



Collaboration and Collegiality – a new approach to Accreditation and a common goal

Debbie Paltridge (Senior Project Officer PMcq)

Debra Le Bhers (CEO PMcq)

Outline



1. Current Accreditation Issues
2. PMCQ Accreditation Project
 - a. Background
 - b. Methodology
 - c. New System
3. Implementation Progress
4. Future Plans

“Going through Accreditation is like going to the dentist. You know it is good for you but it is painful while you are going through it.”

Why is this the case?

Can we change this perception?

Current Issues in QLD



1. Increasing Intern Numbers

- a. 2008 - 412
- b. 2009 - 551
- c. 2010 - 644

2. Accreditation System which had not been recently reviewed

- a. Lack of clarity and transparency of standards
- b. Need for documentation of policies and processes

Current Issues in QLD



3. Availability and number of trained surveyors
4. Organisational uncertainty regarding ongoing funding
5. PGY1 vs PGY2 Accreditation
6. National Initiatives

PMCQ Project Background



- 2005 noted obvious need for review
- MBQ granted 18 month moratorium; QH funding
- Commenced with an extensive literature review
- Requests for New Unit reviews hindered progress
- June 2007 Project Officer appointed

PMCQ Project Methodology



- Project plan with goals and timelines approved by Accreditation Committee
- Underpinning commitment to extensive stakeholder engagement for development of new system
 - Communication strategy – project updates
 - Project Advisory Group established

PMCQ Project Methodology



- Workshops
 - Standards Working Group
 - Pre Pilot Endorsement Workshop
 - Surveyor Training Workshop
- Successful piloting at three sites in May 08
- Revisions as a result of pilot evaluation results

Components of the System



Principles

Cycle

Policies

Functions & Standards

Processes

Rating Scale

Procedures

Evaluation

Training & Support

Principles



1. Quality Improvement approach
2. Rigorous, transparent processes
3. Legal process e.g. Consistent with MBQ Act and Regulation
4. Separation of accreditation of governance and work-based units
5. Founded on Standards
6. Monitored by a Committee

Slide 10

DLB1

Deb, I am npt sure that this is a good summary. I did it very quickly. Coul dyou check it pls?

Deb Le Bhers, 1/11/2008

Policies



1. Accreditation Policy
2. Appeals Policy
3. Conflict of Interest
4. Surveyor Policy
5. Supervision Policy
6. Status Policy

Processes



- Full Review / New Unit / Modified Unit / Periodic Review
- Accreditation Evaluation Process
- Notification of Potential Impact to Accreditation Status Process
- Change of Status Process
- Report Writing Process
- Appeals Process
- Surveyor and Team Coordinator Selection Processes
- Notification of Potential Impact to Accreditation Status

Accreditation Cycle



- 4 year cycle
- Focus is maintenance and improvements of Intern Education and Training Program
 - Self Assessment
 - Survey
 - Quality Action Plan
 - Periodic Survey
 - Quality Action Plan

Types of Surveys



- Full Survey
- New Unit Survey
- GP Survey
- Rural Hospital Survey
- Modified Unit Survey
- Periodic Survey
- New Facility

Assessing Compliance



Function - Broad themes allowing logical grouping of Standards

Standard - A statement outlining the specifications, processes or procedures required

Criterion - A component of a Standard that can be objectively assessed

Evidence - Data that supports a Facility's self assessment

Guidelines - Statements that outline suggested actions to assist Facilities in achieving the Standards

Example F1/S4 = Governance/Term Evaluation



- Criterion: Ensure that the term evaluation results are reviewed by the committee overseeing the IETP and are used to quality improve the terms
- Evidence: Copy of evaluation results, list of improvements made, process for distribution to units, copies of minutes relating to discussion of these results.
- Guideline: A copy of the process for providing the evaluation data to the term supervisor should be provided. This process should indicate how data is presented to the term supervisors. It is expected that this process would occur annually. Information regarding changes that have occurred within specific units as a result of the evaluation should be provided including a copy of minutes of the committee overseeing the IETP indicating review of term evaluations and recommendations made.

Rating Scales



- Variation across the country in Accreditation Rating Scales
- Decision to base the new Rating Scales on the ACHS system due to:
 - Objectivity
 - Familiarity
 - Consistency

Rating Scales



- 1. Low Achievement** – awareness and knowledge of the Standards but only fundamental systems in place
- 2. Some Achievement** – implemented systems but little or no monitoring of outcomes against Standards
- 3. Moderate Achievement** – collection of outcome data from systems designed to implement Standards, and evidence of improvements to systems

Rating Scales



4. **Extensive Achievement** – evidence of innovation and implementation of best practice including sharing of practice at a state or national level

5. **Outstanding Achievement** – considered leaders in the field relevant to the Criterion being assessed. There is evidence of benchmarking and comparing systems internally and/or externally.

Risk Assessment



- All Standards and Criteria are mandatory
- Survey Teams identify if immediate rectification (supervision; rostering; assessment) required or be allowed 60 days to rectify
- Risk is identified by undertaking a risk analysis using the likelihood versus consequences matrix adapted from ACHS EQUIP 2002

Surveyors



- Team Coordinator and Sub Team Leader
- Surveyor Selection Process – wide stakeholder group
- Surveyor Training Process and Surveyor Currency
- 360 degree Evaluation of Surveyors
- Surveyor Code of Conduct

Support Systems



- Glossary of Terminology
- Surveyor Handbooks
- Outcome Indicators for Surveyors
- Facility Handbook
- Guidelines for Facilities setting up a visit
- Electronic Forms for Self Assessment
- Position papers

Implementation Progress



- Commenced August 2008
- Two Surveyor Training Workshops
- Medical Education Unit Information Day
- Presentation to MBQ
- Transition period until 2010
 - Adjustments during transition period

Implementation Progress



- August – November 2008
- Full Surveys
 - RBWH – 4 days
 - Cairns
 - Fraser Coast
 - QEII
 - Wesley Private Hospital
 - Caboolture
- New Units
 - Logan
 - Gold Coast
 - Townsville

Future Plans

- Review of documentation to improve clarity
 - Feedback from Facilities and Surveyors
- IT solution
 - Reduce paperwork
 - Streamline process and improve timelines
- Review process for provision of evidence
 - Evidence 'Folders'

Future Plans



- Ongoing Surveyor recruitment and training
- Timetabling of surveys
 - Advanced consideration of future needs
- Expand scope e.g. beyond PGY1s

Challenges



- Funding and resourcing to revise and maintain requirements of this new system, develop an IT solution and implement
- Meeting QH MWAC , QH Facilities' and private Facilities' needs to employ increasing numbers of graduates through a collaborative approach
- Having all Facilities recognise the limits of PMcq capacity
- Broader concept of appropriate training posts e.g. Community
- Consideration of National initiatives within PMcq system

“Being involved in Accreditation is like participating in a productive team. Everyone knows their roles and they work together to achieve a common goal.”

Contact Details



Debbie Paltridge

Senior Project Officer
PMcq

d.paltridge@pmcq.com.au

07 3350 5604

Debra Le Bhers

CEO PMcq

d.lebhers@pmcq.com.au

07 3350 5604

www.pmcq.com.au