

Accreditation Clinical Advisory Group, ACAG, for the IQIPS Scheme

Minutes of meeting held on 19th October 2017 at Aston Conference Centre

Attendees:

Ed Brown - EB	British Academy of Audiology
Georgina Martin - GM	Society of Cardiological Science and Technology
Stephanie Baker - SB	British Society of Echocardiography
Holly Daw - HD	British Heart Rhythm Society
Joanne Hayes - JH	Association of Gastrointestinal Physiologists
James Burge - JB	British Society for Clinical Neurophysiology
Martyn Bucknall -MB	Association of Respiratory Technology & Physiology
Chris Hogg - CH	Ophthalmic and vision science BriSCEV
Vicki Kirwin - VK	National Deaf Children's Society
Andrew Gammie - AG	United Kingdom Continence Society (UKCS)
Adrian Tearle - AT	Association of Neurophysiological Scientists
Alison Charig - AC	Society For Vascular Technology
Laura Booth - LB	UKAS – UKAS Assessment Manager
Ethna Glean - EG	UKAS – UKAS Accreditation Manager
Philip Gomersall - PG	UKAS – Assessment Manager

Apologies received from:

Professor David Welbourn - DW	British Society of Hearing Aid Audiologists
Samantha Batty - SB	Devolved Nations
Tanya Miller - TM	Association of Gastrointestinal Physiologists
Catherine Ross - CR	Society for Cardiological Science and Technology
Martyn Bucknall -MB	Association of Respiratory Technology & Physiology
Andrew Hall - AH	British Sleep Society
Becky MacPhee - BMc	Ophthalmic and vision science
Ian Wright - IW	British Heart Rhythm Society

Interim Chair: Laura Booth

			Actions
1.0	Welcome, declarations of interest and professional body confirmations	<p>No declarations of interest were made.</p> <p>Welcome to Alison Charig representing Vascular Science and Chris Hogg representing Ophthalmic and Vision BriSCEV, with thanks to Holly Daw for representing Ian Wright at this meeting.</p>	All members

		UKAS reported that there were still several members yet to submit their signed letters of authorisation from their professional bodies and template letters to be resent to members for signing and return to UKAS	
2.0	Outstanding actions from previous meeting	<p>The UKAS website does allow searching for accredited bodies by speciality. Browse UKAS accredited organisations -> IQIPS -> select speciality subheadings, a list of accredited services is present.</p> <p>Members continue to alert UKAS to any conferences that may be appropriate for UKAS to attend</p> <p>Action log attached</p>	All members
2a	ICEPPS (Improving Clinical Engineering and Physiological Science Services)	<p>ICEPPS has now been renamed to MPACE (Medical Physics and Clinical Engineering). At the beginning of the year NHS England asked UKAS to develop an accreditation scheme to cover the area of Medical Physics and Clinical Engineering. UKAS has set up a development project and established a Technical Advisory Committee. The TAC has provided advice on the following aspects of the development committee today:</p> <ul style="list-style-type: none"> • Which standard to use as part of the assessment process (BS70000:2016) • Requirement for a development pilot programme covering two technical areas (Radiotherapy physics and Management of Medical Devices). • Technical Criteria for technical assessors. <p>In July, there was an announcement for Trusts to register an interest in being part of a pilot scheme. The outcome of this interest helped to identify the two areas which have been set up at the pilot programme:</p> <p>Radiotherapy Physics:</p> <p>Treatment planning Delivery of treatment and monitoring (physics input) Purchasing and commissioning of equipment (cover validation, generation of radiation profiles) Quality assurance activities on equipment Maintenance, repair and calibration (in-house or managing external providers) IT support/software testing (in-house or managing department/suppliers of service)</p> <p>Management of Devices within EBME:</p> <p>Infusion devices (high volume work) and anesthetic devices (critical devices)</p>	

		<p>Library of medical devices/internal and outpatient</p> <p>Since the announcement there are approximately 12 expressions of interests for both areas. The next steps of the project are to hold a meeting with interested parties in November (17th) with the aim to identify potential organisations who can take part in pilot assessments in 2018. There is still a need to determine costs of the pilot assessments, recruit technical assessors, determine some technical expectation, run some pre-assessment workshops, and identify the pilot trusts if there are too many applicants.</p>	
3.0	Chair Position	<p>There had been no formal applications for the position of chair following the role descriptor. The role was discussed again with the members and the support that UKAS can offer. The role was opened to the members again at the meeting and Alison Charig stated her interest. She was proposed and seconded. It was agreed that AC will take over the role of Chair at the next meeting in 2018.</p>	AC
4.0	UKAS Update report	<p>The group received an update and discussed progress with the three different groups of participants in the IQIPS scheme:</p> <ol style="list-style-type: none"> 1. TLR registrant services 2. Applicant services 3. Accredited services <p>The group noted that 9 customers have been moved back to the TLR from the application stage as they were found to not be ready for formal assessment. Members continue to be pleased with the overall level of participation in IQIPS and their progress with accreditation. Since the last meeting 2 further services have gained accreditation and 1 service has withdrawn from the process. Out of 321 known physiology services there is currently 79% of services participating in the scheme. The question was raised as to whether UKAS has a full list of every service providing physiology activity. It was stated that UKAS will only know those NHS hospitals and that there are many independent providers out there that are unknown and that the figures used within the report are based on known services only.</p> <p>The group were advised that NHS England are strongly backing accreditation and the Genomics project states that all services participating should gain accreditation and this can therefore drive combined assessment approaches and aim to encourage engagement at executive level within organisations.</p> <p>The number of trained peer assessors was discussed and is stated in the report. New assessors are always needed and members were encouraged to promote this within their professional bodies</p>	All Members

		<p>A demonstration of the Web based tool document box was provided to show the functionality of document storage for showing conformity to the standard</p> <p>UKAS discussed when the Annual report on the scheme should be provided and it was decided that this will be developed and sent out every April.</p>	LB
5.0	UKAS Assessments and how professional bodies can assist services	<p>LB showed data related to specific findings at UKAS assessments. This initial basic review identified that there are key areas where Mandatory findings (where services do not show conformity to the standard) are raised. The main standard statements were CL1, CL2, CL4, FR4, PE1, PE5, SA1 and SA5.</p> <p>It was discussed with member whether this information is helpful and if breaking it down further to determine specific criteria may help professional bodies provide guidance to services regarding conformity to the standard and it was agreed that this would be beneficial and will be included in future reports. (graph attached to report)</p>	LB
6.0	Standard revision discussion paper	<p>LB explained that the IQIPS standard is due for review. It was discussed that NHS England favours harmonisation of standards of service delivery for physiology, radiology, genomics.</p> <p>Efficiencies arise as a result of harmonisation – assessments can be shared between services within organisations. There is an increasing focus on diagnosis for improving outcomes to transform healthcare.</p> <p>A driver for accreditation is the genomics project where accreditation is essential to meet the requirements of NHS England. There are 13 genomics centres and partners (approximately 79 Trusts), and it is written into the relevant contracts that all relevant diagnostic services will be accredited within these centres.</p> <p>EG provided some historical context for the current standard which was developed from sibling standard for imaging, based on ISO-15189. EG also described a recent visit to UKAS from a healthcare accreditation specialist in NZ, where ISO-15189 is the standard that is used. Feedback was provided that the IQIPS standard is weakened by lack of prescription in terminology (lack of shall and must statements).</p> <p>EG informed that there is a requirement for a Quality Management System (QMS) in the updated ISAS standard and it is present in 15189. EG gave a brief outline of what QMS is, and a reassertion that it is not a specific piece of software for managing documents.</p>	

		<p>It was suggested that an interpretation of 15189 for physiology services, rather than a new standard / standard re-design, may be preferential. EG and LB explained that a 'wrap-around' process has started in UKAS. Supporting literature resources will need to be reviewed as well as discipline specific information.</p> <p>A question was asked whether it is necessary to review standards and supporting resources for neurophysiology since little has changed in 5 years. UKAS response was that it will still need review, with confirmation from the professional bodies that no significant changes / updates required. Professional bodies will be asked to provide feedback on the move towards 15189. UKAS is working on the wrap-around for physiology services for ISO-15189, which will provide greater information to assist with the final decision</p> <p>Motion raised to transition to ISO-15189 and this was seconded.</p> <p>There was a unanimous decision to transition to ISO-15189, via whichever mechanism is decided upon following review of the discussion paper. The discussion paper attached is to be shared with the professional bodies to determine acceptance of the agreed transition.</p>	<p>UKAS</p> <p>All members</p>
6.1	Ophthalmic & Vision standard development	The standard was discussed in line with the above agreement and will be implemented within the revision.	
7.0	Good practice & Evidencing	<p>How should exemplars be authorised and published – how can UKAS support this?</p> <p>EG reported that this is difficult for UKAS. The accreditation process requires services to meet specific requirements that may or may not represent good practice, which would have to be determined by the professional bodies.</p> <p>It was suggested that a database of examples of evidence for accreditation could be created – this would require monitoring / moderating, via ACAG group members. It was asked whether the ACAG would be willing to perform this role, and whether organisations could be upload specific examples they have used for accreditation.</p> <p>It was stated that the underlying reference materials within the web based tool require revision and updating before any example evidence is reviewed.</p> <p>There was a query as to whether accredited services could take the lead to upload examples against a specific standard statement. It was also discussed whether this could this be</p>	

		<p>'policed' via the professional body website. For example, a triaging process, where a committee looks at examples before being put forward to the UKAS web-based tools / info?</p> <p>It was highlighted that a failing of the SAIT was that supporting information was not maintained up-to-date. Would be important to ensure examples and supporting information within the TLR and web-based tool are maintained - the process needs to be established. It was considered important that a peer-review process is performed on any uploaded examples by relevant peer review body. Some professional bodies are looking to include such options through their own web-sites. UKAS can host, and encourage accredited organisations to contribute. There was encouragement for professional bodies to seek advice from their members about how to approach this.</p> <p>UKAS is keen to encourage services to see the benefits of accreditation and part of this can be information sharing – with potential 'buy-in' through genomics project. It was discussed that the mentality behind why services are doing accreditation may need to change – information sharing may allow services to facilitate the evidencing of quality, rather than arbitrary 'hoop jumping'.</p> <p>A point was raised by EG that it is a recurrent issue with applicants that they are entering directly into TLR without reading the IQIPS standard. Familiarity with the standard should be the starting point of the application process.</p> <p>UKAS representatives outlined that promoting the benefits of accreditation may be a key. Some examples were discussed including the potential Financial benefits (competitive edge / selling the services), reducing the need for CQC involvement, and litigation protection. A question was posed whether it would it be useful for ACAG to put together summary of the business cases put forward as part of IQIPS accreditation planning?</p> <p>Further discussion around these processes will continue at further meetings</p>	All members
8.0	AOB	The group agreed to return to Birmingham for future meetings to be held on Thursdays or Fridays where possible. Refer below dates.	

Date of next meetings:

1st February 2018 Birmingham Jurys Inn



7th June 2018 Birmingham Jurys Inn

18th October 2018 Birmingham Jurys Inn

Appendix

TLR – Traffic Light Ready

UKAS – United Kingdom Accreditation Service

RCP – Royal College of Physicians

CCG – Clinical Commissioning Group

CQC – care Quality Commission

QMS – Quality Management System

Attached documents

Summary IQIPS update report for professional bodies

Discussion paper

Action Log

Findings graph