



UKREMT

UK Register of Emergency Medical Teams

Managed Voluntary Register | Hosted by GWAS Ambulance Charity CIO

PSA Standards Evidence Crosswalk

Mapping UKREMT evidence to PSA 2026 Standards and Standard One expectations

Version 1.0 - Approved and adopted

Document control

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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 crosswalk maps the UKREMT governance pack to the PSA 2026 Standards for Regulators and Accredited Registers and the eligibility/public-interest expectations that apply to Accredited Registers. It is a working readiness tracker rather than proof that a standard is met.

Category	Standard / area	Expectation	Current UKREMT evidence	Readiness status
Governance	1. Good governance	The governing body and senior leaders put arrangements in place to protect the public and maintain confidence.	Docs 11, 13, 14, 15, 16, 17; trustee minutes; delegated authority logs.	Partly met - evidence build required
Governance	2. Reporting on performance and addressing concerns	The organisation reports on performance, identifies learning and addresses concerns about performance.	Docs 12, 16, 19; annual governance summary; concerns/appeals logs.	Partly met - evidence build required
Governance	3. Fair and equitable policies and processes	Policies and processes are assured as fair, equitable and accessible.	Docs 05, 10, 17; appeals log; EDI monitoring; reasonable adjustment records.	Partly met - evidence build required
Governance	4. Engagement and collaboration	The organisation engages and collaborates to inform and improve its work.	Doc 02, 18, 19; stakeholder engagement plan/log; website guidance.	Partly met - evidence build required

Governance	5. Alignment and risk management	The organisation aligns with relevant bodies and identifies/manages risks to the public.	Docs 03, 12, 18, 19; risk register reviews and mitigation evidence.	Partly met - evidence build required
Registration	8. The public register	The organisation maintains an accurate, accessible public register.	Docs 01, 04, 14; live /check page; public register audit.	Partly met - evidence build required
Registration	9. Registration process	Registration decisions are transparent, fair, robust and based on clear requirements.	Docs 04, 05, 06, 07; application decisions; verification logs.	Partly met - evidence build required
Standards	Standards for registrants	Expectations for conduct, competence, business practice and professional suitability are clear.	UKREMT Code, Docs 06, 07, 08, 09; public guidance.	Partly met - evidence build required
Education/training	Education and training	Education/training standards support safe practice and public protection.	Doc 07; accepted evidence criteria; provider/equivalence records.	Partly met - evidence build required
Fitness to Practise	Concerns and Fitness to Practise	Concerns are handled fairly, transparently, proportionately and in the public interest.	Docs 08, 09, Appeals/Review Guidance, Raise a Concern Form; FtP logs.	Partly met - evidence build required
Communications	Public information and registrant information	Information is accurate, accessible, clear and not misleading.	Website pages, Privacy Notice, Public Check Guidance; Terms; no-PSA-accreditation warning.	Partly met - evidence build required
Eligibility	Eligibility and Public Interest Standard	The register is eligible, operates lawfully and accreditation is in the public interest.	Docs 01, 02, 03, 12; Standard One submission and public interest evidence.	Partly met - evidence build required

2. Evidence still required before Standard One submission

- Board-approved governance pack and minute.
- Live public check guidance and Privacy Notice confirmed on website.
- Stakeholder engagement evidence from employers, event organisers, registrants and public users.
- Application/refusal/lapsed/suspended statistics if available.
- Named role holders and conflict declarations.
- Risk register reviewed and accepted by Trustees.
- PSA pre-application/informal discussion notes.

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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