

Accredited Voluntary Registers (AVR) Scheme

AVR Panel's Decision

Application from: Complementary and Natural Healthcare Council (CNHC)
Panel meeting: 21 May (adjourned) and 31 May 2013 (accreditation decision deferred)
2 September 2013 (adjourned) and 9 September 2013 (accredited with conditions)

The [Professional Standards Authority](#) accredits voluntary registers of people working in a variety of health and social care occupations. In order to be accredited, organisations that hold voluntary registers must prove that they meet our demanding [Standards for Accreditation](#).

CNHC is a multi-disciplinary register. It registers 15 occupations.

The Panel adjourned meetings for further clarification and consideration of new evidence. The Panel made its final decision on 9 September when it accredited CNHC with two conditions.

Panel Members met on 21 May and reviewed CNHC's application form, risk matrix, query sheet response and a summary report from the AVR team. They adjourned for further information. On 31 May 2013 the Panel resumed their consideration and agreed on the basis of the evidence considered to that date that CNHC met Standards 1, 2, 3, 4, 6, 7, and 11. It was not satisfied that CNHC met in full Standards 5, 8, 9, and 10. The Panel considered it practicable for CNHC to rectify these matters quickly and determined that CNHC should be offered an opportunity to strengthen its arrangements and provide evidence of its compliance. CNHC agreed to adopt its recommendations.

On 2 September 2013 Panel Members reviewed the resubmitted application and further documentation provided by CNHC regarding Standards 5, 8, 9, and 10. The Panel required clarification of some of the evidence and adjourned the meeting to schedule a telephone call with the Registrar to answer their additional questions about CNHC's quality assurance project and some new evidence in relation to Standard 11 provided by CNHC and received in the interim period via the Call for Information. The Panel reconvened on 9 September 2013 and spoke to the Registrar by telephone who answered questions and presented further information.

The Panel had to consider whether or not CNHC met the remaining standards and decide whether to *accredit*, *accredit with conditions* or *not accredit*. The Panel could make recommendations in the form of:

- **Learning points** – actions that would benefit the operation of the register, the implementation of which would be verified during the annual review of accreditation.

- **Instructions** – actions that would improve practice but do not affect compliance with Standards and the Panel requires to be implemented and be satisfied of appropriate implementation within a given timeframe.
- **Conditions** - changes that must be made in order to gain accreditation.

Outcome

On 31 May the Panel decided to defer the application for accreditation of CNHC's register until the following recommendations were addressed to ensure that all the standards were fully met.

- Recommendation 1: Quality Assurance Project – participation of verifying organisations (VOs) in the quality assurance project is essential and should therefore be mandatory. CNHC should provide a plan highlighting when it will receive and review evidence submitted by all VOs.
- Recommendation 2: Integrity of the Register – CNHC should have a mechanism in place to ensure that all its registrants comply with its education and training standards, particularly those who had been practising for four years or less at the time of initial registration with CNHC.

The Panel considered two scenarios: a) the evidence submitted through the quality assurance project may demonstrate that a specific verifying organisation might not have appropriately applied the standards required for CNHC registration (non-compliant case); b) some verifying organisations are not engaged in the quality assurance project so CNHC is unable to assure that its criteria are being applied appropriately (non-engaged case). In both cases, CNHC should have a mechanism in place to assure itself that registrants verified by non-compliant and non-engaged verifying organisations still meet its education and training requirements.

- Recommendation 3: Enforcing and Promoting standards – CNHC should have a plan in place that demonstrates how it will proactively promote and enforce its Code of Conduct amongst registrants, particularly, sections related to misleading advertisement. The plan should include active promotion of its advertising guidelines and other relevant codes/advice from the Committee of Advertising Practice and Advertising Standards Authority.

On 9 September the Panel concluded that it was satisfied that all of the Standards were met subject to compliance within a specified time of two Conditions. The Panel decided to Accredite with Conditions CNHC's register of complementary therapists.

Conditions:

- Condition 1: CNHC must have a single complaints procedure where the criteria for handling and recording of these complaints both informally or formally are explicitly clear to the public and explain the types of complaints for which informal resolution is not suitable (e.g. dishonesty, fraud, repeated complaints and so forth). Its criteria and process for escalating complaints from informal to formal procedures must also be clear to the public.
- Condition 2: The 110 complaints discussed in the resubmitted application must be assessed according to procedure and either resolved informally where appropriate or escalated to formal resolution, i.e. sent to the Investigating Committee. The AVR team should be notified when all complaints have been resolved or escalated to formal resolution. A plan for resolution of all complaints should be provided with notification.

CNHC has until the 31st of October 2013 to comply with conditions.

The Panel will verify compliance with Condition 1 by reviewing the revised complaints procedure. It has also asked the AVR Team to conduct a site visit to verify compliance with Condition 2, including assessment of a sample of CNHC's handling and recording of these complaints (resolved informally where appropriate or escalated to formal resolution). The AVR Team will provide a report to the Panel who will decide whether the condition has been met.

Conditions are attached to a register's accreditation, and will be published on the directory of accredited voluntary registers. When compliance with the conditions has been verified they will be removed from the directory. Non-compliance with a condition may result in suspension or removal of accreditation.

Learning Points and Instructions

Learning Points

- CNHC may wish to signpost its registrants to relevant guidance on business practice.

Instructions:

- CNHC is to notify the AVR team of any new occupations it plans to include on the register.
- CNHC must ensure that only registrants make use of the AVR logo and other benefits of accreditation. It should monitor how its VOs and registrants communicate accreditation.
- CNHC is to ensure that its Code of Conduct states the consequences of breaching the Cancer Act 1939, and that its Guidance on the Cancer Act must identify the relevant sections of its Code. The final version of the Code, and Guidance,

demonstrating that this instruction has been addressed, should be sent to the AVR team.

- CNHC should expand the quality assurance project criteria in order to ensure that all its registrants comply with its education and training standards. The evidence from VOs reviewed by CNHC for the quality assurance project should include examples of successful and unsuccessful applications for both routes to the register: a) education and training; b) APEL route.
- CNHC is to devise a policy, establishing formal lines of reporting for professional associations (VOs) to raise patient safety concerns to CNHC, including notification of complaints against registrants. This could be included in the proposed Memorandum of Understanding (MOU) CNHC is planning to put in place with VOs in October 2013. The timeframe for compliance with this instruction is December 2013.

Panel's Discussion

Panel Members declared that they had previously had a working relationship with CNHC's Chief Executive/Registrar when she was the Chief Executive of the General Chiropractic Council. The Panel concluded that these former professional relationships did not constitute a conflict of interest.

At the 31 May meeting the Panel found on the basis of the evidence provided that Standards 1, 2, 3, 4, 6, 7, and 11 were met. At the 2 and 9 September meetings the Panel considered Standards 5, 8, 9, 10 and also re-considered Standard 11 in light of new information received in the resubmitted application and Call for Information.

The Panel considered each standard in turn.

Standard 1: the organisation holds a voluntary register for people in health and/or social care occupations.

The Panel considered that each of the fifteen occupations registered by CNHC (Alexander Technique Teaching, Aromatherapy, Bowen Therapy, Craniosacral Therapy, Healing, Hypnotherapy, Microsystems Acupuncture, Massage Therapy, Naturopathy, Nutritional Therapy, Reflexology, Reiki, Shiatsu, Sports Therapy and Yoga Therapy) satisfy the definition of health laid down in the National Health Service Reform and Health Care Professions Act 2002, section 25E (8) as amended by the Health and Social Care Act 2012, section 228.

The Panel discussed a response received through the Call for Information which argued that the majority of occupations registered by CNHC could not be classified as health care. The Panel considered that the definition of health care put forward in the response was narrower than the one in the 2012 Act. If accredited, the Panel instructed CNHC to notify the AVR team of new occupations it plans to include on the register in future so the test in the Act can be applied for these occupations.

The Panel was satisfied, from the evidence provided, that this Standard had been met and would require CNHC to implement the instruction discussed above if accreditation was granted.

Standard 2: the organisation demonstrates that it is committed to protecting the public and promoting public confidence in the occupation(s) it registers.

The Panel noted that CNHC has implemented a number of measures to strengthen its public protection focus, including a newly constituted Board with a lay majority; a quality assurance programme to ensure organisations that verify applications for CNHC registration are robust and consistent in applying set criteria and good practice (more details under standard 5 below); it has changed the standard of proof in fitness to practise proceedings from the criminal to the civil standard.

CNHC has 15 advisory Profession Specific Boards (PSB) within its governance structure – one for each of the disciplines CNHC registers – to review and advise CNHC on specific standards and risks for the relevant occupation.

The Panel was satisfied, from the evidence provided that this Standard had been met.

Standard 3 (parts a and b): Risks

The Panel noted a report by the House of Lords Select Committee on Science and Technology (Sixth Report, November, 2000) which acknowledges that there were minimal inherent risks from properly trained practitioners of complementary therapies: “many of the risks of CAM are not inherent, but only exist if practitioners are not properly trained, and that a good voluntary self-regulatory structure could ensure practitioners were properly trained” (para 5.20, page 287).

The Panel noted that CNHC’s Profession Specific Boards have confirmed that there is no evidence of risk associated with the practice of multi disciplines by a practitioner during a single session with a service user.

The Panel agreed that CNHC demonstrated that it has an understanding of the risks presented by the occupations it registers, and that it takes effective action to mitigate them. When reviewing the risk matrix the Panel suggested that CNHC may wish to signpost its registrants to relevant guidance on business practice. The Panel decided to issue this as a learning point if accreditation was obtained.

The Panel was satisfied, from the evidence provided, that this Standard had been met and would require CNHC to consider the learning point discussed above if accreditation was granted.

Standard 4: the organisation demonstrates that it has sufficient finance to enable it to fulfil its voluntary register functions effectively including setting standards, education, registration, complaints and removal from the register.

The Panel was informed of the AVR team's due diligence checks that included reviews of CNHC's public and private financial records. The Panel noted that CNHC has professional indemnity insurance, which was validated by the AVR team.

The Panel noted that CNHC's financial sustainability could potentially be affected if verifying organisations were to cease verifying applications to CNHC's register, but noted that CNHC has mitigating processes in place to continue to be financially sustainable.

The Panel was satisfied, from the evidence provided, that this Standard had been met.

Standard 5: the organisation demonstrates that it has the capacity to inspire confidence in its ability to manage the register effectively.

The Panel noted that CNHC does not have total control over its registration process as verifying organisations (VOs) will ascertain whether or not the practitioner applying to join CNHC's register has the relevant education and training. This may impact on CNHC's capacity to inspire confidence in its ability to manage the register effectively. In light of that, CNHC developed a quality assurance project. In February 2013, 38 VOs agreed to participate and 18 had submitted evidence that they comply with CNHC verifying process criteria. Five declined to participate at that time, four were awaiting the outcome of discussion within their organisation, one would participate only when it is a mandatory requirement and 39 failed to respond at all. The Panel noted that annual submission of evidence would become mandatory if CNHC obtained accreditation and failure to submit evidence would result in the VO ceasing to verify applications for CNHC.

The Panel agreed that participation in the quality assurance project should be mandatory to ensure that CNHC had an appropriate mechanism to check whether or not VOs are verifying applications according to standardised criteria and good practice. It would strengthen CNHC's ability to inspire confidence in managing its register.

In addition, CNHC should consider whether or not it could expand evidence required from VOs to make it more 'outcome focused', for example, by requesting a sample of successful applications and also unsuccessful applications for CNHC registration in order to assess whether or not its criteria is being applied consistently and efficiently. Spot checks could also be considered.

The Panel noted in the resubmitted application that CNHC had since made participation in the Quality Assurance project mandatory from mid-June 2013 and that the Registrar had since reviewed evidence from every participating VO. 25 VOs had withdrawn from the project, been unable to provide the required evidence or failed the criteria. As a result CNHC's total number of Verifying Organisations was reduced from 77 to 52.

The Panel was now satisfied, from the evidence provided, that this Standard had been met.

Standard 6: the organisation demonstrates that there is a defined knowledge

base underpinning the health and social care occupations covered by its register or, alternatively, how it is actively developing one. The organisation makes the defined knowledge base or its development explicit to the public.

The professional associations (that verify eligibility for CNHC registration) were actively involved in defining the knowledge base for each of the 15 professions. The Panel further noted that Skills for Health has lead responsibility for writing and reviewing the National Occupational Standards (NOS) for the occupations CNHC registers and that all NOS have to meet the quality criteria set by the UK Commission for Employment and Skills (UKCES), who are responsible for the approval of all NOS across all industry sectors.

The Panel considered evidence provided and noted that the applicant demonstrated that there is a defined knowledge base underpinning the occupations covered by its registers. The knowledge base was explicit to the public. The instruction under Standard 1 above would also be relevant for this standard.

The Panel was satisfied, from the evidence provided, that this Standard had been met.

Standard 7 (parts a - f): governance

The Panel agreed that there may be potential for confusion around the use of the AVR quality mark, in that the VOs may be perceived to be accredited (and potentially use the quality mark) should the Authority accredit the CNHC's register. The Panel noted that CNHC does not allow verifying organisations to use its quality mark, only registrants. The same would apply to the AVR mark if accreditation was obtained. The Panel was assured that CNHC will monitor compliance by carrying out quarterly spot checks. The Panel decided to instruct CNHC, if accreditation was obtained, to ensure that only registrants make use of the AVR logo and other benefits of accreditation. It should monitor how its VOs and registrants communicate accreditation.

The Panel was satisfied from the evidence provided, that this Standard had been met and would require CNHC to implement the instruction discussed above if accreditation was granted.

Standard 8 (parts a - h): setting standards for registrants

The Panel noted that the current Code of Conduct, Performance and Ethics for Registrants (which is due to be reviewed) did not include a reference to the requirement for indemnity cover, despite it being mandatory for all CNHC registrants. CNHC has advised that the Code would be amended to include such requirement following the review. Furthermore, CNHC will seek evidence of indemnity cover from a random sample of registrants (10%) from May 2014. Registrants will also be asked whether or not any successful claims have been made against their cover.

The Panel also noted that, save for the guidance on advertising, CNHC did not currently publish supplementary guidance to facilitate compliance with its Code. CNHC confirmed that this will be addressed when the Code is reviewed, with a view to signposting registrants to relevant guidance.

The Panel considered that CNHC should have a plan in place that demonstrates how it will proactively promote and enforce its Code of Conduct amongst registrants, particularly, sections related to misleading advertising. The plan should include active promotion of its advertising guidelines and other relevant codes/advice from the Committee of Advertising Practice and the Advertising Standards Authority.

The Panel was not satisfied, from the evidence provided, that this Standard had been fully met and required CNHC to consider how to develop and implement the plan discussed above (also see recommendation 3 above).

At the 2 September meeting to discuss the resubmitted application, the Panel noted CNHC's on-going plans to promote CNHC and CAP-sourced advertising guidance in its Newsletter at least quarterly, and that it has recently published detailed guidance on the Cancer Act 1939 for registrants. The Panel also noted that CNHC is redesigning its Code of Conduct with the goal of it being used as a primary resource for registrants, including guidance for each standard, links to relevant legislation and further information. The Panel noted that CNHC could improve this by cross referencing its Code and its Guidance on the Cancer Act: it appeared that CNHC's Code of Conduct does not highlight the legal consequence of breaching the Cancer Act, and CNHC's Guidance on the Act does not highlight the consequence of breaching CNHC's Code. The Panel decided to issue an instruction for CNHC to ensure that its Code of Conduct states the consequences of breaching the Cancer Act, and that its Guidance on the Act must identify the relevant sections of its Code. This should be included in the revised Code of Conduct currently under consultation. The final version of the Code, and Guidance, demonstrating that this instruction has been addressed, should be sent to the AVR team.

The Panel was now satisfied from the evidence provided, that this Standard had been met and would require CNHC to implement the instruction discussed above if accreditation was granted.

Standard 9 (parts a - d): education and training

The Panel noted that practitioners must meet, as a minimum, the National Occupational Standards for safe and competent practice. This is verified by the professional associations, who have in turn provided written undertakings to CNHC affirming that there are processes in place to verify the training and skills outcomes of their members to the NOS. The Panel had agreed that the verification process was not adequately evaluated by CNHC as the quality assurance project was not yet compulsory and not all verifying organisations participated.

The Panel sought clarification from the Registrar on what would happen to registrants verified by a specific VO if the evidence submitted through the quality assurance project demonstrated that the same VO might not have appropriately applied the standards required for CNHC registration. In addition, some verifying organisations did not engage in the quality assurance project so CNHC was unable to assure that its criteria are being applied appropriately by VOs not engaged.

The Panel noted clarification provided by the CNHC, including that 845 registrants (at the time of the 31 May meeting) were verified by organisations not engaged in the quality assurance project. The Panel was concerned with the absence of a mechanism to ensure that all CNHC registrants comply with its education and training standards, particularly those who had been practising for four years or less at the time of initial registration with CNHC. In light of that, the Panel agreed that Standard 9c, “requires its registrants to meet its educational standards and assures itself that they do”, was not met.

The Panel noted that CNHC was collating information on training courses accepted by its VOs when verifying applications for CNHC registration. CNHC will compile a comprehensive list of courses and circulate to VOs in the same occupation in order to verify whether or not they accept the same training. This will allow CNHC to identify courses that are not commonly accepted, the reasons for that and whether or not action is required. This additional piece of work could strengthen CNHC’s quality assurance of VOs.

At the 31 May meeting the Panel was not satisfied, from the evidence provided, that this Standard had been fully met and asked CNHC to consider implementation of a mechanism to ensure that all its registrants comply with its education and training standards, particularly those who had been practising for four years or less at the time of initial registration with CNHC (also see recommendation 2 above).

In the resubmitted application the Panel noted that CNHC had concluded its review of the evidence submitted by the VOs and found that 25 VOs either did not participate in the quality assurance project or did not meet its criteria. CNHC informed the Panel that 237 registrants on CNHC’s register had their education and training verified by the aforementioned 25 VOs. CNHC checked the education and training requirement to join the 25 VOs and verified that most training courses required for membership met one of the following: a) training course was on a CNHC definitive list as meeting NOS and core curriculum (where applicable); b) have been verified by the industry lead body in the occupation as meeting NOS and core curriculum (where applicable); c) have been verified as meeting NOS and core curriculum (where applicable) by a VO that meets CNHC’s quality assurance criteria; or d) have been verified by a CNHC Profession Specific Board as meeting NOS and core curriculum (where applicable). CNHC stated that the education and training of 223 registrants could be included in one of the above. The remaining 14 registrants were asked to provide certificates as evidence of their qualifications to CNHC for direct scrutiny. Registrants whose qualifications did not meet NOS (and core curriculum where applicable) would be removed from the register, and invited to re-apply via the APEL route. Refusal to provide certificates would also result in removal from the register.

The Panel sought assurance from the Registrar that the mechanism used by CNHC to assure itself that registrants meet its educational standards is sufficient, having not sighted the certificates of those 223 registrants. The Panel noted the Registrar’s assurance that the mechanism used was reasonable to demonstrate registrants’ compliance with CNHC’s educational standards.

The Panel agreed that CNHC must continue to ensure that all registrants meet its standards of education and training. The Panel decided to instruct CNHC that if accredited, it should expand the quality assurance project criteria in order to ensure that all its registrants comply with its education and training standards. The evidence from VOs reviewed by CNHC for the quality assurance project should include examples of successful and unsuccessful applications for both routes to the register: a) education and training; b) APEL route. Implementation of this instruction would improve the integrity of the register. Compliance with this instruction will be reviewed at annual review of accreditation.

The Panel was now satisfied from the evidence provided, that this Standard had been met and would require CNHC to implement the instruction discussed above if accreditation was granted.

Standard 10 (parts a - f): the register

The Panel noted that CNHC requires all registrants to complete a minimum of 15 hours of Continuing Professional Development (CPD) each year, of which at least ten hours must be directly relevant to each discipline for which they are registered with CNHC. A range of activities must be undertaken, with no more than five hours spent on any single activity in one year. CNHC registrants who register more than one discipline/occupation are required to complete a minimum of ten hours CPD per discipline, plus an additional five hours on more general but relevant learning and development activities. They are not to spend any more than one third of their CPD hours (per discipline) on any single activity. A log of activities must be kept. The Panel noted that an annual audit of 10% of registrants to verify compliance with CPD would start in May 2013.

The Panel noted CNHC's plans to formalise and improve its information-sharing arrangements with statutory healthcare regulators. If accredited, the Panel would instruct CNHC to devise a policy, establishing formal lines of reporting for professional associations (VOs) to raise patient safety concerns to CNHC, including notification of complaints against registrants (not a current requirement). This could be included in the proposed Memorandum of Understanding (MOU) CNHC is planning to put in place with VOs in October 2013. The timeframe for compliance with this instruction is December 2013.

At the 31 May meeting the Panel had found Standard 10c: "only allows those who meet its standards to join and remain on/be on the register", was not met due to the reasons discussed under Standard 9 above.

When considering the resubmitted application the Panel agreed that its recommendations had now been addressed and was now satisfied from the evidence provided, that this Standard had been met. It would require CNHC to implement the instructions discussed above (including instruction under Standard 9) if accreditation was granted.

Standard 11 (parts a - f): complaints and concerns

The Panel noted the AVR team's review of CNHC's complaints procedure. As discussed in the instruction under Standard 10 above, the Panel agreed that VOs must inform CNHC about complaints raised against registrants. This could be addressed by the proposed MOU.

The Panel noted new complaints, relating to the potential breach of advertising standards, received by CNHC which are in the process of being investigated. The Panel was concerned that CNHC had not proactively sought to monitor and enforce its own, and the Advertising Standards Authority's advertising standards.

The Panel noted CNHC's use of the 'realistic prospect test' in taking forward a complaint. The Registrar informed that CNHC's complaints procedure seeks to mirror the 'fitness to practise' procedures of the statutory health care regulators.

On the 31 May 2013 meeting the Panel was satisfied, from the evidence provided that this Standard had been met and required CNHC to implement the instruction discussed under Standard 10 above. At the 2 September 2013 meeting the Panel revisited compliance with Standard 11 in light of new information provided in resubmitted application and through the Call for Information.

The Panel discussed the 110 complaints regarding the advertising practices of multiple registrants received by CNHC during the time of the assessment process, and CNHC's subsequent handling of these cases. The Panel sought to understand and clarify the basis on which CNHC made the decision to resolve some of the complaints informally and how the decision(s) fit with CNHC's Complaints Procedure and Complaints Handling Process.

The Panel noted the Registrar's explanation that CNHC's detailed Complaints Procedure did not apply in respect of the informal resolution of complaints and assurance this would be made explicit in the revision of the document that is planned for October 2013. The Registrar clarified that CNHC's Complaints Handling Process (a separate supporting document), 'Preliminary Enquiries' section, stated: "This stage of the procedure is a screening process which will attempt, through appropriate intervention and advice, to seek to resolve and settle complaints" i.e. informal resolution. The Panel noted that CNHC was assessing each complaint to establish the possibility that a service user had fallen foul of false advertising claims or if a breach of contract had occurred. If this was identified, the complaint would be escalated to the Investigating Committee.

The Panel noted that the Complaints Handling Process will also be revised in October 2013 to clarify the meaning of the sentence quoted above and to state explicitly that CNHC does not regard any of the following types of complaints as suitable for informal resolution:

- misconduct
- abuse of trust; boundary violations, predatory or manipulative behaviour
- lapses in professional competence
- dishonesty
- fraud or other proven criminal acts
- concerns arising from the health of the registrant
- alcohol or substance abuse
- a registrant who has frequently been the subject of complaints

The Panel discussed that CNHC should assess whether or not some of the complaints received could fall under one of the above types, for example, 'dishonesty', 'fraud or other proven criminal acts' and/or 'registrant is frequent subject of complaints', and therefore, informal resolution would not be suitable and require escalation to formal resolution.

The Panel noted that CNHC had so far contacted some of the registrants named in the complaints, by phone, to discuss removal of disputed material from their websites, via informal procedures. Registrants had been responsive however delays were noted when web designers had to be engaged, further advice from CAP sought, or if registrants also belonged to statutory regulators and had to distinguish from information they were entitled to provide.

The CNHC confirmed that these websites would be reviewed to ensure inappropriate material was removed and did not return. If such material was not permanently removed, or lead to a proven criminal act prosecuted by Trading Standards, CNHC would initiate the formal complaints procedure.

The Panel were satisfied with the explanations provided by the Registrar as to CNHC's handling of the complaints. It concluded that the Standard was met but decided it would impose two short term conditions to allow prompt follow up. The Panel issued the following conditions for accreditation:

- Condition 1: CNHC must have a single complaints procedure where the criteria for handling and recording of these complaints both informally or formally are explicitly clear to the public and explain the types of complaints for which informal resolution is not suitable (e.g. dishonesty, fraud, repeated complaints and so forth). Its criteria and process for escalating complaints from informal to formal procedures must also be clear to the public.
- Condition 2: The 110 complaints discussed in the resubmitted application must be assessed according to procedure and either resolved informally where appropriate or escalated to formal resolution, i.e. sent to the Investigating Committee. The AVR team should be notified when all complaints have been resolved or escalated to formal resolution. A plan for resolution of all complaints should be provided with notification.

CNHC has until the 31st of October 2013 to comply with conditions.

The Panel will verify compliance with Condition 1 by reviewing the revised complaints procedure. It has also asked the AVR Team to conduct a site visit to verify compliance with Condition 2, including assessment of a sample of CNHC's handling and recording of these complaints (resolved informally where appropriate or escalated to formal resolution). The AVR Team will provide a report to the Panel who will decide whether the condition has been met.

The Panel found that subject to fulfilment of the above conditions, this Standard will be met. The condition is attached to the applicant's accreditation, and will be published on the directory of accredited voluntary registers until compliance has been verified. Non-compliance with the condition may result in suspension or removal of accreditation.

Please note that the AVR assessment process includes observation of a professional conduct hearing, provided consent from the parties is obtained, and the hearing takes place during the initial assessment. If there is not a hearing to be observed the AVR team carries out a proxy assessment of a transcript of a hearing and/or review a sample of complaints. There was not a hearing during the period of assessment so CNHC is required to notify the AVR team when there is a hearing in the following 12 months and the team will observe provided consent from the parties is obtained. This is a common requirement to all registers accredited by the Authority.

Call for Information

The Panel considered a summary of the main themes identified in the responses, some full responses received through the Call for Information for this application and CNHC's response to the issues raised via the call. The Panel considered whether or not the responses would adversely affect CNHC's ability to comply with the standards. The Panel's consideration is discussed above.

Impact Assessment

The Authority carried out an assessment of the impact of accrediting the CNHC's voluntary register. This assessment is available in Annex A.

Equality Duty

The Authority has had due regard to the equality duty under the Equality Act 2010 in its consideration of CNHC's application for accreditation.

Conclusion

Based on the discussion above the Panel decided to Accredite with Conditions CNHC's register of complementary therapists.

Annual Review of Accreditation

Accreditation of CNHC's voluntary register is valid for twelve months from the date of this letter. The organisation will be required to submit an update on its continuing compliance

with the standards and demonstrate that any actions from learning points, instructions and conditions have been fully addressed. More details about the annual review process will be available in due course.

Annex A

Professional Standards Authority

Accredited Voluntary Register Impact Assessment

Name of organisation under consideration	The Complementary and Natural Healthcare Council (CNHC)
Geographic	United Kingdom
Date of assessment	6 May 2013 and 9 September 2013
Legislative requirement	Health and Social Care Act 2012 (s.229)

Impact Assessment:

	Potential impact on service users, registrants and employers
E.63 - accreditation could set and enhance standards of professional and occupational standards	<p>CNHC has standards of professional and occupational competence within its Code of Conduct, Performance and Ethics for Registrants. It will review the Code in due course. The revised Code will include signposting to relevant supplementary guidance to enhance professional and occupation standards.</p> <p>In preparation for accreditation the CNHC has formulated and implemented a new quality assurance (QA) project to ensure that its verifying organisations (VO) are verifying applications for registration according to standardised criteria and good practice.</p> <p>The QA project is a mandatory exercise – all VOs are required to participate. Should a VO fail to engage with the QA exercise, they would no longer be entitled to verify eligibility for CNHC registration. The process will be carried out on a yearly basis. From May 2014, the CNHC will seek evidence of indemnity cover from a random sample of registrants.</p> <p>In preparing for accreditation CNHC has carried out a risk assessment and detailed the action it is taking to mitigate risk associated with the occupations it registers.</p> <p>The Authority is requesting CNHC to undertake the following:</p>

Learning Points

- CNHC may wish to signpost its registrants to relevant guidance on business practice.

Instructions:

- CNHC is to notify the AVR team of any new occupations it plans to include on the register.
- CNHC must ensure that only registrants make use of the AVR logo and other benefits of accreditation. It should monitor how its VOs and registrants communicate accreditation.
- CNHC is to ensure that its Code of Conduct states the consequences of breaching the Cancer Act 1939, and that its Guidance on the Cancer Act must identify the relevant sections of its Code. The final version of the Code, and Guidance, demonstrating that this instruction has been addressed, should be sent to the AVR team.
- CNHC should expand the quality assurance project criteria in order to ensure that all its registrants comply with its education and training standards. The evidence from VOs reviewed by CNHC for the quality assurance project should include examples of successful and unsuccessful applications for both routes to the register: a) education and training; b) APEL route.
- CNHC is to devise a policy, establishing formal lines of reporting for professional associations (VOs) to raise patient safety concerns to CNHC, including notification of complaints against registrants. This could be included in the proposed Memorandum of Understanding (MOU) CNHC is planning to put in place with VOs in October 2013. The timeframe for compliance with this instruction is December 2013.

Conditions:

- Condition 1: CNHC must have a single complaints procedure where the criteria for handling and recording of these complaints both informally or formally are explicitly clear to the public and explain the types of complaints for which informal resolution is not suitable (e.g. dishonesty, fraud, repeated complaints and so forth). Its criteria and process for escalating complaints from informal to formal procedures must also be clear to the public.

	<ul style="list-style-type: none"> Condition 2: The 110 complaints discussed in the resubmitted application must be assessed according to procedure and either resolved informally where appropriate or escalated to formal resolution, i.e. sent to the Investigating Committee. The AVR team should be notified when all complaints have been resolved or escalated to formal resolution. A plan for resolution of all complaints should be provided with notification. <p>CNHC has until the 31st of October 2013 to comply with conditions.</p>
<p>E.64 - the Authority's accreditation scheme is anticipated to operate on a full cost recovery basis in 3 years. The annual cost was projected (in 2011) to be £100,000 per annum.</p>	<p>The Authority's accreditation scheme is operated on a not-for-profit basis. The fee has been calculated at £12,000 per application.</p> <p>The fees may be affected by the volume of applications. It is possible that the fee may fall in future years if the volume of accredited registers rises.</p>
<p>E. 65- the Authority's oversight of voluntary registers may impose some costs on voluntary registers and their registrants.</p>	<p>CNHC has paid the Authority £12,600. An additional payment of £600 was made to cover for the additional costs of reviewing the education and training standards for the 15 occupations registered by CNHC.</p> <p>The Authority has ascertained that the cost of accreditation for CNHC is sustainable over the next year. This will be reviewed again during annual review of accreditation.</p> <p>There are approximately 4,956 CNHC registrants in the UK (May 2013). A number of registrants practise more than one therapy (for example, aromatherapy and reflexology).</p> <p>CNHC is funded entirely by registrant fees. The initial registration fee is £55 for the first occupation registered and £10 for each additional profession registered up to a maximum of four, after which any new occupation per registrant is registered at no fee. The annual retention fee is £55 for the first occupation and £5 for each additional one – again there is no fee for more than four additional occupations per registrant.</p> <p>The CNHC plans to increase its registration/annual retention fee to £60 from September 2013.</p>

	<p>This is not considered to be a direct effect of accreditation. The CNHC affirm that the fees were due for review.</p> <p>They consider that accreditation would increase interest in the organisation and enhance membership as practitioners wish to belong to an organisation with greater gravitas.</p> <p>It will be of benefit to service users to be able to choose practitioners from a register that has been independently assessed by the Authority as meeting high standards.</p>
<p>E.66 - accreditation should lead to improved standards of education, proficiency and conduct.</p>	<p>The CNHC has satisfied the Authority's requirements for compliance with education and training standard.</p> <p>Practitioners must meet, as a minimum, the National Occupational Standards for safe and competent practice.</p> <p>All of the professional associations that verify applications for CNHC registration have provided written undertakings to CNHC affirming that there are processes in place to map the training and skills outcomes of their members to the NOS.</p> <p>In collaboration with Professional Specific Boards, the CNHC publishes definitive lists of courses/awards that meet CNHC entry requirements for some occupations.</p> <p>The CNHC, as previously mentioned, undertakes a system of quality assurance of this process.</p>
<p>E.67 - accreditation should improve the ability of employers and service users to distinguish those who have met nationally accredited standards.</p>	<p>The CNHC plans to boost its awareness campaign with the use of social media and further deployments via the local champions scheme (this is to coincide with accreditation of their register, should the AVR Panel accede to their application). They frequently write to NHS employers, public and private health and care organisations, as well as encourage the public, to seek CNHC registered complementary therapists.</p> <p>Of the 77 professional associations (May 2013 – 52 in Sept 2013), which hold separate membership lists, only one organisation (the professional association for colonic hydrotherapists), makes mandatory that its members to be CNHC registered. The British Association of Nutritional Therapists has announced that it has plans to do likewise; and the CNHC anticipates that accreditation may result in further organisation following suit.</p>

	<p>Once accredited, CNHC registrants may use the Authority's registered accreditation mark. This visual symbol makes it easy for employers and service users to recognise those who meet the Authority's national accreditation standards.</p>
Small firms impact	<p>Accreditation should result in increased referrals to CNHC registrants.</p>
Competition	<p>There is a potential risk that CNHC may lose registrants if their professional associations holding a voluntary register decide to apply for and achieve accreditation. Two organisations have already applied for accreditation. One has been accredited and ceased its VO relationship with CNHC. The other, still under assessment, maintains that accreditation would not impact their relationship with CNHC; they differentiate between the CNHC as regulator and their function as professional association.</p> <p>CNHC is of the view that practitioners might not see the benefit of registering with an additional body when their professional association holds an AVR. However, the CNHC sees the benefit in having multiple AVRs to share good practice and improve public protection. They will endeavour to maximise the benefits of achieving accreditation.</p> <p>There is a risk that registrants could transfer from existing registers to a newly accredited register impacting on their competitiveness. We have mitigated this by listing those organisations that have already been accredited and are planning to apply for accreditation to help them manage their members' expectations. It is in the public interest for registrants to be on an accredited register.</p>
Other	<p>On the other hand, smaller professional associations and organisations not yet affiliated with the CNHC, which are unable to meet the financial requirements of accreditation, may decide to request its members to register with the CNHC. Accrediting CNHC is likely to incentivise other voluntary registers for complementary therapies to apply. This will help to drive up standards of the workforce.</p>