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Discussion Paper on the Future of the Conjoint Accreditation Process

par

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INTRODUCTION

A review of the conjoint accreditation process for educational programs in designated health science professions* (formerly called allied medical education programs) was conducted between 1989 and 1991. All stakeholders were surveyed regarding the elements of the existing accreditation process. The review revealed a high rate of satisfaction.

While the review examined the existing accreditation process, it did not address the question of whether the existing process would remain effective, or indeed appropriate, in the next decade.

In June 1991, the Committee on Allied Medical Education (now the Committee on Conjoint Accreditation) established a Task Force to develop mission and philosophy statements for the future of accreditation and to propose changes to the accreditation process. This Discussion Paper is the result of the Task Force's activities to date.

The Task Force has sought answers to the following questions:

> Looking toward the year 2000 and beyond, and from the perspectives of Canadian health care and education:
>
> - What are the factors which will significantly impact the education of health science professionals?
> - What should be the mission, values, philosophy and operating principles of the conjoint accreditation process?
> - What should be the key requirements for an effective conjoint accreditation process?

This Discussion Paper summarizes the Task Force's findings and recommendations relative to these questions.

During the summer and fall of 1992 the paper will be presented to stakeholders in accreditation for review and comment. The Task Force will then prepare final recommendations, and in March 1993, the Committee on Conjoint Accreditation will finalize an implementation plan for a future accreditation process.

* **Designated health science professions**

Cardiovascular Perfusion Technology
Cytotechnology
Diagnostic Ultrasound Technology
Emergency Medical Technology
Medical Laboratory Technology
Nuclear Medicine Technology
Ophthalmic Medical Assisting Technology
Radiation Therapy
Radiography
Respiratory Therapy

WHAT ARE THE FACTORS WHICH WILL SIGNIFICANTLY IMPACT THE EDUCATION OF HEALTH SCIENCE PROFESSIONALS IN THE FUTURE?

Over the past decade, the operation of health science educational programs has become increasingly complex. Administrators seek to maintain the viability of programs in response to constantly changing environmental forces. In the 1990s, probably the only generalization that would produce universal agreement is that change, complexity, and the unexpected will increase.

A major environmental force is fiscal restraint. The economic policies of both the federal and provincial governments impact directly on college and hospital budgets. At the same time, programs become increasingly sophisticated and costly (one factor in this being rising accreditation costs).

Administrators feel the tension between changing provincial government policies, national program accreditation requirements, institutional autonomy, and community interest. Rapid changes and developments in medical sciences require heavy capital outlay, and older program facilities need considerable upgrading to meet current environmental and technological standards. The demands of collective agreements and wage inflation place further pressure on budgets.

Partnerships between educational institutions and clinical affiliates are also changing, in response to fiscal and legal concerns. Hospitals have a primary focus on the provision of health care and therefore are critically reviewing the resources allocated to education. Contracts are becoming increasingly specific, with more costs being borne by the educational institutions.

Educational programs must also consider the relevance of their curricula in the light of the education and training needs of Canada's population as we move toward the 21st century. Should curriculum focus on discipline-specific knowledge and skills, or should it provide a broad base of generic learning with a focus on flexibility and adaptability? Have programs escalated in length and complexity for educational reasons or because of other influences? What are the realistic job-entry-level skills required of graduates? Can we teach students how to think creatively and critically, and provide them with the tools for continued learning?

In the face of these questions and pressures, efficient, effective and responsive program management is critically important, but increasingly difficult to achieve.

Given the complex nature of the issues identified, it is difficult to draw any simple conclusions, or to provide easy answers. However, it is clear that the future direction of health care provision should lead health care education, not vice-versa. What is this direction?

Hospitals are facing hitherto unheard-of financial restrictions. Administrators are forced to look at human resource rationalization and downsizing, while still attempting to provide quality health services.

One implication of this thrust is a possible future trend to generalist practitioners within a health science profession. The challenge to educational institutions is clear. Programs must be broadly based, provide creative and critical thinking, and have a commitment to continuing professional education. Programs need to teach basic principles. The future could require an integration of health care professions.

Another trend in health care provision, this one at the public policy level, is the move toward community-based delivery through home care and out-patient services, both public and private. Again, this has training implications requiring a change from a reliance on technologically-based medicine to more individual, humanistic care-giving.

These trends in health care provision and education will require flexibility in program design and delivery. But running counter to this is the increasing focus on regulation: professional certification and licensing, national and provincial standards and examinations, program and facility accreditation.

The above discussion is not intended to be all inclusive, but to demonstrate the environment in which education and health care must function in the future.

What type of program accreditation process can be effective in such an environment?

WHAT SHOULD BE THE MISSION, VALUES, PHILOSOPHY AND OPERATING PRINCIPLES OF THE FUTURE CONJOINT PROCESS?

The partners in accreditation have accepted the following statements as the basis for a future accreditation process:

MISSION

Conjoint accreditation is a process designed to ensure national standards for educational programs in designated health science professions, thereby contributing to the competency of graduates and the quality of patient care in Canada.

VALUES

Accreditation takes place through a partnership of professionals who value

- high quality patient care
- national standards
- efficiency and cost effectiveness
- accountability to the public
- program self-assessment and self-improvement
- efficient and effective learning and skill development
- innovation in the educational process
- flexibility in achieving desired outcomes

PHILOSOPHY

The accreditation process will

- be conjoint in decision-making, operations and financing
- be national in scope, recognizing regional needs
- assess whether programs adequately prepare graduates consistent with defined competencies for entry into the professions
- complement program self-evaluation and self-improvement
- promote and facilitate the evolution of educational programs in response to changes in clinical practice and in educational methodology

OPERATING PRINCIPLES

The accreditation committees will

- promote the integration of all components of an educational program
- respect the confidentiality of program information
- promote an efficient and cost-effective process
- report and respond to the partners in accreditation
- review and revise the process in response to changes in health care delivery and in education

WHAT SHOULD BE THE KEY REQUIREMENTS FOR AN EFFECTIVE FUTURE CONJOINT ACCREDITATION PROCESS?

The Task Force proposes the following:

- **A BALANCE SHOULD BE ACHIEVED BETWEEN OUTCOMES-BASED AND PROCESS-BASED STANDARDS.**

  Outcomes-based standards will require that general goals and measurable objectives for student education be determined at both national and program levels. Professional associations, conjoint committees and educational programs will need to work together to develop and maintain such goals and objectives. Programs should be competency-based, incorporating theoretical knowledge, clinical skills, communication skills and professional behaviours. The Basis of Accreditation will need to be revised to achieve a balance of outcomes-based standards and process-based standards, with added flexibility in their application.

- **ACCREDITATION DECISIONS SHOULD BE BASED PRIMARILY UPON WHETHER THE PROGRAM HAS DEFINED APPROPRIATE LEARNING OUTCOMES AND WHETHER IT CAN DEMONSTRATE THAT ITS GRADUATES ACHIEVE THESE OUTCOMES.**

  It will be the program's responsibility to document, on an ongoing basis, that graduate performance is consistent with program goals and objectives. A variety of assessment techniques will be required to do this; the accreditation process will, at most, audit samples of the program's data.

- **THE ACCREDITATION PROCESS SHOULD BE BASED ON PROGRAM SELF-EVALUATION.**

  Accreditation will provide a validation or "external audit" of the program's ongoing review/evaluation processes.

- **ACCREDITATION SHOULD SUPPORT EMERGING PROVINCIAL HEALTH-CARE POLICIES, WHILE ENSURING NATIONAL STANDARDS OF EDUCATION.**

  Accreditation authorities will cooperate with provincial regulating agencies as well as national credentialling agencies. The added flexibility of the accreditation process may be of increasing assistance in implementing provincial standards.

- **THE ON-SITE PORTION OF ACCREDITATION SURVEYS SHOULD BE MORE FLEXIBLE.**

  A critical pre-survey examination of the application for accreditation and the program's self-evaluation report will result in a more focussed site visit. Teleconferences, the use of follow-up questionnaires, and a problem identification/resolution approach will result in less surveyor time on-site, fewer clinical sites being visited and a generally more time- and cost-effective survey.

- **ACCREDITATION STATUS SHOULD BE PROGRAM-BASED RATHER THAN SITE-BASED.**

  Accreditation decisions will be based on total program operation and integrity. This will lower costs of documentation preparation and review, increase flexibility and recognize the program's operation from a student-perspective.

- **INTERDISCIPLINARY SURVEYS SHOULD BECOME INCREASINGLY COMMON.**

  Where one institution or group of institutions offer programs in several related disciplines, combined surveys will be used more frequently to maximize efficiency from both institutional and accreditation perspectives.

- **THE COSTS OF CONJOINT COMMITTEE ADMINISTRATION SHOULD BE CRITICALLY ASSESSED, AND MORE EQUITABLY SHARED AMONG PARTNERS.**

  Consistent with the conjoint nature of accreditation, partners will be asked to take part in a critical review of the costs of administering accreditation committees and take on an equitable share.

- **SURVEYOR RECRUITMENT AND TRAINING STRATEGIES SHOULD BE EXPANDED.**

  More emphasis on pre-survey evaluation will decrease the demand for on-site surveyor time, but concomitant issues of surveyor availability and performance must be addressed.

- **CRITERIA FOR THE INCLUSION OF NEW DISCIPLINES IN ACCREDITATION SHOULD BE REVISED.**

  This will necessitate a critical review of existing criteria, and consideration of new criteria to ensure a streamlined and cost-effective approach to accreditation of new disciplines.

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A:Text