

Strengthening our approach to safeguarding with Accredited Registers

Public consultation on the introduction of requirements to request criminal records checks

November 2022

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.

Contents

1. Introduction.....	4
2. About this consultation.....	5
3. Proposed changes to the Standards.....	10
4. Consultation questions.....	11
5. Impact Assessment.....	13
6. How to respond to this consultation.....	14
7. Confidentiality.....	15
8. Our Consultation Process.....	15

1. Introduction

Purpose of the consultation

- 1.1 This consultation gathers views and information about the potential to revise the *Standards for Accredited Registers*¹ to include clearer requirements on safeguarding.
- 1.2 You can respond to this consultation paper by completing the Word document available here and submitting it by email to:
- 1.3 ARconsultation@professionalstandards.org.uk
Please return your response to us by the 11.59pm on 7 February 2023.

Our role and about Accredited Registers

- 1.4 The Professional Standards Authority helps to protect the public through our work with organisations that register and regulate people working in health and social care. We are an independent UK body. Our role and duties are set out in the Health and Social Care Act 2002 (as amended).
- 1.5 There are three main areas to our work:
 - We oversee the work of the ten statutory bodies that regulate health and social care professionals in the UK
 - We accredit registers held by non-statutory registering bodies of health and care professionals
 - We aim to improve regulation by providing advice to UK government and others, conducting/commissioning research and promoting the principles of right-touch regulation.
- 1.6 The Accredited Register programme was developed following the publication of the Government's Command Paper *Enabling Excellence*² in 2011. This paper sets out the rationale for a proportionate system of assured voluntary registration for professionals occupational groups which are not currently subject to statutory professional regulation.
- 1.7 The Health and Social Care Act³ sets out our functions and duties to accredit voluntary registers, these are:
 - 1) 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,
 - 2) to promote best practice in the performance of voluntary registration functions, and

¹ [Standards for Accredited Registers \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

² <https://www.gov.uk/government/publications/enabling-excellence-autonomy-and-accountability-forhealth-and-social-care-staff>

³ [Health and Social Care Act 2012 \(legislation.gov.uk\)](https://www.legislation.gov.uk)

3) 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.

- 1.8 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. 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.

Changes in 2021 following a strategic review

- 1.9 In July 2021, we introduced a new assessment approach, with a full assessment against the Standards once every three years, and an annual check in intervening years. We introduced a revised fees model that better reflects the varying sizes of registrant bases. We also introduced a new ‘public interest test’ (Standard 1b), that allows us to weigh up whether the risks of the main activities offered by registrants outweigh the benefits.
- 1.10 We introduced our revised Standards⁴ in July 2021 with an evidence framework⁵ detailing the minimum requirements for each Standard.
- 1.11 A longer-term key objective arising from the strategic review of the programme was to address a safeguarding gap in terms of criminal records checks. To date, Accredited Registers have experienced barriers in accessing enhanced criminal records checks, because they are not classed as employers. This has meant that self-employed registrants have not been subject to checks in many cases.
- 1.12 Balanced against this, accreditation is voluntary and the requirement for a criminal record check is not a legal requirement, even where someone is eligible. We are seeking views through this consultation to help us establish how to make sure that people can have confidence in the checks Accredited Registers practitioners have been subject to, whilst not adding unnecessary or duplicative burden. Added to this, the rationale for requesting information about spent convictions to be disclosed must be clear, underpinned by policies to ensure the fair treatment of people with a criminal record.

2. About this consultation

Strengthening safeguarding

- 2.1 Safeguarding is a broad term, but generally refers to actions taken to protect vulnerable groups from harm. ‘Vulnerable groups’ in the context of healthcare include children, and people receiving healthcare. This means that anyone can potentially be vulnerable and that this could be temporary. The legislation underpinning definitions of vulnerable adults varies across the UK.
- 2.2 The actions required for safeguarding will vary according to context. The UK charity the Social Care Institute for Excellence (SCIE) references principles of safeguarding, originally developed by the Government: empowerment, prevention, proportionality, protection, partnership, and accountability⁶. The

⁴ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/standards-for-accredited-registers.pdf?sfvrsn=cc2c7f20_6

⁵ https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-evidence-framework-for-standards.pdf?sfvrsn=55f4920_6

⁶ See: [What are the six principles of safeguarding? | SCIE](#)

Government has developed guidance on safeguarding for charities and trustees⁷.

- 2.3 Under our current Standards, the main ways that approaches to safeguarding are assessed are:
- **Standard 2: Management of the register.** We expect Registers to consider decisions regarding professional conduct made by regulatory bodies and other Accredited Registers when deciding whether a person should be admitted to the register
 - **Standard 3: Standards for registrants.** Registers must also have a published ethical framework, which includes accountability, honesty, openness, integrity, respect, and the principles of the professional Duty of Candour.
 - **Standard 5: Complaints and concerns about registrants.** We expect Registers to have processes for handling safeguarding concerns, with appropriate signposting. Decisions relating to registration or complaints must be separate from governance Boards, to reduce the risk of conflicts of interest. We also check they have a process for reporting concerns to other relevant agencies when that is needed to protect the public, such as the Police or Social Services.
- 2.4 We check Accredited Registers’ safeguarding policies and processes through our assessments. For example, in our recent assessment of the British Acupuncture Council⁸, we noted that it had a comprehensive policy on safeguarding young people and adults but made recommendations aimed at strengthening its processes for referring concerns to appropriate bodies.

Criminal records checks

Types of checks and eligibility for different roles across the UK

- 2.5 Criminal records checks help support the ‘protection’ principle of safeguarding practices. The legislative frameworks and agencies responsible for processing criminal records checks varies across the UK. The table below gives an overview of arrangements for each country:

UK country	Relevant safeguarding legislation	Body responsible for operating scheme
England and Wales	<p>Rehabilitation of Offenders Act 1974 – Determines what is disclosed on a basic DBS check.</p> <p>Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 – gives eligibility for Standard DBS checks</p> <p>Part V of the Police Act 1997 (and Rehabilitation of Offenders Act 1974</p>	Disclosure and Barring Service (DBS)

⁷ For links to guidance relevant to UK country see: [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](#)

⁸ Paragraphs 3.12-3.14, [BACc annual review 2022 outcome \(professionalstandards.org.uk\)](#)

	<p>(Exceptions) Order 1975) – allows DBS to process checks and prescribes eligibility for Enhanced and Enhanced with Barred List Checks (via Regulations).</p> <p>Safeguarding Vulnerable Groups Act 2006 – sets out the DBS’s Barring functions and prescribes what regulated activity is.</p>	
Northern Ireland	<p>Safeguarding Vulnerable Groups Northern Ireland Order 2007</p> <p>Rehabilitation of Offenders (Northern Ireland) Order 1978</p>	<p>Disclosure and Barring Service (DBS) – re Barred List checks</p> <p>Access NI</p>
Scotland	<p>The Rehabilitation of Offenders Act 1974 (Exclusions and Exceptions) (Scotland) Order 2013 – gives eligibility for standard Disclosure Scotland checks</p> <p>Part V of the Police Act 1997, as it applies in Scotland – allows Disclosure Scotland to check and prescribes eligibility for enhanced and enhanced with barred list checks (via regulations)</p> <p>Protection of Vulnerable Groups (Scotland) Act 2007 - sets out Disclosure Scotland’s barring functions and defines what regulated work is. Allows Disclosure Scotland to process checks for those doing regulated work with children and adults.</p>	<p>Disclosure Scotland</p>

2.6 There is legislation in place across the UK to protect the rights of people with spent cautions and convictions to re-enter employment, after a period of rehabilitation. There are exemptions to this, including those working in ‘regulated work’ (for Scotland) or ‘regulated activity’ (for England, NI and Wales) are eligible to have the highest level of checks. This will include a check of the Children’s Barred List and/or Adult’s Barred List, depending on the type of work undertaken.

- 2.7 The Barred List for Adults and Barred List for Children are UK-wide. The DBS, Disclosure Scotland and AccessNI notify each other of changes to these lists. It is illegal for those on a barred list to engage in work that falls under the definition of regulated activity or regulated work.
- 2.8 Within England, Northern Ireland (NI) and Wales there are three main levels of check: basic, standard and enhanced (noting that within NI, checks are undertaken by AccessNI). Enhanced checks can include a check of the relevant barred list for regulated activity. A summary of who can request the different levels of checks for England and Wales, and what information the check will provide, is below:

Type of check	Who can request	Information included
Basic	Anyone	Current, unspent criminal record
Standard	Employers or regulators of specific roles. This includes: 'Any employment or other work which is concerned with the provision of health services and which is of such a kind as to enable the holder of that employment or the person engaged in that work to have access to persons in receipt of such services in the course of his normal duties' (Legislative wording 14) ⁹ .	Spent and unspent convictions. This is subject to filtering ¹⁰ of convictions which means older, less serious offences won't be disclosed on Standard and Enhanced checks.
Enhanced	Employers or regulators of people engaging in 'regulated activity'.	Spent and unspent convictions, relevant police information, check of the Children's Barred List and/or Adults Barred List if requested

- 2.9 There is different guidance in place for the definitions of regulated activity for England and Wales¹¹, and for Northern Ireland¹².
- 2.10 The same levels exist in Scotland, but with different definitions¹³. The Protecting Vulnerable Groups (PVG) Scheme is for people doing 'regulated work' with

⁹ [Standards eligibility guide v1.0_051118.pdf \(publishing.service.gov.uk\)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Standards_eligibility_guide_v1.0_051118.pdf). 'Legislative wording 14' is derived from SCHEDULE 1 PART 2 of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975

¹⁰ For more information see: <https://www.gov.uk/government/publications/dbs-filtering-guidance/dbs-filtering-guide>

¹¹ Available at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216900/Regulated-Activity-Adults-Dec-2012.pdf and https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550197/Regulated_activity_in_relation_to_children.pdf

¹² Available at: [Regulated activity adults NI Factual Note \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/Regulated-activity-adults-ni-factual-note) and [Regulated Activity in relation to Children: \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/Regulated-activity-children)

¹³ See: <https://www.mygov.scot/disclosure-types>

children and protected adults. A PVG certificate contains similar information to the enhanced disclosure but with the key difference that Disclosure Scotland continually monitor PVG scheme members' records for new vetting information that may effect their suitability to work with vulnerable groups.

- 2.11 Whereas the relevant legislation specifies that all those required to register with a statutory regulator to practise are included in the definition of 'regulated work' or 'regulated activity', there is not currently provision in the legislation for the same to apply to the Accredited Registers. The definition must instead be drawn from the type of work they are engaging in at any given time.

Eligibility for Accredited Registers and their registrants

- 2.12 To date, we have been limited in our ability to require Accredited Registers to access criminal records checks. The main barrier has been a lack of clarity about two main areas: whether their registrants can be defined as working within 'regulated activity' or 'regulated work', and whether not being either a statutory regulator or an employer prevents access. These are important points to be clear on since it would be unlawful for a body to request a check for someone that they are not eligible for.
- 2.13 In our public consultation on the strategic review of the programme, we sought views on whether to protect the public, the Accredited Register should be allowed to access information about relevant spent convictions. Overall, 64% of respondents agreed with this statement. This included a significant proportion of the current Accredited Registers and associated organisations. The remaining respondents were split in half between those who disagreed, and who weren't sure.
- 2.14 We have assessed eligibility of all current Accredited Registers to access enhanced checks, using guidance provided by the DBS, AccessNI and Disclosure Scotland. A summary is provided at Annexe A. Further detail in relation to the different frameworks in place across the UK is given below.

England and Wales

- 2.15 Since the strategic review concluded in July 2021, we have worked closely with the DBS to determine whether ARs are eligible for higher levels of checks, and in which circumstances.
- 2.16 Under the current legislation and definitions, the main situations in which someone will be working in regulated activity are if they are working with children, and/or if they are a counsellor or psychotherapist working with someone who has been referred by a healthcare professional (i.e. doctor or other professional required to be registered with a statutory body to practise).
- 2.17 To test the practical arrangements, we ran a pilot with the Association of Child Psychotherapists (ACP), from March to June 2022. The pilot involved accessing enhanced DBS checks for a small sample of self-employed registrants working directly with children in 'regulated activity'. An umbrella body was used to process the checks. The findings of the pilot showed that being an Accredited Register is not itself a barrier to accessing enhanced DBS checks.
- 2.18 However, a significant proportion of registrants are likely to be employed by bodies carrying out their own checks. This proportion does not necessarily therefore represent the group for which we would want ARs to be obtaining

checks themselves. Our pilot focused on self-employed registrants because this appears to be the biggest gap in terms of checks currently.

Northern Ireland

- 2.19 At the time of the consultation, we are working with AccessNI and will consider whether specific guidance is required for Accredited Registers to access criminal records checks in Northern Ireland before the introduction of any changes to our Standards.

Scotland

- 2.20 We have developed guidance for Accredited Registers about criminal records checks Scotland with Disclosure Scotland, which is available on our website¹⁴.

The Government's Independent Review of the Disclosure and Barring Regime

- 2.21 In February 2022, the Government announced an independent review of the Disclosure and Barring Regime¹⁵. The purpose of the review is to provide assurance to Ministers about the effectiveness of the disclosure and barring regime in safeguarding children and vulnerable adults. It will include reviewing the definition of 'regulated' activity, used to determine who is eligible for a higher-level DBS check; and eligibility gaps for disclosure checks for the self-employed.
- 2.22 The scope of the review will be relevant to statutory regulators as well as the Accredited Registers. Although the statutory regulators are able to request enhanced checks, we are only aware of one currently doing this as part of their registration requirements (the General Osteopathic Council).
- 2.23 The review presents a potential opportunity for access to enhanced DBS checks for AR practitioners to be broadened.
- 2.24 Ultimately, who is considered as engaging in regulated activity is a matter for the Government. We would expect this decision must balance the risk to the public, the rights of ex-offenders, and issues of proportionality.
- 2.25 At the time of writing, we expect an initial report from the Independent Review to be published later in the Autumn. We will consider what implications this has for Accredited Registers and the statutory regulators before we introduce any changes.

3. Proposed changes to the Standards

- 3.1 If, following consultation and the findings of the Government's Independent Review, we decide to introduce a more explicit requirement for Accredited Registers to access criminal records checks, we will need to introduce this into our assessments through revised Standards. This section sets out the proposed changes to the Standards.
- 3.2 The main Standard this will be assessed through is Standard Two, Management of the register. This requires that:

¹⁴ [Accredited Healthcare Registers | Safeguarding pilot \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

¹⁵ [Independent review of the disclosure and barring regime - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

‘The organisation maintains and publishes an accurate register of those who meet its requirements including any restrictions on their practice.’

- 3.3 Requirements for part 2a) of this Standard, ‘The registration process’, will be updated include the following new minimum requirement:

‘The Register ensures that registrants have had an appropriate level of criminal records check before being admitted to the register, and to maintain registration. Where a registrant is working within the definition of ‘regulated activity’ (for those working England, NI and Wales) or ‘regulated work’ (for those working Scotland), this should be the highest level of check available including a check of the relevant barred list.’

Supplementary guidance to support the changes

- 3.4 It is likely that supplementary guidance with further detail, which can be updated if the frameworks change, would need to be developed to underpin any new requirements in this area. This guidance would underpin our assessments of individual ARs’ arrangements for criminal record checks.
- 3.5 The types of areas the guidance would need to address are:
- Frequency of checks
 - What is expected where registrants have already had an employer check
 - Differences across the frameworks in place for the four countries of the UK
 - Considerations for policies that need to be in place to underpin decisions about suitability of registration of those with spent convictions or cautions, to ensure fair treatment of ex-offenders
- 3.6 The DBS, AccessNI and Disclosure Scotland have detailed guidance about arrangements for accessing criminal records checks which include requirements for handling information, and the processes for obtaining the checks.

Implementation of the revised Standards

- 3.7 Before we introduce change to our Standards, we will consider the information gathered through this consultation, and Government’s Independent Review. If the Review indicates significant changes to the existing framework, then we may need to consult a second time. In the meantime, we will continue to work with Accredited Registers who are eligible under the current framework to access enhanced criminal records checks to support them to do so.

4. Consultation questions

General questions

1. In what capacity are you responding to this consultation?
[member of the public/Accredited Register or associated organisation/Accredited Register practitioner/non-Accredited Register practitioner/professional association/public body/other]
2. Do you agree that having a clearer requirement for Accredited Registers to request the highest level of criminal records check that a registrant is

eligible for, is important to ensure protection of the public? Please explain your answer.

3. Do you agree that having a clearer requirement for Accredited Registers to request the highest level of criminal records check that a registrant is eligible for, is important to ensure confidence in the accreditation Quality Mark? Please explain your answer.
4. Do you agree that if a registrant has already been subject to an appropriate level of criminal records check by an employer, then an Accredited Register should not need to do so providing they can see evidence of this?
5. Are you aware of any examples in which risk of harm to a member of the public seeking the services of an Accredited Register practitioner could have been potentially avoided, by a criminal records check? Please do not provide sensitive personal information in your response.
6. In cases where Accredited Registers could access enhanced criminal records checks for applicants or registrants, and detail of spent and unspent convictions, what factors do you think are important to consider in decisions by the Accredited Register about suitability to be on the Register?
7. Do you think that basic levels of criminal records checks, which may be accessed by anyone, should be considered for those not eligible for standard or enhanced levels of checks? (Applies to England, NI and Wales only).
8. Are there any other actions you think we should take to strengthen safeguarding for users of Accredited Registers?

Questions for Accredited Registers

- 4.1 Please only answer this section if you are responding on behalf of an Accredited Register. Do not answer if you are responding on behalf of an associated organisation. This is so we can ensure accurate data.

9. Do you have a process for identifying which of your registrants are self-employed?
10. If you answered 'no' for Question 9, would you expect any difficulties in putting a process in place to identify which registrants are self-employed?
11. If you answered 'yes' to Question 9, please provide the information below as at, or as near to, 1 October 2022. If you can only complete the UK-wide total, please provide that.

	Number of registrants	Number of self-employed registrants
England		
NI		
Wales		
Scotland		
UK-wide total		

12. Do you currently undertake any form of criminal records checks as part of registration processes? If so, please provide further detail including whether this is for self-employed or all registrants, and the level of check undertaken.
13. Do you consider that any of your registrants will be working in 'regulated activity' (England, NI or Wales) or 'regulated work' (Scotland)? Annexe A sets out our estimate of eligibility based on guidance from the DBS, AccessNI and Disclosure Scotland.
14. What would be the main impacts on your organisation if required to undertake more checks than currently? Please tell us about any practical issues or constraints such as resource.
15. If you do not think that your Accredited Register is eligible to access enhanced criminal records checks under current legislation, would you be supportive of changes to enable this? Please explain your answer.

Questions for practitioners

16. Are you a member of an Accredited Register currently? If yes, please tell us which Accredited Register(s) you belong to.
17. Do you work in any of the following:
 - a. Solely in private practice
 - b. Both in private practice and for a service/organisation
 - c. For a service/organisation
 - d. Other (please specify)
18. What impact would it have on you if you were required to provide evidence of a criminal records check?
19. What do you consider would be the advantages/disadvantages for you as a practitioner in relation to providing an enhanced criminal record check to your Accredited Register?
20. What do you consider would be the advantages/disadvantages to your clients in relation to providing an enhanced criminal record check to your Accredited Register?
21. How do you envisage being able to access an enhanced criminal record check?

5. Impact Assessment

- 5.1 We are keen to ensure that we understand any impact or burden that our proposals are likely to create so that we can consider any changes that may be appropriate.
- 5.2 Impacts we have identified so far include the increase in costs for Registers and registrants. We also need to make sure that any changes we introduce do not treat people who have a criminal record unfairly.
- 5.3 We consider that the impact of any changes can be more accurately assessed once any revised operational processes have been developed but remain mindful of the potential impact of any changes we explore. We seek initial views

from those affected, and particularly the Accredited Registers and patients and service users, of the likely impact of the changes to the process that we have outlined here.

22. Please set out any impacts that the proposals set out in this paper would be likely to have on your organisation or considerations that we should take into account when assessing the impact of the proposals.

23. Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals based on the following characteristics as defined under the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation
- Other (please specify)

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

5.4 To help us understand who is interested in the programme and is responding to our consultation, it would be helpful to find out more about you. If you would prefer not to add your name, you could tell us, for example, your area of work or interest or the type of organisation you work for (for example 'I work for an accredited register' or 'I am registered with an accredited register'):

25. Your name and/or the name of your organisation.

26. How would you describe your organisation (or your own role if more relevant)

27. Are you content for us to use your comments in any published reports? If so, are you happy for us to include your name and, if relevant, your organisation?

6. How to respond to this consultation

6.1 You can respond to this consultation paper by providing a written response in a Word document to the questions outlined in this document to:

ARconsultation@professionalstandards.org.uk. Please include the question numbers provided.

6.2 We strongly urge responses by email. If this is not possible, our postal address is:

Professional Standards Authority
157-197 Buckingham Palace Road

London
SW1W 9SP

- 6.3 If you have any queries, or require an accessible version of this document, please contact us on 020 7389 8030 or by email at accreditationteam@professionalstandards.org.uk.
Please return your response to us by the 11.59pm on 7 February 2023.

7. Confidentiality

- 7.1 We will manage the information you provide in response to this discussion paper in accordance with our information security policies which can be found on our website (www.professionalstandards.org.uk).
- 7.2 Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).
- 7.3 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.
- 7.4 If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Authority.
- 7.5 We will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

8. Our Consultation Process

- 8.1 Our consultation process is based on the current Cabinet Office principles on public consultation, 'Consultation principles: guidance'.¹⁶ When conducting public consultations on aspects of the Authority's work we aim to:
- Be clear about both the consultation process and what is being proposed. This gives respondents the opportunity to influence our thinking and consider the advantages and disadvantages of our proposals.
 - Consult formally at a stage where there is scope to influence the policy in order that consultations have a purpose.
 - Give enough information to ensure that those being consulted understand the issues and can provide informed responses. We include assessments of costs and benefits of the options considered.

¹⁶ Cabinet Office. 2016 *Consultation principles guidance*. Available at: [Consultation principles 2016 \(publishing.service.gov.uk\)](http://publishing.service.gov.uk) accessed on 20 July 2022.

- Seek collective agreement before publishing a written consultation particularly when consulting on the new proposals.
- Consult for a proportionate amount of time, taking a judgement based on the nature and impact of the proposals. Consulting for too long will unnecessarily delay policy development and consulting too quickly will not give enough time for consideration and will reduce the quality of responses.
- Ensure our consultation is targeted to consider the full range of stakeholders, bodies and individuals affected by the policy and include relevant representative groups. Consider targeting specific groups if necessary.
- Consider consultation as an ongoing process, not just about formal documents and responses.
- Analyse responses carefully and explain the responses received and how they have informed the policy. Give clear feedback to participants following the consultation. Publish responses to the consultation within 12 weeks or explain why that it is not possible.
- Allow appropriate time between closing the consultation and implementing the policy.

8.2 If you have concerns or comments which you would like to make relating specifically to the consultation process itself, please contact:

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Professional Standards Authority 157-197
Buckingham Palace Road
London
SW1W 9SP
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Fax: 020 7389 8040
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Annexe D – Eligibility to access criminal records checks

The table below shows an estimate of current eligibility of Accredited Registers (ARs) to access higher level checks across the UK. For England, Northern Ireland and Wales this is Enhanced with Barred List. For Scotland, it is membership of the Protecting Vulnerable Groups Scheme. Within Scotland, the checks would need to currently be requested by a private individual employing an AR practitioner, rather than the AR itself.

Name of Register and number of registrants (as at 1 Jan 2022)	Number of registrants as at 1 Jan 2022	Role(s) registered	Regulated activity/work with children				Regulated activity/work with adults			
			E	NI	S	W	E	NI	S	W
Academy of Healthcare Science	13,798	Healthcare scientists (varied roles)	N	N	N	N	N	N	N	N
Alliance of Private Sector Practitioners	936	Foot Health Practitioner	Y	Y	Y	Y	N	N	N	N
Association of Child Psychotherapists	718	Child Psychotherapist; Child and Adolescent Psychotherapist; Child and Adolescent Psychoanalytic Psychotherapist	Y	Y	Y	Y	N/A	N/A	N/A	N/A
Association of Christian Counsellors	891	Counsellor, Psychotherapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
Athena Herd**	30	Equine facilitated workers	Y	Y	Y	Y	Y*	Y*	Y	Y*

British Acupuncture Council	1971	Acupuncturists	Y	Y	Y	Y	N	N	N	N
British Association for Counsellors and Psychotherapists	44,476	Counsellor, Psychotherapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
British Association for Behavioural and Cognitive Psychotherapies (BABCP)**	7402	Cognitive Behavioural Therapy Practitioners	Y	Y	Y	Y	Y*	Y*	Y	Y*
British Association of Play Therapists	339	Child Therapist, Counsellor, Play Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
British Association of Sports and Rehabilitation Therapists	1233	Sport Rehabilitation Practitioner, Sports Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
British Psychoanalytic Council	1893	Counsellor, Psychotherapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
British Occupational Hygiene Society**	700	Occupational Hygienists	N	N	N	N	N	N	N	N
British Psychological Society**	TBC	Psychological Wellbeing Practitioners	Y	Y	Y	Y	Y*	Y*	Y	Y*

		(PWPs), Child Wellbeing Practitioners (CWPs), Education Mental Health Practitioners (EMHPs), Clinical Associates in Psychology (CAPs), Clinical Associate in Applied Psychology (CAAP)								
COSCA (Counselling and Psychotherapy in Scotland)	721	Counsellor, Psychotherapist, Talking Therapist	N/A	N/A	Y	N/A	N/A	N/A	Y	N/A
Complementary and Natural Healthcare Council	Complementary therapy	Alexander Technique teachers, Aromatherapists, Bowen Therapists, Colonic Hydrotherapist, Complementary Therapist, Craniosacral Therapist, Hypnotherapist, Massage Therapist, Micro-systems acupuncturist, Naturopath, Nutritional Therapist, Reflexologist, Reiki	Y	Y	Y	Y	N	N	N	N

		Therapist, Shiatsu Therapist, Sports Massage Therapist, Sports Therapist								
Health Practice Associates Council**	496 (June 2022)	First Aider, First Responder, Ambulance Care Assistant, Police Medical Responder, Fire Medical Responder, Emergency Care Assistant, Ambulance Technician, Associate Ambulance Practitioner, Student Paramedic	Y	Y	Y	Y	Y	Y	Y	Y
Human Givens Institute	258	Counsellor, Psychotherapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
Institute of Trichologists**	191	Trichologists	N/A	N/A	N/A	N/A	N	N	N	N
International Federation of Aromatherapists	176	Aromatherapists	Y	Y	Y	Y	N	N	N	N
Joint Council for Cosmetic Practitioners	667	Cosmetic practitioner (non-surgical), Hair restoration surgeon	N/A	N/A	N/A	N/A	N	N	N	N
National Counselling Society/National	6553	Counsellor, Hypnotherapist,	Y	Y	Y	Y	Y*	Y*	Y	Y*

Hypnotherapy Society		Psychotherapist, Talking Therapist								
Play Therapy UK	2378	Child Therapist, Counsellor, Play Therapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
Rehabilitation Workers Professional Network	400	Vision rehabilitation workers Vision habilitation specialists	Y	Y	Y	Y	N	N	Y	N
Save Face	867	Cosmetic practitioner (non-surgical)	N/A	N/A	N/A	N/A	N	N	N	N
UK Association of Humanistic Psychology Practitioners	156	Counsellor, Psychotherapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
UK Board of Healthcare Chaplains	374	Healthcare Chaplain	Y	Y	Y	Y	N	N	Y	N
UK Council for Psychotherapy	8,461	Child Therapist, Counsellor, Psychotherapist, Talking Therapist	Y	Y	Y	Y	Y*	Y*	Y	Y*
UK Public Health Register	1229	Public Health Practitioner, Public Health Specialists	Y	Y	Y	Y	N	N	N	N
UK Society for Behavioural Analysis**	209	Behaviour analysts	Y	Y	Y	Y	N	N	Y	N