



REGULATORY BRIEFING • AUGUST 2026

CQC Registration Guide For Event Healthcare

Treatment of Disease, Disorder or Injury at sporting and cultural events. What changes, who is in scope, and how to be registered before enforcement begins.



**7 SEP
2026**

REGISTRATION
OPENS



**1 MAR
2027**

DEADLINE FOR A
DETERMINED OUTCOME



**6 DEC
2027**

UNREGISTERED DELIVERY
BECOMES AN OFFENCE

THE PRE-HOSPITAL CLASSROOM

Provider guide • Issue 1.0 • 9 August 2026

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About this guide

Status at the date of publication — 9 August 2026. CQC has **not yet published its final supporting guidance** for event healthcare registration. The draft interim guidance was consulted on until 19 June 2026 and CQC has said the full supporting guidance will follow. Critically, **the email address you must send your application to has not yet been published** — CQC's draft states it will appear in the final guidance and warns against using any other address.

This guide is written to be acted on now, but you must check CQC's website before you submit anything.

Everything in this guide is labelled by source confidence:

MARKER	MEANING
Confirmed	Stated in legislation, CQC's own published guidance, or the Parliamentary record

MARKER	MEANING
Sector interpretation	Legal or consultancy commentary. Well-informed, but not binding. Verify before relying on it
Pending	Not yet published or settled. Do not plan around a fixed answer

1. The change in one page

Confirmed. Healthcare delivered at sporting and cultural events has, until now, sat outside CQC regulation. Two specific exceptions in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 excluded treatment provided at sports grounds and gymnasiums, and under temporary arrangements at events, from the regulated activity of **Treatment of Disease, Disorder or Injury (TDDI)**.

The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2026 remove both exceptions. The statutory instrument was laid before Parliament on 26 February 2026 and debated in April 2026 with cross-party support.

The consequence is straightforward. If you deliver TDDI at an event site, you must be registered with CQC.

THE THREE DATES

DATE	WHAT HAPPENS
7 September 2026	Registration applications open. You can begin submitting from this date.
1 March 2027	The practical deadline. For complete applications received on or before this date, CQC will take all reasonable steps to give you an outcome by 6 December 2027.
6 December 2027	Enforcement begins. From this date it is an offence to deliver TDDI on an event site without registration.

Confirmed. Between 7 September 2026 and 5 December 2027 you may continue delivering the activity while your application is processed. CQC will still assess applications submitted after 1 March 2027, but has explicitly warned you may not have an outcome before enforcement begins.

WHAT THIS MEANS IN PRACTICE

You have approximately **15 months** to become registered, and realistically **under 7 months** to get a complete application in by the date that carries CQC's commitment.

The date that actually matters is 1 March 2027, not 6 December 2027. Treating December 2027 as the deadline is the single most common planning error in the sector right now. If you miss 1 March, you carry the risk that your registration is not determined before it becomes an offence to operate — and you will be negotiating 2027/28 season and festival contracts without a certificate.

2. Why this is happening

Confirmed. The change stems from the Manchester Arena Inquiry. On 22 May 2017 the Arena bombing killed 22 people and injured more than a thousand. The Inquiry identified serious failings, including in the healthcare provision at the venue.

The Department of Health and Social Care consulted in spring 2024 on removing the exemptions. Most respondents supported the proposal.

Confirmed. CQC has also stated that its own regulatory work identified significant risk in independent medical care at temporary sporting and cultural events, including cases where care resulted in serious harm.

Understanding the origin matters for your application. This is a patient-safety-driven change following a mass casualty inquiry. Assessors will be looking for evidence that you have thought seriously about surge, escalation, major incident interface and clinical competence — not just that you own a policy folder.

3. Who is in scope

THE TRIGGER TEST

Confirmed. You must register if you deliver treatment for a disease, disorder or injury that is either:

- provided by, or under the supervision of, a healthcare professional on CQC's defined list, **or**
- provided by a multi-disciplinary team that includes a listed healthcare professional supervising treatment in their professional capacity

Two words in that test do the heavy lifting.

"Under the supervision of." The treatment does not have to be delivered by the registered professional. If a listed professional sets the clinical framework and others deliver care within it, the activity is in scope. This is what pulls technicians, ECAs, first responders and even volunteers into the regulated activity when they work under clinical direction.

"In their professional capacity." A paramedic who happens to be present as a spectator is in a different position from a paramedic rostered onto your medical team.

WHERE IT APPLIES

Confirmed. The scope covers healthcare and treatment provided:

- at a sports ground or gymnasium, including associated premises
- under temporary arrangements to people attending or taking part in sporting or cultural events

That includes sports fixtures, concerts and festivals. It covers care for **both** participants and spectators — the removal of the spectator exemption at sports grounds is one of the most significant practical changes.

VOLUNTEERS

Confirmed. CQC's draft guidance addresses volunteering directly. Where an organisation is responsible for delivering the regulated activity — for example, where it oversees volunteers — the organisation is the one that needs to register.

Sector interpretation. Commentary consistently reads this as: volunteer-staffed organisations delivering more than basic first aid must either register themselves or operate under the governance of a registered lead provider. Voluntary aid societies with clinical capability should not assume charitable status changes their position.

4. The first-aid boundary

This is the section to read twice. It determines whether you need to register at all, and it is the area where sector understanding is weakest.

WHAT REMAINS EXEMPT

Confirmed. First aid remains outside the regulated activity. The Minister confirmed this during the Parliamentary debate.

Sector interpretation (widely held, and consistent with CQC's published TDDI scope guidance): the first-aid exemption covers immediate alleviation of symptoms and simple non-invasive measures to stop a patient's condition worsening.

THE DIAGNOSTIC EQUIPMENT TRAP

Sector interpretation. The exemption is broader than most providers assume in one respect and narrower in another.

Broader: it permits use of non-invasive diagnostic and monitoring equipment — ECG, pulse oximetry, blood pressure monitoring, thermometers, ophthalmoscopes.

Narrower, and this is the trap: that equipment is exempt **only when used to decide whether the patient needs onward emergency referral**. The moment the same device is used for continuous monitoring, formal diagnosis, or to guide an ongoing treatment plan, the activity crosses into TDDI.

The practical consequence. Two teams can carry identical equipment and sit on opposite sides of the regulatory line. A first aider using a 12-lead to decide whether to call 999 is arguably exempt. A clinician using the same 12-lead to make a diagnosis and treat on site is not. **What you do with the reading determines your status — not what is in your bag.**

THE "JUST IN CASE" DOCTOR

Sector interpretation. The exemption extends to qualified healthcare professionals acting in a genuine Good Samaritan capacity — spontaneous help in an unexpected emergency. It does not extend to a rostered, structured clinical service.

The practical reading: you cannot place a doctor on site "just in case" and rely on the first-aid exemption. If a doctor happens to be attending as a member of the public and steps in, that is different. Rostering is the distinction.

WELFARE AND "SOBERING-UP" AREAS

Sector interpretation. Welfare provision offering hydration, warmth and observation by non-clinicians generally stays out of scope.

It moves into scope if a clinician provides treatment there — IV fluids for dehydration, clinical observations for drug toxicity — **or** if non-clinicians deliver care under treatment protocols or Patient Group Directions set by a listed healthcare professional.

PGDs are a scope trigger. If you have built protocols or PGDs so that non-clinical staff can deliver care under a clinical lead's authority, you have almost certainly created a regulated activity. Many providers introduced exactly this model to increase capacity. Review it now.

SPORTS SCIENCE AND RECOVERY

Sector interpretation. Massage, ice baths and nutritional support usually remain out of scope. Clinical interventions in the same facility — ultrasound-guided injections, management of chronic conditions by a doctor — likely bring it into scope.

AN OPEN QUESTION

Pending. During the Parliamentary debate it was noted that while first aid remains exempt, it is not entirely clear whether that holds where first aid is delivered by a healthcare professional. This ambiguity has not been definitively resolved in published guidance. If your model depends on registered professionals delivering only first aid, treat your position as unsettled and seek written clarification.

5. Scenario tests

Sector interpretation throughout this section. Use it to frame your own assessment, not as a determination.

SCENARIO	LIKELY POSITION
Greenfield festival with treatment centre, clinicians, POMs	In scope. A primary target of the change.
Stadium match-day care for spectators beyond basic first aid	In scope. The spectator exemption is removed.
Professional club treating its own players at the ground	In scope. CQC does not distinguish patient from athlete.
Club treating players at a training ground	In scope where clinical assessment or treatment is provided.
Club outsources to a private clinic or hospital group	The external provider registers and lists the venue appropriately.
Event with genuinely first-aid-only cover, no clinicians, no PGDs	Likely out of scope. Document how you assure this.
Welfare tent, hydration and observation by non-clinicians	Likely out of scope — until a clinician treats, or PGDs are used.
Volunteer first aid group handling complex needs at a multi-day event	In scope in substance. Register, or work under a registered lead provider.
Film/TV production without audience or public participation	Historically treated as a workplace, not a cultural event — the events exemption never applied.
Provider already registered for patient transport and triage only	Additional registration needed. Transport and triage do not authorise on-site treatment.

If you are already CQC-registered, do not assume you are covered. Registration is activity-specific. If your certificate does not list Treatment of Disease, Disorder or Injury, you are not authorised to deliver clinical treatment at events — regardless of how long you have held registration for transport.

6. What registration actually requires

Confirmed. Newly registered providers must meet the same requirements as any other TDDI provider. That means demonstrating compliance with:

- the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, including the fundamental standards
- the Care Quality Commission (Registration) Regulations 2009

Confirmed. You must also demonstrate how you ensure every listed healthcare professional you employ works **within the scope of practice of their professional registration**. This is called out specifically for this sector — expect it to be tested.

THE BUILDING BLOCKS

Sector interpretation, consistent with general CQC registration practice:

- A **Registered Manager** and a **Nominated Individual**, appointed and prepared
- **Fit and proper persons** checks, including enhanced DBS
- A **registered location** — see below for the greenfield problem
- A **customised policy suite**, with safeguarding, medicines management and infection prevention and control as the core
- A **financial viability** statement
- **ICO registration**
- Appropriate **insurance and indemnity**

The single most important sentence in this guide: your documentation must accurately describe what you actually do. A generic policy suite that does not match your operating model is a well-recognised cause of rejection — and a worse outcome than an honest, simpler set of documents.

THE LOCATION PROBLEM FOR TEMPORARY EVENTS

Sector interpretation. CQC registration is built around locations, which sits awkwardly with greenfield operations. The prevailing reading is that because the activity triggers registration rather than the site, a provider without a fixed clinical site will typically register its administrative hub as the location. Clubs and venues outsourcing to an external provider may see the venue treated as a satellite location of that provider.

Pending. Precise treatment of temporary and multi-site event operations is exactly the sort of detail the final guidance should settle. Do not build your application around an assumption here — check the published guidance, and if it remains unclear, ask CQC in writing before submitting.

7. The application process

HOW YOU APPLY

Confirmed. For TDDI at sporting or cultural events, CQC's draft guidance states applications must be **emailed** to a dedicated address, and warns that using any other address may delay your application.

Pending. That email address, and the events registration team contact for queries, will be published in the final guidance. They are not available at the time of writing. Check CQC's website before you send anything.

HOW LONG IT TAKES

Sector interpretation. Consultancies working in this space report current CQC provider applications taking roughly **16 to 24 weeks**. The process is not fully digital; applications go through manual initial review before progressing.

Work backwards from that. A 20-week assessment against the 1 March 2027 date means having your application genuinely complete — not started — well before Christmas 2026.

COMPLETENESS IS PASS OR FAIL

Sector interpretation. CQC has tightened scrutiny to clear backlogs. Incomplete or inaccurate applications are reported as being rejected outright rather than returned for correction, restarting the process.

Treat submission as a single shot. Have someone who did not prepare the application check it against the form's own requirements before you send it. A fortnight of internal review is cheaper than a rejection that costs you your place in the queue.

SUGGESTED SEQUENCE

1. **Determine scope.** Document your reasoning in writing, including the activities you concluded were not in scope and why. Keep it — it is evidence of a considered position.
2. **Appoint the Registered Manager.** Everything else depends on this person. They need genuine knowledge of the regulations as they apply to your model, not a job title.
3. **Appoint the Nominated Individual** and complete fit and proper persons checks.
4. **Settle your registered location** against the published guidance.
5. **Build the policy suite** around your actual operating model.
6. **Assemble supporting evidence** — insurance, ICO registration, financial viability, DBS, professional registrations.
7. **Rehearse the interview.** The Registered Manager will be tested on applied understanding.
8. **Internal completeness review.**
9. **Submit** to the published address.

8. What CQC will be looking for

THE FUNDAMENTAL STANDARDS, IN AN EVENT CONTEXT

Registration is assessed against the fundamental standards. Below is how each translates to event delivery. Sector interpretation, grounded in the regulations.

REGULATION	WHAT IT MEANS ON AN EVENT SITE
9 — Person-centred care	Care shaped around the individual, including intoxicated patients, children separated from parents, and people with learning disabilities or autism in a crowded environment.
10 — Dignity and respect	The tent problem. How do you examine a patient with dignity in a temporary structure with thin walls and a queue outside?
11 — Need for consent	Capacity assessment where alcohol and drugs are routine. Gillick competence for young people. Refusal of treatment and its documentation.
12 — Safe care and treatment	Equipment, medicines, IPC, escalation, competent staff. The broadest and most commonly cited standard.
13 — Safeguarding	Children at festivals, vulnerable adults, county lines, sexual safety, exploitation. Your referral route when the local authority is closed at 2am.
14 — Meeting nutrition and hydration needs	Relevant in prolonged care and welfare settings.
15 — Premises and equipment	Temporary structures, power, lighting, flooring, waste, calibration, decontamination between event days.
16 — Complaints	An accessible route for someone treated once, at night, who may never return to the site.
17 — Good governance	Records, audit, risk, learning. Where most applications are genuinely weak.
18 — Staffing	Numbers, skill mix, competence, supervision, fatigue across long event days.
19 — Fit and proper staff	Recruitment, DBS, professional registration verification, agency and volunteer assurance.
20 — Duty of candour	The process when something goes wrong at an event, including telling a patient who has already left site.
20A — Display of ratings	Applies once rated, including on your website.

THE QUESTIONS TO PREPARE ANSWERS FOR

Sector interpretation. Consultancies advising on this change consistently flag these as the applied questions event providers struggle with. They are excellent self-assessment prompts:

- How do you ensure privacy and dignity when your treatment facility is a tent?
- How do you implement robust infection prevention and control in a temporary structure?
- What is your business continuity plan, and does it cover adverse weather and the failure of temporary buildings?
- How do you transition a medical room from non-event day to event day?
- How are you assured of your team's competence — for each individual, on each shift?

Answer these from a "can-do" position. The strongest applications do not argue that event medicine is too different for the regulations to apply. They explain how the provider has applied the regulations to an unusual delivery model. Assessors respond well to a provider who has clearly wrestled with the problem and reached a defensible answer.

COMPETENCE ASSURANCE IS THE DIFFERENTIATOR

The requirement to show that each listed professional works within their professional scope of practice is called out specifically for this sector. In event medicine this is genuinely hard, because teams are frequently assembled from bank, agency and volunteer staff who have never worked together.

You need to be able to answer, for any named individual on any named event:

- What is their professional registration, and did you verify it against the register, on what date?
- What is their agreed scope of practice with you?
- What competencies have they been signed off against, by whom, and when?
- What is their indemnity position?
- Who was clinically supervising them on that shift?

A competency register that answers those five questions for every deployment is worth more than any policy document.

9. Documentation you will need

Mapped to the structure of a standard compliance suite. Sector interpretation as to emphasis.

Core, named specifically in sector guidance

- Safeguarding — adults and children, as separate policies
- Medicines management, including controlled drugs where carried
- Infection prevention and control

Registration and corporate

- Statement of Purpose — the anchor document; everything must be consistent with it
- Registered Manager, Nominated Individual and clinical lead role profiles
- Financial viability statement
- ICO registration certificate
- Insurance and indemnity evidence

Clinical governance

- Governance framework, meeting structure and audit programme
- Incident reporting, investigation and learning process
- Duty of candour policy and register
- Risk registers — organisational and clinical
- Clinical record keeping, retention and information governance

Workforce

- Recruitment and selection, DBS, fit and proper persons
- Induction, mandatory training matrix, competency framework and register
- Clinical supervision and appraisal
- Agency, bank and volunteer assurance process

Event-specific — the documents that show you understand your own sector

- Event medical plan template, per event
- Event medical risk assessment, aligned to Purple Guide methodology
- Major incident and mass casualty procedure, with the interface to the ambulance service and SAG
- Surge and escalation plan
- Handover to NHS ambulance and receiving units
- Temporary premises assessment covering IPC, dignity, power, lighting and waste
- Adverse weather and business continuity plan
- Radio and communications procedure
- Fatigue and working time management for long event days

The event medical plan template is the document that distinguishes a credible event provider from a generic healthcare applicant. It shows CQC you understand the operational reality you are asking to be registered for. If you build one thing well before applying, build this.

10. Your entire CQC library, personalised in an afternoon

Section 9 lists what you need. Here is how to have all of it, finished and carrying your name, before the week is out.

The CQC Compliance Suite — 253 documents. Yours, not a template.

Set up once. Filled everywhere. No placeholders left behind.

THE ALTERNATIVE IS THREE WEEKS OF FIND-AND-REPLACE

Roughly 250 documents. Every one needing your legal name, registered address, CQC provider and location IDs, named leads, contacts and document control details — then the content that is specific to your service.

Do that by hand and you are opening hundreds of Word files, one at a time, for days. Then doing it again the moment a Clinical Lead changes. And somewhere in those hundreds of files, one placeholder survives — and an assessor opens the policy that still reads **INSERT CLINICAL LEAD**.

There is a better way to spend your registration window.

ONE PROFILE. TWO HUNDRED AND FIFTY DOCUMENTS. DONE.

The **Pre-Hospital Classroom CQC Compliance Portal** holds your entire compliance library and personalises all of it from a single organisation profile. Enter your details once — the portal writes them into every document that uses them, tracks every field that still needs you, and hands back a finished, fully editable library.

STEP 3 - SIGN & FILL

4 fields still need completing

Your documents are generated but still have blanks until these are filled: Postcode, Mobile number, Address line 1, Address line 2. Complete them once and every document that uses them updates.

[Fill now](#) [Complete setup](#)

Welcome back, Thomas 🙌

Your CQC Compliance Suite is 63% complete.
Complete the remaining steps to generate your personalised documents.

63% Complete

Metric	Value	Status
Documents	253	In your package
Profile Complete	100%	All details added
Documents Filled	362	Ready to download
Last Login	Today	9 Aug 2026, 10:04

Progress Bar:

- Step 1:** Set up Organisation (Complete)
- Step 2:** Add Logo & Branding (Complete)
- Step 3:** Sign & Fill Documents (In Progress)
- Step 4:** Download Library (Pending)

Ready to Personalise

253 Documents Waiting

[Start Personalising →](#)

Fill in your details and generate your personalised documents.

Your whole compliance suite at a glance — 253 documents, a clear path from setup to download, and only the handful of details that still need you.

WHAT IT DOES FOR YOU

Set up once, filled everywhere. Your legal name, registered address, CQC IDs, contact details, logo and every named lead — Responsible Person, Clinical Lead, Safeguarding Lead, Registered Manager, Nominated Individual, Director — entered a single time and flowed into all 253 documents automatically.

Organisation Setup

Complete your details once — we use them to personalise every document.

01 Organisation Details

02 Leadership and Governance

03 Service Types

04 Safeguarding

05 Information Governance

06 Complaints

07 Clinical and Operational Leads

08 Emergency and Escalation

09 Document Control

10 Branding and Logo

11 Review and Confirmation

STEP 1 OF 11

Organisation Details

Core identity of your organisation. This appears on every document.

Legal organisation name *

pre hosp classroom

Trading name (if different)

Na

Company number

123455

Charity number (if applicable)

Na

CQC provider ID

455645333

CQC location ID

northwest

Registered address *

Address line 1

Address line 2

Used where a document asks for the first address line on its own.

Postcode

e.g. M1 2AB

Correspondence address

Eleven guided steps, one time. Everything after this happens by itself.

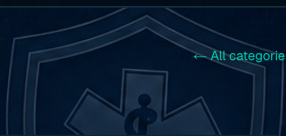
Nothing gets missed, because nothing is hidden. Every placeholder in every document is found and tracked. You always know exactly how many fields stand between you and a finished pack — and downloads never, ever show a stray marker.

Complete the whole document, not just the header. Service descriptions, objectives, mission statements, the content that makes a document genuinely yours — all fillable in the portal. Fixed choices like Yes/No, Red/Amber/Green and Pass/Fail/N/A are dropdowns, so there is nothing to mistype.

Watch it fill in as you type. A live preview of the real document sits beside the form and updates instantly, each field turning green as you complete it. No guesswork about where a detail lands or how it reads.

01 Company Setup & Registration

Pick a document to fill in. Details you enter are remembered for the other documents.



DOCUMENT	PROGRESS
Business Plan	70 fields needed in Downloads Fill in
Company Contact Directory	24 fields needed in Downloads Fill in
Company Handbook	2 fields needed in Downloads Fill in
Emergency Contact Directory	32 fields needed in Downloads Fill in
Operational Plan	55 fields needed in Downloads Fill in
Organisation Chart Template	13 fields needed in Downloads Fill in
Service Development Plan	6 fields needed in Downloads Fill in
Service User Guide	3 fields needed in Downloads Fill in
Statement of Purpose	21 fields needed in Downloads Fill in

Every document tells you exactly what it still needs — or simply says Ready.

Change one thing, update everything. New Clinical Lead? New address? Change it once and re-generate the entire library. Fifteen months is a long registration window, and details move. Your documents move with them.

Genuinely editable, genuinely yours. Fully editable Word and PDF — not flattened images — organised by category, versioned and stored securely in your account. Add your own existing documents alongside them so the whole library lives in one place. Package updates are included, so when the master library improves, yours does too.

My Documents

Follow the steps to personalise your policy pack, then download it. Jump to any step at any time.

1 **Fill in your documents**
166/1902 fields completed

2 **Review your documents** OPTIONAL
Preview, edit or upload — optional

3 **Download your package**
200 documents ready

Complete the details each category of documents needs. Anything you enter is reused everywhere it appears, so you only type it once.

01 Company Setup & Registration
20/208 filled

Continue

9 documents · 208 fields to complete

02 Governance, Quality & Clinical Audit
21/347 filled

Continue

34 documents · 347 fields to complete

03 Policies
19/209 filled

Continue

61 documents · 209 fields to complete

04 Standard Operating Procedures
17/153 filled

Continue

29 documents · 153 fields to complete

05 Medicines Management
17/114 filled

Continue

27 documents · 114 fields to complete

06 Risk Assessments
15/122 filled

Continue

23 documents · 122 fields to complete

Fill, review, download. A complete, organised, inspection-ready package.

BUILT FOR EXACTLY THE PROBLEMS IN THIS GUIDE

WHAT THIS GUIDE WARNS ABOUT

HOW THE PORTAL ANSWERS IT

One missed
placeholder
undermines the
submission

Every placeholder tracked; downloads always come out clean

Documents must
reflect what you
actually do

Document-specific content completed by you, in your words

Details change across
a 15-month window

Change once, re-generate everything

Assessors expect a
complete, organised
set

Categorised, tracked, and demonstrably complete

Version control and
review dates

Every document versioned and stored

WHAT YOU GET

253 professional documents across 10 categories — Company Setup & Registration; Governance, Quality & Clinical Audit; Policies; Standard Operating Procedures; Medicines Management; Risk Assessments; Forms, Checklists & Logs; Registers & Trackers; HR, Training & Recruitment; and Job Descriptions & Role Profiles.

Written for UK independent ambulance and pre-hospital providers. Unlimited downloads. All future updates included. Priority support.

Full CQC Compliance Suite — £499.99

253 documents · 10 categories · personalised to your service · fully editable Word & PDF · unlimited downloads · all updates included · priority support

Get CQC-ready faster — portal.theprehospitalclassroom.co.uk

Smaller starter tiers are available if you need a more focused set.

It will not sit in your governance meeting for you. It will make certain you never walk into one carrying a document that still says **INSERT COMPANY NAME** — and it gives you back the three weeks you were about to spend on find-and-replace, at a point when 1 March 2027 leaves you less time than it appears.

11. Priorities — the next 90 days

DAYS 1–30 (AUGUST–SEPTEMBER 2026)

1. **Complete a written scope determination.** Every service line, every venue type. Record the reasoning, including out-of-scope conclusions.
2. **Audit your PGDs and protocols.** Any arrangement letting non-clinicians deliver care under a clinician's authority almost certainly creates a regulated activity.
3. **Name your Registered Manager and Nominated Individual.** If neither exists, this is your critical path — everything else waits.
4. **Check CQC's website for the final guidance,** and specifically for the application email address.
5. **Register with the ICO** if you have not already.
6. **Diarise 1 March 2027** as your submission deadline and work backwards.

DAYS 31–60 (SEPTEMBER–OCTOBER 2026)

1. **Gap-assess your documentation** against the fundamental standards, in event context.
2. **Build or rebuild the core three** — safeguarding, medicines, IPC — to match what you actually do.
3. **Stand up the competency register.** Verify every clinician's registration and record the date and evidence.
4. **Draft the event medical plan template** and use it on a live event.
5. **Prepare the financial viability statement** and confirm insurance covers regulated activity.

DAYS 61–90 (OCTOBER–NOVEMBER 2026)

1. **Complete the policy suite** and take it through a formal approval meeting. Minute it.
 2. **Hold your first clinical governance meeting.** Evidence of a functioning governance rhythm carries disproportionate weight.
 3. **Rehearse the Registered Manager interview** with someone who will push back.
 4. **Run an internal completeness review** of the whole application.
 5. **Submit** — targeting well before 1 March 2027, not on it.
-

12. Hints, tips and common failure modes

Apply early, not on the deadline. The 1 March 2027 commitment applies to applications that are complete at the point of submission. An incomplete application sent on 28 February buys you nothing.

Personalise every document — an unadapted pack is what fails. The problem is never that a provider started from a professionally written template library; that is sensible, and rebuilding 250 documents from a blank page is neither realistic nor better. The problem is submitting documents that still carry generic wording, or a stray **INSERT COMPANY NAME**, because the personalisation was done by hand across hundreds of files and something was missed. Whatever you start from, make sure every document names your organisation, your leads and your actual operating model — and delete what does not apply, because carrying a policy for a service you do not provide invites a question you cannot answer. Section 10 covers a way to do this that does not rely on manual find-and-replace.

Write for the assessor, not for the shelf. Every document should be answerable in an interview by the person named in it.

Do not let the tent become an excuse. "It's a field" is not a defence against dignity, IPC or record-keeping requirements. It is the problem you are being asked to solve.

Get your scope right the first time. Registering for transport and triage but not TDDI leaves you unable to treat. Check your existing certificate line by line.

Beware the volunteer assumption. Charitable or volunteer status does not remove the requirement where the organisation oversees delivery of the regulated activity.

Nominate a deputy. Registered Manager absence at a critical moment stalls applications and, later, operations.

Keep your out-of-scope reasoning. If you conclude part of your service is first aid only, the written reasoning is your evidence if challenged.

Expect the client-side question. Event organisers, venues and SAGs will start asking for registration evidence long before December 2027. A registration in progress with a submission date is a far better answer than nothing.

Watch the commercial window. Providers registered early will be able to say so during 2027 contracting. Those still waiting will be competing against that.

13. For event organisers, venues and Safety Advisory Groups

Sector interpretation throughout this section.

From 6 December 2027, engaging an unregistered provider for TDDI is not a procurement preference — it is a criminal breach by the provider, with knock-on consequences for insurance validity and premises licensing.

QUESTIONS TO ASK ANY MEDICAL PROVIDER NOW

1. Have you determined that your service constitutes TDDI? Show me the reasoning.
2. Are you registered with CQC for **Treatment of Disease, Disorder or Injury** specifically? Show me the certificate.
3. If not yet registered, when did or will you submit, and is it before 1 March 2027?
4. Who is your Registered Manager, and will they have oversight of the clinical team on my site?
5. How do you assure the competence and professional registration of every clinician you deploy to me?
6. Does your insurance cover the regulated activity?

CONTRACTING

Build registration warranties into medical provision contracts now, with a requirement to notify you of any change in registration status. For events falling after December 2027, make registration a condition precedent.

ALIGNMENT WITH EXISTING FRAMEWORKS

Sector interpretation. The Sports Grounds Safety Authority is understood to be aligning Green Guide expectations with the CQC change, and match-day medical plans may be treated as non-compliant by local authorities where the provider cannot evidence registration. Purple Guide methodology remains the basis for event medical risk assessment; CQC registration sits alongside it, not instead of it.

14. Open questions

Pending. These are genuinely unsettled. Any guide claiming a definitive answer is guessing.

- **The final CQC guidance.** Not published at the time of writing. It should settle the application route, location treatment for temporary operations, and detailed scope examples.
 - **The application email address.** Not yet published.
 - **First aid delivered by healthcare professionals.** Flagged in Parliament as unclear. Not definitively resolved.
 - **The Event Healthcare Standard.** Referenced across the sector as forthcoming. Not published.
 - **CQC capacity.** Concerns were raised in the Lords about the volume of new applications, particularly from small events, grassroots sport and volunteer medics.
 - **Small and grassroots events.** How proportionately the requirements will apply is not fully settled.
 - **Fees.** Registration fees for this cohort should be confirmed in the final guidance.
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15. Sources

Primary sources, which you should check directly before acting:

- CQC — Supporting guidance: Delivering Treatment of disease, disorder or injury at sporting or cultural events (draft interim guidance, consulted on to 19 June 2026)
- CQC — Guidance on registering for TDDI at sporting and cultural events
- CQC — Scope of registration and Treatment of disease, disorder or injury, including the glossary defining listed healthcare professionals
- CQC — Extension of CQC regulation of health care provision at sporting and cultural events: equality impact assessment
- The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2026, laid 26 February 2026
- Hansard — Delegated Legislation Committee debate, 15 April 2026
- House of Lords Secondary Legislation Scrutiny Committee, Fifty-Fourth Report

Sector commentary drawn on for interpretation, and clearly labelled as such in the text: Hempsons; 8fold Governance; Spark Medical; First Option; MET Medical.

Important. This guide is an interpretation of published information, prepared on 9 August 2026, at a point when CQC's final guidance has not been issued. It is not legal advice and does not guarantee a registration outcome. Regulatory positions change — verify against CQC's published guidance before submitting an application or making a contractual commitment, and take professional advice on your specific circumstances.