



AUSTRALASIAN ASSOCIATION FOR QUALITY IN HEALTH CARE
FELLOWSHIP APPLICATION PACKAGE



Take the first step to have your skills and experience formally recognised.....



FELLOWSHIP APPLICATION PACKAGE

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FELLOWSHIP APPLICATION PACKAGE

Introduction:

Fellowship of the Australasian Association for Quality in Health Care (AAQHC) is a respected member status awarded to eligible AAQHC members in recognition of significant professional achievement.

The attainment of Fellow is considered the highest level of recognition of contributions at a strategic level to improve safety and quality in the health, community, disability, and aged care sectors. After achieving Fellow status post nominals of FAAQHC can be used.

Objective:

To provide a credentialing program to financial members of the AAQHC throughout Australia, New Zealand and the Asia Pacific or other international countries enabling members to be recognised for their knowledge, skills and competencies in quality, safety, and risk management.

Process:

The Professional Development and Credentialing (PDAC) Program Registrar and nominated Council representatives support the objectives of the (PDAC) Program.

The Registrar is available to act as a mentor during the preparation and processing of the application.

The application process also assists members to identify their areas of strength and areas which may require further development.

The collation of evidence is an important component of this process.

Evidence should be current and directly relate to the mandatory domains. Final evidence should be collated into a single PDF document.

AAQHC actively promotes the value of the Fellowship award to industry stakeholders. This is via promotions to industry and referrals to prospective employers (where appropriate). AAQHC also actively supports promotion of credentialing through its networks.

Eligibility:

Individual financial members of AAQHC can apply for an AAQHC credential as a Fellow. New members can simultaneously apply for Membership and Fellowship.

Applicants who meet the criteria are required to demonstrate their leadership at a senior or strategic level in the areas of safety, quality, and risk management. This requires applicants to hold a senior position within the health community, disability, or aged care sectors, to have a broad understanding of national / international trends and issues in the areas of consumer safety and quality and to demonstrate they meet evidence requirements. Applicants with less than 5 years' experience are not eligible for Fellow credential.

Credential period:

The credential, once obtained, continues whilst the credentialed member remains a financial AAQHC member.

AAQHC may, from time to time, seek evidence the member has maintained ongoing professional development activities, which can include attending relevant conference / workshops / webinars, undertaking

further education in, for example, safety, quality, risk management, and research.

Cost:

Credentialing is a AAQHC free member benefit to financial members. Applications from non-members will not be accepted. Existing members must be financial.

Privacy:

Applications are confidential between the applicant and AAQHC and are managed in accordance with the AAQHC Privacy Policy available on the AAQHC website www.aaqhc.org.au.

Assessment Conditions:

The award of Fellow signifies achievement of the highest standards set for AAQHC members.

Applicants must satisfy the following criteria to achieve this award. They must:

1. Fulfil the components of the mandatory domains in the credentialing application; followed by,
2. Addressing the elements of the criteria below (maximum of 1200 words).

An applicant should seek advice from AAQHC or the PDAC Program Registrar about their eligibility prior to submission.

Applications for Fellow can be submitted at any time during the year.

If all elements are met, and the application is approved by Council, the member will be immediately advised of the outcome of their application.

Applicants who do not fully meet the criteria can also be assisted through the use of the AAQHC Mentoring Program to achieve the status of Fellow.

The applicant can lodge their application and accompanying evidence via email to aaqhc@aaqhc.org.au.

Initial review is undertaken by the PDAC Program Registrar. Where required, the Registrar may seek additional evidence from the applicant.

The application is assessed via a recommendation from the Registrar to the AAQHC Council to collectively determine if the award of Fellow can be granted.

Where there is a conflict of interest the Registrar will organise for a delegate Council member to assess and make the recommendation.

Domains:

Management and Leadership

Outline and provide evidence (300 words) of your contribution to improve consumer safety, service quality, risk management and safety, and quality systems, at a high, strategic organisational level, in one or more of the following areas:

- Risk Management
- Safety
- Quality
- Education
- Research

Provide an outline of how your leadership has strategically advanced quality and safety for consumers and your organisation – 200 words.

Contribution to the quality and safety profession

Provide a list of published or unpublished work, for example, an article in a peer reviewed publication (national, international) and or a national newsletter, being invited to be plenary or keynote speaker on a topic related to safety, quality, risk or business management in health or aged care, having an abstract accepted for presentation as a concurrent conference presentation on safety, quality, or risk management in health and or aged care. Provide an example of how you have contributed to the professional development of an existing colleague or peer; or mentored a new and emerging leader in the principles of quality and safety. (200 words)

Knowledge of contemporary issues in safety and quality and risk in health and aged care

Selecting from the list below, provide an opinion piece about one of these contemporary issues affecting quality, safety or risk within the current Australian health or aged care system. Use of relevant de-identified examples will be expected to be provided. (500 words).

1. Consumer Centred Care is being promoted as being an integral component of consumer safety and quality – using a relevant example what do you see as the barriers for successful implementation for organisations still struggling with this concept or the wider health, community and or aged care sectors? What benefits have you seen for consumers and organisations who are committed to this concept?
2. There have been many articles written about the need for a just, open, and transparent culture of patient safety in health and aged care organisations. How would you assess if a just culture is present in an organisation, what are the indicators that would support that the organisation and leaders are committed to this principle?
3. Resistance to antibiotics continues to be of concern for countries, health leaders and clinicians. Using your own experience what strategies have you used in your organisation to raise awareness and reduce antibiotic usage. What are the barriers that have prevented improvements, what strategies have been more successful than others?
4. Poor communication between health professionals and between health professionals and consumers continues to contribute to adverse events. How can we create more expert empowered consumers and carers; how do we improve communication between teams and particularly where the care is transferred to another provider, particularly between the acute and aged care sectors?
5. The landmark Australian Royal Commission into the aged care industry will no doubt uncover many issues that have failed to be identified in the associated accreditation process even with unannounced visits. This can also be a feature of the acute accreditation process (where there is notice) with both forms of assessment being a snapshot in time. What are your views on unannounced visits for either sector as with the effectiveness of this methodology in improving consumer safety and quality?

Important points to consider and note:

An applicant should seek advice from the PDAC Registrar about their eligibility prior to submission.

The Fellowship application is totalled to indicate a potential maximum score of 205 points. Applicants achieving less than 135 points are not eligible to progress to Fellowship, however the evidence may support an award of Associate Fellow. The awarding of this alternative award is at the discretion of the AAQHC Council and based on recommendations from the PDAC Registrar.

Applications and evidence are to be lodged via the AAQHC email aaqhc@aaqhc.org.au. Where required the PDAC Registrar may seek additional evidence from the applicant.

The PDAC Registrar will assess applications and make a recommendation to the AAQHC Council. All evidence is carefully considered to ensure applications meet the requirements for Fellowship status.

The names of the AAQHC Council are also provided to applicants to ensure that any conflicts of interest are identified. Council members are also required to identify any conflicts prior to being provided with applications.

Outcome:

Within 3-weeks post receipt of an application, the applicant is notified of the outcome. If an applicant is unsuccessful, they will be invited to a debriefing session in a timely manner as possible.

Where points do not meet the required amount an award of Associate Fellow will be considered. There is also an appeal process available.

Successful applicants will receive a certificate and are formally conferred to use the post-nominal of FAAQHC. Information relating to the award is also published in the AAQHC Newsletter and advice is also provided to the applicant's organisation (where appropriate).

Appeals process:

If the applicant is not successful and wishes to appeal an Appeals Committee will be convened by the AAQHC President. Any decision made by the Appeals Committee is considered final.

Contact details and information:

See the AAQHC website www.aaqhc.org.au for contact details.



CREDENTIAL APPLICATION FORM COVER SHEET (Confidential)

APPLICATION FOR FELLOW CREDENTIAL

Member name: **Membership No:**

Address:

Suburb **Postcode** **Country**

Phone (w) **(h)** **(mobile)**

Email

What is your preferred mode and time for the PDAC Program Registrar to contact you?

.....

Date application sent

CHECKLIST

1. Read material and information on web site and conduct a self-assessment
2. If required, consult with the AAQHC PDAC Registrar via aaqhc@aaqhc.org.au
3. Provide further evidence to the Registrar if requested
4. Obtain a letter of support and endorsement from current or previous manager, or a health or aged care industry reference
5. Update curriculum vitae and gather supporting evidence to accompany application; evidence should be consolidated into a PDF document
6. Include the name, position title, contact details including an e-mail address of CEO or director of your organisation if you wish them to be advised of the successful outcome of your credential application.

Send application together with supporting evidence, current curriculum vitae to aaqhc@aaqhc.org.au.

Mandatory Domain 1

Experience in health or aged care and maintenance of continuing education and professional development	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>1a: The member has more than 5 years' experience in health or aged care.</p> <p>Points = 5</p> <p><i>Applicants with less than 5 years' experience are not eligible for Fellow credential.</i></p>			
<p>1b. The member has achieved, or is working towards, a relevant tertiary qualification or equivalent (post-graduate or undergraduate)</p> <p>Points 10</p> <p>OR</p> <p>The member has evidence of ongoing learning and competency in quality, risk management and safety if a formal qualification has not been attained</p> <p>Points 5</p>			
<p>1c. The member attends local meetings, seminars, and networking opportunities in quality management, risk management, or patient safety.</p> <p><i>These are defined as educational forum, such as local association or network forums, alumni events, sessions with quality or risk management or safety related topics conducted by member's professional affiliations, such as medical colleges or other quality related organisations</i></p> <p>Points: 10 points for > 5 events in each calendar year</p>			

Experience in health or aged care and maintenance of continuing education and professional development	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>Points: 5 points for > 3 events in each calendar year</p> <p>Possible total</p> <p>= 10 > 5 events</p> <p>= 5 >3 events and less than 5</p>			

Mandatory Domain 2

Knowledge of / understanding / experience with external assessment	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>2a. The member demonstrates knowledge of / or is engaged in, coordinating and / or facilitating of an external performance review process of the organisation at a strategic level within the last five (5) years. This includes accreditation surveys against national/international standards relevant to the health, disability or aged care industries or high-level reviews of clinical or corporate governance systems.</p> <p>Points = 15</p>			

Mandatory Domain 3

Management and Leadership	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>3a. The member is responsible for leading/organising the strategic improvement processes of an organisation/division (or wider), in the last 5 years or has been or has been a participant. Evidence of influence in the design of the final project and plan is required.</p> <p>Points - Responsible for strategic planning = 10 Participant in strategic planning = 5</p> <p>Possible total = 10</p>			
<p>3b. The member leads or has a high-level involvement in strategic corporate and clinical governance initiatives using methodologies such as PDSA, Lean thinking and TQM. This can include:</p> <ul style="list-style-type: none"> ▪ Design development and implementation of corporate or clinical governance frameworks ▪ Design, development of consumer engagement strategies ▪ Monitoring of clinical variation from audit and other reporting systems and taking action on outcomes ▪ High level reviews and or risk assessments of critical clinical systems such as quality and risk systems, credentialing and scope of practice, incident, and complaints management <p>Points: Evidence of involvement at a strategic level = 10</p> <p>Projects that have a strategic impact and have been translated into demonstrated improvements particularly for patient safety= 5 additional points</p> <p>Possible total = 15</p>			

Management and Leadership	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>3c. Quality and Risk Management Planning The member demonstrates a high-level understanding of the principles and practices for developing best practice quality, risk, or business plans at a strategic organisation wide level.</p> <p>The member also demonstrates understanding and application of best practice monitoring methods which informs achievements against strategic organisation wide quality, risk, or business plans. The member can also articulate examples of actions taken at a strategic level to reduce unexpected variations.</p> <p>15 points for each criterion</p> <p>Possible total = 30</p>			

Mandatory Domain 4

Management and Leadership	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>4a. The member has (within the last five years) had experience in coordinating accreditation/licensing requirements at a strategic level in an organisation. Responsibility is included in job description.</p> <p>Points = 10</p>			
<p>4b. The member can demonstrate (over the last 5 years) leadership and achievements at local, national and or international level in quality improvement, risk management and health, disability and aged care safety. Examples include:</p> <ul style="list-style-type: none"> • Publishing an article in a peer reviewed publication (National, international) and or a national newsletter • Being invited to be plenary or keynote speaker on a topic related to safety, quality, risk, or business management in health care • Having an abstract accepted for presentation as a concurrent conference presentation on safety, quality, or risk management in acute, community, disability or aged care. <p>Points 10 for each criterion</p> <p>Possible total = 30</p>			

Mandatory Domain 5

Education and Training	Evidence and comments to be provided by Applicant	Your score	AAQHC score
<p>5a. The member is involved or assists at a senior level with planning and/or evaluating education and training needs to suit cross disciplinary organisational and other external needs.</p> <p>Points involved in planning, organising, and evaluating educational needs of an organisation at a senior level = 5</p> <p>5b. The member has developed and provided within the last five (5) years education and training to suit cross disciplinary organisational and other external needs and evaluates the effectiveness of the training delivered.</p> <p>Points – Develops, delivers, and evaluates education and training = 5</p> <p>Possible total = 10</p>			

Mandatory Domain 6:

Opinion Piece Contemporary Issues in Quality Safety and Risk	Evidence and comments to be provided by Applicant	Your score	AAQHC score
Demonstrates a sound understanding of a selected contemporary issue related to health, disability or aged care			
Provides an opinion as to options as to how the issue should/could be addressed.			
<p>Points 30 for each criterion</p> <p>Possible = 60</p>			

Scoring to determine eligibility for Fellow application Self-Assessment	Potential score	Your Score	AAQHC score
Mandatory Domain 1: Experience in health, disability or aged care and maintenance of continuing education and professional development.	Max 25 Min 15		
Mandatory Domain 2: Knowledge of / understanding / Experience with external assessment Knowledge of / or engaged in, coordinating and / or facilitating an external performance review process of the organisation at a strategic level.	Max 15 Min 5		
Mandatory Domain 3: Strategic planning and performance measurement Responsible for leading coordinating strategic planning processes of an organisation/division (or wider); or is an active participant. Undertakes strategic corporate and clinical governance organisational and service improvement initiatives using proven best practice quality methodologies. Has a high-level understanding of the principles and practices of developing strategic quality, risk and or business plans? Taking action to reduce/address variation at a strategic level is also considered.	Max 55 Min 40		

Written Application	Potential score	Your Score	AAQHC score
Mandatory Domain 4: Leadership and Management Advising and or coordinating quality management, risk management and safety programs at a strategic level Leadership and achievement at local. National and or international level in quality improvement, risk management and health care safety.	Max 40 Min 20		
Mandatory Domain 5: Education and Training	Max 10 Min 5		

Written Application	Potential score	Your Score	AAQHC score
Involved in planning, organising education and training at a strategic level. The development and delivery of education is considered in this domain.			
Opinion Piece: Knowledge of a selected contemporary issue in quality and safety or risk in health, disability or aged care Critical analysis of the issues Demonstration of their role in addressing the issue or how they would address the issue Suitability of the issue for the Australasian context	Max 60 Min 50		
A score of <135 will not meet requirements for Fellowship, however you may then be assessed for eligibility for Associate Fellow if you do not currently hold this award.			

Date of implementation: August 2001; Date of 1st review: August 2002; revised version implemented: January 2003

Date of 2nd review: November 2004; revised version implemented: January 2005;

Date of next review: January 2006; revised version implemented February 2008

Revised version in line with changes in scoring for eligibility endorsed June 2011.

Revised February 2016 following review.

Revised January 2019 following review.

Revised July 2020