

Council, 5 July 2012

CHRE consultation on draft standards for the accreditation of voluntary registers

Executive summary and recommendations

Introduction

The Council for Healthcare Regulatory Excellence (CHRE) is consulting on draft standards which it will use in accrediting organisations that hold voluntary registers.

The Executive has prepared a draft response to the proposed standards.

Decision

The Council is invited to:

- discuss the draft consultation response; and
- agree the text of the consultation response (subject to any amendments agreed at the meeting and any minor editing amendments).

Background information

The Council last discussed voluntary registration at its meeting in February 2012 and agreed that whether the HPC would establish any voluntary registers would need to be considered further in the light of a specific group – namely adult social care workers in England where there was specific Government policy.

A number of other actions were agreed. One of these was that a further paper was needed looking at how the Council should in future exercise its powers to recommend statutory regulation. This has been superseded to an extent given the Law Commissions' proposal that this power should be removed and given to the CHRE.

In addition, the Executive has been focusing on the proposals on a transitional scheme to manage the change from voluntary registration of social work students in England. Now that this is place, this might potentially influence the Council's thinking on voluntary registration. A further paper or papers will be presented at a future meeting of the Council.

Resource implications

None

Financial implications

None

Appendices

CHRE (2012). Accreditation standards for organisations that hold voluntary registers for health and social care occupations.

Date of paper

25 June 2012

Health Professions Council response to the Council for Healthcare Regulatory Excellence (CHRE) consultation on ‘Accreditation standards for organisations that hold voluntary registers for health and social care occupations’**1. Introduction**

- 1.1 We welcome the opportunity to respond to the CHRE’s consultation on the standards it will use in accrediting organisations holding voluntary registers in health and social care.
- 1.2 The Health Professions Council is a statutory UK wide regulator of health care professionals governed by the Health Professions Order 2001. We regulate the members of 15 professions. From 1 August 2012, we will be renamed the ‘Health and Care Professions Council’ and will become responsible for regulating social workers in England.
- 1.3 We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our main role is to protect the health and wellbeing of those who use or need to use our registrants’ services.

2. General comments

- 2.1 We consider that overall the standards proposed in the consultation document strike the correct balance between setting requirements which are suitably challenging, whilst avoiding going beyond what an organisation holding a credible voluntary register should be expected to achieve. We further support the approach adopted in the draft standards to focus on outcomes wherever possible, mirroring the approach taken in the CHRE’s performance review standards for the statutory regulators.
- 2.2 The consultation document says that the CHRE intends to ‘develop guidance to support these standards’ including references to relevant source documents. We support this intention which we consider will assist in providing clarity about how the CHRE intends to make consistent yet context-specific judgements about whether the standards are met.
- 2.3 To illustrate, standard A6 says: ‘The organisation can demonstrate that it is respected within its field.’ This is a qualitative judgement. Whilst we would support the outcome that this standard seeks to achieve, it is unclear to us what kind of evidence applicant organisations would be expected to provide to

demonstrate that this standard was met. Standard B3 says: 'The organisation can demonstrate that it understands the views and experience of consumers and takes them into account in its decision making.' We assume that an organisation which did not involve consumers or lay people in some way in its complaints decisions (section F) would not meet this requirement? However, if this is indeed the case, it would be important that this was set-out clearly in guidance.

3. Specific consultation questions

Question 1. Do you agree that the eligibility criteria will enable us to decide quickly whether an organisation is ready to proceed to a full assessment?

- 3.1 Yes. We agree that eligibility criteria are useful in enabling the CHRE and organisations holding voluntary registers to make informed decisions about readiness for accreditation.
- 3.2 The draft criteria focus appropriately on public protection and confidence, including an organisation having a realistic appreciation of the risks associated with the group or groups they register. We also welcome the requirement regarding an organisation being able to cover the legal liabilities associated with 'disciplinary action' as we consider this to be important in ensuring that complaints can be dealt with effectively.

Question 2. Are the standards easy to read and understand?

- 3.3 Yes. Overall we commend the CHRE for the clarity and brevity of the proposed standards.
- 3.4 We have three minor suggestions to make which we hope will be helpful in further improving the clarity of the proposed standards.
 - A5 refers to 'disciplinary action' but elsewhere the reference is to fitness to practise (E4). Given the firm focus in the standards on public protection and public confidence (e.g.F2), we would suggest this reference and other references to 'discipline' or 'disciplinary' should be changed to 'fitness to practise' or another suitable term. This would avoid the inference of punishment in such terms.
 - E7 refers to providing advice and support for those providing evidence in 'disciplinary cases'. We consider that this is important, but would suggest that this would be more appropriately placed in section F of the standards.
 - F3 says: 'The organisation has appropriate arrangements in place...' We assume that this relates to the complaints process being appropriate. However, it is unclear whether this requirement is different from that in

standard F2 which sets out expectations that the arrangements for handling complaints are 'proportionate, fair, swift, focussed....'.

Question 3. Are there any additional areas that you think should be covered in these standards?

- 3.5 We are supportive of the focus on early resolution of complaints in standard F1 and the specific reference to the potential use of mediation in this regard. However, we would suggest that the standard should read 'including use of mediation **where appropriate**' [emphasis added]. We know of some voluntary organisations where it has been reported that mediation is the first point of action in relation to every complaint, which may not always be appropriate dependent on the concerns being raised. We support the requirement that arrangements should be in place to 'identify matters which require disciplinary action' and further support the overall construction of the standard which appropriately avoids a general expectation that every organisation holding a voluntary register should offer mediation.
- 3.6 We suggest that consideration might be given to whether section F on complaints and concerns should include a requirement about the accessibility of the complaints process. In our experience information provided about complaints processes run by a variety of organisations, including some holding voluntary registers, can sometimes be very difficult to find and is sometimes written in a way which is not widely accessible. This could act as a barrier to members of the public wishing to raise concerns about a registrant. It may be the intention that this is encompassed by the outcome described in standard G1 which refers to 'clear, helpful, easy to access information', in which case we would suggest that it is important that this is specifically addressed in any supporting guidance.

Question 4. Are there any aspects of the standards that you feel could result in differential treatment of or impact on groups or individuals based on age; gender reassignment; ethnicity; disability; pregnancy and maternity; race; religion or belief; sex; sexual orientation; other?

3.7 No. We do not consider that there are any aspects of the standards which could result in differential treatment or impact.

Question 5. Is any part of the standards in conflict with any existing legislative or regulatory requirements or standards frameworks that apply to organisations that hold voluntary registers?

3.8 No. We have not identified any existing legislative or regulatory requirements or standards requirements that are in conflict with the proposed standards.

Question 6. Do you think these standards will encourage organisations that hold voluntary registers to set appropriate standards for their registrants and manage their registers effectively?

3.9 Yes. Please see our overall comments.

Question 7. Would more detailed guidance be useful for any of the standards?

3.10 Yes. Please see our overall comments.

Question 8. Please add any other comments you have on the draft standards or their development, of on the consultation process itself.

3.11 Standard C6 refers to organisations encouraging 'registrants to act as leaders within their communities to promote the health, safety and wellbeing of the public'. Despite the public and outcome-focused drafting of this standard, in our view this appears to stray into the role of professional bodies in promoting the profession and professionals rather than the public protection focused role of organisations in maintaining registers in health and social care. We also consider that this appears to duplicate in part standard E1 which accurately and clearly describes the outcomes that organisations holding voluntary registers should seek to achieve.

3.12 Standards D1 and D2 relate to 'independent assessment' – both of approved training and of vocational entry routes. We agree that robust standards and arrangements for entry to occupational registers are crucial in ensuring the integrity of registration.

3.13 Our previous 'new professions' or 'aspirant groups' process, which we used in considering recommendations for statutory regulation, had a similar requirement. In our experience this requirement could sometimes be difficult to apply where qualification and registration in a given occupation involves a work-based training route including a portfolio requirement which is assessed by, or with the involvement of, the organisation holding the voluntary register. We consider that it is important that groups have in place arrangements which ensure effective quality assurance and external scrutiny of training and assessment arrangements. However, it is important to acknowledge that not all training will be delivered or assessed by higher education institutions or by other education providers subject to routine external quality assurance or regulation. The CHRE may therefore need to be flexible in how it applies its expectations in this area.

Question 9. Do you have any other comments?

3.14 We have no further comments to make.

DRAFT - DISCUSSION / APPROVAL

Accreditation standards for organisations that hold voluntary registers for health and social care occupations

Draft for consultation

April 2012

About CHRE

The Council for Healthcare Regulatory Excellence promotes the health and well-being of patients and the public in the regulation of health professionals. We scrutinise and oversee the work of the nine regulatory bodies¹ that set standards for training and conduct of health professionals.

We share good practice and knowledge with the regulatory bodies, conduct research and introduce new ideas about regulation to the sector. We monitor policy in the UK and Europe and advise the four UK government health departments on issues relating to the regulation of health professionals. We are an independent body accountable to the UK Parliament.

CHRE will become the Professional Standards Authority for Health and Social Care during 2012.

Our aims

CHRE aims to promote the health, safety and well-being of patients and other members of the public and to be a strong, independent voice for patients in the regulation of health professionals throughout the UK.

Our values

Our values act as a framework for our decision making. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to being:

- Focussed on the public interest
- Independent
- Fair
- Transparent
- Proportionate.

Right-touch regulation

Right-touch regulation means always asking what risk we are trying to regulate, being proportionate and targeted in regulating that risk or finding ways other than regulation to promote good practice and high-quality healthcare. It is the minimum regulatory force required to achieve the desired result.

¹ General Chiropractic Council (GCC), General Dental Council (GDC), General Medical Council (GMC), General Optical Council (GOC), General Osteopathic Council (GOsC), General Pharmaceutical Council (GPhC), Health Professions Council (HPC), Nursing and Midwifery Council (NMC), Pharmaceutical Society of Northern Ireland (PSNI)

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1. Background

- 1.1 The Health and Social Care Act 2012² confers a new function on the Professional Standards Authority for Health and Social Care (the renamed Council for Healthcare Regulatory Excellence). From November 2012 we will set standards for organisations that hold voluntary registers for people working in health and social care occupations and we will accredit the register if they meet those standards. It will then be known as an 'Accredited Register'.
- 1.2 The Government's overall intention for this accreditation scheme is set out in the Command Paper *Enabling Excellence*,
*'...the Government proposes to enable a system of assured voluntary registration to be developed for professionals and occupational groups which are currently not subject to statutory professional regulation. At present, there are a range of voluntary registers, but no system which allows the public, employers or professionals to gauge whether they operate effectively and to high, or common, standards. A system of assured voluntary registration is a more proportionate way of balancing the desire to drive up the quality of the workforce with the Coalition Government's intention to avoid introducing regulation with its associated costs wherever possible.'*³
- 1.3 The Health and Social Care Act 2012 provides that the Professional Standards Authority will:
- Set criteria and publish them
 - Accredite or refuse to accredit the register
 - Carry out periodic reviews
 - Publish a list of accredited registers
 - Carry out an impact assessment before accrediting a register, paying regard to guidance on impact assessments, and can publish the assessment, and using the assessment in the accreditation decision
 - Consult with appropriate persons before accrediting a register
 - Promote interests of users of health and social care in voluntary registers performance
 - Promote best practice in voluntary registers performance
 - Formulate principles of good governance in voluntary registers performance
 - Encourage voluntary registers to conform to these principles
 - Provide advice on request of the Secretary of State and ministers about accreditation of voluntary registers.

2 Available at: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>

3 Department of Health, 2011. *Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers*. The Stationery Office: London

Voluntary registers for health and social care occupations

- 1.4 Voluntary registers are lists of people who work in a particular occupation. Most voluntary registers are set up to improve practice and promote learning and education in that area of health or social care. They usually have standards for entry, standards of competence and conduct and a complaints system. They may also provide insurance, conduct research, offer training and other business benefits.

Organisations that hold voluntary registers

- 1.5 Many of the organisations that hold voluntary registers have existed for decades. They have usually been set up by a group of people who work within the profession or occupation. They have generally been established to ensure that good standards of practise are maintained or improved and to promote the standing of their profession or occupation.
- 1.6 More than one voluntary register may exist in any one health or social care field. Sometimes this is because there are a number of different disciplines that fall within a particular field, for example healthcare science or complementary therapy. Clinical perfusion, clinical physiology and medical illustration are distinct disciplines and all have separate registers, but may broadly be seen as falling within the healthcare science field. In other areas there may be many registers because there are a number of different therapeutic options. For instance, there are over 400 different modalities (types of treatment) in counselling and psychotherapy and several organisations holding voluntary registers. Where more than one voluntary register exists within any health or social care discipline, they may require different qualification levels for entry to their register.
- 1.7 People on the voluntary register pay an annual fee to the organisation that holds it. Some organisations have sufficient funds to pay staff salaries; others are run by people who voluntarily give up their time to do so. They vary greatly in size and income.
- 1.8 Many of the organisations are UK bodies. Some cover Great Britain and some operate within a single country only.
- 1.9 Over 45 organisations have expressed an interest in becoming accredited by the Professional Standards Authority, covering:
- Alternative and complementary healthcare
 - Cosmetic treatments including surgery
 - Counselling and psychotherapy
 - Healthcare informatics
 - Healthcare management
 - Healthcare science
 - Public health
 - Social care.
- 1.10 A full list of the organisations which have expressed an interest in being accredited can be found at www.chre.org.uk/voluntaryregisters/.

This consultation

- 1.11 This consultation paper seeks your views on our draft Standards. These have been developed following extensive discussions with organisations that hold voluntary registers and members of the public at a series of workshops, including in Scotland, Northern Ireland, and Wales; discussions with the Office of Fair Trading, the Department of Business Innovation and Skills, and the Solicitors Regulatory Authority; and a review of existing accreditation schemes including in other countries and other relevant guidelines.

2. Our approach to the design of the accreditation scheme

- 2.1 We have approached the design of this scheme from the starting point of the principles set out in our paper *Right-touch Regulation*.⁴ We have considered how the scheme might contribute to improving consumer protection for patients and clients in the NHS and the private sector and for people using social care services.⁵ We have also thought about how it might assist employers and commissioners. We have, for example, been working with the Department of Health's team who are developing the Any Qualified Provider (AQP) database which will be used by commissioners in England to ensure that AQPs must use health professionals on an accredited register.
- 2.2 We have considered where others might have a role in enhancing the impact that the scheme could have. For example, referring people to the Independent Safeguarding Authority (in England or Disclosure Scotland) or other enforcement agencies such as Environmental Health departments or the Advertising Standards Agency.
- 2.3 We have sought to balance public protection, free trade and human rights and to take account of the principles of consumer choice and informed consent.

What accreditation will mean

- 2.4 Accreditation will mean that an organisation meets all of our standards. It will:
- Enable people on an Accredited Register to demonstrate that they are committed to good practice
 - Enable consumers to find practitioners easily and to understand what they offer.
 - Provide consumers with enhanced protection.
 - Provide commissioners with additional assurance when placing contracts for services
 - Provide employers with additional assurance about employees.
- 2.5 It will **not** be an endorsement of the therapeutic validity or effectiveness of any particular discipline or treatment.

Developing the Standards

- 2.6 We have reviewed existing policy and standards in this area, and used this review to inform the development of this draft. In particular, we considered:
- The Office of Fair Trading Approved Code scheme⁶
 - United Kingdom Accreditation Service⁷

4 CHRE, 2010. *Right-touch regulation*. Available at: <http://www.chre.org.uk/policyandresearch/336/>

5 The word 'consumer' denotes patients, clients, service users, employers and commissioners

6 More information available at: <http://www.offt.gov.uk/consumer-advice/approved-codes-explained/>

- Council for Healthcare Regulatory Excellence *Performance Review Standards*⁸
- Centre for Health Service Economics and Organisation research on voluntary registers and accreditation commissioned by the Department of Health.

2.7 Forty organisations and many individuals have contributed directly through either face-to-face or telephone discussions or by email. These contributors included:

- Organisations holding voluntary registers
- Patient body representatives and members of the public
- Health and social care professionals
- Organisations operating accreditation schemes.

7 More information available at: <http://www.ukas.com/>

8 CHRE 2010. *The Performance Review Standards: Standards of Good Regulation*. Available at <http://www.chre.org.uk/satellite/310/>

3. About the accreditation scheme

- 3.1 The accreditation scheme will be launched in November 2012. Organisations that are eligible will be able to apply to us for accreditation of their register from that date onwards.

Quality mark

- 3.2 Being accredited by the Professional Standards Authority will be a mark of quality. We will allow organisations we have accredited (and their registrants) to use a symbol under a copyright agreement, which we will enforce.

Public list

- 3.3 We will publish a list of the organisations we have accredited on our website. In future, people will be able to access the Professional Standards Authority's website to search for practitioners who are on an Accredited Register. For example, a person wanting a counsellor would be able to go onto our website, search for 'counsellors' and be linked to the relevant Accredited Registers. We will provide easy to understand information to help consumers choose which type of service they want.

Costs

- 3.4 Organisations who apply will pay us an accreditation fee to cover the costs of our assessment. We will not make a profit. The fee for 2012-13 has not yet been set. They will apply to renew annually and will be re-assessed to ensure that they still comply with our Standards.
- 3.5 Small organisations with low incomes have told us that they may not be able to afford our accreditation fee but do not want to be excluded. We therefore propose to allow them to 'cluster' under an umbrella or sponsor body to enable them to achieve cost benefits. They will still all have to meet our Standards.

Pre-application self-assessment

- 3.6 We will encourage organisations to complete our self-assessment tool before they apply so that they can check that they are likely to be ready. We propose to use some initial criteria to allow us to quickly sift out at an early stage any applications that are manifestly unlikely to succeed so that we limit costs.

Call for information

- 3.7 When an organisation applies, we will post a notice on our website inviting people to notify us if they have concerns about them. We will take steps to verify whether those concerns have foundation and will take these views into account. We will ask the organisation to post a notice on their website too. We will write to interested parties informing them of the application to be accredited and asking for comments.

Risk assessment

- 3.8 We will ask the organisation to complete a risk assessment, using a risk assessment tool that we are developing to help them to identify the risks, if any,

that their occupation may present to the public and tell us what they have done to address them. We will cross check the results of this against any other information that we hold.

- 3.9 An organisation will not be accredited if they fail to demonstrate to us that they have a good understanding of the nature and extent of any risks and have taken reasonable steps to address them. For example, by including something as a part of their standards for registrants or liaising with another agency. For example, one organisation currently requires practitioners to have their premises inspected by environmental health officers before it will let them join its register. This is to ensure good infection control.

Impact assessment

- 3.10 We will also conduct an impact assessment for each application, having regard to relevant guidance on carrying out impact assessments and taking account of the public, private and voluntary sectors.

4. About the standards

- 4.1 The draft standards that we are consulting cover eight areas, including eligibility criteria. They will apply to organisations that hold voluntary registers and will allow us to assess whether the organisation is managing its registration system effectively and is achieving positive outcomes for the public, registrants and other stakeholders.
- 4.2 Our discussions with stakeholders highlighted the need to achieve positive outcomes for consumers in five key areas set out below. We have therefore included these within our Standards:
- Safety
 - Quality
 - Information
 - Complaints handling
 - Customer service.
- 4.3 Organisations will continue to be responsible for setting standards for the people on their register, including qualifications required, but will need to demonstrate to us that they have set these appropriately. In particular, we will require evidence that the organisations are promoting high standards of:
- Personal behaviour
 - Technical competence
 - Business practice.
- 4.4 Our Standards are intended to describe the outcome we want the organisation to achieve. Organisations are free to determine the process they will use to achieve that outcome, but should have regard to good practice guidance where this exists and it is consistent with Right-touch principles for them to adopt it.
- 4.5 This consultation will run for twelve weeks from 17 April 2012 until 10 July 2012.
- 4.6 We would like to hear from anyone with an interest in this work, including:
- Members of the public, patients, service users, their families and carers
 - Health and social care employers and commissioners
 - Health and social care practitioners
 - Individuals or organisations with an interest in consumer protection, quality in health and social care, or behavioural sciences.
- 4.7 We are inviting responses on:
- The form and content of the draft Standards in section 5.
 - The impact the Standards could have on any individuals or groups based on age, ethnicity, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- 4.8 Following the consultation we will collate and analyse the responses on these questions, and use them to inform the second draft of the Standards and our

assessment process. This second draft will then be presented to our Council for approval.

- 4.9 The report on the consultation responses will be published at the end of July 2012 alongside the final Standards.

5. The standards

- 5.1 We have set our overall standard at the level of good practice. This means that for each standard we will be looking for organisations to demonstrate, where relevant and consistent with Right-touch principles,⁹ that they operate in accordance with recognised good practice. We will develop guidance to support these Standards and will include references to relevant source documents.
- 5.2 We will use the eligibility criteria (section A) below to make a decision as to whether an organisation is ready to proceed to a full assessment. Subject to approval at that stage, we will then assess the organisation against sections B through to H.

A. Eligibility criteria

- A.1 The organisation holds a voluntary register for people working within health and social care (having regard to the definition of health set out in the Health and Social Care Act 2012)
- A.2 The organisation can demonstrate that it is committed to protecting the public and promoting public confidence in the profession or occupation it registers
- A.3 The organisation has completed our self-assessment tool and its governing body has confirmed their belief that the organisation meets our Standards and has sufficient evidence to demonstrate that
- A.4 The organisation has a good understanding of the nature and extent of risks posed by the discipline (or disciplines) practiced by its registrants and has taken reasonable action to address them
- A.5 The organisation is able to cover its legal liabilities with respect to any disciplinary action it takes against one of its registrants
- A.6 The organisation can demonstrate that it is respected within its field
- A.7 The organisation can demonstrate that there either is a sound knowledge base underpinning the profession or it is developing one and makes that explicit to the public.

B. Governance

- B.1 The organisation ensures that the governance of its registration function promotes the safety and well-being of consumers and the public, enhances confidence in its profession and places the best interests of the public before those of its profession
- B.2 Governance is carried out in accordance with recognised principles of good practice¹⁰
- B.3 The organisation can demonstrate that it understands the views and experiences of consumers and takes them into account in its decision making

9 CHRE 2010. *Right-touch regulation*. Available at: <http://www.chre.org.uk/policyandresearch/336/>

10 CHRE is currently developing Standards for members of NHS boards and governing bodies in England. More information available at: <http://www.chre.org.uk/satellite/413/>

- B.4 The organisation engages with relevant stakeholders and works in partnership with other bodies to promote and protect the health, safety and well-being of consumers

C. Setting standards for registrants

- C.1 The organisation promotes high standards of personal behaviour, technical competence, and good business practice (including financial practice, advertising and customer service)
- C.2 The organisation promotes ethical practice
- C.3 The organisation takes account of risks associated with the practice of its registrants
- C.4 The organisation bases its standards of competence upon a defined body of knowledge
- C.5 The organisation encourages, where relevant, effective team work
- C.6 The organisation encourages, where relevant, registrants to act as leaders within their communities to promote the health, safety and wellbeing of the public
- C.7 The organisation keeps under review and evaluates its standards, considering whether they are achieving positive outcomes for consumers.

D. Education and training

- D.1 The organisation requires its registrants to successfully complete approved training that has been independently assessed and meets recognised quality assurance standards
- D.2 Where an organisation permits a vocational entry route, registrants successfully complete an independent assessment that meets recognised quality assurance standards.

E. The register

- E.1 The organisation focuses on promoting the health, safety and well-being of consumers, protecting the public and promoting confidence in its profession
- E.2 The organisation maintains an up to date register, online, that is accessible and supports all those using it to make informed choices
- E.3 The organisation only admits applicants who meet its standards
- E.4 The organisation checks at appropriate intervals that registrants continue to be fit to practise
- E.5 The organisation provides clear guidance to registrants and consumers
- E.7 The organisation provides good advice and support for those providing evidence in disciplinary cases
- E.8 The organisation makes sound decisions, that are fair, transparent, consistent and explained clearly
- E.9 The organisation ensures appropriate action is taken when registrants are found to have failed to meet its standards, including referral to other agencies

- E.10 The organisation takes due account of decisions made by other regulatory bodies and other registers accredited by the Professional Standards Authority as to a person's fitness to practise
- E.11 The organisation has explained clearly the circumstances in which it will review its decisions and how it will do that.

F. Complaints and concerns

- F.1 The organisation encourages its registrants to achieve early resolution of complaints made to them, including use of mediation and it has adequate monitoring arrangements in place to identify matters which require disciplinary action
- F.2 The organisation's arrangements for handling complaints made to it are proportionate, fair, swift, focussed on restoring confidence and making amends, promoting learning and protecting service users
- F.3 The organisation has appropriate arrangements in place and reports concerns to other relevant agencies when that is needed to protect the public.

G. Information

- G.1 The organisation provides clear, helpful, easy to access information. It ensures that information provided by the organisation and by its registrants helps consumers to make informed choices and exercise informed consent.

H. Premises, products and equipment

- H.1 The organisation provides clear guidance to registrants on any special requirements relating to the suitability of premises, products and equipment for the practise of their discipline which are essential to protect the health, safety and well-being of consumers
- H.2 The organisation requires its registrants, where relevant to their discipline, to use products and equipment that are approved as suitable and safe for use in health care.

6. Consultation questions

We welcome your views and comments on these proposed standards. In your responses to the questions below, please use the paragraph numbers in the draft Standards when referring to specific parts of the document.

1. Do you agree that the eligibility criteria will enable us to decide quickly whether an organisation is ready to proceed to a full assessment?

Yes No

If no, what changes should we make?

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2. Are the Standards easy to read and understand?

Yes No

If no, how can we improve them?

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3. Are there any additional areas that you think should be covered in these Standards?

Yes No

If yes, which additional areas should be covered?

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4. Are there any aspects of the Standards that you feel could result in differential treatment of or impact on groups or individuals based on:¹¹

	Yes
Age	<input type="checkbox"/>

¹¹ These are the “protected characteristics” as defined under the Equality Act 2010.

Gender reassignment	<input type="checkbox"/>
Ethnicity	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Pregnancy and maternity	<input type="checkbox"/>
Race	<input type="checkbox"/>
Religion or belief	<input type="checkbox"/>
Sex	<input type="checkbox"/>
Sexual orientation	<input type="checkbox"/>
Other (please specify below)	<input type="checkbox"/>

If yes to any of the above, please explain why and what could be done to change this.

5. Is any part of the Standards in conflict with any existing legislative or regulatory requirements or standards frameworks that apply to organisations that hold voluntary registers?

Yes No

If yes, please explain.

6. Do you think these Standards will encourage organisations that hold voluntary registers to set appropriate standards for their registrants and manage their registers effectively?

Yes No

Please explain

7. Would more detailed guidance be useful for any of the standards?
 Yes No

Please explain

8. Please add any other comments you have on the draft Standards or their development, or on the consultation process itself?

9. Do you have any other comments?

About you:

Name:	
Contact address including postcode:	
Organisation representing (if appropriate):	
Email:	

Are you responding as:

An NHS employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
A private sector employer	<input type="checkbox"/> Yes <input type="checkbox"/> No
A commissioner of health or social care services	<input type="checkbox"/> Yes <input type="checkbox"/> No
A patient, service user or member of the public	<input type="checkbox"/> Yes <input type="checkbox"/> No
An employed health or social care practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No
A freelance or self-employed health or social care practitioner	<input type="checkbox"/> Yes <input type="checkbox"/> No
A person with a professional interest in consumer protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (<i>please specify below</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you like the information you provide to be treated as confidential?

Yes No

If yes, please give your reasons for this? (<i>this may help us keep your information confidential in the event of a Freedom of Information request</i>):

7. How to respond

7.1 You can respond to this consultation either by:

- Completing and returning the consultation questionnaire and returning it by email to accreditation@chre.org.uk, or by post to:

Policy Team
CHRE
157-197 Buckingham Palace Road
London
SW1W 9SP

- Completing our online questionnaire here: www.chre.org.uk/voluntaryregisters/

7.2 If you have any queries, or require an accessible version of this document, please contact CHRE on 020 7389 8030 or by emailing accreditation@chre.org.uk.

Confidentiality of information

7.3 We will manage the information you provide in response to this consultation in accordance with our information security policies.

7.4 Any information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA) the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

7.5 If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential.

7.6 If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on CHRE.

7.7 CHRE will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties.

8. Our consultation process

- 8.1 This consultation follows the 'Government Code of Practice'.¹² In particular, we aim to:
- Consult formally at a stage where there is scope to influence the policy outcome
 - Consult for at least 12 weeks with consideration given to longer timescales where feasible and sensible
 - Be clear about the consultation process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals
 - Ensure the consultation exercise is designed to be accessible to, and clearly targeted at, those people it is intended to reach
 - Keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' 'buy-in' to the process
 - Analyse responses carefully and give clear feedback to participants following the consultation
 - Ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

- 8.2 If you have concerns or comments which you would like to make relating specifically to the consultation process itself please contact CHRE's Consultations Coordinator:

Rachael De Souza
External Relations Manager
Council for Healthcare Regulatory Excellence
157-197 Buckingham Palace Road
London SW1W 9SP

Tel: 020 7389 8030
Fax: 020 7389 8040

rachael.desouza@chre.org.uk

Please do not send consultation responses to this address but to the address above.

¹² HM Government Code of Practice on Consultation.

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