



ACCREDITATION POLICY

**FOR PRIVATE NOT FOR PROFIT HEALTH TRAINING
INSTITUTIONS**

August 8, 2008

INTRODUCTION

The Mission of the Catholic Health Training Schools is:

To train an optimal range of health care staff of high moral and professional standard for the PNFP and national health care Institutions.

This Mission stands in support of the overall RC Mission in Health:

In Faithfulness to the Mission of Christ, we provide professional and sustainable holistic health services, through partnership, to enable the population to live their life to the full.

In both statements professionalism and quality is put high on the agenda. In Health Care and Education the need to assure quality as patients and students put their trust in us and we have the obligation to honour that trust and protect them from harm.

One of the ways to ensure that quality is persistently and consistently pursued is by installing an accreditation approach and system that stimulates the member institutions to continuously strive towards quality improvement.

In this document the Medical Bureaux present the Accreditation Policy and Approach that is based on the Mission and matches with our desire to always reach for a higher level of quality. At the same time this approach will enable us to express, to our internal and external partners, that, as a group, we voluntarily adhere to strict standards and are willing to be held accountable for these.

Part One of this document will therefore first explain the definitions concerning accreditation, the reasons for installing an accreditation policy and system, review the existing accreditation approaches, and conclude with the approach the Medical Bureaux proposed in April 2008. This approach was then adopted by the Representatives of the PNFP Health Training Institutions. Part two then sets out the details of the accreditation process and means for verification. Lastly the set of criteria voted in by the participants for the accreditation exercise for the first year.

PART ONE BACKGROUND AND DEFINITIONS

DEFINITIONS

The following are the most essential definitions used in accreditation policies / papers.

Accreditation:

The recognition accorded to an institution that meets the standards, or criteria, established by a competent agency, or association, to promote and insure high quality in (in our case) education of health workers. (source wikipedia dictionary)

Credentialing:

This covers the processes used to designate that an individual, programme, institution, or product, have met established standards set by an agent (government or non-governmental) recognised as qualified to carry out the task. (source International Council of Nurses).

Other terms:

In some countries the process of credentialing / accrediting is named licensure / registration / approval / certification / recognition / endorsement. This is far from uniform. For instance in Uganda licensing has some aspects of credentialing as the hospital / health centre / health worker have to apply but the criteria / standards are derived from other documents or parties and the verification is mainly done through the presentation of documents.

Accreditation criteria:

These are criteria / standards / norms that the accrediting body (agency / association) sets and which are used to assess whether the individual, programme, institution, or product merit accreditation. To the public at large they indicate what can be expected from the accredited party.

OBJECTIVES FOR AN ACCREDITATION POLICY AND SYSTEM IN TRAINING HEALTH WORKERS

An accreditation policy and systems is installed and adhered to for the following reasons:

- I. To assure that the training results in health workers that are able to answer to the needs of the population;
- II. To protect the population;

- III. To ensure that quality of training is continuously adjusted and improved in answer to the changing needs and standards;
- IV. To ensure that the institutions providing the training account for the quality of their training and final outcomes.

BENEFITS OF AN ACCREDITATION POLICY AND SYSTEM

1. Benefits to the client

- Assist clients to make informed choices between different institutions;
- Awareness of what type of services and quality of training to expect;
- Reduced burden for developing their own systems to assess quality of training.

2. Benefits to HTI owners, managers, and staff

- Develop effective education practices;
- Improve internal management;
- Provide evidence of transparency and accountability;
- Compare performance with other institutions;
- Serve as a useful marketing tool;
- Create a level playing field between the various providers;
- Improve the process of collaboration with other constituents;
- Serve as tool to obtain change;

3. Benefits to the Government

- The government agencies would be able to collaborate with health training institutions for various activities based on accredited status.
- It could aid in monitoring of the private institutions in a more participatory and collaborative manner thus minimizing corruption.

TYPES OF ACCREDITATION APPROACHES / SYSTEMS

There are two main systems of accreditation. However, there are systems that are mixed as they consist of elements of both systems.

A. External Accreditation Systems

These are set-up by public authorities to ensure that the policies set are adhered to and that public and private institutions are regularised and supervised.

- The standards and norms are set by the authorities / relevant ministry;
- A (semi) independent Accreditation Board (body / agency) is installed to assess / inspect whether each institution adheres to the standards;
- If they do, the board issues an accreditation certificate;
- If they do not they warn the institution and, if no redress is forthcoming withdraw the accreditation;
- This Accreditation Board consists of independent experts and public servants;
- This Accreditation Board proposes new standards to the relevant Ministry when required.

The advantages of external accreditation are that it is uniform, covers all the institutions providing the same services, and the accreditation body is more or less independent. The disadvantages are that it is externally determined, standards are often theoretical and / or based on what national level deems important but not on what is relevant for the reality on the ground. But most importantly adherence is enforced and hardly based on conviction.

In some countries the Accreditation Board includes representatives from the institutions to ensure that the accreditation criteria and assessment methods are realistic and feasible. This approach brings elements of internal accreditation into the external system.

B. Internal Accreditation Approach

This is initiated by a group of likeminded individual professionals, or institutions that wish to strive for continuous quality improvement in their network.

- The representatives of the network / association, set the standards / norms for the annual accreditation;
- They also determine what the process is to be followed to award and to withhold and the accreditation status;
- Their executive body is charged with communicating these to all members and with collecting the annual reports on the adherence;
- Each member reports voluntarily on its progress in accomplishing / adhering to the norms;
- The executive body assesses the reports to verify the accomplishments of - and / or adherence to - the norms, and / or, if so mandated by the members, visits the member institution to verify adherence;
- If the member has accomplished / adhered to the norms, the executive body awards the accreditation certificate.
- If the member has not accomplished / adhered to the norms, the executive body follows the prescribed process of warning, re-application, and non-award, or withdrawal, of the accreditation.

The advantages of the Internal Accreditation Process are that it is a self-regulatory system. The members wish to belong to the same network and wish to be seen to belong to it. They determine their own quality norms and hold each other to these norms. Adherence is thus based on internal conviction and self-motivated. In addition, as the members determine the norms these will be largely based on the priorities and on what is feasible on the ground.

However, these advantages also imply some risks. The members of the network are the key decision makers and they will set the norms at a level that befits the majority. However, these norms might fall far short of what is required or of what the clients, or other stakeholders, expect, and sometimes may even have a right.

Part Two

THE ACCREDITATION POLICY FOR THE PNFP HEALTH TRAINING INSTITUTIONS

During the Technical Workshop of the PNFP Health Training Institutions of April 2008, the participants were introduced to the background and principles of Accreditation. The Executive Secretary of UPMB proposed that the PNFP HTI Network initiate an Internal Accreditation Approach and Policy.

The Board of Governors, Hospital Management Team Members, and Principal Tutors, representing the twenty PNFP HTI, approved the proposal and agreed that the first Accreditation exercise be held at the end of the fiscal year 2008/2009.

The main arguments to decide to initiate a PNFP HTI Internal Accreditation Policy are:

- It follows from the Mission we set ourselves for the PNFP HTI
- We will stand stronger if we voluntarily choose to adhere to standards than wait for others to set these for us;
- We will set the standards ourselves:
 - They will be based on what is needed on the ground and on what we find most important to assure the quality of the professionals we “produce”;
 - We can develop the system gradually and thus gradually improve our quality.

The key elements of the PNFP HTI Accreditation Policy and System

1. All HTI together propose the accreditation criteria, to add for the new year (e.g. a gradual bottom-up approach), annually during the October Technical Workshop.
 - Certain criteria will need to be respected / renewed each year as they are of crucial importance;
 - Others may be related to priorities we identify together for the period which follows.
2. The UPMB Board and UCMB Health Commission, being the advisors to the church / owners of the HTI, and governing bodies, for the Bureaux, is the natural Executive Accreditation Body. Its roles will be:
 - To endorse the annual accreditation criteria;
 - To receive the accreditation report of each HTI at the end of the year
 - Award the accreditation certificates to the HTI who have complied;
 - Decide on measures towards HTI who have not complied.

3. The Medical Bureaux are charged with assisting the HTI, monitoring compliance, and with reporting to the Board / Health Commission:
 - o Based on adherence reports from the HTI
 - o and on other reports plus objective evidence (see means of verification)
4. The HTI report voluntarily on their adherence to the criteria set to their respective Medical Bureau;
5. Provide all other evidence required to assess compliance

Proposed procedure in cases of non-compliance

1. Failure to comply for the first time will lead to a warning to the HTI in question and given the opportunity to rectify the missed standards / criteria and apply again for accreditation;
2. If found compliant the accreditation will be awarded;
3. Failure to comply two years in a row will mean the HTI is warned again and given six months to rectify its status;
4. If in this period no new application is received in which the missed criteria are corrected the HTI will dis-accredited and de-registered as PNFP HTI;
5. This de-registered status implies this HTI loses the right to:
 - o be represented by parent Medical Bureau in advocacy and resource mobilization efforts;
 - o to access scholarships from respective Medical Bureau

Accreditation Criteria for 2008/09

The participants / representatives of the PNFP HTI also voted for three accreditation criteria to be added to the two criteria which had been proposed in October 2007. This means that the criteria for the first year will be as presented on the next page.

**PNFP Health Training Institutions Accreditation Criteria
to Accomplish by the end of the Fiscal Year 2008/09**

Nr	Accreditation Criteria	Means of Verification	Deadline for Submission
1.	The HTI presents an accurate / complete and timely comprehensive financial and activity report annual report to the HTI/hospital Board of Governors and to the Bureaus	Copy of the report received by the parent Medical Bureau signed by the Chairperson of the Board of Governors of the HTI/Hospital	31 August 2009
2.	The HTI accounts of the fiscal year have been externally audited (as chapter of the hospital report, or as separate audit).	Copy of the chapter / or separate external audit report. Or a statement signed by the Chairperson of the BOG that this audit has taken place.	31 August 2009 (copy report 2007/08, e.g. previous year))
3.	The HTI has a Valid Selection Policy.	Copy of the Selection Policy document of the HTI corresponding with the Standard PNFP Policy between 90% and 100% according to the Bureau's comparison to the standard	31 August 2009
4.	The HTI has Valid Rules and Regulations for students	Copy of the Rules and Regulations document of the HTI corresponding with the Standard PNFP R&R between 80% and 100%	31 August 2009
5.	The HTI has a functional school governing committee, which is a standing committee of Board of Governors of the HTI/Hospital.	Statement of the Chairperson of the BOG that the Committee has been appointed and is functional accompanied by the terms of reference of and list of members of the Committee.	31 August 2009