

Accredited Registers

Ensuring that health and care practitioners are competent and safe

March 2015



confidence • choice • protection • quality



About the Professional Standards Authority

The Professional Standards Authority for Health and Social Care¹ promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

We oversee the work of nine statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

We also set standards for organisations holding voluntary registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

To encourage improvement we share good practice and knowledge, conduct research and introduce new ideas including our concept of right-touch regulation.² We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care. We also undertake some international commissions to extend our understanding of regulation and to promote safety in the mobility of the health and care workforce.

We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at www.professionalstandards.org.uk.



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Key points



accredited register

- In 2012, the *Health and Social Care Act* extended our role to include the large number of other practitioners who also work in health and social care, in occupations that are not regulated by statute
- We set quality standards for organisations which register health and care practitioners, commit to best practice and take action when necessary to protect the public
- So far there are 17 accredited registers covering 63,000 practitioners
- The range of occupations this covers includes counsellors and psychotherapists who help improve our mental health; healthcare scientists who help to diagnose our illnesses and complementary therapists, who often work in hospices and cancer centres, and sports rehabilitators who help people overcome disability
- Practitioners work in many settings including the NHS, care homes, and schools. A large number are self-employed and provide their services direct to the public
- Accredited Registers and their registrants are allowed to use our Quality Mark, so that employers, commissioners and the public can recognise them easily
- This newly assured workforce of 63,000 practitioners already contributes greatly to the health and wellbeing of the population. We recognise however that they have the potential to do far more
- This report shows that this workforce can help governments and public bodies achieve their aim to improve health and transform services. It shows employers, commissioners and the public that they can have confidence in Accredited Registers and their registrants.

Accredited Registers

Set standards of practice for an occupation and issue guidance

Set standards of education and training and quality assure courses

Check practitioners' competence and behaviour before registering them

Encourage practitioners to continue to develop their skills

Respond to complaints about practitioners and exclude them from their register when needed to protect the public.

1. Introduction

NHS Employers support Accredited Registers. We recommend that all employers recruiting health and care practitioners should look for the Accredited Registers mark as a sign of quality.

Sue Covill, Director of Employment Services, NHS Employers

- 1.1. Accredited Registers of health and care practitioners are proving to be a success.³ Two years ago the Professional Standards Authority began to carry out its new role, under the *Health and Social Care Act (2012)*, accrediting registers of people who work in health and care occupations that are not regulated by statute.
- 1.2. In just two years, over 63,000 practitioners in 25 health and care occupations have proved their personal commitment to high standards by signing up to an Accredited Register. In this time, 17 organisations have voluntarily put themselves and their registers forward to be accredited. They have passed our rigorous assessments showing that they can be trusted to make sure their practitioners are trained, competent, safe and honest.
- 1.3. Accredited Registers are a new approach to regulation – a solution designed for today’s problems, not yesterday’s. It is less costly than statutory regulation, proportionate to risk, agile, swift and able to flex as needed to meet changing healthcare demands and delivery models. We make sure that Accredited Registers manage their registers well and follow good practice. They make sure their practitioners meet their standards and take action if they do not.
- 1.4. They now offer up an assured workforce, ready and able to help tackle some of today’s pressing problems in health and care. Ready and able to help implement key health and care policy – whether improving our children’s life chances, our experience of dying, the diagnosis of disease, our ability to manage our long term conditions, or simply improving our wellbeing.
- 1.5. They also help to bridge the resource gap, delivering, supplementing, enhancing and supporting NHS, social care and local government provision. They have the potential to deliver far more.
- 1.6. NHS England’s Five Year Forward View⁴, and similarly Scotland⁵, Wales⁶ and Northern Ireland’s⁷ strategic plans, call for some visionary thinking about the future delivery of health and care services. Accredited Registers can help to deliver that vision.

2. Confidence in the workforce

- 2.1. The problem, which led to the development of Accredited Registers, was first described in the Department of Health paper, *'Enabling excellence: Autonomy and accountability for healthcare workers, social workers and social care workers'*⁸. The solution it proposed – to develop 'a system of assured voluntary registration' – had its origins in *Trust, Assurance and Safety* and the proposal in 2009 by the *Working Group on Extending Professional Regulation* that statutory regulation was not always a proportionate response to risks posed by various health and care occupations.
- 2.2. There are a large number of health and care practitioners whose occupations are not regulated. The problem, as *Enabling Excellence* explained, was that there was no way for the public, employers or commissioners to tell whether they were competent or trustworthy. Voluntary registers existed, but there was no independent assurance that these operated to good practice or were anything more in terms of public protection than bodies promoting their own members' commercial and professional interests.
- 2.3. The solution was to create a new role for the Professional Standards Authority under the *Health and Social Care Act (2012)* to set standards for voluntary registers and to accredit those that met them.
- 2.4. After a careful period of consultation and collaborative work, we developed our eleven *Accreditation Standards* and our demanding assessment process.⁹
- 2.5. Accredited Registers offer a much better level of assurance than unaccredited voluntary registers. Accredited Registers' governance is much stronger, with firm separation between their public protection function managing their Accredited Register and any role they play in promoting professional interests.
- 2.6. They carry out a careful risk assessment to ensure they understand the risks their occupation may pose to the public and are managing those risks effectively.
- 2.7. They have greatly improved complaints handling processes and, importantly, if someone is removed from one Accredited Register they may not join another. This means that patients and service users, employers and commissioners can avoid 'bad apples' by only choosing from an Accredited Register.

If someone is removed from one Accredited Register they may not join another.

Professional Standards Authority

‘Becoming an Accredited Register has opened us to the Authority’s expertise in improving standards. Although in 2009, we were an organisation with a lot to offer we would not have met the Authority’s standards. The difference between then and now in terms of public protection is significant.

To ensure our information is accessible we worked to gain the Crystal Mark and asked Royal National Institute of Blind People to review and give us feedback.

We launched our Council with proper and engaged lay membership and learned a lot about recruiting lay members.

We spent two years clarifying and testing new ways of accrediting training. We are in transition now to only recognising OFQUAL courses or equivalent.

We made some painful decisions - told some training providers their courses would be downgraded if they did not improve, audited our trainers, removed non-compliant organisations.

Our procedures for accepting, auditing and removing registrants were completely overhauled and procedures for checking supervision and continuing professional development were fine tuned.

Non-compliant registrants began to see registration suspended.

We began to be held to account by our Council and our executive decisions were for the first time being scrutinised properly.

It has been a challenging and difficult process but worthwhile’.

Liz McElligott, Chief Executive, National Counselling Society, and National Hypnotherapy Society.

3. Our role in accrediting registers

Developing Accredited Registers



Accredited Registers' launch in the House of Commons (February 2013).

- 3.1. The publication of *Enabling Excellence* and its implications for voluntary registers sparked considerable interest. Large numbers of voluntary registers contacted the Professional Standards Authority and within a few months, 40 organisations had begun working collaboratively with us.
- 3.2. We held a series of workshops to help us understand the range of occupations, the kinds of risks their way of working might pose to the public and the characteristics of organisations holding registers, such as different legal forms, structures and finances. Matters discussed included managing risks, setting the bar, affordability and adding value. By the time our formal consultation on our standards was published, over 70 organisations had expressed an interest in the Accredited Registers programme.
- 3.3. The Centre of Health Service Economic Organisations (the Centre) did some preliminary research to assess the potential scope of the programme and the factors to be taken into account in its design, including the number of organisations holding voluntary registers and the range of occupations that might be eligible.

Principles

- 3.4. The Professional Standards Authority founded its Accredited Registers programme on some key, underpinning principles, drawn from the government's policy for assured voluntary registration and the Centre's advice.
- 3.5. These principles are:
 - It should ensure that any restrictions developed through the creation of the Standards, or the operation of the programme, would reflect the potential risks of harm to the public
 - It should not unfairly or unnecessarily restrict the market by creating monopolies and would be open to any eligible register, including those relating to the same occupation
 - Accreditation should be affordable and not price small registers out of the market, making it open to registers clustering under umbrella organisations

- The Authority should not set the education and training requirements for entry onto a register; it was our view that individual professions are the experts on what education and training is required for competent practice
- The Authority makes no judgement about the efficacy of any therapy or health or care practice. That is a matter for the NHS, employers and service users.

Education

- 3.6. Following a review of our approach to education and training, the Authority's Board has re-confirmed that in the absence of clear evidence that a particular standard of education is resulting in worse outcomes for patients and service users, it is not the role of the Professional Standards Authority to set a minimum standard of entry to a register. This would in effect introduce a form of licensing, which is properly a matter for government. Interestingly however, the National Counselling Society has already decided to raise its education standards voluntarily.
- 3.7. There are two forms of standards and qualifications being used by Accredited Registers – National Occupational Standards within vocational education and qualifications, and professional standards within higher education and qualifications. The review found that it was difficult for a member of the public using the registers to tell which National Occupational Standards were being used. It was also difficult to be sure what the level of qualification meant.
- 3.8. We are therefore proposing some changes to our accreditation standards for education to make our requirements clearer and will be consulting on these shortly. We will continue to monitor this issue.



- ## Efficacy
- 3.9. When we carried out our formal consultation, some stakeholders expressed concern that our accreditation of registers may be misconstrued as meaning we had approved therapies for which there was no conventional evidence (based on randomised controlled trials). The therapies that caused them concern were complementary therapies and homeopathy.
- 3.10. We considered this matter carefully taking particular account of the reports of the Science and Technology Committee and the government's response.¹⁰
- 3.11. We noted that the risks of harm in relation to complementary therapies is generally low and can be

addressed by education and training. We also noted concerns about evidence, and the risks of diverting patients with serious conditions away from conventional medicine, and the risk of misleading advertising.

- 3.12. We noted that complementary therapies are used by approximately a quarter of the population and, as this report demonstrates, that people state that they derive benefit from them.
- 3.13. We concluded that we could not exclude complementary therapies or homeopathy from the Accredited Registers programme. Both fall within the definition of 'health care' as set out in the *National Health Service Reform and Health Care Professions Act 2002, section 25E (8)* as inserted by the *Health and Social Care Act (2012)*.¹¹
- 3.14. We decided that it was in the public's interests for them to be able to access such therapies from practitioners on registers that meet our high standards, and are subject to our oversight. This allows the public who wish to use complementary therapies to do so more safely.
- 3.15. We also introduced three particular standards to mitigate risks. Standard 6 requires the registers to explain clearly the extent of knowledge underpinning an occupation. Standard 8 requires registers to set standards of business practice, including advertising (and to comply with the Advertising Standards Authority's requirements). Standard 9 requires registers to ensure that registrants are able to recognise and interpret clinical signs of ill-health and refer them to a doctor or other relevant health professional when necessary.

Becoming accredited

- 3.16. The Professional Standards Authority is authorised under the *Health and Social Care Act (2012)* to set and to publish accreditation criteria. These are set out in our *Accreditation Standards*.¹²
- 3.17. Organisations applying for accreditation must meet all eleven of our standards which include being committed to public protection, risk management, education and training, governance, providing information, managing complaints and managing the register effectively.
- 3.18. They in turn set standards for their registrants, which include committing to codes of conduct, competence and ethical frameworks and meeting entry level education requirements. Registers set requirements for registrants' personal behaviour, technical competence and, where relevant, business practice.

We are delighted to have achieved accreditation... It will help reassure the public of the high professional standards our registrants work to.

Julian Lousada, Chair of the British Psychoanalytic Council

3.19. We deliberately set the bar for accreditation high, at the level of good practice, so that gaining accreditation is a significant achievement and registers are proud to display our Quality Mark.

3.20. There are three things organisations must show us in order to be eligible to apply. They must hold a register for people in health and care occupations that are not regulated by the state.¹³ They must demonstrate to us that they are focussed on public protection. They must be able to afford the accreditation fee.



3.21. The Accredited Registers programme is largely self-funded. Organisations pay a fee for applying for accreditation, and to renew. The Department of Health makes a small grant to support the core costs of the programme.¹⁴ The cost of the Accredited Registers programme is modest. Its operating costs in its first year 2012-2013 were £174,000 with £55,000 earned from accreditation fees and £119,000 from a government subvention agreed as part of a three year start-up fund. Given the need to build and maintain the programme's profile to increase public awareness and benefit, we consider it is likely that it will continue to need a small government grant for the next few years.

3.22. Organisations are encouraged to contact our Accreditation team for advice on preparing their application. Our fees are non-refundable and so we encourage organisations to take time to prepare before committing to apply. We provide a self-assessment tool to help them assess their readiness.

3.23. There are two parts to our accreditation process. Our Accreditation team carry out an assessment against the Professional Standards Authority's Accreditation Standards. They present the results to an Accreditation Panel, which decides whether the standards are met and grants accreditation.

3.24. This separation enables our Accreditation team to work constructively with organisations if they identify any shortcomings in their procedures. It gives organisations an opportunity to improve before their application is decided by the Accreditation Panel. We do this because we believe it is in the public's best interests that voluntary registers meet our standards, rather than continue to operate outside the Accredited Registers programme at a lower level.

3.25. Our assessments are rigorous. Our small team of three staff carry out due diligence checks, seek views from external stakeholders, observe Board and Committee meetings, observe complaints hearings,

review complaints files and interview senior staff. A full description of our process can be found on page 45. When applications go before the Panel, it can decide to accredit, accredit with conditions, defer or refuse accreditation. The Panel can also issue learning points and instructions to continue to improve practice, and have done so on most occasions.

- 3.26. All learning points and instructions are followed up by the Accreditation team. So far the Panel have not had to refuse or remove accreditation. Accredited Registers can appeal the Panel's decision, but no appeals have been made.
- 3.27. No register has yet been able to get through our assessment without making some improvements either before applying or during the assessment process. It is to their credit that they have responded to those challenges so positively.

4. Accredited Registers

- 4.1. There are currently 17 Accredited Registers. We invited the British Association for Counselling and Psychotherapy to pilot our process and it was the first to be accredited, followed by the British Acupuncture Council. The most recent is the Academy for Healthcare Science with Anatomical Pathology Technologists, Genetic Technologists, Ophthalmic Science Practitioners and Tissue Bank Technologists being the first practitioners to enter its register.
- 4.2. Some of the registers register a single occupation, like Play Therapy UK and the Foot Health Practitioner Register.¹⁵
- 4.3. Others register several occupations, generally within the same field. These include the Complementary and Natural Healthcare Council and the Federation for Holistic Therapists.
- 4.4. Organisations can also apply as a 'cluster'. This means that small organisations with perhaps a couple of hundred registrants each can join together and apply for accreditation under a single register, saving money on their fee.
- 4.5. Most of the Accredited Registers are UK organisations with registrants working in England, Scotland, Wales and Northern Ireland. One only operates in Scotland – COSCA (Counselling and Psychotherapy in Scotland). However, many of the Accredited Registers work with a variety of professional bodies including those

Congratulations to the Academy on being first healthcare science Register to be accredited by the Professional Standards Authority.

Sue Hill OBE, Chief Scientific Officer, NHS England



that are particular to Northern Ireland, Wales or Scotland. For example, the United Kingdom Council for Psychotherapy, which holds an Accredited Register, has a reciprocal agreement with the Irish Council for Psychotherapy to provide the opportunity for practitioners to be listed on both national registers.

The All Wales Play Therapy Support Group is a group of practitioners registered with the British Association of Play Therapists. This enterprising group have looked at a number of ways to help families access play therapy including setting up a not for profit organisation or charity to fund therapy and training. They signpost families who need financial support to charities who are already funding therapy via the University of South Wales.

The individual support groups focus on particular issues at their meetings. For example, the Cardiff Support Group has focussed on working with children with Autistic Spectrum Disorder, and on working with parents.

The MSc Play Therapy was validated by the University of Glamorgan (now the University of South Wales) in 2009 and accredited by the British Association of Play Therapists (BAPT) in 2010. University of South Wales set up a research group comprising of academic staff and three students. One such study was 'Practitioners perceptions of Play Therapy with Children with Attachment Difficulties'.



- 4.6. We do not restrict applications to one register per occupation, which means that any eligible register that meets our Accreditation Standards can apply. We have now accredited six registers in the field of counselling and psychotherapy.
- 4.7. Some registers, like the UK Public Health Register (UKPHR) cover different levels of practitioners to encourage career development and build a cohesive profession. UKPHR registers both public health specialists and public health practitioners. Their register is growing in response to pilots operating in different parts of the UK to encourage public health practitioners to join.
- 4.8. Many of the Accredited Registers have registrants who are also qualified health professionals on one of the nine health and care professional regulators' registers. For example, some of the Complementary and Natural Healthcare registrants are also nurses on the register of the Nursing and Midwifery Council. Where registrants are also statutorily regulated, it is stated on the Accredited Register so that the public are aware.
- 4.9. Accredited Registers are run by independent organisations. Many were originally set up as professional bodies, some are registered charities, and others are companies limited by guarantee (or

both). They have different organisational structures and management arrangements. Some employ staff, others are run by volunteers. All of them are committed to protecting the public and raising standards of practice within the occupations that they register.

When the British Association of Play Therapists was awarded charity status in 2006 the Charity's Objects were redefined as: 'To relieve the needs of children, young people and adults suffering emotional and behavioural difficulties by promoting the art and science of Play Therapy and promoting high standards in the practice of Play Therapy for the public benefit'.

Aims

To fulfil this mission statement, the Association's key aims are to:

- Endeavour to protect the public against harmful conduct by members of all classes who are practising Play Therapy
- Promote and develop standards of training and practice
- Promote study and research in the field and practice of Play Therapy
- Encourage the sharing of information, experience and skills
- Maintain the highest levels of professional conduct by members of all classes who are practising Play Therapy
- Provide a national and regional resource for its members
- Reflect, acknowledge and encourage diversity both in clinical practice and within the professional association
- Promote anti-discriminatory and anti-oppressive practice, as clinical practitioners in the field and within the professional association.

4.10. The size of registers varies from 250 to 22,000 registrants. Practitioners' incomes are generally modest and registration fees range from £33 to £600 usually depending upon the size of the register. Accredited Registers' incomes therefore vary, which is why we check that they are financially sustainable and can afford to operate their register effectively.

4.11. Accredited Registers carry legal indemnity cover so that they will not be deterred from taking action against a registrant if it is necessary. All registrants carry indemnity insurance or are covered by it as part of their employment (such as NHS employees) so that patients and service users are protected if something goes wrong.

- 4.12. A full list of the organisations accredited by the Authority is provided on page 43.

5. Practitioners' roles in quality healthcare

- 5.1. Practitioners on Accredited Registers work in the fields of public health, mental health, child health, adult health and social care. They carry out a range of different work to prevent us becoming ill, to improve our health, to help us cope with long term conditions or overcome disabilities and promote our wellbeing.

Making diagnoses

- 5.2. Members of the Healthcare Science workforce perform a range of different roles depending on their qualifications, experience and level of specialisation. Although this workforce comprises approximately 5% of the healthcare workforce in the UK, their work underpins 80% of all diagnoses as well as therapeutic interventions such as radiotherapy.
- 5.3. Examples of the type of work they undertake include:
- Advising, diagnosing, interpreting and treating patients
 - Advising health and social care professionals on the diagnosis and treatment of patients
 - Researching the science, technology and practice used in healthcare to innovate and improve services
 - Designing, building and operating technology for diagnosing and treating patients
 - Ensuring the safety and reliability of tests and equipment used in healthcare.

Promoting health and preventing disease

- 5.4. Public health practitioners work with groups, communities and populations. They work to prevent disease, promote health and provide health information. Public health consultants look at 'the bigger picture' and then take action to promote healthy lifestyles, prevent disease, protect and improve general health.

Improving mental health

- 5.5. Many of the psychotherapists and counsellors on Accredited Registers work within the Improving Access to Psychological Therapies programme, funded by the Department of Health. It supports frontline NHS staff in

England in implementing National Institute for Health and Care Excellence guidelines for people suffering from depression and anxiety disorders.

- 5.6. The programme was created to offer patients a realistic and routine first-line treatment, combined where appropriate with medication, which traditionally had been the only treatment available. Up to 65% of people recover when receiving this treatment.¹⁶
- 5.7. A number of other practitioners on Accredited Registers also work to support the treatment of people with mental health conditions and to improve their quality of life.

At Birmingham and Solihull NHS Trust, the mental health team developed a set of questionnaires to assess the impact of complementary therapies (primarily aromatherapy and massage) on patients with generalised anxiety disorder. The questionnaires were developed to measure the impact of complementary therapy on a session by session basis. They tested impact in 18 wards and departments including neuropsychiatry, forensic child and adolescents and mother and baby.

The results of the study carried out from July 2012 to February 2013 demonstrated a significant reduction in anxiety and somatic disorders and corresponding improvement in patients' sense that their condition and sense of wellbeing had improved. Young people were particularly responsive to the therapies:

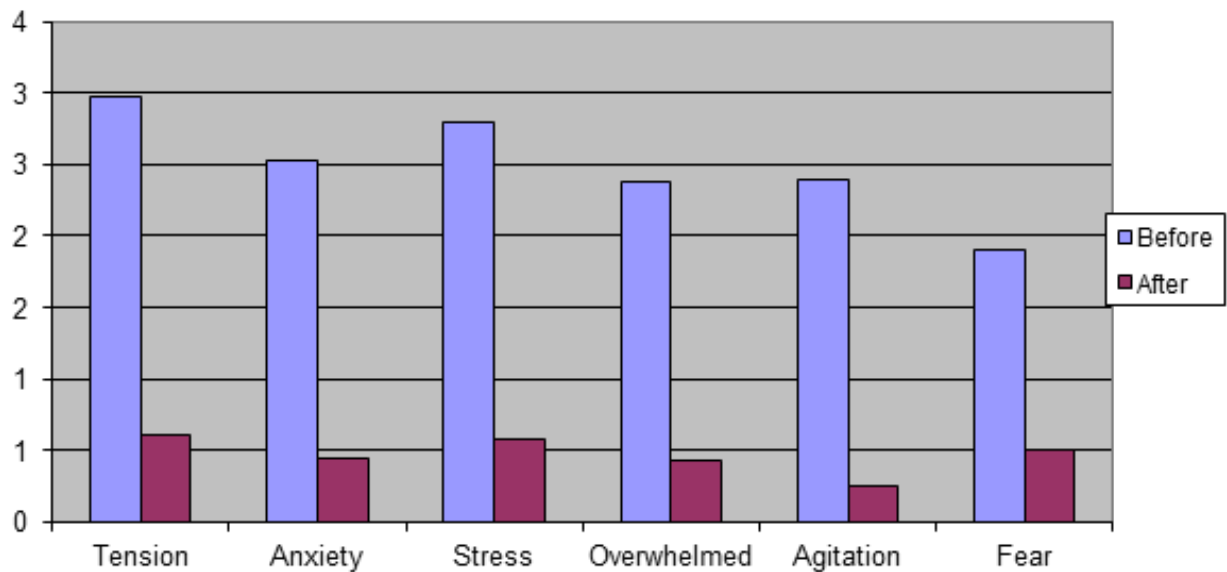
'After receiving complementary therapy I was able to attend the dining room for the first time. [It] helps me relax... and feel more confident and it has helped with self-harming'.
(Gary, 18 years old)

'The treatment gives me time to relax and helps reduce my anger and agitation. It is different to other services because it helps me on a physical and emotional level'.
(David, 16 years old)

'I was feeling really lonely and upset being away from my family. It was so lovely having a massage, it made me feel cared for and comforted. I think it's brilliant that we can have this on the wards. It makes you feel pampered and that the staff really care about you.' (Julia, aged 43)

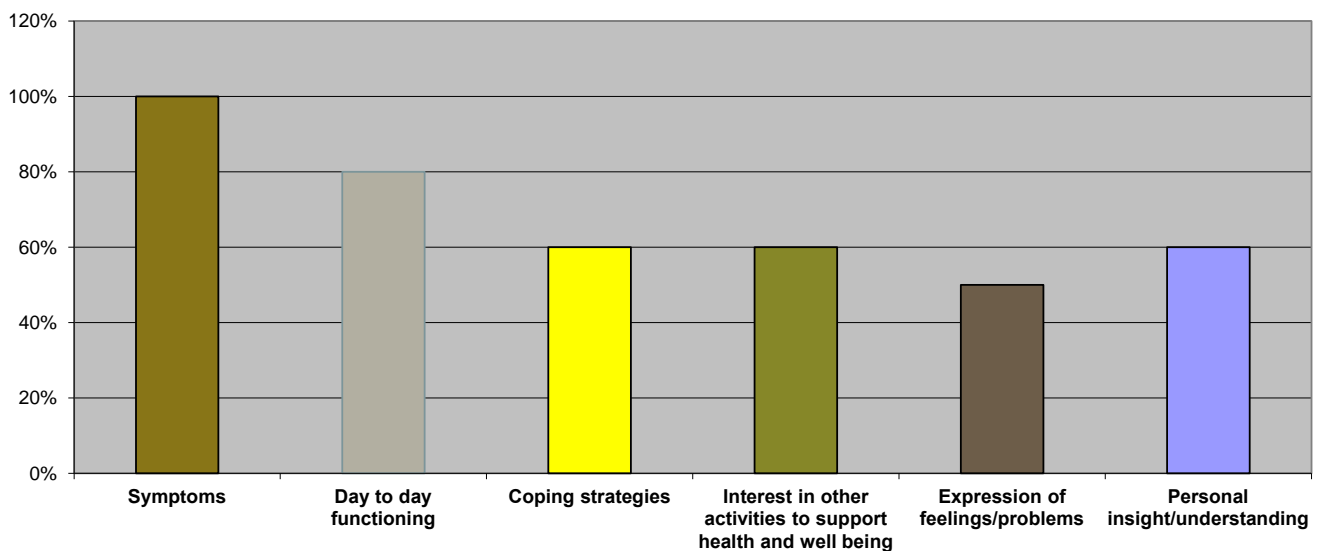
The two charts below show the effects of treatment reported by patients during the study in the neuropsychiatry department.

Neuropsychiatry – Average impact before and after a complementary therapy session



0	1	2	3	4
Not at all	A little bit	Some what	Quite a bit	Very much

Neuropsychiatry – Did you improve/benefit from any of the following during or after treatment?



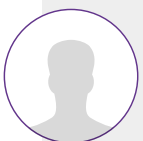
Helping children

- 5.8. Practitioners on the Association of Child Psychotherapists' Accredited Register undergo a four year NHS child and adolescent mental health services based training and have to complete at least a two year observation training which involves observing a baby for an hour a week in his or her family setting, up until they are 2 years old. They also observe a young child for a year. This foundational six year training forms the basis for specific expertise in the area of child development, parent child attachments and understanding normal and disturbed behaviours.
- 5.9. They provide specialist care in NHS child mental health services, where they are equipped to work with some of the most complex and troubling cases coming through child and adolescent mental health services. Their areas of expertise include, eating disorders, self-harm, trauma, depression, short term psychoanalytic psychotherapy, parent/infant psychotherapy, groups, work with 'looked after children' and adoption, parent and couples work.
- 5.10. The practitioners report that one of the main comments put forward by young people receiving child psychotherapy is that for therapy to be helpful it can take time. It does not always feel helpful to only be given strategies and solutions.



Ben, 15 years old ¹⁷

Talking and telling my story takes time.



Naomi, 16 years old

I just needed someone to be with who would hear me, not rush to try and fix me and well...send me on my way - I didn't know what was wrong, I just couldn't face being with people anymore.

- 5.11. Play Therapy UK was the first of two specialist play therapy registers to be accredited. They can receive referrals from parents, schools or children's mental health services. Play is now widely recognised as being beneficial in the emotional development of children. It is used to help children with a range of emotional and psychological problems and to improve their ability to learn at school.



Owen

Owen was a seven year old who had suffered a very traumatic hospitalisation which had left him unable to manage mainstream schooling without continuous one-to-one adult support. He was physically weak and very clumsy, finding it difficult to know where his physical body began and ended. He lived very much in the moment, seemingly unable to plan how to complete all but the simplest of tasks and was at the mercy of sudden mood swings. He was completely unable to understand other people's perspectives and as a result had difficult relationships with both his teacher and his peers.

Play therapy allows children the freedom to play how they want to in an environment where the therapist will keep them safe, physically and emotionally. A lot of Owen's play was physical; building towers with large foam blocks and throwing cushions. This enabled him to begin to reconnect with and to trust his body, resulting in a better awareness of what his body was doing. This also led to him becoming more able to manage his physical environment. He became able to play in the sand without accidentally sweeping it all over the floor.



Billy

Seven year old Billy showed signs of chronic hyper arousal. He could not focus on his school work due to continual anxiety and would very quickly become angry and upset, sometimes hitting out at other children and his teachers. He was only ever calm when allowed to sit in the book corner by himself looking at books, during which time he detached himself from his surroundings. When he was directed to move to another activity he was slow to respond having lost touch with the reality of the moment.

During the course of therapy, Billy frequently exhibited high levels of aggression in the play room, probably in response to the abuse he had suffered in his earlier life. Over time he began to introduce nurture into his play. This was a sign that not only was he developing new neuronal connections, but also that his brain chemistry was altering.



Charlie

Charlie was a nine year old whose early years were blighted by domestic abuse, poverty and the poor mental health of his parents. His father committed suicide when he was four which aggravated his mother's agoraphobia. Charlie did not seem to know how to play. He had to be coaxed to engage with the play therapy tool-kit, and it was many months before he was able to feel sufficiently relaxed for the natural tendency that all children have to play, to kick in.

The safe space and permissive atmosphere of the playroom allowed him to try out new ideas and get in touch with his imagination. He became more motivated to engage with new experiences, more purposeful and developed a more positive outlook. These skills extended to his life outside of the playroom and he became much more engaged and made good progress with his schoolwork.

Valentino et al (2011) found that children who displayed pretend play behaviours had significantly higher cognitive scores than those who did not. It seems that play provides the opportunity to view life from a multitude of perspectives, providing the child with both a wider repertoire of responses to stressors and a broader view of the opportunities that life can offer, providing them with a belief in a bright future. The increase in Charlie's openness to experience positivism, and his developing sense of humour, resulted in his becoming more popular with his peers and his teachers, a factor which will further protect him from succumbing to future stress.

Relieving pain

- 5.12. The National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network have both approved guidelines for the use of acupuncture in relieving pain.
- 5.13. Treatment for musculoskeletal problems is seen by GPs and other health professionals to be one of the main 'effectiveness gaps' within the NHS. Low back pain places a heavy burden on primary care services and resources and a high cost to industry as a result of absenteeism. About one third of the UK population is affected and one in 15 consults their GP about it.
- 5.14. The Kensington and Chelsea Back Pain Service was a pilot service for patients with persistent low back pain trialled between October 2010 and December 2011. Patients were referred to the pilot by GPs, physiotherapists, and osteopaths. A team of researchers independent of the service collected patient outcomes in order to examine changes in patients using the service. Patients were offered acupuncture and self-management training. Acupuncture was provided by practitioners registered with the British Acupuncture Council.
- 5.15. Most patients had pain in more than two parts of their body. On average they had suffered back pain for more than 18 months, and 69% also experienced depression and anxiety.
- 5.16. Questionnaires were used to gather predominantly quantitative data from patients at three time points: immediately before treatment, after treatment and three months later. Comparisons revealed statistically significant improvements in musculoskeletal pain and quality of life, which were maintained at the three-month follow up.
- 5.17. Patients who combined acupuncture and self-management experienced better outcomes and those who continued to use what they had learnt experienced greater improvement than those who did not.¹⁸

Supporting people with cancer

- 5.18. Complementary therapies are widely used in cancer care and many people say they derive benefit from them alongside conventional treatments.
- 5.19. 'Full Circle' is a supportive complementary therapy service based at St George's Hospital, London. Its aim is to enhance the quality of life of children, babies and adults with life limiting illnesses and

provide a professional basis for therapies to be delivered and evaluated in a clinical environment. The team works across Oncology, Paediatric Medicine, Neurology Intensive Care and Rehabilitation and in the Haematology & Bone Marrow Transplant Unit. It won the St George's NHS Trust Exceptional Award in 2005. All therapists must be registered with the Complementary and Natural Healthcare Council.

'I had already had 2 cycles of chemo previously and expected to go home with flu like symptoms and very sore kidneys. Following reflexology I had no symptoms at all for more than 48 hours, and even then I would consider that the symptoms were milder. I felt more lively and energetic throughout the cycle and this whole experience was more or less repeated after the second session of reflexology too.' (Margaret has breast cancer).

'My husband has constant coldness in his legs and has 2 hot water bottles against his legs all night, since regular reflexology the coldness is almost gone. If he has regular reflexology the effect is continuous. This has changed my husband's life.' (Elsa, carer for Tobias, who has bowel cancer and is under palliative care).

'Stem Cell Transplantation is a complex procedure which patients undergo and requires a multi-disciplinary team working closely together. The St George's transplant programme benefits greatly from the work done by the Full Circle Team who provide a much needed service integral to the wellbeing and health of my patients. I receive extremely positive feedback from my patients regarding the role that Full Circle plays in their recovery process. I am certain that the excellence of our transplant programme is in part due to [their] wonderful work.' (Consultant, Haematologist/Senior Lecturer).

'The beneficial effects of massage therapy, reflexology and breathing techniques have been demonstrated in adult patients with sickle cell disease, who have reported improved wellbeing and have experienced fewer and shorter hospitalisations. We are looking forward to working with Full Circle Fund's Therapy Team and empowering more young patients and their carers with strategies to allow them to cope with this chronic disease.' (Consultant, Paediatric Haematologist/ Oncologist)

- 5.20. The Haven is a charity that specialises in providing complementary therapies, offering relief to breast cancer patients and their families. It works alongside the NHS and each patient's medical consultant to ensure that all therapies provided work in parallel to ease the burden of the inevitable side-effects caused by breast cancer and its medical treatment. The charity has a clinical and scientific advisory board made up of 20 consultant breast cancer surgeons, oncologists, and other specialists to advise them on their clinical and research agenda.

- 5.21. Each Haven centre is led by a specialist cancer nurse who manages a team of professional, complementary therapists. They are highly trained and experienced in treating people with breast cancer, so they know how to use their therapy safely alongside each patient's medical treatment. All practitioners are registered with the Complementary and Natural Healthcare Council where relevant.
- 5.22. The following examples highlight the experiences of a number of visitors to the Haven's centres who received support from practitioners on the Complementary and Natural Healthcare Council's Accredited Register.



Sally Ann

Sally-Ann first came to the Haven in 2011 and then returned in late 2013 when her cancer returned. She has a range of therapies which have helped with the many symptoms of her medical treatment for breast cancer. Sally-Ann's Shiatsu therapist and nutritional therapist are registered with the Complementary and Natural Healthcare Council.

'When it was confirmed I had breast cancer I felt deeply shocked and unprepared for the surgery which followed. The chemotherapy was horrible and took its toll on my health – I contracted phlebitis, carpal tunnel syndrome, felt weak with back pain and found my breathing was affected. During this period my mother had a mini stroke and was hospitalised and so I was receiving very little support. I was tearful and isolated and uncertain about the future. I kept asking the question why me?'

'My consultant gave me the number of The Haven and told me to get in touch and I am so glad I did. They were there for me when I was going through a very difficult time and helped me to cope with the fear and anxiety I was experiencing. They put together a programme of therapies. Amongst these the Shiatsu really helped with my back pain. I was very swollen and had put on a lot of weight due to the steroids I was taking during chemotherapy, so the nutritional therapist helped with my diet'.



Karen

Karen started coming to The Haven in March 2014. She has received massage and has seen a nutritional therapist at the Haven – both of whom are registered with the Complementary and Natural Healthcare Council.

'The nutritional therapist gave me good advice about keeping my energy levels and immune system up and my cholesterol down. Deep tissue massage really helped my scars and the therapist gave me some helpful advice about how to look after the scars and how to minimise them, which I hadn't received from anywhere else. I have been taught how to deal with my illness and how to look after myself and I feel like I have begun my healing journey both mentally and physically'.

Restoring mobility

- 5.23. Sports Rehabilitators on the British Association of Sports Rehabilitators and Trainers' register work with a wide range of people including veterans and serving members of the armed forces, athletes, and with people wishing to maintain their fitness or recover from injury.



Clare

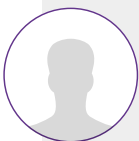
'If I could describe my Sport Rehabilitators in one word it would be LEGENDS! I'm 25 years old and have spent the last 10 years in a reclined electric wheelchair due to a neuro-muscular disease.

... the medical specialists had given up on my chances of ever being able to walk again ... From the first time I met my Sport Rehabilitators, their enthusiasm and positive attitude towards my training and ability to improve, gave me the first glimmer of hope I'd had in a long time. Hope that there was more to my life than being confined to a wheelchair. That was two and a half months ago and during that time I have made enormous gains in my physical condition.

Through their tireless efforts I can now sit up and lift my head, I also have great strength in my arms and legs along with the development of core strength. I am at a point, in only two and a half months, that not long ago I would never have thought possible and this is purely down to the dedication, support and encouragement of my Sport Rehabilitators.

The treatment they provided was a result of their expertise in conjunction with research they undertook on my specific disease, creating a specialized regime suited just for me. With their help, I hope to walk once again and regain back my independence and my life. Words can't express how thankful I am to have found them, and to me they are my hero's'.

Since she wrote this, Clare has taken her first steps unaided.



Peter

'I heard of Sport Rehabilitation through a relative of mine, and as I have had so many problems with my back, I thought I would try them. It was the best decision I have made and wish I knew about them a couple of years ago! I am in my 70s and used to play golf. I had a prolapsed disk and was in constant agony.

I had an operation and [I was told] I had to give up golf and would have pain for the rest of my life. I saw the Sport Rehabilitator and he said he would get me fixed and back on the green.

I have never been so pleased with the results. I now have no pain in my back at all and I play golf three times a week. My back is stronger, without pain and has fantastic movement. My swing is the best it's ever been. I entered an annual golfing tournament and came first and won my first trophy and it is all thanks to Sport Rehabilitation.

My life has changed and my passion for golf has come back which is a far cry from when I was told last year I wouldn't be able to play again'.



Jake

Jake, an Artillery Officer, fractured his ankle whilst on military service in Afghanistan. He was transferred to the Queen Elizabeth Hospital in Birmingham for surgery to fix the fracture. Six months later he was still suffering stiffness in his ankle and was unable to carry out his role.

The severity of the original injury and the deficiency in ankle strength and range of movement meant that he was unlikely to return to his unit until these were addressed.

Sports Rehabilitators registered with the British Association for Sports Rehabilitators and Trainers, worked with Jake daily for three weeks to strengthen his muscles, increase his flexibility and improve his ability to carry out impact activities. He had an unrealistic expectation of when he was going to return to his full duties and this had been affecting his management of his ankle injury. The Sports Rehabilitators' helped him to develop a better understanding of the anatomy of his leg and pain management.

At the end of three weeks Jake was fit enough to be discharged from the inpatient program and returned to his unit, where his rehabilitation continued under the supervision of a Physiotherapist.

5.24. Foot health practitioners also help to maintain people's mobility and enable them to live independently. The practitioners are trained to provide similar care to that of chiropodists, with the exception of complex surgical procedures and to recognise cases that need to be referred to specialist services.

5.25. Much of the work is routine and often needs to be repeated at determined intervals. In the majority of the cases seen and attended by the practitioner there is little or no morbidity of the leg and foot. In many cases, routine maintenance is needed for conditions such as diabetes mellitus, arthritic hands, eye troubles, ankylosis of the spine, obesity, and pregnancy.

5.26. Many patients simply have difficulty reaching their feet to look after them - others appreciate the help of a practitioner who they can trust to trim and maintain their nails properly. Many of the conditions encountered are directly attributable to the ageing process. Hip and knee pathologies contribute considerably to the need.

5.27. As a trained observer, the foot health practitioner contributes to the health of the population by screening and alerting other practitioners to symptoms of diabetes mellitus, potential ulceration, malignancies, and other conditions.

Communities are benefitting from the ready availability of foot health practitioners, particularly with the closure of many Podiatry Departments and access criteria to those remaining that exclude even diabetics unless they have complications.

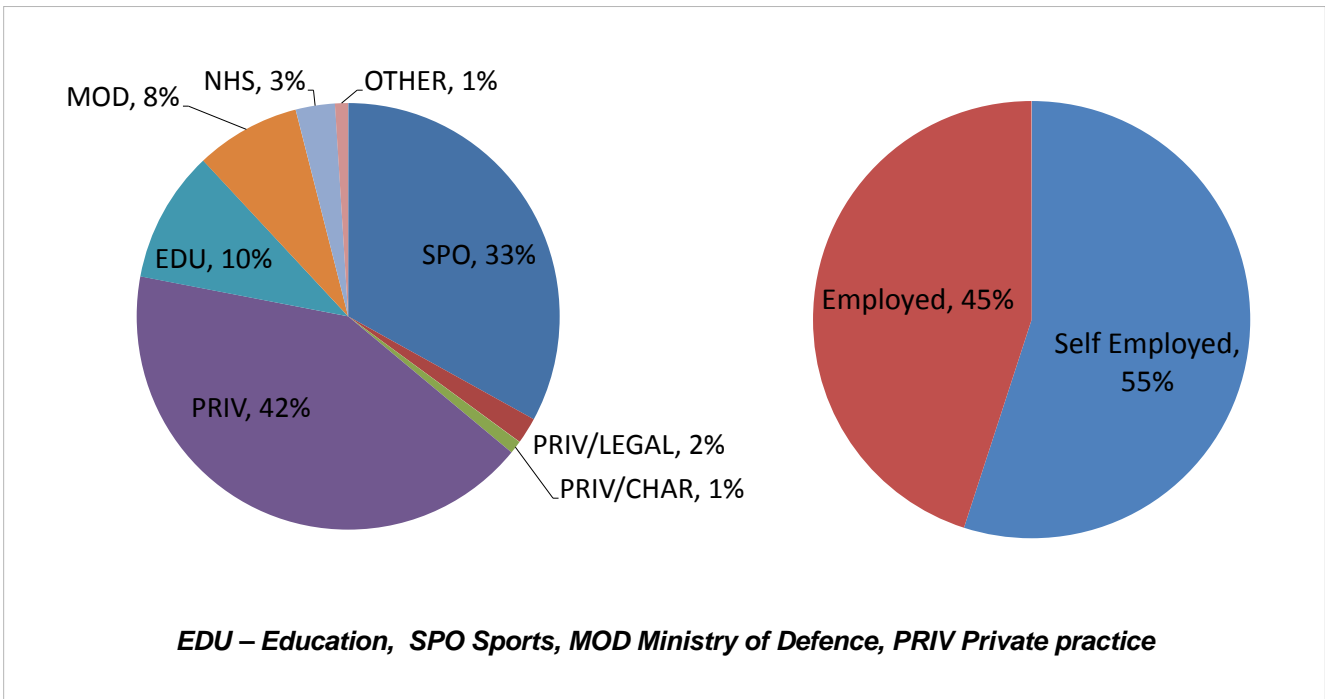
*Janet Taylor, Chiropodist, Registrar,
Foot Health Practitioner Register*



6. Practitioners' work places

- 6.1. Some Accredited Register's practitioners work mostly in the NHS, for example the Academy for Healthcare Science. Play Therapy UK's registrants work predominantly in schools. United Kingdom Public Health register's registrants work in the NHS and for local government. In the main, the majority of practitioners on Accredited Registers work in non-NHS settings, whilst nonetheless supporting NHS healthcare, social care and education. We broadly estimate the contribution they make to the economy by working as self-employed practitioners or running clinics to be in the region of £2 billion a year.¹⁹
- 6.2. The British Association of Sports Rehabilitators and Trainers is an interesting example. As of 8 January 2015, 32% of members have provided details of current working destinations. The data displays 322 working destinations within the market sector, employment status, and details of sporting destinations.

British Association of Sports Rehabilitators and Trainers - Where practitioners work

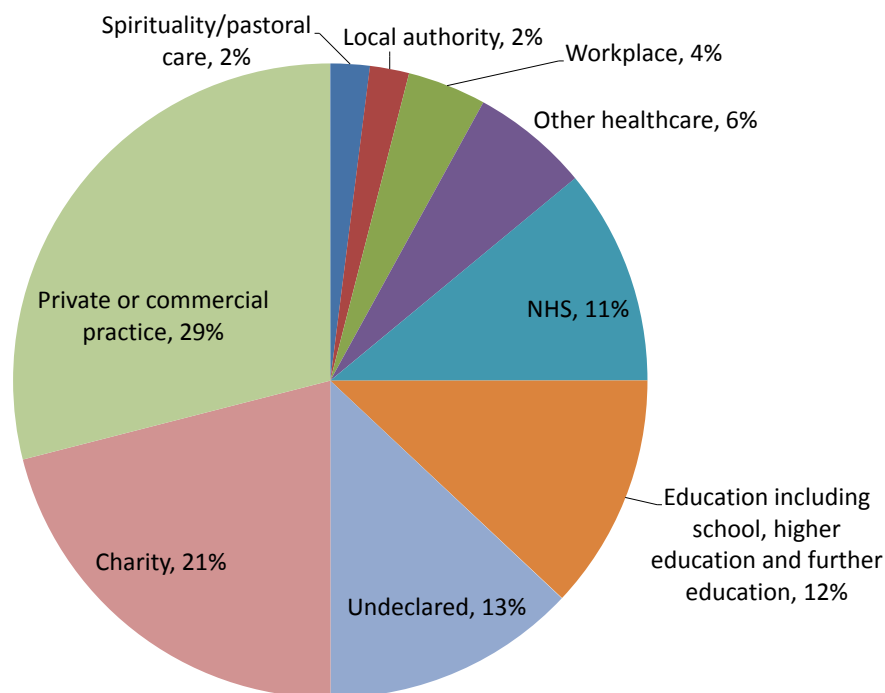


- 6.3. Research suggests that the majority of counsellors do at least some paid work, for example in the NHS, education, youth services and charities. Significant numbers of doctors, nurses and other health professionals and people from other professions such as social work and teaching have trained as

counsellors. Approximately 46% of counsellors work in private practice.

- 6.4. The British Association for Counselling and Psychotherapy's registrants work across a broad range of sectors. The breakdown below only records their primary role but about 48% work in two or more roles.

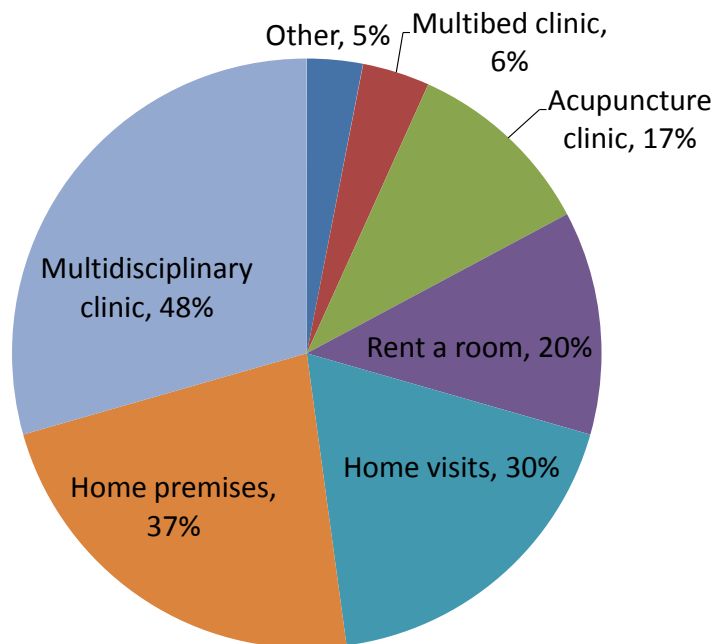
British Association for Counselling and Psychotherapy - Where practitioners work



- 6.5. The picture is similar for the National Counselling Society and National Hypnotherapy Society. Hypnotherapists typically work in private practice. Counsellors are likely to do a mixture of part-time employed, voluntary and private work.
- 6.6. In 2014, one fifth (2026) of the registrants from the United Kingdom Council for Psychotherapy and the British Psychoanalytic Council participated in a study. They found that 62% of the participants worked only or mainly in private practice, 25% worked in the NHS and 13% in third sector contexts.
- 6.7. The NHS contexts in which the British Psychoanalytic Council and United Kingdom Council for Psychotherapy therapists worked were very diverse: 23% worked in Specialist Psychological Services, for example Eating Disorder Services, Mother and Infant Services, NHS forensic and prison work; 20% worked in Community Mental Health Services; 19% worked in children and adolescent mental health services; 12% worked in hospitals, including psychiatric units; 10% saw clients

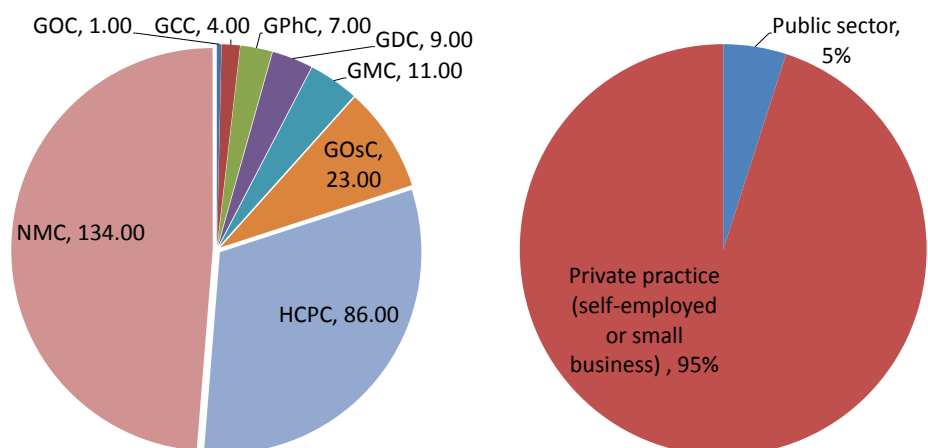
- in a GP surgery or other primary health services; 7% worked in IAPT and a further 7% delivered NHS related services indirectly, for example through voluntary sector, private practitioner volunteers or private companies; this also includes services through the Any Qualified Provider programme; 2% worked in other NHS settings.
- 6.8. The Association of Child Psychotherapists have over 900 registrants working in health clinics in Scotland, Wales and Ireland, as well as NHS child and adolescent mental health services in England. Practitioners also work in schools, colleges, other community settings or in private practice.
 - 6.9. Many of their practitioners are employed as specialists and supervise lower banded posts, providing consultation and support to colleagues in a variety of tier 2, 3 and 4 settings. As child and adolescent psychotherapy training is NHS based, they have a good clinical understanding of child and adolescent mental health service and social services teams, the level of provision and gaps, as well as expertise in establishing specialist services. A number of their registrants have completed the Improving Access to Psychological Therapy training and all trainees are encouraged to actively participate in child and adolescent mental health duty rotas and initial choice assessments.
 - 6.10. About five percent of the 3100 acupuncturists on the British Acupuncture Council's register, work within the NHS and 95% work directly with fee paying clients. On average they see 16 clients per week and are likely to work in one or more premise types. All premises are inspected by environmental health officers; registrants are trained in infection control and use single use needles.

British Acupuncture Council - Where practitioners work



6.11. The Complementary and Natural Healthcare Council estimates that approximately 95% of its registrants work in private practice, either as self-employed practitioners or small businesses. Several of its registrants are also health professionals registered with a statutory regulator.

Complementary and Natural Healthcare Council – numbers of registrants also on a statutory register



7. Improving Accredited Registers

- 7.1. Every organisation that has applied for accreditation of its register has made significant improvements. These have been made both before, during and after assessment. The table below summarises the changes made by Accredited Registers in order to meet or improve the way that they meet our standards:
- **Learning points** – actions that would improve the operation of the register (implementation is checked during the annual review of accreditation)
 - **Instructions** – actions that would improve practice but do not affect compliance with our standards or the Accreditation (the panel seeks appropriate evidence of this within a given timeframe)
 - **Conditions** – changes that must be made in order to gain accreditation.

Standard	What the standard covers along with the Improvements for registers
Risk	<p>Understanding, managing and monitoring risks</p> <p>Requirement to identify, quantify and mitigate risks the occupation poses to the public. Some registers had a corporate risk register but not a register for risks posed by the occupation and its practice to the public</p> <p>Completion of a risk matrix to identify and mitigate high and low risks in three areas: personal behaviour, technical competence and business practice (where relevant)</p> <p>Adopt and maintain the matrix above as a single tool to record and manage risks. This was a learning point issued to most registers</p> <p>Revised matrix must be submitted as part of annual review of accreditation so register reviews risks and its controls annually</p> <p>Must consider relevant risks posed to vulnerable groups (e.g. children)</p> <p>Must consider mitigating controls for specific risks relevant to the occupation (e.g. recovered memories or gay conversion)</p>
Governance	<p>Management of conflict of interest (firewall between registration functions and professional representation)</p> <p>Separation of register functions from professional association</p> <p>Created role of Registrar, clarifying difference between Registrar and Membership Secretary</p> <p>Implemented separate Board or Committee to oversee registration functions</p> <p>Developed a conflict of interest policy</p> <p>Patient and public engagement</p> <p>Developed a strategy and plan to engage with patients, service users and the public</p> <p>Implemented strategy/plan and reported progress to Authority</p>

	<p>Created patient/service users consultation groups/forums</p> <p>Developed and promoted feedback tools on website to seek and use the views of service users and the public to inform decisions about register functions</p> <p>Carried out surveys on what information service users want to see on the online register and on service provided by its registrants</p> <p>Improved (in some cases redesigned) websites to improve communication with the public and help service users to make informed decisions</p>
	<p>Lay involvement</p> <p>Recruited lay people to Board of Directors and other committees</p> <p>Recruited lay people to sit on professional conduct panels</p>
	<p>Openness and Transparency</p> <p>Publication of standards for public access</p> <p>Publication of Board meeting dates, minutes and papers</p> <p>Publication of names of Board members</p> <p>Board meetings and professional conduct hearings open to the public</p>
<p>Setting Standards for Registrants</p>	<p>Indemnity cover</p> <p>Included requirement for all registrants to have appropriate arrangements for indemnity cover</p> <p>Improved registration process to verify above, e.g. adding question to registration form and/or requesting proof of cover</p> <p>Implemented random annual audits of sample of registrants to ensure compliance</p>
	<p>Business practice</p> <p>Developed additional guidance for registrants on business practice (e.g. selling of products, contracting, independent practice)</p>
	<p>Review of standards</p> <p>Developed a policy with clear timescales to review standards</p> <p>Added 'review date' to relevant standards documents</p>
<p>Education and Training</p>	<p>Assurance that registrants meet register's educational standards</p> <p>Developed and expanded a quality assurance project to ensure third party organisations were assessing education and training appropriately</p> <p>Developed an online supervised test of competence for members who did not attend an accredited course</p> <p>Developed a test of competence (practice and theory) for individuals who did not attend an accepted course</p>
	<p>Approval or acceptance of education and training courses</p> <p>Developed an accreditation of training courses programme</p> <p>Improved exchange of information between accrediting body and register to ensure effective review of standards when necessary</p> <p>Established an oversight committee to manage potential conflict of interest where the register provides training itself</p>

	Required external examiner as condition for approval/accreditation of courses
Management of the Register	<p>Accuracy, accessibility and information on the register to support users to make informed decisions</p> <p>Redesigned the online register to include relevant information</p> <p>Registers instructed to publish sanctions following a professional conduct hearing on the online register and relevant directories. Some registers only published sanctions on their quarterly magazine. Others did not publish at all.</p> <p>Improved operational efficiency by holding all relevant information for registration (e.g. conduct and fitness) in a single database</p> <p>Developed new website or redesigned current website taking into account accessibility requirements (e.g. font size, colour scheme, readable documents)</p> <p>Limited right of registrant to opt out of appearing on the online register to exceptional circumstances</p>
	<p>Recognition of decisions regarding professional conduct</p> <p>Developed and implemented a process to notify other regulators and accredited registers about its conduct decisions</p> <p>Set up electronic receipt of notifications from other relevant regulators about their decision following a conduct hearing</p> <p>Included a self-declaration question in the registration form and annual re-registration on whether or not applicant had been removed from another statutory or accredited register in the past</p> <p>Authority facilitated discussions during its seminar in October 2014</p>
Complaints Handling	<p>Focus on protecting services users and the public</p> <p>Made information about how to complain against registrants and the register easily accessible (e.g. some registers had the information hidden in long documents or no information at all in the public domain)</p> <p>Created a 'raising a concern' tab on their websites to make easier for the public to make a complaint</p> <p>Made clear the support offered to complainants and witnesses. All registers offer support to complainants who cannot put a complaint in writing</p>
	<p>Fairness, transparency and consistency</p> <p>Removed perceived and real conflicts of interest e.g. Board Members' involvement in professional conduct panels.</p> <p>Recruited lay people to panels that were formed by registrants only</p> <p>Some registers had to develop a complaints process to hear complaints against themselves</p> <p>Established an Ethics Committee to hear complaints against the organisation or in other cases to scrutinise registration functions</p> <p>Re-designed the whole complaints procedure to comply with the standards</p> <p>Implemented three stage process (investigation, adjudication and appeals) with different people involved in each stage</p> <p>Developed an appeals procedure for decisions regarding removal or acceptance to the register. Most registers did not have a mechanism to review its decisions</p> <p>Developed indicative sanctions guidelines to ensure consistency of decision making and restoration policy to ensure fairness</p>

8. Benefiting the public

Given the value we place on quality assurance of providers, Bupa supports the work of the Professional Standards Authority to accredit registers of health and social care practitioners.

Bupa

Supporting safer choices

- 8.1. The public benefit from the Accredited Registers programme because they are now able to receive care from practitioners on registers that have been independently vetted and approved by us. With 17 registers accredited and 63,000 practitioners covered so far, there is now a sizable assured workforce to choose from.
- 8.2. Accredited Registers have grown in size as a result of accreditation, expanding the workforce of health and care practitioners committed to meeting high standards to which they are held publicly accountable.²¹ One Accredited Register alone increased from 3,000 to 7,000 registrants following accreditation.
- 8.3. This means that the public, employers and commissioners can now make safer choices when choosing health and care practitioners - whether they are choosing a counsellor to manage anxiety, a play therapist to improve a child's emotional or mental health or wellbeing, an acupuncturist to treat low back pain, or a complementary therapist helping to relieve patients' symptoms in a hospice.
- 8.4. Information on these public registers includes details of any disciplinary action taken, to make sure that service users are aware if there are any concerns in relation to registrants. They are all encouraged to provide clear, accessible information on their websites and to assist anyone needing information.

Good customer service

- 8.5. Accredited Registers offer good customer service. The British Association for Counselling and Psychotherapy offers good customer service through its website www.itsgoodtotalk.org.uk, which seeks to help the public gain a broader understanding of counselling and psychotherapy and help them make choices. Their 'Ask Kathleen' facility enables clients to discuss questions about their own therapy.

COSCA (Counselling & Psychotherapy in Scotland) short film, 'Person to Person – COSCA's Guide to Counselling', gives people considering counselling a helpful vision of what to expect in a counselling session and also lets them hear other peoples reflections on how counselling impacted on and helped them. <http://vimeo.com/14033892>

Accredited Registers regularly assess risks and take action to manage them.

Professional Standards Authority

Knowing that you were accredited by the Professional Standards Authority gave me the confidence to complain.

A service user

Managing risks

- 8.6. The Accredited Registers programme is agile and can be adapted to meet the needs of the health and social care policy agenda and respond swiftly to emerging safety concerns. For example, when concerns were raised about the quality of breast implants, we quickly introduced a standard relating to products (Standard 8c).

Handling complaints

- 8.7. A member of the public wrote to one of the Accredited Registers soon after they were accredited and said, 'Knowing that you were accredited by the Professional Standards Authority gave me the confidence to complain'.
- 8.8. Whilst we do not intervene in individual complaints, we do maintain oversight, and the Accredited Registers have proved quick to respond to any gaps in their complaints handling to strengthen the protection they offer.
- 8.9. We have held two complaints workshops for Accredited Registers to encourage sharing of good practice. Participants worked through complaints based on cases heard by the statutory regulators we oversee or anonymised complaints received by Accredited Registers.
- 8.10. Accredited Registers have shown themselves willing to listen to patients and to learn. In one case, a patient complained that a registrant had managed to resign before she was able to make her complaint about a boundary violation. The register has changed its procedures to remove that loophole and, with the complainant's permission, we used the complaint as a case study at our complaints workshop.
- 8.11. The United Kingdom Council for Psychotherapy has identified two areas where it intends to develop good practice and reduce complaints. They are currently looking at standards and guidelines around supervision. They identified that some therapists see this in a similar way to a therapist/client relationship whilst others view it as a much more informal relationship between colleagues which can cause misunderstandings and problems.

Providing a safety net for the public

- 8.12. We require Accredited Registers to share information with other Accredited Registers when they strike someone off their register, and to recognise each

other's decisions.

- 8.13. This means that whilst registers do not have the power to bar someone from continuing to work, they can provide a network of assurance, so that the public can avoid poor practice by only choosing people on Accredited Registers.
- 8.14. We held a seminar for Accredited Registers where staff from the Information Commissioner's Office came to advise them and to help them work through the implications of sharing data.
- 8.15. We provide a registered Quality Mark, which Accredited Registers and their registrants are permitted to use. This makes it easy for the public to distinguish the registers when choosing a practitioner. All registers can be accessed through our website using our [Find a Register](#) search tool.

COSCA took note of the Savile child abuse scandal and the associated police investigation (Yewtree Operation). They organised an ethical seminar for their registrants to help them to be more aware of how to work with disclosures of historical abuse by victims and also by perpetrators.

To increase awareness of the wellbeing of children and young people, COSCA also published an update on the Scottish Government's overarching policy approach on children and young people, Getting it Right for Every Child in Scotland (GIRFEC). This update, 'Your Voluntary Sector Organisation and GIRFEC' is targeted specifically at registrants working in voluntary sector counselling organisations.

Leading and working in partnership to protect the public

- 8.16. United Kingdom Council for Psychotherapy led an initiative to develop a memorandum of understanding between 14 organisations about gay conversion therapy.²² The Department of Health, General Medical Council and the Authority issued supporting statements. The Authority clarified that it would conflict with our responsibilities under the *Equalities Act (2010)* and will not accredit any register that supports conversion therapy.

Building knowledge to support practice

- 8.17. Accredited Registers are at varying stages in encouraging research and development to improve knowledge and evidence to support practice.



We hold seminars to promote best practice.

Professional Standards Authority

- 8.18. The British Association for Counselling and Psychotherapy has an active research programme. They hold an annual research conference which is attended by international researchers and they publish a research journal. Many of their registrants are engaged in research.
- 8.19. The Association of Child Psychotherapists have recently commissioned a research project with looked after children. They are building an evidence base as trainees in NHS placements complete their research doctorates on a range of topics, such as the impact of the Improving Access to Psychological Therapies programme, work with Special Educational Needs Coordinators and school support staff.
- 8.20. Play Therapy UK has been carrying out research into the effectiveness of its play therapy methods for ten years. Their practitioners gather data which is analysed by Play Therapy UK comparing the referrer's assessment of outcome, with that of the child's parent and the practitioner. Their analysis is based on 8,026 cases.
- 8.21. They report that between 74%-83% of children show a positive change. Younger children generally benefit the most. The cost of using play therapy is estimated at £693 per child based on an average of 15.4 sessions.
- 8.22. The Goodman Strengths and Difficulties psychometric measure is widely used to show the changes following therapy. This instrument was used in 1999 and 2004 to measure the mental health of UK children in national surveys. It was used to measure the effect of play therapy on the three children in our case studies for Owen, Billy and Charlie. The three boys were all referred for play therapy by their teacher. The teachers' scores after their therapy sessions showed a decrease in hyperactivity and marked improvement in the children's emotional development, conduct and peer relations.

9. Future potential

More people than ever are living longer, with more complex conditions, and while increased life expectancy is very welcome, it means the way we deliver care has to change.

***Paul Gray, Chief Executive
NHS Scotland***

- 9.1. Accredited Registers' practitioners help to create a healthier, fitter, happier population. They can help more people to be able to work, and to work better and for longer. They enable people to enjoy their leisure and pursue their interests, make the most of their relationships and their families and experience a better ending to their lives. They can also help more people to

get the full benefit of public money spent on health and local government services. The Accredited Registers workforce helps to improve our lives by:

- Diagnosing our problem
 - Increasing our mobility and fitness and improving our diet
 - Restoring psychological health and instilling a sense of wellbeing
 - Enabling our independence and raising our quality of life
 - Removing pain and easing our death.
- 9.2. It does this already, but we think this workforce has the capacity to do far more. All of these occupations have existed for years. Many of the organisations holding the registers have a long history. The difference now is that they meet common standards, our standards.
- 9.3. They have learnt to work together, as a multi-disciplinary group in a way they have not done before and they stimulate each other to achieve more. Together, they offer a sizable assured workforce with the ability to adapt quickly to changing healthcare needs.

Flexible and able to adapt

- 9.4. In the last two years, new organisations have been formed and registers set up. One, the Academy for Healthcare Science, set up with funding from the Department of Health, has already been accredited.²³ A second, a register for Healthcare and Assistive Technologists established by the British Healthcare Trades Association, is preparing its application.²⁴ The Scottish Government also provides funds to support COSCA.
- 9.5. This model can easily accommodate new registers being created and new occupations being added to existing registers, within a common framework. The Accredited Registers can change their rules quickly if they identify a risk that requires some change.
- 9.6. Accredited Registers could assist with other government initiatives, such as healthcare genomics and informatics. Discussions have already been held with organisations about establishing registers for care support workers, advanced nurse practitioners, cosmetic practitioners, traditional Chinese medicine and herbal medicine.

Supporting delivery and transformation of care

- 9.7. Accredited Registers are well placed to support the transformation of our health and care services in future and we think they can help to bridge the health and resource gap.²⁵ They may also play a role in helping commissioners and providers discharge their legal responsibilities to address and alleviate the social determinants of health. Practitioners on Accredited Registers can also help rise to the challenge set out by Sir Michael Marmot in *Working for Health Equity: the role of health professionals*.²⁶
- 9.8. Practitioners on Accredited Registers already deliver, support and supplement NHS and care services. They do so either because they are employed to do so like healthcare scientists, contracted to provide services as counsellors are through the Improving Access to Psychological Therapies programme, or by providing care direct to fee paying clients.
- 9.9. All Accredited Registers report that their registrants have capacity to assist more patients and clients than they do currently. Foot health practitioners, for example, report that whilst the public have been slow to recognise the Accredited Registers programme and its value, service users and their families who use them feel confident that their practitioner is recognised as a professional who is working ethically, and to good standards. Registrants consider that the public sector continues not to recognise the real value of the qualified foot health practitioner, despite pressure on podiatric and chiropody services.
- 9.10. Connect this workforce to the NHS, social services, schools, care homes, domiciliary agencies, cancer centres, hospices and let them help. Connect them via GPs, who see 90% of patients, through over 88,000 social workers, and through schools, who see every child and they can start to make a difference.

Connect this workforce to GPs, social workers and teachers and let them help.

Professional Standards Authority

In Northern Ireland, the Department of Health, Social Services and Public Safety set up a pilot project which provided patients with access to a range of complementary therapies through their GP practice. Overall 713 patients were referred to the project by their GP.

Patients presenting to their health centre with musculoskeletal and mental health conditions, were referred for a range of complementary therapies including acupuncture, chiropractic, osteopathy, homeopathy, reflexology, aromatherapy and massage.

The project was implemented by Get Well UK, a complementary therapy service run by a practitioner on the British Acupuncture Council's register, in two primary care centres in

Northern Ireland. The evaluation, conducted independently by Social & Market Research, found a significant level of health gain for the vast majority of patients. Additionally:

- 24% of patients who used other health services prior to treatment (e.g. other primary care services, secondary care services and Accident and Emergency), said they now use these services less often
- 64% of patients in employment said that following treatment they now take less time off work
- Among patients not in employment, 16% said that having the complementary therapy treatments had encouraged them to think about going back into employment
- 65% of GPs reported an improvement in health outcome and said they saw the patient less often
- Half of GPs reported prescribing less medication and half said it had reduced their workload
- 99% of GPs said they would refer to the service again and 98% said they would recommend it to other GPs.

Delivering key health objectives

- 9.11. Improving mental health is a priority for all governments in the UK.²⁷ The Scottish Government has identified mental illness as one of Scotland's major public health challenges, with one in three people estimated to be affected.
- 9.12. The NHS in England is to invest a further £120million over the next two years in improving mental health services. Governments in Scotland, Northern Ireland and Wales have similarly pledged additional investment.
- 9.13. Poor mental health is the largest cause of disability in the UK.²⁸ It is also closely connected to other problems like poor physical health, relationships, education and work opportunities. It costs the country around £100 billion each year through lost working days. Mental ill-health can also be triggered by conditions such as stroke, heart disease, cancer, and diabetes. There are over 34,000 counsellors and psychotherapists on the Accredited Registers who can help to resolve this problem.
- 9.14. Research from Public Health England has shown that education and health are closely linked. Promoting the health and wellbeing of pupils and students within schools and colleges has the potential to improve both their educational outcomes and their health and

We need to move from a 'cared for' approach to 'How to live well', supported by an empowering, educational care model.

Geraldine Strathdee, National Clinical Director for Mental Health, NHS England.

wellbeing outcomes.²⁹ The Accredited Registers for play therapy and talking therapies in particular have a useful role here.

- 9.15. Now that Accredited Registers share common standards and have formed a collaborative community they could work with health, social care and local government to establish effective referral routes allowing them to support health and care delivery. Linked to GP practices and other common access points, patients and service users could be signposted to Accredited Registers for direct access to help them manage their health.
- 9.16. Practitioners on Accredited Registers are well placed to spot problems such as dementia and diabetes at an early stage and refer patients to health professionals and specialist services. With 63,000 practitioners available - and those numbers will grow - the chances of early detection and prevention are greatly enhanced.
- 9.17. Both those registers that we have accredited and others such as the Healthcare Assistive Technologists, who are preparing to apply, make a real difference to enabling our ageing population. They can, for example, help to deliver NHS England's objectives for frail, older people. If frail, older people are supported in living independently and understanding their long-term conditions and educated to do so, they are less likely to reach crisis, require urgent care support and experience harm.³⁰ They can also help to achieve the Commissioner for Older People for Northern Ireland's vision 'to make Northern Ireland a great place to age'.³¹
- 9.18. The table below suggests a few ways in which Accredited Registers could contribute to delivery of a number of strategic and policy objectives in England, by way of illustration. It includes the Five Year Forward View and Public Health England's seven priorities. Whilst the names of the policies may vary, the objectives in Scotland, Northern Ireland and Wales are essentially the same.

Population ageing is a 'game changer' for health services.

*David Oliver,
Consultant Geriatrician*

Health needs	Policy initiative	How Accredited Registers can help
Sustainable health care for the future	Five Year Forward View NHS England	Accredited Registers can help to deliver, supplement and support NHS provision, helping to reduce the resource gap. Their practitioners can help to reduce demand for services, helping to promote healthy lifestyles and prevent ill-health. They can help to achieve better value from the money that is spent on treatment
Improving public health and preventing illness	Seven public health priorities Public Health England	Public health practitioners play a key role in delivering these priorities. Practitioners on other Accredited Registers can also contribute - for example, by improving nutrition and diet, encouraging exercise, controlling pain, helping people stop smoking and reducing alcohol consumption
Care at home and in the community	Care at home NHS England	Accredited Registers practitioners such as sports rehabilitators and foot health practitioners can help people to continue to live at home by improving their health and mobility. Many practitioners are self-employed and mobile, running clinics in the community and able to visit people at home. They can play a role in health screening too
Mental health	No health without mental health National strategy	Many of the practitioners on Accredited Registers can help to address mental health issues including counsellors and psychotherapists, play therapists and complementary therapists
Cancer	Helping more people survive cancer National strategy	Complementary therapy practitioners can help to relieve the symptoms of cancer and the side effects of treatment. Counsellors can help to address anxiety and depression
End of life	Improving life in the last days of life NHS England	Practitioners can help to improve the last days of life, providing emotional support to families, relieving symptoms, controlling pain
Older people	Frail older people – safe, compassionate care NHS England	Practitioners on Accredited Registers can help older people in a number of ways helping them to manage long-term conditions, managing dementia, reducing pain, lessening the need for medication, increasing mobility, help to avoid hospital admissions, providing aids to support independent living
Children's health and education	The link between pupils health and attainment Public Health England	Play therapists and child psychotherapists can help to improve health and enable children to fulfil their potential
Learning disabilities	Winterbourne View – Time for Change NHS England	People with learning disabilities may have increased risk of physical and mental ill health. Practitioners on Accredited Registers can help them to maintain their health and achieve the most out of life.

Improving visibility

- 9.19. Recognition of the Accredited Registers programme is growing, with some NHS employers and clinical commissioning groups already requesting that practitioners should be on Accredited Registers such as NHS Camden and NHS Kernow Clinical Commissioning Groups.³² NHS Employers publish regular updates in their bulletins when new registers are accredited.
- 9.20. The Care Quality Commission agreed to recognise Accredited Registers as part of its inspections, and the Any Qualified Provider programme also takes assurance from it when assessing practitioners and services for its database of potential contractors.
- 9.21. NHS Choices provides information about Accredited Registers and some charities are also signposting to their services such as Mind, Anxiety UK and Rethink.
- 9.22. Overall, however, awareness of the programme is at an early stage. Considerable ongoing promotion is needed to increase its public profile and bring it to the attention of the people best placed to spread the word about its existence or make referrals, such as GPs and social workers.
- 9.23. Wider promotion will give more people the chance to benefit from the Accredited Registers programme, and the peace of mind it brings.

10. Conclusion

We recommend that you use practitioners on an Accredited Register.

Professional Standards Authority

- 10.1. Accredited Registers serve to protect the public by ensuring that they can access health and care practitioners from registers that have been independently assessed and vetted by the Professional Standards Authority, and who are allowed to display our distinctive Quality Mark. When they use someone on an Accredited Register they can have peace of mind knowing that:
 - Practitioners on an Accredited Register are part of a government backed scheme to protect the public
 - The organisation holding an Accredited Register has been rigorously assessed by us and awarded our Quality Mark
 - We make sure people are given clear and accurate information to help them choose a practitioner to meet their needs



accredited register

**confidence, choice,
protection, quality**

- We make sure Accredited Registers handle complaints' fairly and robustly
 - If a practitioner is removed from an Accredited Register they cannot join another, safeguarding patients and consumers from poor practice
 - Practitioners who are committed to high standards choose to join an Accredited Register
 - Responsible employers and commissioners looking for quality services choose to use practitioners on an Accredited Register
 - Members of the public choose practitioners from an Accredited Register for confidence, quality and protection
- 10.2. The government's policy - 'assured registration' - was a novel idea. We have implemented that policy and shown that it works as a means of quality assuring the unregulated health and care workforce. We consider that it now has the potential to do far more than was originally envisaged.
- 10.3. The Accredited Registers workforce is ready to help to transform the way in which we improve the nation's health.



11. Appendices

Directory of Accredited Registers



Academy for Healthcare Science
<http://www.ahcs.ac.uk/>



British Association of Sport Rehabilitators and Trainers
<http://basrat.org/>



Alliance of Private Sector Practitioners
<http://foothealthpractitionerregister.co.uk>



British Psychoanalytic Council
<http://www.bpc.org.uk>



Association of Child Psychotherapists
<http://www.childpsychotherapy.org.uk/>



Complementary & Natural
Healthcare Council
Complementary and Natural Healthcare Council
<http://www.cnhc.org.uk/>



British Acupuncture Council
<http://www.acupuncture.org.uk/>



COSCA (Counselling & Psychotherapy in Scotland)
<http://www.cosca.org.uk/>



British Association for Counselling & Psychotherapy
<http://www.bacpregister.org.uk/>



Federation of Holistic Therapists
<http://findatherapist.fht.org.uk/>



British Association of Play Therapists
<http://www.bapt.info>



National Counselling Society
<http://www.nationalcounsellingsociety.org/>



National Hypnotherapy Society
<http://www.nationalhypnotherapysociety.org/>



UK Council for Psychotherapy
<http://www.ukcp.org.uk/>



Play Therapy UK
<http://www.playtherapyregister.org.uk/>



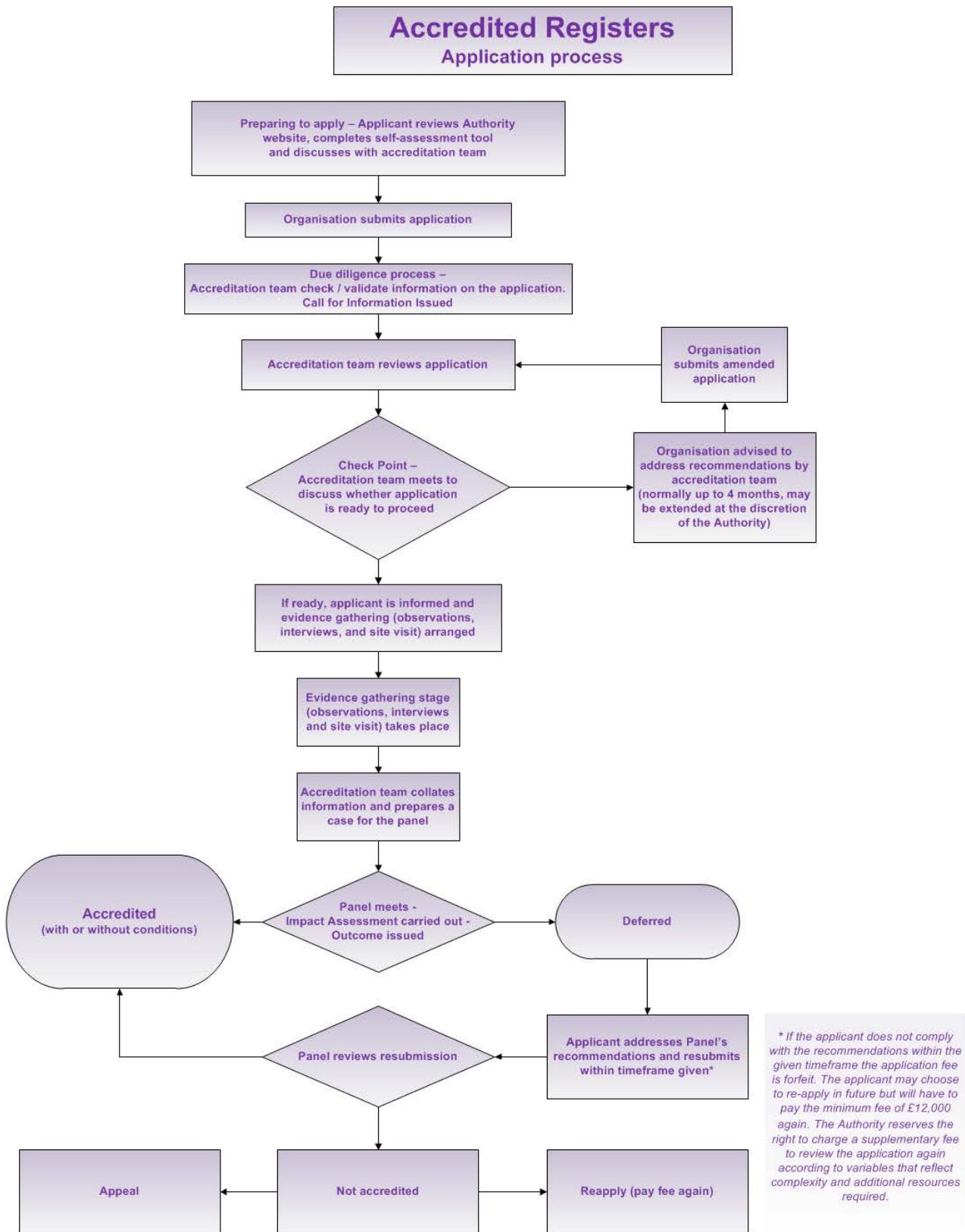
Protecting the public – improving practice
UK Public Health Register
<http://www.publichealthregister.org.uk/>



The Society of Homeopaths
representing professional homeopaths

Society of Homeopaths
<http://www.homeopathy-soh.org/>

Application Process



References

1. The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence
2. CHRE. 2010. Right-touch regulation. Available at <http://www.professionalstandards.org.uk/policy-and-research/right-touch-regulation>
3. Accredited Registers are a registered trade name. The term means that an organisation holding a voluntary register for health and care practitioners in unregulated occupations, meets the Professional Standards Authority's Accreditation Standards. It is authorised to use the Authority's registered quality mark.
4. Five Year Forward View <http://www.england.nhs.uk/ourwork/futurenhs/>
5. 2020 Vision <http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>
6. Together for Health <http://wales.gov.uk/topics/health/publications/health/reports/together/?lang=en>
7. Transforming Your Care <http://www.dhsspsni.gov.uk/transforming-your-care-review-of-hsc-ni-final-report.pdf>
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9. Professional Standards Authority (2012) Standards for accredited registers. <http://www.professionalstandards.org.uk/accredited-registers/about-accredited-registers/our-standards>
10. Science and Technology Committee – Sixth report (2000) Complementary and Alternative Medicine <http://www.publications.parliament.uk/pa/ld199900/ldselect/ldscitech/123/12302.htm> Science and Technology Committee (2010) Fourth Report Evidence Check 2: Homeopathy <http://www.publications.parliament.uk/pa/cm200910/cmselect/cmsctech/45/4502.htm>
11. Health and Social Care Act (2012) section 228. See footnote 13 for the definition of 'health care'.
12. Professional Standards Authority (2012) Standards for accredited registers <http://www.professionalstandards.org.uk/accredited-registers/about-accredited-registers/our-standards>
13. A 'voluntary register' has the meaning ascribed to it under the National Health Service Reform and Health Care Professions Act 2002, section 25E (2) as inserted by the Health and Social Care Act (2012) section 228. 'Health care' includes: all forms of health care for individuals, whether relating to physical or mental health; and procedures that are similar to forms of medical or surgical care but are not provided in connection with a medical condition.
14. Fees are £12,000 initial application, £9,000 annually on renewal. This covers the cost of assessments and operation of the programme.
15. The Foot Health Practitioners Register is managed by the Alliance of Private Sector Practitioners.
16. IAPT (2012) Supporting 'No health without mental health' <http://www.iapt.nhs.uk/silo/files/iapt-3-year-summary-leaflet.pdf>
17. We have not used people's' real names, although their stories are true.
18. Cheshire A, Polley M and Ridge D (2012) Evaluation of the Kensington & Chelsea Beating Back Pain Service University of Westminster.
19. This figure is estimated based on a typical cost per session of £40.00
20. The Accreditation team reviews Accredited Registers' websites as if it was a service user looking for information and for a practitioner.
21. Sanctions are displayed on registers.
22. January 2015 Memorandum of Understanding on Conversion Therapy in the UK http://www.psychotherapy.org.uk/UKCP_Documents/policy/MoU-conversiontherapy.pdf
23. Note. The Department of Health previously provided start-up funding for the Complementary and Natural Healthcare Council and the United Kingdom Public Health Register.
24. Its registrants produce a wide variety of aids, adaptations, appliances, equipment and products to help and support people to live at home and in other settings, especially those who are elderly or have long term conditions or disabilities.
25. Both the Health and Social Care Act (2012) and the Equality Act (2010) place responsibilities on commissioners and providers to reduce inequalities in access and health outcomes, which result from socio-economic disadvantage.
26. Working for Health Equity: the role of health professionals (2013) University College London <http://www.instituteoftheequity.org/projects/working-for-health-equity-the-role-of-health-professionals>
27. See for example: Scottish Government Mental Health Strategy 2012-2015 <http://www.scotland.gov.uk/Publications/2012/08/9714>; Together for Mental Health - A Mental Health and Wellbeing Strategy for Wales <http://wales.gov.uk/topics/health/nhs/wales/healthservice/mental-health-services/strategy/?lang=en>
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29. Public Health England (2014) The link between pupil health and wellbeing and attainment: a briefing for head teachers, governors and staff in education settings https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/370686/HT_briefing_layoutFINALvii.pdf
30. 'Frail, older people – Safe, compassionate care' NHS England <http://www.england.nhs.uk/ourwork/pe/safe-care/>
31. COPNI Corporate Plan – Hope, Confidence, Certainty 2013-2015 http://www.copni.org/images/publications/COPNI_Corporate_Plan_-_Hope_Confidence_Certainty_2013-2015.pdf
32. The NHS Nottingham City Clinical Commissioning Group (CCG), which buys and plans health services, spent almost £505,000 on acupuncture therapy in the 2013-14 financial year – £145,000 more than in 2010-11. City GPs and specialist clinics were reported to have said it had become increasingly popular for patients suffering from problems such as chronic backaches and migraines. The Professional Standards Authority for Health and Social Care was previously known as the Council for Healthcare Regulatory Excellence

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