

# Accreditation Programs Strategic Plan 2023-2026

## Overview

### Accreditation programs mission, values and vision:

The mission and values of the College and are the foundation for the accreditation programs.

Our **mission**: Serving the public by regulating physicians and surgeons.

Our **values**: The accreditation programs understand that its integrity as an accreditation body is based on ensuring that its delivery of services and accreditation decisions are consistent with the College values of being transparent, objective, impartial and fair.

For the accreditation programs:

Our **vision**: Quality health care together.

This document outlines the accreditation programs'—Non-Hospital Medical Surgical Facility Accreditation Program (NHMSFAP) and Diagnostic Accreditation Program (DAP)—strategic plan for 2023-2026. This version is the most recent in a series of three-year rolling plans that guide the work of the programs and reflect the College's strategic plan.

This plan is guided by, and designed to support, the College of Physicians and Surgeons of BC's (the College) strategic plan (2021-2024). That plan identifies the core regulatory functions (of which the accreditation programs is one), strategic themes, and organizational perspectives that together constitute the College's strategic house:



The College’s strategic house is reflected in the accreditation programs plan in several ways. First, objectives are taken directly from the College’s strategic plan, or are linked to one of the College’s four strategic themes: continuous quality improvement, cultural safety and humility, regulatory innovation, and stakeholder engagement. Second, the strategies that fall under the objectives are linked to one or more organizational perspectives: public and registrants, financial stewardship, internal processes, and organizational capacity. The table below provides an overview of how the strategies here align with the College’s strategic house.

The status of the strategies for each objective is reported as follows:

Status	Description
New	The item is a new addition to the plan
In progress	The item is in progress and carries over unchanged from the previous plans
Updated	The item has been revised for the plan
Completed	The item has been completed

**Objective 1:** The accreditation programs are recognized for meeting international standards for accreditation bodies.

**Related strategic theme:** **Continuous quality improvement:** The College is committed to assessing and reflecting on its regulatory work with a focus on continuous improvement in its processes with measurable outcomes.

**Strategies and related organizational perspectives:**

Status	Strategies	Related organizational perspective(s)
Completed	(DAP - laboratory) Complete any nonconformances to the peer-evaluation of the ISO/IEC 17011 standards for the purpose of becoming a signatory to the Asia Pacific Accreditation Cooperative (APAC) Mutual Recognition Arrangement (MRA).	Internal processes
Completed	(DAP - laboratory) DAP lab standards - embed changes to reflect ISO requirements as updates are implemented.	Internal processes
New	(DAP - laboratory) APAC: <ul style="list-style-type: none"> <li>• Build the standards within new accreditation software to allow for the separation of ISO 15189 standards from the DAP-specific standards, as noted on in the 2022 APAC assessment</li> <li>• Successfully complete APAC assessment (2025)</li> </ul>	Internal processes

Status	Strategies	Related organizational perspective(s)
In progress	<p>Submit all International Society for Quality in Healthcare (ISQua) External Evaluation Association (IEEA) required reports as follows:</p> <ul style="list-style-type: none"> <li>• DAP standards accreditation 2022 (DI, LM) - <b>completed</b></li> <li>• DAP organizational accreditation 2023 - <b>in progress</b></li> <li>• DAP standards accreditation (community neurodiagnostics, neurodiagnostics, polysomnography, HSAT, pulmonary function)</li> <li>• AP Assessor training program to be submitted for ISQua accreditation - <b>in progress</b></li> </ul>	Internal processes
Updated	<p>NHMSFAP achieve IEEA accreditation for organization and program standards, starting first with core standards and then proceeding to specialty standards.</p> <ul style="list-style-type: none"> <li>• Core standards - 2023 - <b>in progress</b></li> <li>• Organization accreditation</li> <li>• Specialty standards</li> </ul>	Internal processes Organizational capacity
Updated	<p>Complete implementation of quality management system in the NHMSFAP.</p> <ul style="list-style-type: none"> <li>• Align processes with ISQua requirements</li> <li>• Implement internal deviation and variance processes</li> <li>• Establish implementation plan for non-hospital internal audit</li> <li>• Establish implementation plan for NCE</li> </ul>	Organizational capacity

**Objective 2:** The accreditation programs are committed to educating stakeholders, engaging with facilities on issues that impact them, and to providing the public with meaningful and accurate information about facilities to better inform them of their choices.

**Related strategic theme:** **Stakeholder engagement:** The College is committed to sharing information and consulting widely with stakeholders on matters of mutual interest and importance.

**Strategies and organizational perspectives:**

Status	Strategies	Related organizational perspective(s)
In progress	<p>Consult with organizations, facilities, and registrants during the development of new and revised standards to understand their perspectives and input on specific topics and ideas.</p> <ul style="list-style-type: none"> <li>• LM accreditation standards v1.6 - <b>completed</b></li> <li>• Transfusion medicine (TRM)</li> <li>• LM accreditation standards v1.7 - <b>completed</b></li> <li>• Organization (ORG), quality management systems (QMS), facility (FAC), equipment, reagents and supplies (ERS), informatics (IMI), quality assurance (QUA), pre-examination (PRE), examination (EXA), post-examination (POS), and sample collection (SCT)</li> <li>• NHMSFAP accreditation standards - <b>completed</b></li> <li>• <i>Class 3 emergency cart (revised), Medical Records and Documentation (revised), IV Ketamine and Lidocaine for the Treatment of Chronic Pain (revised), IV Procedural Sedation and Analgesia in Adults (revised), Human Resources (revised), Procedural Pain Management (revised), Immediately Sequential Bilateral Cataract and IMS-Refractive Lens Exchange Surgery (revised), Class 1 Emergency</i></li> </ul>	Public and registrants

Status	Strategies	Related organizational perspective(s)
	<p><i>Cart (revised), Facility Design Assessment Tool (new)</i></p> <ul style="list-style-type: none"> <li>• DI accreditation standards - <b>completed</b></li> <li>• Diagnostic Imaging Standards V1.8: major revisions <i>Nuclear Medicine and Bone Densitometry</i>, and minor revisions <i>Computed Tomography</i>.</li> </ul>	
<p>In progress</p>	<p>Improve website access to ensure continued consultation with stakeholders and facilities on accreditation standards and program policy.</p>	<p>Public and registrants</p> <p>Organizational capacity</p>
<p>In progress</p>	<p>Enhance the role of facility medical directors and identify multiple ways of engaging with facilities through educational opportunities such as webinars.</p> <ul style="list-style-type: none"> <li>• Educational videos for emergency carts and glucometers - <b>completed</b></li> <li>• New build guidance documents - <b>in progress</b></li> <li>• Creation of a NHMSFAP accreditation manual - <b>completed</b></li> </ul>	<p>Public and registrants</p>
<p>In progress</p>	<p>Ensure the public to have access to information about accredited organizations that is meaningful, accurate and gives the public confidence in the accuracy of any claims about accreditation status. Standardize information made available across programs. Include scope of accreditation for non-hospital facilities.</p> <ul style="list-style-type: none"> <li>• Update non-hospital webpage to include information on facility accreditation scope - <b>completed</b></li> </ul>	<p>Public and registrants</p> <p>Organizational capacity</p>

**Objective 3:** The accreditation programs are forward thinking to anticipate and respond to developments in accreditation in a manner that ensures the highest levels of patient safety.

**Related strategic theme:** **Regulatory innovation:** The College is agile, open and willing to change as necessary, and able to anticipate and respond to external forces and future context. The College uses data to make informed strategic decisions about change in order to enhance its regulatory impact.

**Strategies and organizational perspectives:**

Status	Strategies	Related organizational perspective(s)
Completed	Use technology to automate, standardize, and improve the efficiency of the accreditation processes, including CEDAR. <ul style="list-style-type: none"> <li>• CEDAR implementation - completed</li> </ul>	Internal processes Organizational capacity
Updated	Explore new technology options for managing assessments and proficiency testing electronically with a view to replacing e-Accreditation. Procure and implement new IT system	Internal processes Organizational capacity
Updated	Monitor and respond appropriately to legislative developments and stakeholder activity.  <i>Health Professional and Occupations Act:</i> Review and create plan to address new legislation and update bylaws.	Public and registrants Organizational capacity
New	Monitor, plan and document approaches to novel technologies (e.g. equipment, procedures)  Revise accreditation schemes for lab medicine (2023) and implement the schemes (2024)	

**Objective 4:** Address Indigenous-specific systemic racism by hard-wiring cultural safety and humility into our regulatory processes, daily operations, governance structures and standards.

**Related strategic theme:** **Cultural safety and humility:** Address Indigenous-specific systemic racism by hard-wiring cultural safety and humility into our regulatory processes, daily operations, governance structures and standards for registrants.

Status	Strategies	Related organizational perspective(s)
In progress	Review and revise standards related to cultural safety and humility to ensure consistency with College standards, and where appropriate, consider making best-practice standards mandatory.	
In progress	Develop and implement training specific to cultural safety and humility: <ul style="list-style-type: none"> <li>• Appropriate staff training and onboarding that includes staff and peer assessors</li> <li>• Medical director education</li> </ul>	