



UKREMT

UK Register of Emergency Medical Teams

Managed Voluntary Register | Hosted by GWAS Ambulance Charity CIO

Registration and Verification Policy

Application, evidence checking, renewal, audit, refusal and public register controls

Version 1.0 - Approved and adopted

Document control

Field	Detail
Document title	Registration and Verification Policy
Organisation	UK Register of Emergency Medical Teams
Register type	Managed Voluntary Register
Hosted by	GWAS Ambulance Charity CIO
Registered address	Turtle House, Cotswold Airport, Kemble, Cirencester, GL7 6BA
Website	ukremt.gwasambulance.charity
Version	1.0 - Robust approved by Trustees
Status	Approved and adopted by Trustees
Effective date	07 June 2026
Review date	07 June 2027, or earlier following PSA guidance, legal change, material incident, system change or governance review
Document owner	UKREMT Lead / Register Manager
Approving body	GWAS Ambulance Charity CIO Board of Trustees

Approval status note: This document was approved and adopted by the GWAS Ambulance Charity CIO Board of Trustees on 06 June 2026 as part of the UKREMT Governance Pack V1.0. It supports UKREMT public-protection governance and PSA Accredited Registers readiness. UKREMT remains a Managed Voluntary Register and does not claim PSA accreditation unless and until formally awarded.

1. Purpose

This policy sets out how UKREMT receives, checks, decides and records applications for registration on the Managed Voluntary Register. It supports accurate public registration, transparent decision-making and public protection.

2. Minimum application evidence

- Full name, contact details and identity marker sufficient to reduce duplicate/false entries.
- Town/region for public display where applicable and lawful.
- Qualification certificates, training evidence and relevant CPD.
- Declared clinical grade, registration level and intended practice context.
- Employment, volunteering or experience evidence where required by level.
- DBS status/declaration where relevant and lawful to request.
- Statutory professional registration number where a protected title is claimed.
- Agreement to the UKREMT Code, Terms, Privacy Notice, registration conditions and Fitness to Practise jurisdiction.

3. Verification process

1. Screen application for completeness and obvious inconsistency.
2. Check identity consistency across submitted evidence.

3. Verify qualification evidence against accepted framework, awarding body, provider confirmation or equivalence route.
4. Check statutory registers directly where a protected title is claimed.
5. Review declarations, restrictions, cautions, safeguarding or conduct disclosures.
6. Assign registration level, request further evidence, approve, conditionally approve, refuse or escalate.
7. Create public register entry and digital card/certificate only after approval.
8. Record decision, evidence relied on, reviewer identity and date.

4. Decision outcomes

Issue	Possible decision	Safeguard
Incomplete evidence	Request information or keep pending	Deadline and reminder recorded
False/altered certificate suspected	Refuse/suspend and refer for FtP/fraud consideration	Evidence preserved and senior review
Protected title cannot be verified	Do not register at protected-title level	Applicant told to provide statutory evidence or amend grade
Safeguarding or public-protection concern	Senior review, conditions, refusal or FtP referral	Public protection overrides speed
Scope unclear	Register lower, condition or request portfolio	Reasons recorded and appeal route provided

5. Renewal and audit

Renewal should require confirmation of details, grade, CPD, declarations, indemnity/employer governance where applicable and acceptance of current UKREMT standards. UKREMT may carry out random and risk-triggered audits of evidence, CPD, public register status, digital card use and grade claims.

6. Record keeping and retention

Application evidence, decision records and public register history must be retained in accordance with the UKREMT Privacy Notice, UK GDPR/Data Protection Act 2018, governance need, legal defensibility and public protection requirements.

Core governance principles

- Public protection, patient/service-user safety and public confidence come first.
- UKREMT must not mislead the public into thinking it is a statutory regulator or that it grants protected titles.
- Decisions must be evidence-led, proportionate, reasoned, recorded and capable of audit.
- Role, scope, risk and competence must be considered together; registration alone is not authority to practise.
- Concerns, restrictions and removals must be handled fairly, with appropriate confidentiality and public protection safeguards.
- Equality, reasonable adjustments, data protection, safeguarding and conflicts of interest must be considered at each decision point.

References and source framework

- Professional Standards Authority. Standards for Regulators and Accredited Registers, March 2026.
- Professional Standards Authority. Standards for Accredited Registers, Version 3.0, 31 May 2023, and associated Evidence Framework (as transitional/reference material).
- Professional Standards Authority. Accredited Registers Supplementary Guidance - Standard One, July 2021.
- UK GDPR and Data Protection Act 2018; ICO right to be informed and privacy notice guidance.
- Equality Act 2010 and reasonable adjustment principles.
- Human Rights Act 1998 and common law principles of natural justice/procedural fairness.
- Safeguarding Vulnerable Groups Act 2006, Children Act 1989/2004, Care Act 2014 and relevant UK safeguarding guidance where applicable.
- Rehabilitation of Offenders Act 1974 and Exceptions Order, where relevant to role screening.
- Relevant protected-title and statutory register frameworks, including HCPC, GMC and NMC registers, where applicable.
- Human Medicines Regulations 2012, Misuse of Drugs Act 1971 and relevant medicines governance where applicable.

Note: References are included to support governance drafting. This document does not constitute legal advice and should be reviewed by suitably competent advisers before external submission or formal reliance.

Approval record

Approved by	GWAS Ambulance Charity CIO Board of Trustees
Trustee sign-off date	06 June 2026
Effective date	07 June 2026
Review date	07 June 2027, or earlier following PSA guidance, legal change, material incident, system change or governance review
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