

# Accredited Registers

Strengthening our approach to equality, diversity,  
and inclusion in the Accredited Registers  
programme

## Report on consultation outcome

March 2023

## About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care 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 10 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. 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.

Our organisational values are: integrity, transparency, respect, fairness and teamwork. We strive to ensure that our values are at the core of our work. 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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## 1. Introduction

### Our approach to equality, diversity and inclusion to date in the Accredited Registers programme

- 1.1 The Health and Social Care Act 2012,<sup>1</sup> sets out our functions and duties to accredited voluntary registers, these are:
- ‘to promote the interests of users of health care, users of social care in England, users of social work services in England and other members of the public in relation to the performance of voluntary registration functions,
  - to promote best practice in the performance of voluntary registration functions, and
  - to formulate principles of good governance in the performance of voluntary registration functions and to encourage persons who maintain or operate accredited voluntary registers to conform to those principles.’
- 1.2 Section 25G of the Act sets out that to accredit a voluntary register, the Authority may assess it against criteria that it sets and publishes (the *Standards for Accredited Registers*). A voluntary register under this definition is a register of people working in health care roles in the UK, and social care in England, who do not have to be regulated to work.
- 1.3 We carry out this function by assessing whether organisations holding voluntary registers meet our *Standards for Accredited Registers*. There are minimum requirements for each Standard to help achieve consistency.
- 1.4 As a public body the Professional Standards Authority is required to consider its Public Sector Equality Duty (PSED) when carrying out its functions. Public bodies are to consider the following objectives as set out in Section 149 of the Equality Act 2010:
- ‘eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.’
- 1.5 Within the programme we do this in a number of ways:
- 1) Responses to external factors, for example we recently published a statement supporting the Memorandum of Understanding on conversion therapy.<sup>2</sup> This confirms that we will not accredit any Register that permits conversion therapy, of either sexual orientation or gender identity. This aligns with our wider organisational response to the Cabinet Office’s recent consultation on conversion therapy.<sup>3</sup>

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<sup>1</sup> [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2012/12/section/25g)

<sup>2</sup> <https://www.professionalstandards.org.uk/news-and-blog/latest-news/detail/2022/09/27/psa-supports-mou-on-conversion-therapy-and-welcomes-the-inclusion-of-gender-identity> [Accessed 3 October 2022]

<sup>3</sup> Professional Standards Authority (December 2021) *Response to Government Equalities Office consultation on banning conversion therapy*. Available at

- 2) The Impact Assessment (IA) we carry out for individual assessment decisions. We updated this process following the strategic review in July 2021. This resulted in changes to the assessment approach to provide more of a focus on equality, diversity, and inclusion (EDI) and to ensure that impacts are considered throughout the assessment process. The IA, however, does not focus on the work the register is doing on EDI but on the impacts of the Authority's accreditation decision, including on groups with different protected characteristics.
- 3) The public interest test (Standard 1b) which allows for consideration of whether it is in the public interest to accredit a register. EDI is also considered through the assessment of the broader Standards. We strengthened this following the strategic review by including the following within our minimum requirements for the Standards for Accredited Registers:
  - '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) (Standard 6 – Governance)
  - Organisational statement on EDI setting out commitment and how it is promoted within the Register (Standard 6 – Governance)
  - Organisation's website and other materials provide clear and accessible information about the limitations and benefits of treatments offered by roles registered (Standard 7 – management of risks arising from the activities of registrants)
  - Clear and accessible organisational website (Standard 8 – Communications and Engagement)'

1.6 Despite this, we think there is more that could be done in our assessments to consider EDI and raise standards amongst the Accredited Registers. Therefore, as part of our EDI Action plan<sup>4</sup> we committed to exploring the addition of a dedicated EDI Standard for the Accredited Registers programme.

### **The consultation and who responded**

- 1.7 The consultation<sup>5</sup> sought views on our proposals to strengthen our approach to EDI within the accreditation programme by the introduction of a new Standard for Equality, Diversity, and Inclusion to the *Standards for Accredited Registers*. The consultation ran for 12 weeks from 25 October 2022 to 17 January 2023.
- 1.8 We asked 12 questions and received 95 responses from a range of stakeholders including nine current Accredited Registers, one Register considering applying for accreditation, five registrants (two of which are registered with an Accredited Register), seven NHS trusts and related organisations and one EDI specialist. Most respondents didn't provide information about who they were.

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[https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2021/professional-standards-authority-reponse-to-geo-consultation-on-banning-conversion-therapy.pdf?sfvrsn=421d4820\\_2](https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2021/professional-standards-authority-reponse-to-geo-consultation-on-banning-conversion-therapy.pdf?sfvrsn=421d4820_2) [Accessed 8 March 2023]

<sup>4</sup> [Equality and diversity \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk) [Accessed 8 March 2023]

<sup>5</sup> [PSA consultation | A new EDI Standard for Accredited Registers \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk) [Accessed 8 March 2023]

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- 1.9 Although we had a high number of responses, not all respondents answered every question. Questions One and Two, which were the most general, had the highest response rate.

**2. The consultation results**

**The Standard**

2.1 We proposed to introduce a specific EDI Standard to the *Standards for Accredited Registers*:

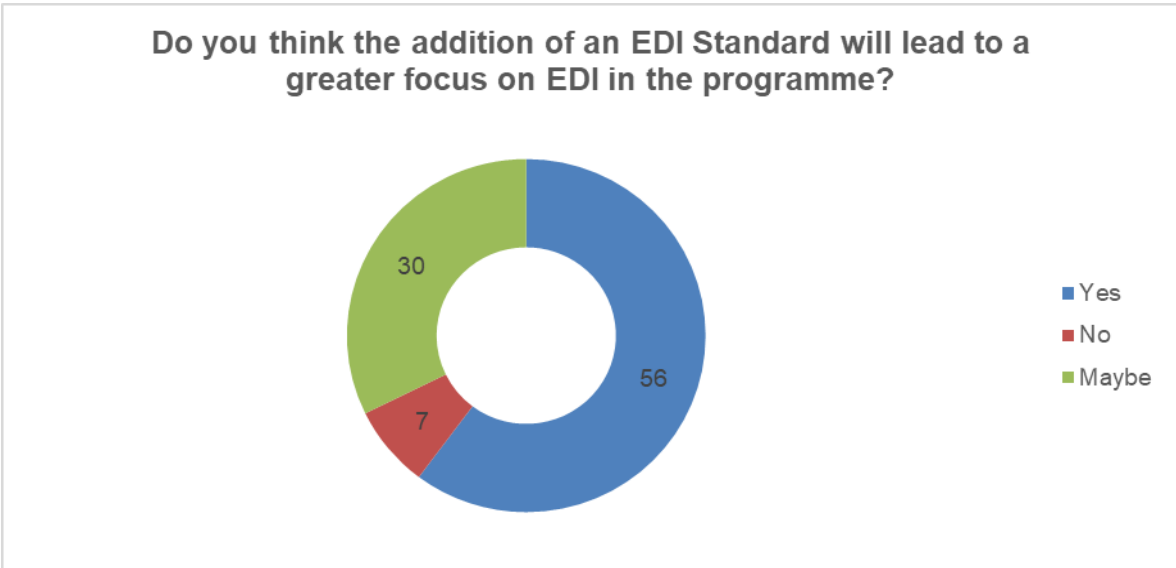
**Standard 9: Equality, Diversity, and Inclusion**

The organisation demonstrates its commitment to equality, diversity and inclusion and ensures that its processes are fair and free from unfair discrimination.

- a) The register’s regulatory functions are underpinned by fairness and equity of access to registrants and service users.
- b) The register understands the diversity of its registrants, service users and complainants and has an awareness of issues that may impact those with protected characteristics<sup>6</sup>
- c) The register works to promote and enhance EDI by seeking to understand and act on issues affecting the roles registered and service users.

Do you think the addition of an EDI Standard will lead to a greater focus on EDI in the programme? If not, how can we improve our EDI focus?

2.2 Ninety-three respondents answered this question. Out of those that responded 56 (60%) agreed that the addition of an EDI Standard will lead to a greater focus on EDI within the programme. A small number (7.5%) didn’t think it would and the remainder were unsure.

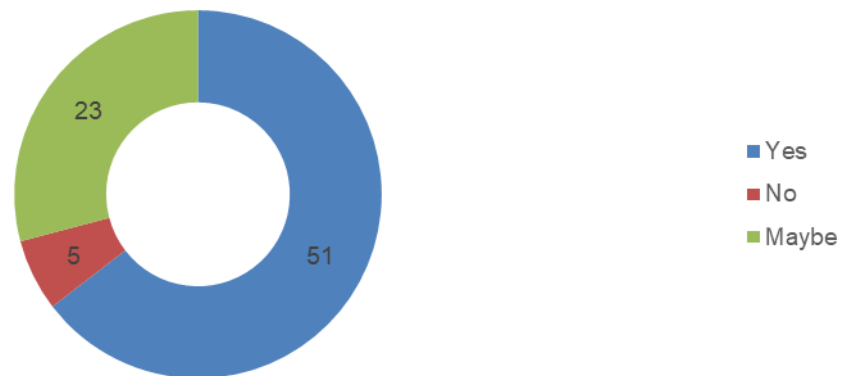


Do you think the addition of an EDI Standard will lead to a greater focus on EDI by Accredited Registers? Please explain why.

2.3 Seventy-nine respondents answered this question. Out of those that responded 51 (70%) agreed that the addition of an EDI Standard will lead to a greater focus on EDI by Accredited Registers. A small number (9%) didn’t agree, and the remainder were unsure.

<sup>6</sup> As defined by the Equality Act or groups listed under Section 75 of the Northern Ireland Act.

**Do you think the addition of an EDI Standard will lead to a greater focus on EDI by Accredited Registers?**



- 2.4 There were a range of comments about whether this would lead to a better focus on EDI for both the Accredited Registers programme and the Accredited Registers themselves. Some respondents were concerned that having a separate EDI Standard could lead to a tokenistic response rather than embedding EDI within the culture of the Accredited Registers.

‘The addition of a new EDI Standard for PSA Accredited Registers may give the impression that there is an EDI focus, but it will not guarantee that EDI is truly embedded in the culture and practice of registers. It is well established in the field of EDI that this takes a considerable effort and time and that it is a long process rather than an event.

Requiring accredited registers to implement a new EDI standard within PSA’s time frame increases the risk that ‘token’ appointments and rushed decisions will be made by registers to meet the new standard.’ (COSCA (Counselling & Psychotherapy in Scotland))

- 2.5 However, others thought that having a specific EDI Standard would focus Accredited Registers on the importance of EDI, increase accountability and bring them in line with the regulators. Respondents recognised the role that Accredited Registers should have in tackling discrimination and working to improve equity of access. It was suggested that having clear expectations with constructive feedback on how Accredited Registers could improve in this area would be positive step and help Accredited Registers to promote and enhance EDI through its registration functions.

‘This increases accountability for the PSA and accredited registers. It brings them up to speed with many healthcare regulators who already have focused EDI standards for their registrants.’ (UK Public Health Register)

- 2.6 There were a significant proportion that were unsure whether introducing the Standard would have a positive impact with respondents commenting that it will depend on how the Standard and minimum requirements are enforced. Some respondents noted that this was a good starting point but that we were not going far enough and that we need to raise the bar and consider factors outside of the protected characteristics. Suggested additional areas for inclusion in the Standard included socioeconomic factors, intersectionality, and neurodiversity. Organisational culture was also recognised as being important, but it was felt



that our proposals didn't do enough to address this and as a result there was a risk that this could become a 'tick-box' exercise. It was suggested that having more of a focus on Board and Committee diversity would help mitigate this. Respondents also suggested surveying minoritised registrants to ask what could be done better, fully embedding EDI considerations into education, and training standards and analysing differential fitness to practise outcomes.

- 2.7 Some respondents questioned whether a new Standard was necessary with one respondent noting that many Accredited Registers are already working on EDI and that it would be better to increase the EDI requirements within the current Standards.

'CNHC fully supports an increased focus on Equality, Diversity, and Inclusion both in our work with registrants in promoting access to a more heterogeneous register and perhaps more importantly in ensuring the protection of our diverse UK population. CNHC currently promotes and enhances EDI throughout the organisation particularly through our governance and communication mechanisms. Based on this experience, it could be argued that the further embedding of EDI requirements into Standards 1b ('public interest test'), 4 (Education and Training), 5 (Complaints Handling), 6 (Governance) and 8 (Communications) is a better way of getting across the message that EDI is central to the whole operation of the Accredited Registers.' (Complementary and Natural Healthcare Council)

- 2.8 Other respondents were unclear about how having a separate EDI standard would lead to a better focus on EDI for the programme noting that this needed to be thought about in the context of other work that the Authority is doing in this area. It was suggested that concentrating our resources on promoting the programme so that it reaches a more diverse range of people would better protect the public.

### The minimum requirements

- 2.9 We proposed the following minimum requirements for meeting the Standard:

Number	Standard	Examples of Evidence Considered	Minimum Standard
9a	EDI	<p>Consideration of EDI when appointing decision makers and in the composition of Boards, Committees, and Panels.</p> <p>Relevant processes for staff and others involved in the activities of the register e.g., whistleblowing, antibullying, recruitment, complaints handling etc.</p> <p>Relevant policies and procedures.</p>	<p>Register has relevant internal policies in place such as whistleblowing, antibullying, recruitment.</p> <p>Register considers EDI when appointing decision makers and creating panels to hear complaints.</p> <p>The register should provide accessible information aimed at service users on its website about its role, the occupations covered on the register and key functions such as complaints handling.</p>

		<p>Examples of Impact Assessments carried out.</p> <p>Accessibility of information on the website aimed at registrants.</p> <p>Complaints handling processes for handling complaints against registrants.</p> <p>Reasonable adjustment policies.</p>	<p>The register should provide support to complainants where needed, this should include enabling complainants to make a complaint and supporting them through the process.</p> <p>The register should remove any unnecessary barriers to participating in the complaints handling process for all involved.</p> <p>When introducing changes to key functions and policies, consideration should be given to whether these will adversely affect any groups and if so, how this will be mitigated.</p>
<b>9b</b>	EDI	<p>Policies and procedures for the collection and analysis of EDI data of registrants.</p> <p>Reports on registration/complaints data that consider demographic information.</p>	<p>The register should collect demographic data about its registrants so that it can understand the diversity of its registrant base.</p> <p>The register should use the demographic data it collects to identify if there any areas of potential unfairness in its complaints processes, and to act on these.</p> <p>Processes in place to identify likely impacts to service users with protected characteristics, and for identifying and monitoring mitigations.</p> <p>Register has processes in place for identifying and mitigating potential barriers to registration.</p> <p>Where relevant the register has processes in place for identifying and mitigating</p>

			potential barriers to education and training.
<b>9c</b>	EDI	<p>EDI strategies and plans. Published Statements.</p> <p>Board discussions of EDI issues.</p> <p>Information about work it is doing with other organisations to promote EDI.</p> <p>Research into EDI where relevant to the Register's work and roles registered.</p> <p>Information provided on the website.</p>	<p>The register has published EDI policies including an EDI Statement. Register reports progress against its plans to its Board (or equivalent).</p> <p>The register should work with other organisations where necessary to promote EDI and remove any unnecessary barriers for its registrants and their service users.</p>

Are the minimum requirements set at the right level? Would you include anything different?

- 2.10 Most respondents didn't answer this question. Out of those that did, there is no clear majority on whether the minimum requirements are set at the right level.
- 2.11 Comments to this question were mixed with some respondents noting that they were set to a high level, reflecting the importance of EDI and others noting they were too vague and open to interpretation.
- 'Yes. The requirements seem thorough and will be useful to us as an aspirant register in shaping our policies and procedures.' (Institute of Registered Case Managers)
- 2.12 Some respondents thought they were ambitious, others that we had not gone far enough. Others wanted to know what steps we will take to ensure that Accredited Registers continue to improve and enhance EDI going forward. Some respondents commented that although set at the right level there may be difficulties in implementing them in a short period of time and therefore careful consideration of the implementation needs to be given.
- 'The minimum requirements are set at a high level and given the importance of EDI it is appropriate to set them at a high level. However, as all the accredited registers may be at different stages with regard to EDI, there would need to be careful consideration given to the phasing in of this requirement. The minimum requirements give a wide enough base for registers to build on their EDI policies and work. Those registers who have not reached out to their registrants or indeed to service users, will have an opportunity to collate information which will feed into a register's strategy.' (British Association for Counselling and Psychotherapy)

2.13 Respondents suggested other points that we should include, examples with reference to accessibility of documentation included the use of Plain English, easy read guides and consideration of screen readers and other technology. Respondents felt we should include more about general awareness of EDI issues such as equality, equity, civil rights, social justice and safeguarding and that we should reference the Equality Act within the Standard and/or minimum requirements. One response also suggested that the completion of Equality Impact Assessments (EIA) should be a minimum requirement.

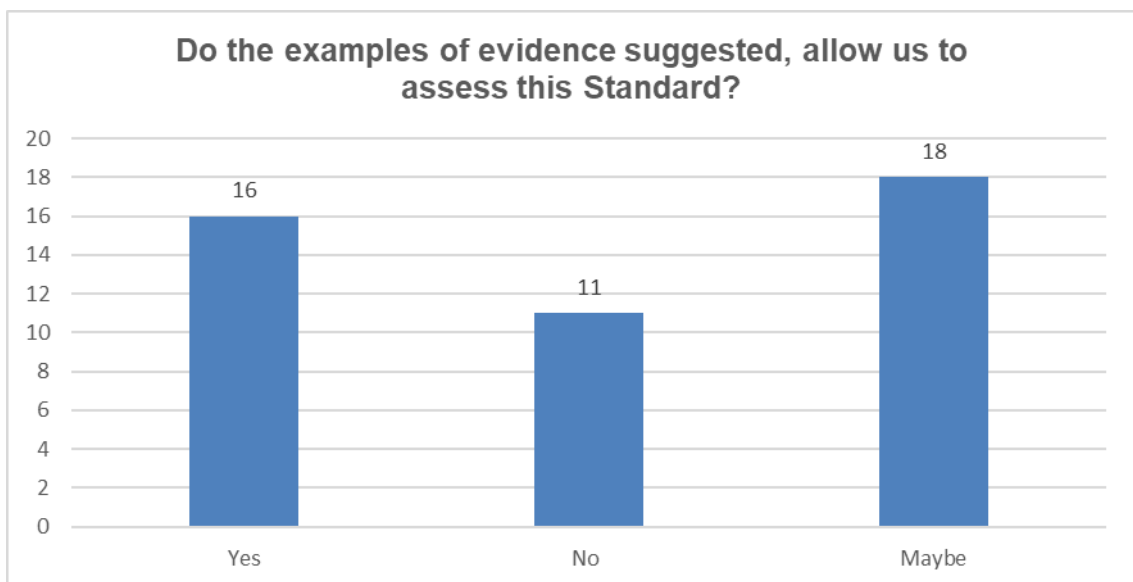
2.14 There was a focus on data collection within the responses. Again, there was a mixture of those who supported the collection of data. Many saw the benefits in collecting data about registrants to enable Accredited Registers to better understand their registrant base. It was suggested that we should also look at the reporting and sharing of this data to allow external organisations to get a better understanding of the Accredited Register workforce.

‘In respect of data, the NHS Confederation views a focus on the expectations around data collection and use, to be a positive inclusion but we recommend that there should also be a requirement to use this data to drive positive change both internally and systemically. An encouragement to produce and publish reports would be welcome.’ (NHS Confederation)

2.15 Other respondents questioned the usefulness of collecting this type of data given that it is voluntary and so often results in incomplete datasets. Several respondents noted that it would not be possible to collect data about service users and therefore wondered how an Accredited Register would demonstrate an understanding of the service users.

‘We agree that the improvement of EDI practice by registers is ultimately about improving the quality of care for services users. However, we are not clear how a requirement to ‘understand the diversity of its ... service users ...’ would be met or measured as we do not, and probably couldn’t, collect any data on the patients of our registrants. In relation to the protected characteristics the collection and analysis of data is central to the understanding of when and where discrimination is occurring and something that should be a requirement in relation to registrants and complainants. As it isn’t possible for registers to ‘understand’ the users of services provided by registrants in this way, further clarification is needed about what is expected of the registers. By improving our Code of Professional Conduct and Ethics, providing CPD etc. to registrants we aim to improve the fairness and equality of access for people with protected characteristics using child and adolescent psychotherapists but would be concerned how we would meet a requirement to collect data on service users.’ (Association of Child Psychotherapy)

Do the examples of evidence suggested, allow us to assess this Standard?  
What other evidence would you include?



- 2.16 Forty-five respondents answered this question. Most respondents provided suggestions of evidence that we should consider. Suggestions included: evidence of staff training requirements; recruitment; membership of networks as allies; involvement in schemes for mentoring, coaching, and training; engagement with different communities; reasonable adjustments for registrants; consideration of organisational complaints related to EDI issues; and data on employees, Board and Committee members.
- 2.17 It was suggested that some of the proposed evidence would be better suited as minimum requirements and vice versa and as such a review of these would be useful to make the requirements clearer.

#### Changes to other Standards

- 2.18 We identified the following minimum requirements which we proposed to add to the current Standards:<sup>78</sup>
- Registers ensure that its registrants are equipped to care for a diverse population through their education and training (Standard 4 – Education and Training)
  - Registers who approve other training organisations should consider EDI when assessing the suitability of courses for its register (Standard 4 – Education and Training)
  - Registers ensure they have taken account of the Welsh Language Standard where appropriate (Standard 8 – Communications)
  - Registers have fair processes in place for the recruitment, training, including relevant EDI training, and ongoing monitoring of Board and Committee members. (Standard 6 – Governance)
- 2.19 We also identified the following changes:
- Standard 5 (complaints handling) one of the minimum requirements reads 'the register has process for recruitment, training, and ongoing monitoring of those key decision makers in disciplinary processes.' We propose changing

<sup>7</sup> [Standards for Accredited Registers \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

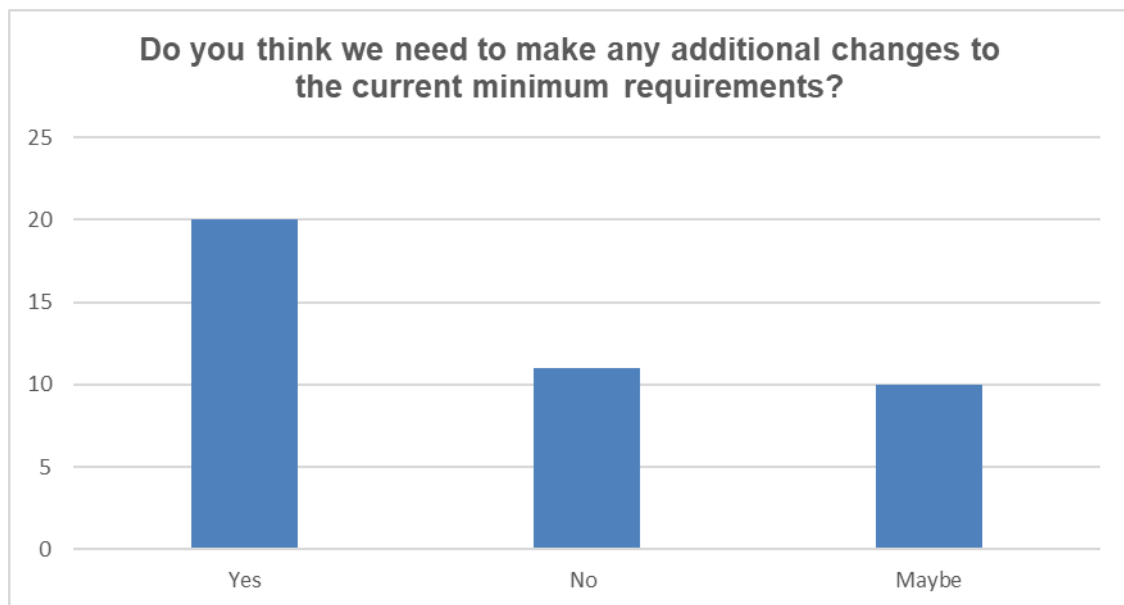
<sup>8</sup> [Accredited Registers Evidence framework \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

this to ‘the register has process for recruitment, training, including relevant EDI training, and ongoing monitoring of those key decision makers in disciplinary processes.

- Standard 6 (Governance) – one of the minimum requirement states: ‘the register should have processes in place to ensure appropriate data handling.’ We propose changing this to ‘the register should have relevant data processing policies in place, including for holding and processing EDI data.’
- Standard 6 (Governance) – removal of minimum requirement to hold an EDI Statement, as this will be included in new minimum Standard for Standard 9.

Do you think we need to make any additional changes to the current minimum requirements? Please provide details of changes to current minimum requirements required.

2.20 Forty-one respondents answered this question with most respondents (49%) agreeing that changes were needed to the current minimum requirements.

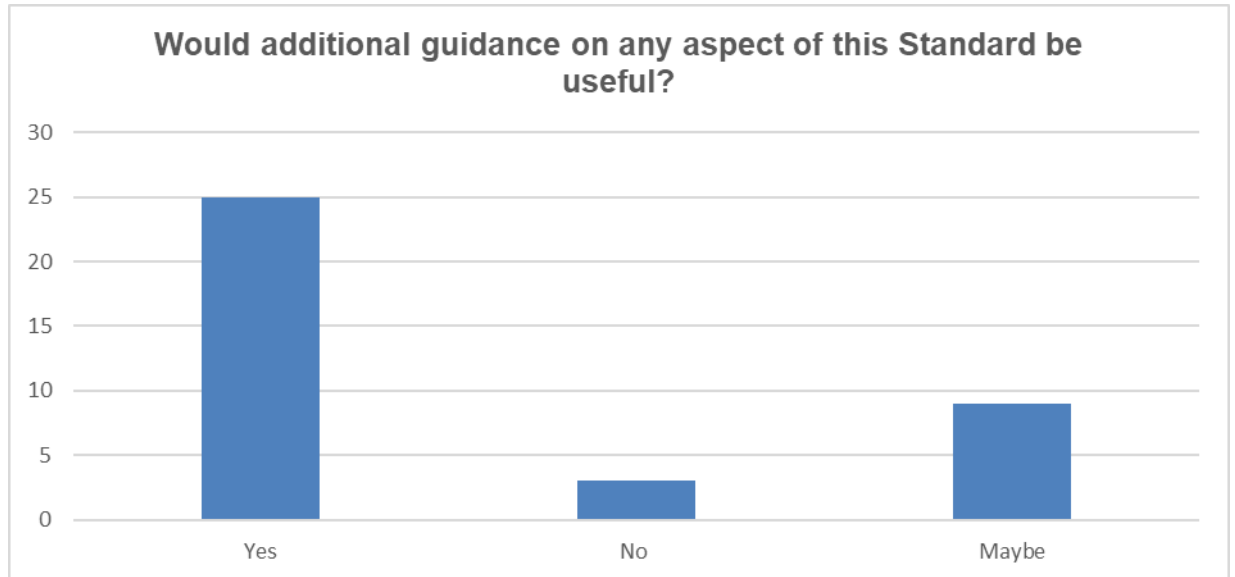


- 2.21 We did not receive many comments against this question, however of those we did receive, most were suggesting further changes.
- 2.22 Under communications (Standard Eight), it was felt that we shouldn't specify the Welsh language as this ignores the many other languages that are spoken in the UK. It was instead suggested that we should concentrate on the accessibility of guidance and documents more generally.
- 2.23 It was also felt that there should be more emphasis on complaints handling. More specifically how organisations consider complaints that include EDI issues and how Accredited Registers ensure complaints panels and decision makers are unbiased.
- 2.24 As with the minimum requirements for the new Standard, it was suggested that the wording of the proposed changes to the current minimum requirements should be reviewed to ensure clarity for Accredited Registers.

## Supplementary guidance and sharing good practice

Would additional guidance on any aspect of this Standard be useful? Please provide details of any additional guidance.

- 2.25 Thirty-seven respondents answered this question, with just over two thirds agreeing that additional guidance would be useful for this Standard.

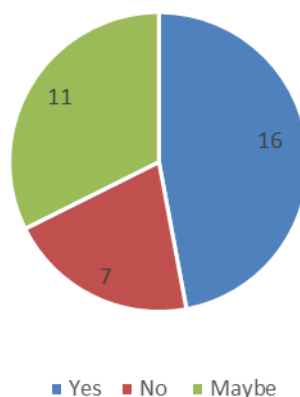


- 2.26 The majority of those who responded to this question stated that more guidance is needed. These respondents broadly fell into two groups. The first group wanted more clarity on the Standard itself, particularly around data and the types of data Accredited Registers should be collecting.
- 2.27 The second group wanted more guidance on wider EDI factors including why it is important to consider it in healthcare and explanations of factors such as power relations, how to conduct equality impact assessments and unconscious bias in decision making.
- 2.28 We proposed to continue to highlight good practice as positive findings in published assessment reports and in the 'good practice' section of the Accredited Register newsletter to allow Accredited Registers to learn from each other.

Is there anything else that we could do to share good practice between the Accredited Registers? Please provide details of other ways we could share good practice.

- 2.29 Thirty-four respondents answered this question. Out of those who responded just under half thought there was more that we could do to share good practice.

Is there anything else that we could do to share good practice between the Accredited Registers?



- 2.30 Suggestions included creating a discussion forum where Accredited Registers could get together to discuss EDI specific issues and share work that they are doing in this area. One respondent suggested that the Accreditation team provide a summary of outcomes following the first year of assessments, to help share good practice. Another suggestion was the development of an on-line space where Accredited Registers could share EDI resources, such as case studies, calendars of key dates and good practice documents.

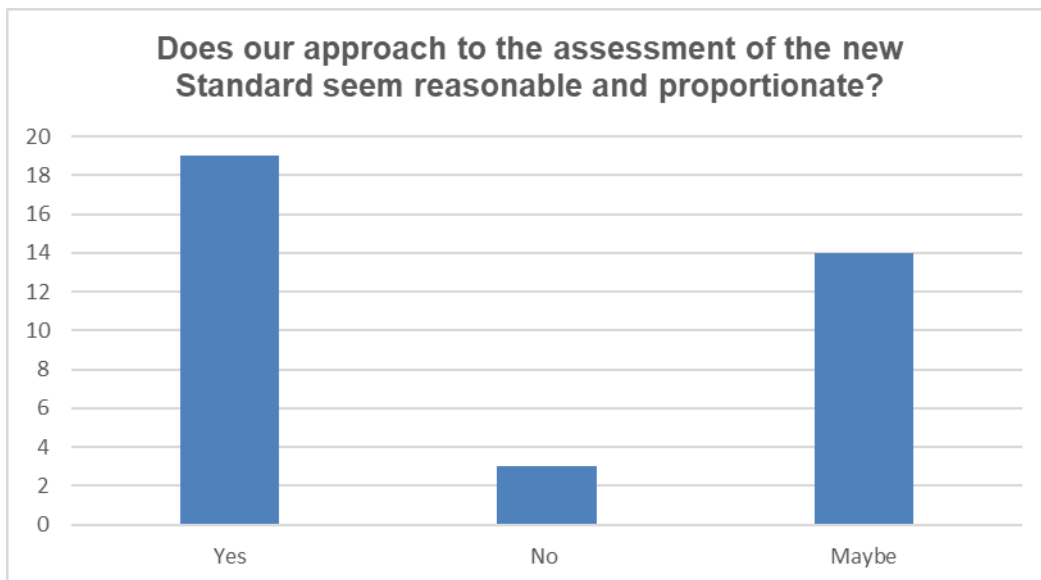
#### Implementation of the revised Standards

- 2.31 We proposed that we introduce the new Standard in April 2023. All new applications received after this point would be assessed against the new Standard. Current Accredited Registers would be assessed against it as part of their annual checks or full assessments between April 2023 and March 2024. Organisations currently going through their first assessment would be assessed against the new Standard at their first review following accreditation. We also proposed that Conditions should only be issued where a public protection issue is highlighted during this initial year of introduction if we are assured that the Accredited Register is working to adopt the minimum requirements.

Does our approach to the assessment of the new Standard seem reasonable and proportionate? Please explain why our proposals are not reasonable or proportionate.

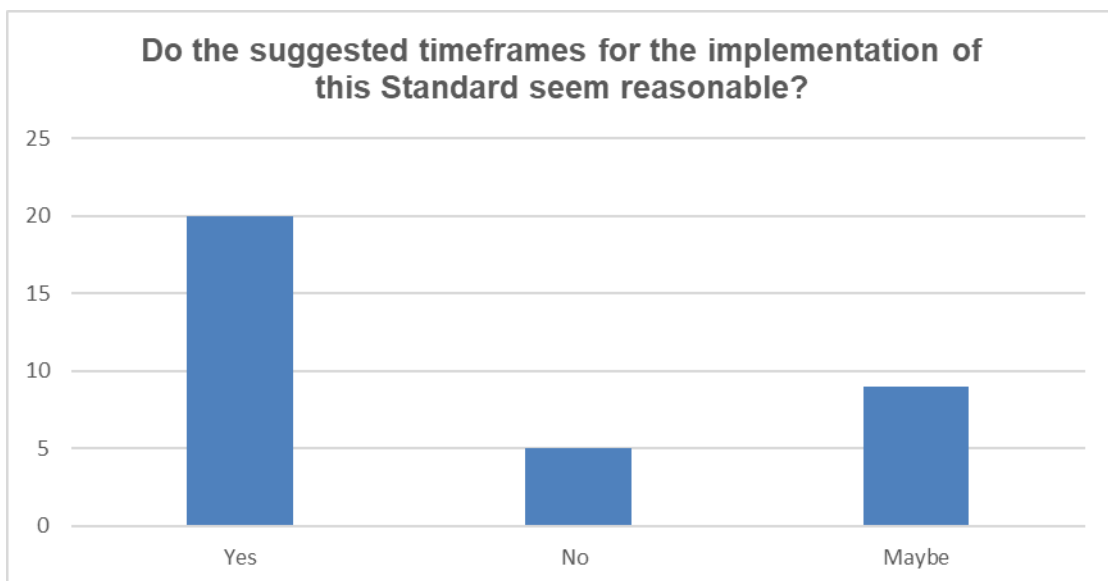
- 2.32 Thirty-six responded to this question, of which just over half agreed.





Do the suggested timeframes for the implementation of this Standard seem reasonable? Please explain why the implementation timeframes are not reasonable.

- 2.33 Thirty-four responded to this question with 59% agreeing that the timeframes seemed reasonable.



- 2.34 Generally, respondents agreed that the timeframes seemed reasonable, although there were those who noted that the timing for the implementation could be a challenge for some of the smaller Accredited Registers. This was a theme seen throughout the responses to all the questions. Respondents noted that Accredited Registers are likely to be a different stage in their consideration of EDI, so for some the implementation of the minimum requirements in a short period of time could be difficult and costly.
- 2.35 Respondents noted that there needs to be further guidance and clarification on what we are asking for and that Accredited Registers should be given a longer lead in time before the implementation as those going through the annual check or full assessments in the first part of the year would not have enough time to consider the minimum requirements. It was felt that despite our proposed implementation plan, this would not be fair to those Accredited Registers. It was

suggested that we should tailor the implementation to the Accredited Register taking into account their individual circumstances and the work they had already carried out. Another suggestion was that we consider implementing the new Standard later in the year to give Accredited Registers time to put the minimum requirements into place. Other respondents noted that although our proposals in terms of issuing Conditions appeared to be proportionate, it would still be resource intensive to implement some of the minimum requirements and that this approach just moved the costs into another year.

- 2.36 There were those who felt that we were not going far enough and others who felt that this was a good first step. It was suggested that given the different stages the Accredited Registers were at, we should look at a stepped approach, highlighting the minimum requirements that we see as more important and which the Accredited Registers should concentrate on.

### 3. Our response and what we are going to do

#### The Standard

- 3.1 Generally, respondents indicated support for the addition of a new EDI Standard to the *Standards for Accredited Registers*. Those who supported the addition, recognised the benefits to service users and registrants of having a focus on EDI. This was not a view that was shared by everyone. Some respondents felt that introducing a new EDI was not in line with the Authority's approach to right-touch regulation as it was already being considered by Accredited Registers and there was little evidence that the addition of a new standard would lead to better public protection. Other respondents felt that we were not going far enough in what we had proposed.
- 3.2 As a public body the Professional Standards Authority is required to consider its Public Sector Equality Duty (PSED) when carrying out its functions. Public bodies are to consider the following objectives as set out in s149 of the Equality Act 2010:
- 'eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
  - advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
  - foster good relations between persons who share a relevant protected characteristic and persons who do not share it.'
- 3.3 We think that the addition of an EDI Standard would help us to achieve this. Our recent publication *Safer Care for All* highlighted the need to tackle health inequalities in health and care in the UK. The report discusses the role that regulators and Accredited Registers can play to help mitigate structural advantages or disadvantages seen by different groups. It highlights several factors including the need to have diverse decision makers and senior leadership, the importance of the patient voice and the use of data. It noted the importance of data in tackling inequalities both in terms of understanding the registrant base but also in understanding the impact of policies and processes used by the regulators and Accredited Registers register<sup>9</sup>.
- 3.4 Accredited Registers need to be able to demonstrate they understand the EDI issues that affect the roles they register, and the service users who are likely to seek the services of their registrants. Gaining a better understanding of their registrants and potential barriers to joining the profession they register will enable Accredited Registers to ensure that their processes are mitigating this where possible. Introducing a specific standard will ensure that we have a clear mechanism for checking that Accredited Registers focus on improving access and removing barriers to their register for different groups of people.
- 3.5 We recognise that some Accredited Registers are already considering EDI in the work they do, and that Accredited Registers are in different stages of their EDI work. We think the addition of a focused EDI Standard is needed to ensure that Accredited Registers are meeting the same standard regarding EDI. Having an EDI Standard will allow us to facilitate learning and the sharing of good practice and so enhance and promote EDI considerations within the Accredited

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<sup>9</sup> [Safer care for all. Solutions from professional regulation and beyond \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

Registers programme. Recognising the need to be proportionate, we would review the level of our minimum requirements over time, with the aim of raising the overall bar for EDI in a phased way.

- 3.6 Gaining a better understanding of the registrant base will help us to improve our impact assessments which will help to highlight areas that we may need to concentrate on. This will also ensure we can make evidence-based decisions about where we need to focus our efforts on supporting Accredited Registers to reach under-represented groups.
- 3.7 There is growing awareness of the importance of EDI in health and care for patients, the public, and registrants. A systematic review conducted by Doyle, Lennox, and Bell, published in 2013 found that patient experience is positively associated with clinical outcomes.<sup>10</sup> This suggests that patients or service users who face discrimination either directly from the practitioner or indirectly due to the culture at the providers workplace will have worse outcomes. Focusing on EDI and improving the diversity of the workforce should lead to better patient outcomes.<sup>11</sup>
- 3.8 Many organisations working within health and care recognise this and have developed their own strategies and plans looking at how they consider EDI in their work and how they can tackle inequalities within the health and care system. For example, Healthcare Inspectorate Wales has laid out its commitment to EDI within its latest strategic plan<sup>12</sup>, and the Care Quality Commission has published a set of EDI objectives which align with its strategic plan.<sup>13</sup> NHS England has implemented it's the Workforce Race Equality Standard covering four broad areas, 1) recruitment and staff development, 2) disciplinary action, 3) bullying, abuse and discrimination and 4) Board representation and culture and resulted in a series of positive actions.<sup>14</sup>
- 3.9 Providing a focus on EDI will allow us to align the Accredited Registers programme with other organisations within the health and care system. This in turn will help drive awareness of the programme and help us achieve a more diverse reach. Enhancing our approach to EDI will help us ensure the programme best protects the diverse UK population. We think that the addition of an EDI Standard will help us to do this by driving up standards and enabling us to promote best practice. We will therefore be adding an EDI Standard to the *Standards for Accredited Registers*.

### The minimum requirements

- 3.10 The aim of minimum requirements and suggested examples of evidence is to provide Accredited Registers with details on what they will need to do to meet the Standard and the types of evidence they could provide to demonstrate the requirement. The examples of evidence are not designed to be an exhaustive

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<sup>10</sup> [A systematic review of evidence on the links between patient experience and clinical safety and effectiveness | BMJ Open](#)

<sup>11</sup> Gomez L.E. and Bernet P (2019). *Diversity improves performance and outcomes*. Journal of the National Medical Association Vol 111 Issue 4 Pg 383-392. Available at <https://www.sciencedirect.com/science/article/abs/pii/S0027968418303584?via%3Dihub> [Accessed 9 August 2022]

<sup>12</sup> [20220323 - HIW Strategic Plan FINAL - EN.pdf](#)

<sup>13</sup> [Our equality objectives 2021-2025 - Care Quality Commission \(cqc.org.uk\)](#)

<sup>14</sup> [NHS England » Sharing replicable good practice on workforce race equality and inclusion: case studies](#)

list and Accredited Registers would be able to provide any evidence to the Accreditation team to demonstrate their compliance with the Standard.

- 3.11 Respondents generally felt that the minimum requirements were not clear enough and as a result there was some confusion over what we meant. There appeared to be particular concerns around data collection and exactly what the expectations were. There also appeared to be concerns that the Standard would require Accredited Registers to introduce quotas for its registrant bases, Board and Committee members. We do not intend the new Standard to be interpreted as introducing quotas either in terms of the number of registrants or in terms of Board and Committee members. The aim of the data collection is to help Accredited Registers understand the demographic of their registrants and begin to understand possible barriers for underrepresented groups. Accredited Registers would then be able to use this intelligence to help promote equity within their field.
- 3.12 We will review the requirements and wording of the minimum requirements to ensure clarity for Accredited Registers. We will also add guidance to our *Guidance for Accredited Registers*<sup>15</sup> on the new Standard. We will consider whether additional written supplementary guidance is required for this Standard and whether there is any further engagement we can do with Accredited Registers before the Standard is implemented to ensure that the requirements are clear.

#### **Changes to other Standards**

- 3.13 As with the proposed minimum requirements, it was suggested that the changes to the other Standards could be clearer. We will review the wording of the proposed changes and develop examples of the types of evidence that could be used. We will also update our *Guidance for Accredited Registers* to ensure that it reflects the changes.

#### **Supplementary guidance and sharing good practice**

- 3.14 The majority of those who responded to the question suggested that additional guidance on the Standard would be useful. There were a number of suggestions on what areas this should cover from general EDI principles through to specific topics such as data collection, unconscious bias, and equality impact assessments. We are planning to introduce good practice guides for specific areas related to our Standards in 2023/24. We will consider EDI as a topic once we have completed the first set of assessments. In the meantime, we will explore how best to share good practice including the use of blogs, digests, seminars and webinars. We will also explore opportunities to work with the Accredited Registers Collaborative to share good practice.
- 3.15 We also recognise that there is benefit to sharing good practice with those registers who are applying for accreditation. We anticipate that any good practice materials we produce will be publicly accessible. The Accreditation team are also available to discuss our Standards and the requirements with registers who are intending to apply for accreditation.

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<sup>15</sup> [Guidance on the Standards for Accredited Registers \(professionalstandards.org.uk\)](https://professionalstandards.org.uk)

## Implementation of the revised Standards

- 3.16 While some agreed that our proposals seemed fair and proportionate, there was still a significant number of respondents who shared concerns about the proposed timing of the implementation.
- 3.17 We recognise that each Accredited Register is different and that each will be at different stages in their considerations of EDI. In the first year of the Standard's introduction, Accredited Registers will be expected to demonstrate that they are considering EDI within their policies and processes. We will be looking at the direction of travel and will only issue Conditions against the new Standard if we identify a public protection issue.
- 3.18 We will, however, review proposed timings for the implementation of the new Standard and consider if we can take a different approach to the implementation bearing in mind that under current proposals some Accredited Registers will not have long to implement the changes.

## 4. Impacts

- 4.1 As part of the consultation, we asked if there were any impacts that we should consider when deciding whether to implement the change. We asked about equalities impacts as well as social, financial, and environmental impacts.
- 4.2 Very few respondents highlighted any equalities impacts. One respondent did however note that as the majority of the registrants on their register were female any additional requirements on registrants could negatively impact this group.
- 4.3 As noted in the consultation, understanding of the demographic of the Accredited Registers will help the programmes Impact Assessments (IA). We conduct IAs for every decision that is made. A large part of this is Equalities impacts. Understanding the demographic of the Accredited Registers registrant base will help ensure that we are identifying relevant groups and impacts and will help us to ensure we are engaging with the right groups during our assessments.
- 4.4 As indicated in the consultation, we think that overall, the introduction of an EDI Standard will have a positive impact. We believe that a focus on EDI and working to understand and reduce barriers to joining a profession will create a more diverse workforce.
- 4.5 A recurring theme through the responses is the financial impact this will have on Accredited Registers. Many of the responses throughout the consultation noted the resource impact of having to implement the minimum requirements in a short time frame. As stated in the consultation paper there is a risk that increased costs for the register could be passed onto the service user through increased registrant fees. If the Accredited Register increases fees this could result in registrants choosing to resign their registration, particularly given the current cost of living crisis. We also highlighted the possible risk of Accredited Registers opting out of the programme if they see the requirements as being too demanding. We will review our proposals for the implementation to try and mitigate these risks.
- 4.6 We recognise that Accredited Registers are all different and therefore will be at different stages with their considerations of EDI. We noted the comments highlighting that some Accredited registers may have difficulties implementing

the minimum requirements in a short time frame. We will review the implementation plan to try and minimise the burden to the Accredited Registers.

- 4.7 We will review and update the Equality Impact Assessment before any changes are made.

## **5. Conclusion**

- 5.1 As part of our commitment to supporting and promoting EDI we will be introducing an EDI Standard to the *Standards for Accredited Registers*. The responses from the consultation clearly support the introduction of the new Standard as a way to achieve consistency within EDI across the programme and use the collective reach of the Accredited Registers and the Authority to help tackle inequalities within the wider health and care system. We will however review the proposed timings of the implementation and suggestions from respondents for the Standard and minimum requirements.