



UKREMT

UK Register of Emergency Medical Teams

Managed Voluntary Register | Hosted by GWAS Ambulance Charity CIO

Standard One Public Interest Case

Public need, risks, mitigations and benefit case for PSA Standard One readiness

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. Executive summary

UKREMT seeks to establish a credible public-interest case for a Managed Voluntary Register covering pre-hospital clinicians, responders, event medical staff and emergency medical teams. The key public need is that many patient-facing roles in event, voluntary and private ambulance settings are not subject to statutory registration, yet are deployed in environments where the public may reasonably assume that training, status and governance have been checked.

2. Public need and problem statement

- Mixed event and pre-hospital teams may include first aiders, responders, ambulance support grades, technicians and statutory professionals.
- Below-paramedic roles often have no single statutory registration route.
- Employers and event organisers may struggle to verify current training, declared grade, restrictions or lapsed status.
- Digital cards and certificates may be copied or misused unless connected to a live public check.
- Patients and the public need a clear route to raise concerns about unsafe conduct or false claims.

3. Benefits of UKREMT registration

Beneficiary	Likely public-interest benefit
Patients/service users	Transparent standards, safer deployment checks, live verification and concern route.

Employers/event organisers	Registration status, grade/level, expiry and public restrictions can be checked in one place.
Registrants	Professional identity, CPD expectations, record-keeping guidance and accountable conduct framework.
Commissioners/public bodies	A clearer due diligence trail for non-statutory pre-hospital roles and emergency medical teams.
Wider sector	Greater consistency around evidence, renewal, conduct, concerns and public-protection response.

4. Risk-benefit analysis

Foreseeable risk	Possible harm	UKREMT mitigation
Misrepresentation as statutory professional	Public or employer relies on incorrect claim	Protected-title warnings; statutory register signposting; sanctions; public check.
False qualifications	Unqualified person gains deployment	Document verification; audit; refusal/removal; referral where fraud suspected.
Unsafe practice outside competence	Patient harm or delayed escalation	Scope limits; CPD; Code; FtP; restrictions/removal.
Employer over-reliance on UKREMT	Due diligence gaps	Public check guidance states employer duties remain mandatory.
Data/safeguarding mishandling	Privacy breach or unsafe disclosure	Privacy Notice; access controls; retention; restricted FtP access.

5. Eligibility and lawful operation

UKREMT should present itself as a voluntary register for people and teams in health/pre-hospital roles that are not necessarily regulated by law. It should operate lawfully under UK data protection, equality, safeguarding, charity governance and procedural fairness requirements. It must not represent PSA status unless and until formally awarded.

6. Evidence required before Standard One submission

- Approved scope and grade framework.
- Public-facing website wording confirming Managed Voluntary Register and non-statutory status.
- Application data, refusal reasons, lapsed numbers and concern statistics where available.
- Stakeholder engagement evidence from employers, event organisers, registrants and public users.
- Risk matrix, risk register and mitigation evidence.
- Board minute approving Standard One approach and external submission.
- Clear statement of overlap/complementarity with existing statutory and voluntary registers.

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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