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Understanding stakeholders' perspectives and experiences of general practice accreditation

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ABSTRACT

Objective: To examine general practice accreditation stakeholders' perspectives and experiences to identify program strengths and areas for improvements.
Design, setting and participants: Individual (n = 2) and group (n = 9) interviews were conducted between September 2011–March 2012 with 52 stakeholders involved in accreditation in Australian general practices. Interviews were recorded, transcribed and thematically analysed. Member checking activities in April 2016 assessed the credibility and currency of the findings in light of current reforms.
Results: Overall, participants endorsed the accreditation program but identified several areas of concern. Noted strengths of the program included: program ownership, peer review and collaborative learning; access to Practice Incentives Program payments; and, improvements in safety and quality. Noted limitations in these and other aspects of the program offer potential for improvement: evidence for the impact of accreditation; resource demands; clearer outcome measures; and, specific experiences of accreditation.
Conclusions: The effectiveness of accreditation as a strategy to improve safety and quality was shaped by the attitudes and experience of stakeholders. Strengths and weaknesses in the accreditation program influence, and are influenced by, stakeholder engagement and disengagement. After several accreditation cycles, the sector has the opportunity to reflect on, review and improve the process. This will be important if the continued or extended engagement of practices is to be realised to assure the continuation and effectiveness of the accreditation program.

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1. Introduction

The ramifications of safe and high quality general practice care are experienced across the health system. These include reduced hospitalisations [1–3], improved coordination of services [1] and increased efficacy of the system as a whole [1]. In Australia, the regulation of safety and quality in general practice is potentially on the cusp of change in light of changing contexts. The Royal Australian College of General Practitioners (RACGP) has initiated the process of revising their accreditation standards, entitled *Standards for general practices* (*The Standards*) [4]. Additionally, the Australian Commission on Safety and Quality in Health Care, the peak national agency, has distributed a consultation paper to stakeholders regarding a new governance and reporting framework for general practice accreditation [5]. The empirical evidence to inform both these undertakings is contested by some [6–8]. There is a well-accepted need for evidence to underpin approaches, tools or frameworks to enhance safety and quality in general practice [8–10]. However, a lack of agreement on the evidence available presents a significant risk and potential for fracturing and conflict across the sector during this period of reform. Furthermore, the potential development of a new accreditation framework is generating significant concern within the sector about increased government control [11].

The Australian general practice sector has a high level of involvement in the existing voluntary accreditation program, recording a

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practice participation rate of approximately 80% in 2013 [5]. This is, in part, assisted by financial incentive payments through the Australian Federal Government Practice Incentives Program (PIP) run for general practices [12]. PIP funding supports general practice activities aimed at improving patient outcomes. To be eligible for PIP funding practices need to be accredited or to have achieved accreditation within 12 months of joining the PIP. The PIP comprises 11 individual incentive programs: Asthma; Practice Incentive After Hours; Cervical Screening; Diabetes; eHealth; General Practitioner Aged Care Access; Indigenous Health; Quality Prescribing; Rural Loading; Procedural General Practitioner Payment; and, Teaching Payment [13].

Engagement with accreditation programs is modified by participants' comprehension of their value [14]. By understanding the perspectives and experiences of practices and other stakeholders who have engaged with accreditation, we can identify program strengths and areas for improvement. This was the study aim. This knowledge will be useful to inform the revision of the accreditation standards for general practice, the development of the accreditation framework. Moreover, it will also assist in deriving strategies to engage those practices yet to participate in the accreditation program.

2. Methods

This study comprises one part of the ACCREDIT (Accreditation Collaborative for the Conduct of Research, Evaluation and Designated Investigations through Teamwork) project [15]. The Human Research Ethics Committee at the University of New South Wales, Australia granted ethics approval (Ref: HC 10274).

2.1. Recruitment

Australian General Practice Accreditation Limited (AGPAL), a provider of general practice accreditation services, furnished contact details for key stakeholders. Stakeholders were representatives from general practices, government quality improvement agencies, accreditation agencies and healthcare professional associations. These stakeholders were recruited via email. They were sent a study information sheet, including details of the research team, and advice on potential interview dates and locations.

2.2. Participants and data collection

Participants included 52 representatives drawn from: AGPAL primary accreditation program members (n = 8), accreditation surveyors (n = 10) and management team (n = 7); Australian General Practice Network (AGPN) (n = 1); Australian Practice Nurses' Association (APNA) (n = 10); Australian Medical Association (AMA) (n = 2); and RACGP (n = 14). There were two invitations to participate that were declined. The study findings were fed back to stakeholders from the RACGP and AGPAL. They endorsed their currency and relevancy to the challenges presently facing the accreditation program.

Individual (n = 2) and group (n = 9) interviews conducted between September 2011 and March 2012 investigated stakeholders' perceptions of accreditation in general practice (Table 1). Semi-structured interviews were directed using a set of questions developed from the team's previous accreditation research experience, including two literature reviews [6,7,14,16–18]. Individual and group interviews were recorded (30–60 min) and transcribed.

2.3. The analysis method

2.3.1. Step 1: recon/surveying the lay of the land/initial thoughts

Three research team members (DD, DG and LT) collaboratively reflected on prominent issues in participants' discussions about their experiences of program strengths, enablers and areas for improvement. This included noting patterns, thoughts and ideas related to these issues.

Table 1
Guiding questions asked to key stakeholders.

- What is the aim(s) of the accreditation program?
- What are the components/elements that make up the accreditation model?
- Who are the stakeholders associated with your accreditation program?
- How has the accreditation model developed/evolved over time?
- What have been the significant influences upon the development of the accreditation model?
- What are the strengths of the accreditation model?
- What are the limitations of the accreditation model?
- What are the consequences of the accreditation program for the different stakeholders?
- What are the unintended consequences of the accreditation program for the different stakeholders?
- Any other issues?

2.3.2. Step 2: defining codes

Based on the research questions, discussions in Step 1 and on their reading of interview transcripts, two research team members (DD and LT) collaboratively generated code definitions.

2.3.3. Step 3: coding the data

In order to test the consistency of code definitions and their application, two research members (DD and LT) independently assessed the transcripts from the same two interviews. Disagreements in coding were resolved through discussion between DD, LT and DG. Coding of the remaining transcripts was shared by two research team members (DD and LT). Transcripts were interrogated at a descriptive level in light of the research question (what is the person saying; what is happening; why is it important; and what does it mean) [19]. Regular consultation to confirm the coding approach occurred between the coders during step 3.

2.3.4. Step 4: revise and iteratively refine

Identification of emerging themes was an iterative and consultative process between three of the research team members (DD, DG and LT). Sections of coded text that seemed to be 'about the same thing' in relation to the research question were grouped together to form themes. The relationship between themes and their interpretation in light of the research question was explored through reflective discussion.

2.4. Member checking

Member checking involved presenting findings to participants and gathering their feedback on the interpretations to establish their credibility and currency [20]. Member checking activities, conducted in April 2016, involved presentation of the preliminary findings to accreditation stakeholders (Table 1).

3. Results

Overall, participants endorsed the accreditation program while identifying several areas of concern. There were six major themes identified, three related to program strengths and enablers, and three related to program limitations (Table 2). Noted strengths of the program included: program ownership, peer review and collaborative learning; facilitating access to PIP funding; and, raising the bar on safety and quality. Participants recognised limitations in these and other aspects of the program that offer potential for improvement: questions about the evidence for the impact of accreditation; the law of diminishing returns when participating in

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