

# Initial Accreditation Report

British Psychological Society (BPS) Wider  
Psychological Workforce (WPW) Register

August 2022

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# The Process

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

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

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

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

We used the following in our assessment of the British Psychological Society (BPS):

- Documentary review of evidence of benefits and risk supplied by the BPS and gathered through desk research
- Documentary review of evidence supplied by the BPS and gathered from public sources such as its website
- Due diligence checks
- Share your experience responses
- Site visits including discussions with members of staff
- Interviews with the President and CEO
- Observation of a Board Meeting on 5 November 2021
- Assessment of BPS’s complaints procedures.

## The Outcome

An Accreditation Panel met on 21 July 2022 to consider the BPS's application for accreditation and decided to **accredit with Conditions**.

This followed an initial Panel meeting on the 23 March 2022. At this meeting, the Panel found that Standards One, Three, Four and Six were met and that Standards Nine and Ten were met with Conditions. However, it had concerns about the remaining Standards relating to governance and the separation of functions at the BPS and its complaints handling. The Panel decided to adjourn the meeting to allow the BPS time to complete the following actions:

	<b>Action</b>	<b>Standard(s)</b>
1	The BPS should create clearer separation between governance and oversight of its membership functions, and that of its WPW Register to ensure that there is a clear focus on public protection and confidence for that activity.	2, 5 and 7
2	The BPS should ensure there is appropriate lay involvement in the governance bodies with responsibility for decisions about the WPW Register. This could include people with lived experience as well as those with relevant experience such as in regulation and finance.	2, 5, 7 and 11
3	The BPS should ensure that those responsible for investigating a complaint are not involved in its adjudication for complaints against registrants on the WPW register.	7 and 11
4	The BPS should include lay membership in the Panels that are responsible for adjudicating complaints against registrants on the WPW register.	5 and 11
5	The BPS should revise its Codes of Conduct for WPW registrants to achieve greater clarity about requirements specific to the roles registered.	8 and 11
6	The BPS should publish a single policy for how complaints and concerns about registrants on the WPW register will be handled. This should include a mechanism for hearings so that registrants can cross-examine evidence about them.  There should also be clear information about potential sanctions, and how these will be published. Sanctions should be published for at least the period of sanction, and removals from the register should be published for a reasonable timeframe. Any sanctions should be visible from the Register entry.	11

The BPS supplied evidence of the actions it had taken against these actions and against some of the Conditions the Panel were minded to issue. The Panel reconvened on 21 July 2022 to consider the BPS's application.

The Panel was satisfied that the BPS met or could meet with Conditions all the *Standards for Accredited Registers*. Information about the Conditions the BPS completed while the Panel was adjourned are included in Annexe A.

We noted the following **positive findings**:

- The BPS has robust processes in place for assessing education and training.
- The BPS has demonstrated its commitment to equality, diversity and inclusion (ED&I), for example it has developed an EDI Strategic Board to consider ED&I, it has a published statement on its website and includes consideration of ED&I in its assessment of courses.
- The BPS has actively engaged with key stakeholders such as NHS England, Health Education England, NHS Education for Scotland and education providers when setting up the register and developing its education and training standards for these roles.

We issued the following Conditions to be implemented by the deadline given:

<b>Conditions</b>	<b>Deadline</b>	
<p><b>Standard 7</b></p>	<p>1. The BPS should complete its recruitment to its Register Advisory Panel and its Complaints Standing Committee without undue delay and should provide reports to the Accreditation team about the following:</p> <ul style="list-style-type: none"> <li>a) Update on its recruitment of the Register Advisory Panel Chair</li> <li>b) Recruitment of other members of the Register Advisory Panel members.</li> </ul> <p>For both reports, the BPS should also provide an update on its recruitment of lay people to its Complaints Standing Committee.</p> <p>2. The BPS should ensure that Accredited Register status is clearly defined and make clear that it applies to the WPW register (and its registrants) only and not members of its other registers, lists or directories. The BPS should ensure that the Accredited Registers quality mark is only associated with the WPW register and that only registrants on this register use it.</p>	<p><b>10 Oct 2022</b> <b>10 Jan 2023</b></p> <p><b>Aug 2023</b></p>
<p><b>Standard 10</b></p>	<p>3. The BPS should develop quality assurance mechanisms to ensure that the information on the register remains accurate and up to date. This</p>	<p><b>Aug 2023</b></p>

	<p>could include for example regular audit of the public register.</p> <p>4. The BPS should review the fields it displays on the register. The BPS should consider the introduction of unique IDs so that a member of the public could easily distinguish between two registrants.</p> <p>5. The BPS should publish its processes for handling registration and renewals. This should include information on the decision makers, and information about its intention to apply policy.</p>	<p><b>Aug 2023</b></p> <p><b>Aug 2023</b></p>
<b>Standard 11</b>	<p>6. We could not observe a complaint hearing as part of our assessment. The BPS must advise the Authority of any complaint hearing so that it may seek consent to observe.</p> <p>7. The BPS should further develop its processes for handling interim orders. The BPS should ensure it is clear how interim orders are reviewed and lifted.</p> <p>8. Information about complaints should be easy to find. Although there is a microsite for the WPW Register, there should also be clear and easy to find information about how to submit a complaint about a WPW registrant from the main BPS homepage.</p>	<p><b>Aug 2023</b></p> <p><b>Aug 2023</b></p> <p><b>Aug 2023</b></p>

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

<b>Recommendations</b>	
<b>Standard 1</b>	<p>1. The BPS should develop a mechanism for monitoring its registrants to ensure that the information they are providing to service users about the therapy is clear and transparent.</p>
<b>Standard 3</b>	<p>2. The BPS should review its risk register to ensure that it includes all significant risks associated with registrant practice. The BPS should consider if there are any risks that are specific to certain roles or groups of service users. The BPS should consider if there are other risk owners which should be noted within its risk register and review the mitigations to ensure that all mitigations are recorded.</p> <p>3. The BPS should develop risk management procedures to identify, monitor, review and act upon risks associated with the practice of its registrants. These should include information about who is responsible for the monitoring and how these are escalated. The BPS should consider how it could use the risk register as a tool to record, assess and manage risks within this process.</p>
<b>Standard 5</b>	<p>4. The BPS should develop its succession planning when reviewing its business continuity plans.</p> <p>5. The BPS should update its Privacy Policy to include information about the sharing of information related to complaints.</p>

	6. The BPS should publish the minutes of meetings from Boards and Committees relevant to the register. The BPS could choose to publish excerpts of minutes relevant to the register that are in the public interest.
<b>Standard 6</b>	7. The BPS should review and update the information provided on its website about the knowledge base for the WPW. As part of this review the BPS should consider the information used as part of the Standard 1b assessment and decide if it should provide links to some of these resources to reflect the knowledge base for the WPW to the public.
<b>Standard 7</b>	<p>8. The BPS should review the information provided on its website informing the public about its different roles with regards to the WPW register, its links to the HCPC for the Clinical Psychologists and the other registers it holds. The BPS should consider completing service user testing on its website to ensure that the information it provides about the WPW register and the BPS's role is clear to the public.</p> <p>9. The BPS should consider publishing diagrams of its governance structures to aid transparency.</p> <p>10. The BPS should ensure that all members of its Boards and Committees are equipped to make fair, consistent and transparent decisions. The BPS should consider induction training and ongoing training in areas such as equality and diversity, data handling and decision making in disciplinary procedures for key decision makers.</p> <p>11. The BPS should review its terms of reference for its Complaints Standing Committee to make it clear that members may be asked to advise in the early stages of a complaint and that if they do, they will be unable to participate in any related panels due to the potential conflict of interest.</p> <p>12. The BPS should review and update the terms of reference for its Register Advisory Panel to remove the point which states that members may be asked to advise on individual complaints. The Register Advisory panel has an oversight role and therefore it is not appropriate for members to advise on individual complaints, but instead should have an overview.</p> <p>13. The BPS should continue to explore options for informing and involving the public and service users in their role as a register holder (and provide an update of progress at the next review of accreditation).</p>
<b>Standard 10</b>	<p>14. The BPS should consider if it needs to develop an equivalence route to registration for those who may have trained outside of the UK but who otherwise meet its registration standards.</p> <p>15. BPS should consider providing links to other organisations such as regulators or other Accredited Registers that registrants may belong to. This will help facilitate routes of complaint for service users.</p> <p>16. The BPS should consider developing an exceptional circumstances policy for instances where registrants request</p>

	<p>that their details be kept off the register, for example where there are safety concerns.</p> <p>17. The BPS should consider how feedback from the CPD audit could be used for learning both for the registrant and for the wider membership.</p>
<p><b>Standard 11</b></p>	<p>18. The BPS should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. This could include highlighting regulators on registrants' individual profiles and including checks of the regulators when conducting spot-checks of registrants.</p> <p>19. The BPS should consider developing internal guidance documents for its complaints decision makers.</p> <p>20. The BPS should review its complaints procedures and any guidance documents to:</p> <ol style="list-style-type: none"> <li>a) Ensure it is clear about the test it applies to its decisions at each stage of the process.</li> <li>b) Make clear whether its hearings are held in public or in private and if in private, include an option for the BPS to consider a request from the registrant for it to be public.</li> <li>c) Review the timeframe in which the BPS will consider a complaint. The register should endeavour to hear complaints if it is in the public interest providing that the complaint can be properly investigated.</li> </ol> <p>21. The BPS should consider developing templates for communications relating to complaints to ensure that the registrant and the complainant receive the same level of information following a complaint.</p> <p>22. The BPS should document its policy for advising relevant bodies (for example another Accredited Register) in the event of a concern being raised that might involve a breach of that body's codes.</p>

The following report provides detail supporting this outcome.



# The Register

This section provides an overview of the British Psychological Society (BPS) and its Wider Psychological Workforce (WPW) register.

<b>Website</b>	<a href="https://portal.bps.org.uk/Psychologist-Search/Wider-Psychological-Workforce-Register">https://portal.bps.org.uk/Psychologist-Search/Wider-Psychological-Workforce-Register</a>
<b>Type of Organisation</b>	The BPS holds a Royal Charter. The BPS is a registered Charity in England and Wales, Registration Number: 229642 and in Scotland, Registration Number: SC039452.
<b>Role(s) covered</b>	The WPW register covers the following roles: <ul style="list-style-type: none"> <li>• Psychological Wellbeing Practitioners (PWP)</li> <li>• Children’s Wellbeing Practitioners (CWP)</li> <li>• Education Mental Health Practitioner (EMHP)</li> <li>• Clinical Associates in Psychology (CAP)</li> <li>• Clinical Associates in Applied Psychology (CAAP)</li> </ul>
<b>Number of registrants</b>	The WPW register was launched in June 2021 for PWPs and CAAPs and at the time of writing this report had 46 registrants, however the BPS provided the following estimates for the potential number of registrants that could be registered once established. <ul style="list-style-type: none"> <li>• Psychological Wellbeing Practitioners - approx. 3080</li> <li>• Children’s Wellbeing Practitioners - approx. 1000 (of which approx. 375 are in training)</li> <li>• Education Mental Health Practitioner - approx. 1000 (of which 700 are in training)</li> <li>• Clinical Associates in Psychology - approx. 45</li> <li>• Clinical Associates in Applied Psychology - approx. 650</li> </ul>
<b>Overview of Governance</b>	The BPS is overseen by the Board of Trustees, governed in accordance with its Royal Charter. There are eleven Trustees, made up of the Presidential Team, Honorary Officers, the Chairs of the four main boards and council representatives. The BPS will be recruiting lay members to the Board following a recent change to its rules.  The WPW register will be overseen by the Register Advisory Panel (RAP) which will be majority lay and chaired by a lay person. The RAP will ‘provide assurance that competency, safe practice and high standards are maintained for the Wider Psychological Workforce register and that the register continues to fulfil its objective of public protection.’
<b>Overview of the aims of the register</b>	The Royal Charter and Statutes sets out the objectives of the BPS. It states that ‘The objects of the Society shall be: to promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of

	Members of the Society by setting up a high standard of professional education and knowledge.'
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### Inherent risks of the practice

This section uses the criteria developed as part of the Authority's [Right Touch Assurance tool](#) to give an overview of the work of the wider psychological workforce.

Risk criteria	Wider Psychological Workforce Register
<p><b>1. Scale of risk associated with the practitioners on the Wider Psychological Workforce Register</b></p> <p><i>a. What do they do?</i></p> <p><i>b. How many are there?</i></p> <p><i>c. Where do they work?</i></p> <p><i>d. Size of actual/potential service user group</i></p>	<p>a) There are five roles included on the WPW register:</p> <ul style="list-style-type: none"> <li>• Psychological Wellbeing Practitioners (PWP) offer low level intensity intervention such as guided self-help, computerised CBT and group based physical activity to those with mild to moderate depression and some anxiety disorders.</li> <li>• Children's Wellbeing Practitioners (CWP) work with children and young people between the ages of five to 18 years old and their families. They CPWs offer low level intensity interventions for mild to moderate depression and anxiety and some behavioural difficulties.</li> <li>• Education Mental Health Practitioners (EMHP) work with children and young people within schools and colleges. EMHPs will also work with pastoral teams and school nurses and tend to offer less one to one therapy but take a whole systems approach. EMHPs deliver brief psychological interventions.</li> <li>• Clinical Associate in Psychology (CAP)s – 'provide high quality, evidence based psychological interventions to inform practice. They work with specified populations across the lifespan under supervision of a registered practitioner psychologist.'</li> <li>• Clinical Associate in Applied Psychology (CAAP)s – 'assess, formulate and treat clients within specified ranges of conditions and age' in Scotland.</li> </ul> <p>PWPs, CWPs and EMHPs offer a range of low intensity psychological interventions as part of a stepped care approach to depression and other psychological conditions. Within stepped care, many patients will first be treated with low intensity interventions, that are generally based on cognitive behaviour therapy (CBT)<sup>1</sup>. Low intensity interventions are typically used for treating mild to moderate conditions and require less practitioner</p>

<sup>1</sup> P. Bower (February 2013) *Influence of initial severity of depression on effectiveness of low intensity interventions: meta-analysis of individual patient data*. BMJ 2013;346:f540 available at: <https://www.bmj.com/content/346/bmj.f540> [Accessed 19 August 2022]

time, (usually about six sessions), examples are guided self-help, computerised CBT and group based physical activity. Those for whom this is inappropriate due to their condition, or who do not improve with this approach, are 'stepped up' to higher intensity interventions such as individual CBT with a therapist.

The CAP and CAAP roles offer a range of psychological interventions within defined systems of care where there is clear escalation routes where the level of need of the service user goes beyond the scope of practice for the practitioner.

An estimate of projected registrant numbers is provided on page nine. The NHS Long Term Plan for England<sup>2</sup> includes a commitment to increasing the provision for mental health services, so it is possible these numbers will increase. NHS England and Improvement (NHSE&I) will require registration with the BPS or BABCP for roles within England.

c) The WPW register covers England, Scotland, Wales and Northern Ireland, however only the PWP role is UK wide. CAAP practitioners work in Scotland, and all the other roles are England only.

- PWPs normally work in the NHS within Improving Access to Psychological Therapies (IAPT) services, they can also be found in private healthcare settings such as Nuffield Health. PWPs can also work in other areas such as the prison service, and in the voluntary sector.
- CWPs work in the NHS in England within Children and Young People's Mental Health Services (CYPMHS), Local Authority or other NHS commissioned Mental Health Services. They may also work in the other sectors such as the voluntary sector or the justice sector.
- EMHPs are part of NHS Mental Health Support Teams in England and work in schools and colleges under the local authority.
- CAPs are employed by the NHS in England and may work and communicate with patients in their own home, in the community or hospital, or in any setting where patients needs are supported and managed.
- CAAPs work in the NHS in Scotland either in a primary care adult mental health setting or in a range of settings working with children, young people and their families depending on whether they have trained to work with an adult or child population.

d) Although these are relatively new roles, the data available indicates that the number of potential service users is high, and

<sup>2</sup> NHS England (August 2019). *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> [Accessed 19 August 2022]

	<p>that a significant proportion of the UK population could be offered treatment by the WPW register. It is estimated that 1 in 6 people a week experience a common mental health problem<sup>3</sup>. A 2021 survey of children and young people’s mental health found that 17.4% of children aged 6-16 had a probable mental health disorder in 2021, up from 11.6% in 2017<sup>4</sup>. In 2020/21, 1.46 million people were referred to IAPT within England, 1.02 million entered treatment and 658,000 finished a course of treatment<sup>5</sup>. IAPT also publishes a detailed dashboard with a breakdown by therapist role<sup>6</sup>. This shows that the mean number of appointments for referrals finishing treatment in the year 2020/21 was 2.9, for PWP trainees. The NHS Long Term Plan for England sets a goal of expanding services so that 1.9m adults access treatment each year by 2021<sup>7</sup>.</p>
<p><b>2. Means of assurance</b></p>	<p>Practitioners on the BPS’s register will be employed and therefore subject to employer checks including Disclosure and Barring Service (DBS) checks in England (and equivalent in Scotland, Wales and Northern Ireland).</p> <p>There are systems of clinical governance in place for these roles. The BPS has confirmed that all practitioners continue to work under supervision once training is completed.</p>
<p><b>3. About the sector in which practitioners on the Wider Psychological Workforce Register operate</b></p>	<p>Registrants on the WPW register will work in a range of settings including the NHS, private healthcare, education settings, prisons and within some voluntary sector organisations.</p> <p>NHS Careers highlights that ‘From June 2022, PWPs will need to be registered with either the BPS or British Association for Behavioural and Cognitive Psychotherapies (BABCP).’ The BABCP is also applying for accreditation under the Accredited Register programme. All registrants regardless of their work setting, work within the context of ‘stepped care’ and are trained to carry out low-intensity psychological interventions. They are likely to work as part of a wider team and would need to be able to signpost where appropriate to other professionals.</p>

<sup>3</sup> NHS Digital (2014) *Mental Health and Wellbeing in England. Adult Psychiatric Morbidity Survey 2014*. Available at:

<https://webarchive.nationalarchives.gov.uk/ukgwa/20171010183932tf/http://content.digital.nhs.uk/catalogue/PUB21748/apms-2014-full-rpt.pdf> [Accessed 19 August 2022]

<sup>4</sup> NHS Digital (September 2021) *Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey*. Available at <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england> [accessed 19 August 2022]

<sup>5</sup> The House of Commons Library (December 2021) *Mental health statistics: prevalence, services and funding in England*. Available at: <https://commonslibrary.parliament.uk/research-briefings/sn06988/> [Accessed 19 August 2022]

<sup>6</sup> NHS Digital (November 2021) *Psychological Therapies, Annual report on the use of IAPT services, 2020-21* page 25. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/psychological-therapies-annual-reports-on-the-use-of-iapt-services/annual-report-2020-21> [Accessed 19 August 2022]

<sup>7</sup> NHS England (August 2019). *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/> [Accessed 19 August 2022]

	<p>Within the system there are a range of roles with ‘psychologist’ ‘psychology’ and ‘psychological’ in the title, but only ‘practitioner psychologists’ are regulated by law, by the Health Care Professionals Council (HCPC). Although working in a narrower scope of practice than the HCPC regulated roles, sometimes the CAP and CAAP roles are referred to as ‘Associate Psychologist.’ Highlighting the need to be clear about the remits of the different roles.</p>
<p><b>4. Risk perception</b></p> <ul style="list-style-type: none"> <li>• <i>Need for public confidence in the roles?</i></li> <li>• <i>Need for assurance for employers or other stakeholders?</i></li> </ul>	<p>Although PWPs, CWPs and EMHPs are trained to carry out low intensity interventions, which are of lower risk, they will be carrying out detailed risk assessments of patients and service users including children and vulnerable adults. It is therefore important for there to be public confidence in their ability to accurately diagnose, treat and ‘step up’ care to others when appropriate. Due to the range of roles that include ‘psychologist’ in their titles, it will also be important to ensure clear communication about what practitioners can and can’t do.</p> <p>As noted above within NHSE&amp;I all PWPs will need to be registered from June 2022 with either the BPS or the BABCP. The NHS has requested that these organisations become accredited with the Authority to provide additional assurance. Employers and commissioners will have an interest in ensuring that practitioners meet professional registration requirements in addition to the clinical governance systems. This will help to ensure that risks associated with managing boundaries are mitigated. The importance of widening access to psychological care has been highlighted by the Covid-19 pandemic.</p>

# Assessment against the Standards

## Standard 1a – Eligibility under our legislation

- 1.1 The British Psychological Society (BPS) has applied for accreditation of its Wider Psychological Workforce (WPW) register which will include the following roles:
  - Psychological Wellbeing Practitioner (PWP)
  - Children’s Wellbeing Practitioner (CWP)
  - Education Mental Health Practitioner (EMHP)
  - Clinical Associate in Psychology (CAP)
  - Clinical Associate in Applied Psychology (CAAP)
- 1.2 These roles are not required to be registered with a statutory body to practise in England, Scotland, Wales and Northern Ireland.
- 1.3 We found that the BPS falls within the scope of the Accredited Registers programme and therefore meets the requirements of Standard 1a.

## Standard 1b: Public interest test

- 1.4 We noted the benefits to patients and the public seeking treatment for minor to moderate psychological issues. This is achieved by PWPs, CWPs and EMHPs by offering evidence-based, ‘low intensity’ psychological interventions, such as group-based therapy as a part of the ‘stepped care’ approach. A ‘stepped care’ approach means people are treated first with a low intensity intervention such as those offered by the wellbeing practitioners on the WPW register. Those individuals who do not fully recover at this level are ‘stepped up’ to higher-intensity treatments.
- 1.5 Although some of the roles on the WPW register are relatively new, the data on outcomes gathered from evaluations to date indicate that these early interventions result in reliable, improved outcomes for patients and the public. We recognised that there is currently an unmet need for these roles and that registration will have a positive impact on service users by widening access to psychological therapy.
- 1.6 We considered the potential risks arising from the practice of the types of psychological interventions provided by these roles. We noted that although all five roles on the WPW register work with people experiencing mild to moderate psychological conditions, the nature of this work means close, direct contact with a range of patients and service users including children and vulnerable adults. A key risk is not having appropriate safeguarding in place, either because of a lack of individual competency or due to weaknesses in the wider system.
- 1.7 Additionally, if practitioners do not accurately diagnose conditions, there is a risk that individuals will not be ‘stepped-up’ to specialist care where appropriate. Although practitioners work within guidelines issued by The National Institute for Health and Care Excellence (NICE) or Scottish

Intercollegiate Guidelines Network (SIGN), the potential scale of the workforce and patient contacts means that the likelihood of a misdiagnosis is high.

- 1.8 We noted that the barriers to accessing support for mental health currently mean that, overall, the introduction of these roles makes it more likely that people will be able to access appropriate care and that the training requirements will make it more likely that appropriate treatment will be provided.
- 1.9 We found that this part of the Standard is met. Recommendation 8 noted under Standard 7 about communicating the scope of the roles is relevant to this Standard. We also issued the following Recommendation:
  1. The BPS should develop a mechanism for monitoring its registrants to ensure that the information they are providing to service users about the therapy is clear and transparent.

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

- 2.1 The BPS is a registered Charity which also holds a Royal Charter and describes its role as acting as ‘the representative body for psychology and psychologists in the UK.’ It holds multiple registers, for example the Register of Coaching Psychologists and the Register of Psychologists Practising Psychotherapy, which do not form part of the BPS’ application for accreditation and therefore will not be part of the Accredited Register. Accreditation will only apply to the WPW register. The Panel noted that it will be important for the BPS to provide clear information to the public about which roles fall under the Accredited Register and which roles do not. This is discussed further under Standard 7.
- 2.2 The [\*BPS’ Royal Charter and Statutes\*](#) provides information about the governance of the organisation and includes its objective which is to ‘promote the advancement and diffusion of a knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of Members of the Society by setting up a high standard of professional education and knowledge.’
- 2.3 The Panel noted that there is a risk of a conflict in a body which sees its role as a representative of its members holding a public interest role. However, we considered that (a) the BPS already has a public interest role and (b) the potential conflicts could be managed through an appropriate structural change. The Panel was satisfied that the new governance structures that the BPS is putting in place following the adjournment of the initial Panel meeting allow for the separation of functions and the inclusion of lay people in registration decisions. These are discussed in more detail under Standard 7.
- 2.4 All Board and Committee members are subject to the *BPS’s Conflict of Interest Policy*. This is discussed under Standard 5.
- 2.5 All registrants are required to adhere to the *BPS’ Code of Ethics and Conduct* (see Standard 8), the *Member Conduct Rules* and the *Fitness to Practice Framework* when they are registered (see Standard 11).

- 2.6 Registrants must meet the BPS' education and training standards (see Standard 9) and complete the required Continuing Professional Development (CPD) (see Standard 10). Registrants are subject to the BPS' complaints handling procedures which provides a route of address for members of the public if things go wrong (see Standard 11).
- 2.7 The BPS is a signatory for the 2017 [Memorandum of Understanding \(MoU\) on Conversion Therapy](#). The purpose of the MoU 'is the protection of the public through a commitment to ending the practice of 'conversion therapy' in the UK.' This has been signed by the majority of our existing Accredited Registers along with other organisations such as the Royal College of General Practitioners and NHS England.
- 2.8 We found that this Standard is met subject to Condition One. We did not issue any additional Conditions or Recommendations for this Standard.

### Standard 3: risk management

- 3.1 The BPS carried out an assessment of the risks associated with the practice of the roles registered on its WPW register. The risks were presented within its risk matrix which we reviewed as part of Standard 1b.
- 3.2 There are ten risks on the register. We compared the BPS register to risk registers from other talking therapy registers and noted some areas which the BPS did not appear to have included such as not respecting the service user's autonomy/beliefs/culture etc and using or promoting dangerous therapies such as conversion therapy. The BPS has considered working with children and vulnerable adults and highlighted the potential safeguarding risks if registrants are unaware of their responsibilities in this area. We noted that this risk did not include any consideration of whether there are specific risks associated with working with children or with working in different settings such as in schools.
- 3.3 The BPS reported that it will take a 'lessons learned' approach to reviewing and acting on risks. The BPS will use a range of data in identifying, monitoring, reviewing and acting upon practice based risks. This will include reviewing CPD audit results, outcomes from complaints, changes to relevant guidelines such as the NICE guidance and stakeholder intelligence.
- 3.4 We found that this Standard is met. The BPS has demonstrated an understanding of the risks presented by the roles on the WPW register to service users and the public and identified some appropriate mitigations. The BPS described its processes for managing risks but did not have a documented process for identifying, monitoring, reviewing and acting upon risks associated with the practice of its registrants. The Panel noted that it will be important for the BPS to demonstrate a proactive approach to identifying new risks as evidence for the new roles emerges.
- 3.5 We issued the following Recommendations:
  2. The BPS should review its risk register to ensure that it includes all significant risks associated with registrant practice. The BPS should consider if there are any risks that are specific to certain roles or groups of service users. The BPS should consider if there are other risk owners



which should be noted within its risk register and review the mitigations to ensure that all mitigations are recorded.

3. The BPS should develop risk management procedures to identify, monitor, review and act upon risks associated with the practice of its registrants. These should include information about who is responsible for the monitoring and how these are escalated. The BPS should consider how it could use the risk register as a tool to record, assess and manage risks within this process.

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

- 4.1 The BPS is a registered charity. Financial details for the year ending December 2020 can be accessed via the Charity Commission and the Scottish Charity Regulator (OSCR). The BPS also publishes its financial accounts in its annual report. These indicate that the BPS has significant reserves.
- 4.2 The BPS confirmed that it had liability insurance.
- 4.3 We received responses through our 'share your experience' process of allegations of fraud and issues with the BPS's organisational culture. The BPS confirmed that it had taken action to address these points such as strengthening its anti-fraud processes. We did not see any evidence during our review of issues with organisational culture. We therefore found that this did not impact on the BPS' ability to meet this Standard.
- 4.4 The Panel noted the small number of registrants currently on the WPW register and that there was another provider seeking accreditation for the same roles. The Panel considered whether there was a risk that the WPW register could be subsidised with income from the BPS' broader work and whether this raises questions about its longer term viability. The Panel was satisfied that the BPS had sufficient funds to fulfil its voluntary register functions effectively in the short term and noted that this would be reviewed again as part of the BPS' next review.
- 4.5 We found that this Standard is met.

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

- 5.1 The BPS is a professional body for psychologists and currently has over 60,000 members, a third of which are Chartered Psychologists. The BPS has links to the Science Council and the Healthcare and Professions Council (HCPC) working with both organisations to develop and maintain the standards of the psychologists that fall within their respective remits.
- 5.2 The BPS' website states that 'As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, and knowledge, and disseminating our knowledge to increase public awareness.

We strive to:

- be the learned society and professional body for the discipline
  - embrace equality, equity, diversity and inclusion
  - promote and advance the discipline
  - be the authoritative and public voice of psychology
  - determine and ensure the highest standards in all we do.’
- 5.3 One aspect of this Standard is openness and transparency. This is demonstrated by the BPS through the publication of details about its Board and Committees on its website. For example, details of the [Board of Trustees](#) include a brief description of the role of the Board, a contact email address and brief biographies with photos for each member. The Board meet every three months. The BPS reported that minutes of meetings are posted on the website, but it is necessary to be a member to access them. We therefore issued a Recommendation for the BPS to consider how it could be more transparent with the publication of minutes. The BPS also publish details of the [Management Team](#) and its [Boards and Committees](#) including relevant terms of reference on its website.
- 5.4 The BPS further demonstrates its openness and transparency by publishing key documents such as its *Code of Ethics and Conduct*, CPD requirements, training requirements and its guidance for handling complaints.
- 5.5 The BPS has a *Conflict of Interest Policy*. Where conflicts are identified, members must declare it and withdraw from related discussions and decisions. The policy provides information about what constitutes a conflict, how to record it and what happens if they are declared during a meeting. The policy also contains the forms used to declare conflicts. We observed consideration of conflict of interest during the Trustee Board meeting and through the minutes of the Member Board meetings.
- 5.6 As part of this Standard, we also check operational efficiency. The BPS shared its *IT Business Continuity Plan* with the team, noting that the processes are changing so it will be further updated in 2022. At the site visit the BPS confirmed that it will be looking at people, roles and succession planning with the possibility of doing some scenario planning in 2022.
- 5.7 The BPS stated that all data is held securely and in line with the BPS’s data retention policies. The BPS has published its [Privacy Policy](#) which includes information about how the BPS uses information and provides a link to the Information Commissioners Office (ICO) website highlighting the users’ rights. We noted that there is a section on sharing information which explains when the BPS will share information with external organisations, this does not however refer to the handling of complaints. We understand that the BPS may share information with third parties such as employers and BABCP during the investigation. The BPS will share outcomes with other registering organisations such as the BABCP when they have an outcome.
- 5.8 The Panel also considered the actions taken following the adjourned meeting when making a decision about this Standard and found that this Standard is met subject to Condition one. We did not issue any additional Conditions for this Standard but did issue the following Recommendations:

4. The BPS should develop its succession planning when reviewing its business continuity plans.
5. The BPS should update its Privacy Policy to include information about the sharing of information related to complaints.
6. The BPS should publish the minutes of meetings from Boards and Committees relevant to the register. The BPS could choose to publish excerpts of minutes relevant to the register that are in the public interest.

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

- 6.1 We reviewed the information provided by the BPS under Standard 1b. To ensure compliance with this Standard we concentrated on the information the BPS provides to the public about the roles within the wider psychological workforce that it includes on its WPW register.
- 6.2 The development and application of a knowledge base is written into the BPS' Royal Charter. The BPS has a page on its website dedicated to [research](#) which provides information about the wider field of psychology, but which doesn't provide information about the WPW. The BPS is however developing the information that it published on its website. This is discussed further under Standard 7f.
- 6.3 We found that this Standard was met. We found that the BPS had demonstrated a defined knowledge base underpinning the practice of the roles on the register. The panel noted the work the BPS was doing to provide this information to the public.
- 6.4 We issued the following Recommendation:
  7. The BPS should review and update the information provided on its website about the knowledge base for the WPW. As part of this review the BPS should consider the information used as part of the Standard 1b assessment and decide if it should provide links to some of these resources to reflect the knowledge base for the WPW to the published.

**Standard 7: governance**

- 7.1 Information about the governance of the BPS is located on under the 'About BPS' section of the website. The BPS is overseen by a Board of Trustees which is described as 'the society's primary governing body, with responsibility for the management and control of the society's affairs and transactions, which ensures that we conform to the terms of our charter and that we observe our legal obligations as a charitable body.' The Board of Trustees is made up of the following:
  - The Presidential Team (two trustees)
  - Honorary Officers (two trustees)
  - The Chairs of the four main boards (four trustees)

- Council Representatives (three trustees)
- 7.2 The Board of Trustees consists of up to 12 trustees, who are (or have been) Graduate or Chartered Members. At the time of writing the report, there were no lay people with voting rights on the Board. However, the BPS confirmed that it has now changed its rules to allow it to recruit lay people to its Board. The BPS highlighted that in the interim it has two lay advisers, one for human resources and one for finance, who advise the Board of Trustees.
- 7.3 There are four Boards which report into the Board of Trustees via the Chair of each Board. Each Board has a specific area or responsibility and contains sub-committees and working parties. Each of the four Boards have terms of reference which provide details of the purpose and remit of each group as well as its governance. There are no lay members on these Boards.
- 7.4 At its initial meeting in March 2022, the Panel determined that the dual role of the Member Board in promoting the benefits of membership with the BPS as a professional body, and in overseeing its regulatory functions (which inevitably involved taking decisions which might affect the size of the membership and burdens on registrants), represented a significant and unacceptable conflict of interest. The Panel noted the importance of a separation between functions aimed at membership, and those aimed at regulation. This allows a focus on public protection, for example making sure decisions about appropriate standards are separate from those about financial viability and membership interests. The Panel also noted the importance of lay input within the body that has overall responsibility for the WPW register, as well as within panels and committees which make other key decisions such as complaints, and ethics. The addition of lay people and people with lived experience helps provide a rounded perspective on decisions and ensures they are not driven by member interests. The Panel decided to adjourn the meeting to allow the BPS time to make changes to its governance.
- 7.5 The BPS reviewed and updated the governance of the register. The BPS is establishing a Registration Advisory Panel (RAP) which will consist of mainly lay people. It is currently recruiting for a lay Chair. Once in post the lay Chair will be responsible for recruiting further members to the RAP. This removes the responsibility of the register from the Members Board and so addresses the most serious potential conflict of interest identified by the Panel. Additionally, the BPS moved responsibility for complaints from the Directorate of Membership, Professional Development and Standards to the Legal and Governance team, providing a further separation of functions.
- 7.6 The Panel welcomed the changes made by the BPS and agreed that the addition of the RAP which reports to the Board of Trustees addresses the conflict of interest previously identified. However, the Panel noted that this mechanism was not yet in place and decided to issue a Condition requiring the BPS to ensure these changes are made without delay and to report its progress on the implementation to the Accreditation team.
- 7.7 We also considered the addition of lay people into the BPS' governance and its complaints handling panels. Again, the Panel welcomed the changes and noted the importance of including lay people with specific skills and knowledge, such as knowledge of regulation or finance as well as people with

lived experience on Boards and Committees responsible for the WPW register and the handling of complaints.

- 7.8 The BPS's main communication channels with its registrants are through membership newsletters and Annual General Meeting (AGM) proceedings.
- 7.9 The majority of the BPS's communication with the public is through its public facing website. We carried out a service user journey on the website. We found that it wasn't always easy to find information that a service user would need to make an informed decision about their care and noted that it was difficult to find information about complaints, which could deter people from submitting a complaint. We also noted that the BPS has multiple registers, lists and directories on its website and that it acts as the professional body for psychologists. It may be confusing to the public that some psychologists are regulated, some are on an Accredited Register, and some are not registered/regulated at all. The Panel required the BPS to make changes to its website to ensure the clarity of the information provided to the public.
- 7.10 We reviewed the updated website following the adjournment and noted the changes the BPS had made. The Panel also considered the proposed changes to make the complaints process available from the home page. The Panel noted that while the information the BPS will provide about the WPW register was improved, the different roles of the BPS may still not be clear to a lay person and suggested that the BPS consider carrying out some user testing on its website.
- 7.11 We found that this Standard is met with Conditions.
- 7.12 We issued the following Conditions:
1. The BPS should complete its recruitment to its Register Advisory Panel and its Complaints Standing Committee without undue delay and should provide reports to the Accreditation team about the following:
    - a) Update on its recruitment of the Register Advisory Panel Chair
    - b) Recruitment of other members of the Register Advisory Panel members.

For both reports, the BPS should also provide an update on its recruitment of lay people to its Complaints Standing Committee.
  2. The BPS should ensure that accredited register status is clearly defined and make clear that it applies to the WPW register (and its registrants) only and not members of its other registers, lists or directories. The BPS should ensure that the Accredited Registers quality mark is only associated with the WPW register and that only registrants on this register use it.
- 7.13 We issued the following Recommendations:
8. The BPS should review the information provided on its website informing the public about its different roles with regards to the WPW register, its links to the HCPC for the Clinical Psychologists and the other registers it holds. The BPS should consider completing service user testing on its website to ensure that the information it provides about the WPW register and the BPS's role is clear to the public.

9. The BPS should consider publishing diagrams of its governance structures to aid transparency.
10. The BPS should ensure that all members of its Boards and Committees are equipped to make fair, consistent and transparent decisions. The BPS should consider induction training and ongoing training in areas such as equality and diversity, data handling and decision making in disciplinary procedures for key decision makers.
11. The BPS should review its terms of reference for its Complaints Standing Committee to make it clear that members may be asked to advise in the early stages of a complaint and that if they do, they will be unable to participate in any related panels due to the potential conflict of interest.
12. The BPS should review and update the terms of reference for its Register Advisory Panel to remove the point which states that members may be asked to advise on individual complaints. The Register Advisory panel has an oversight role and therefore it is not appropriate for members to advise on individual complaints, but instead should have an overview.
13. The BPS should continue to explore options for informing and involving the public and service users in their role as a register holder (and provide an update of progress at the next review of accreditation)

### Standard 8: setting standards for registrants

- 8.1 The [Member Conduct Rules](#) require that registrants act in accordance with the BPS [Code of Ethics and Conduct](#) which 'requires and promotes good standards of personal behaviour and technical competence and focuses on four primary ethical principles of respect, competence, responsibility and integrity.' The *Code of Ethics and Conduct* is based on four ethical principles:
  - Respect
  - Competence
  - Responsibility
  - Integrity
- 8.2 Each principle is described in a statement of values and includes points that registrants should consider when applying the principles.
- 8.3 The Royal Charter requires all members to sign up to the *Member Conduct Rules* and the *Code of Ethics and Conduct*. The BPS also requires all registrants on the WPW register to sign up to the *Fitness to Practise Framework* which allows it to investigate fitness to practise issues when considering the wider psychological workforce register.
- 8.4 The Panel noted that the *Code of Ethics and Conduct* gives a high level overview of requirements, and includes a mix of statements about behaviours, and complaints processes. This made it hard to see where a complaint linked to conduct would be rooted. It appeared that the requirements set out related to overall membership of the BPS rather than having been developed for the specific roles for the WPW register. The Panel considered that the *Fitness to*

*Practise Code of Conduct* and the *Practice Guidelines* did not provide enough information for registrants, members of the public and complaints panels about the exact behaviours and duties the BPS requires of its registrants. The Panel decided to adjourn to allow the BPS time to make changes.

- 8.5 The BPS updated its [Fitness to Practise Framework](#) to provide details of the standards that registrants on the WPW register will be expected to abide by. These include keeping competence up to date, treating clients with dignity and respect, acting with honesty and integrity and having appropriate indemnity cover in place. The standards also include a number of annexes which contain specific guidance adapted from the *Practice Guidelines* for the roles on the WPW register. These covered topics such as informed consent, professional Duty of Candour, safeguarding and whistleblowing.
- 8.6 The Panel considered the changes that had been made and noted that the standards the registrants on the WPW register would be held to were much clearer. We found that this Standard is met and did not issue any additional Conditions or Recommendations.

### Standard 9: education and training

- 9.1 The BPS has set the minimum level of entry to the register for the PWP, CWP and EMHP roles at Quality Assurance Agency (QAA) level 6. For the CAP and CAAP roles the minimum level of entry is QAA level 7 as it requires the completion of a Masters degree. The BPS provides a list of suitable courses on its [website](#).
- 9.2 The standards for the individual roles have been developed in line with national curricula where they exist (for the PWP, EMHPs and the CWPs). For the other roles standards were developed by the BPS. The standards for all roles are developed in line with the stepped care approach which is embedded into NICE guidelines and the IAPT framework.
- 9.3 The BPS has developed accreditation standards which it uses to assess courses against. The accreditation framework is organised around eight overarching standards:
- Programme design
  - Programme content
  - Working ethically & legally
  - Selection & admissions
  - Trainee development & professional membership
  - Academic leadership & programme deliver
  - Discipline-specific resources
  - Quality management & governance
- 9.4 Programme Standard 2 considers programme content and includes requirements such as recognising the limits to scopes of practice and therefore when a service user needs to be stepped up for further treatment. The content required is specific to each of the roles, the standards for each

role can be found on the BPS' website. The BPS assess and accredit those courses that meet these Standards. The BPS noted that there are apprenticeship routes for the PWP role and the CAP role. Providers of the apprenticeship routes still need to meet the BPS' accreditation standards for the specific roles. Where providers offer both academic and apprenticeship routes, both routes will need to be assessed against the standards.

- 9.5 Applicants to the register are required to have completed a BPS accredited course relevant to the role they are applying for. The BPS require all applicants to submit course transcripts with their applications as proof of completion which will be assessed by the Membership and Customer Service Team. The BPS does not offer training itself and does not provide an experience route.
- 9.6 We found that this Standard is met.

### Standard 10: management of the register

- 10.1 The WPW [register](#) is accessed through the 'find a psychologist' part of the homepage. The register can be searched by postcode, current location, role or surname. The register contains the following information, name, membership grade, role and place of work. The name is a link to the registrant's individual profile which provides location and role details. The membership grade is presented as letters after the registrant's name. Sanctions will be published on the BPS [website](#), in an area dedicated to the register.
- 10.2 At the time of the assessment, the register had only recently opened for two of the five roles (the PWP and the CAAP) and therefore had a limited number of registrants. The other roles are due to open later in 2022. We therefore didn't carry out any in-depth register checks. We did note however, that the WPW register does not include the registrant ID. We would suggest that this is a useful mechanism for the BPS to introduce to ensure that two individuals with the same name can be distinguished. The BPS stated that it would be looking at this in 2022.
- 10.3 The BPS reported that registrants will be able to update their own information including their name, contact details, and employment details. The Customer Relationship Management (CRM) system allows the BPS to query the data so they can see when changes have been submitted. Changes of name, title and employment are requested through this process but need to be signed off by the administrator before they are updated on the register. This will be done when they have seen appropriate evidence such as a marriage certificate. The BPS confirmed that it doesn't have formal quality assurance processes in place to ensure the accuracy of the public register.
- 10.4 The BPS publish information about registration for the WPW register on its [website](#). To join the register applicants must be a member of the BPS. Applicants must have completed one of the BPS' accredited training programmes, be employed with a recognised employer such as the NHS and have at least six months experience within the role.
- 10.5 Applicants are required to complete the relevant form and email it to the membership team. The form asks for personal details, information about



employment and qualifications. Applicants are asked to agree to meet CPD and supervision standards and work within their scope of practice. Applicants are also required to agree to abide by the *Fitness to Practise Framework Code of Ethics and Conduct* and the *Member Conduct Rules*. The BPS requires registrants to confirm if they have been the subject of any disciplinary proceedings or complaints that might impact on fitness to practise. Any positive declarations would be considered through the fitness to practise process.

- 10.6 Applicants are required to provide confirmation of employment and an academic transcript. Applicants also need to send a reference from their supervisor using the supervisor reference form which asks the referee to confirm the applicant's employment details and that they meet the requirements for registration. We noted that the BPS require appropriate employment for registration, this however could become difficult where people need registration to become employed. The BPS indicated that they were developing an intention to apply policy.
- 10.7 The BPS confirmed that it didn't carry out any additional checks at renewal. Registrants are reminded three months before renewal and asked to pay the renewal fee and re-sign the declarations. By paying the fee, the registrant is confirming that:
- They are currently in practice in the role registered with on the WPW Register
  - They continue to abide by and operate within the *Fitness to Practise Framework* for the WPW Register.
  - They continue to work within the scope of practice for their role as outlined during the registration process and understand that failure to operate within the scope of practice for the role may result in suspension or removal from the WPW register.
  - They have fulfilled the required standards of supervision and CPD.
  - There have been no previous or ongoing disciplinary proceedings or complaints against them since registration or previous registration renewal.
- 10.8 The BPS does require registrants to inform them of any changes that happen between renewals.
- 10.9 The website contains information about the registration requirements and the forms needed to apply for registration. There was, however, no information about how the BPS process the applications.
- 10.10 The BPS highlighted the consultation with key stakeholders as part of its development of its CPD strategy. Each role has its own CPD and supervision requirement. PWPs for example are expected to engage in a minimum of five activities drawn from the listed acceptable types of learning and development activities. They will need to complete a reflective statement for each activity. PWPs are required to participate in supervision.
- 10.11 These requirements are detailed in the guidance that is published on the [website](#). The guidance also provides information about what types of evidence

could be included, what to include in the reflective statements and some information about the audit carried out by the BPS. The BPS will carry out a sample audit of five percent of registrants (or 20 registrants whichever is largest number) for each role every two years to check compliance with its requirements. Registrants are randomly selected and informed by email that they have two months to submit their evidence.

- 10.12 If a registrant doesn't submit their evidence their registration will lapse. If the evidence suggests that the registrant has made a false or inaccurate declaration their registration will be suspended, and this will be taken through the fitness to practise process. The BPS stated that if the registrant has partially met the CPD requirement, they will be given an additional 30 days to provide further evidence.
- 10.13 The BPS has an *Appeals Policy* which will consider membership decisions. This policy allows members to appeal decisions about membership of the society and admissions to its registers. The appeal must be made in writing within two months of the decision.
- 10.14 We noted that the BPS did not have a process in place for assessing equivalence for those that may have trained in other countries. It is important for the BPS to develop an equivalence route to ensure that routes to the register are fair and proportionate.
- 10.15 We found that this Standard is met with Conditions.
- 10.16 We issued the following Conditions:
3. The BPS should develop quality assurance mechanisms to ensure that the information on the register remains accurate and up to date. This could include for example regular audit of the public register.
  4. The BPS should review the fields it displays on the register. The BPS should consider the introduction of unique IDs so that a member of the public could easily distinguish between two registrants.
  5. The BPS should publish its processes for handling registration and renewals. This should include information on the decision makers, and information about its intention to apply policy.
- 10.17 We issued the following Recommendations:
14. The BPS should consider if it needs to develop an equivalence route to registration for those who may have trained outside of the UK but who otherwise meet its registration standards.
  15. BPS should also consider providing links to other organisations such as regulators or other Accredited Registers that registrants may belong to. This will help facilitate routes of complaint for service users.
  16. The BPS should consider developing an exceptional circumstances policy for instances where registrants request that their details be kept off the register, for example where there are safety concerns.
  17. The BPS should consider how feedback from the CPD audit could be used for learning both for the registrant and for the wider membership.

## Standard 11: complaints and concerns handling

### Complaints against registrants

- 11.1 The BPS published information about how to raise a concern about a registrant on the WPW register on its [website](#). This page was accessed through the WPW register webpage and was not immediately apparent from the homepage. To those who are unfamiliar with regulation, it may not be apparent that this is where complaint information would be held.
- 11.2 The page also provided information about informal resolution, group complaints and confidentiality and a section with contact details for raising complaints. At the initial Panel meeting in March 2022, the Panel noted that not all the guidance about how complaints about those on the WPW register would be handled had been published. This would make it difficult for a registrant, member of the public or employer to be clear about how the BPS would carry out its regulatory role regarding complaints and concerns. The Panel noted that information about how to raise complaints against registered members should be easy to find and that the BPS needs to have a single policy on complaints about registrants which should be Human Rights Act compliant, and which includes provision for dealing with vulnerable service users who are raising a complaint. While the BPS can provide specific guidance and information tailored towards complainants and registrants respectively, this should stem from a single policy available to all.
- 11.3 The Panel considered how decisions about complaints are made and noted that there was a lack of clarity about who was involved at the different stages. The Panel noted that it is not appropriate for the same people to be investigating and adjudicating a complaint, and complaints panels should include lay involvement. There also needs to be clear guidance about when sanctions will be published, and a mechanism on the WPW register for their publication. There should also be clarity about hearings being required for sanctions to be issued rather than this being done 'on papers.'
- 11.4 The Panel noted that the intention as set by NHSE&I was for registration to become a requirement for employment with it for several of the roles on the WPW register. The Panel determined it was important for these concerns about complaints to be addressed before accreditation could be granted and decided to adjourn the meeting to allow the BPS time to make changes to its processes.
- 11.5 The panel reviewed the actions the BPS had taken and found that information about how to make a complaint, including advice on informal resolution, group complaints, anonymity and confidentiality is included on the complaints page of the website. The BPS also indicated that it will be adding links to the homepage of the website, so that the information is easy to find.
- 11.6 The BPS developed a [single process](#) detailing how complaints about WPW registrants will be handled. This included a clear mechanism for hearings that allows registrants to present their case and to address the evidence presented against them. The new procedure includes details of sanctions available, further guidance on when each sanction is appropriate is in the *WPW Register Sanctions Guidance*. The BPS noted that in certain situations, and where the complainant and registrant agree, the case may be addressed through

consensual disposal where an agreed sanction is confirmed by a Panel, instead of the case going to a full Adjudication Panel hearing. This is included in the new procedure.

- 11.7 The BPS noted that registrants that are sanctioned, or suspended under investigation, will be marked as “currently under sanction” on the WPW register with the register webpage referring to a separate webpage of ‘registrants under sanction’. This webpage will provide a table of registrants who have received a sanction, including those who have been removed from the register. For those that have received a sanction a description of this will be outlined. The BPS confirmed that it would not keep those who are removed from the WPW register on the register but will have a statement on the register page linking to the sanctions page.
- 11.8 The BPS advised that it has updated its declarations that registrants sign up to, to make it clear that outcomes of complaints will be published with a summary of the complaint and any sanction applied with reasons. This is also on the application forms published on the website.
- 11.9 The Panel found that the updated *WPW Register Complaints Procedure* makes the process much clearer. The Panel considered the additions that the BPS had made which allowed for consensual disposals and interim orders. The Panel noted that although information on interim orders had been considered there was a lack of detail about how these could be lifted or reviewed so issued a Condition. The Panel noted that the procedure was silent on whether complaints hearings would be held in private or in public and suggested that the BPS amend its procedures to clarify the position. Its view was that hearings ought to be in public unless there was a strong reason (for example involving health questions) for it to be heard in private. The Panel also noted that the BPS had put a three-year time limit on whether a complaint will be accepted or not. The Panel considered the Authority’s position<sup>8</sup> on this and noted, while there are strong reasons why complaints should be made at an early stage, there are some complaints that may be so serious that the public interest requires them to be investigated in any case.
- 11.10 The complainant and the registrant can appeal the decision.
- 11.11 The BPS confirmed that it will inform employers and other relevant third parties such as the BABCP with whom it has a data sharing agreement. The BPS noted that this could include other Accredited Registers, regulators and the police as needed. The BPS noted that it was looking to develop agreements with other professional bodies (including, for example, the Psychological Society of Ireland) regarding member conduct matters and the sharing of registration information.
- 11.12 The BPS provided its *Safeguarding Policy* to the team. This policy sets out the responsibility of BPS staff and notes that ‘The Society is committed to ensuring that everyone who works for it understands their safeguarding responsibilities and keeps their knowledge up to date.’ The policy requires any

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<sup>8</sup> The Professional Standards Authority (June 2021). *Response to Regulating healthcare professionals, protecting the public*, page 32. Available at [https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2021/authority-response-to-consultation-on-regulating-healthcare-professionals-protecting-the-public.pdf?sfvrsn=7a1a4920\\_4](https://www.professionalstandards.org.uk/docs/default-source/publications/consultation-response/others-consultations/2021/authority-response-to-consultation-on-regulating-healthcare-professionals-protecting-the-public.pdf?sfvrsn=7a1a4920_4) [accessed 19 August 2022].

member of staff who becomes aware of a safeguarding issue to report the concerns to the Safeguarding Lead who will refer the concern to the local authority or the police.

- 11.13 We noted that complaints must be submitted in writing; the form and the website both state that if people need help filling in the form, they should contact the BPS complaints line and provides a telephone and email contact.

### **Complaints against the BPS**

- 11.14 Information about how to make a complaint against the BPS is published on the [website](#). The policy includes a section on informal resolution but states where this is not possible or appropriate complaints should be sent into the Quality Assurance and Standards team. The Quality Assurance and Standards team will review the information provided to ensure that the complaint falls under the remit of the complaints policy, if it is, they will allocate it to a Case Manager. The Case Manager will be responsible for investigating the complaint and will decide, based on the balance of probabilities, if the BPS failed to follow its policies and procedures. If found to be the case, the Case Manager will inform the Manager responsible for the area identified so corrective actions can be put into place. If the complaint is about a member of staff, the Case Manager will inform the relevant line manager so that any performance issues can be addressed.
- 11.15 If not satisfied with the outcome, the complainant can request a review. Where a review has been requested, The Quality Assurance and Standards team (which sits under the Membership, Professional Development and Standards Directorate) will review the information provided to see if the criteria for reviewing the matter are met. If so, the Chief Executive will nominate a senior member of staff to conduct the review. The outcome of the review is the final decision.
- 11.16 The policy also contains a section on vexatious complaints.
- 11.17 We found that this Standard is met with Conditions.
- 11.18 We issued the following Conditions:
6. We could not observe a complaint hearing as part of our assessment. The BPS must advise the Authority of any complaint hearing so that it may seek consent to observe.
  7. The BPS should further develop its processes for handling interim orders. The BPS should ensure it is clear how interim orders are reviewed and lifted.
  8. Information about complaints should be easy to find. Although there is a microsite for the WPW Register, there should also be clear and easy to find information about how to submit a complaint about a WPW registrant from the main BPS homepage.
- 11.19 We issued the following Recommendations:
18. The BPS should develop systems to check outcomes from other relevant bodies for registrants who have dual membership, such as with a statutory regulator. This could include highlighting regulators on registrants'

- individual profiles and including checks of the regulators when conducting spot-checks of registrants.
19. The BPS should consider developing internal guidance documents for its complaints decision makers.
  20. The BPS should review its complaints procedures and any guidance documents to:
    - a) The BPS should ensure it is clear about the test it applies to its decisions at each stage of the process.
    - b) The BPS should make clear whether its hearings are held in public or in private and, if in private, ensure that it is possible for them to be held in public if this is required under the Human Rights Act (for example, as a result of a request from a registrant).
    - c) The BPS should review the timeframe in which the BPS will consider a complaint. The register should endeavour to hear complaints if it is in the public interest providing that the complaint can be properly investigated.
  21. The BPS should consider developing templates for communications relating to complaints to ensure that the registrant and the complainant receive the same level of information following a complaint.
  22. The BPS should document its policy for advising relevant bodies (for example another Accredited Register) in the event of a concern being raised that might involve a breach of that body's codes.

## Share your experience

- 12.1 We received 23 responses to the invitation to share experience, 12 of which raised concerns which could impact our Standards. These concerns were based around the following themes:

**Governance** (Standards 2, 5 and 7)
- 12.2 Concerns raised included allegations of fraud and issues with the BPS's organisational culture, its Board of Trustees and other governance committees not including lay people and the high potential for conflicts of interest in the decision making process. These issues were considered by the Panel. The Panel had concerns about the lack of separation of functions and lay people and adjourned the initial Panel meeting, to allow the BPS to make changes to its governance structures.

Communications with members and the public (Standard 7)
- 12.3 Concerns were raised about the BPS' communications with members. We reviewed the BPS' communications with the public and note the changes it has made to provide clearer information to the public via its website.

Complaint handling (Standard 11)
- 12.4 Concerns were raised about the BPS' ability to handle concerns against registrants. The Panel had concerns about the BPS' ability to handle complaints and required the BPS to make changes.

## Impact assessment (including Equalities impact)

- 13.1 We carried out an impact assessment [DN add link] as part of our decision to accredit the BPS with Conditions. This impact assessment included an equalities impact assessment as part of the consideration of our duty under the Equalities Act 2010.
- 13.2 The BPS has not historically collected data about protected characteristics from its registrants. However, from March 2022 its new database will allow registrants to input personal characteristics if they wish. The BPS expects to have a full set of data by the end of 2022. The BPS highlighted a report which it commissioned in 2021. This report was published by the Nuffield Trust and considered the size and make-up of the psychological workforce. The report highlighted a number of barriers to becoming a psychologist, including race, disability and socio-economic background. The report found that some minority groups are less likely to progress in a psychology career within the NHS compared to others, that disabled undergraduate students are more likely to drop out of their psychology course and that men are less likely to pursue a career in psychology.
- 13.3 The BPS has reported that it is taking action to try and mitigate these barriers by for example it is 'exploring decolonising of the curriculum and research during 2022 and 2023.' However, the BPS feels that embedding the standards, building recognition of the roles, and ensuring the career pathways are clear will help encourage people from all backgrounds into training for these roles.
- 13.4 We noted that these roles will work as part of the wider mental health workforce and that bringing them under the Accreditation programme will provide additional assurance to service users and employers.

## Annex A – Conditions BPS completed prior to publication

The following is a list of the Conditions that the BPS completed while the Panel were adjourned.

<b>Completed Conditions</b>	
<b>Standard 7</b>	The BPS should publish clear definitions of the roles covered and the membership grades. This should be made easily accessible, such as linked at the top of search results on register webpages.
<b>Standard 9</b>	The BPS should ensure that the education and training standards required for admission to its register for each of the roles are clear and understandable by the public. At a minimum, the BPS should provide the following information: Type and level of qualification required for entry to the register, including typical duration if is not a standard qualification such as degree. If it allows exceptions, it should explain when and why and make that clear to the public.
<b>Standard 10</b>	<p>The BPS should ensure that its appeal process is clear that it includes decisions not to admit to applicants to the register. This policy should be published and easily accessible to applicants.</p> <p>The BPS should develop/publish its readmission/restoration policy so that its clear what actions those who have been sanctioned need to take to be fully restored to the register.</p>
<b>Standard 11</b>	<p>The BPS should clarify the options available to the Investigatory Panel, including the option to issue no sanction.</p> <p>The BPS should develop indicative sanctions guidance to provide guidance for its decision makers on appropriate sanctions</p>