



Royal College
of Physicians

Pulmonary Rehabilitation Services
Accreditation Scheme

Accreditation standards review

Project overview and report
November 2025



Overview

As part of the Royal College of Physicians' commitment to maintaining excellence in healthcare, all accreditation programmes are required to review their standards every 5 years. This ensures they remain current, relevant, and continue to uphold the highest levels of quality and care.

In 2025, the Pulmonary Rehabilitation Services Accreditation Scheme (PRSAS) initiated a review of the 2020 accreditation standards. Feedback was actively sought from pulmonary rehabilitation (PR) services, PRSAS assessors, and key stakeholders across the sector. Particular attention was given to the [British Thoracic Society \(BTS\) clinical statement for PR](#), published in September 2023, which provides an overview of best practice, clinical guidance and models of PR delivery.

To guide this process, a standards review working group was established. The group comprised representatives from the PR community, alongside stakeholders with relevant knowledge, experience and expertise. Through a series of focus group discussions, the group examined proposed changes to the 2020 standards, offered further input, and reached consensus on a revised set of accreditation standards. Proposed updates to the [BTS quality standard for PR](#), and [BTS professional development framework for PR](#) were also considered.

A public consultation on the draft revisions took place in September 2025. Additional feedback from services, assessors and patient organisations further shaped the final version of the standards.

The 2025 PRSAS accreditation standards are scheduled for official launch on **1 December 2025**, with a transition period between the 2019 and 2025 standards. Further details, including training opportunities for services and assessors will be available at www.prsas.org.uk.



Working group

The PRSAS programme convened a standards review working group in July 2025, with the following membership:

- > Adam Field, PRSAS registered service representative, Midlands, England
- > Annie Pritchard, clinical project manager for accreditation, South East, England
- > Enya Daynes, PRSAS quality lead
- > Francesca Chambers, PRSAS clinical assessor, North East and Yorkshire, England
- > Gillian Doe, PRSAS clinical assessor, Midlands, England
- > Helen Blundell, PRSAS non-registered service representative, East of England, England
- > Joanne King, ARNS representative
- > Kayleigh Owen, Wales representative
- > Laura Williamson, Asthma + Lung UK (A+LUK) representative
- > Maria Buxton, PRSAS clinical lead
- > Mark Owen, NHS England representative
- > Melanie Palmer, PRSAS reaccredited service representative, London, England
- > Michaela Zanzi, PRSAS accredited service representative, North West, England
- > Michelle Maguire, PRSAS clinical assessor, London, England
- > Natasha McBarron, Northern Ireland representative
- > Nicola Roberts, Scotland representative
- > Rachel Williams, PRSAS registered service representative, South West, England
- > Ruth Ajayi, accreditation unit lay assessor representative
- > Samantha Kon, BTS (Professional Development Framework for PR) representative
- > Siobhan Hollier, PRSAS private organisation representative, East of England, England
- > Susan Curtis, Republic of Ireland representative
- > Zoe Styles, PRSAS accredited service representative, Midlands, England
- > National Respiratory Audit Programme (NRAP).

Tel: 020 3075 1407

Email: pulmrehab@rcp.ac.uk

Website: www.prsas.org

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Public consultation feedback

Feedback was received from PR service leads and staff, PRSAS assessors (clinical and lay), NRAP, BTS, The Association of Chartered Physiotherapists in Respiratory Care (ACPRC) and patient organisations. The following key themes emerged from the consultation:

Key themes

- > The revised standards are widely regarded as clearer, more explicit, and better structured than previous versions. Many respondents welcomed the simplification of domains and standards, as well as the improved clarity around evidence requirements, although some felt further streamlining would be beneficial
- > Feedback indicated that the accreditation process remains time-consuming but is ultimately seen as valuable for service improvement, patient outcomes and team cohesion. Templates and examples for key documents were repeatedly highlighted as useful tools to reduce the burden on services and support efficient compliance with standards
- > Clear expectations from leadership were appreciated; however, concerns were raised about the responsibility for updating external stakeholders and the resource implications for smaller PR services
- > IT requirements for data submission and extraction were acknowledged as challenging for some services. Respondents emphasised the need for funding and ongoing support for equipment and IT systems, along with more explicit guidance in these areas
- > Standards within the person-centred treatment and care domain were viewed positively for reshaping services and clarifying expectations. Suggestions included greater inclusion of patient-centred topics within education delivery
- > Risk registers and risk management procedures received positive feedback, with recommendations to make risk assessment processes more efficient and environmentally sustainable
- > Respondents advised clarifying the role of NRAP audit results in service evaluation and avoiding overly prescriptive exercise guidelines. Flexibility in measuring outcomes and reporting was strongly emphasised
- > There was general satisfaction with the improvement and innovation standards, with agreement that research participation should be encouraged but not mandatory, given staffing pressures and NHS constraints.

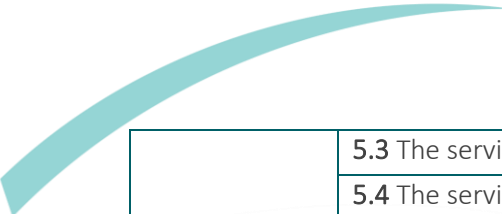
Accreditation standards 2025

Domain	Standard
1. Leadership, strategy and management.	1.1 The clinical service has a service description.
	1.2 The service has a leadership and management team that is visible and responsive to service needs and communicates regularly with staff within the service and wider organisation/stakeholders.
	1.3 The service develops and implements an annual operational plan.
	1.4 The service leadership team carry out a PR staff survey and provides opportunities for informal feedback.
	1.5 The service promotes the health and wellbeing of staff members.
	1.6 There are escalation procedures for staff members.
	1.7 There is promotion of the service to referrers and referrer feedback is reviewed.
2. Systems to support service delivery.	2.1 The service regularly assesses the equipment required to deliver the service.
	2.2 The service has a process for document management, review and control.
	2.3 The service uses IT systems which are designed to facilitate the collection, management and monitoring of data to support service delivery.
3. Person-centred treatment and/or care.	3.1 The service has an up-to-date website and/or public-facing document, which provides key information to services users.
	3.2 Patients and carers are involved in the development of the service.
	3.3 The service communicates to service users their rights and responsibilities.
	3.4 The service respects and protects patients and carers.
	3.5 The service keeps service users informed of the clinical pathway.
	3.6 The service provides an evidence-based programme of exercise, which is assessed, prescribed and progressed.
	3.7 The service provides a comprehensive programme of education.
	3.8 The service has a procedure for managing patient transitions out of the service to self-management or to other services.
	3.9 The service enables patients and carers to feedback on their experience of the service confidentially.
	3.10 The service records, investigates and learns from concerns and complaints.
4. Risk and patient safety.	4.1 The service has risk management procedures.
	4.2 The service has a procedure for how incidents, adverse events and near misses are reported, investigated and used to inform changes to service delivery.
	4.3 The service undertakes and records a clinical risk assessment of individual patients.
	4.4 The service carries out risk assessment of clinical space.
5. Clinical effectiveness.	5.1 The service sets, monitors, and reports on clinical outcomes.
	5.2 The service sets, monitors, and reports on clinical pathway metrics, and has an improvement plan supported by the management team.

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	5.3 The service participates in local and national audit/assessment programmes.
	5.4 The service reviews and updates all relevant guidelines, quality standards and benchmarking data.
6. Workforce.	6.1 The service undertakes an annual review of the workforce.
	6.2 There is a service-specific orientation and induction programme, which new staff members and those with a change in role are required to complete.
	6.3 The service has training plans in place for staff members.
	6.4 The service has a process to regularly assess and review staff members as competent in specialist techniques.
	6.5 The service has an appraisal process for staff members.
	6.6 The service has documented procedures in place for staff members who have responsibility for students, trainees and observers.
7. Improvement and innovation	7.1 The service delivers quality improvement (QI) projects based on clinical outcomes, clinical pathway metrics, and patient/ carer feedback.
	7.2 The service develops an innovation programme.
	7.3 The service keeps a register of all research undertaken, where relevant.



Annual review assessment criteria 2025

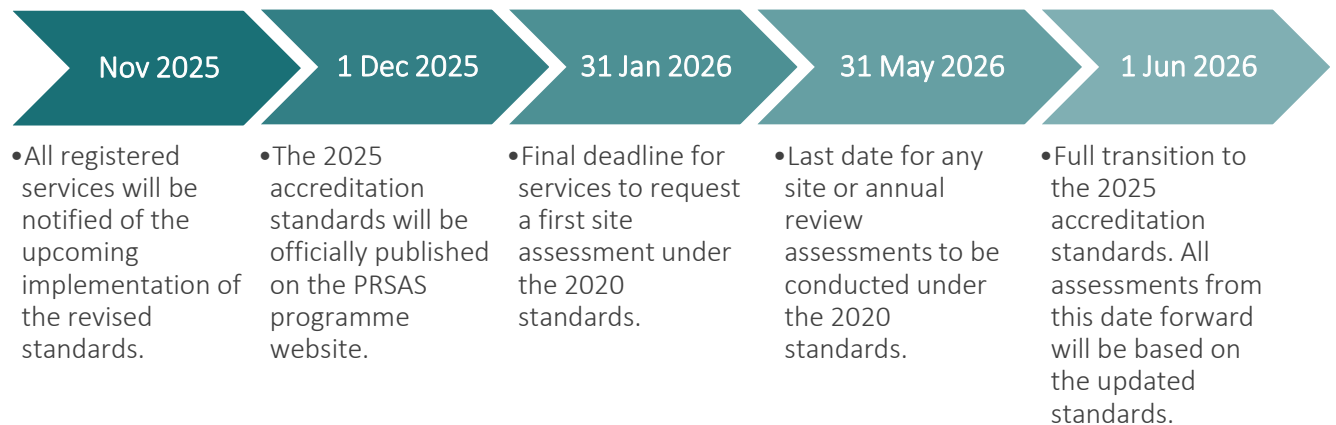
Services awarded PRSAS accreditation are required to submit annual evidence demonstrating continued compliance with the accreditation standards. This ensures that high standards of quality and care are maintained throughout the accreditation cycle.

In addition, services undergo a full site reaccreditation assessment every 5 years.

To support this process, the PRSAS annual review assessment criteria have been reviewed and updated to reflect the revised 2025 accreditation standards, ensuring alignment and consistency across all evaluation points.

Criteria	Guidance
1. Continuous improvement.	Please provide documentation of your service's clinical outcomes and clinical pathway metrics for the previous 12 months, and any improvement plans implemented. Improvements made based on recommendations from your last site or annual review assessment can also be provided here.
2. Continuous development.	Please provide details of your service development priorities in the previous 12 months, including how these were identified and how you implemented them.
3. Workforce – staffing changes and challenges.	Please provide details of any staffing changes or challenges to the administrative or clinical workforce in the previous 12 months.
4. Staff feedback.	Please provide details on service specific staff survey conducted in the previous 12 months.
5. Patient feedback.	Please provide details on service specific patient/ carer survey conducted in the previous 12 months. If your service has had any complaints, please provide details for these.
6. Quality improvement.	Please provide details on service quality improvement (QI) projects conducted in the previous 12 months.

Implementation



Further details on transition to the 2025 PRSAS accreditation standards

First site assessments

- > Services with an open self-assessment on the 2020 standards who wish to be assessed on this version, must submit their assessment and request a first site assessment by 31 January 2026. The requested site assessment must take place on or before 31 May 2026.
 - All remaining self-assessments on the 2020 standards will be cancelled as of 1 February 2026.
- > Services without an open self-assessment may begin a new self-assessment on the 2025 standards starting 1 December 2025.

Annual review assessments

- > Services that are accredited will follow this transition:
 - if the annual review is due before 1 June 2026, it be assessed against the existing 2020 criteria
 - if the annual review is due on or after 1 June 2026, it will be assessed against the updated 2025 criteria.

First site assessments

- > Services due for reaccreditation before 1 June 2026 will continue to be assessed against the 2020 standards.
- > Services due for reaccreditation on or after 1 June 2026 will be required to meet the 2025 standards.

Further information

For further information please contact the PRSAS office at pulmrehab@rcp.ac.uk.

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