professional
standards
authority

for Health and Social Care

Standards for Accredited Registers: Core expectations and evidence

The Standards for Accredited Registers are the criteria we use to decide if a non-statutory register of health and social care practitioners should be accredited under our legal powers in the National Health Service Reform and Health Professionals Act 2002.[1]

Introduction

The more detailed expectations, set out in the table below, provide:

- the standards

- the core expectations for each standard we look for in deciding that a standard is met

- the suggested evidence that we use to determine whether a core expectation is met.

As the list of possible evidence is not exhaustive, we may choose to use additional evidence in our assessment and different forms of evidence may also be provided by a register that can satisfy the standard. The information we will seek from the register will be proportionate and depend on the register, the practitioners and the risks associated with the practice.

It is possible for an applicant for accreditation or an Accredited Register to propose alternative means to meet our Standards, but to do so we must consider the rationale for departure from the core expectations on a case-by-case basis to ensure that the Standards are met in full.

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[1] **https://www.legislation.gov.uk/ukpga/2002/17/contents**

Share your experience (SYE) submissions could be relevant to our consideration of all Standards. However, we have only listed SYE submissions against Standards where we commonly request or receive submissions.

This document will be subject to regular review once operational. Unlike our Standards, upon which we will consult before we make changes, we may make changes to the suggested evidence dynamically to ensure that our framework is responsive to changing risks.

Pink text denotes new expectations for 2026/27. In the first year of implementation these will only attract recommendations. From the second year we may set conditions on these expectations.

Accreditation of voluntary register

Standard	Core Expectations and Suggested Evidence	
Eligibility and Public Interest The register is eligible for accreditation, operates lawfully, and it is in the public interest to accredit the register	**Eligibility** **1. The law permits accreditation of the register because: it is a register of health practitioners (UK-wide) or social care practitioners (England only); there is no legal requirement to be registered to use a protected title and/or perform the practice**	a) The register falls within the legal requirements set out in Sections 25E (2), (3), (4) and (5) of National Health Service Reform and Health Care Professions Act 2002
		Suggested Evidence: • Key governance documents such as Articles of Association, Memoranda of Association, Charters, Terms of Reference, Standing Orders • PSA checks of UK law to make sure the roles registered are not legally required to use a title, work in a profession, or provide health or social care services in England
		b) The work of practitioners must fall within the legal requirements set out in Sections 25E (6), (7), (8) and (9) of the National Health Service Reform and Health Care Professions Act 2002 which describe practitioner roles in health and social care
		Evidence • Role descriptions explaining the activities that practitioners perform • PSA review of definitions of roles provided by official organisations[2]

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[2] An official organisation is recognised as having the authority to give advice on the law and health and social care. These may be UK government departments or public sector authorities or national or international organisations that have expertise in health and social care and use reliable evidence

	Public interest 2. It is in the public interest to accredit the register	a) There is objective evidence that service users benefit from the practice
		Suggested Evidence: • PSA desk-based review of information provided by the register against key reference sources, such as National Institute for Health and Care Excellence (NICE) and equivalents such as the Scottish Intercollegiate Guidance Network (SIGN), World Health Organisation (WHO), Cochrane reports and similar reliable sources such as peer reviewed research papers • Evidence of service user outcomes such as Patient Reported Outcome Measures • PSA review of Share Your Experience responses about experiences of the practice
		b) The risks of the practice, including the potential for misleading and unproven claims, are identified, justified, and managed by the register's standards and requirements for registration
		Suggested Evidence: • Practitioner risk register that demonstrates a thorough understanding of the risks of practice and has in place mitigations to address them. These mitigations will be further assessed against the other Standards for Accredited Registers as part of a full application or full renewal assessment • Evidence demonstrating Register's understanding of the employer and contracting body requirements in place around their registrants and whether matters of professional suitability are regularly considered • Evidence that supports the Register's decisions about how professional suitability is checked • Policies and processes for regular review of the practitioner risk register including identification of new risks, appropriate responses and review by the governing body for the register • PSA review of Register website, communications and other materials identifies clear and accessible information about the limitations and benefits of treatments offered by

to undertake their work. Examples include: The UK Department of Health and Social Care, Scottish Government, The World Health Organisation (WHO), National Institute for Health and Care Excellence (NICE), Skills for Care, Health Education and Improvement Wales (HEIW).)

- practitioners
- PSA review of a sample of practitioner websites, social media sites and other relevant communications
- PSA Review of regulatory decisions relating to practice such as Advertising Standards Agency (ASA) outcomes
- Requirements on practitioners to advertise and offer services ethically and lawfully as a part of practitioner standards and guidance
- Policies and processes for reviewing practitioner websites when services are advertised to the public
- PSA review of Share Your Experience submissions about risks and misleading claims

c) The benefits of the practice outweigh the managed risks

Suggested Evidence:
- PSA review of the evidence of benefit, the risks, and risk mitigations against the PSA's risk rating guide for the public interest test[3]

d) The register and practitioners comply with relevant UK law

Suggested Evidence:
- Declarations made by the register in application forms for accreditation that the organisation complies with relevant UK law for equalities, data protection, companies and charities, taxation, procurement, health and safety, safeguarding, human rights, and, if relevant, employment law.
- PSA checks through regulatory body information such as the Charity Commissions or Companies House
- PSA review of the submitted evidence and information published by the register about their operations and practice of practitioners to identify potential for non-compliance with UK law
- Representations from a register in the event that potential non-compliance with UK law is identified

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[3] See the Annex in this document (page 26)

Governance

Standard	Core Expectations and Suggested Evidence	
Standard 1 **Good governance** The governing body and senior leaders put in place arrangements for the organisation to effectively protect the public and maintain public confidence	**1.The organisation is well governed and well led**	a) Risk governance regarding operation of the register is demonstrated
		Suggested Evidence: • Documented business continuity processes that account for threats to operation of the register, such as change of key people or leaders and data breach • Proof of liability insurance • Documented organisational risk management policies and processes (including a risk register) that include regular Board review • Policies and processes for information security and data protection, which include protection of sensitive data that meet the requirements of UK law • PSA Review of information held by the Information Commissioner's Office (ICO) • PSA observation of governance meetings and review of meeting minutes (excluding sensitive information)
		b) Financial governance and sustainability for the register is demonstrated
		Evidence: • Policies and processes for setting annual budget and reserves levels based on income forecasts • Minutes of meetings demonstrating the governing body's consideration of financial forecasts and sustainability (excluding sensitive information) • Policies and processes for effective financial control, such as anti-fraud measures • Information provided to other oversight bodies or their reports (for example, Companies House, Charity Commission for England and Wales, Charity Commission for Northern Ireland, or Office of the Scottish Charity Regulator) • PSA review of published annual accounts, reports or statements • PSA observation of governance meetings
		c) Board member legal and ethical responsibilities are demonstrated

		Suggested Evidence: • Key governance documents such as Articles of Association, Memoranda of Association, Charters, Terms of Reference, Standing Orders • Role descriptions for Board Members and other officer roles • Policies and processes for regular appraisal of key governance and leadership roles • Links to relevant published annual reports • Other oversight body reports (for example Charity Commission for England and Wales, Northern Ireland, or Office of the Scottish Charity Regulator) • PSA observation of governance meetings
	2. The organisation is clear about, and focused on, its purpose of improving public protection and public confidence	**Suggested Evidence:** • Key governance documents demonstrate a focus on improving public protection and public confidence • Role descriptions for Board Members and other officer roles • Links to relevant published Annual reports • Other oversight body reports (for example Charity Commission for England and Wales, Northern Ireland, or Office of the Scottish Charity Regulator) • PSA review of communications (including social media posts) to assess consistency with public protection and confidence goals • PSA observation of governance meetings
	3. The organisation fosters a culture of openness and learning, that supports organisational sustainability, improvement and employee wellbeing	a) The governing body has and maintains policies and processes that support an open and learning culture
		Suggested Evidence: • Internal policies, such as, whistleblowing, freedom to speak up, antibullying, safeguarding, reasonable adjustments etc. • A process so that anyone may raise a complaint about the register • Evidence of the register and its governing body reviewing organisational complaints and considering or applying learning • PSA review of Share your Experience submissions from officers (**NOTE:** The PSA is not a prescribed body for the receipt of protected disclosures as set out in the Public Interest Disclosure (prescribed persons) Order 2014. Any potential

		whistleblower should seek their own advice about what this might mean for their circumstances. Protect[4] offers free and confidential whistleblowing advice.) • PSA observation of governance meetings
		b) If there are employees, governance oversight of employee wellbeing is demonstrated
		Suggested Evidence: • Internal policies, such as, whistleblowing, freedom to speak up, antibullying, safeguarding, reasonable adjustments etc • Employee engagement practices and outcomes, such as surveys • Employee support mechanisms • Evidence of the governing body considering employee wellbeing and experience of culture • PSA review of Share your Experience submissions from employees (**NOTE:** The PSA is not a prescribed body for the receipt of protected disclosures as set out in the Public Interest Disclosure (prescribed persons) Order 2014. Any potential whistleblower should seek their own advice about what this might mean for their circumstances. Protect[5] offers free and confidential whistleblowing advice.) • PSA observation of governance meetings
	4. Governing body decisions are proportionate, consistent, targeted, transparent, accountable, agile and risk based. They are informed by the best available evidence and consider the views of those	a) Key governance documents are published
		Suggested Evidence: • Publication of key documents such as Board papers, minutes and position statements • PSA review of information made available on register website
		b) Policies and processes that seek to understand and use the views and experiences of service users, practitioners, and other stakeholders

[4] **https://protect-advice.org.uk/**
[5] **https://protect-advice.org.uk/**

	affected by them, such as service users and practitioners, as appropriate	**Suggested Evidence:** • Policies and processes for consultation and engagement • Board papers that demonstrate engagement activities and their outcomes helped to inform decisions • PSA review of Share Your Experience submissions about consultation and engagement
		c) Decision-making includes lay representation
		Suggested Evidence: • Key governance documents setting out requirements for lay representation in decision-making
	5. Conflicts of interest are identified and managed	a) Policy and processes for the identification and management of conflict of interest are demonstrated
		Suggested Evidence: • Conflict of interest policies and processes for all decision-makers which include consideration of actual and perceived conflicts of interest and how they should be managed • Publication of conflict-of-interest registers • Minutes of meetings where conflicts of interest are considered (excluding sensitive information)
		b) Separation between management of register functions, education and training provision, and professional body functions.
		Suggested Evidence: • Key governance documents explain the separation of functions related to the register and prevent conflicts of interest across these functions

Standard 2	1. The organisation analyses its own performance to identify areas for learning and improvement, and acts on issues identified	**Suggested Evidence:**
Reporting on organisational performance and addressing concerns The organisation publicly reports on its performance, identifies and acts on learning and addresses concerns about its performance		• Reports to governing Boards and Committees about performance of functions such as practitioner complaints and registration, education quality assurance and standards setting • Outcomes of internal audits / reviews of Board effectiveness and evidence of action on those outcomes • Examples of the register encouraging openness and learning when things have gone wrong • Examples of the register proactively seeking feedback, identifying and applying learning • Evidence that the register measures the impact and effectiveness of its policies and processes • PSA observation of governance meetings
	2. The organisation is transparent in reporting on its performance	**Suggested Evidence:** • Publication of performance information • Sharing of performance reporting with the PSA as part of assessment process
	3. Relevant learning and best practice from external reports and inquiries, including PSA publications, is identified, considered, and integrated into policy and practice	**Suggested Evidence:** • Evidence demonstrating governing body consideration of external reports and inquiries • Official responses to external reports and inquiries • Examples of changes to policy and processes resulting from external reports and inquiries

General

Standard	Core Expectations and Suggested Evidence	
Standard 3 **Equality, Diversity & Inclusion (EDI)** The organisation promotes Equality, Diversity and Inclusion and takes action to reduce inequalities and assure its policies and processes are fair and equitable to all	**1. The organisation understands the diversity of their employees (if relevant), associates and governing bodies, practitioners, service users, and complainants**	a) Demographic data or reliable statistics are collected and analysed to understand the diversity of employees (if relevant), associates, governing bodies, practitioners, service users and complainants
		Suggested Evidence: • Data collection and reporting on employees (if relevant), associates and governing bodies • Data collection and reporting as part of registration or renewal processes • Data collection as part of practitioner complaints handling processes • Data collection from service users engaging with practitioners or the register • Use of reliable evidence from national statistics or research
		b) Evidence is used to understand the diversity of experience of people affected by the register's work
		Suggested Evidence: • Consideration through the governance structures of information about diversity of practitioners, service users and complainants and their experiences to remove barriers and enable participation • Examples of equality impact assessments • Examples of research and engagement relevant to equality, diversity and inclusion
	2. The organisation's internal and external communications, policies and processes are clear and fair to all and take account of the needs and experiences of diverse groups including	a) Information about the register's role, the practitioners it registers, and key functions is made available in accessible formats
		Suggested Evidence: • PSA review of register website for clarity, legibility, and absence of broken links

		or out of date information
those with shared protected characteristics		• Website accessibility certification • Policies or processes for accessible communications • PSA review of published documents • PSA review of communications materials (such as letters, emails, social media posts or other digital content)
		b) Policies and processes for key functions include support or adaptation for people with shared protected characteristics
		Suggested Evidence: • Standards setting policies and processes include impact assessment of the effect of standards on people with shared protected characteristics • Education and training outcomes which include expectations that practitioners are equipped to provide services to a diverse group of service users • Education and training quality assurance policies and processes which include provisions for support and adaptation for equality and inclusion • Registration policies and processes which include provisions for support and adaptation for equality and inclusion • Practitioner complaints policies and processes which include provisions for support and adaptation for equality and inclusion • Organisational complaints policies and processes which include provisions for support and adaptation for equality and inclusion
	3. The organisation understands how their policies and processes may lead to differential outcomes and takes steps to address them where the outcomes are not justifiable or reasonable	**Suggested Evidence:** • Policies and processes that recognise the potential for differential outcomes and, if possible, include mitigations • Publication of research or insights into differential outcomes for people affected by policies and processes
	4. The organisation actively promotes equality of opportunity and outcomes	a) Recruitment and training policies and processes for governing body members, decision-makers and, if applicable, employees include provisions for equality, diversity and inclusion

	between diverse groups including those with shared protected characteristics, while encouraging others to do the same	**Suggested Evidence:** • Recruitment / appointment policies and processes • Board / committee / decision-maker / employee training policies and processes • Examples of training materials • Examples of job adverts and role descriptions
		b) Published information about activities to promote equity and commitment to legal responsibilities for equality, diversity and inclusion
		Suggested Evidence: • Statement of commitment to equalities legislation • Equality, diversity and inclusion policies, processes, strategies or plans • Minutes of governing body meetings demonstrating consideration of equality, anti-discrimination, diversity and inclusion policies, processes, strategies or plans • Examples of activities, including collaboration or stakeholder engagement, related to equality, diversity and inclusion
Standard 4 **Engaging and working with others** The organisation engages and collaborates effectively, in order to inform, enhance and deliver their work. It seeks appropriate alignment with others, and identifies and manages risks to the public in respect of its registrants	1. There is collaborative working between regulators, registers and other relevant organisations, including appropriate exchange of information related to risk and harm to the public	**Suggested Evidence:** • The register is able to meet the expectations of the *Accredited Registers Collaborative Information Sharing Protocol* • Memoranda of Understanding or Information Sharing Agreements with partners in protecting the public • Evidence of collaborative working such as working groups, joint statements, information sharing, responses to emerging concerns • Evidence of working collaboratively with employers, contracting bodies, government, government agencies and local government to share information that protects the public and to support improvements to the processes of checking, reporting, and declaring matters of professional suitability
	2. Policies and processes are informed by the views of, and information and evidence provided by, other organisations and people, to	**Suggested Evidence:** • Policies and processes for consultation and engagement which include consideration of the need for pre-engagement, formal consultation, informal engagement, supporting communications, and impact assessment

	better support and advance public protection	
	3. Where appropriate and beneficial for public protection and quality of care, policies and processes are aligned with those of other organisations and regulators / registers and promote consistency of outcomes across the health and care professions	**Suggested Evidence:** • Examples of collaboration with Accredited Registers and other key stakeholders • Joint statements / responses • Jointly developed or operated policies or processes • Learning from other organisations is applied to public protection processes

Standards and Guidance

Standard	Core Expectations and Suggested Evidence	
Standard 5 **Standards and Guidance for Registrants** The organisation maintains, publishes and promotes up to date standards and guidance that support health and care practitioners to act professionally and practise safely, prioritising public protection	**1. Practitioners are aware of and have access to the organisation's standards and guidance they need to support safe and effective practice**	**Suggested Evidence:** • PSA review of published Practitioner Standards and guidance • Communications with practitioners that support adherence to standards and guidance
	2. Standards and guidance are up to date and informed by evidence, address emerging areas of risk, and prioritise public protection	a) Standards and guidance are up to date and informed by evidence, and address emerging areas of risk
		Suggested Evidence: • Policies and processes for review of practitioner standards and guidance • Examples of recent or current reviews of practitioner standards or guidance • Examples of consultation or engagement activities in the process of setting practitioner standards or guidance • Details of how the register has taken account of current and future needs of the health and social care landscape (such as technology, partnership working between service users and practitioners, the need for flexibility, move to more community-based care, preventative healthcare) • Governing body consideration of practitioner standards or guidance • Practitioner standards and guidance demonstrating ethical considerations, including: accountability, honesty, openness, integrity, respect, and the principles of the professional duty of candour • Practitioner standards and guidance that are in line with guidance from authoritative bodies, or departures from guidance are explained (eg national variation in guidance, reliable evidence to support the variation) • PSA review of Share Your Experience submissions about the register's standards and guidance
		b) Practitioner requirements prioritise patient and service user centred care and safety

		Suggested Evidence:
		- Requirements for practitioners to practise within limits of competence and refer to an appropriate health and social care professional when those limits are reached - Requirements for practitioners on information sharing, data, confidentiality that as a minimum meet UK legal requirement - Requirement for practitioners to declare matters of professional suitability, including criminal convictions and cautions promptly - If working in the independent sector, a requirement for practitioners to have safeguarding policies and processes with appropriate referral routes if a safeguarding concern is identified - Where relevant to the practitioner group, guidance on the use of products, equipment, and modalities that can and cannot be used - Where relevant to the practitioner group, guidance or special requirements for premises to ensure the health, safety and wellbeing of service users and colleagues - Where relevant to the practitioner group, requirements for advertising as relevant to role, in line with ASA and legislation such as the Cancer Act 1939 - Requirement for practitioners to hold appropriate indemnity cover or be covered by arrangements through employers - If practitioners work in the independent sector, requirements to establish and operate a complaint process, including escalation to the register when necessary
	3.Standards and guidance are aligned across practitioner groups where appropriate, to support safe and effective care, and consistent regulatory outcomes	**Suggested Evidence:** - Where possible, practitioner standards and guidance that have been developed collaboratively with, or in reference to, expectations of regulators and Accredited Registers, and other organisations responsible for protecting the public - Evidence of joint working such as working groups, joint standards and guidance, joint engagement activities

Education and Training

Standard	Core Expectations and Suggested Evidence	
Standard 6 **Standards for Education and Training** The organisation maintains and publishes up-to-date standards for education and training that prioritise public protection, prepare learners to work safely and effectively, and meet the needs of diverse populations	**1. The outcomes that learners must achieve, and the standards used to assess education and assessment providers and education programmes, are kept up to date**	**Suggested Evidence:** • Policies and processes for review of learner outcomes, including engagement with stakeholders • Example of most recent or current review of learner outcomes • Examples of consultation or engagement activities in the process of setting learner outcomes • Governing body consideration of learner outcomes
	2. The outcomes that learners must achieve link to the professional standards for practitioners and prepare learners to work safely and effectively, prioritise public protection, and meet the needs of diverse populations	**Suggested Evidence:** • PSA review of learner outcomes or curricula • Learner outcomes include preparation for registration and the legal, ethical and conduct requirements for practice • Learner outcomes include basic training about wider health and social care system • Learner outcomes are in line with relevant external requirements, such as National Occupational Standards, the law or practitioner guidance, and Advertising Standards Authority guidance • Policies that set out minimum levels or durations of education and training requirements
	3. The standards used to assess education and assessment providers and education programmes, prioritise public protection. They support learners to achieve the education outcomes	**Suggested Evidence:** • Education quality standards • Policies and processes for review of education quality standards • Example of most recent or current review of education quality standards • Examples of consultation or engagement activities in the process of setting education quality standards • Examples of governing body consideration of education quality standards • Standards demonstrating the need to consider professional suitability prior to learners engaging with members of the public, and prior to the award of a qualification that entitles an application for registration

Standard 7	1. The quality assurance processes for education and assessment providers and programmes are proportionate, avoid unnecessary duplication with other organisations and take into account risk	**Suggested Evidence:** • Where possible, education quality assurance processes rely upon information that is already being collected as part of training provider quality management processes • Where possible, education quality assurances processes are conducted collaboratively with other validation / approval / accrediting bodies
Quality Assurance of Education and Training The organisation is effective in assuring itself that education and assessment providers are delivering learners who meet the education outcomes and other relevant registration requirements, and provide a safe environment for learning	2. The quality assurance processes are transparent and robust and ensure that education and training delivers learners who have achieved the education outcomes	**Suggested Evidence:** • Published education quality assurance processes, that include when this function is performed through collaborative working • Education quality assurance processes that assure the learning outcomes are effectively delivered and assessed through any course that entitles an application for registration • PSA audit of decisions about education and training courses
	3. Action is taken where concerns are identified about education and training and where there are wider safety issues for patients and service users	**Suggested Evidence:** • Education quality assurance processes or collaborative arrangements that include processes to consider concerns about education and training provision • Education quality assurance processes or collaborative arrangements that include measures to suspend or withdraw eligibility for an application for registration where concerns may impact public protection • Education quality assurance processes or collaborative arrangements that include measures to manage improvement from an education provider
	4. Information on the outcomes of quality assurance activity are transparent and easy to access	**Suggested Evidence:** • Types and levels of qualification required for registration, including typical duration are published in an accessible form for members of the public

Registration

Standard	Core Expectations and Suggested Evidence	
Standard 8 **The Public Register** The organisation maintains an accurate and accessible published register of all health or care practitioners, clearly indicating any restrictions on their registration. Where appropriate, this applies to businesses and premises, who are registered	**1. Information about registrants is accurate, accessible and easy to find**	**Suggested Evidence:** • Register website entries include as a minimum: full name, unique ID to differentiate between people with the same name, qualification type, a link to the practitioner's website where possible • Types of qualification are explained, including typical duration of study, on the register website • Registered practitioner groups or levels are explained on the register website • If registration is based on prior registration with a regulator, this is clearly explained on the register website and accessing the regulator's register is made easy • PSA checks of register format for clarity and entries for accuracy and completeness
	2. The public register contains only information that the organisation assesses as being necessary for public protection	**Suggested Evidence:** • Rationale for including the information displayed on the register (including where relevant an exceptional circumstance policy)
	3. Restrictions on practice are displayed clearly and are visible to anyone accessing a register entry for a practitioner	**Suggested Evidence:** • Policies and processes for publication of restrictions on practice • PSA checks of register entries and publication of restrictions on practice
	4. A system is in place for updating and quality assuring the register	**Suggested Evidence:** • Policies and processes for updating and quality assuring the register, including the checking of data accuracy • PSA checks of register entries for accuracy and completeness

Standard 9	1. Only people with suitable qualifications, skills and knowledge and who are professionally suitable can register with the organisation	**Suggested Evidence:** • Policies and processes for checking identity of applicants to minimise the risk of fraudulent applications • Policies and processes for checking qualifications, experience, skills and professional suitability required for registration • Policies and processes for recognising professional conduct decisions made by Accredited Registers, regulators or other regulatory bodies • If equivalence routes are offered, policies and processes for assessing equivalence of experience
The Registration Process The organisation operates a transparent, proportionate, efficient and fair process to allow practitioners, and, where applicable, businesses or premises to join, remain on, and return to its register	2. Only businesses/ premises that meet regulators' requirements are on the register	**Not applicable:** The Accredited Registers programme only covers practitioner registration.
	3. Everyone can know what is required to register with the organisation, including how to make an appeal, and the process is easy to understand	**Suggested Evidence:** • Published registration, readmission, and restoration policies, processes, forms and guidance
	4. The process for registering with the organisation, and for appealing registration decisions, is fair, proportionate and efficient	**Suggested Evidence:** • Published registration, readmission, and restoration policies, processes, forms and guidance • Data about the time taken to register applicants • Data on the outcomes of registration processes • If equivalence routes exist, policies, processes, forms and guidance explaining how experience will be considered • Appeals policies, processes, forms and guidance include information about what can be appealed, the grounds for appeal, information about who consider appeals, how long appeals are expected to take, and what the outcomes of an appeal may be

	5. Decisions about registration and appeals are clearly explained	**Suggested Evidence:** • Examples of registration and appeal decisions • Share Your Experience submissions from applicants and appellants
Standard 10 **Protecting the public from being misled about registration status** The organisation takes proportionate action in response to the risk of people misleading the public about their registration status	1. The organisation has effective and published processes in place to deal with people who misrepresent their registration status	**Suggested Evidence:** • The register is able to comply with the terms of the Quality Mark Trademark Licensing Agreement • Policies and processes for addressing instances where non-registrants use the register's logo or misrepresent their registration status. • Only practitioners working in the UK use the Accredited Registers Quality Mark
	2. The approach taken to managing the risks posed by people misrepresenting their registration status is proportionate, agile and able to adapt to changing and emerging risks	**Suggested Evidence:** • Information about accreditation and the Quality Mark is provided to service users on the register's website and other communications channels • Where it occurs, the register encourages use of the Quality Mark in advertising by practitioners on websites or through other channels • PSA check of the register's website • PSA check of practitioner websites
Standard 11 **Continuing suitability for registration** The organisation has proportionate requirements and processes in place to assure that registrants maintain their skills and continue to be suitable to practise	1. The assurance processes that the organisation in place to ensure continued practice competence and suitability are proportionate, fair, and align with best practice	**Suggested Evidence:** • Policies and processes for periodic renewal of registration including considering professional suitability matters, such as convictions or cautions • Application forms and guidance for renewal of registration processes • Policies and processes for continued competence requirements, such as continuing professional development, continuing education or revalidation
	2. The organisation is clear about the purpose of the requirements they place on registrants to assure their ongoing competence and	**Suggested Evidence:** • Practitioner risk register includes the requirements for ongoing competence and suitability as mitigations to identified risks • Standards, guidance and communications to practitioners to support them to understand and meet the requirements for ongoing competence and

Standard	Core Expectations	Suggested Evidence
	suitability, and support them to meet the requirements	suitability
	3. Registrants, employers and the public are clear about what practitioners need to do to maintain their registration	**Suggested Evidence:** • Published policies and processes for periodic renewal of registration • Published policies and processes for continued competence requirements, such as continuing professional development, continuing education or revalidation • PSA check of register website
	4. The organisation's assurance requirements about continued practice competence and suitability are risk-based and targeted towards public protection	**Suggested Evidence:** • Practitioner and practice risk matrix identifies how continued practice competence and suitability requirements manage risks to public protection

Concerns

Standard	**Core Expectations and Suggested Evidence**	
Standard 12 **Raising concerns about a registrant** The organisation ensures that the process for raising a concern is accessible to all, makes clear the types of concerns that should be referred to them, and supports timely local resolution of cases where appropriate	**1. Anyone is able to access information about how to raise a concern about a registrant to the organisation, the sorts of concerns they can take action against, and the process for dealing with them**	**Suggested Evidence:** • Review of published information about practitioner complaints including how to raise a concern, the types of concern that can be considered, the stages of the process and their outcomes, the typical duration of the processes, and other routes to address concerns that may be more appropriately resolved locally • PSA review of tools used to support concerns to be raised, such as forms, web-pages, template response emails • PSA audit of practitioner complaints

	2. Anyone is able to raise a concern to the organisation about a registrant's practice or behaviour	**Suggested Evidence:** • Thresholds for considering a concern are appropriately inclusive of matters of competence and conduct • Tools used to support concerns to be raised, such as forms, web-pages, template response emails • Share Your Experience submissions about experiences of raising concerns • PSA audit of practitioner complaints
	3. The register encourages concerns about registrants to be resolved by the right organisation at the most appropriate level	**Suggested Evidence:** • PSA review of published information about practitioner complaints including how to raise a concern, the types of concern that can be considered, the stages of the process and their outcomes, and other routes to address concerns that may be more appropriately resolved locally • PSA review of tools used to support concerns to be raised, such as forms, web-pages, template response emails • Where appropriate, attempts at local resolution of concerns is expected prior to consideration of an investigation • Serious concerns that may include ongoing risk to the public or public confidence are exempted from expectations for attempts at local resolution • Communication of learning from complaint resolution to aid future local resolution • PSA audit of practitioner complaints
	4. Employers and other organisations making referrals have clarity about the types of concerns that should be referred to a register, and those they should seek to resolve themselves	**Suggested Evidence:** • PSA review of published information about practitioner complaints including how to raise a concern, the types of concern that can be considered, the stages of the process and their outcomes, and other routes to address concerns that may be more appropriately resolved locally • PSA review of tools used to support concerns to be raised, such as forms, web-pages, template response emails • Share Your Experience submissions related to employer or other agencies with responsibilities for public protection raising concerns or seeking support from the register • PSA audit of practitioner complaints

Standard 13 **Investigating and resolving concerns – timeliness** The organisation considers, investigates and resolves concerns about registrants as quickly as is consistent with a fair resolution of the case	**1. Concerns are resolved without unreasonable or unjustified delay for registrants, complainants and witnesses**	**Suggested Evidence:** • Summary data of complaints handling processes setting out number of concerns received and their time to resolution through the different stages of the complaint handling processes • PSA audit of practitioner complaints • Share Your Experience Submissions
Standard 14 **Investigating and resolving concerns – fairness** The organisation's policies and process for considering, investigating and resolving concerns about registrants are fair, proportionate, consistent and transparent, while protecting the public and maintaining public confidence	**1. The processes for examining, investigating and resolving concerns about registrants are fair and protect the public**	**Suggested Evidence:** • Policies and processes for handling concerns that set out how received concerns are considered for investigation, how investigations are conducted, and how final decisions are made • Decision-makers are not involved the consideration of a concern at more than one stage • Final decision-makers in the complaints handling process include lay people and are independent from the governing body and leadership of the register • PSA audit of practitioner complaints
	2. The decisions about concerns are fair to all parties involved and protect the public	**Suggested Evidence:** • Policies, guidance and processes for making decisions in the complaints handling process including: considering concerns for investigation, investigations, and final decisions • Policies, guidance and processes consider more seriously those concerns linked to a failure to declare matters of professional suitability, such as a conviction or caution • Policies and processes for appeal of decisions by appropriate parties at the different stages of the complaint handling process, which include how to raise an appeal, deadlines or timeframes for appeal, grounds of appeal, who

		considers appeals, and the available outcomes of the appeal process. • Policies and processes for complaints handling set out that the register takes the responsibility for investigating and prosecuting the complaint • Policies and processes for quality assurance of decisions in the complaints handling process, including assuring consistency of outcomes and using learning to improve decision-making • PSA audit of complaints handling and outcomes of quality assurance of decisions
	3. Everyone is able to understand how and why registers make decisions when examining, investigating and resolving cases	**Suggested Evidence:** • Policies and processes for publication of outcomes of the complaints handling processes • PSA Audit of complaints handling processes, including publication of outcomes and communications to parties when a case is closed • Share Your Experience submissions relating to understanding of the decisions made in the complaints handling process
Standard 15 **Concerns about registrants - identifying and acting on risk** The organisation identifies and manages risks in all cases which suggest a registrant poses a serious risk to public safety and confidence and takes timely action to restrict practice where necessary (such as interim measures)	**1. The organisation is able to continuously assess and review the level of risk in a case**	**Suggested Evidence:** • Policies and processes for assessing risk to the public and public confidence at the start of the consideration of a concern, and periodically throughout the duration of the complaint
	2. The organisation takes quick and appropriate action to restrict the practice of registrants in the period between receiving the concern and concluding the case, where they assess that there is a serious risk to the safety of patients or service users (for example seeking interim measures where applicable)	**Suggested Evidence:** • Policies and processes for complaints handling, require the imposition of interim conditions or suspension when risks to the public or public confidence warrant it, such as more serious conviction or caution, and periodic review of interim measures • Policies and processes for reporting serious concerns to appropriate agencies (such as Accredited Registers, the police, local authority designated officer (LADO), regulatory bodies, or social services) • Policies and processes for complaint handling include deadlines that set an appropriate pace to protect the public • PSA audit of complaints handling processes, including risk assessment and interim measures

Standard 16 **Concerns about registrants – support for all parties** The organisation provides complainants, witnesses, and registrants involved in a complaint with the support they need throughout the case and keep them informed about case progression in a sensitive and timely way	1. Complainants, witnesses, and registrants are kept updated throughout the lifetime of the case	**Suggested Evidence:** • Policies and processes for complaints handling include requirements for keeping parties in the complaints process up to date • PSA review of template communications used to keep parties up to date • PSA audit of complaints handling processes, including communications to parties
	2. Complainants, witnesses, and registrants are treated with dignity, respect and sensitivity	**Suggested Evidence:** • Policies and processes for complaints handling include measures to support complainants, witnesses and practitioners to engage in the process with dignity, respect and sensitivity • PSA review of guidance for witnesses, complainants, practitioners, vulnerable parties • PSA review of template communications used to keep parties up to date • PSA audit of practitioner complaints handling processes, including communications to parties and support and adaptations offered and implemented
	3. The process minimises further harm to the health or wellbeing of all parties	**Suggested Evidence:** • Information about signposting to resources available to support parties in the complaint process in distress or with vulnerabilities. • Share Your Experience submissions on the experience of the complaints handling process • If available, support services for people involved in the complaints processes offered by the register

Annex – Risk rating guide for the public interest test

	Objective evidence that service users benefit from the practice	Risks of the practice are identified, justified, and managed by the register's standards and requirements for registration	Commitment to ensuring that the treatments and services are offered in a way that does not make unproven claims or in any other way mislead the public
Green	Authoritative bodies have concluded on the basis of objective and independent research and reviews that the activities are beneficial and/or effective to health and wellbeing	Any risks arising from the activities are low and can be addressed through the register's requirements for registration	Communications by the register and the majority of its registrants are clear and accurate, do not make unproven claims, and are in line with relevant advertising and trading standards requirements
Amber	Some evidence that activities may be beneficial, but likely to rely on service-user reported outcome measures or secondary evidence	The risks arising from the activities have potential to cause significant physical, mental, financial, or other harm but can be mitigated through the register's requirements for registration	Further actions need to be put in place to ensure that the register and its registrants are providing clear and accurate information about treatments within a limited time
Red	Very little or no evidence that activities have demonstrable benefits to health and/or wellbeing, and/or activity is not recommended for use by authoritative body	The activities are likely be unlawful on the basis of physical or mental harm, discrimination or any other reason	A register has failed to take appropriate action to ensure that communications by it and its registrants are clear and accurate and there is a material risk of the public being misled