

## Standards for Accredited Registers: Evidence framework

The table below set out the types of information we will use to determine whether the *Standards for Accredited Registers* have been met. The evidence considered is provided as a guide to the types of evidence we will consider when assessing an organisation against our standards. This is not intended to be an exhaustive list but has been provided to you to give an indication of what we will consider. We will also consider evidence against any of the Standards that is provided to us through our Share your Experience process.

This should be read in conjunction with the following documents:

- [Standards for Accredited Registers](#)
- [Supplementary Guidance for Standard One](#)
- [Guidance on the Standards for Accredited Registers.](#)

Number	Standard	Minimum requirements	Examples of evidence considered
<b>1</b>	<b>Eligibility and public interest</b>		
1a	Eligibility of the register under our legislation	1. Register operates within the remit of the definition of a 'voluntary register' as defined by the Act. <sup>1</sup>  2. Role(s) registered are recognised professions providing activities related to healthcare in the UK, and/or social care (in England).	Articles of association.  Review of relevant legislation in addition to the Act.  Description of role(s) registered, including definitions agreed by authoritative bodies <sup>2</sup> (for example, World Health Organisation (WHO), National Institute of Care Excellence (NICE) (and equivalents), sector skills councils etc).

<sup>1</sup> [National Health Service Reform and Health Care Professions Act 2002 \(legislation.gov.uk\)](#)

<sup>2</sup> Further information on how we define authoritative body is found in the Standard One supplementary guidance.

			Relevant Job descriptions
1b	Public interest considerations: i) Evidence that the activities carried out by registrants are likely to be beneficial. ii) Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register's requirements for registration. iii) 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. (We will make a decision on the balance of i -iii using the risk rating at Appendix 1 as a guide.)	3. Clear and objective evidence that users derive benefit from the activities practised by registrants.	Desk-based review of information provided by registers at initial application against key reference sources, such as NICE (and equivalents), WHO, Cochrane reports etc. We ask for a maximum of ten items of evidence initially – if more is needed, the Accreditation Team will get in touch.  Recommendations from NICE, SIGN, WHO and equivalent authoritative bodies.  Additional evidence (including Patient Reported Outcome Measures) - best available as submitted by register.  Review of responses received through the Share your Experience process.
		4. Any harms arising from the activities practised can be justified by these benefits.	Likely harms, or risks of harm. Mitigations in place.  Targeted consultation with groups likely to be impacted.  Review of responses received through the Share your Experience process.
		5. The register can demonstrate that it has a thorough understanding of	Review of regulatory decisions relating to practice such as ASA outcomes.

		<p>the risks arising from the activities and that it has in place mitigations to address these (noting these mitigations will be further assessed against Standards 2- 8 during full assessment).</p>	<p>Review of register communications.</p> <p>Sample of registrant websites, social media sites and other relevant communications.</p> <p>Relevant clauses in Codes of Practice. Evidence of any monitoring that the register may have done.</p>
<b>2</b>	<b>Management of the register</b>		
2a	The registration process	<p>1. Clear, published processes for all routes to registration.</p>	<p>Guidance, policies, and process documents for registration.</p> <p>Data about timescales for registration.</p> <p>Data on registration outcomes.</p>
		<p>2. A clear appeal process so that those applying to a register can appeal registration decisions.</p>	<p>Guidance, policies, and process documents for registration appeals.</p>
		<p>3. Register has mechanisms in place to ensure that applicants meet its registration requirements (including those set for education and training) and registrants continue to do so.</p>	<p>Guidance, policies, and process documents for handling registration renewals.</p> <p>Policy about continuing professional development.</p>
		<p>4. Mechanism in place for ensuring continued practice competence</p>	<p>Policy about continuing professional development.</p>

		such as continuing professional development.	Processes for checking compliance with the registers continuing professional development requirements.  Examples of the checks carried out by the register.
		5. A process for recognising decisions regarding professional conduct made by regulatory bodies and other registers accredited by us when deciding whether a person should be admitted to the register.	Policy or process for recognising decisions regarding professional conduct made by other regulatory bodies.
2b	The register	6. Clear rationale for including the information displayed on the register (including where relevant an exceptional circumstance policy). As a minimum, the register should include full name, a unique ID, details of qualification required for registration, and a link to their own website where available.	Review of online register format and content.  Register checks undertaken by us.
		7. Information available on the register is accurate, clear and easily accessible.	Review of online register to check information is clear and accurate.
		8. Any restrictions on practice are displayed clearly.	Publications policy for complaints decisions and notifications used on individual register entries.

			Review of information about sanctions and examples on the register/website
		9. Process in place for updating and quality assuring the register, including the checking of data accuracy.	Policies and procedures for ensuring the accuracy of the information presented on the register for example sample audits.  Policies/processes outlining organisational approach to ensuring data accuracy.
		10. Policies/processes for readmission/restoring people to the register following disciplinary action (may also be included under Standard 5).	Readmission/restoration policies.
<b>3</b>	<b>Standards for registrants</b>		
3a	Competence	1. Written agreement/contract with registrants outlining the terms and conditions of registration.	Codes or Standards of Practice.  Terms and Conditions of registration  Examples of disciplinary actions that demonstrate registrants being held to account.
		2. Documents setting out what registrants can do and must not do within scope of practice.	Codes or Standards of practice.  Relevant guidance, policies, procedures.

		3. Process for handling safeguarding concerns with appropriate signposting.	Codes or Standards of practice. Safeguarding policies
		4. Where relevant to occupation, guidance for registrants on the use of products, equipment, and modalities that registrants can and cannot use. Where relevant to occupation, guidance or special requirements for premises to ensure the health, safety and wellbeing of users.	Codes or Standards of practice. Relevant guidance, policies, procedures.
3b	Professional behaviours	5. Published ethical framework, such as a Code of Ethics which includes accountability, honesty, openness, integrity, respect, and the principles of the professional Duty of Candour.	Ethical frameworks. Guidance documents.
3c	Business practices	6. Requirements for registrants on information sharing, data, confidentiality that as a minimum meet UK legal requirement.	Codes or Standards of Practice. Guidance documents.
		7. A requirement for registrants to have procedures for considering complaints and escalating to the registers where necessary.	Codes or Standards of Practice. Guidance documents.
		8. Explicit requirement for registrants to hold appropriate indemnity	Codes or Standards of Practice.

		cover and mechanisms to check that registrants hold indemnity cover.	Guidance documents. Policies and procedures for checking that registrants hold indemnity cover
		9. Where relevant to occupation, explicit requirements for advertising as relevant to role, in line with ASA and legislation such as the Cancer Act 1939.	Guidance for registrants. Examples of training for registrants.
4	Education and training		
4a	Setting education and training requirements	1. Curricula in line with National Occupational Skills (or other relevant) requirements.	Comparison with WHO, Sector Skills Council, or equivalent requirements. Data about length of education and training courses.
		2. Process of quality assurance of education and training providers.	Policies and procedures for quality assuring education and training providers. Audit of decisions about education and training courses.
		3. Ensure that its registrants are equipped to care for a diverse population through their education and training requirements.	Criteria used for assessing education and training. Examples of curricula.
4b	Quality of education and training	4. Process for assessing the quality of education and training courses.	Information provided by the organisation about its processes for assessing education and training courses.

		5. Education and training requirements include basic training about the wider health and social system.	Examples of curricula from education and training courses.
		6. Registers who approve other training organisations should consider EDI when assessing the suitability of courses for its register.	Examples of curricula from education and training courses.
4c	Transparency of education and training	7. Minimum information provided to the public specifies: Type and level of qualification required for entry to the register, including typical duration if is not a standard qualification such as degree.	Review of information available to the public about education and training including any equivalence routes available.
		8. If equivalence routes exist, how experience will be considered.	Review of information available to the public about education and training including any equivalence routes available.  Policies and procedures for assessing equivalence routes.
<b>5</b>	<b>Complaints and concerns about registrants</b>		
5a	Processes for dealing with complaints and concerns	1. Published policy setting out how complaints and concerns about registrants (for professional behaviours, and competence) will be handled, to include information	Policies and procedures for handling concerns against registrants



		<p>about how outcomes from disciplinary proceedings will be published. This should include clear thresholds for escalation of concerns.</p>	<p>Audit of complaints and decisions, including outcomes from disciplinary hearings.</p> <p>Data about timescales for considering complaints.</p> <p>Information about how concerns have been handled that we receive through our 'Share Your Experience' process.</p>
		<p>2. A process for all parties to appeal outcomes.</p>	<p>Policies and procedures allowing appeals for outcomes from complaints against registrants.</p>
		<p>3. Processes are accessible and clear to all parties, with appropriate support offered when needed.</p>	<p>Guidance and policies for handling concerns about registrants.</p> <p>Review of information on the website.</p>
		<p>4. Process for recruitment, training, including relevant EDI training, and ongoing monitoring of those key decision makers in disciplinary processes.</p>	<p>Information provided by the organisation about its processes.</p> <p>Terms of reference or job descriptions for committees or groups involved in complaints.</p>
		<p>5. Mechanism for making sure outcomes are consistent.</p>	<p>Guidance for decision makers for example indicative sanctions guidance.</p>
		<p>6. Process for Quality Assurance of decisions.</p>	<p>Policies and procedures for quality assuring decisions</p>

		<p>7. Process for ensuring that actions are taken to restrict practice where there are serious safety concerns.</p>	<p>Policies and procedures for handling concerns against registrants</p> <p>Audit of complaints and decisions, including outcomes from disciplinary hearings.</p>
		<p>8. Adjudication of complaints is separate from governance Boards, Committees and the Chief Executive (or equivalent). Decision makers at different stages of the process including appeal should not have previously been involved in the complaint.</p>	<p>Policies and procedures for handling concerns against registrants</p> <p>Audit of complaints and decisions, including outcomes from disciplinary hearings.</p>
		<p>9. Register assumes responsibility for investigating and prosecuting complaints, with complainant as witness rather than prosecutor in cases that reach the threshold for formal hearings.</p>	<p>Policies and procedures for handling concerns against registrants</p> <p>Audit of complaints and decisions, including outcomes from disciplinary hearings.</p>
		<p>10. Lay involvement in complaints decisions.</p>	<p>Policies and procedures for handling concerns against registrants</p> <p>Audit of complaints and decisions, including outcomes from disciplinary hearings.</p>
		<p>11. A policy for reporting concerns to other relevant agencies (such as the Police or Social Services).</p>	<p>Policies and procedures for reporting relevant concerns to other organisations.</p>

		12. Processes for ensuring that other Accredited Registers are notified of disciplinary outcomes.	Policies and procedures for reporting relevant concerns to other organisations.
5b	Transparency of decisions and outcomes	13. The Register should publish complaints outcomes in line with its Publications policy for outcomes, so that members of the public can make informed decisions about who they see.	Publications policy for complaints decisions.  Review of published information about decisions.
<b>6</b>	<b>Governance</b>		
6a	Financial and organisational management	1. Articles of Association, mission statements have a clear focus on public protection.	Trustees' Annual Reports, where applicable.
		2. A policy in place for managing conflicts of interest.	Policies for managing conflicts of interest.  Examples of the management of conflicts of interest seen through meeting minutes etc
		3. Clear separation between management of register functions, education and training provision, and professional body.	Reports to governing Boards and Committees about performance of functions such as complaints and registration.  Observation at, and papers and minutes from governance meetings.  AGM and other meetings – minutes.

			<p>Governance documents such as Articles of Association, Mission Statements, terms of reference etc.</p> <p>Policies such as handling conflicts of interest, recruitment, risk management etc.</p>
		4. Publication of key governance documents – Board papers, minutes, registers of interests that relate to Accredited Register.	Review of information available on the organisation's website.
		5. Process in place for anyone to raise a concern or complaint about the Accredited Register.	Organisational complaints policies and procedures
		6. Liability insurance is in place.	Review of information provided by the register.
		7. Process for setting annual budget, reserves level based on forecasting information.	<p>Trustees' Annual Reports, where applicable.</p> <p>Annual returns.</p> <p>Information provided to Companies House, for registered organisations. Information provided to Charity Commission (and devolved equivalents), for charities.</p> <p>Annual business and budget plans.</p>

			<p>Financial forecasts.</p> <p>Policies and processes relating to financial management, such as fraud.</p>
		8. Register should have relevant data processing policies in place, including for holding and processing EDI data.	<p>Policies and process relating to information security arrangements, and other as required to meeting UK legal requirements.</p> <p>Review of information held by the ICO.</p>
		9. Business continuity arrangements in place.	Business continuity plans.
		10. Clear and documented approach to organisational risk management, with the Board taking an active role in regular review of risks	<p>Policies and processes relating to organisational risk management.</p> <p>Organisational risk register.</p> <p>Discussions at Board and committee meetings.</p>
6b	Strategic leadership and accountability	11. Governance arrangements are published, with supporting Terms of Reference for Boards.	<p>Articles of Association.</p> <p>Memorandum of Association.</p> <p>Terms of Reference for governing Boards and Committees.</p> <p>Job descriptions and recruitment processes for key governance and leadership roles.</p>

		12. Clear expectations for Board members that will ensure they can discharge their legal responsibilities.	Articles of Association. Memorandum of Association.
		13. Ensure that governance arrangements and membership include diverse range of perspectives and expertise not limited to those practising in the role (for example lay members).	Terms of Reference for governing Boards and Committees. Job descriptions and recruitment processes for key governance and leadership roles.
		14. Registers have fair processes in place for the recruitment and training, including relevant EDI training, and seek to achieve diversity in the composition of its senior leadership, Board and Committee members.	Mechanisms for ensuring training, and regular appraisal of key governance and leadership roles. Policies and procedures that promote Equality, Diversity and inclusion.
<b>7</b>	<b>Management of risks arising from the activities of registrants</b>		
7	Management of risks arising from the activities of registrants	1. A risk register/matrix covering risks arising from the activities of registrants, which is discussed by the organisation's leadership and Board on a periodic basis.	Risk register/matrix covering risks arising from the activities of registrants and any associated policies. Horizon scanning mechanisms – how they identify risks. Check of how mitigations link to processes and actions – how are they embedded?

			<p>Examples of how actions taken to mitigate risks are embedded in policies and processes and communicated to registrants.</p> <p>Board minutes where practice risks have been discussed and decisions made.</p>
		2. Organisation's website and other materials provide clear and accessible information about the limitations and benefits of treatments offered by roles registered.	Review of the website and other communications.
<b>8</b>	<b>Communications and engagement</b>		
8	Communications and engagement	1. Clear and accessible organisational website.	Organisational website and social media.
		2. Published statements (including on social media) are in line with aims of organisation and programme.	Organisational website and social media.
		3. Commitment to collaborate with Accredited Registers and other key stakeholders.	Memoranda of Understanding with other organisations such as with regulators, other Accredited Registers etc.
		4. Organisation provides clear information about accreditation on its website and other communications channels and requires registrants to do the	<p>Review of organisations website and other communications.</p> <p>Sample of registrants' websites.</p>

		same. The register must ensure that only registrants working in the UK use the Accredited Registers Quality Mark.	
		5. Key processes are published (for example complaints, registration).	Organisational website
		6. Grades of Membership/registration should be clearly explained.	Organisational website
		7. Has policies/processes in place to seek, understand and use the views and experiences of service users and other stakeholders.	Awareness of other stakeholders' policies and processes reflected in own where appropriate.  Communications strategy.  Communications are responsive and reflect emerging risks and issues.
<b>9</b>	<b>Equality, Diversity and Inclusion</b>		
9a	Regulatory functions are underpinned by fairness and equity of access to registrants and service users	1. Register has relevant internal policies in place such as whistleblowing, antibullying, recruitment.	Relevant processes for staff and others involved in the activities of the register e.g., family friendly, whistleblowing, antibullying, recruitment, complaints handling etc.  Reasonable adjustment policies for staff, registrants and members of the public that come into contact with the register.



		<p>2. Register considers EDI when appointing decision makers and in the composition of Boards, Committees and Panels. It should aim for diversity where possible and consider how to reduce unconscious bias.</p>	<p>Examples of where EDI is considered when appointing decision makers and in the composition of Boards, Committees, and Panels. For example, this could be demonstrating how the Register had sought to achieve a diverse pool of candidates.</p> <p>Reasonable adjustment policies for staff, registrants and members of the public that come into contact with the register.</p>
		<p>3. The register should provide accessible information aimed at service users about its role, the occupations covered on the register and key functions such as complaints handling.</p>	<p>Relevant external facing policies and procedures for regulatory functions such as complaints handling policies, registration etc.</p> <p>Accessibility of information on the website (and provided in other formats) aimed at registrants and service users.</p>
		<p>4. The register should provide support to those involved in a complaints process where needed. This should include enabling complainants to make a complaint and supporting them through the process.</p>	<p>Complaints handling processes for dealing with complaints against registrants.</p> <p>Procedures showing how Accredited Registers will support complainants, registrants and witnesses through the complaints process.</p>

		5. The register should remove any unnecessary barriers to participating in the complaints handling process for all involved and make sure it considers reasonable adjustments appropriately	Complaints handling processes for dealing with complaints against registrants.  Procedures showing how Accredited Registers will support complainants, registrants and witnesses through the complaints process.
9b	Understands the diversity of its registrants, service users and complainants and has an awareness of issues that may impact those with protected characteristics as defined by the Equality Act 2010 <sup>3</sup>	6. The register should collect demographic data about its registrants to understand more about the diversity of its registrant base.	Policies and procedures for the collection and analysis of EDI data of registrants.
		7. The register should use the demographic data it collects to identify if there are any areas of potential unfairness in its regulatory processes, and/or barriers to registration or education and training, and to act on these.	Reports on registration/complaints data that consider demographic information.  Reasonable adjustment policies in place for handling complaints, registration etc.  Evidence demonstrating how when introducing changes to key functions and policies, consideration was given to whether the changes will adversely affect any groups and if so, how this was mitigated. For example, Equality Impact Assessments that have been carried out.

<sup>3</sup> Or groups listed under Section 75 of the Northern Ireland Act.

		8. Register works to understand the likely demographics of service users so it can identify where any further support or guidance may be needed.	Surveys of registrants and reports. Examples of consultations and reports.
9c	Promote and enhance EDI by seeking to understand and act on issues affecting the roles registered and service users	9. The Register publishes information about how it will comply with the Equality Act 2010, and work to promote EDI more broadly.	EDI strategies and plans. Published Statements.  Board discussions of EDI issues. Information provided on the website and examples of other communications with registrants and service users about how the Register promotes EDI in its work  Evidence demonstrating how when introducing changes to key functions and policies, consideration was given to whether the changes will adversely affect any groups and if so, how this was mitigated. For example, Equality Impact Assessments that have been carried out.
		10. The register should work with other organisations where necessary to promote EDI and remove any unnecessary barriers for its registrants and their service users.	Information about work it is doing with other organisations to promote EDI.  Research into EDI where relevant to the Register's work and roles registered.

## Appendix 1 – Risk rating guide for Standard 1b

	<b>i. Evidence that the activities carried out by registrants are likely to be beneficial.</b>	<b>ii. Evidence that any harms or risks likely to arise from the activities are justifiable and appropriately mitigated by the register’s requirements for registration.</b>	<b>iii. 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.</b>
<b>Green</b>	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 harms or 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.
<b>Amber</b>	Some evidence that activities may be beneficial, but likely to rely on patient-reported outcome measures or secondary evidence.	The harms and 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.
<b>Red</b>	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 to 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.

# Document Control

## Version Control

Printed documents are uncontrolled. This document is only valid on the day it was printed.

Version	Status	Description of Version	Date Completed
2.0	Agreed	Reformatting to make clearer and addition of Standard Nine	31 May 2023