



Member
Status
Accreditation
Framework



Background

- The IGPM has been created to support the development and career progression of the General Practice Management community and provide a governing body through which managers can become accredited and fully recognised as a distinct profession
- Any interested party can become an Associate of the IGPM by paying an annual retention fee. This will give the Associate access to the IGPM website and other information sources, as well as preferential access and fees to IGPM events. This also allows the Associate, if appropriately experienced, to apply to be accredited as a full Member of the IGPM
- An Associate is a non-accredited level of membership
- To become accredited, and obtain the level of Member of the Institute of General Practice Management (MIGPM), Associates must apply to be assessed by an accreditation panel
- The following slides detail the criteria through which full Member status can be achieved. An application form is available on the IGPM website - www.igpm.org.uk



Full Membership Accreditation Framework

- Applicants for the award of Member of the Institute of General Practice Management (MIGPM) must demonstrate the required proficiency as detailed in the following accreditation framework
- Comprehensive evidence is required to be able to advance your application
- Your application cannot progress and the awarding panel cannot review the application without all necessary supporting evidence being supplied. In these circumstances the application would be declined
- Evidence needs to be supplied in each of the 10 domains and the awarding panel must be satisfied that an aggregate pass level has been reached in all of these domains



Pre-qualifying criteria

To be eligible and apply to become a full member of the IGPM

- **Criterion 1:** The applicant must have been in a substantive managerial role in general practice for not less than 2 years at the time of application. This covers the following roles:
 - Practice Manager
 - Business Manager
 - Operations Manager
 - Assistant/Deputy Practice Manager
 - Manager of a specific team within the practice (e.g. Reception Manager, Admin Manager etc.)
 - Manager of a specific function with a higher level of accountability/responsibility (e.g. finance manager, HR manager etc.)
 - Managing in a scaled model incorporating general practices e.g. GP federation, Cluster or Collaborative
- Should your role not be listed above, but you feel the meet criteria of all the domains, please email info@igpm.org.uk for guidance.*
- **Criterion 2:** The applicant must not be in breach of any article in the Constitution of the IGPM
 - **Criterion 3:** the applicant must not be in any pending or active disciplinary action at the time of application. This would not disqualify an applicant to apply in future after the resolution of such action



Supporting testimonials

Two written testimonials are required for all applications. These will be mainly references relating to character, skills and competencies of the applicant and these endorsements should be supplied from two of the following options:

- *An employer or senior work colleague. This should ideally be from a person who is named as one of the providers of the contract for the general practice in which you work, or for PCN staff should be the Clinical Director or Lead Manager for the network*
- *A peer working in general practice management*
- *A clinician or manager working outside of the practice in which you manage but has a local, regional or national leadership role*



Awarding Panel

- This Panel will be made up of three individuals who will independently assess the application.
- This panel will comprise of any combination of the following;
 - A member of the Board of the IGPM*
 - An external independent assessor from another professional representative body*
 - An existing full member of the IGPM*
 - A senior university academic*
 - A senior member from any Arm's Length Body (ALB) relating to the DHSC in any of the 4 countries of the UK*
- The Panel will utilise a 'closed marking system' approach for each domain in order to reduce judgement bias of an individual assessor
- Most grades would therefore be towards the middle of a score line. This is a well-established process in both undergraduate and postgraduate university assessments, especially in clinical practice. It maximises the reliability and validity of the assessment and helps standardise marking accuracy
- Marks must be accrued and an average pass mark achieved across all 10 domains



Schedule and Fees

- Accreditation panels meet three times per year.
- Applications can be submitted for assessment during the following calendar months; *January, May and September*. If applications are received outside of these months, then they will be held over to the next month when formal applications can be received (e.g. an application submitted in February will be reviewed with the May submissions)
- Results will be provided to candidates by the end of the following month (February, June and October)
- The fee for the assessment process is £280 plus VAT. If a candidate is unsuccessful, they will be informed where they need to submit extra evidence and a reduced resubmission fee will be charged in the sum of £120 plus VAT.
- Members will need to pay an annual membership fee to retain their Member status. This will be payable from the first year after the award of MIGPM (therefore payments will fall on first day of the months of March, June or October the following year, depending on when the award was made)
- The annual retainer fee is £85 plus VAT and will be reviewed every 3 years
- Annual Associate fees are £50 plus VAT



Assessment Domains

1. Qualifications and achievements
2. Personal qualities, professional development and working with others
3. Leadership, level of responsibility and accountability. Strategic planning, vision and decision making
4. Managing and improving patient services
5. Working with patients
6. Workforce
7. Financial proficiency and practice stability
8. Estate and Facilities management
9. Working with other organisations and service providers
10. Probity, legal and compliance, governance

Domain	Evidence
<p>1. Qualifications and Achievements</p>	<ul style="list-style-type: none"> • Educated to GCSE/Level 5 or equivalent. • Evidence of further education activity and certification • Any completed extended CPD specific to role • Any publications, speaker engagements, regional or national advisory work • Membership or work with local or national representative bodies • Any awards or accolades for individual or practice achievements • Achievement or retention of Good or above by Health Inspectorate Wales. Where this has not been achieved, it is not as a result of poor leadership/management. • Further education and training planning
<p>2. Personal qualities, continuing professional development and working with others</p>	<ul style="list-style-type: none"> • An example of developing self-awareness and reflective practice • How you effectively and efficiently manage yourself and your time • Quality improvement activity and continuing personal development. Evidence of recent CPD or training activity (At least 1 CPD activity annually for the preceding 2 years before application) • Feedback and actions relating to last appraisal • Example of acting with integrity and any written compliments received
<p>3. Leadership, level of responsibility and accountability, strategic planning, vision and decision making</p>	<ul style="list-style-type: none"> • Clear definition of role carried out and key responsibilities in practice and fit within organisational structure • The line management of staff • The development and implementation of practice policies and procedures • Developing and leading business improvement in the practice • The design and implementation of new ways of working and promoting team-based care • Acting decisively and enabling constructive decision making by the senior practice team • Supporting the personal development and appraisal of staff

Domain	Evidence
4. Managing and Improving Patient Services	<p>Explain responsibilities or activity in</p> <ul style="list-style-type: none"> • Audit work, oversight of QIF, enhanced services and core GP contract compliance and delivery. • Continuing service improvement and evaluation of service provision and productivity • Quality improvement initiatives • Significant event analysis, incident reporting and complaints procedures • Working with other NHS providers, council services and third sector organisations • Networking locally and regionally in delivering NHS reform agendas
5. Working with Patients	<ul style="list-style-type: none"> • Demonstrating active patient and public involvement in service delivery and design • Direct patient liaison activity • Ensuring all aspects of patient safety whilst in the active care of the practice • Patient surveys and feedback. Implementation of results and findings. • Extent of engaging with patients and communications strategy (e.g. newsletters, website, social media, campaigns) • Optimising access, reducing health inequalities and work on reducing waiting times for appointments
6. Workforce	<ul style="list-style-type: none"> • Activity in recruitment and staff retention and involvement in workforce planning • Extent of responsibility for the line management of staff and evidence of workplace improvement activity. • Demonstrates knowledge and understanding of HR policies including performance management, disciplinary procedures and managing sickness absence • Has undergone specific training in employee relations issues. Evidence of fair employment practice
7. Financial proficiency and practice fiscal stability	<p>Candidate can demonstrate</p> <ul style="list-style-type: none"> • Effective management of practice finances • Oversight of practice accounts and working with accountants • Optimising income streams and value for money • Evidence of actively managing budgets and expenditure • Financial forecasting

Domain	Evidence
8. Estate and Facilities Management	<ul style="list-style-type: none"> • Risk assessments and health & safety compliance • Maximising efficiency in estate utilisation and inclusive design improvement • Evidence of attempts to improve practice carbon footprint. Any future estate planning. • Any impact assessment on patient and staff experience relating to the practice environment • Digital considerations in the development of service provision. Remote consultations and patient monitoring
9. Working with other organisations and service providers	<ul style="list-style-type: none"> • Evidence of developing and maintaining good relationships with other health and care commissioner and provider services • Examples of developing local networks within the current local construct of the NHS and representation of the practice • Collaboration with and providing support to other health and care professionals outside of the practice • Working with services and organisations in relation to the wider determinants of health, both in the statutory and non statutory sectors
10. Probity, legal and compliance, governance	<ul style="list-style-type: none"> • Examples of negotiating, reviewing and performance management of practice contracts and policies. • Compliance with Health Inspectorate Wales directives. Preparation for and participation in inspections. • Ensuring contemporary partnership agreements and deeds in place • Assurance activity to commissioners and other key stakeholders, including patient representation groups about practice performance.



Submission of evidence and marking

- Each application will be reviewed by 3 assessors
- Each assessor will review evidence submitted in all 10 domains
- Slides 9 – 11 give examples of the sort of evidence that needs to be submitted in any one domain. A candidate should not be restricted by this guidance and may want to submit other evidence pertinent to that domain. However, the assessors will clearly be using this as a framework and where relevant information to the individual applicant is not submitted it may be difficult to obtain the pass mark in that domain
- All 10 domains will be marked using a closed marking system
- This marking system directs the assessor to evaluate each domain to confirm that sufficient evidence has been submitted to warrant a pass level i.e. the standard expected for membership accreditation – is a mark of 5
- If insufficient evidence is provided in any domain and does not meet the standard of a pass, a mark may be awarded of 4
- In this instance, a mark of 6 will need to be achieved in another domain to still gain an aggregate mark across all domains of at least 5 for the membership award to be made
- A mark of 6 can be awarded where there is meritorious supply of evidence in excess of the expected standard
- A Mark of 7 and 3 will be rare.
- A mark of 3 can be awarded where inadequate or negligible evidence is supplied. This will likely result in failure to be awarded Membership as a mark of 7 would need to balance this low score. A mark of 7 would demonstrate an exemplary level of achievement in a particular domain, rarely achieved by any individual. This would be the highest level of skills and competence by the most experienced manager
- If a candidate fails to reach the expected overall standard required in all 10 domains, then the assessment panel will provide a short report advising the candidate in which domain further evidence needs to be submitted. A candidate may re-apply during the next application month submitting only this extra evidence required
- If a resubmission is not made within 1 calendar year, then the candidate would have to submit a new complete application