

Guidance for Accredited Registers

Renewals, Targeted Reviews and Outcomes

July 2021

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1. Introduction

Who this guidance is for?

- 1.1 This guidance is intended for all Registers which have been accredited by the Professional Standards Authority ('us'). It sets out the process to renew their accreditation, and the steps we will take if we have concerns about their performance.

Why you need to read this guidance

- 1.2 This document sets out the evidence you will be asked to provide, and how it will be used. It provides an overview of the key steps in accreditation processes, which were updated in July 2021.

About Accredited Registers

- 1.3 We accredit organisations that hold voluntary registers of roles within health and care that do not by law have to be registered with a statutory body. To be accredited by us, organisations must meet our [Standards for Accredited Registers](#). Accredited Registers ('Registers') and their registrants may display our Quality Mark. We undertake periodic checks that Registers continue to meet our Standards.

Contacting the Accreditation team

- 1.4 If you would like to discuss this guidance, the Accreditation team can be contacted by email: accreditationteam@professionalstandards.org.uk or by calling 020 7389 8037 during office hours.

2. Annual checks

- 2.1 We will monitor Registers each year to check whether there have been significant changes to key processes, or significant concerns raised that could affect whether the Standards continue to be met.
- 2.2 The annual check will involve:
- Audit of register accuracy.
 - Review of information submitted about key changes to the Register (see our *Annual accreditation check form*).
 - Review of concerns received through 'Share Your Experience' or other sources.
- 2.3 The Accreditation Team will review the information and decide whether there are any changes of concerns that may affect the Standards. If not, we will write to the Register to confirm this. Recommendations can also be issued at this stage.

- 2.4 If we think that a Standard might not be met, then with reference to the thresholds set out below under Section 4 we may carry out a targeted review.

3. Full renewal assessment

- 3.1 Every three years, we will undertake a full assessment of Registers against our Standards. Applications for renewal must be made before the renewal date unless we have granted approval.

Key steps of the renewal process

- 3.2 The diagram below gives an overview of the key steps of the renewal process.



Step 1 – Preparing for renewing of accreditation

- 3.3 We will ask the Register to confirm if they intend to apply to renew accreditation.
- 3.4 We will then issue an evidence matrix, to gather key information against each of the Standards. We will ask the Register to inform us about key changes and updates since its last renewal.

Step 2 – ‘Share Your Experience’ and engagement

- 3.5 We will publish a ‘Share Your Experience’ (SYE) invitation. More information about this process is set out in separate guidance on our website.¹ Its purpose is to allow any interested parties to submit views about the Register for us to consider when making decisions about renewing accreditation. We do this by

¹ <https://www.professionalstandards.org.uk/what-we-do/accredited-registers/resources>

sending an email to stakeholders and by posting on our website. This will run for 28 working days. After the deadline, the team will review the responses and where issues are noted send to the Register for comment, redacting responses where necessary. Responses will only be shared with the Register in full if the sender gives their consent to do so. If consent is not given the team will share themes with the Register.

- 3.6 We may also arrange meetings with interested parties to facilitate understanding of their experience of the Register.

Step 3 – Audit of register, governance and complaints handling process

- 3.7 We will undertake an audit of information on the published register, to check for accuracy and clarity of information.
- 3.8 We will also audit a sample of registrants' websites where applicable to check whether our Quality Mark is clearly displayed, and whether the information provided about services offered appears to be clear and not misleading.
- 3.9 We will observe a Board meeting and carry out a review of published meeting minutes. We will also check other publicly available sources of information such as Companies House records to assess if our minimum requirements for the Governance Standard (Standard 6) continue to be met.
- 3.10 We will observe a complaint hearing and undertake an audit of the Register's complaints handling processes. This will include a random sample of complaints against registrants. We will specify the number and type of cases. All information provided to us should be redacted so that information about individuals is not identifiable.
- 3.11 The areas we will look at during our audit of complaints will include:
- Whether processes have been followed
 - Communications with those involved in a complaint
 - Whether our minimum requirements for Standard 5 are met by reviewing how policies and processes are applied in practice.
- 3.12 If there have been significant changes in key personnel or in the register's policies and procedures, we may carry out a site visit or additional interviews as part of the assessment.

Step 4 – Evidence analysis and recommendations for Panel

- 3.13 We team will review the initial evidence provided by the Register (Step 1), the information provided through the SYE (Step 2), and the findings of the audits (Step 3) against our Standards.
- 3.14 We will ask the Register for further information if it is unclear whether a Standard is met. We will allow at least ten working days for a response.
- 3.15 We will then finalise our recommendations against the Standards, for the Panel. We will send the recommendations and the evidence to the Panel five working days before it meets. If any Panel members request further information before the meeting, we will request this from the Register at this point.

Step 5 – Panel reviews evidence and agrees outcome

- 3.16 The Panel will meet to discuss the evidence and agree whether the Standards have been met. The Panel will usually consist of three members of our staff, to include one member of the Senior Management Team.
- 3.17 The potential outcomes of the Panel meeting are provided at Section 5. Once the Panel has reached a decision, the Accreditation team will write a report setting out the outcome, and how the decision has been made.
- 3.18 The Panel may decide to adjourn the meeting if it considers further information is required in order to reach a decision on the appropriate outcome.
- 3.19 We will inform the Register of the outcome as soon as possible after the Panel meeting. We will then issue a report of the decision, usually within ten working days of the Panel meeting taking place.
- 3.20 The Register will be asked to review the report for factual accuracy. If the Register wants to appeal the decision, it should notify us of this within ten working days, as set out within our *Appeals Policy*.

4. Targeted review

- 4.1 In some cases, we might need to undertake a targeted review of the Register. This could be triggered by concerns at an annual check, or those raised in-year through our 'Share Your Experience' process.
- 4.2 The threshold for initiating a targeted review will be related to risk. The criteria to be used are:
 - A change which means that one or more of our minimum requirements are no longer likely to be met.
 - An investigation into the Register by another regulatory body, such as the Charity Commission or Office of the Scottish Charities Regulator.
 - Evidence of a new or potential harm arising from the practices of the register or its registrants, which appears to be unmitigated.
- 4.3 The Head of Accreditation, or Director of Accreditation and Regulation, will decide whether a targeted review needs to be carried out. If it does, then we will write to the Register to set out the areas where we need further information and how this relates to the Standards. We will give at least ten working days to provide a response.
- 4.4 The Accreditation team will develop its recommendations for a Panel to consider. The Panel will consider a report including these recommendations, and the further information provided by the Register. The Panel will usually consist of three members of our staff, including at least one member of the Directors' Group.
- 4.5 The Panel will be asked whether the Standard(s) relevant to the Targeted Review continue to be met. The Panel may issue Recommendations or Conditions. In serious cases, it may consider suspending or withdrawing accreditation.

- 4.6 We will let the Register know the outcome as soon as possible after the Panel meeting. We will then issue a report of the decision, usually within ten working days of the Panel meeting taking place.
- 4.7 The Register will be asked to review the report for factual accuracy. If the Register wants to appeal the decision, it should notify us of this within ten working days, as set out within our *Appeals Policy*.
- 4.8 If any Conditions have been issued, then the date of the next full renewal assessment will usually be the following year.

5. Outcomes

Recommendations

- 5.1 We can issue Recommendations during the Annual Accreditation Check, or as part of a Targeted Review or Accreditation Renewal Assessment. Recommendations are issued for areas that would improve practice and enhance the operation of the Register, but which are not minimum requirements.

Conditions

- 5.2 Conditions of accreditation can only be issued by an Accreditation Panel ('the Panel'). They are issued when an Accreditation Panel has determined that a Standard has not been met. The Condition sets out the requirements needed for the Register to meet the Standards, within a set timeframe. Conditions are published on the directory of Registers on our website in line with our *Publications Policy*.

Assessment of Conditions

- 5.3 The Register will be asked to provide evidence of how a Condition has been met, by the deadline it is due. In the first instance, this will be reviewed by the Accreditation Team. The Director of Standards and Policy can confirm whether a Condition has been met.
- 5.4 If there is not enough evidence at this stage to confirm that the Condition has been met, then the decision will be escalated to an Accreditation Panel. The Register will be notified of this decision and given ten working days to provide any further information it would like the Panel to consider.
- 5.5 The Accreditation Panel will then decide whether the Condition has been met. Non-compliance with a Condition may result in suspension or removal of accreditation if the Panel determines that this constitutes a risk to the public and/or may bring the reputation of the accreditation programme into disrepute, and there are no mitigating factors to justify why the Register has not been able to demonstrate compliance within the timeframe.
- 5.6 If the deadline for the Condition is near to the Register renewing its accreditation (for example, if it was issued at last renewal of accreditation with a twelve-month timeframe), then the Register may be asked to provide evidence

of compliance as part of the initial evidence for the Annual Check. If the Register needs the full time period to meet the Condition, then this will be granted. In this case, renewal of accreditation may be delayed for a reasonable period until the Panel has considered the evidence submitted for a Condition.

Suspension of accreditation

- 5.7 In cases of serious concerns, a Panel may determine that accreditation of a register should be suspended. This is to allow the Register opportunity to address concerns, whilst ensuring transparency that a Register does not meet the Standards of Accreditation. In this situation, a Panel has determined that the concern is so serious that a Condition would not be sufficient to mitigate risk. Examples of this are:
- a. Where there is an immediate patient safety risk. This could include failure to take action against registrants that are in contravention of its requirements.
 - b. Where a Condition has been found by a Panel not to have been met, without sufficient justification, but where it is considered that the Register should be allowed a final opportunity to address the concern within a set timeframe to avoid accreditation being removed.
 - c. Where the actions by a Register could bring the programme into disrepute. This could include failure to take action against registrants that are in contravention of its requirements, and/or where there are clear breaches of the law.
 - d. Instances of suspected malpractice or dishonesty by the Register where the Register has not provided adequate explanation.
 - e. Where an organisation is unable to fulfil its core duties and requirements for eligibility as an Accredited Register, such as through organisation or financial issues which prevent its operation.
- 5.8 Suspension of accreditation will usually require that the organisation and its registrants remove the Accredited Registers quality mark from promotional materials. This decision will be made on a case-by-case basis and take into account risks to patients and the public as well as impacts on registrants. We will carry out an impact assessment before making a final decision.
- 5.9 Suspension will be accompanied by one or more Conditions which the Register must address by a set deadline. Once the deadline for a Condition has passed, a Panel will consider as per the process at paragraph 5.5. If Conditions have been met, then the Panel will remove suspension unless further significant concerns have been raised. If Conditions have not been met within the timeframe, with no reasonable justification, then withdrawal of accreditation will be considered by the Panel.

Withdrawal of accreditation

- 5.10 Withdrawing accreditation is a final step, if the Register cannot demonstrate that it meets the Standards. Unless there is significant evidence of malpractice, we will usually only withdraw accreditation after the Register has had the opportunity to address concerns, usually through Conditions.

- 5.11 Circumstances in which concerns may be serious enough to warrant a Panel to consider withdrawal of accreditation without previous Conditions and/or suspension include:
- a. Clear and proven breaches of law (for example, falsifying of accounts).
 - b. Evidence of the Register not taking appropriate steps to prevent known harm by its registrants.
 - c. Where the stated aims and objectives of the Register are in clear contradiction to our stated functions and objectives as set out in the National Health Service Reform and Health Care Professions Act 2002 to protect the public from harm.
 - d. Where the Register ceases to be a viable organisation.
- 5.12 If concerns such as this arise, they will be set out to the Register in writing. The Register will have opportunity to respond, where possible allowing at least five working days.
- 5.13 A Panel will then meet to consider the evidence. If the Panel finds that the Register does not and cannot continue to meet one or more of the Standards, then accreditation may be removed. The outcome will be communicated to the Register with the Panel's reasons.
- 5.14 The organisation will then have ten working days from receipt of the outcome to inform us whether it will accept or appeal the Panel's decision (see section 6). The outcome will be published on our website, including notification of the Registers' appeal if applicable.

6. If you disagree with an accreditation decision

- 6.1 If you are unhappy with a decision we have made or the level of service we have provided through the Accredited Registers programme, the Accreditation team will be happy to discuss. You can contact the team by email at accreditationteam@professionalstandards.org.uk, or by telephone on 020 7389 8037.
- 6.2 If the team is unable to resolve your concern, or you would otherwise like your complaint to be considered by someone outside of the Accreditation Team, then you can use our [organisational complaints process](#).
- 6.3 Decisions that affect accreditation status, such as refusal to grant or renew accreditation, or to impose Conditions or suspend accreditation, can be formally appealed by the Register. Appeals must be submitted within ten working days of formal notification of a decision. More information about the process for doing this can be found in our [Appeals Policy](#).

7. Oversight of accreditation

- 7.1 Oversight of the accreditation process is provided by our Scrutiny Committee consisting of three members of our Board. The Scrutiny Committee reports directly to our Board.
- 7.2 This oversight involves the Scrutiny Committee sampling accreditation decisions made by Accreditation Panels, reviewing reports provided by the Accreditation team and observing Accreditation Panel meetings.
- 7.3 The Scrutiny Committee can recommend improvements to the processes employed within the Accredited Registers programme. It will monitor implementation of any recommendations and may require reports from the Accreditation team as part of this process.

Document Control

Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Status	Description of Version	Date Completed
1.0	Approved	New procedure	5 July 2018
1.1	Approved	Clarification at paragraph 8.3	26 November 2018
2.0	Approved	Revised procedure (interim)	4 November 2020
3.0	Approved	Revised procedure	29 July 2021
3.1	Approved	Revisions to approval of Conditions	21 October 2021
3.2	Approved	Revisions	16 February 2023
3.3	Approved	Revisions – updated at paragraph 3.16 to reflect at least one member of Senior Management Team will sit on a Panel	7 June 2024