a register's accreditation is due for renewal, we put out a call for information and ask stakeholders to share their experience of the register with us. We also review the register's website to see how accessible and easy it is to find relevant information from the point of view of a member of the public accessing a register's website for the first time. We ask the register additional questions and may also carry out a site visit, including observing a hearing or reviewing complaints files if we have not already done so.
- 3.5 We may also decide to focus on a particular area within the Standards for one, or all registers. For example, this year we are focusing on complaints handling for every renewal application.
- 3.6 Once we have gathered this information we present it in a report to an Accreditation Panel, which decides if the register is continuing to meet our Standards. It may: renew accreditation; impose conditions, instructions and learning points; suspend; or refuse accreditation.

## 4. What we propose to do in future

- 4.1 We propose to introduce changes to our processes to vary our assessments according to risk.
- 4.2 We will introduce a new step, based on evidence considered by the Accreditation team, to decide what type of assessment we will carry out. A single moderator (see 'Assessment decisions' section) will decide one of three outcomes:
  - No further assessment
  - Targeted review
  - Detailed review.

## 5. Assessment process

- 5.1 The process for applying for renewal of accreditation will change, so that greater emphasis is placed on the Accreditation team gathering evidence proactively during the year. The team will gather evidence throughout the year from publicly available sources, through checks and sampling. This will include, but will not be limited to:
- Sampling external communications, including newsletters, social media and other materials
  - Reviewing minutes of Board meetings<sup>3</sup>
  - Reviewing complaints, comments and compliments received
  - Checking entries on registers
  - Monitoring reports from other bodies including the Advertising Standards Authority
  - Reviewing annual reports, including those produced by Boards or other oversight bodies
  - Monitoring changes to the organisations holding registers.
- 5.2 The Accreditation team will populate an annual review form for each register based on the information held. Each register will then be responsible for providing any updates from the year not covered by the Accreditation team's evidence. This will shift the focus onto the Accreditation team for evidence gathering during the year, but will continue to place responsibility on the registers at the time of renewal to draw our attention to any matters affecting compliance with our Standards, including developments, achievements or problems.
- 5.3 We will continue to invite stakeholders to share their experiences of the register, as we do now. The Accreditation team will retain the opportunity to seek further information from a register as part of the annual renewal process.
- 5.4 Based on the information analysed by the Accreditation team, one of the following three outcomes will be determined by the moderator:
- **No further assessment.** Where the moderator decides that the register continues to meet all the Standards, no further assessment will be made. Further information to that supplied in the annual review form may be required to make this decision
  - **Targeted review.** Where the moderator has concerns that the register may not meet up to two Standards, they may instruct the Accreditation team to carry out a targeted review. This may include a review of further documentation, interviews with register staff, a site visit, or a combination of these activities
  - **Detailed review.** Where the moderator has concerns about the register's performance that spans three or more Standards, they may instruct the Accreditation team to carry out a detailed review. This may include a review

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<sup>3</sup> Note: if minutes are not available on the register's website the team will request them.

of further documentation, interviews with register staff, a site visit, or a combination of these activities.

- 5.5 The appendix provides a flowchart outlining the processes.
- 5.6 If no detailed review has been carried out after three years, the Authority reserves the right to do so at its discretion.
- 5.7 Nothing within these changes alters the Authority's ability to make enquiries within the current year of accreditation, if it is concerned that any standard may not be met. For example:
  - Incidents of harm that indicate non-compliance with one or more Standards likely to compromise a register's ability to protect the public or which are likely to undermine public confidence in the register
  - Credible intelligence indicating that one or more Standards are not met and in the judgement of the team, need investigating
  - Breaches of the trademark licensing agreement or other serious communication failures likely to undermine public confidence in the register or damage the reputation of the programme.
- 5.8 We do not envisage that the proposed changes to the annual review assessment process will negatively impact public protection.

The new processes are designed to increase the emphasis on the evidence gathered by the Authority and improve the flexibility with which we can assess organisations. The assessment burden on those registers that demonstrate that they meet the Standards will be reduced. We anticipate that new registers will continue to receive close attention during the first two to three years of accreditation as experience has shown that most continue to need to make improvements during this period. However, as registers become more experienced, the need for such close scrutiny might lessen.

### **Consultation questions**

**Q1:** What are your opinions on our proposal to introduce an initial step to decide the type of assessment we will carry out, including no further assessment? If you do not agree, please tell us why. If you have further suggestions, please detail these.

**Q2:** What are your opinions on the proposed changes to the annual review assessment process? If you do not agree, please tell us why. If you have further suggestions, please detail these.

**Q3:** What impact do you think the proposed changes will have, including on public protection and on Accredited Registers as organisations?

## **6. Assessment decisions**

- 6.1 Currently, Accreditation Panels are responsible for making decisions on the vast majority of accreditation outcomes, including the meeting of conditions. We believe that this adds unnecessary time and costs and as such are proposing to change it as below and within table 1:

- Where the Accreditation team considers that a register meets all the Standards, they will refer the register to a moderator. The moderator may renew accreditation or renew accreditation with recommendations (see below). If the moderator is not satisfied that the register meets the Standards, they may ask the Accreditation team to seek further information, or carry out a targeted or detailed assessment
- Where the Accreditation team considers that a register does not meet one or more of the Standards, they will seek approval from the moderator to undertake a targeted or detailed review. Accreditation Panels will be convened to determine the outcomes of targeted and detailed reviews. The Panel may decide to renew accreditation, to renew accreditation with conditions and/or recommendations, to suspend accreditation, or to remove accreditation.

6.2 If a register is unhappy with a decision by the moderator or an Accreditation Panel, it may appeal the decision under our Appeals procedure.

Table 1

<b>Annual review decision</b>	<b>Proposed moderator</b>	<b>Current decision maker</b>
<b>Initial determination of whether all Standards are met and which assessment is required</b>	Director	N/A
<b>Accreditation granted with no further assessment</b>	Director	Accreditation Panel
<b>Accreditation granted following targeted review</b>	Accreditation Panel	Accreditation Panel
<b>Accreditation granted following detailed review</b>	Accreditation Panel	Accreditation Panel
<b>Accreditation suspended</b>	Accreditation Panel	Accreditation Panel
<b>Accreditation removed</b>	Accreditation Panel	Accreditation Panel
<b>Compliance with conditions</b>	Director	Accreditation Panel
<b>Completion of recommendations</b>	Head of Accreditation	Accreditation Panel
<b>Appeal</b>	Appeal Panel	Appeal Panel

### *Consultation questions*

**Q4:** What are your opinions on the proposed changes to decision-making? If you do not agree, please tell us why. If you have further suggestions, please detail these.



## 7. Conditions, instructions, learning points

- 7.1 Accreditation Panels are currently able to issue three levels of requirements to registers; conditions, instructions and learning points. The definitions of these are as follows:
- Condition: changes that must be made in order to gain or maintain accreditation
  - Instruction: actions that would improve practice but do not affect compliance with the Standards and that the Panel requires to be implemented and be satisfied of appropriate implementation within a given timeframe
  - Learning Point: actions that would benefit the operation of the register, the implementation of which would be verified during the annual review of accreditation.
- 7.2 We are proposing that we merge instructions and learning points into one category titled 'recommendations'.
- 7.3 We are also proposing to add a further category to outline areas of notable practice where registers are performing particularly well.
- 7.4 The proposed new definitions are as follows:
- Condition: changes that must be made within a specified timeframe in order to gain or maintain accreditation
  - Recommendation: actions that would improve practice and benefit the operation of the register, but do not affect compliance with the Standards. Evidence should be provided of appropriate implementation within a given timeframe
  - Notable practice: areas that are innovative and/or demonstrate highly effective working methods.
- 7.5 Notable practice will be published on the register pages of the Authority's website. It is envisaged that notable practice will add to the shared learning across registers.
- 7.6 We believe that the above changes will add clarity and allow greater highlighting of the positive work undertaken by registers.

### *Consultation questions*

**Q5:** What are your opinions on replacing learning points and instructions with 'recommendations', and adding 'notable practice'? If you do not agree, please tell us why. If you have further suggestions, please detail these.

**Q6:** Are there any aspects of the proposals within this paper that you feel could result in differential treatment of or impact on groups or individuals based on the following characteristics, as defined under the Equality Act 2010?

- Age
- Gender reassignment

- Ethnicity
- Disability
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

If yes to any of the above, please explain why and what could be done to change this.

**Q7:** Please provide any further comments you have on the proposals within this document.

## 8. Summary of questions and how to respond

- 8.1 **Q1:** What are your opinions on our proposal to introduce an initial step to decide the type of assessment we will carry out, including no further assessment? If you do not agree, please tell us why. If you have further suggestions, please detail these.
- 8.2 **Q2:** What are your opinions on the proposed changes to the annual review assessment process? If you do not agree, please tell us why. If you have further suggestions, please detail these.
- 8.3 **Q3:** What impact do you think the proposed changes will have, including on public protection and on Accredited Registers as organisations?
- 8.4 **Q4:** What are your opinions on the proposed changes to decision-making? If you do not agree, please tell us why. If you have further suggestions, please detail these.
- 8.5 **Q5:** What are your opinions on replacing learning points and instructions with 'recommendations', and adding 'notable practice'? If you do not agree, please tell us why. If you have further suggestions, please detail these.
- 8.6 **Q6:** Are there any aspects of these proposals that you feel could result in differential treatment of or impact on groups or individuals based on the following characteristics, as defined under the Equality Act 2010?
- Age
  - Gender reassignment
  - Ethnicity
  - Disability

- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

If yes to any of the above, please explain why and what could be done to change this.

**Q7:** Please provide any further comments you have on the proposals within this document.

- 8.7 Responses to this consultation should address the questions posed and be sent to the Accreditation team ([accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk)) by 16 June 2016. Responses can also be posted to the following address:

Accreditation team  
Professional Standards Authority  
157-197 Buckingham Palace Road  
London  
SW1W 9SP

- 8.8 If you have any queries, or require an accessible version of this document, please contact the Accreditation team on 020 7389 8037 or by email at [accreditationteam@professionalstandards.org.uk](mailto:accreditationteam@professionalstandards.org.uk).
- 8.9 Responses will be analysed and used to inform the changes to the programme. Any changes will need to be ratified by the Authority's Board prior to implementation. Registers will be informed of any changes prior to their implementation.

## 9. Confidentiality of information

- 9.1 We will manage the information you provide in response to this consultation paper in accordance with our information security policies which can be found on our website ([www.professionalstandards.org.uk](http://www.professionalstandards.org.uk)).
- 9.2 Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
- 9.3 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.

- 9.4 If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Professional Standards Authority.
- 9.5 The Professional Standards Authority will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

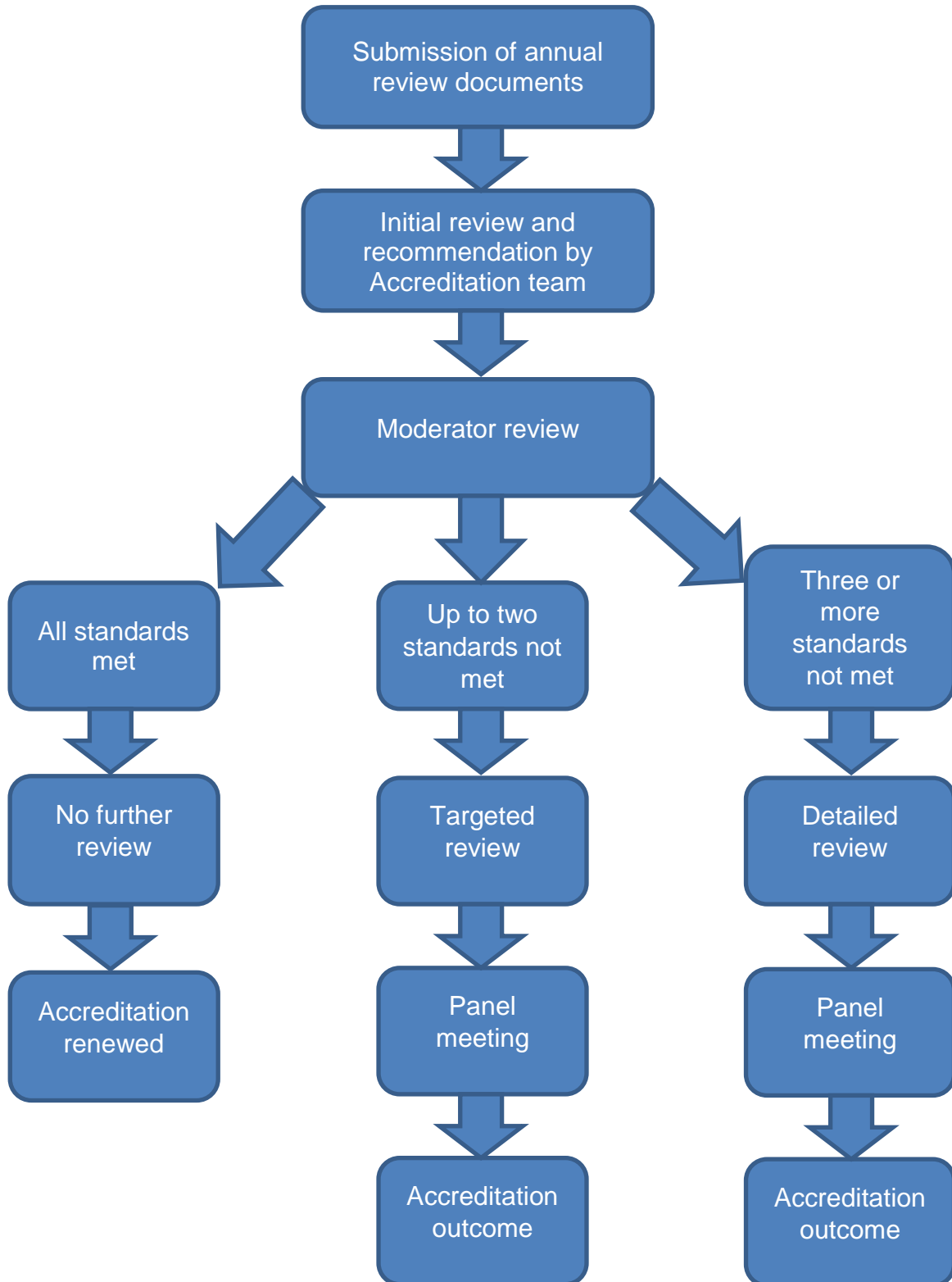
## 10. Consultation process feedback

- 10.1 If you have any concerns or comments to make regarding our consultation process, please contact:

Christine Braithwaite, Director of Standards and Policy  
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157-197 Buckingham Palace Road  
London SW1W 9SP  
Tel: 020 7389 8030  
Email: [christine.braithwaite@professionalstandards.org.uk](mailto:christine.braithwaite@professionalstandards.org.uk)

# 11. Appendix

## 11.1 Flowchart outlining new annual review process



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