10 July 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 and 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 Our response is predicated by our reservations about current government policy on voluntary registration compared to the benefits we see in statutory regulation. We consider that voluntary systems of registration have some weaknesses. For example, some practitioners may choose not to register but nonetheless continue to offer services to the public, and voluntary organisations have a more constrained ability to investigate and deal with instances of poor conduct or practise. We have some concerns that introducing a system of accreditation, if not handled very carefully, may be liable to cause confusion for members of the public by creating confusion between statutory regulation and voluntary registration and particularly by unduly raising the public's expectations about what they can expect from voluntary registration.

2.2 However, we acknowledge that the consultation is not seeking views on the policy rationale for the current approach towards voluntary registers, but how that policy is proposed to be implemented through the CHRE’s standards of
accreditation. Our remaining comments are confined to the CHRE’s proposals.

2.3 We consider that overall the standards proposed in the consultation document strike the correct balance between setting requirements which are suitably challenging, and therefore which can act as a catalyst for improvement, whilst avoiding going beyond what an organisation holding a credible voluntary register can reasonably 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.

2.4 In our response to the consultation questions we have made a small number of comments on some of the specific proposed standards. Overall we suggest that the CHRE might wish to review the terminology used to ensure consistency throughout, and so that, wherever possible, language which is closely tied to statutory regulation (and which could therefore cause confusion between the two systems) is avoided. For example, the consultation document refers to standards for organisations that hold registers for ‘health and social care occupations’, whereas A.4 refers to ‘disciplines’ and A.7 refers to ‘profession’.

2.5 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. Without such clarity at this stage, it is difficult in places to understand the ‘input’ expectations behind the outcome standards, and therefore how those outcomes will be measured or assessed.

2.6 To illustrate, standard A.6 says: ‘The organisation can demonstrate that it is respected within its field.’ This is a requirement which is very subjective and it is unclear to us both the kind of evidence applicant organisations would be expected to provide to meet it and how this will be assessed by the CHRE. We would suggest that ‘credibility’ may be a more appropriate term than ‘respect’.

2.7 Standard B.3 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 Standard A.7 says: ‘The organisation can demonstrate that there either is a sound knowledge base underpinning its profession, or it is developing one and makes that explicit to the public’. Standard C.4 says: ‘The organisation bases its standards of competence upon a defined body of knowledge.’ Our understanding of these requirements is that standard A.7 is referring to the ‘evidence base’ of the profession, whereas C.4 is referring to clear standards of competence which articulate the underpinning knowledge base in clear terms. Standards are crucial in underpinning effective registration.

3.5 We support these requirements as they are important in ensuring that the accreditation of voluntary registers enables consumers to make informed choices. However, the standards as currently drafted may appear to be contradictory. Whilst to meet A.7 a group only needs to demonstrate it is ‘developing’ a knowledge base, in C.4 that knowledge base is ‘defined’. We acknowledge that the CHRE may have deliberately avoided the term ‘evidence-base’ in A.7 in order to avoid on-going debates about the appropriateness of different types of research evidence. This is a particular issue for some groups where it has been argued that traditional ‘medical model’ research designs are inappropriate to the types of intervention they deliver. However, we would suggest that attention might be given to rewording the requirement in A.7 or providing clear guidance about the CHRE’s expectations in this area.

3.6 We have five minor suggestions to make which we hope will be helpful in further improving the clarity of the proposed standards.
A.5 refers to 'disciplinary action' but elsewhere the reference is to fitness to practise (E.4). Given the firm focus in the standards on public protection and public confidence (e.g. F.2), we would suggest this reference and other references to 'discipline' or disciplinary should be reworded to avoid the inference of punishment in such terms. The important outcome is that there is a process in place which would allow matters which raise concerns about the conduct and/or competence of a voluntary registrant to be considered and for appropriate action to be taken.

In the standards entitled ‘The register’, E.6 appears to be missing.

E.7 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.

E.10 says: ‘The organisation takes account of decisions by other regulatory bodies and other registers accredited by the Professional Standards Authority…’[emphasis added]. In order to ensure there is no confusion between the role of the regulators in performing statutory functions and the role of organisations holding voluntary registers, we would suggest removing the two uses of ‘other’ in this standard. However, we support the requirement that, in deciding whether to register an individual or to remove them from their registers, accredited organisations should take into account the decisions of the statutory regulators and other accredited registers. This is an important step in enhancing public confidence in these arrangements.

F.3 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 F.2 which sets out expectations that the arrangements for handling complaints are ‘proportionate, fair, swift, focussed….’

G.1 refers to information provided by an organisation helping consumers make ‘informed choices and exercise informed consent’. We would suggest that the phrase ‘informed choices’ is sufficient here to articulate the desired outcome – that the organisation provides information which enables consumers to make informed decisions about their care, treatment or services. The term ‘informed consent’ has a very specific currency in some medical / health care environments that may be considered directly relevant to some groups seeking accreditation from the CHRE.
Question 3. Are there any additional areas that you think should be covered in these standards?

3.7 We are supportive of the focus on early resolution of complaints in standard F.1 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.

3.8 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 voluntary registrant. It may be the intention that this is encompassed by the outcome described in standard G.1 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?

3.9 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?

3.10 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?

3.11 Yes. Please see our overall comments.
Question 7. Would more detailed guidance be useful for any of the standards?

3.12 Yes. Please see our overall comments.

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

3.13 Standard C.6 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 E.1 which accurately and clearly describes the outcomes that organisations holding voluntary registers should seek to achieve.

3.14 Standards D.1 and D.2 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.

3.15 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?

3.16 We have no further comments to make.