

Quality Assurance Team

Discussion Paper based on the BC government document “ Quality Assurance in the Regulation of Health Professions in BC....” Jan. 18, 2005.

Background

The Health Professional regulatory colleges, in our case the CNPBC, have been delegated the authority by the province of BC to “..serve and protect the public...”

CNPBC is delegated this authority within a framework of quality assurance and accountability. This principle is evident in all aspects of practices, including registration, practice permit renewals, codes of ethics, standards of practice, continuing competency programs, practice visits, incapacity assessments, and inquiry and discipline.

This document will focus on the application of this as it applies to the Quality Assurance Committee of the CNPBC.

An area that appears to apply most strongly for CNPBC is from the PEW Professions Health Commission- task force on Health Care Workforce regulation, which was established in 1989 to provide guidance to health professionals, educational institutions and policy makers.

The commission defined professional competence as “ ..Knowledge, judgment, technical skills and interpersonal skills relevant to professionals throughout their respective careers.

Obligation

CNPBC has created bylaws and continues to evolve policy and procedures to:

- Determine competencies of applicants for entry to practice.
- Obligate registrants to participate in continuing competency programs and remain “current in practice”.
- Authorize practioners to perform certain health services and reserved actions.
- The requirement to be of “good character”.
- Obligate members to possess liability insurance.

Continuous Quality Improvement or Quality Assurance

There has been a shift in emphasis from quality assurance (QA) to “ continuous quality improvement (CQI). QA focuses on ensuring compliance with clearly established standards. CQI addresses compliance with clearly established standards and the development of systems and tools designed to facilitate improved practices.

It is recommended that the CNPBC adopt CQI as the name and focus this (QA) committee.

Culture or Quality

The development of an organization's culture is seen to have an impact on the quality of care.

This can include "shared values (what is important) and beliefs (how things work), culture of reporting and learning from situations or potentially challenging or damaging situations and creating education to keep the organization on the road of continuous improvement.

So the question raise here is how to develop on an on going learning culture and how to best support these cultures more broadly. Fortunately CNPBC has numerous procedures in place and the role of the Quality Assurance team is to enhance this and assist in the evolution.

Continuing Education as a component of Quality Implementation

Numerous challenges have been identified in the development and implementation of quality assurance programs. They are listed in the full report. Current literature seems to suggest that it is largely ineffectual to pursue continuing education requirements without prior competency assessments, coursework to address demonstrated deficiencies, and rigorous testing to ensure desired competencies have been assimilated into practice. Some professions have moved toward objective assessments of practioner competencies at periodic intervals throughout their career.

Periodic reassessment of practioners' competencies has been supplemented by mandatory requirements for continuing education and practice hours.

There is seen to be many challenges with logistical, financial, operational, and other concerns.

Competence Assessment

It has been recommended that the regulatory agency (CNPBC) should adopt a more systematic approach by requiring that each practioner's competence be assessed, interventions be targeted to specific deficiencies, and each caregiver be tested to ensure that the desired competencies have been acquired and incorporated into practice: The Citizen Advocacy Center puts forth that " all health professional boards should move toward requiring licensed health professionals to periodically demonstrate their ability to deliver patient care.. Through direct measures of technical competence, patient assessment, evaluation of patient outcomes, and other evidence-based assessment methods.

Promotion of Continuous Quality Improvement

The HROBC believes that promotion of a quality assurance approach in the coming years should be guided by the following principles:

- Registrants understand and value self-regulation. Health professional regulatory colleges share accountability and responsibility for quality assurance with their registrants.

- Quality assurance is embedded across the continuum of key roles for which health professional colleges are responsible: from entry to practice, to supporting the maintenance of competent practice, through to remediation, and intervening when practice is below expected standards. (The intervention process is addressed via the Inquiry Committee)
- The college is responsible for establishing, monitoring and enforcing standards of education and qualifications for registration; promoting high practice standards and the maintenance of competence: monitoring and enforcing professional ethics; and reducing incompetent, impaired or unethical practice.

- Quality assurance initiatives are more likely to be accepted by the profession and this to succeed when there are collaborative partnerships between health professional regulatory colleges, employers, membership driven associations, educational institutions, and other stakeholders. (What other stakeholders might there be or other areas?)

- Colleges are obligated to continue to provide support to registrants in pursuit of quality assurance, including continuing competence programs. The nature of this support will vary by college, and may include existing continuing competence programs.
- Colleges need to be creative and allocate sufficient resources to their quality assurance endeavors. Continuing competence and related programs need to be manageable, cost effective, efficient, and administratively realistic for colleges and registrants.

- Colleges and membership organizations should continue to collaborate to promote safe, competent and ethical practice. Health professional regulatory colleges must additionally pursue initiatives to prevent or reduce the incidence of poor practice, and intervene when practice is unacceptable. (We have a good history of this once an issue has been identified via a formal complaint.)

- College quality assurance and related programs must ideally be evidence-based, accessible, administratively fair, transparent, and promote public confidence in health professional governance.

Evaluation, areas to address and on going

- As all regulatory bodies, CNPBC should continue to evaluate their quality assurance and continuing competence programs across various dimensions to ensure that these programs remain valid, reliable, feasible and acceptable. Important ongoing questions for Colleges to ask themselves about their quality assurance and continuing competence programs include:

- Is there evidence that they improve professional practice patterns – and that there are improvements for those receiving care?
- Are they easily accessed by registrants.
- Are registrants satisfied – do they judge the programs to be fair and useful?
- Do these programs assist registrants in being able to practice to the full limits of their competence, contingent upon practice settings?
- Do they make the best use of resources?
- Is the public aware of the college's regulatory responsibilities?
- Are the processes transparent?
- Are the patient and public satisfied with the quality of care registrants?

Additional General Discussion Points

- Recommendations and work with BCNA, Schools, Canadian Asc. And other colleges.
- survey and invitation for feedback registrants at agm and newsletters re. CE, Continuous Quality Improvement (CQI)
- Request for input from membership about their suggestions for additions and enhancement CQI - including CE (content – expansion of scope – delivery format – class room – computer base training – dvd and audio training with assessments etc) Request input on their suggestions for measurement and skill certification.
- Patient feedback forms – i.e. customer service survey and suggestions for improvement.
- In house expertise – and ways to optimize them further with compensation.
- Revisit handouts to public in each office indicating the Colleges role for them.
- Examine ways and means to offer objective assessments of practioner competencies at periodic intervals throughout their career
- Review and expansion of CE offerings.
- Can the processes be transparent? And how do we define that?
- These are significant undertakings requiring buy in and commitment from registrants, board, the professional association and government.