

Criteria to assess suitability of accreditation schemes to contribute data to CQC's new style inspections in Wave 2 pilots and beyond:
Amended following feedback from consultation and including indicators/evidence that criteria are met

Completed: 20 December 2013 **Published:** 1 March 2014

At the discretion of the CQC, these criteria might be applied to schemes that undertake peer assessment of clinical services that do not result in a decision about accreditation status.

	Criterion	Indicators/evidence of compliance
1.	The accreditation scheme is professionally led.	
1.1	The scheme involves and is supported by those professional associations whose members contribute to the work of the clinical service being accredited.	<ul style="list-style-type: none"> A list of associations involved in the scheme, a description of the nature of their involvement and a current, written statement by these associations that they recognise and endorse the scheme.
1.2	The accreditation process includes peer assessment by a team that is independent of the service being accredited.	<ul style="list-style-type: none"> See 3.1 and 6.1
2.	Lay people who are 'experts by experience' are stakeholders in the scheme. <i>(Lay people include patients/service users who have received care from and carers of people who have received care from the type of clinical service being accredited.)</i>	
2.1	Lay people who are 'experts by experience' are full members of governance groups or the scheme has committed to achieve this by April 30th 2014. <i>(New schemes will be required to demonstrate that patients/service users and carers are involved from the outset ie. have influenced the design and development of the scheme.)</i>	<ul style="list-style-type: none"> List of membership of governance groups with indication of affiliation/role of each member.
2.2	Lay people who are 'experts by experience' participate as full members of peer assessment teams or the scheme has committed to achieve this by September 30th 2014.	<ul style="list-style-type: none"> List of membership of the 10 most recent peer assessment teams.

3.	The accreditation scheme is operated to ensure that the accreditation body and its assessors are impartial and independent of the service being accredited.	<ul style="list-style-type: none"> • Written policy and procedure that ensure impartiality and independence.
3.1	There is an effective mechanism for avoiding conflicts of interest when peer assessors are selected to undertake a review of a clinical service.	<ul style="list-style-type: none"> • Written policy and procedure to avoid conflicts.
4.	Standards and other performance measures¹ are drawn from the best available evidence.	
4.1	Standards and other performance measures used to assess clinical services are based on NICE guidance, guidelines developed by professional associations, current research evidence and/or recommendations from WHO and take full account of current legislation relating to quality and safety used by CQC to regulate providers.	<ul style="list-style-type: none"> • Provision of the set of standards used to assess clinical services with each standard referenced to its source. • List of sources that have been considered when the standards were developed.
4.2	When no other source is available, standards and other performance measures used to assess a clinical service are based on the systematically-obtained consensus views of professionals and take account of the views of patients/service users.	<ul style="list-style-type: none"> • Provision of set of standards with each standard referenced to its source.
5.	There is a clearly defined and transparent system for assessing performance on each standard.	<ul style="list-style-type: none"> • Worksheets/prompts used during assessments to guide peer assessors.
6.	Peer assessment teams are multi-professional and peer assessors are trained and are competent.	
6.1	Peer assessment teams provide a balance of skills and experience and match the needs and characteristics of the clinical service being accredited.	<ul style="list-style-type: none"> • List of membership (by role/professional group) of the 10 most recent peer assessment teams.
6.2	Peer assessors are selected and appointed through a transparent process, provided with training, evaluated for their competence and supported to deliver assessments effectively.	<ul style="list-style-type: none"> • Documentation of approach to recruitment (with a specification of the clinical competence and personal attributes required), training, evaluation and monitoring of peer assessors.

¹ Other performance measures include quality indicators (eg. waiting times, complication rates etc), patient outcome measures, patient/service user satisfaction scales and staff survey questionnaires

7.	The information derived from assessments is relevant to the CQC inspection process.	
7.1	The focus of the accreditation scheme is a clinical service that falls within the scope of CQC regulation.	<ul style="list-style-type: none"> • A description of the nature and scope of the clinical service that is the focus of accreditation – with a clear statement of what is included and what is not included.
7.2	An index has been created that shows clearly how accreditation standards and other performance measures map to the CQC domains of safe, effective, caring, responsive and well-led.	<ul style="list-style-type: none"> • Provision of the index.
7.3	The level of performance by a clinical service required to achieve accreditation is set above the level required for registration by the CQC and is equivalent to a level of performance that would be considered at least good by a CQC inspection team.	<ul style="list-style-type: none"> • This is not measurable at present.
7.4	The information derived from assessments is 'current' ie. the interval between assessments is sufficiently short to reflect the performance of the clinical service at the time of a CQC inspection or to inform key lines of enquiry.	<ul style="list-style-type: none"> • List of participating services showing accreditation status, date of last assessment and date of last interim data return (if applicable).
7.5	Those making decisions about accreditation status are fully aware of any limitations on the results of performance assessment due to, for example, sample size, response bias and reliability of measurement and these limitations are stated when the results of assessment are communicated.	<ul style="list-style-type: none"> • Provision of a definition of the minimum requirement to achieve accreditation. • The provision of references to published or unpublished reports of any testing of the psychometric properties of performance assessment measures (or a statement that no such testing has been done). • When applicable, results of each performance assessment state: <ol style="list-style-type: none"> i. the method of sampling, ii. sample size (when applicable), iii. the response rate, iv. confidence intervals

8.	A sufficient number of services participate in the scheme for CQC to use the results.	<ul style="list-style-type: none"> • This is a judgement for the CQC to make.
8.1	A sufficiently high proportion of clinical services participate to: <ul style="list-style-type: none"> • make non-accredited/non-participating services worthy of closer scrutiny; 	<ul style="list-style-type: none"> • Provision of list of both participating and non-participating services with a statement of their accreditation status. <p><i>(If those managing the scheme do not know the identity of all services that do not participate in the scheme, they should provide an estimate of the total number of services in England that are eligible to participate in the scheme).</i></p>
8.2	Clinical services managed by independent sector providers participate in the scheme.	<ul style="list-style-type: none"> • Provision of list of both participating and non-participating services <i>(or, if the identity of non-participating services is not known, an estimate of the total number of services in England that are eligible to participate in the scheme).</i>
9.	Schemes have written agreements with participating services that permit the results of assessments to be shared with the CQC.	<ul style="list-style-type: none"> • Provision of a copy of the agreement signed by participating services that indicates that the information requested by the CQC can be given to the CQC.