

QISMET

Quality Institute for Self Management Education & Training

A decorative graphic on the left side of the page consisting of numerous overlapping squares in various colors including red, orange, yellow, green, blue, and pink. The squares vary in size and are arranged in a way that suggests movement or a cluster.

THE QIS2023 Quality Standard

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Introduction

By Graham Baker and Suzanne Lucas, QISMET Directors

QISMET is an independent not-for-profit body. It was created in 2008 as a result of the shared recognition of self-management education programme providers across the statutory and voluntary sectors that national quality standards and approval of organisations to those standards were essential to secure the quality and consistency of service provision across the UK. Since then it has been adopted and used world-wide.

On behalf of QISMET, we are delighted to introduce QIS2023 - the international Quality Standard for self-management education programme providers.

This is a revised version of a Standard originally produced in 2015, incorporating the latest thinking on what makes an excellent self-management programme. It covers all types of programmes based on a variety of modes of delivery, including digital, app-based, telephone, coaching, and group-based.

The QISMET ethos, that people living with long term conditions must be at the heart of any health and care initiative which is proposed for them, has been embedded in every element of this Standard.

Above all, QIS2023 is a practical tool with clear, observable and measurable requirements. It enables providers to benchmark themselves against good practice and, by being accredited by QISMET against the Standard, to demonstrate they are providing a high-quality service and seeking to continually improve.

Commissioners and participants are increasingly looking for, and relying on, accredited providers who can demonstrate the required outcomes. QISMET accreditation against QIS2023 affords both commissioners, participants and providers of self-management support the most effective way to demonstrate that the management and delivery of structured programmes are of a high quality.

Independent external verification - which as an auditing body QISMET provides via its unique skills, expertise and accreditation process - undoubtedly provides greater benefits than either self-assessment or peer review of quality assurance.

Requirements in the Standard explicitly address both evaluation of outcomes and continual learning and improvement, which means that QIS2023 provides a mechanism which will significantly accelerate the improvement in the quality of health management and behaviour change programmes available to people living with - or at risk of developing - a long-term condition in succeeding years.

The development of the QISMET Standards has been made possible by the collaboration with and involvement of a wide cross section of the self-management community and we would like to acknowledge all those who have freely contributed their valuable time, expert knowledge, guidance and advice.

Scope and overview of this Quality Standard

This Quality Standard is for providers of all types of structured self-management education programmes.

It should be noted that QISMET has one other separate specialist Standard with a more focused scope. This is for SMRC (formerly Stanford University) licensed lay-led group programmes, called Stepping Stones to Quality or SS2Q 2017. Details of it can be found on our website www.qismet.org.uk

QIS2023 contains 5 overarching topics or themes. These are:

- **Theme 1 - Management.** This covers the management and organisational elements of the provider with regard to the delivery of the programme: for example how it is structured, managed and has effective processes.
- **Theme 2 - The programme and its delivery.** This deals with its aims and ethos, and how it is designed, planned, delivered and developed. There must be clearly defined outcomes for participants that are linked to the programme's aims.
- **Theme 3- Providers of digital programmes:** These requirements are for programmes that have a digital element to them. This can be as simple as using Teams to deliver a face-to-face programme up to a fully digital app-based programme.
- **Theme 4 - Facilitators:** These requirements apply to programmes that use facilitators (trainers, coaches or educators) to personally deliver all or part of the programme. It covers how they are recruited, trained, assessed and supervised. It does not include people that 'introduce' participants to a programme: for example informing them about its existence or helping them to register.
- **Theme 5 - Results and improvement.** This covers how programme provision is monitored, evaluated and improved.

Each theme contains specific detailed requirements. These are all mandatory for accreditation and must be met.

The term 'provider' is used throughout the Standard. It relates to the organisation and its infrastructure (people, resources and processes) used to deliver a programme. It can be a whole organisation, in the case of an entity that just delivers a programme; or just one part of an entity which also carries out other functions. For a full glossary see Section 5.

The Standard can either be used as a good practice guide by those starting out who want to develop a self-management programme; or for those who already have one

and wish to apply for accreditation; these are the requirements that have to be met in order to be accredited by QISMET.

QISMET accreditation

QISMET provides an accreditation service to providers.

Accreditation is the formal approval by QISMET of a provider against the requirements of a Quality Standard such as this one. It consists of a desktop review of documents submitted by the provider, followed by a site visit to check that all the requirements have in fact been met.

This site visit may either be virtual, involving interviews carried out by Teams; or actually on site (or both). It is an in-depth analysis of all relevant activities of the provider that provides a deep level of assurance of the quality of their output and outcomes. The provider must have already piloted and evaluated the programme and have defined outcomes in order to achieve accreditation.

QISMET accreditation is available to all present providers of a programme against this Standard. Please note that it is the provider and their management system that is accredited for the delivery of a particular named programme, not just the actual programme itself.

Full details of the accreditation process and how to prepare yourself for it can be found on our website, www.qismet.org.uk



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Theme 1 - Management

This theme covers the management and organisational elements of the provider with regard to the delivery of the programme. This deals with how the provider is set up, structured and managed, including its processes and procedures.

Requirements:

1. Management of the programme

- a) The provider has a documented management structure, with designated suitably qualified individuals having the defined responsibility for undertaking the management, organisation and administration of the programme.
- b) Information about the programme for potential participants and commissioners is accurate, updated regularly, and easily accessible to and understandable by both.
- c) It is made clear to participants how they can make a complaint and to staff how they deal with complaints, and a record of any complaints and action taken is kept.

2. Access to the programme

- a) Any special needs of participants that could affect their comfort, participation or understanding during programme delivery are identified beforehand and met where possible.
- b) Potential participants who would be unable to use the programme for any reason are identified; where it is possible, support is provided for them so that they receive equivalent education - for example, through one-to-one support.
- c) Records are kept of data relating to participants in the programme, and this data is used to help assess the appropriate equality of access to it, with action taken to improve access if needed.

3. Referrals of participants

- a) Any referrer of potential programme participants is made aware of the content and philosophy of the programme that they are referring to, so that referrals are appropriate for the person and the programme.
- b) All referrers are informed of an individual's participation in the programme afterwards, so that future care delivery can be congruent with the programme's content and philosophy.

4. Procedures and record keeping

- a) Written procedures describe what shall happen in the delivery of the programme. They are clear, kept up-to-date and made easily accessible to all those that need to use and understand them. Procedures are followed by people.
- b) All records required by this Standard are accurate, kept up-to-date, legible and accessible.
- d) The relevant legal and NHS-specific requirements with regards to personal data and information management are understood and complied with.

Theme 2 - The programme and its delivery

Theme 2 deals with the programme itself - its aims, ethos, and how it is designed, planned, delivered and developed. The materials used during delivery need to be properly designed, developed and used. There must be clearly defined outcomes for participants that are linked to the programme's aims.

Requirements:

1. Aims, ethos and design

- a) The provider has a written statement that describes the person-centred ethos of the programme. This is shared with all people within the provider, commissioners and participants.
- b) The programme has documented aims (ie what it wants to achieve) and a clearly defined target population, and is based on educational theories and a sound evidence base. The programme must have a defined desired positive impact on outcomes for the participants in the areas of self-management knowledge, skills and confidence.
- c) The programme is designed to ensure that participants are supported in setting their own goals and where appropriate develop their own action plans.
- d) Healthcare information contained in the programme is current and reliable, including information for treatments, medicines and devices.

2. Piloting

- a) The programme has been piloted and evaluated against its stated aims and desired outcomes, and any necessary changes made so that it meets these aims and outcomes.

3. Delivery

- a) The programme is delivered in accordance with its stated aims, ethos and procedures.
- b) If venues are used for delivery of the programme, then there are defined criteria for their suitability that are met including accessibility.
- c) The programme uses a range of teaching and learning methods and materials that are appropriate and relevant to the age, learning needs and cultural and ethnic background of the target population, so that individual learning styles can be accommodated where feasible.
- d) Any information or materials used in delivery are clear, regularly reviewed for accuracy and updated appropriately as required: only up-to-date materials are used. Following any changes to the material, there is a process so that all obsolete versions of the material are withdrawn from use.
- e) Programme usage is monitored and records are kept of progress, completion and attrition rates. This data is regularly reviewed and used to improve the programme to increase uptake, use and completion.

Theme 3 - Providers of digital programmes

These requirements are required to be met if the programme has any digital aspect to it.

Requirements:

1. Design

- a) The programme meets all relevant requirements and standards for data security, such as the NHS Data Security and Protection Toolkit or ISO 27001.
- b) Participants are offered help with signing up if they require it.

2. Delivery

- a) A clear statement of the abilities needed to access the programme is provided in advance to potential participants (for example 'Able to read/understand spoken English'; 'Able to use a computer'), and what issues or disabilities would debar use (for example. 'Unable to understand spoken English'; 'Unable to use a computer due to health conditions or impairments').
- b) The hardware and software requirements for the programme are clearly defined and do not provide barriers for use by the target population: appropriate channels for delivery of the programme are supported as needed by participants, which may include desktops and mobile devices.

- c) The programme is hosted through appropriate infrastructure that ensures security and availability.
- d) Where the programme includes peer interactions, these are appropriately moderated.

Theme 4 - Facilitators

These requirements are required to be met if facilitators (trainers, coaches or educators) are used to personally deliver all or part of the programme. It covers how they are recruited, trained, assessed and supervised. It does not include people that 'introduce' participants to a programme: for example, informing them about its existence or helping them to register.

Requirements:

1. Recruitment of facilitators

- a) There is a recruitment procedure for new facilitators: the necessary competencies, experience and/or qualifications to be a facilitator for the programme are defined and recorded, and they are used in the recruitment process.
- b) New facilitators are given a comprehensive induction which includes an introduction to the provider, their specific role in the programme provision and the relevant policies and procedures, and which takes into account any previous relevant experience.

2. Training and development of facilitators

- a) There is a written training and development procedure and all facilitators that are used to deliver the programme must follow it. This includes:
 - Initial training using a defined curriculum and experienced trainers
 - New facilitators first observing delivery of the programme, and then being observed delivering the programme by a suitably qualified facilitator, in order to assess their competencies in practice
 - Written feedback
 - Suitable support
 - Ongoing training and development opportunities
 - Records of training being kept

3. Evaluation and appraisal of facilitators

- a) There is a written procedure for the ongoing evaluation of the performance and competence of facilitators. This includes:
 - How this evaluation takes place, including regular peer review
 - What happens when suitable competence is not demonstrated

- How improvements are made based on evaluation and feedback from programme participants
- The records that are required to be kept of the above

Theme 5 - Results and improvement

Providers must explicitly state what it is their programme is trying to achieve. These are the *aims* of the programme. They must then define the detailed objectives, which must describe both the *outcomes* (the changes that they are trying to produce, such as an increase in knowledge) and the *outputs* (the amount of activities carried out, such as the number of attendees).

Measurement systems for both outcomes and outputs must be in place, including feedback from participants and facilitators. Then these results must be *evaluated* (analysed) and used to improve the programme.

Requirements:

1. Aims, Objectives, Outcomes and Outputs

- (a) There are documented and explicit aims for the programme that define what it is trying to achieve
- (b) There are documented objectives that will demonstrate whether these aims have been met and are based on the aims. These objectives must include both outcomes (the changes or impact that the programme is intended to produce) and outputs (the number of things done)

2. Measurement, evaluation and improvement

- (a) There is a planned programme of measuring whether the objectives have been met, including regular participant and facilitator feedback that explicitly addresses those objectives
- (b) Regular and systematic evaluation or analysis of the results obtained from this measurement is undertaken. This evaluation is then used to improve programme provision and to report back to any funders as required by them

3. Programme review

- (a) A formal review of the complete programme, its material and its results is undertaken at least every two years, leading to improvement. Records are kept of the review.

Glossary of terms

Accreditation - Formal recognition by QISMET of compliance by a provider with the requirements of a Quality Standard

Aims - What the programme sets out to achieve

Audit - A systematic review to determine whether agreed requirements have been met

Evaluating - Analysing the results of monitoring

Facilitator - A person who personally delivers all or part of programme to a participant (also called a trainer, tutor, coach or educator). Not all programmes have facilitators

Materials - The physical resources used during programme delivery

Monitoring - Checking what has been done

Outcome - The changes, benefits, learning or other effects that happen as a result of programme provision, such as an increase in knowledge, skills or confidence

Output - The amount of activities undertaken, such as the number of participants using a programme

Participant - Someone accessing or using a programme.

Person-centred - An approach to working with participants which puts their needs and aspirations firmly at the centre of the process

Policy - A document that provides an overview and statement of principles in a specific area

Procedure - A written description of how a process or activity is carried out

Programme - *See below under Self-management Programme*

Provider - the organisation and its infrastructure (people, resources and processes) used to deliver a programme. It can be a whole organisation, in the case of an entity that just delivers a programme; or just one part of an entity which also carries out other functions.

QISMET (Quality Institute for Self-Management Education and Training) - The independent organisation created to develop standards and accreditation processes to ensure that people living with long term conditions have access to high quality self-management education and training services delivered by a plurality of accredited providers working within the agreed quality standards

Quality Standard - a documented set of requirements that specify good practice

Self-management - the actions individuals and carers take for themselves, their children, their families and others to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and wellbeing after an acute illness or discharge from hospital (*source: Department of Health*)

Self-Management Programme - Any systematic and structured external action which supports people to positively change their behaviour in relation to their health and/or wellbeing