

Responsible Officer and Appraisal Networks Information Sheet 34

HQIP AS A RESOURCE FOR QUALITY IMPROVEMENT INFORMATION AT APPRAISAL (v1.0, Oct 2019)

Many appraisers recognise uncertainty among doctors about whether to file an activity under CPD or Quality Improvement in their appraisal form. This information sheet seeks to clarify this and to promote awareness of HQIP (Healthcare Quality Improvement Partnership) as an important national resource.

Q: When is CPD not CPD? A: When it is Quality Improvement Activity.

A useful question is: Am I doing the right thing? In CPD there is an element of learning what to do and in quality improvement either of checking if it was done right, or if changes have made a beneficial impact.

So, if learning what the right thing is or how to do it, e.g. the correct emergency management of sepsis in my clinical setting, that is CPD. Quality improvement is checking whether the right thing was done properly or measuring outcomes, e.g. was the right antibiotic given or were readmission rates within agreed limits.

Examples include but are not limited to:

- Local, regional or national benchmarking data
- Audit, whether personal, organisational or national
- Case reviews and identifying educational needs/changes to practice
- Learning event/incident analysis
- Teaching/training and the quality of these
- Evaluating health policy or management practice.

Colleges advise their members on suitable quality improvement activities. Also, it is good practice for an organisation to agree with their doctors what quality improvement to present at appraisal. HQIP manages an extensive programme of national quality improvement activities including the national outcome reviews. It also provides support, information and learning materials.

For the doctor the key activity is not primarily to gather quality improvement information but to review it, consider its relevance to their practice and describe personal action taken, and the impact of this action. National guidance encourages organisations to support their doctor to gather the information. It is not correct to say that quality improvement data must relate directly to the individual. It is quite legitimate for a doctor to relate data from large scale reviews to their own. The information is suitable for inclusion at appraisal if they can show change to practice in their reflection.

<https://www.hqip.org.uk/>

<https://www.england.nhs.uk/medical-revalidation/appraisers/improving-the-inputs-to-medical-appraisal/>

<https://www.aomrc.org.uk/revalidation-cpd/appraisal-and-specialty-guidance/>

This information sheet is relevant to all designated bodies in England

These information sheets are written on an ad hoc basis, on issues of relevance to responsible officers and their teams, medical appraisers and doctors.

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