

Council meeting

15 November 2011

Paper 4



**Purpose: For consideration**

## **Voluntary Registers – Setting the bar**

### **1. Introduction**

- 1.1 The aim of the Professional Standards Authority's accreditation scheme is to enhance public confidence in unregulated health and care occupations by creating a reliable and effective assurance scheme for voluntary registers, promoting quality in education and training, registration, and standards of conduct.
- 1.2 We will take legal advice to determine the scope of the term 'health and social care' to enable us to decide whether that renders any groups or disciplines ineligible.
- 1.3 The scheme should be inclusive to encourage the diverse range of occupational groups that exist, to strive to meet our standards, for the benefit of the public. However, we will need to manage that in a way that retains the confidence of unregulated mainstream health professions in the accreditation scheme, some of whom have expressed disquiet at the prospect of being in a scheme which might include fringe therapies.
- 1.4 We continue to enjoy the support of over forty organisations, notwithstanding the slightly confusing political messages about statutory regulation.

### **2. Setting the bar**

- 2.1 Being accredited by the Professional Standards Authority will be seen as a mark of quality. We will seek to operate a scheme that becomes 'mandatory through choice', attracting people to it because it is seen to offer positive benefits and to deliver positive outcomes.
- 2.2 By acting as a mark of quality, and being associated with delivering benefits, it will attract commissioners, employers and members of the public to seek to contract and employ individuals who are on an accredited register. That, together with the high standards of the organisations we accredit and the degree to which they require, support and develop good practice, will attract potential registrants to join an accredited register.

- 2.3 Our bar must therefore be set high. However, as we seek to encourage a wide range of occupational groups to be professional and provide good quality health and social care, it must also be felt to be achievable by organisations who might not initially meet the standards and so cannot be immediately accredited. We should encourage and facilitate their improvement. The cost implications of that are discussed below.
- 2.4 This means that our scheme must be pitched at the level of good practise, not just safe enough. Our accreditation process must therefore be designed to assess that, whilst remaining true to right-touch principles. When someone is removed from an accredited register, it may indicate depending upon the circumstances either that they are unsafe; or that they are not meeting the quality standards required. It should be noted that this is proposed and we have not yet had advice upon it. We anticipate that it would act as a lever to raise standards but will not unduly restrict the market or the right to work, which are factors to be taken into account. Organisations will need to demonstrate to us:
- that they are removing people who are unsafe to practise and ensuring that all reasonably practicable steps are taken to restrict their future practise e.g. publishing removal, referrals to the Independent Safeguarding Authority and other relevant authorities; recognizing decisions by statutory regulators or other accredited register holders.
  - that they are vigorously applying their standards of good practice including refusing entry to those who do not meet them, requiring and supporting continuous professional development, placing conditions on registration to limit practise that falls below the standards.
- 2.5 It requires us to set high standards for the organisations holding registers. It requires them to set high standards for their registrants and to be rigorous in managing their register and removing people who do not meet the required standard. The test for appeal for a decision considered to be too light, is therefore likely to be that the decision was insufficient to protect the public; or that it failed to uphold the principle of good practice.
- 2.6 It is likely that the majority of organisations who apply for accreditation will be professional bodies and, whilst requiring their governance arrangements to ensure that their registration function is firmly focused on the interests of the public, we should also draw upon their professional development role in raising standards. Benefits that might be provided by the accredited organisations include developing their registrants' leadership skills, team work and business practices. The organisations themselves should work effectively in partnership with other key partners including employers, commissioning groups, local employer networks and other professional bodies in order to understand service needs and help develop their registrants to meet them.

***Examples of benefits that might be perceived to flow from the accredited register scheme***

*Example: accredited voluntary register*

- 2.7 An accredited organisation finds that it is attracting more registrants and is better able to engage in constructive dialogue with stakeholders, who regard it as a credible authority in its field. They report that their discipline is better understood by mainstream healthcare partners and as a result, their registrants are reporting increased use of their services. The organisation is realizing productivity gains as a result of improved governance arrangements.

*Example: commissioning*

- 2.8 Local authorities in a region decide to provide a counselor in every primary and secondary school. They need assurance that the counselors they contract with are safe and will provide a good service. They contact the Professional Standards Authority for advice and are directed to the accredited registers of counselors for children and young people. This provides them with additional assurance that the counselors they contract with are of good conduct and provide a quality service. The counselors form an educational network, that enables them to identify trends, which informs public health commissioning.

*Example: employer – a care home*

- 2.9 A care home has had a high staff turnover and several instances of poor care. The Care Quality Commission has issued a warning notice and says it must resolve its staffing problems and ensure a consistent standard of care. A care staff agency supplies them with staff who are on a voluntary register which has been accredited by the Professional Standards Authority. Those staff have been trained by the agency and are bound by the terms of their contract to abide by the accredited register's standards and their Code of Conduct. The agency's contractual arrangements with the care home include an agreement by the care home that it will abide by the accredited voluntary register's model Code for Employers, which guides employers in inducting, supervising and training their staff in order to support them in delivering good care. The care home notices improved customer satisfaction, an improvement in productivity; and a decrease in sickness levels amongst its permanent employees.

*Example: acute NHS Trust*

- 2.10 A GP Consortia decides that particular diagnostic tests would be better provided in a community clinic. It commissions an NHS Trust to provide the service. The Trust decides to manage the service as an outreach clinic using unregulated staff acting under the supervision of a doctor. The GP Consortia asks for assurance that this arrangement will be safe. As part of its quality assurance, the Trust guarantees to use only staff on an accredited register and sets out the benefits. This is a key factor in the GP

Consortia deciding to award the contract. Outcomes for patients are good and patient satisfaction levels are high.

### ***Accreditation process***

- 2.11 Only organisations who meet those standards on application will be accredited. Organisations who apply and pass 70% of the standards may, at our discretion, be given up to 18 months to achieve full compliance. They may, with their agreement, be listed on our website under a separate category to reflect this.
- 2.12 We will set preliminary eligibility criteria to allow organisations to assess whether they are ready to apply; and to allow us to screen out at an early stage any organisations that are clearly ineligible, in order to reduce costs. Those criteria will include:
- Holds a register for a defined occupational group or groups that falls within the scope of 'health and social care'
  - Is of good standing (i.e. legally constituted; no malpractice suits)
  - Is focused on upholding public confidence and public protection
  - Has sufficient funds to meet its liabilities
  - Its registrants are covered by indemnity insurance
  - Has been operating as a voluntary register for at least one year
  - Has completed its self-assessment and is satisfied that it can demonstrate to us that it is meeting our standards
  - Has consulted the public about its arrangements for its register.

## **3. Listings**

- 3.1 Our website should contain three listings under the banner of health and social care: mainstream health; talking therapies, complementary therapies (titles still to be agreed). Application status will also be listed.
- 3.2 A tab for children/young people will also be available. Material will be presented in easy read and access to alternative languages provided.
- 3.3 Where an organisation holds a register for a range of disciplines, some of which fall outwith the definition of health and social care, we will omit those disciplines from the accreditation scheme. We will not list those disciplines on our website.

## **4. Standards and process of assessment**

- 4.1 Work on developing the standards is continuing. Key areas include a requirement that:
- The purpose of the body managing the register is to protect the public, to promote quality care and to uphold public confidence; and that is its focus.

- The organisation's governance arrangements are such as to maintain the independence and impartiality of those managing and making decisions about entry and exit to the register.
- Its register is accessible to the public and information provided supports informed choice
- It has robust arrangements to assure the quality of education and training
- It requires, promotes and assists its registrants to adopt high standards of personal behaviors, technical competence and business practices.
- It manages complaints effectively, focusing on customer focused resolution
- It has robust arrangements for removing people from its register
- It has robust safeguarding arrangements
- It works collaboratively with others within the quality assurance system to enhance public protection
- It provides a good standard of information to its stakeholders.

4.2 The process for assessment will include self-assessment and risk based follow up and is likely to include:

- documentary review of a limited number of documents
- third party feedback analysis,
- registrar interview
- registrant pathway tracking
- complaints case note analysis
- observation of at least one panel.

4.3 Several organisations have volunteered to help us with piloting the standards and method of assessment. We will pilot using organisations from each of the listings.

***Pre-application advice***

4.4 We will help organisations to understand our standards and guidance and assist them with considering whether they are eligible to apply. However, we will tailor our interaction so that it is proportionate to their intention to proceed. This will keep costs low which is important because they will be borne by those we accredit. Our engagement will increase in line with the organisation's stated intention to seek accreditation.

- 4.5 We will make clear the level of service we will offer free of charge. I anticipate it will be in the region of 7 emails, 3 telephone calls and a one hour meeting.
- 4.6 Organisations will be free to commission us without prejudice for more detailed work or advice in advance of applying but in the main, we expect that they will just complete our online self-assessment to test their own readiness.
- 4.7 Guidance, FAQs, entry criteria and standards and the self-assessment tool will all be provided online.

***Declared intention to proceed***

- 4.8 We should allow a minimum of 8 weeks for external stakeholders to make any comment they might wish to in respect of an organisation seeking accreditation.
- 4.9 In order to allow us to make a swift decision once an application has been received, we should utilize a pre-application declaration of intention to proceed. We will publicise this on our website and might positively alert consumer/patient organisations (if they agree this is desirable and they have capacity). We will advise the applicant organisation to also publicise their intention and will provide publication guidelines to ensure that it is likely to be seen by relevant stakeholders.
- 4.10 We will not grant accreditation until this 8 week consultation phase has expired but it may begin before the formal application is received.

***Preparing to make an application***

- 4.11 An organisation should assess its performance against our standards using our online 'readiness test'.
- 4.12 It must complete the 'practitioner/discipline risk assessment. This tool will require the organisation to have analysed any risks inherent in either their particular practitioner group, or in the exercise of their discipline(s) and the means by which they are, or could be, controlled. We will take this risk assessment into account when reviewing their standards for registrants' education and training, practise and behaviours; and when considering whether their organisational systems and processes are fit for purpose. It will include consideration of factors such as: physical, mental or emotional harm; failure to achieve intended benefit (of treatment, therapy or service), situational and environmental risks, consumer service and business practices.

***Cost of the scheme***

- 4.13 There are currently over 40 organisations who are working with us on developing the scheme. Thirty-six of them are interested in applying. There are some others who are participating but have not yet decided if they will seek to join either because they are part of a larger umbrella organisation and may be encompassed by that' organisations' application; or are

awaiting further information. We have also been contacted by others who are interested in setting up voluntary registers and they are being assisted by some of the established registers who are sharing their expertise.

- 4.14 Their membership ranges from circa 200 – 36,000. Their incomes range from £10,000 to almost 10 million. Registration fees range from £45 to £400 per registrant. The number of disciplines they register ranges from 1 – 20 and some organisations act as an umbrella for smaller individual organisations who have their own codes and standards.
- 4.15 We will provide an online readiness test for organisations to use to assess whether they meet our standards. This will reduce the likelihood of them wasting money on failed applications. We anticipate that the organisations will all need to make some adjustments in advance of applying. It is difficult to predict at this stage how many of the organisations will apply immediately when we open for business next year. However, we shall be able to gauge that more accurately when the readiness test has gone live, probably in June.
- 4.16 If we estimate that one third apply, we might expect 15 applications in the first year and a similar number in the next. To manage workflows evenly and avoid bottlenecks creating delay, we should run a booking system for applications and re-accreditation.
- 4.17 We might adopt the same formula we use to calculate the levy to ensure our fees take account of the organisation's variation in size and income, but we should also factor in the number of disciplines and subsidiary bodies as this is likely to increase the time taken to assess them. We might estimate that the average time per organisation will be 20 days including pre-application support, assessment, ongoing support and a percentage of resources for overheads including promoting the scheme. Precise costs are still to be calculated, but we estimate that it will require a base fee of £10,000 per organisation. Accrediting 10 in the first year would therefore provide an income of £100,000 and suggests we would need to process applications within a 4-6 week period. Re-accreditation fees are likely to be lower as not all information will need to be rechecked and we shall start to realize some economies of scale as the number of registers we accredit increases.

## **5. Conclusion**

- 5.1 Our aim is to set the standard sufficiently high for it to be seen as a mark of quality and to be associated with – although not directly responsible for - the delivery of positive outcomes and benefits. Our work is still in the development phase and there are a number of other government policy initiatives that will have a bearing upon the final design. These proposals therefore remain provisional.