



Credibility, Accreditation and Certification

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Intro

There has been a lot of discussion recently within Co-Counselling International (CCI) about promoting co-counselling. However, we would argue that, in order for any promotion to be worthwhile and effective, Co-Counselling needs to improve its credibility. It needs to be seen as a credible approach, both by people in general, and, particularly, by professionals who might refer people to it.

So what can be learned from other organisations? In this article, we explore how other organisations have built trust and credibility in their services. A separate article then addresses how we might use this understanding and knowledge to improve peoples' views of Co-Counselling and their trust in what it offers.

There are three aspects to building trust and credibility that we would like to highlight.

1. Accreditation

Accreditation aims to ensure that a person/service meets a certain standard of quality. In this section we discuss what is needed for an effective accreditation process.

2. Certification

Certification provides reassurance to the public that a person/service meets an accepted standard of quality. In this section we discuss what we have found out about how to establish and maintain an effective certification process.

3. Competencies, skills and competence

The step before certification, of course, is training. A person needs to learn the skills and competencies required to provide a service to a certain standard. And for the training to be effective and relevant, the competencies required for that profession/service first need to be defined. To help us to explore this area, we investigate the differences between skills, competencies and competence.

Throughout the article, we use the example of a professional nurse to help to illustrate the points we are making. A nurse needs to keep a balance of attention between the patient as a person, the

nursing process and looking after the nurse him/herself in order to prevent burn-out. In this way his/her job resembles the care that people in Co-Counselling generally have for themselves and others in CCI.

1. Accreditation: Managing Expectations of Quality

The common underlying purpose of accreditation^[1], according to various definitions, seems to be the attempt to ensure that a service, person or object matches or surpasses a minimum level of quality.

An effective accreditation process needs to take account of the needs and expectations of different groups of stakeholders. (Stakeholders are the people and organisations who affect or can be affected by the actions of those who have been accredited.)

Managing peoples' expectations of quality has two aspects: i) attempting to influence peoples' expectations and ii) organising an accreditation process that delivers the expected standards.

In the box below we list the different groups of stakeholders, and their different interests in the quality of a service.

Stakeholders

Stakeholder group 1: users or potential users of the service.

Firstly this group needs to see the relevance to themselves of the service on offer. Then, if the service seems relevant to them, they need to know how credible and trustworthy the service is.

When people realise they need a nurse, they want to find someone they can trust and someone who will meet their expectations adequately.

Stakeholder group 2. The person to be accredited

Someone contemplating going through an accreditation process, needs to know what level of skills, knowledge and capabilities they can expect to have once accredited.

When someone has finished their nurse training, they want to feel confident in their abilities to do the job properly and reliably on their own.

Stakeholder group 3: The **colleagues of the accredited person**, especially those who are dependent on his or her services.

This group wants to know they can rely on and trust the skills, knowledge and capabilities of the accredited person.

Professional nurses do not work alone for 24 hours a day. They need to work together effectively, pass on their patients to colleagues at the end of a shift and refer patients to other professionals as appropriate for more specialist care. For this transfer to be successful they need to be able to communicate accurate and relevant patient information that their colleagues can rely on.

Stakeholder group 4. The accrediting organisation.

As people depend on their accreditations, the accrediting organisation itself needs to be seen as credible in the way it ensures that its accreditation procedures deliver capable and trustworthy professionals.

When people need a nurse, they do not want to run the risk of being supported by someone who pretends to be a professional but does not have the required capabilities. Therefore they are likely to search for reliable information beyond what someone says about him or herself.

Therefore they are likely to look for a quality guarantee by a credible organisation such as the Royal College of Nursing in the UK.

Stakeholder group 5. The other individuals accredited with that organisation

They are at risk of losing their professional credibility if their accrediting body loses its credibility.

All people accredited with the Nursing Association expect the Association to ensure that newly accredited nurses have the capability to do their job properly. Otherwise, the reputation of people accredited with the association could be damaged as well.

Stakeholder group 6. Other interest groups in society

These are groups with their own particular interests in the activities of the accredited people or their organisations.

In nursing and medicine these groups can vary from collaborative patient groups and health insurance companies to lawyers who try to exploit mistakes by professionals for their own

Defining quality standards for an accreditation system is a dynamic process between creating expectations and credibility on the one hand, and finding out the actual expectations of all stakeholders on the other hand. If people are to have faith in a service and to use it and refer others to it, their expectations of that service need to be explored and defined as realistically and purposefully as possible.

More importantly, expectations of quality that are created and perceived must then be met, if not exceeded. This in turn will then increase credibility and improve reputation. That is what the slogan 'underpromise and overdeliver' implies.

In short

There needs to be a good match between the levels of quality that all stakeholders can expect and what the actual accreditation process delivers. In this section we explored the various groups of stakeholders relevant to the management of expectations. We did not explore, however, the dynamic art of creating expectations on the one hand and finding out about them on the other hand.

In the next section we explore how all stakeholders can be sure that a service/person will meet certain standards. The way in which this is done is through certification.

2. Certification as a Means of Assuring Quality

Certification^[2] is meant to provide an assurance that a service/person meets certain quality standards. There are three stages to Certification.

Stage 1. Defining Quality Standards

The first stage in the process involves defining quality standards for a person, object or organisation: what standards does a person need to meet in order to gain this certification? These standards need to be relevant, realistic and fit for purpose and address the needs of all stakeholders.

Stage 2. Assessment

Next a process needs to be established that assesses whether an object, person, or organisation meets the required standards. Assessment can be carried out in various ways, such as tests, examinations, external reviews, interviews or audit.

Stage 3. Public Quality Assurance

The awarding body then needs to publicly articulate a commitment to quality assurance to reassure all stakeholders, members of the profession and the general public that this certification process indeed meets their needs and requirements for a certain level of quality.

The awarding of a certificate, diploma, degree and/or being listed in a professional register

provides the public recognition that this person has met the required standards.

In addition, certain professional names are legally protected and can only be used by people who are accredited with their professional organisations. It is illegal to use these titles without accreditation.

In the UK someone can call him or herself a Medical Doctor only if they have successfully completed medical school. However, everybody can call themselves an Engineer as this is not a protected job title in the UK. In Germany it is.

Managing the Quality of Certification

In order to maintain the quality of certification, the **accrediting organisation** itself must maintain its credibility. It must ensure that the accreditation and certification procedures consistently deliver capable and trustworthy individuals. To achieve this, national governments have certification **watchdogs** to ensure that accrediting organisations consistently meet the required standards.

The United Kingdom Accreditation Service UKAS[3] is the sole national accreditation body recognised by government to assess, against internationally agreed standards, organisations that provide certification, testing, inspection and calibration services.

Assessing the Quality of the Certification Assessments

It is important that assessment methods used produce reliable results and provide a good and proper reflection of what people are professionally capable of.

Assessment methods need to avoid bias. Some of the factors that could potentially distort an assessment procedure are 'effort justification' (rewarding effort rather than results: *the person spent so much time on it they must be qualified*); or using inappropriate quality standards (*we like him/her, he's warm-hearted, therefore he's qualified*).

These biases in assessment need to be avoided because they do not deliver a good basis for quality assurance. There are several ways to ensure such a basis: externally reviewed exams, supervised internships, role-play in case tests with check lists for feedback, etc.

Incorporating Developments in the existing Quality Standards

As mentioned above, professional titles associated with certain professions are legally protected in order to indicate an accepted standard of professionalism. However, because science and good practice develop over time, there is the risk that qualifications become outdated over time. Many accrediting bodies, therefore, require their professionals to keep their knowledge and skills up-to-date through further training, in order to maintain their accreditation.

A nurse accredited in early 1970s needs to keep updating his/her skills in order to take account of the latest insights and developments in medicine.

Good certification and accreditation processes take these developments into account in order to be able to provide quality assurance to society at large.

In short

Certification provides the means by which the general public can be sure that a person/service meets an agreed standard of quality. It plays a key role in establishing credibility in the eyes of the general public, and particularly in the eyes of all stakeholders. Certification processes need to be regularly updated to take account of developments in knowledge and understanding.

3. Certification of Competence

The step before certification, of course, is training. A person needs to learn the skills and competencies required to provide a service to a certain standard. And for the training to be effective and relevant, the competencies required for that profession/service first need to be defined.

To help us to explore this area, it is important to understand the differences between skills, competencies and competence.

The difference between Competency and Skill

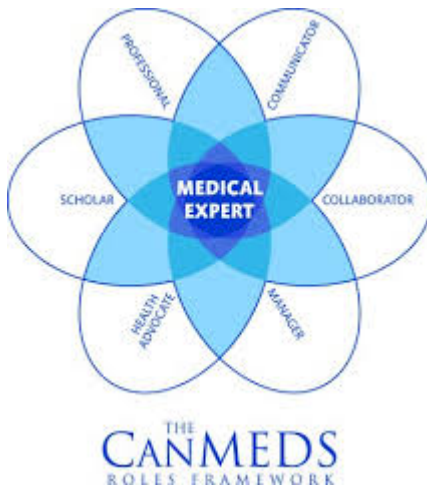
The two terms 'Competency' and 'Skill'^[4] are often used synonymously. Here we make a distinction between them.

A **skill** is the learned capacity to produce pre-determined results often with a minimum outlay of time, energy, or both. A **competency** is bigger than that: it also includes the ability to tell which skills are appropriate in which situations. A skill is part of a competency.

A person may have the skill to reverse a car. However, driving competency involves knowing that reversing on a motorway is not acceptable.

The Difference between Competence and Competency

There is a distinction between the terms 'Competence' and 'Competency'^[5].



Competency: a job or role may involve a range of different

competencies. A **competency** is a specific set of defined concepts and behaviours that provide the individual with a mental map enabling him or her to respond appropriately and skilfully in different situations.

The nurse is able to produce a care plan appropriate to each patient and is able to identify potential factors that could undermine the success of the plan, including the well-being or otherwise of the patient and their specific needs for care and attention. The nurse is then able to deal with different outcomes/situations as they arise or to ask for support as necessary.

Competence is the ability of an individual to do the entire job and fulfil its various roles properly, i.e. having all the competencies required to do the job properly.

The flower picture on the left shows an overall competence map of a medical expert. The petals of the flower show the various competency areas required. Not all medics need to have mastered all the competencies specified on the petals. However, in order to be a medical expert, all the competencies need to be mastered and integrated. This is shown in the dark core of the flower.

This distinction between 'competence' and 'competency' is very practical. A person who has one set of competencies may be able to handle one situation, but not another, for which additional or different competencies are required.

Based on the composition of his competencies an eye specialist is not necessarily able to operate on cancerous tumours elsewhere in the body.

Competence & the Management of Quality Expectations

If you are trying to define what constitutes competence for a given role in order to provide effective training and certification, you need to take account of the needs and expectations of all stakeholders, including the general public.

Certification and competence from the perspective of all stakeholders

Stakeholder group 1: users or potential users of the service.

Users need the service to be competently and appropriately delivered.

This is not only the person cared for but also the people around them such as family members. They should be able to expect both appropriate quality care from the nurse, and back-up, if necessary, from the accrediting body.

Stakeholder group 2. The **person to be accredited.**

This group needs to know how skilled, knowledgeable and competent they will be to do the job once qualified.

Once a nurse is qualified and working, s/he needs to feel confident and competent that s/he can deal with different situations as they arise in the job.

Stakeholder group 3: The **colleagues of the accredited person**, especially those who are dependent on his or her services.

This group wants to know that they can rely on and trust the skills, knowledge and capabilities of the qualified person. An important aspect of this is the person's willingness and ability to evaluate his/her own actions with colleagues.

A nurse's colleagues need to know that they can rely on the nurse's competencies and that his/her skills are up-to-date. They also need to know that the nurse can communicate appropriately if things goes wrong.

Stakeholder group 4. The **accrediting organisation** itself needs to have credible certification procedures. This involves both choosing relevant competence standards and implementing appropriate certification procedures, preferably that have been approved by an **accreditation watchdog**.

An organisation employing a nurse needs to know that he/she has the required level of competence to do the job. This is evidenced by appropriate certificates and accreditation.

Stakeholder group 5. The **other individuals accredited with that organisation**

They are at risk of losing their professional credibility if their accrediting body loses its credibility.

Stakeholder group 6. **Other interest groups in society**

These are groups with their own particular interests in the activities of the accredited people or their organisations.

In nursing and medicine these groups can vary from collaborative patient groups and health insurance companies to lawyers who try to exploit mistakes by professionals for their own benefit.

In short: Certification of Competence

In short, once an accrediting body has established competence standards for a specific profession, that meet the expectations of all stakeholders, including the general public, the certification they provide then ensures that a qualified person meets the up-to-date competence standards needed for that profession.

Conclusion

As organisations or associations of people grow they reach a point where they need to create credibility and trustworthiness amongst the general public, as well as amongst their own members and employees.

To create this wider trust and credibility, their services need to meet the standards of quality expected by *all* stakeholders. Therefore, identifying who those stakeholders are, and analysing their expectations of the service, constitutes the first steps on the road to credibility.

The next steps consist of the definition and training of competencies that are needed to provide the service at the expected level of quality. This is followed by a credible certification process that forms part of an accreditation system that inspires and creates trust. All of these steps ensure that the public has confidence in the quality of the service provided.

In short, the credibility development line is: acknowledging the needs and expectations of stakeholders > defining competency profiles > training and assessing them for certification > public and/or internal accreditation.

Read also:

Accreditation and Certification in CCI

In this article, we will try and find how what we found out in the above article about accreditation and certification can contribute to further developments in co-counselling that might increase its credibility in wider society.

However, this article is still in its draft stage....

[1] According to Wikipedia: **Accreditation** is a process in which certification of competency, authority, or credibility is presented. <http://en.wikipedia.org/wiki/Accreditation>

[2] According to Wikipedia: **Certification** refers to the confirmation of certain characteristics of an object, person, or organisation. This confirmation is often, but not always, provided by some form of external review, education, assessment, or audit.

<http://en.wikipedia.org/wiki/Certification>

[3] UKAS: <http://www.ukas.com/about-accreditation/about-ukas/>

[4] A **skill** is the learned capacity to carry out pre-determined results often with the minimum outlay of time, energy, or both. In other words the abilities that one possesses.

<http://en.wikipedia.org/wiki/Skill>

[5] **Competence** (or **competency**) is the ability of an individual to do a job properly. A competency is a set of defined behaviours that provide a structured guide enabling the identification, evaluation and development of the behaviours in individual employees.

[http://en.wikipedia.org/wiki/Competence_\(human_resources\)](http://en.wikipedia.org/wiki/Competence_(human_resources))

Topics

CoCoInfo Tags:

Literature tag: [Teaching co-counselling](#) >[Credibility](#)
