Response from Council for Anthroposophic Health and Social Care (CAHSC)

1 Introduction

1.1 The Council for Anthroposophic Health and Social Care (CAHSC) is the voluntary regulator for the anthroposophic health and social care professions in the UK & Ireland\(^1\). We were set up in response to the House of Lords Select Committee Report on Complementary and Alternative Medicine (CAM)\(^2\) which recommended that CAM professions not subject to statutory regulation should be responsible for self-regulating.

1.2 We have reviewed the PSA discussion paper on Accreditation Scheme for Voluntary Registers (Draft April 2011) and respond to the invitation issued by Catherine Braithwaite (email 03/05/2011) to comment. We note that feedback received will be presented to CHRE’s Council on 25 May 2011.

1.3 The CAHSC has already set out its initial response and questions regarding the Government proposals for an accredited voluntary register scheme in its response to the Command Enabling Excellence Paper \(^3\). The current paper builds on this response.

1.4 The CAHSC further outlined its position during an informal phone conversation with Christine Braithwaite of CHRE on 18 April 2011 and reaffirmed its wish to be involved in the consultation process on the scheme.

1.5 We therefore welcome this early opportunity to comment of the draft proposals.

2. General Comments

There are a number of general points applicable to the whole paper which we make before commenting on each section of the paper in more detail.

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\(^1\) For further information see Appendix 1


\(^3\) Submitted 5 April 2011 and included as Appendix 2
Undue complexity and issue of proportionality

2.1 We support the Governments view that regulation should be proportionate and effective, with least possibly cost and complexity consistent with public safety4. We are not convinced that the draft proposals for the accreditation of voluntary registers scheme are entirely consistent with this view. There are some areas of this paper where the degree of complexity proposed and the requirements of the organisation holding the voluntary register appear to be disproportionate to the risk involved and seem to go against this general principle.

2.2 There appears to be a measure of complexity in certain areas which we are not convinced is of proven necessity with regards improving public safety. We will highlight these in our comment on each section of the proposals below and ask that these areas are re-considered.

2.3 In addition, there are certain areas where the proposals appear to be disproportionate to the remit and powers of a voluntary regulatory organisation, and to the risk posed to the public by professions where statutory regulation is not deemed necessary. We will comment on these areas individually in our response and would ask that there is reconsideration of the necessity to include these as standards.

Bias towards larger organisations, particular statutory regulators

2.4 We consider that a number of the current proposals if carried through will bias the accredited voluntary registers scheme unfairly in favour of larger organisations and in particular the statutory regulators, who already have a regulatory infrastructure in place. This concern was previously raised in our response to Enabling Excellence.

2.5 This would not necessarily be in the interests of the public nor enhance public protection. In particular, where statutory regulators hold voluntary registers there is more likely to be confusion in the eyes of the public with regards the difference between statutory and voluntary regulation.

2.6 Further it could result in currently well-regulated but smaller sectors, such as our own, being unable to obtain accredited status and our registrants being unfairly disadvantaged in the market place, with a consequence loss of choice and diversity of service for the public.

2.7 We would be very concerned if accredited voluntary regulation were to become the exclusive preserve of a few larger organisations.

### Professional bodies holding accredited registers

2.8 We understand that the paper has been written to take into account a range of organisations interested in holding accredited voluntary registers, a number of which currently function as professional associations/bodies. We note that areas of the paper are particular to the situation where a professional body may also wish to hold an accredited voluntary register.

2.9 We would reiterate that the CAHSC has already been set up as a voluntary regulatory organisation with its functions separate and autonomous from the professional associations for anthroposophic health and social care. In doing so we have encountered considerable misunderstanding on the part of both practitioners and the public with regards the difference in the functions and remits of a ‘regulatory’ body and a professional association.

2.10 We support the Authority’s proposals that it would be necessary that the organisations applying to become accredited voluntary register to be fully aware of this difference themselves and be able to demonstrate that they can communicate this to their membership.

### Terminology

2.11 We do not consider that the use of the term ‘consumer’ throughout to denote those who use the services of health and social care professionals/workers is helpful. It does not resonate well with the functions of most health and social care professionals/workers, who are variously caring for, supporting, assisting, guiding etc those who use their services, to enhance their health and well-being, rather than ‘selling a product’ to them.

2.12 Further, it does not accurately reflects current thinking on good practice in health and social care, where the client and the professional(worker are seen as working in partnership to achieve a good outcome for the client. There is a strong move away from the idea of ‘consumerism’ especially in health and social care, where it is acknowledged that our current health and care systems cannot support a ‘dependency’ model. We recognise there is no ideal term but would suggest that ‘service user’ is a more preferable term.

2.13 The word ‘member’ is used throughout the document. It may be more helpful to use the word ‘registrant’ when referring to those on an accredited voluntary
register to help distinguish from members of a professional body.

**Emphasis on a ‘consumer model’**

2.14 Related to 2.11-2.12 above we have concerns regarding the repeated emphasis on the ‘interests of the consumer’ and ‘consumer satisfaction’, rather than on the safety and good outcome for the service user, which, as CHRE also consider, should be the focus of a voluntary regulatory process.

2.15 We have concerns that using terms such as ‘interests of the consumer’ creates the wrong emphasis and diverts attention away from good, ethic practice, to that of a ‘commercial transaction’. We do not believe that this will best serve to protect the interests of those using the services of voluntary regulated health and social care professionals/workers and may even act as a disincentive to improve practice standards.

2.16 Further, it could create a false expectation amongst service users and an unfair burden on the voluntary regulator, with the voluntary regulator being viewed as some sort of ‘consumer organisation’. Using such a broad consumer-based definition could be open to misuse. For example, it could be argued that it is in the best interests of the consumer for practitioner prices to be low yet this could be disadvantageous to the promotion of good practice, as practitioners need a certain income to carry out CPD, keep safe premises etc.

**Question of risk/Risk assessment**

2.17 The professions which will be voluntarily regulated through this scheme are those which the government deem do not pose sufficient risk to the public as to require statutory regulation. If statutory regulation is deemed unnecessary to protect the public, it implies that the risk associated with these professions with regards public safety is relatively low. This therefore raises a question as to the proportionality of requiring a risk assessment of each profession in the register. If the risk is significant statutory regulation should surely be pursued?

3 Comments on Section 1: Introduction

**Publication of registers**

3.1 The CAHSC consider that it would be helpful if the Authority were to publish a list of accredited registers for the information of the public and consumers (including employers): Par 1.4, bullet point 2.

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5 see CHRE January 2011: Discussion Paper: Early thinking on CHRE’s potential role in operating a voluntary register scheme par 2.1, 2.7

6 see above paper par 2.7
4 Comments on Section 2: Functions
4.1 We would expect that the Authority will ‘require’ that those operating accredited voluntary registers comply with its principles rather than just ‘encourage’ that they conform (2.1 bullet point 3), although we note that ‘encourage’ is the word use in the Act.

4.2 We also note (Annex A: Extract from Health and Social Care Bill 2011) that the functions of the Authority relate to ensuring good performance etc of the organisation holding the voluntary register, where performance is taken to mean the maintenance or operation of an accredited voluntary register. No mention is made of having any functions in relation to the requirements for entry onto those registers by registrants. We therefore question whether, and to what extent, it falls within the remit of the Authority to set even generic standards for entry to any accredited voluntary register, as outlined in intentions and in the standards for voluntary registers. We would ask he Authority to clarify its functions under the Act in this area.

5 Comments on Section 3: Foundations
5.1 The CAHSC agrees in principle with some of the tenets set out as the foundation for the accredited voluntary register scheme. However we are unclear as to how a number of these would properly fall within the remit and functions of the Authority as set out in the Health and Social Care Bill 2011 (see 4.2 above).

5.2 Re bullet point 2:
5.2.1 We question whether it is in the remit of the Authority to ‘facilitate the market by encouraging the development and adoption of professional standards of practice’. The function of the Authority with regards to standards setting as set out in the Health and Social Care Bill 2011 would appear to relate to those directly related to the operation of organisation holding an accredited voluntary register.

5.2.2 We do agree that the authority should not direct or control the market. However it must be recognised that if standards for accreditation through the scheme are weighted so as to favour larger organisations (and in particular the statutory regulators such as the HPC) the Authority will in effect direct the market since commissioners of services, consumers etc are to be encouraged to favour organisations employing staff who are on an accredited register. The CAHSC continues to have concerns that the accredited voluntary registers scheme will favour:

- Larger organisations whose infra-structure to costs per registrant are lower
- Statutory regulators who already have a regulatory infra-structure and

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7 See Enabling Excellence par 6.11
procedures in place. In the later case, there could be confusion in the mind of the public regarding the relative functions of statutory and voluntary registers.

5.3 Re bullet point 3: We agree that the Authority should set the standards for the holding of the register but not for the profession registered. We note that the Authority intends to set generic standards for practitioners. We would make two points in relations to this:
- As mention above (4.2& 5.2) we seek clarification as to whether it falls within the Authorities functions as set out in the Act to set such standards
- Where the Authority has in this paper put forward proposals for what it terms ‘generic’ standards for practitioners (under Standards for Voluntary Registers) we note that these are not all generic, some being very specific. While we have questions as to the validity of the Authority in setting such standards, we have nonetheless commented on the current proposals later under Section 13 ‘Standards for Voluntary Registers’

5.4 Regarding the provision of information to the public, clarification is required on the type of information which it is the Authority’s remit to provide with regards accredited voluntary registers.

6. Comments on Section 4: Intentions
Re point 4.1
6.1 The CAHSC broadly agrees with the Authority’s intentions as set out in 4.1 but question whether the current proposals will ‘facilitate provision of good quality services’ or limit them through an over rigorous accreditation scheme.

6.2 The CAHSC notes that the Authority intends to facilitate ‘good quality services’ through the scheme. The CAHSC would therefore wish that this intention is expressed consistently throughout the document and not changed to ‘high’ quality with respect to education and training, service provision etc. This is inconsistent and we would also consider it a disproportionate requirement for those on a voluntary register to meet. Further enabling good quality service requires appropriate, good quality education and training not necessarily ‘high’ quality.

6.3 Footnote 2 –‘both’ should be deleted since three different group are referred to

6.4 The Authorities intention to ‘facilitate informed consumer choice’ is laudable but may be less achievable in practice. It will only begin to achieve this where consumers understand that an accredited register is a quality mark for the register holding organisation and NOT an individual quality mark for the registrants on the register, although this may to some extent be implicit. Further, consumer choice
may be lessened by an accreditation scheme for voluntary registers which is weighted against smaller organisations (as previously outlined)

**Re point 4.2**
6.6 The CAHSC does not agree that effective management of a register necessarily means that the organisation doing so is trustworthy. Suggest that these two points be dissociated and that this part of 4.1 be re-worded along the lines of: ‘It supports service users by ensuring that organisations holding voluntary registers are trustworthy, manage their registers effectively, and promote good standards of practice by their registrants’.

In this way the wording reflects the three areas which the Authority will scrutinise for accreditation:
- governance
- operation of register
- criteria set for entry to register.

6.7 The organisation should be ‘well governed’. Term ‘well governed’ requires to be defined and this should reflect that the organisation is holding a voluntary not a statutory register. The governance expectations should not be unduly onerous and should be appropriate to the function of the organisation. What might be required for a small organisation to be well governed may differ in some areas from that required by a much larger organisation. The concept of proportionality should be borne in mind.

6.8 We suggest that wording for the last phase be: ‘its requirements for registration support good outcomes for service users’.

**Re point 4.3 : Education & Training**
6.9 Bullet point1:
6.9.1 We would be concerned if only those registers which admit practitioners who have undergone accredited trainings were to be considered eligible for accreditation under the scheme. For example, the CAHSC, due to the nature of the practice-based training of those in its social care sector, currently and for the foreseeable future, has a portfolio route for certain applicants with respect to education and training. Applicants who do not have one of our recognised trainings, are required to evidence that their education, training and experience has equipped them to practice safely and competently. We would not wish to bar such applicants.

6.9.2 We consider that a key point about education & training for entry to the register is that it should be the minimum required to equip the registrant to practise their discipline/occupation safely and competently. Where registration is voluntary, and particularly in the social care sector, it may be necessary for a voluntary registering
organisation to continue to register individuals who do not have accredited trainings, by taking into account practical experience as well as any formal trainings. Where safety and competence of the practitioner is the issue, someone with 20 years of practice experience but without an accredited training may be more safe and competent in practice that someone newly qualified from an accredited course.

6.9.3 In addition, it is after all the voluntary registering organisation that will have to deal with any complaints against the registrant with regards their competency, not the Authority.

6.10 There is also the question of which accredited trainings will be deemed acceptable, by what accreditation body and at what level. We question whether the setting of such criteria falls within the remit of the Authority. Suggest word ‘accredited’ is deleted.

6.11 We have concerns that the Authority would be overstepping its remit by stipulating that accredited trainings are required for entry onto a voluntary register, and that the boundaries between voluntary and statutory regulation will begin to become unhelpfully blurred.

Re bullet point 2.
6.12 We consider that this bullet point would be more readily understood if it read:

- Meet the Authority’s standards for accreditation in the areas of governance, management of its register and criteria for registration

since the criteria for registration will set out the standards which the practitioner must meet with respect to conduct, education and training and skills

7 Comment on Section 5: Multiple registers
7.1 We generally agree with the position set out by the Authority on multiple registers, with the proviso that 5.2 is clarified to explain how it will relate to those practitioners such as doctors, nurses etc on our register whose conventional practice is statutorily regulated but whose anthroposophic practice is not.

7.2 Note: footnote 4 is missing

8 Comments on Section 6: Intended benefits
The consumer model
8.1 The wording of parts of this section is of some concern to the CAHSC. It would not wish to see accredited voluntary registers being asked to commit to provision of services (particularly those labelled as ‘consumer services’) which they are unable or are not the appropriate body to deliver. In addition some of the responsibilities
placed on the voluntary registers organisations with respect to consumer protection appear to be more onerous than those required of the statutory regulatory bodies. This seems disproportionate to their function as voluntary regulators.

8.2 It is recognised that some of the concern expressed above arise from the use of the term ‘consumer’ and related terms (see also 2.11,2.12, 2.14-2.16 above).

Re 6.1
8.3 Suggest ‘consumer’ replaced by the ‘service users and the public’

Re 6.2 Responsibilities of registering organisation

8.4 We consider that one of the main bullet points in this section should be along the following lines:
‘Set criteria for entry to its register which promote good practice amongst its registrants’

8.5 Re bullet point 1: ‘Act in the best interests of the consumer’: we question advisability of use of word consumer (see comments 2.11,2.12, 2.14-2.16 above)

8.6 Re bullet point 3: we suggest that for consistency this should read ‘promote good standards of education and training’ or ‘promote standards of education and training required for safe and competent practice’.
We consider that the emphasis should be such that the standards of education and training promoted are those which link with safe and competent practice.

8.7 Re bullet point 4: We suggest that this is not required. If the organisation is behaving with integrity then it will be applying appropriate standards to its own processes and to its registration criteria.

8.8 Re bullet point 6: Again we would emphasise that these are standards for voluntary regulators with no statutory powers. It may not be appropriate to state ‘Act swiftly’. We consider that ‘Act without unreasonable delay’, may be a less problematic wording. Voluntary regulators are ‘helping to protect public’ since have no legal powers to prevent registrant practising. We would be keen to avoid statements which in reality are not achievable. Review of the ability of the even statutory regulators to ‘act swiftly’ reveal that this can be a problematic area.

Point 6.3 Criteria set for registration

8.9 We question whether this section is required since if the criteria for registration set by the accrediting organisation are appropriate to ensure safe and competent
practice, these points would be covered. In addition, we have questions regarding the remit of the Authority to set such criteria (see above 4.3, 5.2.1 above).

8.10 However, if it is in the remit of the Authority to do so, we consider it confuses the situation if the Authority sets out its generic criteria for registration in terms of the registrant’s commitments. If these are to be retained we would suggest rewording along the lines of:

‘Practitioners on an accredited register are required to:
- Act in the best interests of the service user
- Be appropriately trained for safe and competent practice
- Practice within their registering organisation’s Code of Practice
- Provide clear information about their services
- Act to resolve concerns and complaints about their services effectively
- Act without unreasonable delay to help protect the public when necessary’

It should be clear that it is the responsibility of the holder of the accredited register to set standards for its registrants which deliver these outcomes.

Point 6.4 Domains
8.11 We were unclear as to the meaning of this paragraph. Which three domains are referred to? This reads much more like the type of material which the operator of the register would produce rather than the Authority accrediting the register holder.

Point 6.5 Complaints
8.12 The CAHSC has questions as to whether this places an undue burden on the voluntary regulator with respect to resolution of complaints. Question whether it is reasonable to expect the voluntary regulatory body to take on issues related to customer service and/or business practice, unless these are significant and such that they call into question the fitness to practice of the registrant. These are issues which generally should be resolved in the first instance at the local level. The Authority should note that if voluntary regulators were required to undertake such a duty, there could be significant resource implications. It may be disproportionate to expect the voluntary regulator to take on such a duty given its limited powers regarding those registered with it.

8.13 We consider it more appropriate for issues not directly related to fitness to practise that the voluntary regulator will help to direct the service user to the appropriate body where they can take their complaint.

8 It should also be noted that the statutory regulators are reluctant to get involved in such issues.
8.14 Further, we question the advisability of stating:
‘This provides consumers with an additional reassurance that if things go wrong, they will be helped to get things put right’.
We consider that this may raise unreasonable expectations amongst the public as to the functions and powers of the voluntary regulator. For example with respect to requiring that a registrant compensates a service user etc.

8.15 We have concerns that the wording and implications of point 6.5 places a disproportionate burden the voluntary regulator given their limited resources and powers.

8.16 We were also not clear as to the significance of inserting psychotherapy has as an example, as it did not appear to make sense in this context.

**Point 6.6 Benefits to practitioners and ‘consumers’**

8.17 If this statement is true, ie that there are advantages /benefits to the practitioner from being on an accredited register, it follows that there are dis-benefits from being on a register that is not accredited, or their being no accredited register available with which to register. This being so, we would expect that any accreditation scheme should make it equally possible for small voluntary registers to become accredited as for larger ones.

8.18 We would question the advisability of statement ‘meet high standards of customer service’, and would consider that ‘good standards’ is consistent with that stated elsewhere in the document.

8.19 In addition we are uncomfortable with the emphasis placed on ‘customer service’ (as already commented on) and singled out from the whole service provided by the registrant. For our registrants such expectations are in covered the Code of Practice but, once registered, we do not audit it or seek evidence that registrants are providing high standards of customer service specifically. Our only check on that is the complaints we receive. We would be uncomfortable with stating that we guarantee that our registrants provide high standards of customer service since we do not audit this as such. We consider it is sufficient that assurance is given that service user will receive a good and competent standard of service from the registrant and therefore suggest that ‘meet high standards of customer service’ be deleted.

**Point 6.7 Value for money**

8.20 We do not consider that organisations carrying out the functions mentioned in this paragraph will necessarily deliver good value for money. We would suggest that this clause be deleted from the paragraph or reworded.
9 Comments on Section 7: Standards-stages and domain

9.1 In general we found this section lacked clarity and a logical structure. It seemed to unnecessarily complicate what in earlier sections appeared to be a fairly straightforward process.

Point 7.1 Stages in accreditation

9.2 We were unclear as to why the word ‘Stages’ had been used for what appeared to be 3 areas of relevance with respect to accreditation, namely:
- Organisational governance issues
- Provisions for the maintenance of the register
- Criteria for entry and removal from the register.

9.3 In using the words ‘Stages’ it implies that these will be assessed by the Authority in a progressing manner ie governance issues first, then register issues, then criteria for registration. It is not clear whether or not this is the intention.

9.4 It was not clear to us whether the 3 stages relate to 4.3 bullet 2 or not? If so we wondered why the wording had been changed.

Point 7.2 Domains and terms used

9.5 We were not clear which standards were being referred to. Further whether the Authority intended that these three domains will be applicable to each stage or do they only relate to stage 3 ie Standards for registrants? It was not easy to see how the three domains would directly be applied to stages 1 and 2.

9.6 We also have concerns over the terminology used to denote the three domains themselves:
- Personal behaviours: does this mean personal conduct or professional conduct?
- Technical competence: this would seem to be particularly inappropriate term for applied knowledge, understanding and skills in the health and social care sector. It has connotations which ‘depersonalise’ the service user and reduce the interaction between service user and registrant to a mechanistic level, implying that the registrant acts ‘to do thing to’ the service user rather than with their cooperation and consent etc. This is not in keeping with current thinking regarding good practice in health and social care. We would suggest that this domain be called ‘applied knowledge and skills’.
- Business practices: we would suggest that this domain may be more helpfully labelled as ‘practice management’-a more inclusive term since not all practitioners will be in business and may be employed. We would also point out that this is not
one of the domains explicitly outlined in for example the HPC’s code of conduct, performance and ethics.

**Point 7.3 One or multiple sets of accreditation criteria?**

9.7 We are not clear what the Authority intends here. Does 7.3 relate only to Stage 3? Will the accreditation scheme and the standards required of those organisations who are apply for accreditation, apply across the board. This paragraph seems to imply that features of the profession being registered by the organisations applying for accreditation will be taken into account. Previously in the document the implication is that this would not be the case and that the Authority would only require that certain generic standards with respect to criteria for registration operated by the voluntary registering organisation would be required to be met. We consider that this point requires further clarification and discussion.

9.8 It is not clear how the Authority could or should take account of the characteristics of the practitioners or how the list in Annex A would be used.

9.9 We would expect that since the scheme is for accrediting the register not the practitioners the emphasis should be on the organisation holding the register rather than on the practitioners.

**Point 7.4 Expectations of organisations holding accredited registers**

9.10 This seems to be a mix of Stages 1-3 and domains 1-3. We consider that this requires further clarification.

9.11 Bullet point 1: ‘scope of practice’: What detail would the Authority expect to be given re ‘scope of practice’?

9.12 Definition of ‘proper authority’ required

We would also suggest that rules for entry especially regarding education and training required need to be proportionate to the risk to the public posed by the practitioner.

9.13 Bullet point 2: **Size of register**

‘substantial’ : we would question the need for the term ‘substantial’ The size of the register is not an indication of the competency of the practice of the professionals on it nor of the quality of the administration of the register. If used needs to be defined and would suggest that it is not set as an absolute but perhaps as a proportion of those in that profession in the UK. We would suggest reword to read: ‘be able to manage a register effectively’
9.14 Bullet point 3: **Governance issues**
9.14.1 We consider that in the interest of fairness it would be important that the governance and operating systems are proportionate and appropriate for the size of the register being administered.

9.14.2 We would question the need for the inclusion of the phrase ‘deliver value for money’, since this is not directly relevant to protection of the service user/public. If phrase is retained there would need to be guidance as to how ‘value for money’ is to be determined and defined.

9.14.3 Word ‘group’ should be replaced with ‘organisation’

9.15 Bullet point 4: **Risk assessment**
9.15.1 We would seek to know how the Authority suggests that the organisation arrives at such a risk assessment eg What risk assessment criteria should be used?

9.15.2 Further how does the Authority propose that a voluntary regulator would assess the risk of ‘failure to achieve intended benefits’? We consider this to be an unrealistic expectation for a voluntary regulator.

9.15.3 We further question the value of such an exercise this given that non-statutory regulated groups are not held to pose a significant risk to public. Therefore this may be a somewhat time consuming but ultimately meaningless exercise and detract for resources in the organisation which could be more effectively used to perform other functions.

9.16 Bullet point 5: **Education & training**
9.16.1 Against what standards do the Authority propose that the levels are to be determined? We would be concerned if only those recognised in the UK eg NVQ etc were to be acceptable since a number of our registrants train in Europe.

9.16.2 Question the inclusion of ‘training must encompass the study of ethics as it relates to their professional role’. We do not consider it appropriate for the Authority to determine the content of training. The outcome should be the focus ie that the training equips practitioner to practice professionally and ethically.

9.17 Bullet point 6:
9.17.1 This requirement does not allow for the portfolio route of admission (as mentioned previously 6.9 above).

9.17.2 We would hope that this requirement would not be misinterpreted to imply that the organisation holding an accredited register should have training accreditation
system in place. We consider that it rather needs to set the standards of training required for entry onto the register which it considers are the minimum for safe and competent practice of the profession, and to have determined which training courses, or other means of training, meet these requirements.

9.18 Bullet point 8: Evidence base
We do not agree that there should be a requirement for a voluntary registering organisation to produce such an evidence base. We consider that in practice for many this will be difficult to achieve and consider it more appropriate for statutory regulated profession than for those which are voluntarily registered.

9.19 Bullet point 10: Audit & quality control
We would be concerned if the requirements for audit and quality control are disproportionate to the functions and resources of a voluntary regulatory organisation and that if over burdensome will again favour larger organisations and in particular the statutory regulators.

9.20 Bullet point 11: We consider the phrase ‘active listening’ inappropriate and jargonistic in this context and would suggest its deletion. We suggest rewording along the lines of:
‘Demonstrate engagement with the public’

9.21 Bullet point 12: Handling concerns
We would suggest this is reworded along the lines of:
‘Have proportionate and appropriate arrangement for raising and handling concerns about a registrant’s practice, which focus on early resolution where appropriate’.

9.22 Bullet point 13: Safeguarding
We seek clarification as to what is intended by this point ie ‘Have safeguarding arrangements in place’.

9.23 Bullet point 14: Professional indemnity insurance
9.23.1 It should be noted that some practitioners may have professional indemnity cover rather than insurance ie are members of a defence union, which does not offer insurance.

9.23.2 How do the Authority intend to determine the appropriate levels for professional indemnity cover for each profession/occupational group? How will the registering organisation be expected to check on this?

9.23.3 The Authority should be aware that a requirement to hold professional indemnity insurance may act as a disincentive for certain groups to register,
especially those working part time and whose income is relatively low. The CAHSC requires that all our registrants hold professional indemnity insurance (or are covered by their employers scheme) and we have encountered this problem.

9.23.4 We further note that professional indemnity insurance is not currently required by all statutory regulators for registration, although the CAHSC is aware that this is under review.

**Point 7.5 Standards for voluntary registers**

9.24 We would be interested to know by what means organisations will be required to demonstrate that they meet the standards.

**10 Comments on Section 8: Assessment**

10.1 We suggest that this may more helpfully be header ‘Accreditation process’

**Point 8.1 Assessment**

10.2 The CAHSC question how appropriate and/or necessary it is to consult with the public on the issue of development of this accreditation process.

10.3 What will the preliminary assessment referred to encompass?

10.4 Re risk (see also 2.17, 9.15 above). We question the advisability and usefulness of requiring an assessment of risk for each profession/occupation to be voluntary registered. We foresee difficulties with this in terms of it having any real utilisable meaning or purpose with regards the registering process for voluntary registers. We would ask for an explanation of the Authority’s rationale in including such a requirement for professions/occupations which are of sufficiently low risk as to not require statutory regulation.

**Point 8.2 Triangulation of assessment processes**

10.4 We consider that such a rigorous triangulation process may be a disproportionate for the accreditation of a voluntary register. It is likely to increase the cost of the accreditation process to the Authority (in terms of personnel and finance required) which will be passed onto those seeking accreditation with the potential result that accreditation fees will be set at a level where only larger organisations (including statutory regulator) will have sufficient funding to go through the process.
11 Comments on Section 9: Next steps

Point 9.1
11.1 We would hope that the outcome of the discussion at the CHRE’s Council meeting will be communicated to those organisations who have been invited to comment of the current proposals.

Point 9.2
11.2 The CAHSC reiterates its interest in being accredited under the Authority’s scheme.

12 Comments on Annex B

12.1 The CAHSC seeks further information regarding how the Authority intends to use these characteristics and to what end with respect to the accredited voluntary register scheme.

12.2 Point e): we are not clear why ‘manage services for employers’ has been included under e).

12.3 We would suggest that ‘work in isolation’ would more helpfully be placed in d)

13 Comments on Standards for Voluntary Registers⁹

General:
13.1 It is appreciated that these are preliminary examples in draft format. However, there is some lack of logical structure and clarity, with some repetition. Comments with respect to the word ‘Stage’ have already been made (see

Stage One – standards for organizations holding voluntary registers
1. The organisation’s governing body has pledged to the Authority that it will ensure its organisation will:
   • Act in the best interests of the consumer
   • Behave with integrity and authority
   • Promote high standards of training, education and practice
   • Apply rigorous standards to itself and its registrants
   • Provide clear, open and accessible information to the public
   • Act swiftly to protect the public when necessary.

13.2 CAHSC considers the heading is misleading and would suggest rewording along the lines:

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⁹ To facilitate cross-referencing we have copied the Standards form the Authority’s draft paper and inserted at the appropriate point in the text.
'Governance and organisational standards for bodies holding voluntary registers'

13.3. Bullet point 1 above: ‘Act in the best interests of the consumer’
See previous comments on use of word ‘consumer’ (2.11, 2.12, 8.1-8.3, and 8.12-8.14).

13.4 Bullet point 3: see previous comments on standards of education and training (8.4, 8.6). Consider reword along lines of:
‘Promote standards of education, training and conduct which support good practice’

13.5 Bullet point 4: See previous comments regarding rigorous standards (8.7). We also question whether it is appropriate to include registrants here when stage one is about organisational governance.

13.6 Bullet point 5: We consider that the word ‘open’ in this context does not add anything meaningful to the standards. Therefore suggest it be deleted.

13.7 Bullet point 6: see previous comments (8.8). Suggest reword as ‘Act without unreasonable delay etc’

2. The organisation's primary purpose is to promote the best interests of consumers. Its governing body and staff behaviours are founded upon a clear understanding of this principle and the difference between acting as a guardian of the public and promoting the professional interests of its members.
   • The organisation acts with integrity and authority at all times
   • It promotes and prioritises the best interests of consumers
   • Its Council/Board members and staff adhere to a Code of Conduct commensurate with good practice in public office
   • It promotes public confidence by ensuring appropriate representation by the public
   • It actively seeks, listens and where appropriate acts upon feedback from consumers and members
   • It cooperates with others and promotes effective teamwork
   • It creates an open, fair, transparent, learning culture
   • It shares information with other appropriate bodies to protect the public; and takes parallel disciplinary action when needed

13.8 It is not clear whether par 2 above is an expansion of par1, bullet point ie ‘Act in the best interests of the consumer’ or not. There is a degree of repetition in the bullet points eg in point two and some lack of a logical ordering. We suggest that the whole of par 2 could be incorporated in par 1 above.
13.9 As previously stated we have concerns over the use of the word ‘consumers’ and emphasis on promoting the interests of the consumer (see 13.2 above and elsewhere in document). We would suggest that ‘to help protect service users and the public’ may be a more helpful wording. We consider that a voluntary registering organisation cannot undertake to necessarily promote ‘consumer interest’ as a whole and to state this could raise false expectations regarding the powers of the voluntary registering body.

13.10 ‘Acting as a guardian of the public’: we consider this an unhelpful overstatement again given the limited powers of the voluntary regulator. We suggest ‘help protect service user’ is a more appropriate phrase.

13.11 Regarding use of word ‘member’, we consider ‘registrants’ more helpful as previously stated (see 2.13).

13.12 Bullet point 1: CAHSC considers that this point is covered within par 1 (bullet point 2) above and therefore is not required here. We would suggest deletion of qualifying phrase ‘at all times’

13.13 Bullet point 2: This is also already covered in par 1 (bullet point 1). Would suggest it is deleted and replaced with:
‘It promotes safe and competence practice amongst its registrants’

13.14 Bullet point 3: The Council members of current voluntary registers are not in public office therefore question how appropriate it is to require that they adhere to good practice in public office. This would only be applicable to statutory regulators holding voluntary registers.

13.15 In addition, the council members of voluntary organisations such as the CAHSC, which is a limited not -for- profit Company, have as their primary responsibility the interests of the company. Decisions cannot therefore always be made solely in the public interest when the regulator is not a statutory body.

13.16 Bullet point 4: Clarification is required here as to what meaning is intended. Does this mean appropriate representation on Council by the public? Is does not necessarily follow that having members of the public on the governing body of a voluntary registering organisation will promote public confidence. Public confidence is more likely to be promoted by the standards that are required of the registrants.

13.17 Further, the Authority should be aware that where voluntary registering organisations are unable to pay for the services of those on their governing body, due to limited resources, stemming from the voluntary nature of their registration status, it can be difficult to attract members of the public with the appropriate skills.
13.18 Bullet point 5: The requirements to actively seek feedback from consumers and registrants can be disproportionately time consuming for smaller organisations.

13.19 Bullet point 6: We would suggest that this may be more meaningful and pragmatic to re-word this as:

'It cooperates with the Authority and, other accredited voluntary registering organisations and statutory regulators where appropriate.'

13.20 Bullet point 7: The CAHSC is of the opinion that this bullet point is extraneous and ‘jargon’ laden and would not support its inclusion. If there is a need to emphasis open and transparent process this could be more plainly stated eg

‘It works in a fair and transparent manner’

13.21 Bullet point 8: The legal mandate/constraints within which any voluntary registering body could do so requires to be clarified.

13.22 We would seek to ascertain what mechanisms the Authority will set up to facilitate this sharing of information and what if any safeguard will be put in place to protect voluntary registering organisations which share information about registrants with other parties.

3. **Board/Council members are effective and fully participate in the functioning of the Board/Council.**
   - Members are appointed against competency criteria and appraised annually. Where elected, they meet competency criteria in order to be put forward for election.

13.23 We would suggest consideration of reword to read:

‘Board/Council members participate effectively in the functioning of the Board/Council’

13.24 We consider that annual appraisal for small voluntary registering organisation may not be feasible, given the limited resources coupled with the voluntary nature of many appointees, (ie no remuneration other than travel expenses). In addition, we consider that this point is largely subsumed in par 4 (bullet point 2) below and therefore both are not necessary.

4. **The organisation is credible, authoritative, resilient and sustainable:**
   - It is legally constituted
   - It has a properly appointed board or governing Council with an appropriate skill mix to ensure that the organisation fulfils its primary functions
••It has sufficient funds which are well managed
••It has a substantial membership, sufficient to be accepted by a sizable majority of professionals, employers and consumers

13.25 We suggest that the words ‘authoritative and resilient’ are not required. We consider it sufficient to state ‘credible and sustainable’

13.26 Bullet point 4: The definition of ‘substantial membership’ given here is not acceptable to the CAHSC as it stands. It is not clear what is meant by ‘a sizeable majority of professionals, employers and consumers’ – in what field/discipline?

13.27 This criteria as previously stated could act in favour of larger and in particular statutory organisations which are already established and known to professional and the public. It could be unfairly disadvantageous to smaller organisations such as the CAHSC.

5. The organisation is open and transparent:
••It has robust governance arrangements that enable effective scrutiny of its strategy, policies and performance by its Board, members, and the public
••It maintains separation between the governance arrangements for its functions of promoting professional interests (acting as a professional body); investigation; and adjudication (acting as a guardian of the public interest)
(Note: public transparency might be demonstrated by: lay membership of its governing body; scrutiny by a Shared Public Panel; separately constituted committee for registration function?)

13.28 We suggest that if this point is included, par 2 (bullet point 7) is not required as it is repetition.

13.29 Bullet point 1: ‘members’ should read ‘registrants’.

13.30 Bullet point 2: CAHSC notes that this point relates to those organisations where the functions of professional body and voluntary regulator would be combined. This does not apply directly to CAHSC as it only functions as a voluntary regulator.

13.31 Suggest last phase reworded along lines of: (acting to perform its functions as a voluntary regulatory body)

6. The organisation has effective quality assurance arrangements in place and acts on the results of quality control checks on its own performance and that of its registrants.
••The organisation monitors registrants’ behaviour, competence,
business practices and consumer satisfaction.

13.32 We suggest that governance of organisation and organisational arrangements are kept separate from functions with respect to register and criteria for registration as outlined in the earlier part of the draft paper (4.3 and 7.1). Since this is coming under organisational criteria would suggest that the monitoring of registrants be moved to stage 2 or 3.

13.33 We would seek further clarification on what is meant by ‘monitors registrant behaviours, competence, business practices’. Would suggest it may be more appropriate to seek that organisation has requirements for CPD in place. We do not directly monitor consumer satisfaction and would not be in favour of having to do so as it we would deem it disproportionate with respect to our functions and powers as a voluntary regulator. We would seek to know the basis on which the Authority includes this requirement and the evidence that monitoring consumer satisfaction significantly improves the safety or quality of service received by service users in the voluntary regulated health and social care sector.

13.34 We would expect that the Authority would not place a disproportionate quality assurance burden on accredited voluntary register organisations and would consider that any quality assurance arrangements are proportionate to the size of the organisation. Otherwise as stated previously the scheme will risk being strongly weighted against small organisations, which may be very effective voluntary regulators, in favour of larger and in particular the statutory regulators. We question whether there is evidence that larger necessarily means that interests of service user are better served.

7. The organisation has a clear understanding of the risks associated with the practice of its registrants and, where amenable to their control, is taking appropriate action to manage them.

• The organisation formally assesses the risks posed to the public by their registrants to the public. It continuously monitors incidence and type of harm, updates the ‘practitioner risk profile’ where appropriate and takes action to mitigate risks where necessary.

13.35 We have already commented on the appropriateness and usefulness of such a risk assessment.(see 2.17, 9.15)

13.36 We would suggest that a more useful wording of point 7 (if it is retained) would be: ‘The organisation has a clear understanding of the risks associated with the practice of its registrants and, takes these into account in its criteria for registration’
8. The organisation focuses its complaints handling system on resolving the problem, securing an appropriate remedy for the consumer and protecting the public from practitioners whose behaviour, competence or business practice is substantially below standard.

13.37 The CAHSC has concerns regarding the inclusion of the phrase ‘securing an appropriate remedy for the consumer’. It would not be the role of the registering organisation to pursue the practitioner for compensation for a service user. Suggest this phrase be deleted. There also needs to be the idea that the complaints procedures and process will be fair to all parties, otherwise the voluntary registering organisation could be vulnerable to a counter complaints from its registrants.

Stage 2 – standards for voluntary registers

13.38 We suggest clarification of this header by rewording along the lines of: ‘Standards for establishment, operation and management of the register’

9. The register is administered by a suitably qualified registrar and its management arrangements are subject to independent scrutiny.

13.39 We seek clarification on what the Authority considers suitable qualifications for a registrar of a voluntary register.

13.40 We question the need to subject the management arrangements of the register to independent scrutiny. The management of the register is overseen by the governing council of the organisations holding voluntary register (or by the Executive, who are responsible to Council). There should therefore be an adequate process for ensuring that the register is well maintained without the need to involve independent scrutiny. This should only be required where significant problems with the register have been reported to the Authority. Therefore consider that this phrase is unnecessary as a standard for a voluntary register.

10. The register sets standards of competence and conduct for registrants which, when applied, should reasonably be expected to result in good practice

- The standards prioritise the safety and interests of consumers and reflect up-to-date practice
- Standards are formulated as general principles, which apply to all situations and areas of practice
- The standards are easy to understand for registrants and clearly outline registrants’ personal responsibility for their practice
- Standards include responsibilities for effective team work
- Where appropriate, supplementary guidance is produced to help
registrants apply the standards to specialist or specific issues
• The standards provide a clear framework so that consumers can hold Registrants to account by raising concerns when the standards and guidance are not followed
• Standards are reviewed regularly to ensure that they are up-to-date, and, where appropriate, they are revised with input from stakeholders
• The organisation actively promotes its standards and registrants' responsibility to adhere to them.

13.41 We consider that par 10 above could be more clearly worded as: ‘The organisation sets standards of competence and conduct for admission to the register which, when applied, should reasonably be expected to result in good practice’.

13.42 Bullet point 2: It is not always possible to formulate meaningful standards to apply to all situations and areas of practice, especially standards of competence. We would suggest that this restriction is not placed on the formulation of the standards by registering organisations.

13.43 Bullet point 4: Suggest add the phrase ‘where appropriate’ since not all those on voluntary register will work in teams. It is also not clear why this particular criterion has been singled out.

13.44 Bullet point 5: While this would be the ideal in reality producing supplementary guidance is not always possible and again this criterion favours larger rather than smaller organisations.

11. Standards of education and training for entry to its register reflect best practice
• Standards for education and training are linked to standards for registrants
• The standards promote the safety and best interest of consumers.
• The process for reviewing or developing standards for education and training should incorporate views and experiences of key stakeholders, external events and the learning from the quality assurance process
• The process for quality assuring education programmes accredited by the organisation is robust, proportionate and takes account of the views of patients, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the standards for registration
• Feedback is provided to training providers if the quality assurance process identifies concerns about education and training establishments
• Information on approved programmes and the approval process is
publicly available.

13.45 We do not consider that par 11 sits within Stage 2 on the establishment, operation and maintenance of the register, as most of the points have to do with the process for accreditation of trainings which meet the training and education requirements for entry to the register. As previously stated the CAHSC do not consider it a necessity that the voluntary register organisation accredits trainings. It may recognise as sufficient for registration, education and training courses which are accredited by other accrediting bodies. This is therefore not a generic standard for all those applying. We have, nonetheless made comments on this section below.

13.46 We would suggest that the heading for par 11 is reworded along the lines of: ‘Standards of education, training and experience for entry onto its register are those which reflect the minimum standards required for safe and competent practice of the discipline/occupation’

13.47 Bullet point 1: Suggest that this could more helpfully read: ‘Standards for education and training are linked to standards required for registration ie standards of competence, standards of conduct etc’

13.48 We consider that bullet points 2 & 3 are not required.

12. The register is managed effectively
- Only those practitioners who meet the standards of conduct and competence are registered
- The registration process, including the management of appeals, is rigorous, fair, based on the organisations’ standards, efficient, transparent, and secure
- Registrants who substantially fail to meet its standards of personal behaviour, and/or technical competence and/or business practice are struck off the register
- Registrants who fail to co-operate with the investigation process without sound mitigation, even in the event of their resignation are struck off
- Through the register, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice or they have been struck off the register
- Consumers and employers are encouraged to check a practitioner’s registration
- Registrants continuing compliance with the standards is subject to periodic checks.
13.49 CAHSC suggests that this paragraph could usefully be incorporated in par 9 which could read: ‘The register is administered by a suitably qualified registrar and is managed effectively.’

13.50 Bullet point 1: suggest rewording along lines of:
‘Only those practitioners who demonstrate that they meet the standards of competence and who agree to comply with the standards of conduct are admitted to the register’

13.51 Bullet point 2: Would suggest deleting ‘rigorous’ and replace with ‘proportionate’

13.52 Bullet 3: Consider previous comment regarding the use of terms ‘technical competence’ and ‘business practice’ (see 9.6.1-9.6.3)

13.53 Bullet 5: Authority should be aware in wording this point that the organisation will only publish such information on the publicly available register as the registrant has given consent to with regards their place of work and contact details. We suspect this bullet point relates primarily to information regarding any complaints /fitness to practice proceedings. Suggest this reworded along the lines of:
‘Through the register, the public can access relevant information about registrants, except in relation the health, including whether etc.’

13.54 Bullet 6: Do not consider that this point comes under effective management of the register.

13.55 Bullet 7: CAHSC would be interested to hear how the Authority intend to require the registering organisation to do this and at what frequency. The CAHSC currently require signing of a self declaration for retention annually with a re-registration check, including submission of 90 hours of CPD every third year

13. The register should be credible, useful and accessible
• It should include: clear signposting from the organisation’s homepage
• It should be easy to navigate to greater levels of detail where available
• It should indicate the location of practice
• It should include a glossary of terms
• It should not contain material that could compromise the credibility of the data, such as advertising
• It should provide information about all current fitness to practise sanctions on the online register
• It should include information about health professionals who have been struck off on their online register for at least 5 years.
13 56 We question whether there is a need for section 13 to be so prescriptive.

13.57 Bullet point 3: the CAHSC do not agree that the precise location of a practitioner’s practice need to be given. Where the practitioner does not wish this to be published, the approximate geographical location should suffice.

13.58 The CAHSC also has a system in place for voluntary removal where registrants no longer, for a variety of reason eg retire or ceases practice, wish to retain their registration. Does the Authority have an opinion on the availability of such information on the register?

14. Concerns about a registrant are handled effectively and proportionately:

- Anybody can raise a concern about the behaviour, technical competence or business practice of a registrant
- Information about substantial concerns is shared with employers/local arbitrators and regulators within the relevant legal frameworks
- Where necessary, the registrar will determine if there is a case to answer and if so, whether it shall be dealt with by its Disciplinary Panel or where appropriate, direct the matter (with the complainant’s consent) to another relevant organisation
- All complaints are reviewed on receipt and serious cases are prioritised and where immediate action is likely to be required to protect the public, processed in accordance with the organisation’s ‘Urgent Protection Policy’
- The complaints and discipline process is transparent, fair, proportionate and focused on public protection
- Cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. Delays do not result in harm or potential harm to consumers. Where necessary the organisation protects the public by means of immediate action in accordance with its ‘Urgent Protection Policy’
- All parties to a case are kept updated on the progress of their case and supported to participate effectively in the process
- All case decisions made at the initial and final stages of the process are well reasoned, consistent, and protect the consumer
- All final decisions, apart from matters relating to the health of a practitioner, or minor concerns are published and communicated to relevant stakeholders
- Information about cases is securely retained.

13.59 Again we have concerns that the bullets points here may be overly prescriptive and may require to be reworded to be more generic. For example regarding bullet
point 3: the CAHSC registrar does not alone determine in every compliant whether there is a case to answer.

13.60 Bullet point 1: the CAHSC have concerns that by stating ‘business practice’ the voluntary registering organisation could be involved in complaints over issue such as level of fees charged etc. These are not areas that the statutory regulators take on and therefore it would seem disproportionate for the voluntary regulator to be expected to deal with such issues.

13.61 Bullet point 2: CAHSC seeks clarification as to what is meant by the ‘relevant legal frameworks’ in this context?

13.62 Bullet point 4: The CAHSC would question the relevance of an ‘Urgent protection policy’ for a voluntary registering organisation, where taking the registrant off the register will not necessarily prevent them practising.

13.63 Bullet point 5: We agree with this point yet note that elsewhere in the standards we have many references to ‘promoting or protecting the consumer interests’, which is not necessarily the same as the concept of public protection.

13.64 Bullet point 6: We would suggest that rewording along the lines of: ‘Cases are dealt with without unreasonable delay taking into account etc’ as a more practical wording

13.65 We would suggest deleting the phrase ‘delays do not result in harm or potential harm to consumers’ since this cannot be guaranteed even by a statutory regulator with the powers it has and those of a voluntary regulator are considerably less.

13.66 Bullet point 7: Suggest rewording along the following lines is more practical: ‘all parties are kept updated on the progress of their cases and given the necessary information to participate effectively in the process’, since the word ‘support’ may be open to misinterpretation.

13.67 Bullet point 8: delete ‘protect the consumer’, since it would only be appropriate to do so if the consumer’s case was proved. The consumer may attempt to bring a false case against a registrant.

Standards for appeals
13.68 Will this be appeals against fitness to practise decisions or registration decisions or both?
Stage 3 - standards for registered practitioners
Organisations must demonstrate to the Authority that they have set standards encompassing practitioners' personal behaviour, technical competence and business practices that reflect the requirements below.
(Note: they do not have to adopt the same language).

13.69 CAHSC considers that this section may be more helpfully denoted as ‘Criteria for registration’

13.70 Use of terms ‘technical competence’ and ‘business practice’. See previous comments on use of such terms (9.6.1-9.6.3).

13.71 We feel that rather too much emphasis has been placed on the practice premises etc rather than on the competence of the practitioner to deliver the service. A number of the criteria set out here relate to those who are self-employed or are running a business rather than those in employment.

20. Meet high consumer standards
13.72 We would have concern about the use of the word ‘high’. Would suggest that to maintain consistency ‘high’ replaced with ‘good’ We have already commented that we consider the term ‘consumer standards’ to be less than helpful. We question whether this point is required.

21. Have user friendly procedures for resolving customer complaints
13.73 We would suggest the bullet point under 21 be deleted, as it is over prescriptive.

22. Have appropriate safeguarding policies and procedures
13.74 This point needs some clarification since it is not clear if it relates to individual registrants or only to those registrants who are also employers. It inclusion in this section under ‘registrants must’ implies it relates to all registrants but would not necessarily be a point applicable to all.

23. Adhere to good financial practices
13.75 The CAHSC questions whether there is a need for any further definition of ‘good financial practices’. Such criteria should be within the Code of Practice.

24. Have indemnity insurance
13.76 The CAHSC has already commented on this aspect. Further would question the need for the bullet point on deposit protection insurance. It would not be applicable to all registrants and therefore question the rationale for singling this out
particular insurance point.

25. Adhere to good employment practices
13.74 This only is relevant where the registrant is also an employer, therefore this should be stated.

13.75 Question the need for bullet point 2

13.76 We suggest that the bullet point 3 be deleted as it is covered by bullet point 4

Use appropriate premises
13.77 Question the need for this section and consider that it could be subsumed under a more general requirement to ensure that they adhere to all legislation and regulation relevant to their practice.

Point 26
13.78 What is meant by ‘industry approved products’? Suggest this requirement may be over restrictive and consider it should be deleted or reworded.

15 Concluding comments
Function and remit of the Authority
15.1 We seek clarification regarding the points we raised regarding the function of the Authority in relation to the requirements for entry onto accredited voluntary registers by registrants. In particular whether and to what extend it falls within the remit of the Authority to set even generic standards for entry to any accredited voluntary register, as outlined in intentions and in the standards for voluntary registers. This requires clarification since a substantial part of the paper relates to the criteria for registrants.

Undue complexity and issues of proportionality
15.2 We support the Governments view that regulation should be proportionate and effective, with least possibly cost and complexity consistent with public safety. We are not convinced that the draft proposals for the accreditation of voluntary registers scheme are always consistent with this view.

15.3 There are some areas of the Authority’s paper where the degree of complexity proposed and the requirements of the organisation holding the voluntary register appear to be disproportionate to the risk involved and seem to go against this general principle.
15.4 Further, in certain areas the proposals appear to be disproportionate to the remit and powers of a voluntary regulatory organisation, and to the risk posed to the public by professions where statutory regulation is not deemed necessary.

**Bias towards larger organisations, particular statutory regulators**

15.5 We consider that a number of the current proposals if carried through will bias the accredited voluntary registers scheme unfairly in favour of larger organisations and in particular the statutory regulators, who already have a regulatory infrastructure in place. This concern was already raised in our response to Enabling Excellence.

15.6 We are still not assured that the standards for accreditation of voluntary registers will not effectively exclude all but the larger centralised statutory regulators from holding accredited voluntary registers.

15.7 We consider that this would not necessarily be in the interests of the public nor enhance public protection.

15.8 The question of accredited registration for currently voluntary regulated professionals groups where the numbers are relatively low is inadequately addressed. Indeed wording in parts of the document implies that only larger groups will have access to the scheme.

15.9 We remain concerned that our registrants would be disadvantaged, if existing voluntary registers, such as the CAHSC are effectively excluded from accreditation due to their size and resources.

15.10 The anthroposophic health, education and social care professionals who voluntarily register with the CAHSC makes a significant contribution mainly within the voluntary sector particularly with people with learning disability and other support needs. It would be of concern to us if such professionals were not able to access an accredited voluntary register under the proposed scheme.

**Requirement to consult over education & training criteria for social care**

15.11 We remain unclear as to what requirement will be placed on statutory regulators who establish accredited voluntary registers to consult with relevant existing voluntary regulators.

15.12 In particular where the HPC takes on the accredited voluntary register for social care in England we would still seek assurance that consideration is given to all
appropriate training courses within the sector as part of any criteria setting process for registration\(^\text{10}\).

**Terminology**

15.13 We are concerned that some of the terminology used in the paper is not the most helpful and could have problematic implications. In particular, we do not consider that the use of the term ‘consumer’ throughout to denote those who use the services of health and social care professionals/workers is helpful nor the emphasis on ‘consumer protection’. We consider that the underlying concepts and model on which such thinking is based to not fit well with current good practice and thinking in the health and social care sectors.

15.14 We would expect that the Authority would give careful consideration to the terminology chosen and take into account its impact in terms of the public/service users (eg raising particular expectations) and on the accredited registering organisation and its registrants (eg on service delivery expected).

**Audit/quality control/evidence base**

15.15 We question whether the current proposals for the above will ‘facilitate provision of good quality services’ and service user choice or limit them through an over rigorous accreditation scheme. We would ask that the Authority takes a proportionate approach with respect to the requirements placed on the voluntary registering organisation in these areas.

**Question of risk**

15.16 The professions which will be voluntarily regulated through this scheme are those which the government deem do not pose sufficient risk to the public as to require statutory regulation. This therefore raises a question as to the proportionality of requiring a risk assessment of each profession in the register. We expect that the Authority will give this are further consideration.

**Accredited trainings**

15.17 We would be concerned if only those registers which admit practitioners who have undergone accredited trainings were to be considered eligible for accreditation under the scheme.

\(^{10}\) For example courses accredited by Crossfields Institute (www.crossfieldsinstitute.com) in partnership with Edexcel such as: *Special Education and Social Care(Steiner)*, Diploma level 5, Sheiling School Ringwood and the Northern Ireland Camphill Communities; *Holistic Support and Care for People with Complex Needs Award* at level 2, Certificate and Diploma at level 3, Camphill Education and Development Collaboration (CEDC)
15.18 We consider that a key point about education & training for entry to the register is that it should be the minimum required to equip the registrant to practise their discipline/occupation safely and competently. Where registration is voluntary, and particularly in the social care sector, we consider it to be in the interests of the public to continue to register individuals who do not have accredited trainings, by a portfolio of evidence route, rather than leave them outside the register and therefore unregulated.

15.19 We have concerns that the Authority may be overstepping its remit by stipulating that accredited trainings are required for entry onto a voluntary register, and that the differences between voluntary and statutory regulation will begin to become unhelpfully blurred.

**Professional indemnity cover**
15.20 We would ask that the Authority considers more fully the level and type of cover appropriate to individual practitioner/worker groups. The implications of the requirements for professional indemnity cover on uptake of registration also merit consideration.

**Resolution of complaints**
15.21 Some of the current proposals appear to place an undue burden on the voluntary regulator with respect to resolution of complaints, particularly on issues related to customer service and/or business practice. We consider that some of the wording regarding complaints resolution may raise unreasonable expectations amongst the public as to the functions and powers of the voluntary regulator.

15.22 We trust that the Authority will take this into consideration in its next draft.

**Future consultation**
15.23 The CAHSC reiterates its on-going interest as a stakeholder in being informed and involved in consultations on the development of the accredited voluntary register system and its related detailed proposals.

15.24 We thank you for this opportunity to comment on this discussion paper on the PSA’s Accreditation Scheme for Voluntary Registers. We look forward to hearing the outcome of the CHRE’s Council meeting (25 May 2011) on this subject.

Dr Aileen Primrose  
Registrar  
On behalf of the CAHSC  
20 May 2011  
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Appendix 1:  
About the Council for Anthroposophic Health and Social Care (CAHSC)

Background
1. The anthroposophic health and social care sector has sought to strengthen the professionalism of its practitioners through setting up the CAHSC as a self-regulatory body in response to the House of Lords Select Committee Report on Complementary and Alternative Medicine (2000).

2. The CAHSC is currently responsible for the voluntary registration of 11 anthroposophic health and social care professions.

### CAHSC currently registers practitioners in:

- Anthroposophic Counselling & Psychotherapy
- Anthroposophic Medicine
- Anthroposophic Nursing
- Anthroposophic Pharmacy
- Anthroposophic Singing Therapy
- Anthroposophic Social Care:
  - Curative education
  - Social therapy
- Anthroposophic Therapeutic Arts
- Anthroposophic Therapeutic Speech
- Eurythmy Therapy
- Rhythmical Massage Therapy

3. There is currently no statutory body regulating anthroposophic health and social care professionals in the UK and Ireland, although some anthroposophic health and social care practitioners are in professions that are statutorily regulated:
   - Doctors
   - Nurses
   - Arts therapists (some)
   - Certain social care professionals
For these disciplines our role is that of quality assuring the anthroposophic component of practice.

4. The CAHSC is separate and functions autonomous from the professional associations, although it consults with them where appropriate.

What we do
5. Our main purpose is to help protect the public who use the services of anthroposophic health and social care professionals through a system of individual registration which promotes good practice in anthroposophic health & social care.
6. The CAHSC registers anthroposophic health and social care professionals who meet its standards for their knowledge, skills, character and health. Our online register helps members of the public and employers to identify anthroposophic health and social care professionals whose practice meets our standards.

7. Those who register with us do so voluntarily. They do so to:
   - demonstrate that they practise the anthroposophic approach to health & social care
   - promote good practice in anthroposophic health and social care
   - help assure the public that they are competent and safe in their practice
   - act responsibly by participating in the professional self-regulation

8. The CAHSC does not accredit trainings but all the trainings accepted for registration have been recognised by quality assurance scheme of the international movement (Medical Section, Dornach, Switzerland)

9. As the only voluntary regulator for the anthroposophic health & social care professions in the UK & Ireland we have aligned our functions to mirror, where appropriate, those of the statutory regulators but in a manner proportionate to our remit and resources.

10. As a voluntary regulator we have been keen to follow good practice in health and social care regulation. The reviews, reports and guidance published by the CHRE have been useful to a degree in helping the CAHSC to orientate itself within the wider regulatory sector and in informing the development of our structure, policies and procedures.

11. However, looking to the statutory regulators, with their different governing Acts and legal powers, for a coherent model which could be adapted in a credible and proportionate manner to meet the needs of a small voluntary regulator has been a challenge. Often the model was not directly applicable or possible to implement given the non-statutory remit and scale of our organisation.

12. Unlike statutory regulators the CAHSC does not have legal powers to protect professional titles. The CAHSC cannot prevent anthroposophic health or social care professionals not registered with it from practising, although many anthroposophic organisations encourage, and some require, those working with them to register with CAHSC.

**Our legal status**

13. The CAHSC is a not-for-profit company, limited by guarantee and registered in England and Wales [no. 5603721].

**The anthroposophic approach**

14. The anthroposophic approach to health and social care has been established in the UK for 90 years and many thousands of people have benefitted (see [www.ahasc.org.uk](http://www.ahasc.org.uk)).
15. There are six general practices integrating the anthroposophic approach within the NHS in the UK and one residential clinic for neuro-rehabilitation (www.raphaelmedicalcentre.co.uk/).

16. It is widely established throughout the EU where a plurality of approach to health and social care is acknowledged. It is accepted for health insurance purposes in these countries (see for examples http://www.medsektion-goetheanum.org/en/; http://www.gemeinschaftskrankenhaus.de/)

17. Anthroposophic medicine is a medical system based on conventional medicine but which extends it with an integrated approach to the health, education and care of the individual.

18. Anthroposophic enterprises are sector leaders in service provision for children, young people and adults with learning disabilities and other support needs.

19. Some leading organisations using the anthro-medical and therapeutic approach to health education and social care are:
   - Ruskin Mill Educational Trust: www.rmet.org.uk
   - Camphill Communities: www.camphill-uk-ireland.net/camphill-communities.html
   - Garvald Communities: www.garvaldedinburgh.org.uk; www.garvaldwestlinton.org.uk
   - Blackthorn Trust www.blackthorn.org.uk/
   - Camphill Medical Practice www.camphillmedical.org.uk/

20. The approach is recognised in the social care sector in Scotland. A BA Hons in Social Pedagogy is offered in a partnership between the University of Aberdeen and Camphill School in Aberdeen. The degree and its associated awards are accepted by the Scottish Social Services Council (SSSC) as professionally recognised qualifications for workers in the care sector. See: http://www.abdn.ac.uk/education/courses/basp/

21. The Anthroposophic health and social care movement in the UK is part of an international movement which has its headquarters in Dornach, Switzerland.

22. We are currently developing a scheme for organisational registration, as a quality mark for organisations using anthroposophic approaches to health, education and social care.
Appendix 2

Command Paper ‘Enabling Excellence: Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers’

Preliminary Response: Council for Anthroposophic Health and Social Care (CAHSC)

Introduction

1. The Council for Anthroposophic Health and Social Care (CAHSC) is the voluntary regulator for the anthroposophic health and social care professions in the UK & Ireland. We were set up in response to the House of Lords Select Committee Report on Complementary and Alternative Medicine (CAM) which recommended that CAM professions not subject to statutory regulation should be responsible for self-regulating.

2. We have reviewed the Government Command paper ‘Enabling Excellence’ published on 16 February 2011 and the accompanying Analytical Strategy for the Command Paper. We note that there is no formal consultation on ‘Enabling Excellence’ but response to the invitation issued in the Analytical Strategy (par 76) and make the following preliminary response on matters directly of interest to the CAHSC.

Simplification of regulation

3. We welcome the Governments acknowledgement that regulatory reform is necessary, particularly to reduce bureaucracy and the regulatory burden.

4. We support the Governments view that regulation should be proportionate and effective, with least possibly cost and complexity consistent with public safety.

5. We welcome the proposed Law Commission simplification review of the existing legal framework for statutory regulators and the proposals to develop a single draft Bill to cover all existing statutory regulated health professions. The current framework, with its disparate Acts, has proved challenging to voluntary regulators, such as the CAHSC, when seeking a steer regarding ‘good regulatory practice’.

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11 For further information see Appendix1


15 Footnote page and paragraph references throughout relate to the Command paper, except where otherwise indicated p3 & par 8.4

16 par 3.6&3.7
6. We would seek to be kept informed of progress in this area, including the proposed consultation process.

Statutory regulation
7. We welcome the Government’s view that statutory regulation should not be used to ‘further the ambitions of the profession’. While the Government views protection of the public, through delivery of safe and effective care, as the primary aim of statutory regulation\(^\text{17}\), professions thus regulated also gain, along with protection of title, a certain ‘respectability’. This has financial and recruitment implications for the profession concerned. Statutory regulation tends to be viewed as a mark of approval rather than of potential risk to the public.

8. In view of this does the Government have any plans to de-regulate any currently statutory regulated professions?

Assured voluntary registers
9. We note the Government’s view that compulsory and centralised statutory regulation is not necessarily essential for high quality service delivery, and may not be the most effective and efficient way of achieving this goal\(^\text{18}\).

10. We welcome the Government’s acknowledgement that for some groups of workers in the health and social care sector statutory regulation may be a disproportionate response to the level of risk posed to the public.

11. We note the Government’s assurance that currently unregulated health and social care workers will not be subject to compulsory regulation.\(^\text{19}\)

12. We welcome the government view that voluntary registration can be an effective and proportionate means of ensuring public safety for currently unregulated practitioners/workers.

13. While we welcome in principle the proposals for assured voluntary registers\(^\text{20}\), we have concerns and questions about the standards for accreditation and proposals for implementation of the scheme, along with their implications.

14. While provision have been made for the Council for Healthcare Regulatory Excellence (CHRE) to accredit voluntary registers and for statutory regulators to set up new voluntary registers\(^\text{21}\), there is no mention of how existing voluntary registers, such as the CAHSC, will be dealt with either by the CHRE or by the statutory regulators.

\(^\text{17}\) par 1.6
\(^\text{18}\) p4 & par 8.4
\(^\text{19}\) par1.5
\(^\text{20}\) Section 4 par 4.4
\(^\text{21}\) par 4.5
15. We seek clarification about the mechanisms for already existing voluntary regulators to be involved in the consultation processes.

**CHRE as national accrediting body**

16. We note that the CHRE is to be established as the national accrediting body for health and social care workers not statutorily regulated, and will set standards against which the functioning of voluntary registers will be judged.

17. The CHRE's remit has in the past been that of reviewing performance of, and setting standards for statutory regulators. We have concerns that the standards for accredited voluntary registers may be set unreasonably high and disproportionate to the risk posed by those registering, such that, in effect, only statutory regulators with their infrastructure already in place, will be able to meet them.

18. We have concerns that small voluntary regulators, such as the CAHSC, which help to quality assure and set standards for particular group/s of professionals in the health and social care sector not otherwise regulated, will cease to exist if they cannot meet the accreditation standards. Consequently the practitioners they represent will continue to practice unregulated or in effect be 'barred' from practising (see 26&27 below), which would not be of interests of service user choice.

19. We would hope that in setting standards for voluntary registers, the variance in functions, resources and powers from those of the statutory regulators would be taken into account and that standards for accreditation would be set in a manner and at a level which will not effectively exclude all but the larger centralised statutory regulators from holding accredited voluntary registers.

**Centralisation of regulation**

20. The potential for further centralisation of regulation, both statutory and voluntary by the Health Professions Council (HPC) and other larger statutory regulators, with possibility of an inflexible and inappropriate approach to the regulation of low risk professions (which may currently be adequately regulated by smaller scale voluntary regulator) being adopted, is of concern.

21. The government recognises that ‘over reliance on a centralised system can weaken local responsibility’. We note a conflict between this statement and its proposals which, in practice, may be weighted towards further centralising within the existing statutory regulators.

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22. Except where social care regulation is devolved
23. par 6.11 indicates Government’s intention that HPC will set up accredited voluntary register for social care workers in England by 2013
24. par1.5
Existing voluntary regulators

22. We have concerns that the statutory regulators are to be given powers to establish accredited voluntary registers with no provisions for consultations with existing voluntary regulators being required.

23. The question as to whether and how large centralised organisations such as the HPC will be encouraged to create accredited voluntary registers, with relevant defining criteria, for currently voluntary regulated professionals groups where the numbers are relatively low is not addressed.

24. The anthroposophic health, education and social care professionals who voluntarily register with the CAHSC makes a significant contribution mainly within the voluntary sector particularly with people with learning disability and other support needs. It would be of concern to us if such professionals were not recognised in terms of the proposed voluntary regulatory framework.

25. In particular where the HPC takes on the accredited voluntary register for social care in England we would ask that that consideration is given to all appropriate training courses within the sector as part of any criteria setting process for registration.

Voluntary registration becoming ‘compulsory’

26. It is noted that there is considerable potential for voluntary registers to become, in effect, compulsory. This is likely where commissioners of services, and also service users, prefer providers whose staff members are on an accredited registers. This position will be further strengthened if, as is the Government’s stated intention, the number of staff on an accredited register is one of the factors in the Care Quality Commission’s excellence scheme.

27. The effect of this could disadvantage those practitioners, and service providers using such practitioners, if no accredited voluntary register were to exist for their profession. For example, CAHSC registrants if the CAHSC failed to gain assured voluntary register status and there was no other appropriate assured voluntary register which our registrants could join.

28. We note the expectation that the CHRE will consult with a wide range of stakeholders in producing commissioned advice to the Government on its proposals.

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25 For example courses accredited by Crossfields Institute (www.crossfieldsinstitute.com) in partnership with Edexcel such as: Special Education and Social Care(Steiner), Diploma level 5, Sheiling School Ringwood and the Northern Ireland Camphill Communities; Holistic Support and Care for People with Complex Needs Award at level 2, Certificate and Diploma at level 3, Camphill Education and Development Collaboration (CEDC)

26 par 6.11
27 par 6.13 &7.3
29. We would seek to be included as a stakeholder by the CHRE in its consultation process on the development of the accredited voluntary register system and its related detailed proposals.

Requirements for professional indemnity
30. We note the Government’s intention to seek consistency of approach across health regulation regarding requirement to hold professional indemnity cover\(^\text{28}\). The CAHSC currently requires that all our registrants, not covered by corporate or employers cover, hold individual professional indemnity of at least £1 million.

31. We would seek to be kept informed of any further proposals, particularly regarding the level of indemnity cover which is deemed proportionate to risk for various health and social care professions/occupations.

Cost considerations
32. While the Government acknowledges that there are significant costs associated with statutory regulation, it fails to recognise that voluntary regulation also has costs associated with it. Voluntary registers must adhere to credible standards of practice for often relatively small numbers of practitioners, and without the ‘carrot’ of protection of title.

Statutory regulation of TCM and medical herbalists
33. We question the impetus for statutorily regulating TCM and Herbal Medicine practitioners based on the rationale that this will enable ‘unlicensed medicines’ to be available to the public\(^\text{29}\).

34. We do not consider prescription of ‘specials’ as a routine practice (which it would be for such practitioners) to be justifiable ‘good practice’.

35. We would consider the development of an appropriate regulatory system for the herbal and traditional Chinese medicines (through the review of medicines legislation) to be a more appropriate response to the issue.

Conclusions
36. We welcome the Government’s acknowledgement of the place of voluntary registers in proportionate and effective health and social care regulation

37. We recognise the CAHSC and its functions in the Government’s description of voluntary register holders\(^\text{30}\)

38. We raise concerns that the professionals on our register may not be considered and may be disadvantaged in terms of the proposed voluntary regulatory framework.

\(^{28}\) par 5.7

\(^{29}\) Par 4.13 & 7.4

\(^{30}\) Par 4.3, 4.4, 4.9, 4.10
39. The CAHSC would therefore intimate its interest as a stakeholder in being informed and involved in consultations on the accredited voluntary register arrangements arising from the command paper proposals. In particular:

- We would seek to be included as a stakeholder by the CHRE in its consultation process on the development of the accredited voluntary register system and its related detailed proposals.
- We seek assurances that in setting standards for voluntary registers, the variance in functions, resources and powers from those of the statutory regulators would be taken into account and that standards for accreditation would be set in a manner and at a level which will not effectively exclude all but the larger centralised statutory regulators from holding accredited voluntary registers.
- We seek clarification about the mechanisms for already existing voluntary regulators to be involved in relevant consultation processes.
- We seek clarification as to whether and how large centralised organisations such as the HPC will be encouraged to create accredited voluntary registers, with relevant defining criteria, for currently voluntary regulated professionals groups where the numbers are relatively low.
- Where the HPC takes on the accredited voluntary register for social care in England we would ask that consideration is given to all appropriate training courses within the sector as part of any criteria setting process for registration.
- We would seek to be kept informed of progress regarding the Law Commission Review, including the proposed consultation process.
- We would seek to be kept informed of any further proposals, particularly regarding the level of indemnity cover which is deemed proportionate to risk for various health and social care professions/occupations.

40. We thank you for this opportunity to comment on the Command Paper. We would welcome any advice as to how we might further take our concerns forward.

Dr Aileen Primrose
Registrar
On behalf of the CAHSC

5 April 2011