**Initial Accreditation Report**

Rehabilitation Workers Professional Network (RWPN)

March 2022

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# The Process

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

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

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

This assessment was carried out against *the Standards for Accredited Registers (April 2016)* and the new Standard 1 introduced in 2021 by the Authority and which includes the ‘public interest test’. Standard One checks eligibility under our legislation, and if accreditation is in the public interest. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*[[1]](#footnote-1)*.*

We used the following in our assessment of the RWPN:

* Documentary review of evidence of benefits and risk supplied by the RWPN and gathered through desk research
* Documentary review of evidence supplied by the RWPN and gathered from public sources such as its website
* Due diligence checks
* Share your experience responses
* Site visits including discussions with members of staff
* Interviews with the Chair
* Observation of a Management Committee Meeting on 13 October 2021 and a Registration and Professional Standards Committee on 23 September 2021
* Assessment of RWPN’s complaints procedures.

# The Outcome

The Accreditation Panel met on 21 February 2022 to consider the Rehabilitation Workers Professional Network (RWPN)’s application for accreditation. The Panel was satisfied that the RWPN met or could meet with Conditions all the Standards for Accredited Registers. **We therefore decided to accredit the RWPN with Conditions**.

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| We noted the following **positive findings**:* The RWPN is committed to public protection and promoting public confidence in vision rehabilitation and vision habilitation through its *Code of Ethics and Professional Conduct*, its registration and renewal criteria, its requirement for CPD and its processes for handling complaints.
* The RWPN actively engages with key stakeholders to raise awareness of the register and the work of rehabilitation workers and habilitation specialists.
* The RWPN includes people with lived experience of sight loss on its Registration and Professional Standards Committee ensuring that this perspective is included in decisions made about the register.
* The RWPN has a comprehensive Continuing Professional Development (CPD) scheme. It carries out annual checks to ensure that its registrants are meeting its requirements.
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We issued the following Conditions to be implemented by the deadline given:

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| **Conditions** | **Deadline** |
| **Standard 4** | 1. The RWPN must provide the Accreditation team with an update on its financial sustainability following its AGM in July 2022.
 | 30 September 2022 |
| **Standard 7** | 1. The RWPN should review
2. the reporting arrangements between the Management Committee and the Registration and Professional Standards Committee. The RWPN should consider whether it is appropriate for a member the Registration and Professional Standards Committee to attend Management meeting to ensure that the Management Committee is aware of concerns or other issues that ought to be addressed.
3. The RWPN should review the membership of both of Management Committee and the Registration and professional Standards Committee and consider whether it should include vision habilitation specialists and lay people without sight loss and with experience of regulation on its Committees.
4. The RWPN should ensure that all members of its Registration and Professional Standards Committee are equipped to make fair, consistent and transparent decisions. The RWPN should consider mechanisms such as appraisals for monitoring the ongoing competence of its committee members and consider induction training and ongoing training in areas such as equality and diversity, data handling and decision making in disciplinary procedures for key decision makers.
 | Next Review (April 2023) |
| **Standard 9** | 1. The RWPN should develop criteria and a process for assessing whether courses meet its registration standards and ensure that they continue to do so. The RWPN should develop a process for considering concerns which suggest that a course may be failing to meet its standards.
2. The RWPN should ensure that the education and training standards required for admission to its register are clear and understood by the public. At a minimum the RWPN should provide the following information: Type and level of qualification required for entry to the register, including typical duration if it is not a standard qualification such as degree. If it allows exceptions, it should explain when and why and make that clear to the public.
 | Next Review (April 2023) |
| **Standard 10** | 1. The RWPN should review its register entries for consistency, accuracy and clarity of information.
2. The RWPN should
3. consider if it is appropriate to allow registrants to change their own personal or other details on the register to preserve the register's integrity - the RWPN should be able to contact the complainant if a complaint is made, for example. The RWPN should develop a policy for handling changes by for example requiring evidence to be submitted to them to ensure that it maintains control of the information on its register.
4. should develop quality assurance mechanisms to ensure that the information on the register remains accurate and up to date. This could include for example regular audit of the public register.
5. should review the fields it displays on the register. The RWPN should add sanctions to the register so that it is immediately apparent when a registrant is under sanction. The RWPN should consider the introduction of unique ID’s so that a member of the public could easily distinguish between two registrants.
6. should publish clear definitions for its registration categories, (for example membership level, the ‘register’, definition of qualifications etc). This should be made easily accessible, such as linked at the top of search results on register webpages. The RWPN should consider providing links to other organisations such as regulators or other Accredited Registers that registrants may belong to. This will help facilitate routes of complaint for service users.
7. The RWPN should publish its processes for registration and renewal, (including information about the decision makers) and update the information on its website to make clear what its registration requirements are for the public. The RWPN should develop a policy for assessing applicants who have trained with another provider for example those who have studied abroad.
8. The RWPN should review whether it needs to include any additional fitness to practice declarations within its application and renewals processes and update its application and renewal forms accordingly. If so, the RWPN should develop of policy for handling positive declarations.
9. The RWPN should develop and publish an appeal policy for registration decisions.
 | 30 April 2022Next Review (April 2023)Next Review (April 2023)Next Review (April 2023)Next Review (April 2023) |
| **Standard 11** | 1. We could not observe a complaint hearing as part of our assessment. The RWPN must advise the Authority of any complaint hearing so that it may seek consent to observe.
2. Decision makers at different stages of the process including appeal should not have previously been involved in the complaint. The RWPN should review and update its procedures to ensure there is separation for appeals.
3. The RWPN should review its indicative sanctions guidance to ensure that it has enough flexibility for the RWPN to act in different situations. The RWPN should review if sanctions issued by the IIP should be published taking the public interest into account. The RWPN should consider if the PCP can decide not to issue a sanction, and if so, include information about this within its complaints policies.
 | Next Review (April 2023)30 June 2022Next Review (April 2023) |

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

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| **Recommendations** |
| **Standard 1** | 1. The RWPN should make clear on its register that accreditation with the Authority falls under the remit of the UK only. Only those registrants within the UK are able to use the Quality Mark and the RWPN should develop mechanisms to monitor this.
2. The RWPN should review and update the information it provides to the public about the role of vision rehabilitation and vision habilitation (linked to Standard 7f).
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| **Standard 3** | 1. The RWPN should review its risk register to ensure that the severity of each of the risks is clear and which risks are relevant to both vision rehabilitation workers and habilitation specialists. RWPN should consider if it should be included as the risk owner for any of the risks and ensure that all appropriate mitigations have been included.
2. The RWPN should develop risk management procedures for identifying, monitoring, reviewing and acting upon risks associated with the practice of its registrants. The RWPN should consider how it could use the risk register as a tool to record, assess and manage risks within this process.
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| **Standard 5** | 1. RWPN should ask for and minute any declared conflicts of interest at its meetings. RWPN should update its conflicts of interest policy to include a section on the management of declared conflicts.
2. RWPN should develop its business continuity plans and consider succession planning as part of this.
3. RWPN should update its Privacy Policy to include information about the rights of an individual to access data about themselves.
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| **Standard 7** | 1. The RWPN should develop an Equality, Diversity and Inclusion (EDI) position statement setting out its commitment to EDI and how it is promoted within the Register.
2. The RWPN should continue to explore options for informing and involving the public and service users in what they do,
3. The RWPN should review its website
4. to ensure that the knowledge base informing its requirements for registrants is clear and accessible (see Standard 6).
5. That information presented about the Management Committee and the Registration and Professional Standards Committee is consistent and that it is clear who the Chair and Vice Chair of each of its Committees is (linked to Standard 5).
6. That it is clear what the roles of the Management Committee is. The RWPN should consider developing and publishing Terms of Reference for this group. (linked to Standard 5).
7. The RWPN should review its policies, standards and guidance documents to ensure they are accessible to service users and consider where ‘easy read’ formats might be useful. The RWPN should review its website to ensure that it is accessible for service users. The RWPN should add a statement to its website to inform service users that documents published on the website could be provided in alternative formats such as Braille or large print if required.
8. The RWPN should review its policies, standards and guidance documents to ensure all are clear they are relevant to vision rehabilitation workers and vision habilitation specialists. RWPN should also consider updating its constitution to reflect this.
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| **Standard 8** | 1. The RWPN should review and update *Code of Ethics and Professional Practice* to:
2. ensure it is clear what its requirements for its registrants are and what is guidance.
3. The RWPN should include a specific requirement within its Code of Ethics and Professional Conduct requiring registrants to act in line with the professional Duty of Candour, with accompanying guidance
4. The RWPN should develop checks to ensure that its registrants are compliant with the RWPN’s requirements for indemnity insurance. This could include for example declarations during application and renewal and periodic checks of certificates.
5. The RWPN should put in put in place procedures for reviewing and updating its standards, guidance and policy documents on a regular basis.
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| **Standard 10** | 1. The RWPN should consider adding an explanation of what a sanction is within the webpage describing the role of the Register along with a link to the sanction page.
2. The RWPN should consider how feedback from its continuing professional development (CPD) audits could be used for wider learning within its membership.
3. The RWPN should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. This could include highlighting regulators on registrants’ individual profiles and including checks of the regulators when conducting spot-checks of registrants.
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| **Standard 11** | 1. The RWPN should update its complaints policies, procedures and guidance documents. Updates should include:
2. criteria for considering complaints outside of three years from the incident,
3. the tests that will be applied by each committee when making a decision
4. the fact that even if a concern is not taken forward it will be anonymised and shared with the registrant for their reflection.
5. That sanctions are published and how long for.
6. What the processes are for lifting sanctions.
7. The RWPN should include a section on its homepage which is explicit about its regulatory and complaints handling role. The RWPN should provide easy to find links to its complaints processes. The RWPN should ensure that the support it offers to complainants is explicit on its website.
8. The RWPN should develop guidance for its committee members and its registrants on whistle blowing.
9. The RWPN should consider
10. how it can highlight its profile to ensure that employers and service users are aware of the RWPN’s public protection role and routes of raising concerns.
11. The RWPN should document its policy for advising relevant bodies (for example another Accredited Register) in the event of a concern being raised that might involve a breach of that body’s codes. The RWPN should document its processes for considering sanctions and complaints outcomes from other bodies.
12. The RWPN may want to consider if the Chair should consider if an interim order is needed when they receive a complaint as part of their triage of concerns and complaints.
13. The RWPN should review its Safeguarding Policy to ensure that all the relevant links within the document have been included and add the name and contact details of its designated safeguarding lead to its website.
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# The following report provides detail supporting this outcome.

# The Register

## This section provides an overview of the RWPN and its register.

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| **Name of Organisation** | Rehabilitation Workers Professional Network (RWPN) |
| **Website** | [www.rwpn.org.uk](file:///%5C%5Ccrhp%5Cdata%5CDFS%5CShares%5CVoluntary%20Registers%5CApplications%5C2105-33%29%20RWPN%5CAssessment%5COffice%20Assessment%5CAssessment%5CStandard%201b%5Cwww.rwpn.org.uk) |
| **Type of Organisation** | Company Limited by Guarantee registered in England and Wales 9179719 |
| **Role(s) covered** | The RWPN’s register consists of three sub-registers: * Vision Rehabilitation Workers (working with those over 18 years old)
* Qualified Habilitation Specialists (working with 0-25 year olds)
* Dual-qualified workers (those who are qualified to work in both rehabilitation and habilitation).
 |
| **Number of registrants** | 400 as of October 2021 |
| **Overview of Governance** | The RWPN is run by a Management Committee, governed in accordance with its Constitution. The Management Committee is made up of 13 volunteers. There are four designated roles: Chair, Vice-Chair, Treasurer and Secretary. These are fulfilled by different individuals who are elected annually at the Annual General Meeting (AGM). There is one other committee, the Registration and Professional Standards Committee which is made up of nine volunteers and is a mix of professional rehabilitation workers, managers and people with lived experience of sight loss. This Committee is responsible for the running of the register, this includes handling concerns and complaints and reviewing policies and standards. Decisions made by the Registration and Professional Standards Committee are independent of the Management Committee.  |
| **Overview of the aims of the register** | The RWPN is a professional body for vision rehabilitation workers. It holds a register for vision rehabilitation workers and vision habilitation specialists. The aims of the RWPN are laid out in its constitution: * To maintain a comprehensive list of qualified professionals in the countries of the United Kingdom and the Republic of Ireland
* To bring together the profession and speak with a united voice to promote the concept of rehabilitation and early intervention
* To protect the public from poor practice and promote public confidence in the vision rehabilitation profession
* To provide services to Vision Rehabilitation Workers
* To represent the profession in forums and networks within the visual impairment, health, social care and other sectors
* To work with other bodies to provide evidence of the size and distribution of the profession in the four countries of the United Kingdom and the Republic of Ireland
* To use this evidence to identify strengths and weaknesses in the availability of professional rehabilitation services in these countries
* To develop a sound evidence, base to inform and support bodies that provide Vision Rehabilitation Worker qualification training to ensure that standards are maintained and are appropriate to the needs of people using visual impairment rehabilitation services
* To establish a professional register of Vision Rehabilitation Workers to recognise an individual’s commitment to continual professional development and to safeguard the public
* To promote best rehabilitation practice by publicising events and sharing information, documents, statistics and evidence
* To work constructively with membership organisations in the vision sector with similar aims and objectives
* To raise funds by way of contributions, subscriptions, donations or any other lawful method.
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### Inherent risks of the practice

This section uses the criteria developed as part of the Authority’s *Right Touch Assurance tool*[[2]](#footnote-2) to give an overview of the work of vision rehabilitation workers and vision habilitation specialist.

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| **Risk criteria**  | **Vision Rehabilitation Workers and Vision Habilitation Specialists** |
| 1. **Scale of risk associated with vision rehabilitation workers and vision habilitation specialists.**

*a. What do vision rehabilitation workers and vision habilitation specialists do?* *b. How many vision rehabilitation workers and vision habilitation specialists are there?* *c. Where do vision rehabilitation workers and vision habilitation specialists work?* *d. Size of actual/potential service user group* | 1. RWPN described vision rehabilitation and vision as sitting ‘between health interventions and care provision and is the process that allows physical, emotional readjustment to daily life following sight loss and blindness.’ Vision rehabilitation workers work with adults (18+), vision habilitation specialists work with children and young people (0 to 25 years old). Some of the interventions that might be expected from vision rehabilitation workers include:
2. visual impairment assessment
3. emotional support
4. teaching core orientation and mobility skills and techniques
5. teaching communication skills
6. teaching the use of assistive technology
7. teaching braille
8. enabling independent living skills
9. referring to statutory and voluntary sector services and signposting to local and national support services as needed.

RWPN stated that ‘the approach taken with adults and children is similar in terms of technical skills delivered, but an understanding of child development is core to habilitation work’ therefore the types of interventions described above will be relevant to both roles, but their delivery may be slightly different. 1. As of October 2021, there were 400 registrants on RWPN’s register, these included vision rehabilitation workers, vision habilitation specialists and some who hold dual registration as both. The following table provides a breakdown of RWPN’s register:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | Total | Register of vision rehabilitation workers | Register of vision habilitation specialist | Dual registered |
| England | 260 | 228 | 9 | 23 |
| Wales | 28 | 25 | 0 | 3 |
| Scotland | 40 | 25 | 6 | 9 |
| NI | 7 | 5 | 0 | 2 |
| England/Wales | 3 | 3 | 0 | 0 |
| UK wide | 17 | 15 | 0 | 2 |

The RWPN estimate that it registers approximately 80% of the vision rehabilitation workforce in England and between one third to half of the vision habilitation specialist workforce in the UK. 1. The register covers England, Scotland, Wales and Northern Ireland. Registrants typically work in local authority social service departments, local authority education services, further education colleges and the voluntary sector either under contract to local authorities or in services delivered directly by the charity to an individual.
2. The Royal National Institute of Blind People (RNIB) estimate that in the UK 250 people a day begin to lose their sight[[3]](#footnote-3). In the UK, there are almost 2 million people living with sight loss. Of these, around 360,000 are registered as blind or partially sighted[[4]](#footnote-4) in England. The RNIB state that there are more than 25,000 children under 16 who are blind or partially sighted in the UK.
 |
| 1. **Means of assurance**
 | For those who are employed there will be employer checks including disclosure and barring service (DBS) checks in England (and equivalent in Northern Ireland, Scotland and Wales), references and so on. The RWPN does register ‘freelance’ practitioners, these are self-employed and so may not be subject to the same level of checks. There are currently up to two freelance practitioners on RWPN’s register, however this number is likely to increase if the register grows.  |
| **3. About the sector in which vision rehabilitation workers and vision habilitation specialists operate** | The Care Act 2014 sets a provision for the use of vision rehabilitation services in England. All Local Authorities in England therefore should provide vision rehabilitation services, the RNIB however, notes that ‘many blind and partially sighted people are failing to receive vital vision rehabilitation support.[[5]](#footnote-5)’ The *Care and Support Statutory Guidance* which provides guidance on the Act states that ‘Local authorities should consider securing specialist qualified rehabilitation and assessment provision (whether in- house, or contracted through a third party), to ensure that the needs of people with sight loss are correctly identified and their independence maximised. Certain aspects of independence training with severely sight impaired and sight impaired people require careful risk management and should only be undertaken by professionals with relevant experience and training.’ And that ‘rehabilitation for sight impaired people is a specific form of reablement. However, there are some intrinsic characteristics which define rehabilitation as being distinct from other forms of reablement. It is therefore not appropriate to take a one size-fits-all approach, and local authorities need to ensure that individual needs are met appropriately.’[[6]](#footnote-6)The Clinical Council for Eye Health Commissioning produced guidance in 2017 for commissioners in England which puts vision rehabilitation and vision habilitation on the sight loss and eye care pathway. Although written for England, the RWPN noted this has been embedded within the vision strategies of Northern Ireland, Scotland and Wales as well. |
| **4. Risk perception***• Need for public confidence in vision rehabilitation workers and vision habilitation specialists?* *• Need for assurance for employers or other stakeholders?* | RWPN stated that there is low recognition amongst the general public for the role of vision rehabilitation workers or vision habilitation specialists. However, the Association of Directors of Adult Social Services (ADASS) reports that ‘the benefits of vision rehabilitation are widely recognised amongst blind and partially sighted people and professionals.[[7]](#footnote-7)’There is therefore a need for awareness of and public confidence in these services.The majority of vision rehabilitation workers and vision habilitation specialists are employed through local authorities. There is therefore a need to provide assurance to employers and other stakeholders. |

# Assessment against the Standards

Standard 1a – Eligibility under our legislation

## The organisation registers vision rehabilitation workers and vision habilitation specialists in the UK which are not required by law to be registered with a statutory body to practise in England, Scotland, Wales and Northern Ireland.

## Vision rehabilitation workers work with those with sight loss who are over 18 years old and vision habilitation specialists with those who are under 25 years old. They will work with the individual for a set period of time to teach core orientation and mobility skills and techniques, communication skills, braille and the use of assistive technology. Where needed they will carry out vision impairment assessments and refer and signpost on to other services. Vision rehabilitation workers and vision habilitation specialists help individuals to develop the skills they need to be independent.

## The RWPN has overseas members, these people are not however included on the register. The RWPN is aware that the remit of the Accredited Registers programme is the UK, and that people practising within the UK may use our Quality Mark or advertise that they are on an Accredited Register.

## We found that the RWPN falls within the scope of the Accredited Registers programme and therefore meets the requirements of Standard 1a.

## We issued the following Recommendation:

## The RWPN should provide clear information on its register that accreditation with the Authority falls under the remit of the UK only. Only those registrants within the UK are able to use the Quality Mark and the RWPN should develop mechanisms to monitor this.

Standard 1b: Public interest test

## The RWPN provided evidence of the benefits of the activities that are carried out by its registrants. These include:

## Benefits to the adult service user – the learning or relearning of skills and regaining confidence in all aspects of daily living allows the service user to become more independent and improves their quality of life. Improving confidence in the way that service users navigate their surroundings leads to fewer falls, increased social interactions and increased activity levels, all of which have wider benefits to health.

## Benefits to the service user (children and young people) – the benefits are similar to those seen with adults. Vision habilitation workers work alongside Qualified Teachers of the Visually Impaired to help children and young people learn and gain confidence in life skills alongside their sighted peers. This will allow the service user to become more independent and improve their quality of life.

## Benefits to the NHS – there is a link between sight loss and falls, actions that could prevent falls could save the NHS and wider care sector resources as well as leading to better overall health outcomes for the service user as noted above.

## Benefits to local government and social services – if people with sight loss have received rehabilitation or habilitation services, there will likely be a reduced need for other services such as the need for a carer, day-time care or long-term care. This could reduce costs associated with longer term care.

## We found that very few studies have been conducted into the benefits of vision rehabilitation and even fewer into vision habilitation. Those studies that have been conducted tended to be focused on adults. Many of the studies observed through our assessment have low sample numbers and rely on self-reporting. Some of the studies included were conducted prior to the introduction of the Care Act in 2014 which has changed the landscape within England. Nevertheless, many of these studies do point to the benefits highlighted above. A Cochrane review published in January 2020[[8]](#footnote-8) found that there was no evidence of benefit for rehabilitation interventions, however it also noted the difficulties in interpreting the data due to differences among the studies that were included such as in the vision rehabilitation services offered. The review itself noted that there was a general direction towards benefit and that further research was needed. The review did not indicate any harms.

## There is moderate evidence for the benefits to adult service users identified by the RWPN which include developing communication skills such as ‘re-learning to read print, developing aural and speech-enabled methods of accessing computers, smartphones and tablets, learning braille,’ developing life skills such as ‘ preparing and cooking meals safely and independently, ironing clothes, home maintenance such as cleaning household surfaces, hoovering, cleaning toilets and showers, shopping safely and independently, managing medication (for example insulin injections, taking tablets) without relying on others’ and ‘learning how to orientate and mobilise in familiar and unfamiliar places in all weathers, such as walking to the shops, catching a bus to work, travelling by train to visit family, crossing busy roads to take their children to school.’

## This is supported by a study published by the Social Research Policy Unit of York University (Rabiee *et al*) in 2015[[9]](#footnote-9). This study highlighted the need for further research into the effectiveness of vision rehabilitation as an intervention while noting that it appeared to be beneficial. Users of vision rehabilitation services were interviewed as part of this study and ‘were positive about the impact of rehabilitation on their independence and confidence, with many feeling more motivated to make further gains.' Service users ‘felt that the greatest benefits of rehabilitation intervention related to mobility training, independent living skills and the supply of aids, adaptations and equipment. Learning communication skills was considered an important part of the rehabilitation training for some service users, particularly the younger generation.’ Some of the interviewees also highlighted the difficulties they had in accessing the services and the lack of information about vision rehabilitation, supporting he RWPN’s view that awareness of these services among the public is limited. Another study published by Acton *et al* in 2016 found ‘a significantly greater improvement in visual function following visual rehabilitation, delivered by visual rehabilitation officers, relative to waiting list control.’[[10]](#footnote-10)

## There is also the added benefit to family members and friends who may have been relied upon to provide physical and emotional support to the service user. Providing rehabilitation and habilitation services means the service user can become more independent, ‘A few people mentioned that rehabilitation support had a tremendous impact on their families by giving them confidence that the support was there if the visually impaired person needed it. This appeared to have given one family more trust in their visually impaired son to move out and live independently.’ (Rabiee *et al* 2015)

## The evidence for benefits to children and younger people is weaker as fewer studies have been conducted looking at this age group. The majority of studies conducted have looked at rehabilitation and the impacts to adults. However, children will experience many of the same benefits as adults including increased confidence and a better quality of life. Hogg *et al* (2017) found that ‘When accessible and holistic habilitation services were available, service users reported positive benefits.’ However, they also found that there was ‘a high variability in the services being offered including in areas such as emotional support and social inclusion.’[[11]](#footnote-11)

## There is moderate evidence that vision rehabilitation and habilitation benefits local authorities, social care services and the NHS. RWPN noted that although the evidence for rehabilitation as an effective intervention against falls is limited, ‘it is reasonable to propose that any training that allows a blind person to mobilise with more confidence and use a cane to avoid obstacles, steps and kerbs will reduce both falls caused by accidents and falls caused by reduced bone density and muscle mass.’ This is likely to reduce the requirement for hospital treatments and potentially long-term hospital or care home stays, so ultimately reducing costs for the NHS and social services. In 2017 the RNIB commissioned research from the Office for Public Management. This research looked at the provision of vision rehabilitation services in Surrey County Council and found that ‘the avoided, reduced or deferred costs that may be experienced in the health and social care systems as a result of the Sight for Surrey vision rehabilitation service was: £3,168,022 (in the year 2015/16).’[[12]](#footnote-12) Although this study only considered one County Council, it is likely that other councils would also see savings through using vision rehabilitation services, suggesting that vision rehabilitation helps prevent incidents such as falls.

## We noted the following risks that could be mitigated by the register:

## The evidence we reviewed indicated that experiencing sight loss increases the risk of depression. If registrants are unable to recognise the signs of depression, this could mean that early indications of depression are not spotted. There is an opportunity for registrants to help identify signs of depression and to refer the service user on to get appropriate help. Some of the studies highlighted the link between vision loss and depression. Nollett *et al* (2016) states that there is ‘A growing body of evidence suggests that low vision is associated with depression’ and that ‘Untreated depression has a profound negative impact on quality of life and reduces life expectancy.’[[13]](#footnote-13) A further study by Nollett *et al* in 2019 again highlighted this link stating that ‘Vision impairment impacts on all aspects of life and is associated with reduced functional ability, falls, social isolation and reduced quality-of-life. There is also a growing awareness that it has a negative impact on mental health status too. Population-based studies provide robust evidence of an association between vision impairment and depression. Typically, those with a vision impairment are 2–3 times more likely to be depressed' and that the 'prevalence of significant depressive symptoms is also high in those accessing rehabilitation services.'[[14]](#footnote-14) The 2019 study noted that depression is often missed in those with sight loss and highlighted the importance of early screening. Rabiee *et al* (2015) found that ‘The focus of vision rehabilitation is around mobility, independent living skills and aids and adaptations. Services are less likely to offer emotional support and counselling.’ This was supported by Hogg *et al* (2017) et al who found there was a lack of consistency in the emotional support offered to children and young people with sight loss. In addition to the mitigations noted below, the RWPN confirmed that it is working with a partner organisation in a study into the use of specific tools in assessing depression and that it will produce guidance once this study has completed.

## Risks associated with increased mobility - The evidence suggests that there is a strong link between sight loss and falls (Scuffham *et al*, 2009)[[15]](#footnote-15). Aside from personal injury there are other impacts to falls such as a decrease in physical activity which could lead to further health complications and a decrease in psychological wellbeing, aften associated with increased isolation. Although vision rehabilitation and habilitation workers work with service users in improving mobility, the risk of falls does remain, albeit lowered.

## As well as the continued risk of trips and falls there are other risks associated with developing mobility such as when teaching a newly blind person (including children) how to independently identify a road crossing point and then cross the road or to navigate the built environment, including using stairs and escalators. Although risk of trips and falls will exist potentially to a greater degree without the support of a registrant, it is important that registrants are properly trained and aware of the potential for serious harm in these types of situations.

## Risks associated with the use of equipment. Vision rehabilitation workers and vision habilitation specialists issue a range of rehabilitative equipment to the service user such as a long cane for mobility or a liquid level indicator used to alert someone who is pouring water when they are near the top. Properly trained registrants will reduce this risk.

## Risks associated with changing technology – the RWPM highlight the importance of CPD in maintaining awareness of new equipment and products amongst registrants during Covid-19, the RWPN issued guidance about safe practice with equipment and training for professionals to minimise the risk of infection to their clients and to them. However, the RWPN doesn’t issue general guidance on requirements relating to premises or products or equipment as most registrants are employed by organisations that will have their own policies in place (this is discussed further under Standard 8).

## Risks associated with developing life skills – for example teaching the blind client to prepare and cook a meal using a stove, use an iron and manage other household tasks for themselves and teaching a blind client to manage personal medication. There is the potential for serious harm in these types of situations. Properly trained registrants will reduce this risk.

## Risks associated with boundaries - vision rehabilitation workers and vision rehabilitation specialists will assess and deliver rehabilitation in the service user’s home and frequently alone. These interventions may require tactile/touch guidance. Lack of sight has the potential to create a significant power imbalance in this professional relationship and can hinder any actions the service user can make to avoid risk. The power imbalance also may make it difficult for the client to feel able to complain. There is also a risk of breaching financial boundaries when teaching someone to teaching to manage banking and personal finances without sight.

## Risks associated with working with children and young people – vision habilitation specialists will work one to one within the school, the community and the home of the service user. The RWPN has included children in its risk about boundary violations, however, doesn’t seem to have considered if there are any risks specific to working with this group within its risk register. The RWPN stated that ‘In terms of both procedural/policy issues and in technical practice, there is no additional risk associated with habilitation workers where they [are] appropriately trained for such work (such training would include an understanding of child development and family dynamics for example). However, there is a potential for risk where a worker who is qualified to work only with adults then works with a child and has not received the appropriate training. The purpose of having separate registers (and dual registers) is to identify that the two disciplines require some different areas of knowledge, experience and skills.’

## We found that the RWPN had considered the risks within its risk register with mitigations such as education and training, CPD and adherence to the RWPN’s *Code of Ethics and Professional Practice*. We noted that the RWPN has also produced some additional guidance such as ‘*Physical Activity Provision and Vision Rehabilitation in association with British Blind Sport and Metro Blind Sport’* although this isn’t referenced within the risk register as a mitigation.

## Another risk highlighted during the research was difficulties in accessing information - Some of the studies highlighted delays and difficulties in accessibility and the lack of information about services available. Rabiee *et al* in 2015 found that ‘A key concern among interviewees using services across the three sites, particularly those with degenerative conditions, was the delay in being referred to the service. Many reported that they had struggled for a long time, with little input from hospital staff. Lack of information about rehabilitation services was said to be the main reason why people had not approached services earlier’ and that ‘Most interviewees wanted information about rehabilitation services to be more timely and readily available; they felt that expecting service users to ask for information assumed that they always knew what help they needed.’

## The lack of information highlighted above is about services available at the Local Authority level rather than those offered by individual practitioners. There is however a role here for the RWPN in providing clear and accessible information about vision rehabilitation and vision habilitation to the public (our review of the RWPN’s website and the information it provides to the public is further discussed under Standard 7). The RWPN has established and continues to develop links with many of the key stakeholders to help raise awareness of its register and notes that accreditation through the programme will help.

## We also consider advertising and the possibility of mis-information under this Standard. The majority of RWPN’s registrants are employed and do not operate as independent practitioners and so are unlikely to need to advertise their services. However, the RWPN requires its practitioners to provide accurate information to the service users as seen through statements in its *Code of Ethics and Professional Practice* such as ‘3.3.10 To provide service users with information about their rights in relation to service provision’ and ‘3.3.12 To support service users to make informed choices and decisions about their lives and promote their autonomy, independence and functionality.’ The RWPN has also considered this risk within its risk register.

## We found that there is evidence that the activities of vision rehabilitation workers and vision habilitation specialists benefit service users and the wider health and care system. There is some evidence of potential harms from the practice of vision rehabilitation and vision habilitation, however, the RWPN does seem to have identified these and put some appropriate mitigations in place. There appears to be a very low risk that practitioners will make unproven claims or mislead the public about the services they are offering. We found that this part of the Standard is met.

## We issued the following Recommendations:

## The RWPN should review and update the information it provides to the public about the role of vision rehabilitation and vision habilitation (linked to Standard 7f).

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation it registers

## The RWPN is a limited company whose constitution sets out its aims, which include ‘To protect the public from poor practice and promote public confidence in the vision rehabilitation profession’ and ‘To establish a professional register of Vision Rehabilitation Workers to recognise an individual’s commitment to continual professional development and to safeguard the public.’

## All registrants are required to adhere to the RWPN’s [*Code of Ethics and Professional Conduct*](https://www.rwpn.org.uk/resources/Documents/RWPN%20Code%20of%20Ethics%20and%20Professional%20Conduct.docx%20%281%29.pdf) which states that: ‘The objective of this Code is to provide guidance and expression to the values and principles that are fundamental to the profession. It is a public statement of the profession’s moral governance. Its use is intended to promote and maintain the highest standards of professional conduct. This Code should be used in conjunction with all reasonable policies and procedures within their employing organisation.’ The Codes require ‘that all Vision Rehabilitation Workers and Habilitation Specialists (hereafter known as registrants) discharge their duties responsibly in a professional and ethical way.’

## The RWPN’s governance structure (discussed under Standard 7) allows for the separation of functions. The RWPN is overseen by the [Management Committee](https://www.rwpn.org.uk/RWPN-Management-Commitee), comprised of thirteen vision rehabilitation workers from across the UK. This group has delegated authority to [The Registration & Professional Standards Committee](https://www.rwpn.org.uk/Registration-and-Professional-Standards-Committee) who ‘oversee all matters to do with the Professional Register and Professional Standards of RWPN members.’ The Registration and Professional Standard Committee is comprised of nine members (plus the Membership Secretary who is non-voting) and is a mix of vision rehabilitation workers, managers and people with lived experience of sight loss. [*Terms of Reference*](https://www.rwpn.org.uk/resources/Documents/RWPN%20Registration%20and%20Professional%20Standards%20Committee%20Terms%20of%20Reference.docx.pdf) for this group are published on the RWPN’s website. Part of their purpose is to:

## ‘Promote and support the wellbeing of people living with sight loss through the oversight and management of the professional register of the RWPN.’

## ‘Maintain public confidence in RWPN’s publicly accessible register of practitioners who meet the standards of training, professional practice and fitness to practice set by RWPN and ensure that entry to the register is based on these standards.’

## All committee members are subject to the RWPN’s *Conflict of Interest Policy*. (Discussed under Standard 5)

## The RWPN’s register is published on the [website](https://www.rwpn.org.uk/page-18124), the introduction to the register states that ‘The purpose of this register is to:

## protect, promote and maintain the health of people who use the services of Vision Rehabilitation Workers

## promote and maintain public confidence in the profession

## promote and maintain proper professional standards and conduct for members of the profession. To be on the register all registrants will have to have qualified through an approved training route.’

## Registrants must meet the RWPN’s education and training standards (see Standard 9), adhere to its *Code of Ethics and Professional Conduct* (see Standard 8), complete the required continuing professional development (CPD) (see Standard 10) and hold appropriate indemnity insurance (see Standard 8). Registrants are subject to the RWPN’s *Concerns and Complaints Policy* which provides a route of redress for members of the public if things go wrong. Sanctions will be published on the [website](https://www.rwpn.org.uk/Sanctions) which helps members of the pubic to make informed decisions about their care (see Standard 10).

## We found that this Standard is met. The RWPN demonstrates it is committed to protecting the public and promoting public confidence in vision rehabilitation and vision habilitation through its *Code of Ethics and Professional Conduct*, its registration and renewal criteria, its requirement for CPD and its processes for handling complaints. There appears to be appropriate separation between the register and membership functions with the Registration and Professional Standards Committee being responsible for all matters relating to the register. We have made some suggestions for Conditions and Recommendations under other Standards which are relevant, however these do not prevent the RWPN meeting this Standard.

Standard 3: risk management

## The RWPN carried out an assessment of risks associated with the practice of vision rehabilitation and vision habilitation. The risks are presented within its risk register which was reviewed as part of Standard 1b.

## The risk register is published on the RWPN’s website. This webpage highlights that ‘It is vital that the public, employers, commissioners and workers have a clear understanding of the professional risks associated with practice. Vision rehabilitation is focused on enabling people who are losing (or have lost) their sight to do things they used to do with sight and some of these are intrinsically risky. Poor practice, or practice undertaken by an unqualified worker (where they are untrained for a specific risk) creates avoidable risk.’

## The risk matrix is divided into six domains relating to the core skills identified for a vision rehabilitation worker. The same domains are used within the RWPN’s CPD Scheme. Each domain considers a range of risks and lists the mitigations and risk owner for each. Mitigations for most of the risks include training, adherence to the RWPN’s *Code of Ethics and Professional Conduct*, supervision requirements and CPD with reflective practice. As noted under Standard 1, there are some mitigations that are not mentioned.

## The RWPN identified the employer and the vision rehabilitation worker as risk owners but has not identified itself as a risk owner for any of the risks. We also noted that Domain 6 is the only area where habilitation specialists are specifically mentioned and that the risk owner for these risks had not been identified. Many of the risks identified would however be relevant to both vision rehabilitation workers and habilitation specialists. Risks related to working with children are discussed under Standard 1b.

## The RWPN consulted with a range of stakeholders including its members and some employers to help it identify the risks associated with the practice of vision rehabilitation and vision habilitation to develop its risk register. Ongoing monitoring will be carried out by the Registration and Professional Standards Committee. The RWPN carries out some horizon scanning such as checking for developments within health and social care but does not have a formalised process for identifying new risks. The RWPN confirmed that it does discuss risks as and when they arise at both committee meetings, but that risk isn’t a standing agenda item and there is no formal procedure for managing risks.

## We found that this Standard is met. The RWPN has demonstrated a thorough understanding of the risks presented by vision rehabilitation and vision habilitation to service users and the public. The Panel noted that it was not always easy to identify the severity of the risks within the register and not all mitigations have been identified. The RWPN discusses risk at the management level although this is not a regular discussion item.

## We issued the following Recommendations:

1. The RWPN should review its risk register to ensure that the severity of each of the risks is clear and which risks are relevant to both vision rehabilitation workers and habilitation specialists. RWPN should consider if it should be included as the risk owner for any of the risks and ensure that all appropriate mitigations have been included.

## The RWPN should develop risk management procedures for identifying, monitoring, reviewing and acting upon risks associated with the practice of its registrants. The RWPN should consider how it could use the risk register as a tool to record, assess and manage risks within this process.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register

## The RWPN is funded predominately through membership fees. The current fees are set at £84 per year for individuals with a reduced fee if paid by an employer. The RWPN is proposing changes to its registration fees at this year’s AGM in July 2022, which will be the first change made to fees in seven years.

## RWPN received additional income in 2021/22 for carrying out end point assessments for the apprenticeship but decided not to continue with this, due to the introduction by the Institute for Apprenticeships and Technical Education (IfATE) of a requirement for end point assessors to register with Ofqual. The RWPN also received a small amount of additional income from events but does not consider this a reliable source of income.

## The RWPN is registered with Companies House (9179719), filed accounts can be accessed to year end August 2020. These show that the RWPN had reserves of just under £45k, which can be used in the short term. This appears to be reasonable given the size and budget of the RWPN.

## The RWPN confirmed that it had liability insurance, which includes directors cover. The RWPN reported that it had confirmed with the insurance provider that it also covered the register functions.

## Overall, we found this Standards is met. The RWPN has healthy reserves which could be used if needed to complete register functions in the short term. It will need to make changes to its fee structures for longer term sustainability. To allow us to check on progress with these changes, the Panel issued the following Condition:

## The RWPN must provide the Accreditation team with an update on its financial sustainability following its AGM in July 2022. A report should be provided to the team by 30 September 2022.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively

## The RWPN told us that ‘We believe RWPN has established a very good reputation within the visual impairment and sensory disability sector since its inception. We believe this good opinion is held by registrants, employers and campaign organisations alike.’

## At the site visit, the RWPN stated that the membership had been very supportive of its application for accreditation and pointed to a 2017 report which it produced with the RNIB. This report was based on a workforce survey and one of the questions asked rehabilitation workers what they wanted from the RWPN. Professional Registration was one of the top three responses.

## One aspect of this Standard is openness and transparency, this is demonstrated by the RWPN through the publication of key documents such as its constitution, AGM meeting minutes and its accounts on the ‘About Us’ page of its website.

## Details of the RWPN’s Management Committee are published on its website although we noted there was not a consistent level of information available for each member. It wasn’t clear from the website what the role of the committee was or who the Chair and Vice Chair were. We were also unable to find the meeting minutes which according to the RWPN’s constitution will be published on the website.

## Details of the Registration and Professional Standards Committee are published on the website and include the names with photos of the committee members. The RWPN has published the Terms of Reference and meeting minutes for the inaugural meeting in March 2021. There has been one further meeting of this group but the minutes for this meeting have not yet been agreed and therefore are not published. We noted that it was not clear from the published information who the Chair and Vice Chair of this committee are.

## The RWPN further demonstrates its openness and transparency by publishing key documents such as its *Code of Ethics and Professional Conduct*, CPD requirements, training requirements and its *Concerns and Complaints Policy*.

## The RWPN’s *Conflicts of interest Policy* can be accessed through the ‘About Us’ page of the website. The policy contains a description and identification of conflicts of interest and information on how they should be declared. All committee members are required to complete a conflicts of interest form and submit this to the RWPN when appointed (or re-appointed). Committee members are also expected to declare any conflicts of interest at meetings where relevant. The policy also notes that ‘In the event of complaints and concerns process where the registrant or situation is known to a committee member, the CoI [conflict of interest] will be notified to the Chair of the Registration and Professional Standards Committee, and appropriate action taken.’ External CPD assessors will also be asked to declare any conflicts of interest and ‘Where such arises, the portfolio will be reassigned. If this is not possible, it will be double marked.’ We noted that the policy is silent on the management of conflicts of interest that may arise with committee members. We observed two meetings as part of the assessment, one for the Management Committee and one for the Registration and Professional Standards Committee and noted that neither Chair asked about Conflicts of Interest and that this wasn’t an agenda item and therefore wasn’t recorded.

## The RWPN’s *Privacy Policy* can be accessed through the ‘About Us’ page of the website. This page also contains the RWPN’s Data Protection Statement. The data protection statement explains what data is held, why it is held and how it is used. The *Privacy Policy* covers the same information and in addition includes the storage of data, copyright and a section on the rights of the individual for whom data is held but does not include the fact that the individual has a right of access to that information. We also noted that the policy does not mention complaints.

## We discussed operational efficiency at the site visit and confirmed the RWPN’s data security arrangements. The RWPN confirmed that all information is held securely and is regularly backed up on a remote server. The website servers are cloud-based. The RWPN does not have any business continuity plans or succession plans in place, but this has been highlighted as an action in its latest business report.

## We found that this Standard was met. The RWPN has demonstrated that it has the capacity to inspire confidence in its ability to manage the register effectively. Examples provided by the RWPN show the confidence that other key stakeholders within the sector have in the RWPN and its standards. The RWPN has demonstrated its commitment to openness and transparency, and good governance in the running of the organisation. There are some recommendations under other Standards that may be relevant to here, but we suggest that these do not impact the RWPN’s ability to meet this Standard.

## We have also suggested the following Recommendations:

## RWPN should ask for and minute any declared conflicts of interest at its meetings. RWPN should update its conflicts of interest policy to include a section on the management of declared conflicts.

## RWPN should develop its business continuity plans and consider succession planning as part of this.

## RWPN should update its Privacy Policy to include information about the rights of an individual to access data about themselves.

Standard 6: the organisation demonstrates that there is a defined knowledge base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public

## As set out in its constitution, one of the aims of the RWPN is ‘To develop a sound evidence base to inform and support bodies that provide Vision Rehabilitation Worker qualification training to ensure that standards are maintained and are appropriate to the needs of people using visual impairment rehabilitation services.’

## We reviewed the information provided by RWPN under Standard 1b and found that there is a defined knowledge base. Our assessment against Standard 6 focused on how the RWPN makes this information explicit to the public. This also relates to Standard 7f.

## The RWPN publishes the standards and knowledge base on its website. The webpage provides information about the National Occupational Standards the training courses are based on, the *Code of Ethics and Professional Conduct* and the CPD requirements. It also provides links to further pages for core skills, training and research. The research page contains two of the studies that the RWPN highlighted as part of its submission for Standard 1b.

## We found that this Standard was met. We considered this Standard alongside Standards 1b and 7f. The RWPN submitted information to the Authority about the practice of vision rehabilitation and vision habilitation that forms part of the knowledge base. The RWPN publishes information about its knowledge base on its website.

Standard 7: governance

## The RWPN publishes its objectives on its website. These state that the RWPN will:

## ‘set and maintain professional standards for the workforce to safeguard them and the people they work with

## promote the value of vision rehabilitation for blind and partially sighted people

## support the workforce in the day-to-day execution of their role by providing advice, guidance and learning opportunities.’

## The objectives are taken from the RWPN’s Constitution, accessed through the ‘About Us’ page of the website. The Constitution provides governance information for the RWPN including the aims of the organisation, membership, leadership and the AGM.

## The RWPN’s *Code of Ethics and Professional Conduct* states that it ‘has been written and produced for Vision Rehabilitation Workers and Habilitation Specialists’ and goes onto explain that it will use the term ‘Vision Rehabilitation Worker’ throughout the document. This is not however always clear in the documentation such as the RWPN’s constitution or on the website. At the site visit the RWPN confirmed that all of its standards, policies and guidance are relevant to both groups including its constitution.

## RWPN is run by the RWPN Management Committee set up in accordance with the rules of the constitution. The RWPN Management Committee is made up of 13 volunteers. All members of the RWPN Management Committee are vision rehabilitation workers with representatives from England, Scotland, Northern Ireland and Wales. There are four designated roles, the Chair, Vice-Chair, Treasurer and Secretary, these are undertaken by different individuals who are elected annually at the AGM. The Management Committee meet three times a year. There are no fixed terms of office for the Management Committee. There are no lay members or vision habilitation specialists on this Committee. The constitution sets a quorate of four members for decisions to be binding.

## There is one subcommittee, The Registration and Professional Standards Committee which is comprised of nine voting members. Members of this committee represent three categories:

## ‘lay people with lived experience of sight loss,

## practising vision professionals

## service managers with experience of oversight and management supervision.’

## Meetings are also attended by the Membership Secretary, who may not vote. We noted that there are currently no vision habilitation specialists on this Committee. Members are recruited through an open recruitment process by submitting an application form and then having an interview with an existing member of the Committee. This Committee is responsible for running the register, including handling concerns and complaints and reviewing policies and standards. Decisions made by the Registration and Professional Standards Committee are independent of, and therefore cannot be changed by, the RWPN Management Committee.

## The Registration and Professional Standards Committee was introduced in 2021. The Chair of the RWPN has observed the last two meetings so that he could be on hand to answer any questions and provide clarity on existing policies and processes. We observed that the Management Committee did not receive a report either verbally or in writing at its last meeting and that the reporting systems between the two committees isn’t clear. We discussed the reporting lines between the two committees at the site visit where RWPN advised that going forward someone from the Management Committee will attend each Registration and Professional Standards Committee meeting and report back. They will not have voting rights at the Registration and Professional Standards Committee meeting as they are observing and are not allowed to input into the decisions being made.

## Membership of the Registration and Professional Standards Committee is for three years on a rotating basis of three members stepping down each year over a period of three years. There are a minimum of two meetings a year held virtually, members will also be called upon to handle complaints as and when needed. The committee nominates a Chair and Vice Chair who will sit for three years. Information about Registration and Professional Standards Committee is published on the website.

## The RWPN highlighted its work with partner organisations such as the RNIB and Guide Dogs ‘to ensure that our registrants are aware of the views of their own members and the issues that concern them (and that relate to vision rehabilitation and habilitation).’ The RWPN reports that ‘Our work with these organisations works in both directions: we get feedback about campaigns and issues from their members, and we work with them to promote the upholding of good professional practice and to promote the professional register.’

## RWPN’s business plan highlights the need for a marketing strategy to help raise awareness of the RWPN’s register with potential registrants, employers and those with sight loss.

## The RWPN’s main communication channels with its registrants are its membership newsletters and AGM proceedings. The majority of the RWPN’s communications with the public is through its website. As part of our assessment of this Standard, we carried out a service user journey on the website. We found that it isn’t always easy to find the information that a service user would need to make an informed decision about their care and that most of the information on the website appears to be aimed at those wishing to register rather than service users. For example, information about how make a complaint against a registrant, and the register itself is located under the Professional Register menu (see Standard 11). Information about the education and training requirements is spread over several different pages (see Standard 9). As discussed under Standard 6, there is a research page where there is some information about the knowledge base, but this could be improved by considering further references. The presentation of the register is discussed under Standard 10 where we have made some further recommendations to improve the clarity of the information provided.

## We also reviewed the accessibility of the information on the website. The Plain English Guide states that ‘When you use pieces of text as a link, try to avoid using the words 'click here'. This is because people with poor eyesight often use a screen reader, which converts the text on a website to speech. When somebody uses a screen reader to choose one of the links on your page, they will only hear the words used for the link. Just hearing 'click here' will not tell them what the link is for. Instead, use text for the link that says what the destination of the link is.’ We noted that many of the links on the website state ‘click here’ which goes against this advice. We also noted that the video on the homepage which provides information about what a vision rehabilitator does, doesn’t appear to have an audio descriptor which could make it difficult for those with sight loss.

## We discussed accessibility at the site visit when reviewing the RWPN’s complaints processes. The RWPN also noted that service users may be older or have other disabilities that may make accessing the form online difficult. The RWPN confirmed that those with sight loss and access to IT are likely to have screen readers and that complainants could request braille copies of the procedure if needed. RWPN stated that they would also send out paper copies of the procedures and forms if needed and that they are considering producing ‘easy read’ guides which would help with the accessibility of the information for some people. The RWPN raised the possibility of producing ‘easy read’ guides for complaints and confirmed that people could request the information in other formats if needed although this isn’t clear on the website. The RWPN stated its intention to update its website once the accreditation process is completed.

## The RWPN is governed by two committees, the Management Committee and the Registration and Professional standards Committee. We have noted that both committees are made up predominantly of vision rehabilitation workers, although there are people with lived experience on the Registration and Professional standards Committee. The Panel reviewed the membership of both committees and welcomed the inclusion of people with lived experience. The Panel noted however that it is also in the public interest to include sighted lay representation on the different committees, particularly if they have experience in regulation which is not otherwise available. The Panel also suggested that the RWPN may want to review its reporting lines noting that it may be beneficial for a member of the Registration and Professional Standards Committee to attend the Management Committee to report back on key issues and to escalate any issues that may need to be considered. The Panel considered the RWPN’s engagement and communication with stakeholders and noted that the RWPN was intending to update its website and noted some recommendations which we hope will be considered.

## There are Recommendations listed under Standard 5 that are relevant to this Standard, these do not however impact on the RWPN’s ability to meet this Standard.

## We found that this Standard is met with the following Conditions:

## The RWPN should

## review the reporting arrangements between the Management Committee and the Registration and Professional Standards Committee. The RWPN should consider whether it is appropriate for a member of the Registration and Professional Standards Committee to attend Management meeting to ensure that the Management Committee is aware of concerns or other issues that ought to be addressed.

## review the membership of both of Management Committee and the Registration and professional Standards Committee and consider whether it should include vision habilitation specialists and lay people without sight loss and with experience of regulation on its Committees.

## should ensure that all members of its Registration and Professional Standards Committee are equipped to make fair, consistent and transparent decisions. The RWPN should consider mechanisms such as appraisals for monitoring the ongoing competence of its committee members and consider induction training and ongoing training in areas such as equality and diversity, data handling and decision making in disciplinary procedures for key decision makers.

## We issued the following Recommendations:

## The RWPN should develop an EDI position statement setting out its commitment to EDI and how it is promoted within the Register.

## The RWPN should continue to explore options for informing and involving the public and service users in what they do, (and provide an update of progress at the next review of accreditation).

## The RWPN should review its website

## to ensure that the knowledge base informing its requirements for registrants is clear and accessible (see Standard 6).

## That information presented about the Management Committee and the Registration and Professional Standards Committee is consistent and that it is clear who the Chair and Vice Chair of each of its Committees is (linked to Standard 5).

## That it is clear what the roles of the Management Committee is. The RWPN should consider developing and publishing Terms of Reference for this group. (linked to Standard 5).

## The RWPN should review its policies, standards and guidance documents to ensure they are accessible to service users and consider where ‘easy read’ formats might be useful. The RWPN should review its website to ensure that it is accessible for service users. The RWPN should add a statement to its website to inform service users that documents published on the website could be provided in alternative formats such as Braille or large print if required.

## The RWPN should review its policies, standards and guidance documents to ensure it is clear they are relevant to vision rehabilitation workers and vision habilitation specialists. RWPN should also consider updating its constitution to reflect this.

Standard 8: setting standards for registrants

## The RWPN sets out its standards for registrants within its *Code of Ethics and Professional Conduct*. These were developed and consulted on in 2013 and are applicable to vision rehabilitation workers and vision habilitation specialists. The Code states that ‘The objective of this Code is to provide guidance and expression to the values and principles that are fundamental to the profession. It is a public statement of the profession’s moral governance. Its use is intended to promote and maintain the highest standards of professional conduct. This code should be used in conjunction with all reasonable policies and procedures within their employing organisation.’ The Code is based on the following values:

## 1.Integrity & Conduct

## 2.Competence

## 3.Responsibility & Respect

## 4.Confidentiality & Recording

## 5.Equality & Inclusion

## 6.Consent

## The RWPN has recently added a declaration to its application and renewal forms, so applicants and renewing registrants declare they have read and will adhere to the *Code of Ethics and Professional Conduct*.

## There are examples of requirements for Personal Behaviour within the Code. The Code states that ‘The *Code of Ethics and Professional Conduct* requires that all Vision Rehabilitation Workers and Habilitation Specialists (hereafter known as registrants) discharge their duties responsibly in a professional and ethical way.’ Three sections of the Code specifically consider personal behaviour, section one of the Code is based on Integrity and Conduct and covers areas such as honesty, openness and integrity. Section three of the Code is based on responsibility and respect. This section breaks down the different areas of responsibility that a registrant may have including to service users, the profession and to their place of work. Section five is about equality and inclusion.

## The RWPN also lists communication skills as one of the core skills for vision rehabilitation workers on its website stating that ‘developing communication and information skills for a visually impaired person may involve using a number of formats such as print, audio or tactile systems like Moon or Braille. It may also encompass a number of platforms or settings including computer, tablet or smart phone with or without specialist access-software. Communication-skill development is of particular importance when working with someone who has dual-sensory loss.’ This can also be seen in the examples of job descriptions provided on the website.

## Registrants are expected to provide clear information to service users so that they can make informed decisions about their care. Section 5 of the *Code of Ethics and Professional Conduct* considers consent and states that ‘Registrants have a duty to ensure service users' are equipped with necessary information to make informed decisions and ensure that service users and carers participate in decision-making processes and consent to service delivery outcomes’ and ‘To provide service users with information about their right to complain and ensure that they have any support they may require in making complaints.’

## The RWPN does not specifically include the professional Duty of Candour within its *Code of Ethics and Professional Conduct* and has not developed any additional guidance for its registrants. The *Code of Ethics and Professional Conduct* does however include the principles that sit behind the professional Duty of Candour such as integrity, openness and honesty.

## The RWPN’s baseline for technical competence is discussed under Standard 9. All registrants are required to demonstrate that they have reached the required level of technical competence to be registered with the RWPN. On-going technical competence is maintained through the RWPN’s CPD requirement (discussed under Standard 10).

## The RWPN’s *Code of Ethics and Professional Conduct* has a section on competence which requires registrants ‘to recognize, develop, demonstrate and disseminate awareness, knowledge, skills and theories within their rehabilitative practice.’

## Most of RWPN’s registrants are employed and will need to comply with their employers’ requirements in areas such as confidentiality and data protection. There are however some which are recorded as ‘freelance’ on the register, these are self-employed registrants. The RWPN’s *Code of Ethics and Professional Conduct* has a paragraph under Section 3 – Responsibility and Respect for self-employed and locum practitioners. Paragraph 3.8.2 is about business practice. This section has clauses on indemnity insurance, advertising (see Standard 1) and the use of contracts. We noted that this section doesn’t specifically mention data protection, however there are clauses in other parts of the Code that the registrant would need to adhere to which cover this.

## The RWPN doesn’t provide any formal guidance on premises, products or the use of equipment as any equipment will be paid for and issued by the employer. As discussed under Standard 1b, the RWPN actively manages risks in relation to use of equipment by unqualified or poorly trained professionals through CPD to maintain awareness of new equipment and products amongst registrants.

## The RWPN developed to guidance for vision rehabilitation workers which its registrants can access through the website about services during Covid. The guidance includes information about using other forms of triage assessment and the use of remote and face to face work. The guidance recognises that some face-to-face work is needed for rehabilitation and habilitation work and so includes information on the use of personal protective equipment, social distancing and hand hygiene when working face to face with people.

## The majority of RWPN’s registrants will be covered by their employer’s indemnity insurance. RWPN’s *Code of Ethics and Professional Conduct*, part 3.8 details the responsibilities of the self-employed and locum practitioners. This includes the requirement ‘To maintain adequate professional indemnity and public liability insurance cover as appropriate to practice and provide evidence of insurance to employers.’ The RWPN does not currently require evidence of insurance at application or renewal and do not ask registrants to complete a declaration stating that they have appropriate insurance.

## The RWPN estimates the proportion of the entire workforce that would be self-employed is about 5%. The RWPN is hoping that its registrant base will increase, it is likely that the number of self-employed registrants will also increase in the future.

## The RWPN states that ‘The nature of sight and hearing loss requires that registrants are required - possibly more than in other spheres of communication - to consider the manner in which they communicate with service users. ’This is supported by clauses in the Codes such as ‘4.6 To advocate for contact and correspondence to be provided and available in preferred communication formats’ and ‘4.21 To arrange, where desired for communication with service users, in their first language, and by an accessible format, which they can understand.’

## Reviewing and evaluating the RWPN’s standards for registrants falls under the remit of the Registration and Professional Standards Committee and is included within its terms of reference. Point four of the purpose of the committee is to ‘Review, as appropriate, RWPN’s CPD policy, its Concerns and Complaints policy and its Code of Ethics and Professional Conduct, taking into account the views of the public, rehabilitation professionals and employers.’ The RWPN does not currently have a process or plan for reviewing its standards and other documentation but confirmed that any significant changes to its standards would require consultation with its members.

## We found that this Standard was met. We noted that the *Code of Ethics and Professional Conduct*, although including all the key points required, was at times confusing as it contains a mix of Codes and guidance. We noted that some clauses may be outside of the control of the registrant and therefore it would seem unfair to hold all registrant to this standard.

## We issued the following Recommendations:

1. The RWPN should review and update *Code of Ethics and Professional Practice* to:
	1. ensure it is clear what its requirements for its registrants are and what is guidance.
	2. The RWPN should include a specific requirement within its Code of Ethics and Professional Conduct requiring registrants to act in line with the professional Duty of Candour, with accompanying guidance

## The RWPN should develop checks to ensure that its registrants are compliant with the RWPN’s requirements for indemnity insurance. This could include for example declarations during application and renewal and periodic checks of certificates.

## The RWPN should put in put in place procedures for reviewing and updating its standards, guidance and policy documents.

Standard 9: education and training

## The RWPN has set its minimum education and training level at UK Quality Assurance Agency (QAA) level 5. This equates to a foundation degree or the apprenticeship standard which is approved by the Institute for Apprenticeship and Technical Education. The RWPN reported that its associate level members are able to join the RWPN with a QAA level 4 qualification, but they will not appear on the register. Members at this level are able to do top up courses which would allow them to meet RWPN’s registration standards.

## The RWPN does not set the content of these courses but was heavily involved in the development of the apprenticeship, which is based on the National Occupational Standards for Sensory Services published by Skills for Care (NOS). There are 11 standards, four of which relate directly to rehabilitation/habilitation work with deafblind people.

## The RWPN sets out its education and training standards on its website. There are currently two learning centres that offer training that would be suitable for registration both of which cover the NOS.

## The Birmingham City University – which offers the foundation course and the apprenticeship

## Vision rehabilitation training – which offers the apprenticeship.

## The RWPN lists a number of courses that have previously been offered that they recognise as meeting its standards on ‘the profession’ page of the website. These courses are included in the constitution which were decided on at the time based on what employers were accepting. Historically, employers required level 5 or equivalent and this is what the RWPN used for making a decision about the courses that it would accept. The RWPN does not however have any criteria for accepting/approving courses as meeting its registration requirements.

## RWPN makes clear that ‘Vision Rehabilitation Workers and Qualified Habilitation Specialists are not clinicians and do not provide any clinical care or treatment. However, an understanding of visual impairment (and an understanding of how physical and psychological comorbidities affect adaptation to visual impairment) is fundamental to the role and is a fundamental part of the qualification training. All qualification routes require registrants to understand eye conditions and the impact of sight loss on mental and physical wellbeing. Onward referral to clinicians and to other health and social care practitioners is taught as part of qualification and would form a regular part of CPD and monitored through supervision.’

## As discussed under Standard 10c, the RWPN requires proof of qualifications as part of the application process. If certificates from these courses are provided, then the applicant will be added to the register. The RWPN reported that sometimes it will receive applications from people who have studied outside of the UK or from people who have completed a course that pre-dates the constitution. In these cases, the course content and core elements will be reviewed to ensure they meet the RWPN’s education and training standards. This would fall under the remit of the Registration and Professional Standards Committee. There is not however a documented process for doing this, we have therefore suggested a recommendation under Standard 10.

## The RWPN does not provide training itself. At the site visit, the RWPN confirmed that it does not assess courses and does not provide an experience route to the register.

## We found that this Standard was met with Conditions. The Panel noted that it was important that the RWPN had processes in place which allow it to assess whether a course meets and continues to meet its standards for registration. The RWPN should have processes in place for handling courses that are no longer meetings its standards.

## We issued the following Conditions:

## The RWPN should develop criteria and a process for assessing whether courses meet its registration standards and ensure that they continue to do so. The RWPN should develop a process for considering concerns which suggest that a course may be failing to meet its standards.

## The RWPN should ensure that the education and training standards required for admission to its register are clear and understood by the public. At a minimum the RWPN should provide the following information: Type and level of qualification required for entry to the register, including typical duration if it is not a standard qualification such as degree. If it allows exceptions, it should explain when and why and make that clear to the public.

Standard 10: management of the register

## The register is accessed through the ‘professional register’ tab on the website. The landing page provides a brief introduction to the register including the aims of the register and links to the risk register and position statement from ADASS, Visionary and Vision UK. The introduction states that ‘This register is a list of all Full RWPN members showing the type of register they are on and the nation they predominantly work in. If you are looking for a particular professional, or professionals by nation, then you can search for them using the search box. Employers of freelance professionals should satisfy themselves that the professional has appropriate insurance to cover their professional liability.’

## The RWPN confirmed that everyone who meets its standards is listed on the register. The RWPN do not have any plans to add any further occupations to its register. In the future any such changes would be considered through the notification of change process.

## The register is searchable by name or country using the search box on the register page. The register displays, the name, the register (rehabilitation worker register, habilitation specialist register or the dual rehabilitation worker/habilitation specialist register) and the country. The name links to the registrant’s profile.

## Sanctions issued following the complaints process will be listed on the registrant’s profile and are published on the Sanctions page of the website. These pages are not linked so it may be difficult for a service user to find the information. It is also not immediately apparent from the register landing page if a registrant has a sanction or not.

## We conducted register checks on 8 November 2021. We checked 24 out of the 395 registrants listed. At the site visit the RWPN informed us that it had updated the register. We therefore double checked the information on 20 January 2022. Seven of the registrants could not be found when rechecking the entries, this was due to the registrants being removed from the register until the RWPN had received adequate proof of qualifications in line with its *Proof of Qualification Policy*. Since its introduction the RWPN has removed those registrants where it was not satisfied with the evidence provided. The RWPN has asked all of these registrants to provide further proof of their qualifications in line with its new policy. The RWPN reported since most of these registrants were very experienced, it will also be looking at alternative routes to registration. If adopted, the RWPN will inform the Authority through our Notification of Change process. The RWPN stated that they have sent out reminders to those who have not completed their registration checks.

## We noted that some of the inconsistencies found in the information presented within the registrant’s profile remained. For example, some registrant profiles had missing fields (six out of 17), these included the register, the country, freelance, and sanctions. Where the register or country field is missing, the information doesn’t appear on the register. We did a count of the 288 registrants listed and 16 registrants had information missing from the register. The RWPN reported that this was due to registrants not completing their profile and that they would be sending reminders.

## One of the registrants checked had ‘other’ listed under qualifications. The RWPN confirmed that this registrant had completed a recognised course but found that this was not listed as an option on the list of qualifications that can be chosen, the RWPN is updating this. There are also two registrants which list ‘other’ as their country of practice. During the site visit the RWPN informed us that this used to refer to overseas registrants, but now only refers to the Channel Islands as the overseas members will not appear on the register.

## We also noted that the RWPN doesn’t use registrant ID numbers. At the site visit, the RWPN confirmed that registrants could update their own profiles, including changes to names. If this happens, the system sends an alert to the administrator who will follow up and ask for any relevant evidence.

## The RWPN’s website has a webpage explaining the benefits of applying for registration. Information about RWPN’s registration requirements is spread over a number of different pages for example, education and training, the ‘join now’ page and the Proof of Qualification page. This makes it difficult for a member of the public to gather the information together. There is also no information on its processes for joining and remaining on the register. It is important that prospective registrants are aware of the requirements they will need to meet to join the register and the process by which they can do this. This information is also useful for members of the public who may wish to use the services of a registrant.

## The RWPN talked us through the application and renewal process at the site visit. The application form is electronic and accessed through the ‘join now’ page which states that ‘By applying for paid membership of RWPN you are stating that you are a qualified Vision Rehabilitation Worker or Habilitation Specialist and, as a consequence of this, that your name will appear on our public-facing professional register. We will require you to submit proof of qualification. We also require that all full members (i.e., registrants) abide by RWPN's Code of Ethics and Professional Conduct. When you join and provide us with your details, you must tick the box that states you will familiarise yourself with, and abide by, the Code.’ This page also has details of the different membership grades and the cost of membership at each grade.

## Applicants are asked to select their required grade of membership and provide an email address. The applicant then needs to complete the form, including the declaring outstanding sanctions, and confirming they have read the *Code of Ethics and Professional Conduct*. Applicants are also asked to consent to the RWPN holding and using their data in line with the privacy policy and they acknowledge that they are required to notify the RWPN of any changes to their details. Registrants are not expected to make a declaration about holding indemnity insurance, being fit to practice in terms of good health and good character (such as declaring criminal convictions or any employment actions), or that they will keep their practice up to date by participating in the RWPN’s CPD programme.

## The RWPN requests to see proof of qualifications, once this has been seen the registrant’s profile is updated. All copies of certificates are kept on file by RWPN.

## The RWPN have a *Proof of Qualification Policy* for those who cannot provide a copy of their certificate as evidence. In these cases, the RWPN require that the registrant:

## state, in writing, that they are unable to locate their certificate

## state the name of the institution where they qualified and the year

## provide us with the name of a referee who we will contact to seek supporting evidence.

## The RWPN provides guidance for choosing a referee within the policy. The Registration and Professional Standards Committee will contact the referee within one month of the application and make a decision about registration.

## Renewal reminders are sent out in November of each year and are due by 1 January for all registrants. Currently the registrant is asked to review the original application form responses and make any required changes. They are also asked to tick to say they will continue to abide by the *Code of Ethics and Professional Conduct*. No other declarations are required.

## Section 2 of the *Code of Ethics and Professional Conduct* lays out the requirement for registrants to keep their practice up to date. The RWPN’s CPD scheme description outlines its requirements, this can be accessed on the website. The policy states that ‘Registrants must maintain a continuous, up-to-date and accurate record of their CPD activities. By undertaking a portfolio of CPD, a registrant is demonstrating their commitment to their profession as required by their National Occupational Standards (NOS) and by the professional body's Code of Ethics and Professional Conduct.’

## The RWPN measures CPD in hours and runs a three-year cycle which starts the year that the registrant joins. Registrants are required to complete 90 hours over the three years. The RWPN recommends that this is spread over the three years, but it is not a requirement to log 30 hours each year. The number of hours required is the same regardless of the number of hours worked. There are five domains in which registrants are required to demonstrate CPD activities.

## The CPD scheme provides examples of the types of activities that could be included and how to record them. There is also advice with examples of reflective practice and a link to a portfolio that registrants could use if they wished to.

## At the end of the three year cycle, a registrant’s CPD portfolio is eligible for monitoring. The RWPN monitors 10% of eligible portfolios every year. Registrants are selected at random and advised in writing up to six months before the submission date that they have been selected. The RWPN has two external reviewers who carry out the CPD audit. Each portfolio is reviewed by one reviewer with a small number checked by the other reviewer to ensure consistency in the scrutiny. The reviewers have a standard grid to use for the review which looks at the number of hours, the range of activities, if the five domains have been covered and if reflective practice has been carried out. Each area is either not met, partly met or met/exceeded.

## The CPD scheme also provides details of what happens if the registrants don’t meet the requirements. Those who have not met, or only partially met a standard, will be advised of the areas they need to improve and will be given time to carry out this work before resubmitting their portfolio. The registrant will be offered peer support from another vision rehabilitation of habilitation worker. Registrants will be allowed three attempts, if following this they still do not meet the standard, they will be removed from the register.

## If the registrant fails to submit without an explanation or an approved deferment, they will be withdrawn from the register. The CPD scheme provides information about exemptions which may be granted for example where a registrant has taken a lot of time off work due to illness. These requests are considered by the Registration and Professional Standards Committee. The RWPN will provide individual feedback to the registrant who is audited but doesn’t currently provide feedback to the wider membership on any themes arising from the CPD audit, although it is something they will consider.

## The RWPN confirmed that it would recognise the decisions made by other regulatory bodies and gave an example of where they had become aware that a registrant had an on-going sanction on a different register. As a result, the RWPN removed the registrant from its register until the sanction had expired. The registrant was then reinstated. The RWPN do not appear to have a policy or process in place for considering these types of situations.

## We found that this Standard is met with Conditions. The RWPN’s register is available on the website. We found some discrepancies when conducting the register checks and noted that it may not be clear to a service user what all the terms used on the register refer too. The Panel noted that it is important for the register to be accurate and up to date and for the information to be clear so the public can make informed decisions. The RWPN do publish sanctions on the individual profile but not on the register landing page therefore it isn’t immediately obvious when someone is under sanction. Details of the sanctions will be published on a separate page and will not be linked to the individual’s profile.

## The RWPN has processes in place for assuring itself that registrants meet its standards for registration. The RWPN requires registrants to provide evidence of qualifications and has a policy in place for those who have completed accepted training but who cannot provide certificates. The RWPN does not currently have a formal process in place for assessing people who have applied with certificates from other providers such as those who have trained overseas. The RWPN has not published information about its application and renewals processes and do not currently have an appeals process for registration decisions. The RWPN expects applicants and renewing registrants to sign to say that they have read and understood the *Code of Ethics and Professional Conduct* but does not currently ask any other declarations.

## The RWPN has a policy in place which sets out its requirements for its registrants to keep their skills and knowledge up to date. The RWPN checks this through regular audit of a sample of registrants. The RWPN provides feedback to auditees on their performance, allowing registrants who have not met their standards to resubmit. Those registrants that continue to not meet the RWPN’s standards are removed from the register.

## We have issued the following Conditions:

## The RWPN should review its register entries for consistency, accuracy and clarity of information. To be completed by 30 April 2022.To be completed by 30 June 2022.

## The RWPN should

## consider if it is appropriate to allow registrants to change their own personal or other details on the register to preserve the register's integrity - the RWPN should be able to contact the complainant if a complaint is made, for example. The RWPN should develop a policy for handling changes by for example requiring evidence to be submitted to them to ensure that it maintains control of the information on its register.

## develop quality assurance mechanisms to ensure that the information on the register remains accurate and up to date. This could include for example regular audit of the public register.

## review the fields it displays on the register. The RWPN should add sanctions to the register so that it is immediately apparent when a registrant is under sanction. The RWPN should consider the introduction of unique ID’s so that a member of the public could easily distinguish between two registrants.

## publish clear definitions for its registration categories, (for example membership level, the ‘register’, definition of qualifications etc). This should be made easily accessible, such as linked at the top of search results on register webpages. The RWPN should consider providing links to other organisations such as regulators or other Accredited Registers that registrants may belong to. This will help facilitate routes of complaint for service users.

## The RWPN should publish its processes for registration and renewal, (including information about the decision makers) and update the information on its website to make clear what its registration requirements are for the public. The RWPN should develop a policy for assessing applicants who have trained with another provider for example those who have studied abroad.

## The RWPN should review whether it needs to include any additional fitness to practice declarations within its application and renewals processes and update its application and renewal forms accordingly. If so, the RWPN should develop of policy for handling positive declarations.

## The RWPN should develop and publish an appeal policy for registration decisions.

## We issued the following Recommendations:

## 16) The RWPN should consider adding an explanation of what a sanction is within the webpage describing the role of the Register along with a link to the sanction page.

## 17) The RWPN should consider how feedback from its continuing professional development (CPD) audits could be used for wider learning within its membership.

## 18) The RWPN should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. This could include highlighting regulators on registrants’ individual profiles and including checks of the regulators when conducting spot-checks of registrants.

Standard 11: complaints and concerns handling

## **Complaints against registrants**

## The RWPN publishes information about how to raise a concern about a registrant on its website. This page is accessed through the Professional Register menu and is not immediately apparent from the homepage. To those who are unfamiliar with regulation, it may not be easy to find information about complaints. We noticed that the RWPN had produced guidance for registrants who are the subject of a complaint but not for service users.

## The majority of the RWPN’s registrants will be employed and so complaints are likely to be handled by the employer. The procedure notes that ‘In some of the areas of concerns that are reported to us there may already be the involvement of an employer whose own policies may have been breached. In such cases we may work with the employer to resolve the concerns.’ Where a complaint has already been raised with an employer, the police or another body, or where there are otherwise other civil or legal proceedings, the RWPN may defer the investigation until these have concluded. Where a complaint has already been considered by another body, the RWPN will review the complaint and the outcome before deciding how to proceed. If their standards appear to have been breached the Registration and Professional Standards Committee will decide if an investigation needs to take place or if the RWPN can follow the outcome of another organisation. If their standards have not been breached the RWPN will write to the complainant to inform them of the outcome. The team reviewed the procedure and noted that this wasn’t clear.

## The RWPN stated at the site visit that one of the biggest challenges is that people including employers may not be aware of the organisation and so won’t know that they need to be informed of complaints. However, registrants are expected to keep the RWPN informed of any employer complaints. As noted under Standard 10, the RWPN may want to consider widening its declarations to include other fitness to practice questions. Registers should ensure employers, and service users, are aware of the RWPN’s complaints process so that referrals can be made where required. We have suggested a recommendation under Standard 7 about engaging with stakeholders, which should help the RWPN think about raising its profile with its stakeholders, this will be particularly important for handling concerns about registrants.

## The RWPN’s procedure states that it ‘cannot investigate every concern about a registrant, only those where there appears to be a risk to the safety of service users, colleagues or the public or where the registrant may undermine public confidence in the profession.’ Paragraph 1.1 of the procedure provides a list of the types of issues they may be able to investigate.

## The RWPN’s policy requires complaints to be in writing using the form provided on the website. The RWPN confirmed that they could, if needed transcribe a complaint into the form and send it out to the complainant for verification. This is not clear on either the website or in the procedure.

## A complaint can be raised by ‘a member of the public; a service user or their family, an employer or another professional’ and must be put in writing using the form. The form asks for details of the complainant, the registrant and the complaint (with any supporting documents). The form asks the complainant if they have complained elsewhere and if so, for details including copies of any correspondence, the complainant is asked to sign the form.

## The complaint will be considered if the incident being complained about occurred within the last three years, or within three years of when the complainant became aware of the incident. The RWPN told us that it would consider complaints outside of this timeframe if it was in the public interest, but this is not clear in the procedure.

## Once a complaint has been received it is triaged by the Chair of the Registration and Professional Standards Committee to see if the complaint ‘is something RWPN is in a position to address’. The Chair will check that the complaint is something the RWPN can consider, that the person being complained about is on or was on the register and that the incident being complained against occurred within the last three years. The RWPN will inform the complainant of the outcome of the triage process within 15 working days of receiving the complaint, with an explanation, if they decide not to take the complaint forward. If not taken forward the RWPN will inform the registrant that there has been a complaint but that it won’t be taken forward. The name of the complainant will not be disclosed under these circumstances. The RWPN considers that this will allow the registrant to reflect on their practice while protecting the service user/rehabilitation relationship. This is not however clear in the *Concerns and Complaints Policy*.

## If taken forward it will be considered by the Initial Investigating Panel (IIP) made up of three members of the Registration and Professional Standards Committee. The IIP will consider if an interim suspension order is ‘necessary for public safety or necessary in the interests of the registrant.’ The policy states that ‘The IIP must be satisfied that there is a real continuing risk (actual or potential) to the public or colleagues if an Interim Suspension Order is not made.’ The IIP makes this decision in consultation with the Chair of the Registration and Professional Standards Committee. The interim order will remain in place until the outcome of the Professional Conduct Panel and any Appeal has been concluded.

## Interim suspensions are published on the sanctions page of the website which states ‘It may be the case that allegations made against a registrant are of such a serious nature that RWPN must act in order to protect the public while investigations are ongoing. An interim order is a safeguarding measure and does not indicate that the registrant is guilty but is in place until we are able to conduct a full investigation.’

## The IIP will investigate the complaint. They will ask the registrant for a written response and, if provided this will be shared with the complainant. The complainant may respond; if they do any response will be shared with the registrant. Once the responses have been received, the IIP will consider the case. The IIP will decide if the complaint is upheld based on balance of probabilities (this isn’t clear in the policy), the IIP will also consider realistic prospect when deciding whether to refer to the Professional Conduct Panel (PCP). The IIP can issue resolutions to the registrant:

## a verbal or written apology - This could be used where the ‘where the proven or admitted allegations are of a minor and isolated nature and the registrant fully understands the nature and effect’ of the misconduct

## a written warning – This could be used ‘where the breach of the Code is at the lower end of the scale and the Panel wants to make it clear to the registrant that such behaviour was unacceptable and should not be repeated and that a further breach of the same nature may result in a Professional Conduct Panel hearing.’

## Further training/development – This could be used where the registrant has shown poor awareness or knowledge of certain aspects of professional behaviour or technical aspects of professional practice

## These outcomes are not published on the register. The complainant and the registrant are issued with a report that provides a full explanation of the decision including any resolutions issued.

## If the complaint cannot be resolved by the IIP, it will be referred to a PCP. The IIP will need to decide:

## ‘[if] there is a realistic prospect of being able to prove the concern about our complaint against the registrant,

## [and] if so, that the allegations are so significant as to indicate that their suitability to practise is, or may be, impaired to a degree that justifies action being taken on their registration with RWPN.’

## The PCP will consist of three members of the Registration and Professional Standards Committee who have not been involved in the complaint and will be assisted by a legal assessor. The PCP will, if appropriate, liaise with the employer and will also consider if the complaint is linked to a health concern. PCP hearings will be public unless there is a valid reason for them not to be, how the RWPN will decide this, is not included in the procedure. The registrant can bring representation with them and the RWPN will be responsible for presenting the case. Decisions made by the PCP will be based on the balance of probabilities.

## If the Panel upholds the complaint, they can issue the following sanctions:

## A caution order – This may be used where a registrant has admitted to the breach, shown insight into their behaviour and has presented compelling reasons why mitigating factors led to the breach. Cautions can be published for up to five years.

## A condition of practice order – This is most appropriate where a registrant is capable of putting right a failure within 12 months. The panel must be ‘satisfied that allowing the registrant to continue to practise (albeit with restrictions) will not pose a risk of harm to the public’ and ‘that the registrant has displayed insight into their failings and willingness to respond positively to any stipulated conditions.

## A supervision agreement – this requires the registrant to ‘undertake a specified number of supervision sessions or undertake additional supervision over a specified time period’ but not more than 12 months. The Panel may require a written report from the registrant and their supervisor in order to determine whether the goals set have been met. If the Panel does not believe that the goals set have been adequately met without good reason, it may determine a further sanction is necessary.

## Restriction of practice pending re-training – this may be appropriate ‘where the registrant has shown poor or insufficient knowledge of some technical aspects of professional practice and where the Panel is satisfied that practising with this current level of knowledge in this/these particular area(s) of practice may cause risk of harm to the public if no action were taken’ and where the Panel is satisfied that ‘the deficiency can be remedied by training and where the registrant is likely to undertake the training within the timeframe.’

## Suspension – this is likely to be appropriate where the concerns are serious and cannot be remedied through a Conditions of Practice order. Suspensions are for a specified period of no greater than 12 months and the Panel should provide information to the registrant about its expectations.

## Removal from the register - the policy states that ‘Removal from the register is a sanction of last resort for serious, reckless, malicious and/or persistent [breaches]:

## ● Dishonesty

## ● Discrimination

## ● Abuse of professional position

## ● Sexual misconduct

## ● Criminal convictions and cautions

## ● Violence’

## The guidance further states that ‘removal from the register should be used when the Panel considers there is no other way to sufficiently protect the public or there is an unwillingness by the registrant to show insight or resolve their failings. Removal from the register may also be appropriate when there is no other way that public confidence in the profession can be maintained if the registrant is permitted to remain on the register.’

## Removal is published on the register and the registrant cannot reapply within five years of the sanction being issued. To be reinstated they must provide a report showing they have learned from the experience and a supporting reference from a supervisor or line manager. This will be considered by a PCP.

## The RWPN developed *Indicative Resolutions and Sanctions Guidance* which is published on the website. It states that ‘This guidance aims to promote consistency and transparency in decision-making and aims to make all parties, including the registrant, witnesses and the public, aware of our approach to resolving concerns or complaints wherever these have been upheld.’ The guidance provides information the factors that the PCP should take into account when deciding such as proportionality as well as mitigating and aggravating factors.

## We noted that although the *Indicative Resolution and Sanctions Guidance* states the period of time that a sanction can be in force for, it is not always clear whether sanctions are published and how long for. The *Concerns and Complaints Policy* makes it clear that sanctions are published but again it is not always clear how long for.

## We also noted that apart from reapplying to the register following removal, there is no information about the lifting of sanctions in the *Indicative Resolution and Sanctions Guidance*. There is a paragraph in the *Concerns and Complaints Policy* and also in the registrant guidance, but it doesn’t provide any details of how this process would work.

## The *Concerns and Complaints Policy* provides details of the appeal process. Paragraph 4.2.6 allows the complainant to appeal a decision made by the IIP where they have decided not to progress a complaint. Appeals must be made in writing and accompanied by supporting evidence. The policy sets out the grounds for appeal which are that:

## ‘the decision of the panel was not supported by the weight of available evidence

## there is new evidence which was not available to the panel during its deliberations. If new evidence is presented, the Initial Investigating Panel will need to decide whether the reasons for not presenting the evidence in the first instance are compelling and therefore admissible.’

## Appeals of IIP decisions will be heard by the original IIP. If an appeal is upheld, this may result in the registrant receiving one of the resolutions that can be issued by the IIP, or with the complaint being sent to the PCP.

## Section 7 deals with appeals following a PCP decision. Both complainants and the registrant can appeal a decision, this must be submitted in writing to the RWPN within 20 working days of receipt of the decision, along with any supporting evidence. An appeal will be considered on the following grounds:

## ‘the decision of the panel was not supported by the weight of available evidence

## where a complaint has been upheld, the level of sanction applied does not adequately reflect the level of misconduct - it is unduly lenient in the opinion of the complainant, or it is disproportionately severe in the opinion of the registrant

## there appears to have been a procedural error that has had a material impact on the findings and decision of the PCP

## there is new evidence which was not available to the panel during its deliberations. If new evidence is presented the appeal panel will need to decide whether the reasons for not presenting the evidence in the first instance are compelling and therefore admissible. The panel will then need to decide whether the original PCP would have made a different decision if it had been aware of the new evidence when it sat.’

## A member of the Registration and Professional Standard Committee will consider the application for appeal, if allowed the appeal will be heard by three people who did not sit on the original PCP but who may have been involved in the IIP. An appeal panel can:

## ‘dismiss the appeal

## increase or decrease the level of sanction where the reason for appeal rests on those grounds

## impose sanctions on the registrant where there had previously been found no case to answer

## remove sanctions or any Interim Suspension Order where previously these had been imposed.’

## For all appeals, both the complainant and the registrant are informed in writing of the outcome.

## We discussed the potential conflict of interest within the appeals process, specifically with the appeal panel containing someone from the IIP. The RWPN considered this but stated that they have a small pool of people to pull from and felt that as long as the individual was not involved in the PCP decision this was enough of a separation. There is also the potential conflict of interest with the IIP hearing an appeal against its own decision.

## The *Concerns and Complaints Policy* explains when each party to the complaint will be informed of decisions and provides timeframes for each stage.

## As the policy is new, so we have not had the opportunity to review any complaints and we have not observed a hearing as part of this assessment, and we have not observed any examples of complaint related communications.

## The RWPN Reports concerns to other relevant agencies when that is needed to protect the public. It’s Concerns and Complaints Policy states that outcomes of the PCP will be published and that it will ‘will send a notice of decision to: a) the registrant b) the complainant c) any relevant third party. The notice of decision will set out the panel's findings, the reasons for its decisions, notice of any sanction and the duration and commencement of that sanction.’ Relevant third parties may include the registrant’s employer or other organisations that the registrant belongs too such as an Accredited Register. The registrant guidance refers to a notification being sent to the registrant, the complainant and where necessary the employer, but doesn’t mention other third parties. It is not clear from the policies how the RWPN will decide if other parties should be informed of PCP outcome.

## The RWPN also publish its *Safeguarding Policy* on the Concerns and Complaints page of its website. This policy details the responsibilities of the RWPN and its staff and volunteers in terms of safeguarding. It also includes a section on what the RWPN will do if a safeguarding concern is raised against one of its volunteers or a member of staff. The policy provides details about the information that people should gather and directs that safeguarding concerns should be raised with the designated safeguarding lead.

## When reviewing the policy, we noticed that some of the links had not been added and that the policy states that the name and contact details of the designated safeguarding lead would be published on the website alongside the policy. We were unable to find these.

## **Complaints against the RWPN**

## The RWPN publishes information about how to submit an organisational complaint on its website. The website provides contact details and information of what happens when a complaint has been made. The website notes that complaints should be made to the RWPN within one month ‘of you finding out you have reason to complain. We may be able to accept your complaint after this deadline in exceptional circumstances.’

## The RWPN will acknowledge written complaints within five working days and aim to put things right quickly if possible. If that is not possible a member of the RWPN Management Committee will be tasked with investigating the complaint and will respond within 20 working days. If the complainant remains dissatisfied with the outcome, they can request a review by another member of the RWPN Management Committee. The outcome of this review is final.

## The RWPN provides information about how they will put things right, this includes explaining what went wrong, apologising and explaining how they will put things right, including considering changing processes. They also provide information about the types of things that they cannot consider through this procedure such as ‘decisions relating to the conduct of registrants in the course of their professional practice.’

## We noted that the RWPN does not produce any whistleblowing guidance.

## We found that this Standard was met. The RWPN publishes information about how it handles complaints against registrants and complaints against itself on the website although it may not be easy to find. The procedure allows for the Initial Investigation Panel to issue resolutions to the registrant where they have found that a case is upheld but where they have decided not to submit to the Professional Conduct Panel. These resolutions are not published. The Panel suggested that the RWPN should consider whether it’s in the public interest to publish resolutions. The Panel noted that the Indicative Resolutions and Sanctions Guidance could include more flexibility, for example publishing the outcomes of the IIP when it is in the public interest or when the RWPN wants to send a message to the membership.

## The RWPN has procedures to help ensure that the decisions made by complaints panels are fair, transparent and consistent. The RWPN provides opportunity for the complainant and the registrant to appeal the decisions. Due to the limited number of people in the Registration and Professional Standards Committee, people who were involved in the handling of the complaint may be asked to consider an appeal. The Panel considered that it was important that there was separation.

## We issued the following Conditions:

## We could not observe a complaint hearing as part of our assessment. The RWPN must advise the Authority of any complaint hearing so that it may seek consent to observe.

## Decision makers at different stages of the process including appeal should not have previously been involved in the complaint. The RWPN should review and update its procedures to ensure there is separation for appeals.

## The RWPN should review its indicative sanctions guidance to ensure that it has enough flexibility for the RWPN to act in different situations. The RWPN should review if sanctions issued by the IIP should be published taking the public interest into account. The RWPN should consider if the PCP can decide not to issue a sanction, and if so, include information about this within its complaints policies.

## We issued the following Recommendations:

1. The RWPN should update its complaints policies, procedures and guidance documents. Updates should include:
2. criteria for considering complaints outside of three years from the incident,
3. the tests that will be applied by each committee when making a decision
4. the fact that even if a concern is not taken forward it will be anonymised and shared with the registrant for their reflection.
5. That sanctions are published and how long for.
6. What the processes are for lifting sanctions.
7. The RWPN should include a section on its homepage which is explicit about its regulatory and complaints handling role. The RWPN should provide easy to find links to its complaints processes. The RWPN should ensure that the support it offers to complainants is explicit on its website.
8. The RWPN should develop guidance for its committee members and its registrants on whistle blowing.
9. The RWPN should consider
10. how it can highlight its profile to ensure that employers and service users are aware of the RWPN’s public protection role and routes of raising concerns.
11. The RWPN should document its policy for advising relevant bodies (for example another Accredited Register) in the event of a concern being raised that might involve a breach of that body’s codes. The RWPN should document its processes for considering sanctions and complaints outcomes from other bodies.
12. The RWPN may want to consider if the Chair should consider if an interim order is needed when they receive a complaint as part of their triage of concerns and complaints.
13. The RWPN should review its Safeguarding Policy to ensure that all the relevant links within the document have been included and add the name and contact details of its designated safeguarding lead to its website.

Share your experience

## We received one response to the invitation to share experience of the RWPN. This response was supportive of their application.

Impact assessment (including Equalities impact)

## We carried out an [impact assessment as part of our decision to accredit the RWPN with Conditions](https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/panel-decisions/rehabilitation-workers-professional-network-impact-assessment.docx?sfvrsn=3e674820_8). This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equality Act 2010.

## Through our assessment of the Standards, we have suggested Recommendations for the RWPN to review the information presented on its website, including any documentation such as the complaints process to ensure that it is fully accessible to all service users. This should include a deciding which documents would be useful to have in an easy read format.

## Vision habilitation specialists work with those who are under 25 years of age and all work with people who could be considered vulnerable. The RWPN highlighted this risk within its risk register and noted its safeguarding policy as a mitigation. Another possible mitigation to the risk is the requirement for Disclosure and Barring Service (DBS) checks. These are not currently required by the RWPN as the majority of its registrants are employed. The RWPN do however state that the number of self-employed on its register may go up. Following the completion of the Authority’s pilot on DBS checks, we will update the registers on any new requirements. This may result in registers including the RWPN needing to make changes.

## We highlighted the link between sight-loss and poor mental health. The RWPN stated that it was working with a partner organisation in a study into the use of specific tools in assessing depression and that it will produce guidance for its registrants once this study has completed

1. <https://www.professionalstandards.org.uk/docs/default-source/accredited-registers/standards-for-accredited-registers/accredited-registers-supplementary-guidance-for-standard-one.pdf?sfvrsn=3e5f4920_6> [↑](#footnote-ref-1)
2. <https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/right-touch-assurance---a-methodology-for-assessing-and-assuring-occupational-risk-of-harm91c118f761926971a151ff000072e7a6.pdf?sfvrsn=f537120_14>. [↑](#footnote-ref-2)
3. <https://www.rnib.org.uk/about-us> [↑](#footnote-ref-3)
4. <https://www.nhs.uk/conditions/vision-loss/> [↑](#footnote-ref-4)
5. <https://www.rnib.org.uk/campaigning/previous-campaigns/vision-rehab> [↑](#footnote-ref-5)
6. <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/506202/23902777_Care_Act_Book.pdf> [↑](#footnote-ref-6)
7. <https://www.adass.org.uk/adass-position-statement-on-vision-rehabilitation-may-2016> [↑](#footnote-ref-7)
8. https://bmjopen.bmj.com/content/10/2/e034036 [↑](#footnote-ref-8)
9. https://www.york.ac.uk/inst/spru/research/pdf/VIrehabTPT.pdf [↑](#footnote-ref-9)
10. https://iovs.arvojournals.org/article.aspx?articleid=2592947 [↑](#footnote-ref-10)
11. https://www.scie-socialcareonline.org.uk/habilitation-provision-for-children-and-young-people-with-vision-impairment-in-the-united-kingdom-a-lack-of-clarity-leading-to-inconsistencies/r/a1C0f0000052TrDEAU [↑](#footnote-ref-11)
12. https://www.rnib.org.uk/professionals/knowledge-and-research-hub/research-reports/early-reach-research/rehab-cost-avoidance [↑](#footnote-ref-12)
13. https://pubmed.ncbi.nlm.nih.gov/27548898/ [↑](#footnote-ref-13)
14. https://bmjopen.bmj.com/content/9/1/e026163 [↑](#footnote-ref-14)
15. https://www.tandfonline.com/doi/abs/10.1076/vimr.4.1.1.15635 [↑](#footnote-ref-15)