



Psychiatric Liaison Accreditation Network Accreditation Committee Terms of Reference

Purpose of the Accreditation Committee

The accreditation committee comprises of professionals who represent key interests and areas of expertise in the field of psychiatric liaison, and service users and carers who have experience of using these services. The Accreditation Committee (AC) considers the evidence gathered about psychiatric liaison teams and makes a recommendation about accreditation status to the Combined Committee for Accreditation, of which it forms a part. This project team, with assistance from senior management, assures governance and consistency across the committee measuring the quality of services which are managed by the College.

Membership

The accreditation committee seeks to draw expertise and knowledge from a range of specialities including, nursing, psychiatry, and psychology. Ultimately, the membership will aim to reflect the range of disciplines working in psychiatric liaison teams.

Full members of the accreditation committee are appointed by the programme manager following advertisement of the position.

The accreditation committee also includes service users and carers who are recruited to this role by the project team through a process of advertisement and interview. They are full members of the accreditation committee.

Members normally serve for a period of three years. They may stand for reappointment for a further period of three years.

The AC will meet no more than five times each year. Some AC meetings may be conducted by telephone conferencing.

Appendix 1 is the role specification for members of the accreditation committee and appendix 2 for the chair/co-chairs.

An accreditation committee meeting is quorate when six or more members are present. At least five of these members should be full members and at least one should be a service users or carer. In some circumstances, the chair and the senior programme managers may decide different quoracy requirements depending on the content of the agenda for the meeting.

If members miss more than two meetings in a row their membership of the committee will be reviewed by the chair.

Key Information

Frequency and Location of Meetings

The AC meets face-to-face approximately 4 to 5 times per year. Meetings usually take place at the Royal College of Psychiatrists' Centre for Quality Improvement, 21 Prescott Street, London E1 8BB. Telephone participation from time to time can be arranged if needed.

Decision-Making Powers

Decisions are based solely on the self- and peer-review report. If the committee feels that the evidence therein is insufficient to make a robust recommendation of accreditation status, they have the power to require further documentary evidence, a full or partial re-audit or a focused re-visit to the team. The committee has the final decision, which may be decided by vote if necessary, with the chair having the casting vote.

Appeals

The team has a right of appeal against decisions made by the Combined Committee for Accreditation. The appeal process will be described to the committee in each eventuality of an appeal.

Dealing with serious concerns

The review process occasionally identifies a problem or potential problem in a team that is too serious to deal with through the accreditation process. This might be a practice that endangers service users or a report from a service user about some adverse event of which the team is unaware. The CCQI has a procedure for dealing with these serious concerns and this will be exercised in these cases.

Accreditation Categories

The AC can recommend the following categories:

Category 1: "accredited". The team would:

- meet 100% of type 1 standards
- meet 80% of type 2 standards
- meet 60% of type 3 standards

Category 2: "accreditation deferred". The team would:

- fail to meet one or more type 1 standards but demonstrate the capacity to meet these within a short time
- fail to meet 80% of type 2 standards but demonstrate the capacity to meet the majority within a short time.
- Fail to meet 60% of type 3 standards but demonstrate the capacity to meet the required amount within a short time

Category 3: "not accredited". The team would:

- fail to meet one or more type 1 standards and not demonstrate the capacity to meet these within a short time;
- fail to meet a substantial number of type 2 standards and not demonstrate the capacity to meet these within a short time.

Appendix 1

Member of the PLAN Accreditation Committee

Roles and Responsibilities

A member's role is to participate actively and collaboratively in the process of making accreditation decisions. The member's specific responsibilities are to:

1. To be available up to five times a year to meet with other members of the AC. This will include both face-to-face meetings and telephone conference meetings.
2. To adequately prepare for each AC meeting by reading reports and reviewing evidence sent by the team prior to meetings.
3. For members to ensure that at least one representative of their profession is present at each meeting.
4. For members to act as the principal link between their profession and the PLAN project team.
5. To keep up-to-date with standards for psychiatric liaison services as they are revised.
6. To act in the best interests of the project, communicating findings of interest or potential conflict with the programme of work and rigour of accreditation.
7. To participate actively in discussions that lead to decisions about the recommendations made by the AC about the accreditation status of services participating in PLAN.
8. To declare potential conflicts of interest. This will include declaring any relationship with a service participating in the accreditation process that may affect or may be perceived by others to affect the advice given by the AC member. If this is the case, the AC member will leave the room while the recommendation decision about that team is being considered.
9. To treat as confidential all information that is provided to the AC by the project team. All members are required to sign a confidentiality annually statement.

Person Specification

Essential

- A clinician/staff member or service user or carer who has (extensive) knowledge of working in, or engaging with, services for psychiatric liaison services and who has an interest in the accreditation of these services.
- Broad knowledge and experience relevant to psychiatric liaison services.
- Good interpersonal skills.
- Good communication skills.

- Positive manner and ability to enable the forming of consensus and fair decision making.

Desirable

- Practical experience of quality improvement work.
- Experience of working with service users or their representatives.
- The ability to work as part of a multi-disciplinary group.

Appendix 2

Chair of the PLAN Accreditation Committee

Roles and Responsibilities

The accreditation committee is a key component of PLAN. Its purpose and way of working is described in the committee's constitution. The chairperson's role is to ensure that the accreditation committee works in a fair, impartial and consistent way.

1. Chair the PLAN accreditation committee in a manner that ensures that it abides by its constitution.
2. Advise and support the PLAN team to recruit to and maintain an accreditation committee that represents key stakeholder interests.
3. Maintain consistent contact with the PLAN team and respond in a timely manner to communications from the PLAN team.
4. Act as a spokesperson to represent the interests of the teams that are members of PLAN and to encourage other teams to join the scheme.
5. Communicate information about PLAN to individuals, Faculties and departments within the Colleges and within other partner organisations and externally, for example to other professional associations and to the Department of Health.
6. Advocate developments in local services.
7. Prepare and/or review papers for publication in peer-reviewed journals and more popular media and for presentation at conferences.
8. Undertake any other duties related to the role purpose and constitution or as may reasonably be assigned.

Person specification

Essential

- Experience of chairing committees at the national or regional level.
- An existing member of the PLAN AC.
- National expert on psychiatric liaison teams, e.g. publications and conference papers.
- Excellent interpersonal skills.
- Excellent written and spoken communication skills.

- Positive manner and ability to enable the forming of consensus about decisions.
- Understanding of the principles of accreditation.

Desirable

- Experience in an academic or similar environment.
- Experience of service accreditation and clinical audit.
- Experience of working with senior civil servants, health service staff and policy makers.
- Experience of working with service users or their friends and family.