



Royal College
of Physicians

Pulmonary Rehabilitation
Services Accreditation Scheme

Accreditation standards

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For public use



Introduction

This document outlines the standards for PRSAS accreditation based on the 2025 revision. The full set of standards, guidance and evidence requirements to achieve accreditation are provided to registered pulmonary rehabilitation (PR) only, to support them in improving their service in the UK and the Republic of Ireland.

The standards have been established with the PR community and patient and service representatives.

The standards are based on the [British Thoracic Society \(BTS\) quality standard for PR](#) and are informed by the [BTS clinical statement for PR](#).

As set out in the [NHS England PR commissioning standards](#), all patients in England should receive quality-assured PR through accredited services or services that are actively working towards accreditation.

You can register your service for our programme on the accreditation website at www.prsas.org/userregistration.

PRSAS accreditation standards 2025

Domain 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 responsible 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 provide 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.

Domain 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.

Domain 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 service 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.

Domain 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.

Domain 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.

5.3 The service participates in local and national audit/assessment programmes.

5.4 The service reviews and updates on all relevant guidelines, quality standards and benchmarking data.

Domain 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.

Domain 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.

Further information

For further information on PRSAS visit www.prsas.org

If you have any queries about the work of the PRSAS, please email us at pulmrehab@rcp.ac.uk

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Document version history

December 2025	Finalised standards
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