**Quality Improvement Project (QIP) Example: MHRA**

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|  |   | Supervisor feedback  |   |
| **Date***\*automatically inserted* | GP Trainee entry | BE, ME or AE  | GP Supervisor comments |
| **Project Title and why it was chosen***You should explain what trigger (case, data or events) led you to look at this area. You should comment on the likely impact of this on patients, and review the guidance or evidence that is relevant to the area (e.g. a literature review).* | Title: Communication and action of Medicines and Healthcare Products Regulatory Agency (MHRA) notifications in the GP surgery.This QIA looked at the development of a method of disseminating relevant communications from the Medicines and Healthcare Products Regulatory Agency (MHRA) within the practice team and acting on any recommendations. I identified a patient who was taking both tamoxifen and fluoxetine, which is against advice issued by the MHRA. Concomitant use of drugs that are potent inhibitors of the CYP2D6 enzyme should be avoided whenever possible in patients treated with tamoxifen for breast cancer – advice issued in November 2010 entitled ‘Drug interactions involving CYP2D6, genetic variants, and variability in clinical response’. The patient had been on this combination of medicines prior to the alert. On discussion with my supervisor, it became clear that there was a need for the practice to develop a clearer defined policy to improve adherence and awareness of drug alerts relevant to GP, produced by the MHRA more generally. |  |  |
| **Project Aim***When explaining your project aim, consider what you are trying to accomplish, how will you know that a change is an improvement and what changes could you make that would result in improvement in patient safety or patient care?*  | To create by the end of my 3m project a system which would last and ensure that the practice responded to MHRA bulletins in a systematic and organised way responding to these within 2 weeks of each update. I will help create a system within the practice to ensure the MRHA alerts are actioned - running searches will ensure action has been adequately taken having disseminated the information. Patient safety will be promoted by ensuring timely actioning of MRHA alerts.  |  |  |
| **Describe what baseline data or information you gathered***You should explain how you understood the current position in order to decide that improvements were needed. Explain which QI tools or methods you used to fully understand the ‘problem’ you were trying to solve. Suitable methods would include QI tools for example; assessing baseline data, process-mapping, conducting a survey and using fishbone analysis.**Quality improvement requires attempting to measure some change, though the nature of the measurement will be different in different projects and some data could be available before the start of your personal involvement.*  | Discussion with my supervisor and colleagues informally confirmed that there was no formal policy for handling MHRA alerts. This discussion led to the development of the process map which described the original pathway. The new protocol demonstrated the new pathway for disseminating and acting on the alerts. All clinicians stated that they felt more confident that alerts would be handled appropriately following the development of the new protocol. |  |  |
| **Describe what subsequent data or information you gathered***How did you measure and evaluate the impact of change? You should share enough data to demonstrate outcomes; you may not need to share all your data.* | The new protocol described a clearly defined process of handling alerts from the MRHA. This included identification of a clinical lead within the practice team, who was responsible together with a member of the administrative team for acting on any relevant alerts. The clinician/administrator would forward any relevant alerts including a description of action taken to the rest of the primary care team clinicians and inform them at a practice meeting. For example it was agreed that in the case of the alert that led to the new policy, a search would be done to identify any patients on tamoxifen and any drugs that are potent inhibitors of the CYP2D6 enzyme to invite them to attend for a review and possible change of medication. |  |  |
| **How did you plan and test out your changes?***Effective QI work involves testing out changes (small cycles of change) and then learning from this experience and building on it. How did you apply this principle to your QI project?* | I discussed the proposals that I had with my trainer and with the partner in the practice who agreed to become the clinical lead for this area (the prescribing lead). Once we had suggested the changes to the team and they had agreed it there did not seem to be anything more to do.  |  |  |
| **How have you engaged the team, patients and other stakeholders throughout the project?** *Describe any challenges of getting different team members engaged with your QIA.**Describe how you maintained momentum e.g. planning for an early win:win.* | I engaged the team by discussing the issues at the practice meeting. I was apprehensive about the presentation as I did not wish to be perceived as criticising my colleagues. In addition I was given only 10 minutes in which to discuss the issue. However the presentation was well received and all agreed there was an issue. There was a lively debate suggesting several changes to improve the adherence and awareness of drug alerts. This debate made it a lot easier for me to approach the partner responsible for prescribing to suggest that they led on reviewing and acting on the alerts. One of the administrative team actually volunteered to undertake any relevant searches and the practice manager agreed that they could assist the lead GP in doing this. I emailed the protocol to all the relevant stakeholders once I had written it, asking for feedback. The practice manager stated that she felt the new protocol detailed a much more robust protocol for handling MHRA alerts. |  |  |
| **Summarise the changes as a result of your work and how these will be maintained.** If improvement was not achieved, explain why and what you learnt about this.*Describe how you relayed your results to the team and the feedback you received.*  | The practice seemed committed to the new way of handling MHRA alerts and I noted that two alerts produced by the MHRA whilst I was still in the practice had been handled as detailed in the protocol. |  |  |
| **What have you learnt and have you got any outstanding learning needs?** *Think about what you will maintain, improve and stop in QIA?* *It is important to consider what changes you might need to make as you continue to engage with QIA, for example consider the size of project, the amount of evidence collected, how you worked with others, the effective use of IT, its value to long term care and its impact on sustainability (health outcomes for patients and populations from an environmental, social and financial perspective)* | The ongoing success of the protocol depends on the ongoing willingness of the primary care team to follow it. The policy seemed embedded in the organisation at the time I left the practice. In undertaking the QIP, I learnt the importance of summarising the issues in a clear and logical manner – the use of a process map really helped this as all members in the primary care team quickly understood the issues. It also helped that the practice manager had long been concerned about the old process and supported the need for change. Two additional MRHA alerts were picked up during my time in the practice, which suggest that the change is embedded and sustainable. There are patient safety implications which may help drive the sustainability. There are minimal costs involved with maintaining this process for MRHA alerts arriving in the practice. In future I would have discussed the issues with the lead for prescribing prior to the meeting so he was aware that I was raising as it may have ensured his support at an earlier stage. This was especially important as the protocol depended on his willingness to engage going forward.  |  |  |
| **Based on this Observation, please rate the overall competence at which the trainee has shown that they are performing:**Below level expected prior to starting on a GP Training programme ▢ Below the level expected of a GP trainee working in the current clinical post ▢At the level expected of a GP trainee working in the current clinical post ▢Above the level expected of a GP trainee working in the current clinical post ▢  |

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| **Identified continued learning needs in relation to the QI process [to be completed after discussing the assessment with trainee]** |

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*Completion of this project is a mandatory part of GP Speciality Training; failure to complete all parts will affect training progression.*

*Feedback that the trainee is Below expectation in some sections does not mean that the project needs to be repeated although there may be agreement that this is the best way to get evidence for the competences which this part of training provides evidence for.*

*The assessment of overall competence at which the trainee is performing in this assessment will influence the ES’s overall assessment in the ESR for the year of training in which it is carried out.*

Trainees are welcome to share relevant (Caldecott compliant) data related to this project with this entry. Please note that some file formats will take up more space, using formats like pdf will take up less space. The GP Supervisor is not expected to work through a presentation to find the data which should be clearly demonstrated on this form or referenced.