

## POLICY

# Non-Hospital Medical and Surgical Facilities Accreditation Program Governance

## Purpose

This document describes the legal status and governance of the College of Physicians and Surgeons of British Columbia's Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP).

The College of Physicians and Surgeons of British Columbia (the College) has been granted legislated authority under the Bylaws section 25.5(1)(e) of the *Health Professions Act* for providing for the inspection and accreditation of private medical surgical facilities in British Columbia by a committee established under section 19(1)(t).

As per section 5-2(1) of the College Bylaws, "Every facility must be accredited and maintain accreditation by the committee before it can provide medical, surgical, dental or anesthesia procedures."

## Policy

The Board of the College (the Board) is governed by the *Health Professions Act (HPA)*, and associated regulations and the College Bylaws. The Board is comprised of elected physicians, and public representatives who are appointed by the Minister of Health. The Board must govern, control and administer the affairs of its college in accordance with the *HPA*, the regulations and the Bylaws. The Board is responsible for setting strategic direction, developing policies and providing oversight of the College's performance.

The Board establishes committees made up of medical professionals and members of the public that administer the affairs of the College, ensuring a well-balanced and equitable approach to regulation. One of these committees is the Non-Hospital Medical and Surgical Facility Accreditation Program Committee (the Committee), which reports to the Board.

The Committee is established consisting of at least six persons appointed by the Board, a majority of whom must be registrants. The registrar or delegate and a Ministry of Health services representative may attend meetings as non-voting members. The scope and responsibilities of the Committee is set out in section 5-1 of the College Bylaws.

The Committee establishes performance standards to ensure the delivery of high quality and safe professional practice in private medical and surgical facilities, evaluates a facility's level of actual performance in achieving the performance standards, and determines if a facility should be accredited to provide services. The Committee is responsible for decisions regarding accreditation including the granting, maintaining, extending, reducing, suspending, or withdrawing of accreditation.

The Committee may appoint advisory persons or groups to assist it in its work, such as the Expert Advisory Committees used to develop and provide recommendations on standards. The Committee may appoint medical and technical specialists as peer or staff assessors to support facility accreditation assessments.

## Mission, vision and values

The College has a legislated duty to serve and protect the public. The College's overriding interest is the protection and safety of patients.

The College's mission statement: Serving the public by regulating physicians and surgeons

## Responsibility

Role	Responsibility
College of Physicians and Surgeons Board	<ul style="list-style-type: none"> <li>• Developing bylaws that require ministerial approval (government of British Columbia).</li> <li>• Developing and maintaining terms of reference for NHMSFAP Committee.<sup>2,5</sup></li> <li>• Selecting and delegating authority to NHMSFAP Committee.<sup>5</sup></li> <li>• Assigning members to the Committee.</li> <li>• Adjudicating escalated accreditation award appeals.</li> </ul>
Chief Operating Officer	<ul style="list-style-type: none"> <li>• Approving contracts for consultants and peer assessors.</li> </ul>

Role	Responsibility
NHMSFAP Committee <sup>1</sup>	<ul style="list-style-type: none"> <li>• Determining if a facility should be accredited to provide medical/surgical service(s) (accreditation decisions and awards).</li> <li>• Establishing standards to which non-hospital facilities will be held to ensure the delivery of safe medical/surgical services.</li> <li>• Appointing advisory persons or groups to assist the NHMSFAP Committee.</li> <li>• Evaluating a non-hospital facility's level of actual performance in meeting the accreditation standards using NHMSFAP assessors.</li> </ul>
Advisory Committees	<ul style="list-style-type: none"> <li>• Advising and assisting with the development of standards.</li> <li>• Recommending adoption of accreditation standards to NHMSFAP Committee.</li> <li>• Strategic planning.</li> </ul>
Deputy Registrar, DAP, NHMSFAP, PPEP <sup>4</sup>	<ul style="list-style-type: none"> <li>• Overseeing all matters of accreditation in accordance with the <i>Health Professions Act</i> and College Bylaws.</li> <li>• Overseeing budget performance.</li> <li>• Overseeing the development and maintenance of effective NHMSFAP accreditation standards and guidelines.</li> </ul>
Director, Accreditation Programs	<ul style="list-style-type: none"> <li>• Developing policies relating to the operation of the NHMSFAP.</li> <li>• Supervising the finances of the NHMSFAP.</li> <li>• Documenting the duties, responsibilities and authorities of accreditation personnel.</li> </ul>

Role	Responsibility
Managers, NHMSFAP	<ul style="list-style-type: none"> <li>Supervising the implementation of policies and procedures.</li> <li>Developing accreditation standards in consultation with advisory committees and clinical experts.</li> <li>Ensuring assessors with the necessary expertise and credentials to meet the needs of the NHMSFAP are available for facility assessments.</li> </ul>
Accreditation Officer, NHMSFAP	<ul style="list-style-type: none"> <li>Ensuring assessors with the necessary expertise and credentials are available to meet the needs of the NHMSFAP for facility assessments.</li> <li>Leading and conducting non-hospital assessments.</li> <li>Providing assessment services in an ethical and impartial manner adhering to the Assessor Code of Conduct.</li> </ul>
Quality Improvement Lead, NHMSFAP	<ul style="list-style-type: none"> <li>Reviewing patient safety incidents, identifying contributing factors and making recommendations in consultation with subject matter expert(s).</li> <li>Reviewing physician privileging and credentialing applications to ensure the BC privileging dictionary requirements are met.</li> </ul>

## Related documents

NHMSFAP Committee terms of reference.

## References

1. Terms of Reference: Non-Hospital Medical and Surgical Facilities Accreditation Program Committee, College of Physicians and Surgeons Board Governance Policy Manual, Board Approved May 2014 - Revised May 2017.
2. International Organization for Standardization. Conformity assessment – general requirements for accreditation bodies accrediting conformity assessment bodies. Geneva: International Organizations for Standardization; 2017. ISO/IEC 17011:2017(E).

3. Director, Diagnostic Accreditation Program Position Description, College of Physicians and Surgeons of British Columbia, effective date 2017-02-01.
4. Deputy Registrar DAP, NHMSFAP, PPEP Position Description, College of Physicians and Surgeons of British Columbia, effective date 2017-08-01.
5. College of Physicians and Surgeons of British Columbia Bylaws, Health Professions Act RSBC 1996 c.183 June 1, 2009 (revised Dec 31, 2019).