Q&A: Quality Improvement

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Can a practice-wide or national/local audit count towards revalidation?

Participation in local or national audit is acceptable as long as the audit itself has been designed to encourage reflection, change and re-audit by individuals. The data must apply to you and you must be able to demonstrate the relevance of the audit to your personal practice. You might, for example, use data from the national diabetic audit and relate this data to your own personal practice. You must indicate your role in the audit process.

What if I can’t do a conventional clinical audit?

A GP should demonstrate quality improvement to their appraiser. It is recognised that it is not feasible for all GPs to undertake a conventional clinical audit, particularly those without a fixed practice base. The RCGP Guide to the Revalidation of General Practitioners (available here) describes a range of alternative quality improvement activities which can be undertaken (see Review of Practice section).

The RCGP and BMA General Practitioners Committee have prepared the following statement in collaboration with COGPED:

The GMC state that quality improvement activities “could take many forms” depending on the role a doctor undertakes and the work that they do.

The RCGP has defined the significant event analysis and clinical audit as the core information for GPs to include under Review of Practice.

GPs would, in most circumstances, be expected to provide evidence of these.

It is recognised, however, that clinical audit may be challenging for GPs in different working circumstances, for example locum and salaried GPs, and those who work in out-of-hours, walk-in-centres or similar environments.

GPs who feel that it would not be feasible for them to participate in clinical audit activity should produce alternative evidence of quality improvement and discuss this with their appraiser.

For such GPs, the RCGP has identified a range of alternative approaches to enable them to demonstrate evidence of quality improvement.

If conducted properly, and with sufficient evidence of reflection, these alternative approaches should not be considered of any less value to conventional clinical audit activity.
SCENARIOS

The practice collects lots of figures for the QOF. I'm involved in routine activities related to the QOF, as we all are. Can I put this in as my audit or quality improvement activity?

In order for this to count as an audit or quality improvement activity, you would need to describe the extent of your involvement in collection of data for the QOF, how you have reflected on the findings, listed the personal strengths or achievements that these demonstrate, and what you have personally learned from undertaking this activity. So if you could present clear evidence to your appraiser that there had been poor quality in one area and that you had implemented an action plan which has improved quality, then this could count as quality improvement activity. Routine collection of QOF data is unlikely to be sufficient to account for the purposes of revalidation.

My appraiser advised me to write something reflective about my audit activity. What does this actually mean?

As well as describing the activity, in other words what was audited and how, you could also describe why you undertook the audit in the first place. You could also write about the personal or practice strengths that were demonstrated, any constraints or difficulties that you experienced, what you learned, and whether you were able to change anything as a result of the activity.

I undertook an audit of my clinical work, but after making what I thought were appropriate changes to practice, the results didn't show any significant improvement. Does this mean it is not suitable to submit for my appraisal?

When submitting an audit for your appraisal, it is not essential to show that significant improvements have occurred as long as there was a valid reason for undertaking the audit, and you have reflected on the findings. For example, if you knew your prescribing was already 99% according to guidelines in a particular area, it would be difficult to justify why you had chosen to audit this. But if you had audited an area of work that you suspected was less than satisfactory, and had tried to put into place appropriate changes, you could write a reflective piece on why you thought you had not been successful in effecting the change and what you might do next.

I completed my GP training last year and did an audit in my final year of GP training. I'm due to be revalidated in two years time - can my trainee audit be counted as the one I submit for revalidation?

The audit that you undertook during GP training would count for the purposes of revalidation, provided it was within five years of the date of revalidation. So if you were to be revalidated four years hence, it would be time-expired. However, your professional practice and roles are likely to have changed significantly since your trainee years, and so submitting a more up-to-date audit would be a better piece of evidence for appraisal and revalidation as a qualified GP.
I work in the local hospital for a session a week-can I submit the figures they give me for my work for my revalidation audit? As a GP with an interest in endoscopy (although not an official GPWSI) I have been working in the local hospital doing one session a week for the past four years. The rest of the time I work five sessions as a long-term locum in a GP practice and 1-2 sessions a week doing additional ad hoc locums. I was originally told that I would have some sort of performance review/appraisal for my endoscopy work through the hospital, but this has never materialised. Last year the hospital advised me that this could be covered in my NHS GP appraisal. Every year I am given figures on the numbers of my endoscopy patients who have subsequently had an infection or any complication. I would like to submit this as my audit that I have to do once every five years for revalidation. Would this be okay?

It would be acceptable to submit an audit on your work in endoscopy for revalidation, providing that you can fulfil the required criteria for the audit. Included in these are that it would be your personal work (although you do not have to do the data collection yourself) and that among the reasons for doing the audit is that there is potential for change. So if your infection or complication rate was consistently very low, it would be difficult to demonstrate why you had chosen to submit this particular audit as an example of your quality improvement work. You would also be expected to reflect on the findings of the audit and any implications for your personal learning. Assuming that you remain in clinical practice long enough to need to submit another audit for the purposes of revalidation in the future, this should be on another aspect of your work and unless there are very good reasons why you could not do this, you should probably try to cover an aspect of the general practice part of your work for your next audit.
I was previously told I should submit two audits in my chosen appraisal "audit year", and quality improvement activity in the other years. I have read that the GMC only requires one audit in five years. Which is correct?

The revalidation decision rests with the GMC and is based on the guidance provided by the GMC - this is translated to specialty specific guidance for general practice by the RCGP. There are sometimes differences between the requirements for revalidation and the requirements for the performers list and also sometimes differences between general performers list requirements between the devolved nations. As such, the evidence required for appraisal can vary across the UK. This is currently becoming more standardised.

The RCGP recommends a 2-cycle audit or equivalent quality improvement activity in every revalidation cycle. For the full cycle clinical audit to be completed in each revalidation cycle you should allow enough time to implement appropriate changes after the first data collection, time for the second data collection to be carried out, and a written reflection on the results of the completed audit under the four GMC headings. If the GP's working circumstances make a 2-cycle audit difficult to achieve, a quality improvement project could be done instead if that is more appropriate. For additional detail see our Quality Improvement toolkit, available at the [RCGP Revalidation: Guidance for GPs](https://www.rcgp.org.uk) page.

If your local Primary Care Organisation or Health Board has stipulated requirements for the performers list, you will also need to take these into account but this is not related to revalidation.

I only work a few sessions in the practice, and the practice significant event analysis meetings always occur on days that I'm not there. I do look through the significant events that have been submitted for the practice meetings. Can I put in one of these as my own significant event, seeing as I work in the same environment?

Although it is good practice to catch up on the reporting and learning from practice significant events, you should only submit one of these if you had direct involvement in the event itself, can show personal learning, and you are likely to be a key person in implementing any agreed change that has resulted from the discussion.

I haven’t had any significant events over the past year, as nothing has really gone wrong. In these circumstances, is it necessary to submit anything in this category?

You do not have to submit a significant event where there has been a negative incident or outcome. Complex case histories, serial case analyses, and significant events where the outcome was positive can also be submitted as long as learning can be demonstrated from the event. See the RCGP Guide to Revalidation of General Practitioners (available [here](https://www.rcgp.org.uk)) for further details.
I work as a locum, and although I have written up a couple of significant events, I'm not able to discuss this at a team meeting as I'm not invited to these in the practice. What should I do?

Discussion of a significant event enables you to reflect with others present as to what could be learned from the event, and what you might do as a consequence. As a locum, this can be done in organised or self-directed small study groups with other GPs including locums, in locum "Chambers", or by buddying up with one or two other locums in your area. Discussing the significant events of others also adds to your own CPD.

Can I submit a significant event which was not clinical and does not concern patients?

Yes, in practice there are often significant events that involve working with colleagues, problems with IT or telephone systems, or communication problems with organisations. It is perfectly valid to submit a nonclinical significant event, and the same headings (listed in the RCGP Guide to Revalidation of General Practitioners) should be used.