

Accredited Registers

Guidance on applying for accreditation

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1. Introduction

About this guide

- 1.1 This document is intended for those planning to apply for accreditation of their register for the first time and those going through the process.

About Accredited Registers

- 1.2 The Professional Standards Authority (we) run the Accredited Registers programme. Our programme helps to protect the public and improve confidence in health and social care occupations that are not regulated by law.
- 1.3 We accredit registers of people working in a variety of health and social care occupations in the UK. Accreditation provides assurance to the public and others that a register is well run and requires its registrants to meet high standards of personal behaviour, technical competence and, where relevant, business practice. In order to be accredited, registers must meet our *Standards for Accredited Registers*.
- 1.4 We publish a list of Accredited Registers on our website. We allow Accredited Registers and their registrants to use our quality mark (shown below) on their literature and websites to show that we have accredited them. Only Accredited Registers and their registrants are allowed to use the Accredited Registers Quality Mark.



- 1.5 Accreditation for newly accredited registers will be valid for one year. Following this first annual assessment, accreditation will then be valid for three years unless it is subject to any open Conditions. Registers will be asked to complete annual checks between the three-year assessments. You can find further information about how to renew accreditation in our *Guidance for Accredited Registers*.

About the standards

- 1.6 There are eight Standards. Registers must meet Standard One before we can assess against how the register meets the remaining Standards.
- 1.7 To meet Standard One an applicant must hold a voluntary health or social care register (as defined by Section 25E of the National Health Service Reform and Health Care Professions Act 2002), and must satisfy us that accreditation would be in the public interest. We offer an initial check against this Standard before a

Register submits a full application. More about how we assess against Standard One can be found in our *Supplementary Guidance for Standard One*.

- 1.8 There are minimum requirements for Standards 2-8 which must be met by all registers. Further details can be found in our *Evidence Framework*. We expect all registers to apply good practice and to seek to continuously improve their performance.

Submitting a full application

- 1.9 We advise organisations considering making an application to get in touch with our Accreditation team to discuss it. If substantive advice is required, then we can undertake a pre-assessment against one or more of our Standards. The fees for this are set out in our *Accreditation fees and payments guidance*. We are happy to discuss an application for accreditation at any point during the process. Please contact our Accreditation team by telephoning on 020 7389 8037 or by emailing accreditationteam@professionalstandards.org.uk.

2. Submitting an application

- 2.1 For all applications, including preliminary assessments against Standard One, applicants must ensure that information provided to us does not include personal or sensitive information in relation to registrants, patients or service users. If it does then we will return or destroy it.
- 2.2 Applicants should be aware that any information provided to us in relation to an application for accreditation, or for future renewals, may be subject to Freedom of Information Access requests and responded to in accordance with our statutory obligations. More about our Freedom of Information policies can be found on our website on our *Freedom of Information* webpage.
- 2.3 If there are a considerable number of supporting documents, a document sharing website may be used to send them to our Accreditation team. The Accreditation team can provide more details.
- 2.4 Application forms for Standard One and the full application and supporting documentation should be submitted to the Accreditation team at: accreditationteam@professionalstandards.org.uk. The full fee must be received before we can begin the assessment against all the Standards. Further information about fees and how to pay can be found in our *Accreditation fees and payments guidance*.

Submitting an application for preliminary assessment against Standard One

- 2.5 Applicants may apply for an initial assessment against Standard One before submitting a full application. Please use the Standard One assessment form and send it to us as a with supporting evidence. More information about how we assess Standard One can be found in our *Supplementary Guidance - Standard One*.

Submitting a full application

- 2.6 Please use the Full application form and send it to us with the supporting evidence. You can leave out Standard One if we have already assessed that.
- 2.7 We will acknowledge receipt of the application within three working days. An Accreditation Officer will be allocated to the assessment. They will keep in regular contact through the assessment process, to provide progress updates and to request further information if needed.

3. The assessment process – full application

- 3.1 The assessment process is divided into three stages:
 1. gathering evidence;
 2. assessment by the Accreditation team; and
 3. a Panel decision.

Each of these stages has different steps set out in more detail below.

Stage 1 – Gathering evidence

Step 1: Documentary review and due diligence

- 3.2 During the documentary review, our Accreditation team will assess the application form and supporting documentation. They will carry out due diligence checks which will include, for example, checking facts stated in the application form and finance data from Companies House. Part of this review includes a 'patient/service user journey' where the Accreditation team reviews the applicant's website and the information it provides to the public. After the documentary review and due diligence checks, the Accreditation team has a 'check point' meeting to discuss whether we require clarification of any points or further information from the applicant. This will typically occur 15 working days after the team receives confirmation from our Finance team that payment has been received. The team may send either an advice sheet or a query sheet to the applicant depending on the number of items to highlight or clarify.
 - i. An advice sheet is usually used when the Accreditation team believes that more information is required in the application form. The team will detail the information required on the advice sheet and the applicant will be asked to amend the application form and/or its supporting documentation within a reasonable timeframe, as agreed with the team, and re-submit these to the team.
 - ii. A query sheet is used when there are points to clarify, but there is no need to re-submit the application form. The Accreditation team will ask questions to clarify points raised during the documentary review. The applicant needs to provide the answers on the query sheet as this forms part of the evidence reviewed by the Accreditation Panel. Typically, the team will require this within ten working days, however they will discuss timescales if requested.

- 3.3 We will review the revised application or the responses to the query sheet. If we are satisfied with the information, the application progresses to the next stage.

Step 2: Consulting the public

- 3.4 We invite views through our 'Share Your Experience' process from a range of stakeholders including patients/service users and professional bodies. We may also convene meetings to seek stakeholders' views. We take account of their feedback when making a decision about accreditation. We publish the 'Share Your Experience' invitation on our website for 28 working days. We notify relevant stakeholders of the consultation. More about this process can be found in our separate guidance on *Share Your Experience of an Accredited Register*.
- 3.5 We do this when a Register applies for a preliminary assessment against Standard 1, as well as when it applies for full application and at each renewal of accreditation thereafter. This information also informs our impact assessment of the Register. It enables us to gather a wide range of perspectives which inform both the 'public interest' for Standard 1, and our assessment against Standards 2-8.
- 3.6 We will assess the responses and seek consent from respondents before sharing any information with the applicant. Where consent has been given, we will send the responses to the applying organisation, giving it the opportunity to respond to issues raised by respondents. Timescales will be discussed, but typically the applicant will be asked to provide a response within ten working days. If consent to share is not given, the team will review the information to identify any themes and will present the themes to the applicant. The applicant will be asked to respond to these themes.

Step 3: Site visit

- 3.7 We use information from the site visit to cross-check and validate the information provided within the application and to gather further information to inform our assessment. We will agree a convenient time for the visit with the contact provided on the application form. We will give the applicant a plan setting out what the Accreditation team would like to review during the visit.
- 3.8 During the visit we will review relevant documentation and meet with members of the Register's staff, senior management team and/or governing Boards as required. The evidence requested will be based on the information provided by the applying organisation in the application form. The site visit will generally take one day.
- 3.9 In cases where visits to premises is not possible, we will conduct the site visit through virtual meetings.

Step 4: Interviews

- 3.10 We conduct interviews with key senior individuals in the organisation, for example, the Chair, the Chief Executive and the Registrar. Interview questions are based on information provided in the application form, risk matrix and information gathered during the site visit and observations. We do not share the questions in advance with interviewees.
- 3.11 The interviews can be carried out in person, by telephone or via videoconference. The interviews will be carried out by at least two members of the Accreditation team. We will take notes during the interviews.

- 3.12 If practical, interviews may take place during the site visit.

Step 5: Observing a Board/Committee meeting

- 3.13 We will observe a governance Board meeting and carry out a review of a sample of previous meeting minutes. We will not participate in discussions but use this to inform our understanding of how the governance of the Register operates in practice. We will need to observe at least one Board (or equivalent governance) meeting within our assessment.

Step 6: Observing a complaints hearing

- 3.14 We will ask to observe a professional conduct hearing during the assessment process. If complaints hearings are heard in private, then consent must be obtained from the relevant parties. We will observe, but not participate in the hearing.
- 3.15 If a hearing is not taking place at the time of the assessment or consent is not obtained, we will carry out a proxy assessment of a sample of previously heard cases or complaints in anonymised format. We will review anonymised transcript and/or files associated with the case.
- 3.16 Should the register be successful in gaining accreditation the register will also be required to inform the team of any future hearings so that they can observe.

Stage 2 – Assessment by the Accreditation team

- 3.17 Once the we have completed the evidence gathering stage, we will analyse the evidence and assess against our Standards. We will then produce a report which will include our analysis and our recommendations to the Accreditation Panel ('the Panel'). We will send this report to the applicant to check for factual accuracy. This document may also contain actions for the applicant to complete before the Panel meeting.
- 3.18 Once the applicant has verified the factual accuracy of the report and addressed any action points, we will send it, along with relevant supporting documentation to the Accreditation Panel ten working days ahead of the Panel meeting.

Stage 3 – Decisions by the Accreditation Panel

- 3.19 We will convene an Accreditation Panel consisting of three individuals from our staff team and/or the Board who have completed our Panel training. We will check that there are no conflicts of interest.
- 3.20 We will invite the Panel to attend a meeting to discuss the application. We will ask a representative of the organisation to be available by phone in case the Panel has any questions that the Accreditation team cannot answer.

Potential outcomes from a Panel meeting

- 3.21 **Accreditation granted** – the Panel is satisfied that the organisation has met all the Standards. Accreditation for the first time is valid for 12 months from the date that the Panel outcome is published on our [website](#).
- 3.22 **Accredited with Conditions** – accreditation is granted, but on the condition that the Register makes the required changes within a specified timeframe, due

to one or more Standards not being fully met. Conditions will be assessed in accordance with our *Guidance for Accredited Registers*.

- 3.23 **Adjourned** – the Panel needs further clarification, information, or believes that the applicant should be given time to complete specific actions before deciding whether to accredit. The organisation will be given a timeframe to provide the information to the Accreditation team. The Panel will then reconvene to assess the information and decide whether to accredit, accredit with Conditions or not accredit.
- 3.24 **Not accredited** - the Panel is not satisfied that the Standards have been met or could be met within a specified timeframe.
- 3.25 The Panel can issue **Recommendations** – used when a Register is either Accredited or Accredited with Conditions. Recommendations are actions that would improve practice and benefit the operation of the register. Consideration of how Recommendations have been addressed will take place in accordance with our *Guidance for Accredited Registers*.

4. After the Panel

- 4.1 Following the Panel meeting, we will produce an outcome report documenting the Panel's decisions and providing details on whether an organisation holding a register meets each Standard. This is reviewed and approved by the Panel as an accurate record of their discussion before it is sent to the organisation for a final factual accuracy check. The Register will be asked to confirm within ten working days whether it either agrees with the outcome or has submitted an appeal.
- 4.2 The report will be published on our website in accordance with our *Publications Policy*.

5. Once accreditation is granted

- 5.1 If accreditation is granted, the Register will be required to sign a licence agreement setting out use of our Quality Mark. A certificate of accreditation will then be issued.
- 5.2 We will set a date for publication of the decision to accredit. This will usually be within ten days of notification to the Register of the Panel's report. The Register must wait until we have published the decision before releasing its own communications on its website, and to its members.
- 5.3 We will provide the Register with a Communications Toolkit to use with its registrants and other stakeholders.

Making a change

- 5.4 If during the accreditation year, the register decides to make changes to its policies or procedures we ask that it informs us of its intention to do so at least ten working days in advance so that the Accreditation team can make a

decision about whether a formal Notification of change is needed. More about this process can be found in the [Notification of change guide](#).

Next assessment

- 5.5 Initial accreditation is granted for one year. We check the Register against our Standards after one year, including any outstanding Recommendations or Conditions. More about this process can be found in our *Guidance for Accredited Registers*.
- 5.6 If we receive any significant concerns about a Register before we are due to carry out our re-accreditation assessment, we may undertake further checks through a Targeted Review, as set out in our *Guidance for Accredited Registers*.

Ongoing contact

- 5.7 If an Accredited Register has any questions or queries throughout the accreditation cycle, the Accreditation team are happy to discuss.

6. If you disagree with our decision

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

7. Oversight of accreditation

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

Document Control

Version Control

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

Version	Status	Description of Version	Date Completed
1.0		New Procedure	5 July 2018
2.0		Updated to reflect new process	29 July 2021