



UKREMT

UK Register of Emergency Medical Teams

Managed Voluntary Register | Hosted by GWAS Ambulance Charity CIO

Scope of Register Statement

Defining the UKREMT register, registered roles, exclusions and public protection purpose

Version 1.0 - Approved and adopted

Document control

Field	Detail
Document title	Scope of Register Statement
Organisation	UK Register of Emergency Medical Teams
Register type	Managed Voluntary Register
Hosted by	GWAS Ambulance Charity CIO
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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 statement defines the scope of UKREMT as the UK Register of Emergency Medical Teams. It explains who may be registered, what registration means, what it does not mean, and how the register supports public protection.

UKREMT is a Managed Voluntary Register. It is not a statutory regulator and does not grant statutory registration, protected title status, employment status, insurance, medicines authority or emergency driving authority.

2. Scope of the register

- First aiders and emergency first responders working in pre-hospital, event, voluntary or community settings.
- FREC/FPOS-style responders and emergency care practitioners.
- Ambulance support staff, emergency care assistants, ambulance care assistants and patient-facing support roles.
- Ambulance technicians and non-statutory pre-hospital practitioners.
- Event medical staff, sports/event medical responders and emergency medical teams.
- Statutory professionals, such as paramedics, nurses or doctors, where they choose to hold UKREMT registration as an additional voluntary registration.
- Teams/organisations where UKREMT has sufficient evidence to verify a team lead, governance arrangements, insurance/indemnity and deployment scope.

3. Exclusions and limits

- UKREMT does not replace HCPC, GMC, NMC or any other statutory register.
- UKREMT does not authorise the use of protected titles such as paramedic, doctor, nurse or other statutorily protected titles.
- UKREMT does not authorise administration, supply, prescribing or possession of medicines outside UK law and employer/clinical governance.
- UKREMT does not provide employer indemnity, deployment governance, right-to-work status, DBS clearance or fitness for a specific contract.
- Employers and event organisers remain responsible for due diligence, supervision, role allocation, risk assessment and local clinical governance.

4. Public protection purpose

Public risk	UKREMT control
Misuse of titles/grades	Public guidance, protected-title warnings, registration levels, digital card rules and sanctions.
Unverified qualifications	Evidence checking, audit, provider confirmation where required and refusal/removal route.
Unsafe deployment	Scope statement, risk matrix, CPD/revalidation guidance and employer due diligence notices.
Poor conduct or dishonesty	UKREMT Code, Fitness to Practise process, sanctions, public restrictions and removal where needed.
Public cannot verify status	Live public registration check with expiry/status and limited public restrictions where lawful and proportionate.

5. Public register information

The public check may display limited information necessary for identification, verification and public protection, such as name, registration number/PIN, grade or level, current status, expiry date, town/region and public restrictions where appropriate and lawful. Private documents, full addresses, dates of birth, contact information and detailed Fitness to Practise material should not normally be displayed.

6. PSA alignment

PSA area	UKREMT position
Eligibility/Public Interest	UKREMT registers health/pre-hospital roles where many roles are not subject to statutory professional regulation; benefits must outweigh mitigated risks.
Registration/Public Register	Registration decisions must be evidence-led; public status should be accurate, current and proportionate.
Standards/Fitness to Practise	Registrant standards, concern routes, sanctions and review mechanisms support public protection.
Governance/Risk/EDI	Trustee oversight, risk register, conflict management and EDI controls must evidence fair and accountable operation.

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
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Chairman	Gary Darling-Parkes
Trustee	Andrew Kirk
Trustee	Jayne Darling-Parkes

External Clinical Consultant	Dr Louisa Goodwin
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