
RCGP Revalidation Toolkit: Quality Improvement



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Definition, revalidation requirements

For the purposes of revalidation, the GMC requires that you demonstrate that you regularly and actively participate in activities that review and evaluate the quality of your work. These could include clinical audit or a quality improvement project, in addition to significant event analysis (SEA). Although audit is the recommended first-choice quality improvement activity, undertaking an audit can be problematic for some GPs. This toolkit is designed to guide the appraiser in planning, participating and completing a quality improvement activity other than audit or SEA.

Revalidation allows flexibility in choice of quality improvement activity, and your choice will depend on your role(s) and the type of work you do. Many GPs may decide on a clinical topic, but if you also or exclusively work in a non-clinical environment, you can choose to participate in quality improvement activities relevant to your work in those areas. For example, significant participation in a full national clinical audit or a quality improvement project might be appropriate once per revalidation cycle, whereas patient case review and analysis might be expected to take place annually. **What is important is that an outcome can be demonstrated that shows improvement based on standards, and an assessment before implementation. Annual appraisal offers you the opportunity to review and discuss regular participation in quality improvement activity relevant to your scope of work in preparation for revalidation.**

The quality improvement activity that you select should be achievable, but also robust, systematic and relevant to your work. In many cases it could be designed to review and improve systems of care, but it can also apply to non-clinical systems such as teaching or healthcare management. The activity should clearly state the problem or need that is being addressed, the methodology, evaluation of the process and further actions to be taken. Where possible, the project should demonstrate a resulting outcome or change, but in all cases there should be reflection on what has been learned in undertaking the activity.

What is acceptable evidence?

The activity should show clear evidence of your personal participation. This does not mean that you have to be the sole author, but if not the lead for the project, you should have a significant contributory role. A practice-wide project may well be more beneficial than an individual one, but you should be able to show evidence of leadership of the project, more than a modest role in the form of group participation. If it is a practice-wide project, or one that has been carried out at regional or national level, it should only be considered as evidence for your revalidation if you can explain and identify the input that you have had into the process, and it is clear that you had personal involvement in the process and write-up.

Apart from audit, examples of quality improvement activities include:

- a review of your prescribing – e.g. looking at the use of sedatives and hypnotics in a nursing home you look after, or reviewing nephrotoxic drugs in your patients with declining renal function

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- looking at the complication rates of minor operations you carry out, performing a risk assessment on the surgery to improve patient safety and reduce complication rates, and detailing how you have addressed each area of risk
 - setting up a new service – e.g. a teenage health clinic, a community obesity reduction project, or a new primary care team approach to patients in a community hospital
 - looking at and improving patient safety issues – such as the effective monitoring of hazardous drugs (e.g. warfarin, TNF-alpha blockers) – or addressing an area where patient follow-up has been a problem and diagnosis and management has been sub optimal. Using a validated trigger tool to identify high-risk patients and prevent harm – e.g. using an NHS Primary Care Trigger Tool to identify and reduce catheter-associated UTI adverse events
 - setting up and evaluating a new educational or research initiative – e.g. developing a regional programme of multidisciplinary learning, or being the lead person involved in enabling the practice to become accredited for research
 - evaluating the impact and effectiveness of a new policy or practice – e.g. a new system for near-patient testing, or the piloting of nurse triage within the practice
 - setting up and piloting a new system of nurse triage within the practice, and evaluating the effectiveness of this.

Hints and tips for GPs who work as peripatetic locums, or areas outside a GP surgery

These GPs generally face more challenges when planning or embarking on a quality improvement activity, and are less likely to have support from the practice or organisation when doing so. Nevertheless, it is still possible to participate in quality improvement activities, and your appraiser will take your context and working environment into account when looking at your quality improvement activity with respect to revalidation.

Examples that might be considered include:

- a review of your own referrals, either by clinical topic area, or an analysis of 20 consecutive referrals, say, to determine the appropriateness of the referral and the accuracy of diagnosis by looking at the result of the referral or outcome for the patient. As a locum or OOH GP you would need to make a note of the patient reference numbers, and be able to return to the practice at a later date to collect the referral information
- design of self-help leaflets for employees visiting your occupational health clinic, or self-help leaflets for use in general practice
- a review of your own prescribing – e.g. looking at the frequency of prescribing particular antibiotics for specified conditions in both in- and out-of-hours settings against local or national prescribing guidelines
- setting up a new educational service in your area – e.g. an educational/support group for locums, a website resource for doctors working in the prison medical service

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- drawing up new protocols for practice managers to put into a locum pack – e.g. how to access and manage a variety of patient investigation results on a practice computer system
 - improving patient safety by writing and disseminating guidelines on vaccinations in a private travel health clinic, or creating informed consent documents for private cosmetic procedures
 - a series of case reviews – a documented account of interesting or challenging cases that have been formally discussed with others and led to significant change and improvement in patient care. This piece of work would need to be significantly different from the two significant events that need to be submitted annually, and should demonstrate impact in terms of taking forward the learning into changing practice.

What is not acceptable evidence?

It would not be acceptable to submit as evidence a project with which you had no or very little participation. It might be difficult to justify submitting a project that was a repeat of one you or a colleague had previously carried out, unless there was good reason to do this. Similarly, it would be unwise to choose a topic where there was already evidence of good performance and therefore little scope for change or improvement. However, it would be justifiable to look at an important area of work to check that it was still at a high standard, if this had been looked at for some time.

Examples that would be unlikely to be justifiable as suitable evidence include:

- a project led by another member of the practice team, where your contribution can not be said to be significant
- submission of the QOF figures for your particular clinical area, where performance was already high
- repeat of a project or activity that had been done by another GP in the practice, where the necessary changes had already been achieved
- a quality improvement activity submitted by your trainee that you had supervised
- significant events/case reviews already submitted as evidence for revalidation (for these to constitute a quality improvement activity, there would need to be substantially more than the two per annum, and you would need to be able to justify why an alternative quality improvement activity could not have been undertaken in the five-year period)
- a research project run by the local university, where your activity was confined to routine data collection.

List of criteria for acceptability

A quality improvement project can be designed and may include a review of pathways of care experienced by a specific group of patients. Demonstrating impact on patient care and/or improvement in quality of services are key outcome measures.

You should have a clear and justifiable reason for embarking on a particular quality improvement activity. Where possible, use of live data is preferable. You should be able to show that you have analysed and evaluated the results of the activity, and you would also need to show your

reflections. You could write a personal written reflection on the activity, or document how the results were discussed and evaluated at a practice or peer group meeting.

You need to be able to demonstrate that you have taken appropriate action in response to the results – e.g. effected a necessary change in practice, created an action plan to address a patient safety issue, and/or disseminated findings to relevant colleagues and received feedback on these. The evaluation of the effectiveness of the change (or confirmation that good practice has been maintained) should also be shown, where possible through the results of a repeat of the activity after a suitable period of time.

A checklist to consider in the description of a quality improvement activity could be:

- title of the quality improvement activity
- authorship, to make explicit the role and extent of contribution of the appraiser
- reason for the choice of topic. This could include a statement of the problem, a brief summary of relevant literature or guidelines, relevant context, and the priority areas for improvement
- methodology – how you have gone about the project, what information you needed to gather, who you have involved, and the process that you decided to adopt in carrying out the project
- baseline data collection, dates of this, and initial analysis
- discussion of findings
- changes put into place changes by the GP/team/organisation, and how any successful changes could be maintained
- final data collection, dates of this, and analysis. Comparison with the initial data, or standards set
- summary of quality improvement achieved and reflections on the process in terms of personal learning and any future steps to be taken.

Note that with some projects you will need to approach the topic in a different order from the above, particularly if the participation of colleagues is important to achieving change, allowing their ideas to shape the quality improvement activity will make success more likely.

Tips for the process, desirable outcomes sought

Think about your choice of quality improvement activity. Include your rationale for choosing the topic. If you are repeating something that has already been carried out, how will you justify this?

Spend time planning so that you don't waste time gathering unnecessary data. Think who you might need to inform and involve.

Keep it simple – it needs to be achievable within your specified timeframe.

You may wish to reference the clinical condition or the process of care that you intend to look at to guidelines where possible. Alternatively, you could reference a document such as a paper from the trust or health board, an academic paper, or minutes from the meeting that highlight a problem that needs to be addressed.

Involve others – people generally like to be kept informed, and they may be able to give you useful information.

Focus on outcomes – what you hope to achieve rather than simply ticking process boxes.

When writing your reflections, you may want to consider the four GMC domains:

- knowledge, skills and performance
- safety and quality
- communication, partnership and teamwork
- maintaining trust.

Think about the outcomes of your activity. How is it contributed to your knowledge, or that of others? Have you learnt anything new? Has it reinforced or challenged any aspects of your current practice? Did you disseminate your findings effectively?

Has it improved the quality of patient care? This could be in areas other than direct clinical care, such as patient access. Are there any safety aspects that have been improved e.g. reducing risk from missed or delayed diagnosis or drug side effects?

What changes, if any, have occurred in practice? If there was little significant improvement, why not? What could you have done differently?

References and sources of further help

- 1 General Medical Council. *Ready for Revalidation. Supporting information for appraisal and revalidation*. London: GMC, 2012, www.gmc-uk.org/Supporting_information100212.pdf_47783371.pdf.
- 2 NHS Education for Scotland. Scottish Online Appraisal Resource (SOAR), www.scottishappraisal.scot.nhs.uk/. This website gives advice and guidance, including that for sessional and OOH GPs.
- 3 NHS Wales. Medical Appraisal & Revalidation System for Wales (MARS), <https://nhswalesappraisal.org.uk/>. Educational resources listing online and offline learning resources including those suitable for non-standard GPs.
- 4 NHS Scotland. Quality Improvement Hub, www.qihub.scot.nhs.uk/default.aspx. General information on quality improvement and details of a structured approach that supports individuals and teams to test and implement change.
- 5 Healthcare Quality Improvement Partnership (HQIP), www.hqip.org.uk/. Established to promote quality in health care, and increase the impact that clinical audit has on healthcare quality in England and Wales.
- 6 Standards for Quality Improvement Reporting Excellence (SQUIRE), <http://squire-statement.org/>. SQUIRE Guidelines help authors write usable articles about quality improvement in health care so that findings may be easily discovered and disseminated.

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