

# VIEWS & REVIEWS



## PERSONAL VIEW

# Professional bodies should provide accreditation of healthcare services to improve patient safety

Bodies such as the UK royal colleges and related professional organisations should develop systems for peer review of clinical services to drive up quality, says **Narinder Kapur**

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“We tend to default too quickly to top-down rather than peer review as the best way of improving standards,” the health secretary, Jeremy Hunt, is reported as saying of the NHS.<sup>1</sup>

Accreditation is a well established form of external peer review that takes place in education. In healthcare, however, it is patchy, and some clinical services have none. Although accreditation is not a panacea for failings in healthcare and is only one part of the jigsaw that makes up the pursuit of clinical excellence and patient safety,<sup>2,3</sup> it can help substantially in reducing medical errors<sup>4</sup>; in one study the improvement was found to be around a 50% reduction in medical administration errors.<sup>5</sup>

Accreditation may help to raise standards by highlighting trusts that have poor staffing levels, allow poor practice, or fail to follow professional guidelines. Patients benefit from confidence that the services they are using have accreditation, and they can make informed choices if some services have not achieved accreditation. Commissioners of clinical services can also benefit from knowing that the services they fund meet key standards.

Emerging evidence shows the benefits of accreditation systems.<sup>6-8</sup> Shaw and colleagues<sup>9</sup> found that accreditation was positively associated with having strong clinical leadership, systems for patient safety, and clinical review. Other evidence has shown that accreditation may help to introduce a mindset and culture of high performance.<sup>10</sup> Accreditation is often considered in terms of hospitals, but it presents opportunities (and challenges) for general practices too.<sup>11</sup>

## Accrediting bodies

In the United States, accreditation by the non-governmental Joint Commission is recognised as a symbol of quality that reflects an organisation’s commitment to meeting specific performance standards, and its international wing accredits clinical services worldwide. Another independent non-profit organisation, the Commission on Accreditation of Rehabilitation Facilities, has developed tools for accrediting rehabilitation services in the US and elsewhere. The Organisation of European

Cancer Institutes has an accreditation programme for cancer services, and UK cancer centres such as the Christie Hospital in Manchester have used the scheme.

In the United Kingdom, the guidelines body the National Institute for Health and Care Excellence has a process to help introduce accreditation schemes. The United Kingdom Accreditation Service is a private body recognised by the government to assess, against internationally agreed standards, organisations that provide certification, testing, inspection, and calibration services. It manages accreditation of services such as clinical pathology and diagnostic imaging.

## Royal colleges

Valori and colleagues<sup>12</sup> have presented a sound case for UK royal colleges and related bodies to be actively engaged in introducing accreditation systems. The Royal College of Physicians already operates four accreditation schemes that deal with gastrointestinal endoscopy, occupational health, physiological diagnostic services, and allergy services. The Royal College of Psychiatrists has an accreditation and rating system for memory clinic services. And the Royal College of General Practitioners has piloted an accreditation scheme that incorporates a “quality practice award.”

Some websites, such as that of Accreditation Canada, provide accreditation resources, and private healthcare organisations provide accreditation services (for example, CHKS—part of Capita, the private outsourcing company). Barriers to accreditation vary with healthcare context and may sometimes be related to attitude, motivation, and leadership rather than desirability or cost.

## CQC inspections

Although the Care Quality Commission (CQC) now has specialists in its inspection teams, this cannot replace dedicated systems for accreditation led by a professional body. If the CQC

inspects a clinical service in depth, it may often have only one expert in the specialty in question; and, on any particular hospital visit, it has only the time and resources to inspect a few selected services.

The CQC's inspection of a service would generally not have the same depth or degree of peer scrutiny as accreditation, which would always have clear standards and requirements to be met. Accreditation would not make the CQC redundant, because it investigates and reports on a wide range of measures, and services such as pathology, which have a long history of accreditation, have not seen their accreditation system diminished after the introduction of hospital inspections by the CQC.

## Accreditation takes resources

Accreditation demands time and resources, such as staff to carry out the accreditation, travel costs, and administrative support. Recently retired senior NHS and clinical-academic staff may form a ready panel of experts. Systems must be in place to monitor the implementation of any improvements recommended after an accreditation process, and such systems may have costs associated. However, the bulk of costs are associated with achieving the standards required to meet accreditation, especially if a service is seriously lacking.

"The creation of a caring culture would be greatly assisted if all those involved in the provision of healthcare are prepared to learn lessons from others and to offer up their own practices for peer review," noted Robert Francis QC in the executive summary of his report on Mid-Staffordshire Hospitals NHS Foundation Trust.<sup>13</sup> Professional bodies are in a unique position to play a part in creating this caring culture by putting accreditation schemes in place now.

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- 1 Health Service Journal. 27 May 2015; p4.
- 2 Kapur N. On the pursuit of clinical excellence. *Clin Gov: Int J* 2009;14:24-37. [www.ajustnhs.com/wp-content/uploads/2012/06/excell-journal-nk-final-09.pdf](http://www.ajustnhs.com/wp-content/uploads/2012/06/excell-journal-nk-final-09.pdf).
- 3 Kapur N. Mid-Staffordshire Hospital and the Francis Report. *Psychologist* 2014;27:16-20. [www.ajustnhs.com/wp-content/uploads/2012/05/Mid-Staffs-Francis-article-The-Psychologist-20141.pdf](http://www.ajustnhs.com/wp-content/uploads/2012/05/Mid-Staffs-Francis-article-The-Psychologist-20141.pdf).
- 4 O'Leary D. Accreditation's role in reducing medical errors. *BMJ* 2000;320:727-8.
- 5 Wang H, Jin J, Feng X, et al. Quality improvements in decreasing medication administration errors made by nursing staff in an academic medical centre hospital: a trend analysis during the journey to Joint Commission International accreditation and in the post-accreditation era. *Ther Clin Risk Manag* 2015;11:393-406.
- 6 Evans RL, Elwyn G, Edwards A. Review of instruments for peer assessment of physicians. *BMJ* 2004;328:1240-3.
- 7 Greenfield D, Braithwaite J. Developing the evidence base for accreditation of healthcare organizations: a call for transparency and innovation. *Qual Saf Health Care* 2009;18:162.
- 8 Peter T, Rotz P, Blair D, et al. Impact of laboratory accreditation on patient care and the health system. *Am J Clin Path* 2010;134:550-5.
- 9 Shaw C, Groene O, Botje, et al. The effect of certification and accreditation on quality management in 4 clinical services in 73 European hospitals. *Int J Qual Health Care* 2014;26:100-7.
- 10 Greenfield D, Kellner A, Townsend K, et al. Health service accreditation reinforces a mindset of high performance human resource management: lessons from an Australian study. *Int J Qual Health Care* 2014;26:372-7.
- 11 Buetow S, Wellingham J. Accreditation of general practices: challenges and lessons. *Qual Saf Health Care* 2003;12:129-35.
- 12 Valori R, Rogers C, Johnston D, et al. Developing a strategy for accreditation of clinical services. *Clin Med* 2013;13:538-42.
- 13 Francis R. Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry: executive summary. 2013. [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279124/0947.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279124/0947.pdf).

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