professional standards authority
for Health and Social Care

Accreditation Renewal Report

The British Psychological Society (BPS)

Standards 1-9
September 2025

Contents

About accreditation

The Professional Standards Authority (the Authority) accredits registers of people working in a variety of health and social care occupations that are not regulated by law. To become an Accredited Register, organisations holding registers of unregulated health and social care roles must prove that they meet our *Standards for Accredited Registers* (the Standards).

Initial accreditation decisions are made by an Accreditation Panel following an assessment of the organisation against the Standards by the Accreditation team. The Panel decides whether to accredit an organisation or not. The Panel can also decide to accredit with Conditions and provide Recommendations to the organisation.

- **Condition** – Issued when a Panel has determined that a Standard has not been met. A Condition sets out the requirements needed for the Accredited Register to meet the Standards, within a set timeframe. It may also reduce the period of accreditation subject to a review or the Condition being met.
- **Recommendation** – Actions that would improve practice and benefit the operation of the Register, but which is not a current requirement for accreditation to be maintained.

This assessment was carried out against our Standards for Accredited Registers[1] ("the Standards") and our minimum requirements for the Standards as set out in our Evidence framework[2]. More about how we assess against Standard One can be found in our Supplementary Guidance for Standard One[3].

We used the following in our assessment of the BPS:

- Documentary review of evidence of benefits and risk supplied by the BPS and gathered through desk research
- Documentary review of evidence supplied by the BPS and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses
- Site visits including discussions with members of staff
- Assessment of BPS' complaints procedures.

[1] **https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-accredited-registers.pdf?sfvrsn=e2577e20_8**
[2] **https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_9**
[3] **https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6**

The Outcome

The Accreditation Panel met on 10 September 2025 to consider the British Psychological Society (BPS). The Panel was satisfied that the BPS could meet with Conditions all the Standards for Accredited Registers.

We therefore decided to accredit the BPS with Conditions.

We noted the following positive findings:

- **The BPS appears to be an organisation which adheres to the Standards for Accredited Registers well. They provide clear, accessible and easy to understand information to members of the public and their registrants.**

We issued the following Conditions to be implemented by the deadline given:

Conditions		Deadline
Standard Six	1. The BPS should develop and document their approach to ensuring diversity in the composition of their senior leadership team, Board and Committee members, particularly in relation to ensuring fair recruitment and training processes.	Six Months

We issued the following Recommendations to be considered by the next review:

Recommendations	
Standard Three	1. BPS may wish to consider how they can confirm registrants hold appropriate indemnity insurance, particularly in cases where registrants are not employed by the NHS.
Standard Five	2. BPS may wish to include a reference to their Safeguarding Policy within their complaints Procedures
Standard Eight	3. The BPS may wish to share relevant policies or procedures setting out how the BPS ensures service users views are sought, understood and used.
Standard Nine	4. BPS may wish to consider making it easier for members of the public to locate the guidance and find accessible information about witness support 5. BPS may wish to consider building its understanding of the demographic profile of service users and this can be used by the BPS to identify areas where further support may be needed.

About the Register

This section provides an overview of the BPS and its register.

Date first Accredited	October 2022
Type of Organisation	The British Psychological Society is a charity registered in England and Wales, Registration Number: 229642 and a charity registered in Scotland, Registration Number: SC039452 - VAT Registration Number: 283 2609 94
Overview of Governance	A board of trustees, a management group, and five boards and six committees. The board of trustees is the society's primary governing body, with responsibility for the management and control of the society's affairs and transactions, which ensures that the BPS conforms to the terms of its charter and that it observes its legal obligations as a charitable body. A Senior Management Team (SMT) which is made up of a number of directors whose responsibility it is to oversee the smooth and efficient running of the society's internal workings.
Overview of the aims of the register	To be a forward-facing voice that speaks up for psychology and psychologists. To develop a psychological approach to policy-making that puts people first. To give members the tools and resources to enhance their careers.
Register Website	https://www.bps.org.uk/;
UK countries in which Register operates	England, Wales, Scotland.
Role(s) covered	The PSA Accredited Register only extends to the Wider Psychological Workforce (WPW). Roles covered include psychologists and psychotherapists as well as a range of associated professions including: Psychological Wellbeing Practitioners (PWP) Children's Wellbeing Practitioners (CWP) Education Mental Health Practitioners (EMHP) Clinical Associate in Psychology (CAP) Clinical Associate in Applied Psychology (CAAP) A Notification of Change assessment is currently being completed to add the Mental Health and Wellbeing Practitioner (MHWP) role to the WPW Register.
Number of registrants	915 as of October 2025.

Main practice settings	NHS, clinical practice, private practice.
About the patients and service users	Those experiencing mental or emotional distress or symptoms, and those with learning disabilities.

Inherent risks of the practice

This section uses the criteria developed as part of the Authority's *Right Touch Assurance tool*[4] to give an overview of the work of those on the Wider Psychological Workforce Register.

Risk criteria	Wider Psychological Workforce Register
1. Scale of risk associated with the practitioners on the Wider Psychological Workforce Register • *What do they do?* • *How many are there?* • *Where do they work?* • *Size of actual/potential service user group*	a) There are five roles included on the WPW register: • Psychological Wellbeing Practitioners (PWP) offer low level intensity intervention such as guided self-help, computerised CBT and group based physical activity to those with mild to moderate depression and some anxiety disorders. • Children's Wellbeing Practitioners (CWP) work with children and young people between the ages of five to 18 years old and their families. They CPWs offer low level intensity interventions for mild to moderate depression and anxiety and some behavioural difficulties. • Education Mental Health Practitioners (EMHP) work with children and young people within schools and colleges. EMHPs will also work with pastoral teams and school nurses and tend to offer less one to one therapy but take a whole systems approach. EMHPs deliver brief psychological interventions. • Clinical Associate in Psychology (CAP)s – 'provide high quality, evidence based psychological interventions to inform practice. They work with specified populations across the lifespan under supervision of a registered practitioner psychologist.' • Clinical Associate in Applied Psychology (CAAP)s – 'assess, formulate and treat clients within specified ranges

[4] **https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14**.

of conditions and age' in Scotland.

PWPs, CWPs and EMHPs offer a range of low intensity psychological interventions as part of a stepped care approach to depression and other psychological conditions. Within stepped care, many patients will first be treated with low intensity interventions, that are generally based on cognitive behaviour therapy (CBT)[1]. Low intensity interventions are typically used for treating mild to moderate conditions and require less practitioner time, (usually about six sessions), examples are guided self-help, computerised CBT and group based physical activity. Those for whom this is inappropriate due to their condition, or who do not improve with this approach, are 'stepped up' to higher intensity interventions such as individual CBT with a therapist.

The CAP and CAAP roles offer a range of psychological interventions within defined systems of care where there is clear escalation routes where the level of need of the service user goes beyond the scope of practice for the practitioner.

An estimate of projected registrant numbers is provided on page nine. The NHS Long Term Plan for England[2] includes a commitment to increasing the provision for mental health services, so it is possible these numbers will increase. NHS England and Improvement (NHSE&I) will require registration with the BPS or BABCP for roles within England.

c) The WPW register covers England, Scotland, Wales and Northern Ireland, however only the PWP role is UK wide. CAAP practitioners work in Scotland, and all the other roles are England only.

- PWPs normally work in the NHS within Improving Access to Psychological Therapies (IAPT) services, they can also be found in private healthcare settings such as Nuffield Health. PWPs can also work in other areas such as the prison service, and in the voluntary sector.
- CWPs work in the NHS in England within Children and Young People's Mental Health Services (CYPMHS), Local Authority or other NHS commissioned Mental Health Services. They may also work in the other sectors such as the voluntary sector or the justice sector.
- EMHPs are part of NHS Mental Health Support Teams in England and work in schools and colleges under the local authority.
- CAPs are employed by the NHS in England and may work and communicate with patients in their own home, in the

		community or hospital, or in any setting where patients needs are supported and managed. • CAAPs work in the NHS in Scotland either in a primary care adult mental health setting or in a range of settings working with children, young people and their families depending on whether they have trained to work with an adult or child population. d) Although these are relatively new roles, the data available indicates that the number of potential service users is high, and that a significant proportion of the UK population could be offered treatment by the WPW register. It is estimated that 1 in 6 people a week experience a common mental health problem[3]. A 2021 survey of children and young people's mental health found that 17.4% of children aged 6-16 had a probable mental health disorder in 2021, up from 11.6% in 2017[4]. In 2020/21, 1.46 million people were referred to IAPT within England, 1.02 million entered treatment and 658,000 finished a course of treatment[5]. IAPT also publishes a detailed dashboard with a breakdown by therapist role[6]. This shows that the mean number of appointments for referrals finishing treatment in the year 2020/21 was 2.9, for PWP trainees. The NHS Long Term Plan for England sets a goal of expanding services so that 1.9m adults access treatment each year by 2021[7].
2.	**Means of assurance**	Practitioners on the BPS's register will be employed and therefore subject to employer checks including Disclosure and Barring Service (DBS) checks in England (and equivalent in Scotland, Wales and Northern Ireland). There are systems of clinical governance in place for these roles. The BPS has confirmed that all practitioners continue to work under supervision once training is completed.
3.	**About the sector in which practitioners on the Wider Psychological Workforce Register operate**	Registrants on the WPW register will work in a range of settings including the NHS, private healthcare, education settings, prisons and within some voluntary sector organisations. NHS Careers highlights that 'From June 2022, PWPs will need to be registered with either the BPS or British Association for Behavioural and Cognitive Psychotherapies (BABCP).' The BABCP is also applying for accreditation under the Accredited Register programme. All registrants regardless of their work setting, work within the context of 'stepped care' and are trained to carry out low-intensity psychological interventions. They are likely to work as part of a wider team and would need to be able to signpost where appropriate to other professionals. Within the system there are a range of roles with 'psychologist' 'psychology' and 'psychological' in the title, but only 'practitioner psychologists' are regulated by law, by the Health Care

	Professionals Council (HCPC). Although working in a narrower scope of practice than the HCPC regulated roles, sometimes the CAP and CAAP roles are referred to as 'Associate Psychologist.' Highlighting the need to be clear about the remits of the different roles.
4. Risk Perception • *Need for public confidence in the roles?* • *Need for assurance for employers or other stakeholders?*	Although PWPs, CWPs and EMHPs are trained to carry out low intensity interventions, which are of lower risk, they will be carrying out detailed risk assessments of patients and service users including children and vulnerable adults. It is therefore important for there to be public confidence in their ability to accurately diagnose, treat and 'step up' care to others when appropriate. Due to the range of roles that include 'psychologist' in their titles, it will also be important to ensure clear communication about what practitioners can and can't do. As noted above within NHSE&I all PWPs will need to be registered from June 2022 with either the BPS or the BABCP. The NHS has requested that these organisations become accredited with the Authority to provide additional assurance. Employers and commissioners will have an interest in ensuring that practitioners meet professional registration requirements in addition to clinical governance systems. This will help to ensure that risks associated with managing boundaries are mitigated. The importance of widening access to psychological care has been highlighted by the COVID-19 pandemic.

Assessment against the Standards

Standard One: Eligibility and 'public interest test'

Summary

1.1 The Accreditation Panel found it is in the public interest to accredit the BPS. The Accreditation Panel found that Standard One is therefore met.

Accreditation Panel findings

1.2 We completed our Standard One Assessment of the BPS in July 2022. We found that BPS' register fell within the scope of the Accredited Registers Programme. We considered that the work of Wider Psychological Workforce practitioners (as those registered by the BPS) can be beneficial and found that it is therefore in the public interest to have a register of practitioners who meet appropriate standards of competence, conduct and business processes, as required by the BPS.

1.3 Consequently, the Accreditation Team found that Standard One was met. We did not identify any new information that would affect Standard One being met during the assessment of the further standards below.

1.4 The BPS have submitted a Notification of Change for inclusion of a new role, the Mental Health and Wellbeing Practitioner, to be included onto their Wider Psychological Workforce Register. We have assessed this under the Notification of Change process, and the relevant report will be published.

Standard 2: Management of the register

Summary

2.1 The Accreditation Panel found that Standard Two was met.

Accreditation Panel findings

2.2 The BPS clearly publish details required for registration onto their register. Registrants must first be a graduate member, full member or associate member of the BPS, meet specific training, practice and supervision requirements for registration and complete administrative tasks (including application forms and fees) to obtain registration.

2.3 The BPS' Wider Psychological Workforce (WPW) Admissions Procedure sets out the appeals process pertaining to registration decisions. Applicants have the right to appeal on two grounds; firstly if the procedures were not followed correctly and this affected the outcome, or secondly if there is new evidence available, that was not reasonably available at the time of application, which is likely to make a difference to the outcome. The policy sets out further details including time frames.

2.4 The BPS ensures that registrants meet and continue to meet requirements for registration through their continuing professional development (CPD) process. The CPD process is unique for each role on the WPW register, as published on the BPS' website, however, This includes operating within and abiding by the Fitness to Practise Framework

2.5 Upon joining, the BPS requires registrants to make a number of declarations including that they will inform the BPS of any disciplinary proceedings or complaints made against them. The BPS also joined the Accredited Registers Information Sharing Protocol, which is

explored further under Standard Five of this assessment, and allows for the outcomes of disciplinary matters to be shared with other Accredited Registers.

2.6 The BPS' register displays a registrants' name, unique ID, and role, in line with our minimum requirements. As part of our assessment, we conducted a review of the BPS' register and randomly selected and sampled register entries. For registrants who have a sanction in place, this will be displayed on their register entry. We did not find any concerns with the BPS' register and are satisfied the information available is clear, and in line with the requirements for accreditation.

2.7 The BPS has adequate processes in place for updated and quality assuring the register. This includes an annual audit in which 5% of registrants from each role on the WPW register are called for audit, and have to provide requested documentation within two months.

2.8 Registrants can re-join the register within two years of lapsing by submitting an application form; for those who lapsed more than two years prior, they will need to complete a new registration application. Where a registrant has been suspended, and their period of suspension has ended, they may apply to be restored to the register. Where a registrant has been removed from the register, they may apply to be restored to the register after a period of five years has elapsed since their removal.

Standard 3: Standards for registrants

Summary

The Accreditation Panel found that Standard Three was met. It issued the following Recommendation:

Recommendation:

- The BPS may wish to consider how they can confirm registrants hold appropriate indemnity insurance, particularly in cases where registrants are not employed by the NHS.

Accreditation Panel findings

3.1 The BPS requires registrants to abide by their Membership Conduct Rules, the Code of Ethics and Conduct, Fitness to Practise Framework and CPD Requirements.

3.2 The Code of Ethics and Conduct sets out what registrants can do and must not do within scope of practice. Furthermore, the BPS advised us that specified systems of practise and registration guidance is available on the BPS' website under 'Registered Roles.' From here, the BPS signpost to NICE guidelines and the NHS Careers page, which further define the scope of practice for each role.

3.3 In terms of safeguarding concerns, the BPS advised us they expect these to be managed by employers. Given the majority of WPW registrants work within the NHS (where there are established safeguarding protocols) and that a registration requirement is to confirm employment details, we are satisfied that this approach is appropriate. Additionally, the Fitness to Practise Framework sets out safeguarding requirements, and this is explored further in Standard Five.

3.4 To apply for registration applicants must be a Member or Affiliate Subscriber of the BPS and therefore agree to abide by and operate within the Member Conduct Rules. Applicants must also agree to abide by and operate within their scope of practise as outlined in the Fitness to Practise framework. This document states that to demonstrate

fitness to practise, registrants need to: keep their skills and knowledge up to date; work within their field of competence; operate within the appropriate framework for their role; work under supervision; treat service users with dignity and respect, and act with honesty and integrity. This provides a further layer of governance for registration and the personal behaviour, technical competence and business practice required.

3.5 The BPS has published a comprehensive ethical framework through its Code of Ethics and Conduct and Fitness to Practice Framework, both of which are publicly available. These documents set out clear expectations for professional behaviour, including principles of accountability, honesty, openness, integrity, and respect. Section 3.4 of the Code of Ethics specifically addresses integrity, defining it as acting with honesty, accuracy, consistency, and objectivity, while setting aside self-interest. It highlights values such as fairness, candour, and the avoidance of conflicts of interest, and encourages members to maintain professional boundaries and address misconduct. The Fitness to Practise Framework complements this by outlining the professional duty to safeguard and act with candour, reinforcing the ethical standards expected of registrants. Together, these documents provide a robust foundation for ethical practice across all roles registered with the BPS.

3.6 The Code of Ethics and Conduct and Fitness to Practise Framework sets requirements for registration on information sharing, data, and confidentiality. Appendix C of the Fitness to Practice Framework states that practitioners must follow UK legal requirements such as the Data Protection Act 2018, Freedom of Information Act 2000 and other relevant policies. It also sets out that registrants must maintain accurate, secure, and confidential records, distinguishing between fact, observation, and opinion, share information only when necessary, especially for safeguarding, and ensure clients are informed about how their data is used and who has access and respect clients' rights to access their records, with exceptions where disclosure could cause serious harm. Sections 3.1 of the Code of Conduct emphasises that members must uphold privacy and confidentiality.

3.7 BPS registrants do not typically work in private practice and are mainly employed in the NHS; they therefore are not expected to create their own complaints procedures but are expected to abide by those already in place. The Fitness to Practise Framework expects a registrant to inform the Society of any disciplinary proceedings or complaints made against them or changes in employment circumstance during their registration that relate to an impairment of fitness to practise as outlined.

3.8 Section 2.3.4 of the Fitness to Practise Framework states that registrants must have "the appropriate professional indemnity arrangements in place, either through the employer or through a privately arranged insurance policy where appropriate." We sought a response from the BPS to confirm if there is an explicit requirement for registrants to hold appropriate indemnity cover and insurance and to understand how the BPS check this, in line with our minimum requirements. The BPS told us that as part of the joining process, applicants need to select that they have read the FtP Framework for the WPW register and undertake to abide by and operate within them. The BPS also told us that "including section 2.3.4 of the FtP framework covers [us] for all eventualities, but in practice all registered roles require employment, and the employer would hold insurance rather than the individual practitioner."

3.9 The Accreditation Panel considered this information noting there would be many registrants covered by indemnity insurance through their employment and therefore

unable to provide evidence of the cover in the form of a policy (as this would lay with the employer), but also gave weight to the fact that many registrants would be working outside that context and therefore required to hold a policy. The Accreditation Panel discussed proportionality in the face of risks, the existence of an audit process that was already in operation, and the potential for difficulty in provision of evidence of indemnity cover. Therefore, the Accreditation Panel decided that a recommendation would be the most proportionate way for the BPS to consider how they can confirm indemnity insurance for all registrants.

Standard 4: Education and training

The Accreditation Panel found that Standard Four was met.

Accreditation Panel findings

4.1 The BPS' Accreditation Through Partnerships is the process by which the BPS works with education providers to ensure quality standards in education and training are met by all programmes on an ongoing basis. They work collaboratively with programme providers through open, constructive dialogue that allows for exploration, development and quality enhancement and ensuring that the curricular reflect the standards of education and training. The Accredited Programmes are designed to align to the NHS England commissioned roles and the relevant occupational standards of each role.

4.2 The BPS' Accreditation Terms and Conditions sets out their process for assessing the quality of education and training courses. Their accreditation cycle typically runs on a 6-year cycle.

4.3 The BPS ensures that their registrants are equipped to care for a diverse population through their training and education requirements. We reviewed evidence of this under sections 2.1.1 and 2.1.2 of the Psychological Wellbeing Practitioner Handbook. While the PWP Practitioner Handbook does not explicitly include training about the wider health and social system, the requirement for PWPs to have knowledge to facilitate onward referrals, and allow patients the choice to make informed choices within and beyond the NHS implies that understanding of the wider health and social systems is a requirement of the training and course completion.

4.4 The BPS' WPW Register Page on their website sets out the education requirements for each role on the WPW register.

4.5 The BPS do not approve other training organisations nor hold equivalence routes for registration currently. This does not raise concerns regarding the BPS' ability to comply with the Standards for Accredited Registers.

Standard 5: Complaints and concerns about registrations

The Accreditation Panel found that Standard Five met. It issued the following Recommendation.

Recommendation:

- BPS may wish to include a reference to their Safeguarding Policy within their complaints procedure.

Accreditation Panel findings

5.1 The BPS' WPW Complaints Procedure sets out how complaints about registrant's professional behaviour and competence are handled. The procedure sets out the process as follows: receiving and recording the complaint, assessing the eligibility of the complaint and preliminary consideration of the complaint. From this stage, the complaint will either be closed, proceed to consensual disposal (if appropriate), or proceed to an adjudication panel. The adjudication panel may issue a sanction as outlined further below. Section L of the Complaints Procedure sets the timeframe associated with publication of the outcome or sanction notice.

5.2 Appendix B of the Complaints Procedure sets out how appeals can be made and how they are handled. Appeals can be raised after the preliminary decision by the complainant, or after an Adjudication Panel by either a registrant or complainant, subject to criteria as published in the Appendix. The BPS must be made aware of the intent to appeal within ten working days, and the appeal must be submitted within twenty working days of the outcome being received. Appeals are reviewed by a different Case Manager than the one who originally handled the case. An appeal panel is convened to assess the panel and determine whether the original decision should be reconsidered. The Appeal Panel's decision is final.

5.3 The BPS complaints procedure provides clear, detailed guidance about what will happen at each stage of the investigation process. The BPS provide information about how they can provide support to all parties involved, under the complaints section of their WPW webpage.

5.4 The WPW Register Sanctions Guidance outlines several mechanisms the BPS have to ensure that outcomes are consistent. This includes Indicative Sanctions Guidance (section 4), consideration of sanctions previously applied for breach of the Rules (section 7), and sanctions that may be imposed (section 2). The document sets out further criteria which may be used as a guide by the Adjudication Panel when decided an appropriate sanction.

5.5 Where there are serious concerns about a registrants Fitness to Practise, the BPS may request an Interim Order to restrict practise.

5.6 The Registration Advisory Panel (RAP) is a sub-group under the Board of Trustees and are responsible for oversight of the WPW Register. As explained in section P of the WPW Register Complaints Procedure, the involved panel will hold a discussion at the conclusion of each case to ensure issues of process are recorded for inclusion in the RAP's review of relevant policies and procedures. The Case Manager will record any issues arising regarding the Fitness to Practise Framework and its interpretation, and the application of the procedure, for each case. Further, the Fitness to Practise Team will review case appraisals regularly as part of a continuous improvement process. A review at the meeting of the Standing Panel addresses challenges in decision-making where procedural improvements could be made. The RAP receives a report of complaints received and action taken at each meeting.

5.7 The Complaints Procedure sets out how decision makers at each stage are different from those previously involved. The RAP does not play any part in operating the complaints process or adjudicating on complaints, and complaint handling is independent from governance Boards, Committees and the Chief Executive. Adjudication Panels, Appeals Panels and Consensual Disposal Panel are formed from a Standing Panel that includes external panellists, lay members and practise experts.

5.8 The BPS assume responsibility for managing complaints, as is set out in the complaint procedure. The BPS use a Presenting Officer (who is usually a BPS Staff Member) to present the case; there is no indication that the complainant is required to prosecute their own case.

5.9 Section D of the Complaints Procedure notes that 'criminal matters should be referred to the police'. The BPS has a Safeguarding Policy which they provided for our review, as part of this assessment. We reviewed this policy and found it was comprehensive and provided adequate information about how to raise a safeguarding concern. The Complaints Procedure implies that BPS staff should escalate serious concerns involving criminal matters. We also recognise that there are circumstances where it may be appropriate for other external agencies, such as Social Services, to be informed of complaint-related material, and we acknowledge that the BPS Safeguarding Policy addresses this. However, based solely on the Complaints Procedure, it is not sufficiently clear what specific actions staff should take when they become aware of concerns that warrant the involvement of other agencies. As such, we believe that this process could be strengthened and the Accreditation Panel subsequently decided to issue the above recommendation.

5.10 During our assessment, it became apparent that the BPS were not aware of the Accredited Registers Collaborative nor the protocol regarding recognising decisions of Accredited Registers and other bodies. We shared this information with the BPS, who swiftly joined the Accredited Registers Collaborative and updated their procedures to reflect the abovementioned protocol.

Standard 6: Governance

The Accreditation Panel found that Standard Six was met. It issued the following Condition.

Condition:

- The BPS should develop and document their approach to ensuring diversity in the composition of their senior leadership team, Board and Committee members, particularly in relation to ensuring fair recruitment and training processes.

Accreditation Panel findings

6.1 The BPS' Royal Charter and Statues clearly emphasise public protection through the promotion of high standards in psychological education and practise. This commitment ensures that services provided by members are ethical, safe and effective.

6.2 The BPS has a comprehensive Conflict-of-Interest policy requiring annual declarations and structured management of conflicts. The policy includes examples, guidance for meetings, and responsibilities for chairs and non-conflicted members. Breaches are reportable and the policy is reviewed every three years.

6.3 The RAP oversees the WPW independently from education and professional body functions. The RAP's terms of reference ensure fair, transparent and proportionate register management in line with the Standards for Accredited Registers.

6.4 Key governance documents, including RAP minutes are published on the BPS' website.

6.5 The BPS has a published complaints policy detailing procedures for raising concerns about the register or staff. Escalation routes are clearly defined, including external investigation for senior-level complaints.

6.6 The BPS confirmed they have liability insurance in place which we evidenced.
6.7 The BPS uses a scheme of delegation and register data from the previous year to forecast and set budgets and reserve levels. Factors considered include renewals, registrations, new applications and reinstatements.
6.8 The BPS has a robust Data Protection Policy covering roles, responsibilities, legislation, and breach procedures. It includes provisions for processing personal and EDI data, with oversight from a Data Protection Officer and a Senior Information Risk Owner.
6.9 The BPS Business Continuity Plan outlines emergency response strategies, critical function checklists, and recovery processes. It includes detailed roles, actions, and templates to ensure operational resilience.
6.10 The BPS provided a risk register and confirmed that the RAP reviews it regularly. Oversight is delegated to the Risk and Assurance subcommittee, which reports to the Board of Trustees annual, recommending changes as needed. The subcommittee's Terms of Reference outline its responsibilities.
6.11 Governance arrangements and Terms of Reference for the RAP are published on the WPW Register page, ensuring transparency and accountability. Expectations for RAP members are clearly outlined in the Terms of Reference, ensuring they can effectively discharge their legal responsibilities. The RAP includes practitioners and lay members, including a legal representative and a service user.
6.12 The BPS told us that they are committed to protecting the public and promoting public confidence in the psychological roles it registers. The WPW Standing Panel provides a range of expertise on matters of relevance to the wider psychological workforce and should represent the membership of the register and the wider community which registrants serve. The Accreditation Panel acknowledged the BPS efforts to recruit a diverse Standing Panel, however also considered that no documented evidence of recruitment and training processes was provided. As such, the Accreditation Panel decided to impose the above condition.

Standard 7: Management of the risks arising from the activities of registrants

The Accreditation Panel found that Standard Seven was met.

Accreditation Panel findings

7.1 As part of this assessment, the BPS provided us with a copy of their WPW Risk Register. We reviewed the Risk Register and are satisfied that the BPS consider risks relating to registrant practise. The BPS told us that they review their risk register at each RAP meeting, and we evidenced this occurring when attending the RAP meeting (as part of our requirements for this assessment). Furthermore, the BPS publish minutes of their RAP meetings online, and in reviewing these minutes we also saw evidence they consider the risk register as part of these meetings.
7.2 The BPS provides information to the public about the services they provide, via a dedicated section of their website, namely the WPW webpage. This includes information about each role registered under the WPW register. Each role has a direct link to the NHS Talking Therapies pages with information about treatments.

Standard 8: Communications and engagement

The Accreditation Panel found that Standard Eight was met. It issued the following recommendation.

Recommendation:

- The BPS may wish to share relevant policies or procedures setting out how the BPS ensures service users views are sought, understood and used.

Accreditation Panel findings

8.1 The BPS' WPW Register webpage is clear, intuitive and easy to understand. They have a hyperlink to the register at the top of the page and have eight tabs at the top of the page which link to key information and relevant policies and processes.

8.2 The BPS' website is partially compliant with WCAG2.2 Accessibility Guidelines, and details of areas that are not compliant can be found on the website accessibility statement. Non-compliance is with some older PDFs, some online forms and some navigation elements. The BPS encourages people to get in contact with them if they require assistance with these forms.

8.3 The BPS publish key documents on their public website including registration details, complaints handling and key governance documents. The BPS also provide clear information about the Accredited Registers Programme, including use of the Quality Mark. The BPS make it clear that the use of the Quality Mark and the Accredited Register applies to all four nations of the UK only.

8.4 The BPS' website includes eligibility criteria for each of the registered roles, under the 'join the register' and 'registered roles' tabs. This webpage is hyperlinked to from the WPW Register to cross reference membership level with registration requirements/qualification details.

8.5 The BPS demonstrated that it meets the minimum requirement by actively recruiting a service user for its RAP and including a service user on its Standing Panel for conduct matters. Evidence on the BPS website showed consultation activities and calls for evidence. However, the Accreditation Panel noted the absence of a clear policy or procedure to ensure consistency in how service user views are sought, understood and used. A recommendation was therefore issued for the BPS to share relevant policies or procedures setting out how the BPS ensures service users views are sought, understood and used.

Standard 9: Equality, Diversity and Inclusion

The Accreditation Panel found that Standard Nine was met. It issued the following Recommendations.

Recommendations:

- BPS may wish to consider making it easier for members of the public to locate the guidance and find accessible information about witness support.
- The BPS may wish to consider building its understanding of the demographic profile of service users and this can be used by the BPS to identify areas where further support may be needed.

Accreditation Panel findings

9.1 The BPS has relevant internal policies in place including safeguarding, whistleblowing, equality, diversity and inclusion (EDI) and dignity at work.

9.2 The BPS considers EDI when appointing decisions makers, and in the composition of Boards, Committees and Panels. They do so by using anonymised recruitment processes in all recruitment activities. The BPS have in place an EDI Board in ensuring the organisation fulfil its duties and obligations in equality, inclusion and diversity.

9.3 The BPS' WPW register webpage provides information about the role of the BPS, occupations/ roles registered and complaints handling. The information is written in a clear manner and is easily understandable.

9.4 As identified in Standard Five, the BPS provide support to those involved in the complaints process. This includes enabling complainants to make a complaint and supporting them through the process. As published on the website, the BPS encourage complainants to get in contact with them and outlines support available. The BPS also provide hyperlinks to external services such as NHS Complaints Advocacy, Samaritans and Victim Support.

9.5 The BPS' WPW register webpage provides guidance for complaints procedures. As part of our previous assessment, we issued a recommendation for the BPS to make it easier for members of the public to locate guidance or provide accessible information for witness support. It was not clear to the Accreditation Panel what actions the BPS had taken to address this recommendation, and so the Accreditation Panel decided to re-issue the recommendation.

9.6 In compliance with GDPR regulations, BPS gathers EDI data from its members via the member site concerning ethnicity, sex, sexual orientation, socioeconomic situation, age, disability, nation, gender, and caring responsibilities in order to understand more about the diversity of its registrant base.

9.7 EDI Data is analysed via the EDI Board who explore possible barriers, opportunities and challenges affecting protected characteristic groups. EIA's are also used as tool for assessing potential barriers and minimising risks associated with any policy or practice change.

9.8 The BPS told us that in addition to EIA's and data analysis, equality and diversity implications and considerations inform consultation responses on a range of public policy areas affecting those accessing psychological services in all eleven psychological disciplines. As part of our previous assessment, we issued a recommendation for the BPS to consider building its understanding of the demographic profile of service users and use this information to identify areas where further support may be needed. In response to this recommendation, the BPS provided data regarding the workforce. The Accreditation Panel acknowledged this, however, felt that this did not meet the requirement of the recommendation given this related to service users rather than the workforce. As such, the Accreditation Panel decided to re-issue the condition.

9.9 The BPS' annual reports and reviews highlight their progress against EDI commitments as set out in the strategic framework. Anonymised EDI data is shared across strategic boards and committees to inform decision making.

Share your experience

We ran a public consultation for the BPS between June and July 2025.

We received one 'Share Your Experience' submission since the BPS' last assessment was completed in 2024. We reviewed this submission in line with our processes and sought a response from the BPS. In assessing this, we are satisfied with the actions taken by the BPS and the Accreditation Panel did not identify any information which would demonstrate that further action is required. The Accreditation Panel were satisfied that the BPS had addressed issues of public safety and public protection and did not identify any areas requiring further oversight.

Impact assessment (including Equalities impact)

We carried out an impact assessment as part of our decision to accredit the BPS. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

We have reconsidered our impact assessment in line with our process for re-accreditation. We identified positive impacts in relation to some groups with protected characteristics and have identified overall positive impacts in relation to equalities, cost and market and social and environmental impacts. While we have identified some areas of risk in the above report, we are satisfied these can be mitigated with the above recommendations and condition.

The Accreditation Panel therefore found that it is in the public interest to re-accredit the BPS.