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Building Stronger Human Resources for Health through Licensure, Certification and Accreditation

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Credentialing of health care providers, facilities and educational institutions is an integral component in building and sustaining robust human resources for health (HRH) systems. The credentialing mechanisms—licensure/registration, certification and accreditation—are among the most frequently used quality assurance tools in health care and serve as valuable instruments in the broader function of health care regulation. This technical brief examines the characteristics and potential advantages of these mechanisms and common challenges faced in implementing them in low-resource settings.

Health Care Regulation

Regulation seeks to ensure that health care fulfills technical, operational and social requirements.[1] In the case of human resources for health, regulation establishes the requirements and procedures under which the production, recruitment, deployment, management, development and support components of the HRH system should take place. Regulation also tries to ensure that there is balance among these HRH components.

In the context of the health sector reform and decentralization processes that are taking place in many developing countries, regulation is now receiving much more attention. Some traditional functions of ministries of health such as direct service delivery and certain planning and managerial tasks are being transferred to decentralized units or nongovernmental providers. Under this new framework, regulation becomes one of the critical functions for ministries of health to guarantee the efficiency, quality and equity of health care and to protect individuals and society from any undesirable outcomes related to the health system.

Regulation can be implemented by using incentives that encourage compliance with required practices or by enforcement through legal and other means. In the case of licensure/registration, certification and accreditation, these mechanisms are carried out by the state or by nongovernmental organizations such as professional associations or specialized quality assurance bodies under delegated authority. Providers and institutions can also practice self-regulation of their own activities (e.g., hospitals that have quality assurance committees and professional associations that set technical and ethical parameters for the practice of their affiliates). Clients, communities and civil society are playing an increasingly important role in promoting and controlling quality and are now seen as key sources of health care regulation from the demand side.

Quality Assurance in HRH

Quality assurance aims to guarantee that individual providers and organizations are able to deliver health services in a continuous and reliable way. It consists of planned and systematic actions designed to instill confidence that an organization or individual complies with given quality requirements. Quality assurance mechanisms such as licensure/registration, certification and accreditation are typically implemented through assessments of individual competencies or organizational systems, and inform the public, clients, managers and providers of the performance of workers and health organizations related to pre-established quality standards. Because of this latter objective, quality assurance assessments normally involve independent and external verification.

Licensure/Registration

Licensure/registration verifies that a health provider meets the basic minimum standards of competency to perform their work safely and effectively. Licensure/registration can be considered the first step in the quality assurance process in health care. The terms licensure and registration are commonly interchanged because they usually refer to the same process. In some contexts, however, licensure pertains more to the assessment and verification of compliance with standards while registration emphasizes the administrative procedures for identification of providers and institutions within certain publicly recognized categories.

Often mandatory for institutional or independent practice, licensure/registration is conducted by government units, professional associations or affiliated independent bodies. In the case of individual practitioners, the customary requirements

Credentialing Mechanisms

	Licensure/ Registration	Certification	Accreditation
Purpose	Verify compliance with *basic standards* for safe individual performance or organizational operation	Verify specific *additional competencies* in a given area of specialty health care	Thorough review of the *capabilities of an organization* to consistently deliver reliable quality outputs or achieve desired results
Application	Individuals and organizations	Primarily to individuals but also to organizations	Organizations
Requirements	Completion of a training program and passing an examination (for individuals) Compliance with required pre-set basic standards of operation (for organizations)	Previous professional licensure/registration, completion of a training program in a specialty and written examination (for individuals) Fulfillment of specific standards showing achievement of competency in a specialized area of service (for organizations)	Compliance with pre-established organizational performance or quality standards
Validity	Duration of one's career or limited time	Limited time	Limited time

for licensure/registration include completion of an educational or training program and passing an examination. Most often the examination is a written test. The assumption is that the verification of skill acquisition occurs during the training component of the educational process, which is why some organizations only accept candidates for licensure/registration from accredited educational institutions. The duration of the license/ registration can be for the length of one's career; in this case, after the initial licensing/registration the provider may only need to pay periodic fees to maintain its validity. Licensing/registration can also be valid for a given period of time after which re-licensing is necessary. Re-licensing can be obtained through various mechanisms that include continuous education, self-administered tests, examinations or a combination of these.

Licensure/registration also applies to health facilities and educational institutions. Here again, it sets the basic minimum standards for the safe and effective operation of an institution, facility or service, and is legally mandatory for their opening and operation. Licensure/registration of organizations is typically conducted by authorized government bodies (e.g., ministries of health or education, medical councils), which verify compliance with required standards.

Certification

The next step in the quality assurance process can be considered certification, which demonstrates

that the provider has acquired certain specific additional competencies in a given area of specialty health care beyond the basic or pre-service education standards. Certification is commonly voluntary and self-motivated, although usually recognized as an important and beneficial component of career development for providers. Certification is usually conducted by professional associations or affiliated independent bodies. Certification requirements typically consist of: 1) previous professional licensure/ registration, 2) completion of a training program in a specialty area and 3) a written examination.

Ideally, the purpose of these requirements is to certify provider competence, which should result in effective care and a reduction of risk due to individual malpractice. In this way, certification can also become a component of risk management in health care: the higher the risk of a health procedure, the greater the relevance of certification. Certification may be a mandatory requirement to perform certain types of services and procedures. It is typically conferred for a given period of time (e.g., three years for Certified Professional Midwives) after which re-certification is necessary. Re-certification can be obtained through continuous education, self-administered tests, examinations or a combination of these.

Although certification is more frequently utilized for individual health providers, it can also be applied to health services, facilities and educational institutions. Certification in this case typically indicates that the institution has fulfilled specific standards and has achieved a level of competency in a specialized area of service. For example, a previously licensed/registered health facility might obtain a certification to conduct specialized surgical or clinical procedures (e.g., surgical contraception, provision of antiretroviral therapy).

Accreditation

Accreditation can be considered the next, more comprehensive step in the quality assurance process in health care. Accreditation usually consists of a thorough review of the capabilities of an organization to consistently deliver reliable quality outputs or achieve desired results. It is typically applied to health institutions or facilities and not to individuals. Accreditation is usually applicable for facilities (e.g., hospitals, primary care services), educational programs and certifying bodies.

The accreditation process consists of organizational assessments based on pre-established performance or quality standards. In the past, accreditation mainly focused on the assessment

of organizational inputs or processes; however, there is increasing attention to organizational outputs and outcomes. Until recently, accreditation was essentially based on external organizational assessments conducted by specialized quality assurance bodies. There is growing recognition that in order to properly guarantee quality, it is necessary to go beyond periodic external assessments toward a more continuous process with greater involvement of the organization's members. Accreditation procedures now often promote a combination of assessments: ongoing internal assessments conducted by the organization's staff and periodic external assessments conducted by the accrediting institution. Accreditation is usually conferred for a given period of time (e.g., two or three years).

While voluntary, accreditation is often necessary to ensure proper recognition of the outputs of an organization (health care delivery, health graduates, certification) by purchasers of these goods and services. Often such recognition of organizational outputs is a prerequisite for obtaining access to financial reimbursement or payment for the provision of goods or services.

Potential Advantages

Implementing licensure/registration, certification and accreditation can produce beneficial effects in several areas:

Quality assurance: As described above, credentialing mechanisms verify compliance with required and objective standards of quality and inform the public, managers, providers, consumers and other constituencies of this compliance. When these mechanisms are systematically and continuously applied, they promote consistency and reliability in the provision of quality services and contribute to the control or limitation of risk in health care. The provision of more responsive, safer, efficient and humanized care is likely to improve client satisfaction, service utilization and health outcomes. Such care can also reassure clients about the health system when significant changes are underway (e.g., decentralization).

Service improvement: The standards used in credentialing can help to set clear and objective parameters and goals for quality improvement efforts. As such, they can serve to guide and orient providers, managers and clients during quality improvement processes. The utilization of clear standards in certification and accreditation helps to streamline management, reinforce transfer of learning and make supervision more effective, which can lead to more timely and accurate identification and resolution of performance gaps. Objective and comparable standards can also help to identify areas of comparative

strength among organizations or individual providers and facilitate the exchange of best practices and benchmarking. Some of the mechanisms often used in licensure, certification and accreditation, such as continuous education and periodic assessments, are also very effective tools for quality improvement. In low-resource settings, these can also be tools to help sustain educational and quality improvements.

Service expansion: In some contexts, credentialing mechanisms such as certification may help to upgrade the competencies of cadres of health providers, enabling them to perform critical tasks (e.g., some counseling and care required for HIV/AIDS). "Cadre-neutral" credentialing mechanisms may contribute in this way to a faster expansion of much needed health services.

Recognition: Licensure/registration, certification and accreditation can be used as mechanisms to recognize individual and organizational quality improvement efforts and achievements. In this way, these mechanisms can function as incentives to promote improved service delivery performance and quality, particularly if they are associated with other positive consequences of performance (e.g., professional opportunities, economic rewards, professional and social prestige). In some cases, certification and accreditation initiatives have served to draw the attention of local leaders and decision-makers at the country level to the important issue of health, leading to increased local investment of financial and human resources for health-related efforts.

Challenges

Effectively implementing credentialing mechanisms in low-resource settings presents a number of challenges, some of them significant:

Incentives: The identification of meaningful, sustainable incentives and the establishment of consequences related to credentialing are critical. This requires an additional effort from providers and organizations and therefore they need to know that they have something to gain from this extra work. In the case of licensure the consequence can be the ability to deliver services. For certification and accreditation the effects are not as clear and many initiatives fail because not enough attention is paid to the consequences of these processes. Certification and accreditation systems should be linked to personal and professional development, social recognition and better economic opportunities, which may be difficult to establish in many settings.

Institutional capacity: The implementation of licensure/registration, certification and accreditation requires effective institutional capacity.

Websites for additional information:

American College of Nurse-Midwives Certification Council (ACC): **www.accmidwife.org**

American Nurses Credentialing Center (ANCC): **http://nursingworld.org/ancc**

American Medical Association Allied Health Accrediting Agencies: **www.ama-assn.org/ama/pub/category/3585.html**

Assessment Strategies Incorporated, Canada: **www.asinc.ca**

Canadian Association of Schools of Nursing: **www.causn.org**

Canadian Council on Health Services Accreditation (CCHSA): **www.cchsa.ca**

Canadian Nurses Association: **www.cna-nurses.ca**

Federation of State Medical Boards, U.S.: **www.fsmb.org**

General Medical Council (GMC), U.K.: **www.gmc-uk.org**

Institute for International Medical Education (IIME): **www.iime.org**

International Organization for Standardization (ISO): **www.iso.org**

International Society for Quality in Health Care (ISQUA): **www.isqua.org.au**

Joint Commission on Accreditation of Health Care Organizations (JCAHO): **www.jcaho.org**

Liaison Committee on Medical Education (LCME): **www.lcme.org**

National Committee for Quality Assurance (NCQA), U.S.: **www.ncqa.org**

National League for Nursing Accrediting Commission (NLNAC), U.S.: **www.nlnac.org**

National Quality Institute (NQI), Canada: **www.nqi.ca**

Nursing and Midwifery Council (NMC), U.K.: **www.nmc-uk.org**

Nursing School Accreditation, U.S.: **www.allnursingschools.com**

United States Medical Licensing Examination (USMLE): **www.usmle.org**

World Health Organization (WHO): **www.who.int/health-services-delivery/performance/accreditation**

Appropriate bodies should exist to design the models to be used, develop consensus among stakeholders, elaborate sound and practical standards and periodically update them, establish credentialing procedures, verify compliance with requirements, resolve disputes and enforce consequences. Additionally, it is important to ensure that the focus of each type of credentialing responds to national priorities and is linked with pre-service and continuous education programs. Usually, these tasks cannot simply be added to existing and overstretched units of ministries of health, professional associations or health education organizations. However, in low-resource settings, the creation and development of specialized new bodies can result in an additional burden and present a sustainability challenge.

Resources: In many cases, establishing the infrastructure needed for credentialing and creating incentives to encourage the acceptance of these mechanisms requires a significant amount of resources. Resources are needed for developing and disseminating standards, conducting assessments and verifying their compliance, mobilizing teams, record-keeping and information systems and other related tasks, which may be costly. In some cases in low-resource settings, this cost may be unaffordable for health institutions, organizations or individual providers if the system requires them to pay for the credentialing procedures.

Resistance to change: In some settings, there is significant resistance to needed changes related to licensure/registration, certification and accreditation (e.g., delegation of tasks to less specialized cadres). In such cases, decision makers may attempt to tailor credentialing requirements and procedures to protect vested interests. If consensus building and implementation of changes are not carefully and successfully managed, credentialing could become a barrier rather than an impetus to service expansion.

Enforcement and credibility: After the consequences of credentialing have been established, it is necessary to have the appropriate mechanisms for enforcing them. In many low-resource countries, the institutional capacity of governments and professional organizations administering the mechanisms is very weak and the consequences cannot be properly and transparently enforced. Thus, an informal environment evolves and develops in which individual providers and institutions that are not credentialed can operate side-by-side with those that have followed required procedures.[2] This affects the credibility of the whole system and may discourage those interested in following the legal path.

Conclusions

As elements of an HRH system, licensure/registration, certification and accreditation of organizations and individual providers can be very valuable for ensuring competent, safe and effective care. Credentialing may be particularly relevant in the changing health environment in which the health workforce is experiencing new pressures and transformations such as the emergence of new cadres or additional responsibilities for existing cadres. In these conditions, the proper and inclusive use of credentialing may help to more formally incorporate the new cadres or functions into the health system. In addition to their usefulness from the quality assurance and regulatory perspectives, these mechanisms can also serve as a motivator for providers. However, due to the potential challenges that may affect these types of mechanisms, when planning and designing credentialing initiatives it is extremely important to examine the social, administrative and institutional contexts for their application in order to ensure their feasibility and sustainability.

1 See more on regulation in: Harding A, Preker A. Private Participation in Health Services. The World Bank, 2003.

2 Observatory of Human Resources in Health, Pan American Health Organization: PAHO-CEPAL-ILO Interagency Proposal, Quito, 2000.

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