

PSA Strategic Review of Accredited Registers Programme

1. Background

- 1.1 On 10 December 2020 the Professional Standards Authority for Health and Social Care (PSA) commenced its consultation on the Strategic Review of the Accredited Register Programme. The deadline for responses was 18 February 2021.
- 1.2 CNHC submitted its response on 15 February and published it on our website. A copy is attached as Appendix A to this paper.

2. Current position

- 2.1 In their March newsletter the PSA stated they had received more than 90 responses, including from NHS bodies, charities representing patients, employers, current and prospective registers, and members of the public. They hope to publish a report in Spring.

3. Members' action

- 3.1 The Board is asked to note the content of this paper.

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Consultation questions

Question 1: Do you agree that a system of voluntary registration of health and social care practitioners can be effective in protecting the public?

Voluntary legislation has limited scope in this respect, given there is no protection of title. Those that register voluntarily are more likely to be those that would ensure anyway that they are properly trained, keep themselves up to date and have the necessary insurance. It has the potential to be effective in protecting the public if

- the Authority commands the respect of government and is able to influence national decisions and legislation
- the system meets the factors set out in para 2.14 of the consultation document [“have high levels of coverage, robust requirements, high levels of awareness and be recognised and used by the broader systems in which they operate”]
- there is consistency in the Authority decision making regarding accreditation and renewal of accreditation
- licensing applies to all registrants because risks are not restricted to the nature of the intervention (ie invasive), but also include potential breaches of professional boundaries and financial exploitation on the part of those in independent practice.

Question 2: How do you think the Authority should determine which occupations should be included within the scope of the programme? Is there anything further you would like us to consider in relation to assessing applications for new registers?

The criteria in para 4.11 of the consultation document seem appropriate. In addition, the following criteria should be included

- the occupation is contributing to the health and wellbeing of the nation
- the occupation is adding value to the health and social care workforce
- the size of the occupation should be taken into account – that is, where there are such limited numbers of practitioners it is not viable to have a separate register
- there should be only one accredited register for an occupation. Having more than one reduces the financial viability of each one and causes confusion for the public
- National Occupational Standards or one detailed industry-wide standard for safe and competent practice must be in place for each occupation included within the scope of the programme
- All accredited organisations must have a lay majority of Board members

Question 3: Do you think that moving from an annual to a longer cycle of renewal of accreditation, proportionate to risk, will enable the Authority to take a targeted, proportionate and agile approach to assessment?

Yes, a longer cycle of renewal of accreditation is appropriate where there have not been significant concerns regarding performance or where there have not been significant changes and would be in line with ‘Right Touch Regulation’. Significant changes may relate to personnel within the organisation or the Board. Where annual renewal is not required, it could be three years in the first instance, before moving to five years. But the Authority must have sufficient human resource capacity to meet its Key Performance Indicator of renewal decisions within two months of application. In the past year it met the KPI in only 23% of cases.

Do you think our proposals for new registers in terms of minimum requirements are reasonable?

It isn't clear how this would differ from the current system whereby Conditions and Recommendations can be set, other than that accreditation can be removed if the standards are not met within the first cycle. It would be reasonable to charge pre-assessment and audit fees.

Question 4: Do you think accreditation has been interpreted as implying endorsement of the occupations it registers? Is this problematic? If so, how might this be mitigated for the future?

On 20 April 2017, the UK government made the following statement
"The Government recommends that when seeking the services of an unregulated professional, members of the public utilise those of somebody that is on a voluntary register accredited by the PSA where possible." This could reasonably be interpreted as endorsement of the registered occupations and is not problematic. The criticism the Authority has been subject to [para 4.19 of the consultation document] has typically been from individuals and organisations who are fundamentally opposed to anything other than allopathic medicine.

Question 5: Do you think the Authority should take account of evidence of effectiveness of occupations in its accreditation decisions, and if so, what is the best way to achieve this?

Currently, Option 1 [para 4.25] is the most practicable, especially for multi-disciplinary registers. In addition the Authority could

- require all current and new ARs to have a defined knowledge base
- state that all relevant ARs should require their registrants to engage in Evidence Based Practice with the three elements: best available research evidence; professional expertise; patient values.

Option 2 would not be feasible unless the Hierarchy of Evidence is expanded to include Patient Reported Outcome Measures, such as Measure Yourself Medical Outcome Profile (MYMOP) and Measure Yourself Concerns and Wellbeing (MYCAW).

Question 6: Do you think that changing the funding model to a 'per-registrant' fee is reasonable? Are there any other models you would like us to consider?

No, CNHC does not think the proposal of £6 per registrant is reasonable. The proposal does create a scenario of winners and losers. The very small registers are big winners whereas the largest registers are left with extreme financial challenges, that are likely to lead to the removal of some, with the associated implications for public safety.

We are of the view that the following principles are valid and relevant.

1. Becoming an Accredited Register (AR) brings with it the same duties and responsibilities for each of us.
2. It is reasonable to suggest that there should be a minimum basic fee.
3. Currently the 26 ARs pay a basic fee of £10,414, plus 10p each for the 90,000 registrants, total £279,774.
4. We suggest a minimum fee of £8,000 and a per capita fee of £3. This brings about significant savings for the smallest registers and increased costs for the larger ones.
5. This approach would give an overall revenue of £478,000, which represents a 71% increase in fees paid. In this scenario the current nine ARs with fewer than 800 registrants would pay a reduced fee.
6. The Authority proposal to almost double the total fees paid to £540,000, in a time of extreme economic stress, does raise the question whether or not such a proposal has any basis in realism, irrespective of the loss of central government financial support.
7. We would propose a working group of Authority and AR representatives to look at ways and means for the Authority cost base for AR management to be contained

Question 7: Do you think that our proposals for the future vision would achieve greater use and recognition of the programme by patients, the public, and employers? Are there any further changes you would like us to consider?

The proposed stratification of occupations according to risk, with three tiers, is interesting. We support the idea of licensing but would stress that risks to the public can include potential breaches of professional boundaries or final exploitation by practitioners in private practice.

Greater use and recognition of the programme will require the Authority to become an effective influencer with both government and the public.

In terms of joined up legislation, it would be helpful if the Essex Act 1987 could be amended to include recognition of the status of practitioners on Accredited Registers.

Question 8: Do you agree that to protect the public, the Accredited Registers should be allowed to access information about relevant spent convictions?

Yes, this is the view of all members of the Collaborative of ARs and we welcomed the Authority's attempts to gain government agreement to amend the Rehabilitation of Offenders legislation.

Question 9: Are there any aspects of these proposals that you feel could result in differential treatment of, or impact on, groups or individuals with characteristics protected by the Equality Act 2010?

There may be certain occupations that are predominantly used by specific ethnic groups and that may form part of an individual's culture. The Authority should carry out a Risk Assessment relating to this when considering whether an occupation should be added to the AR programme, and should approach organisations that understand the occupation's cultural impact.