

Guide to involving junior doctors in clinical audit and quality improvement





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Key points in this guide

The *UK Foundation Programme Curriculum* refers extensively and specifically to clinical audit, quality improvement (QI), clinical governance, patient safety and related activities. All Foundation Programme doctors are expected to participate in clinical audits and to complete a quality improvement project.

The Standards for Curricula and Assessment Systems for medical training programmes in the UK expect that doctors in postgraduate specialty training programmes will take part in regular and systematic clinical audit and/or quality improvement.

Junior doctors may face a number of problems and barriers in doing worthwhile clinical audits and QI projects. These include limited time; lack of understanding by more senior medical staff of the clinical audit and QI processes; lack of effective training; inappropriate expectations; and lack of support.

NHS Trusts should help junior doctors to be actively involved in clinical audits and QI projects because they can provide substantial support to a Trust's clinical audit and QI programmes. In turn, Trusts should act to ensure that junior doctors' training needs, including learning how to do a clinical audit or QI project effectively, are being met.

Junior doctors' involvement in clinical audit and QI projects should be formally acknowledged in a Trust's clinical audit and/or quality improvement strategy.

The content for training for Foundation Programme doctors and Registrars on how to do a clinical audit or QI project is specified in detail in this guide.

Roles and responsibilities related to involving junior doctors in clinical audits and QI projects are listed in detail in this guide.

Trusts must support junior doctors to comply with Trust processes for carrying out clinical audits and QI projects, such as registering clinical audits and meeting information governance requirements.

Foundation Programme doctors can share work on a clinical audit or QI project, as long as it is clear what part each doctor played in carrying out the work. For example, a clinical audit could be designed, quality-of-care measures agreed and data collected by one Foundation doctor. Then, the audit could be handed over to another Foundation doctor to identify the causes of any shortcomings in care and plan and carry out action to achieve improvement, to the extent possible. Registrars can share the same subject for a clinical audit or QI project, but each registrar needs to complete the work on an aspect of the subject.

Junior doctors can be asked to interpret a clinical service's performance on a national clinical audit, identify shortcomings in care locally and their causes, and plan action to be implemented to achieve improvements in care, with their supervisors.

Possible subjects for clinical audits to be carried out by Foundation doctors are listed in the guide, with possible objectives.

There should be opportunities for junior doctors to gain recognition for the work they do on clinical audits and QI projects.

Introduction

Who this guide is for

This guide is for the following people who work in NHS Trusts that have junior doctors:

- Clinical audit leads
- Clinical audit committee Chairs and members
- Educational supervisors of junior doctors
- Clinical supervisors of junior doctors
- Clinical audit or clinical governance managers and staff
- Divisional, directorate or specialty clinical governance committee chairs and members
- Clinical directors

How the guide is intended to help

All junior doctors are expected to carry out clinical audits or QI projects to meet their training requirements. Training and support for junior doctors to help them benefit from their clinical audit or QI experiences may vary by NHS Trust. This guide is intended to help people responsible for clinical audit and QI in NHS Trusts to provide appropriate support for these activities.

The guide describes:

- What's actually **required and expected** of junior doctors in relation to clinical audit and QI
- **Why NHS Trusts should be actively helping** junior doctors do clinical audits and QI projects

- The nature of **the commitment needed by everyone** involved to get valuable clinical audits and QI projects done by junior doctors
- The **training** junior doctors need on clinical audit and QI
- The **individuals who should help** junior doctors **and how** they should help
- The **systems** that have **to be communicated** to junior doctors and how the systems have to work to support them
- Ways to provide **recognition for** junior doctors' clinical audits and QI projects
- Suggestions for **subjects of clinical audits** that junior doctors can or should do
- How to **assess and improve current arrangements** to support junior doctors' involvement in clinical audit and QI

The guide also includes a template policy on involving junior doctors in clinical audit and QI.

Key point about involvement of junior doctors in clinical audit and quality improvement

Junior doctors need to experience first-hand that clinical audit is a QI process.¹⁻² They should have the opportunity to work through the improvement process as part of their clinical audit experiences.

What's required and expected of junior doctors in relation to clinical audit and quality improvement

Good Medical Practice

The General Medical Council's document, *Good Medical Practice*, makes clear doctors' obligations to participate in clinical audit and QI. Key references to these activities are in the box.³

References to audit and QI in *Good Medical Practice*

Domain 1: Knowledge, skills and performance

Develop and maintain your professional performance

13 You must take steps to monitor and improve the quality of your work

Domain 2: Safety and quality

Contribute to and comply with systems to protect patients

22 You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes:

- (a)** Taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary
- (b)** Regularly reflecting on your standards of practice and the care you provide

What Foundation Programme doctors are required to do about clinical audit and quality improvement

The *UK Foundation Programme Curriculum* refers extensively to clinical audit, QI, clinical governance, patient safety, and related activities.² Foundation Programme doctors are

expected to participate in clinical audits and to complete a QI project. They are also expected to collect evidence about what they have learned from their clinical audit and QI experiences. Specific references to clinical audit and QI in the *Curriculum* are in the box on the following page.²

Generic standards matched GMC Good Medical Practice

Attribute	Contribute to and comply with systems to protect patients
Standard	You must take part in systems of quality assurance and quality improvement to promote patient safety. This includes: (a) Taking part in regular reviews and audits of your work and that of your team, responding constructively to the outcomes, taking steps to address any problems and carrying out further training where necessary (b) Regularly reflecting on your standards of practice and the care you provide (c) Reviewing patient feedback where it is available

Foundation Programme curriculum syllabus references to quality improvement and clinical audit

Foundation training outcome	Contributes to quality improvement
Descriptor for F1 level	Shows evidence of involvement in quality improvement initiatives in healthcare
Descriptors for F2 level	Contributes significantly to at least one quality improvement project including: <ul style="list-style-type: none">• Data collection• Analysis and/or presentation of findings• Implementation of recommendations Makes quality improvement link to learning/professional development in e-port

Examples of work-based learning and teaching opportunities

	Involvement in quality improvement and audit projects Opportunities to develop presentation skills in departmental meetings/audit/grand/ward rounds
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What registrars are required to do about clinical audit and quality improvement

The *Standards for Curricula and Assessment Systems*⁴ for medical training programmes in the UK specify that the duties of doctors established by the GMC are to be included in all specialty training programmes. Clinical audit projects are one method recognised in the *Standards* for workplace-based assessment of doctors in training.

Doctors in postgraduate specialty training programmes in the UK must complete the following work related to clinical audit and QI:⁵

- Take part in regular and systematic clinical audit and/or QI
- Respond constructively to the outcome of audit
- Engage with systems of quality management and QI in their clinical work and training

Doctors in specialty training need to complete the Annual Review of Competence Progression (ARCP) to provide a summary of progress in training, including collation of the results of workplace assessments, for example, evidence of QI activities and audits.

Some Royal Colleges are expecting doctors to complete a QI project as part of their training and provide the evidence of the project as part of their workplace assessments.⁶⁻⁷

What Foundation Programme doctors and registrars want to do about clinical audit and quality improvement

Among all levels of junior doctors, there is competition for the next job on a doctor's career ladder. A doctor at Foundation level has to apply for a specialty trainee post, and so on.

The training and competence requirements for junior doctors at all levels are now standardised. As a consequence of the standardisation of training and assessment of doctors as

they progress through their training, junior doctors have few ways of distinguishing themselves from their colleagues in a competitive situation.

Carrying out clinical audits or QI projects is one way that an individual doctor can demonstrate initiative, interest, and commitment to progress in his or her career. Therefore, there are at least two reasons why a junior doctor at any level of training is motivated to carry out clinical audits and QI projects — to provide evidence of:

- Meeting training requirements at the current level of training
- Showing interest in and commitment to clinical audit and QI as part of career progression

In addition, many junior doctors have a strong commitment to providing the best possible care for the patients they look after. They have a lot of energy and they tend to be fully aware of their knowledge and skill limitations as trainees.

They also may experience first-hand frustration when NHS organisational systems may not always seem to support patients' best interests. In these circumstances, many junior doctors actively want to measure the quality of care being delivered and see if they can contribute to making things better for their patients.

The problems that junior doctors face in doing clinical audits and QI projects

Despite junior doctors' incentives for carrying out clinical audits and QI projects, they may face a number of problems and barriers related to doing these projects in some NHS Trusts. These problems sometimes mean that junior doctors don't get as much value out of their experiences with clinical audit and QI as is intended nor do the projects they carry out benefit the NHS Trust in which they are working. Some of the problems junior doctors could face are in the box on the next page.

Problems junior doctors could face doing clinical audits or QI projects

Limited time

- Foundation doctors spend only a few months in a clinical service so it may be difficult to ‘complete’ a clinical audit or QI project in that clinical service, from inception through to taking action and measuring the effects of action in achieving an improvement in care
- All doctors in training have to fit work on a clinical audit or QI project in with the demands on their time to provide patient care

Lack of understanding of the processes

- There is confusion among some doctors about what is involved in QI. Some see the process as making a change in practice and possibly measuring the effect of the change. They don’t understand that true QI requires evidence of the effects of current practice on patient care **prior to implementing a change in practice**, in order to have valid evidence later of the effects of the change in practice. By recording the status of current practices first, it is possible to make a valid assessment of the effects of any changes made
- Senior medical staff may not themselves understand the clinical audit or QI process correctly. Therefore, they may not give appropriate guidance and support to junior doctors as they design and carry out their audits or QI projects. Stages in the improvement process that can be left out when junior doctors are advised on executing a project include: assuring the reliability of data through precise instructions for data collection, accounting for justifiable exceptions to implementing guidelines, peer reviewing cases that don’t meet quality-of-care measures, and carrying out root cause analysis of problems revealed by an audit or QI project
- Junior doctors are assigned to carry out activities that are really service evaluations, even though their supervisors refer to the projects as clinical audits

Lack of effective training and information

- Training on clinical audit and QI processes may not be readily available, may not be of high quality or may not motivate junior doctors to invest their time in the clinical audit or QI process
- Junior doctors seldom have the opportunity to learn how to analyse problems revealed by clinical audits or QI projects
- Junior doctors aren’t always told about an NHS Trust’s system for registering and reporting on clinical audits or QI projects, so their work is not captured in the Trust’s records of clinical audits or QI projects undertaken and not included in clinical governance-related discussions or reports

Inappropriate expectations

- Junior doctors may be assigned a subject for clinical audit or improvement that isn’t directly relevant to day-to-day patient care, or may not even be a suitable subject for clinical audit or a QI project
- Clinical audits or QI projects carried out by junior doctors may have little direct relevance to the improvement programme in a clinical service and may not represent a high priority for improvement in the clinical service
- Senior clinical staff may see junior doctors’ audits as ‘little trainee projects’ that are to be presented at a meeting to give the juniors ‘credit’ for training purposes. However, senior staff may not perceive that they have a responsibility to see that action is taken on the findings of data collection for these audits or QI projects when indicated
- Junior doctors are seldom authorised by senior staff to take any action on the findings of their audits or QI projects. Therefore, it is difficult to ‘complete’ the project by repeating data collection to show the effectiveness of action taken
- A common misunderstanding is that every Foundation Programme doctor has to do a clinical audit or QI project independently, that is, that it is not acceptable for Foundation Programme doctors to work together on a clinical audit or QI project. Many supervisors will accept a small team of doctors carrying out a project

Lack of support

- Arrangements to support junior doctors in completing their clinical audits or QI projects are often not robust
- In some NHS trusts where paper-based records are used, there is internal payment for the retrieval of patient records for clinical audits. Retrieval of records for junior doctors' clinical audits may not be authorised, so junior doctors are limited in the clinical audits they can do
- Junior doctors may not be able to get access to technical advice and support on their clinical audits or QI projects when they need help

In view of the inherent value of clinical audits and QI projects that cover the care provided to their patients, it is in NHS Trusts' interests to actively support junior doctors to carry out these projects and overcome any problems they may face.



Why NHS Trusts should actively help junior doctors do clinical audits and QI projects

Advantages to NHS Trusts of helping junior doctors – a supplement to the clinical audit and QI workforce

Many NHS Trusts have a limited number of specialist clinical audit or QI staff and these staff members tend to concentrate on supporting clinical audits that are required at national level or by commissioners. Given the number of clinical audits that are mandatory for NHS Trusts, clinical audit specialist staff members may not have the capacity to support other clinical audits or QI work.

Clinical staff members often are expected to contribute to carrying out audits, at least through data collection, for some mandatory clinical audits. However, clinical services can be short of staff and it may be difficult for clinical staff to give priority to clinical audits or QI projects in the face of requirements to deliver patient care.

In summary, the shortcoming that all NHS Trusts face when it comes to clinical audit or QI is the staff capacity to carry out the work. On the other hand, NHS Trusts that have junior doctors have a built-in supplement to the clinical audit and QI workforce. As all these doctors are required to do clinical audits or QI projects, it is logical to engage junior doctors directly to support the Trust's and clinical services' clinical audit and QI programmes.

Responsibilities to junior doctors to support their training

NHS Trusts that have junior doctors have agreed with Foundation Schools and Deaneries to have arrangements in place to support the doctors in meeting their training requirements. The expectation is that each junior doctor will assume personal responsibility for meeting his or her training requirements using the resources made available in the Trust.

On the other hand, an NHS Trust has to have the resources available that junior doctors need to develop their competences and meet their requirements. As carrying out clinical audits and QI projects is a requirement in all junior doctors' training, it is reasonable to expect that NHS Trusts will do what they can to provide appropriate support to help them meet this requirement.

See the section on [‘Roles and responsibilities for supporting junior doctors’ involvement in clinical audit and QI’](#), page 21.

Relationship of involving junior doctors in clinical audit and QI to external requirements of NHS Trusts

NHS Trusts are expected to meet standards related to assuring and improving patient safety and quality of services that are imposed by external organisations.

NHS Trusts are also expected to implement national guidance, in particular that issued by the National Institute for Health and Care Excellence (NICE). Clinical audits and QI projects carried out by junior doctors can provide evidence of local implementation of best practice.

Key point about why NHS Trusts should actively help junior doctors do clinical audits and QI projects

NHS Trusts tend to have limited staff capacity to support clinical audit and QI. Junior doctors' clinical audits and QI projects can contribute directly to an NHS Trust meeting internal and external requirements and expectations relating to clinical audits and QI projects.

Getting commitment to actively support junior doctors' involvement in clinical audit and QI projects

Reference to involvement of junior doctors in clinical audit and QI strategy

NHS Trusts should ensure that any organisational strategy document that refers to clinical audit and/or QI acknowledges the involvement of junior doctors in clinical audits and QI projects carried out in the Trust. See [Developing a clinical audit strategy](#) at www.hqip.org.uk.

Policy on involving junior doctors in clinical audit and QI projects

To document organisational agreement on how junior doctors are to be involved in clinical audits and QI projects, an NHS Trust's clinical audit, QI or equivalent committee should develop and approve a written policy.

A template policy for involving junior doctors in clinical audit and QI is in [Appendix 1](#) to this guide.

Providing training for junior doctors on clinical audit and quality improvement

Induction and clinical audit and QI training for junior doctors

NHS Trusts sometimes try to provide training for clinical audit and QI as part of induction for junior doctors. However, the time available in junior doctors' induction is insufficient to provide the doctors with the knowledge and skills they need to be successful in carrying out a clinical audit or a QI project.

Also, doctors may not know enough about a clinical service or the organisation at the time of induction to be able to think about how to carry out a clinical audit or a QI project.

The appropriate content relating to clinical audit or quality improvement that could be covered in junior doctors' induction is in the box.

Possible content about clinical audit and quality improvement in induction for junior doctors

The following covers information relating to the local NHS Trust:

- The Trust's policy on involving junior doctors in clinical audit and QI, with a short summary of the Trust's expectations about junior doctors' involvement in clinical audit and QI
- The training on clinical audit and QI available for junior doctors and how to arrange participation
- How to access any required documentation related to clinical audit and QI in the Trust, for example, a Clinical Audit or Quality Improvement Proposal form or a Clinical Audit or Quality Improvement Report template
- Sources of information about clinical audit or QI
- Who to contact for more information or support for carrying out clinical audits or QI projects in the Trust

An example of an information sheet on clinical audit and QI for junior doctors, which can be distributed during induction, is in [Appendix 2](#).

Content and objectives of clinical audit and QI training for Foundation Programme doctors

Arrangements need to be made with those responsible for the Foundation Programme training in the Trust to provide at least a half-day training session on clinical audit and at least a half-day training session on a QI project for F1 and F2 doctors.

Foundation doctors should be encouraged to carry out audits or QI projects over short time periods. The number of patients included in an audit or QI project can represent one, two or a few weeks of patient care, depending on the subject of the project

and the number of patients or events that happen in a week. The doctors should have the complete experience of analysing problems impeding good practice, encouraging a clinical team to act, and repeating data collection to see if actions taken have made a difference in the quality or safety of patient care.

The training made available to Foundation doctors should be subject to formal evaluation by the doctors and action should be taken to improve the appropriateness and effectiveness of the training as needed.

Possible content and objectives of training on clinical audit are in the box.

Possible content and objectives for clinical audit training for Foundation Programme doctors

Content	Learning objectives — <i>A doctor can:</i>
<p>The clinical audit process</p> <ul style="list-style-type: none"> • What clinical audit is about • How the clinical audit process works • What rapid-cycle clinical audit is about and why it is important • Differences between a clinical audit and a service evaluation • How clinical audit relates to the following: <ul style="list-style-type: none"> – QI – Evidence-based practice – Patient safety – Patient experience 	<p>Explain to others how clinical audits result in improvements in patient care and why it is important to collect and act on clinical audit data rapidly in a short time frame</p> <p>Explain briefly how clinical audit relates to QI, evidence-based practice, patient safety and patient experience</p>
<p>About designing a clinical audit</p> <ul style="list-style-type: none"> • How to state an objective for a clinical audit • How to identify stakeholders in a clinical audit subject and plan their involvement in the audit • How to decide on the number of patients or events to include in the audit • How to decide on a strategy for data collection 	<p>Design a clinical audit properly</p>

<p>About measuring quality or safety of patient care</p> <ul style="list-style-type: none"> • Why it is important to have explicit 'standards' to measure the quality of care or patient safety in a clinical audit • What should be included in a quality-of-care measure for a clinical audit • How to set a quantitative standard (%) for a measure of quality • The importance of having good operational definitions of terms used in a quality-of-care measure and good directions for data collection • How to draw up quality-of-care measures for a clinical audit (the parts to include) 	<p>Draw up quality-of-care measures properly for the clinical audit designed</p>
<p>About collecting and collating data</p> <ul style="list-style-type: none"> • Types of forms for recording data collected for a clinical audit and how to use them • Information governance requirements applicable to clinical audit • How to collect data completely and accurately for a clinical audit • How to collate and display clinical audit data • How to calculate and report compliance with quality-of-care measures used in a clinical audit • How to analyse data to find any problems in delivering patient care 	<p>Collect and collate data completely and accurately for the clinical audit designed, consistent with the Trust's information governance policies</p> <p>Calculate and report compliance with quality-of-care measures used in a clinical audit properly</p>
<p>About analysing problems and finding their causes</p> <ul style="list-style-type: none"> • How to use a fishbone diagram (or other analytic tool) to find possible causes of problems revealed by collated data 	<p>Use a fishbone diagram (or another analytic tool) to find possible causes of problems revealed by collated data in a clinical audit</p>
<p>About taking action and repeating data collection</p> <ul style="list-style-type: none"> • Types of action that can be taken on audit findings • The importance of repeating data collection after action is implemented • How to write a report on a clinical audit 	<p>Identify the types of action that can be taken on audit findings</p> <p>Repeat data collection to see if action taken has resulted in improvements to patient care</p> <p>Complete a report on a clinical audit</p>

In addition to the content and objectives relevant to clinical audit, possible content and objectives for training on the QI process is in the box on the following page.

Possible content and objectives for quality improvement training for Foundation Programme doctors

Content	Learning objectives — <i>A doctor can:</i>
<p>The quality improvement process</p> <ul style="list-style-type: none"> • What QI is about • Differences between innovation and improvement • How the QI process works 	<p>Explain to others how the QI process works, particularly the need to have data on the effects of current practice before introducing a change in practice</p>
<p>About designing a QI project</p> <ul style="list-style-type: none"> • How to state an objective for a QI project • How to identify stakeholders in a QI project and plan their involvement in the project • How to test commitment of key stakeholders to the QI project 	<p>Develop a QI project objective properly</p> <p>Gain commitment from key stakeholders to support the work on the QI project</p>
<p>About measuring quality or safety of patient care</p> <ul style="list-style-type: none"> • Why it is important to measure the effects of current practice on patient care before introducing any change in practice • The range of tools that can be used to measure the effects of current practice, including: <ul style="list-style-type: none"> – Quantitative tools such as clinical audit, survey, run chart, costing – Qualitative tools such as focus group or interview • How to design and carry out a clinical audit, a survey or a run chart properly • How to design and carry out a focus group or interviews with patients or others properly 	<p>Given the objective for a QI project, select the appropriate tool/s to measure the effects of current practice on patient care</p> <p>Design the QI measurement tool/s to be used properly</p>
<p>About collecting, collating and interpreting data</p> <ul style="list-style-type: none"> • Information governance and ethics requirements applicable to QI projects • Given the QI tool/s selected for the project, how to collect data completely and accurately • How to collate and interpret data collected using various quantitative and qualitative tools 	<p>Collect, collate and interpret QI project data properly, consistent with the Trust's policies on information governance and ethics and quality improvement</p>
<p>About analysing problems and finding their causes</p> <ul style="list-style-type: none"> • How to use a fishbone diagram to find possible causes of problems revealed by collated data 	
<p>About taking action and repeating measurement</p> <ul style="list-style-type: none"> • How to decide on action needed to achieve an improvement in practice • How to plan the implementation of action needed to achieve a change in practice • The importance of repeating measurement of the effects of change after action has been implemented and how to decide on the tool/s to use • How to write a report on QI 	<p>Identify the actions that are needed to achieve improvement</p> <p>Plan the implementation of actions</p> <p>Make decisions about the appropriate tool/s to use to repeat measurement to determine the effect of the actions implemented</p> <p>Complete a report on a QI project</p>

Content and objectives of the clinical audit and QI training available for registrars

Registrars should have opportunities to learn about the clinical audit and QI processes as part of their training in an NHS Trust. The training should enable registrars to be experts in the execution of a clinical audit and a QI project as they will be expected to carry out such projects independently in their training years. In addition to the content listed for Foundation doctors, the possible content and objectives of the training that should be available are in the box below.

The training made available to registrars should be subject to formal evaluation by the doctors and action should be taken to improve the appropriateness and effectiveness of the training as needed.

Approach to clinical audit and QI training for junior doctors

Training opportunities for junior doctors should be as practical and experiential-based as possible.

For example, training sessions should incorporate practical work for the doctors on the design and execution of a particular clinical audit or a QI project. Foundation doctors, for example, can be asked within a training session to carry out a clinical audit to confirm that entries in patient records are consistent with local NHS Trust standards for clinical record-keeping, including carrying out a fishbone diagram, for example, to identify potential causes of record-keeping not meeting standards.

Training can also be arranged through e-learning or independent reading as a supplement to practical training sessions that are provided by an NHS Trust.

Recognition of training

The NHS Trust should provide certificates of participation in training on clinical audit and QI to the junior doctors who complete it. The certificates should acknowledge the length of training time and the knowledge and competences included in the training. An example of a certificate acknowledging training is in [Appendix 3](#).

Possible content and objectives for clinical audit training for registrars	
Content	Learning objectives — <i>A doctor can:</i>
<p>About the clinical audit process</p> <ul style="list-style-type: none"> Differences between a descriptive study, a survey, a research study and a clinical audit 	Distinguish among descriptive studies, surveys, research studies and clinical audits and design each activity properly
<p>About designing a clinical audit</p> <ul style="list-style-type: none"> Criteria for selecting subjects for clinical audit and how to select an important subject How to decide whether to use a population or a sample of patients or events for a clinical audit How to select the type and size of a sample of patients or events for a clinical audit 	<p>Select an important subject for clinical audit</p> <p>Select a population or a sample for a clinical audit appropriately</p>
<p>About measuring quality or safety of patient care</p> <ul style="list-style-type: none"> Characteristics of quality-of-care measures and how the validity of quality standards can be tested 	How to test the validity of standards used in a clinical audit, if needed

<p>About collecting and collating data</p> <ul style="list-style-type: none"> • The concepts of reliability and validity and how they apply to clinical audit • How to develop and test a data collection protocol for a clinical audit • Tools for analysing variation in clinical practice (run charts and control charts) and how to use them • Different methods for reporting compliance and how to use the methods to report clinical audit findings 	<p>Develop a data collection protocol for a clinical audit</p> <p>Use tools for analysing variation (run charts and control charts) correctly</p> <p>Calculate and report preliminary item-by-item compliance and all-or-none compliance with clinical audit standards</p>
<p>About evaluating findings and cases</p> <ul style="list-style-type: none"> • How to present preliminary findings for a clinical audit to colleagues • The terms specificity and sensitivity applied to a quality-of-care measure and how to test measures • When it is important to review cases that were not consistent with a clinical audit measure of quality and how to review the cases • How to adjust findings of compliance with quality-of-care measures if needed 	<p>Explain clinical audit findings to colleagues correctly</p> <p>Plan to involve colleagues in evaluating clinical audit findings and reviewing individual or rates of cases with colleagues</p> <p>Calculate and report final compliance with measures of quality used in a clinical audit properly</p>
<p>About analysing problems and finding their causes</p> <ul style="list-style-type: none"> • How to express problems revealed by a clinical audit • Tools and techniques to analyse a problem to find its causes • How to use tools to analyse a problem to find its causes • Types of process maps • How to analyse a process of care using a process map • How to test if potential causes are actual causes of a problem 	<p>State problems revealed by a clinical audit completely and accurately</p> <p>Use tools and techniques to involve colleagues in analysing causes of problems</p> <p>Validate the actual causes of a problem</p>
<p>About identifying and implementing improvements</p> <ul style="list-style-type: none"> • Why it is important to identify a specific improvement • The difference between an action and an improvement • How to express and implement action to achieve an improvement • Techniques for learning and influencing people's attitudes toward change or an improvement in practice and how to use them • Why it is important to develop an operational plan to achieve a substantial improvement in practice and tools for making operational plans • How to anticipate things that could go wrong in the implementation of an improvement in practice and develop alternative plans 	<p>Decide on and implement action to achieve an improvement</p> <p>Use various techniques for learning and influencing people's attitudes toward achieving an improvement in practice</p> <p>Develop a detailed plan to achieve a needed improvement in practice</p> <p>Anticipate things that could go wrong in the implementation of actions needed to achieve an improvement and develop alternative plans</p>
<p>About repeating data collection and evaluating action</p> <ul style="list-style-type: none"> • Strategies for carrying out repeat data collection for a clinical audit and how to select the most appropriate • When it is desirable to test the statistical significance of a change in practice • How to follow up on a clinical audit and decide on further actions 	<p>Decide if and how to test the statistical significance of a change in practice</p> <p>Follow up on a clinical audit appropriately</p>

In addition to the content and objectives relevant to clinical audit, possible content and objectives for training on the quality improvement process is in the box.

Possible content and objectives for quality improvement training for registrars	
Content	Learning objectives — <i>A doctor can:</i>
<p>The quality improvement process</p> <ul style="list-style-type: none"> • Different models and approaches used for the QI process and evidence about their application 	<p>Decide on a model or approach for QI for a particular project</p>
<p>About designing a QI project</p> <ul style="list-style-type: none"> • Techniques to develop consensus among members of a multiprofessional team • How to lead a multiprofessional team to reach consensus on a subject for a QI project • Techniques to test commitment to a QI project among members of a multiprofessional team • How to lead a multiprofessional team in engaging key stakeholders to support a QI project 	<p>Lead a team in using systematic consensus-building techniques to agree on a subject for a QI project</p> <p>Lead a team in using systematic tools to test commitment to a QI project and engage key stakeholders in the project</p>
<p>About measuring quality or safety of patient care</p> <ul style="list-style-type: none"> • The importance of process mapping in many QI projects and process mapping techniques • How to lead a multiprofessional team in using process mapping techniques • How to involve a multiprofessional team in making decisions about baseline measurement before introducing a change in practice • How to lead a multiprofessional team in choosing the most appropriate quantitative tools to use as baseline measurement in a QI project such as descriptive statistics, clinical audit, survey, run chart, control chart, costing or demand-capacity analysis • How to lead a multiprofessional team in deciding among qualitative tools such as focus group, critical incident technique or interviews 	<p>Lead a team in using process mapping techniques to understand how care is currently provided for the subject of a QI project</p> <p>Lead a team in making decisions about establishing evidence for a baseline for a QI project</p> <p>Lead a team in carrying out the quantitative tools selected to establish a baseline for a QI project properly</p> <p>Lead a team in carrying out the qualitative tools selected to establish a baseline for a QI project properly</p>
<p>About collecting, collating and interpreting data</p> <ul style="list-style-type: none"> • How reliability and validity apply to baseline measurement for a QI project • How to lead a multiprofessional team to collate and interpret data completely and accurately 	<p>Lead a team in collecting, collating and interpreting QI project data properly</p>

<p>About analysing problems and finding their causes</p> <ul style="list-style-type: none"> • How to lead a multiprofessional team in root cause analysis of baseline measurement findings for a QI project 	<p>Lead a team in carrying out a root cause analysis of baseline measurement findings for a QI project</p>
<p>About taking action and repeating measurement</p> <ul style="list-style-type: none"> • How to lead a multiprofessional team in agreeing on the effectiveness and feasibility of actions needed to achieve a desired improvement • How to lead a multiprofessional team in planning the implementation of change in practice • How to lead a multiprofessional team in planning and carrying out repeat measurement to determine the effects of the actions implemented • How to lead a multiprofessional team in reflecting on and assessing the achievements of the team in carrying out a QI project 	<p>Lead a team to identify effective and feasible actions needed to achieve the team’s intended improvement</p> <p>Lead a team in planning and carrying out the implementation of actions</p> <p>Lead a team in planning and carrying out repeat measurement using the appropriate tools to determine the effect of the actions implemented</p> <p>Lead a team in reflecting on and assessing the achievements of the team in carrying out a QI project</p>

Roles and responsibilities for supporting junior doctors’ involvement in clinical audit and QI

There are several people in any NHS Trust who should be available to help junior doctors carry out clinical audits and QI projects. The individuals and their possible roles are in the box.

Possible roles and responsibilities related to involving junior doctors in clinical audit and quality improvement	
Junior doctors	Individual junior doctors at all levels of training are responsible for meeting their own and the Trust’s requirements for involvement in clinical audit and QI, consistent with the NHS Trust’s approved policies
Clinical audit and/or quality improvement manager and staff	<p>Ensure that the NHS Trust:</p> <ul style="list-style-type: none"> • Has an approved policy on junior doctors’ involvement in clinical audit and QI • Communicates the policy and opportunities for training on clinical audit and QI to junior doctors <p>Work with the Foundation Programme director and the postgraduate medical director to ensure that junior doctors have access to appropriate and effective training to develop competences in carrying out clinical audits and QI projects</p>

<p>Clinical audit/quality improvement leads in clinical directorates or specialties</p>	<p>Help clinical services and junior doctors in carrying out clinical audits and QI projects consistent with an approved policy</p> <p>Assign subjects for clinical audits and QI projects from their clinical services' clinical audit and improvement programmes to Foundation doctors or review and approve clinical audit or QI project subjects given to Foundation doctors</p> <p>Review clinical audit or QI project proposals for specific projects to be carried out by junior doctors and provide feedback on proposals to the junior doctors involved</p> <p>Ensure that junior doctors know about opportunities for training in clinical audit and QI</p> <p>Provide advice and support on the execution of clinical audits or QI projects carried out by junior doctors as needed</p> <p>Monitor the completion of clinical audits or QI projects being carried out by junior doctors, prompting junior doctors to complete clinical audits or QI projects as needed</p> <p>Ensure that junior doctors understand requirements relating to ethics and information governance in relation to clinical audit and QI projects</p>
<p>Clinical audit/quality improvement (or equivalent) committee</p>	<p>Approves an NHS Trust policy on the involvement of junior doctors in clinical audit and QI, in consultation with the Postgraduate Education Department in the Trust</p> <p>Ensures that the approved Trust policy is disseminated to all junior doctors in the Trust</p> <p>Monitors the implementation of the policy across all clinical specialties and takes any appropriate action to ensure that the policy is implemented consistently in clinical services</p>
<p>Clinical directorate or Trust clinical governance committees</p>	<p>Expect reports of clinical audits and QI projects to be submitted by junior doctors and act on the findings as they would on the findings of any other clinical audits or QI projects carried out in a clinical service or the NHS Trust</p>
<p>Clinical supervisors</p>	<p>Ensure that junior doctors being supervised have subjects for clinical audit or QI and have the clinical supervisor's support to carry out agreed projects</p> <p>Ensure that junior doctors have opportunities to take part in clinical governance and related meetings</p>
<p>Foundation Programme director, postgraduate education director and educational supervisors</p>	<p>Assume responsibility for providing or ensuring access to appropriate and effective training that enables junior doctors to develop competences associated with carrying out clinical audit and QI projects, working with clinical audit and/or quality improvement managers</p> <p>Ensure that junior doctors being supervised have subjects for clinical audit or QI and have the educational supervisor's support to carry out agreed audits or QI projects</p> <p>Ensure that junior doctors have opportunities to take part in clinical governance and related meetings</p> <p>Inform junior doctors about local, regional or national events where they can present clinical audits or QI projects</p>
<p>Clinical directors</p>	<p>Communicate to consultants and to the directorate's clinical governance committee that clinical audits and QI projects carried out by junior doctors should be reported to the directorate's clinical governance committee (or equivalent) and proactively acted on as needed</p>

Communicating systems and arrangements for junior doctors' involvement in clinical audit and quality improvement

An NHS Trust should ensure that systems and arrangements that support junior doctors' involvement in clinical audit and QI are clearly communicated to all junior doctors and to the people who support their participation in clinical audit and QI.

Registering clinical audits and QI projects

An NHS Trust should have in place a process through which clinical staff register the clinical audits or QI projects they are carrying out, in order for the Trust to cumulate evidence of all such projects.

Clinical audits and QI projects carried out by junior doctors should be included in a Trust's registration system.

The Trust's requirements for registering a clinical audit or QI project should be communicated to all junior doctors through agreed processes, which could include any of the following:

- Explanation of the clinical audit or QI project registration process at junior doctors' induction
- Explanation of the registration process at training sessions for junior doctors on clinical audit and QI
- Email communication to junior doctors following their appointments by the Trust's clinical audit committee chair or clinical audit manager
- Reminders to be provided about registering clinical audits and QI projects to junior doctors by their clinical and educational supervisors
- Directions about registering clinical audits and QI projects should appear on the Trust's intranet pages for junior doctors and for clinical audit and QI activities in the Trust

To determine if a proposed clinical audit or QI project represents any ethics issues, see [Guide to managing ethics issues in quality improvement or clinical audit projects](#) at www.hqip.org.uk.

Access to patient records or electronic data for clinical audit or QI project purposes

An NHS Trust should establish formal systems through which clinical staff can access patient records or electronic data for clinical audit or QI project purposes. Such systems should control access to patient health information and ensure that individuals who use patients' health information for clinical audit or QI purposes follow data protection and information governance requirements. For more information on information governance and clinical audit, see www.hqip.org.uk.

The process for accessing patient records and electronically held information should be clearly communicated to junior doctors. An optimal process is for access to patient health information to be linked to approval of a clinical audit or QI project proposal and the registration of a clinical audit or QI project in the Trust's registration system.

Where an NHS Trust has internal financial charges for the retrieval of patient records for clinical audit or QI purposes, the budget for such charges should allow for junior doctors' clinical audits or QI projects, particularly when junior doctors are carrying out projects that are part of a clinical service's clinical audit or improvement programme.

Sharing and handing over clinical audits and QI projects among Foundation Programme doctors

In view of the time-related constraints that Foundation doctors face in completing clinical audits and QI projects, an NHS Trust should allow F1 and F2 doctors to share work on an individual clinical audit or QI project. Examples of sharing work on a clinical audit or QI project can include any of the following arrangements.

- Two or more F1 and F2 doctors can work on the same audit or QI project in the same clinical service by sharing data collection for different wards, clinics, theatres, special care units or sites
- Two or more F1 and F2 doctors can work on the same audit or QI project in different clinical specialties within a directorate, for example, different surgical specialties
- A group of F1 and F2 doctors can work on a Trust clinical audit or QI project, such as on patient consent

As Foundation doctors rotate quickly among clinical services, an NHS Trust should allow Foundation doctors to hand over the work completed so far on a clinical audit or QI project to the doctors coming into the clinical service, if the doctors favour this arrangement.

For example, an F1 doctor in a clinical service may design and carry out a clinical audit through data collection and reporting, indicating the need for improvement. Then, an F1 doctor coming onto the rotation can work through the change process and repeat data collection for the clinical audit.

In this arrangement, all the Foundation doctors participating in a clinical audit or QI project should be permitted to use the clinical audit or QI project experience in meeting their training requirements, as long as there is documented evidence of each doctor's contribution. If small teams of Foundation doctors are working on clinical audits or QI projects, they should be able to hand over the audits or QI projects to incoming teams as well. In practice, Foundation doctors may prefer to complete the clinical audits or QI projects they begin, even if it means they are working on a project in a service in which they are no longer working on a day-to-day basis.

Sharing clinical audit or quality improvement subjects among registrars

The same or a related clinical audit or QI project subject can be shared among registrars working in the same clinical service, with each registrar's audit or QI project focusing on a different aspect of patient care.

For example, one registrar could carry out a clinical audit on the appropriateness of clinical decision-making related to an area of practice and another could carry out an audit on the effectiveness of care provided related to the same area of practice. However, each registrar has to assume responsibility for carrying out his or her audit independently in order to meet relevant training requirements.

Selecting subjects of clinical audits for junior doctors

Clinical audit subjects for Foundation Programme doctors

Clinical audits carried out by junior doctors should not be seen simply as training exercises. Junior doctors should be encouraged by their supervisors to carry out clinical audits that will benefit their patients and the clinical teams they work in. They should also be encouraged to work with their multiprofessional colleagues to maximise the impact of their clinical audits.

F1 and F2 doctors can be assigned to carry out clinical audits that are in a service’s clinical audit programme, including audits on the implementation of NICE or other national guidance.

However, *The Foundation Programme Curriculum* includes many aspects of clinical practice for which F1 and F2 doctors need to demonstrate competence.² Many of these aspects of care are associated with NHS Trust systems and processes or clinical practices, and therefore, are suitable as subjects for clinical audit. Possible clinical audit subjects derived from *The Foundation Programme Curriculum* and possible objectives for audits on these subjects are in the box.

Possible subjects for clinical audits for F1 and F2 doctors	
Communicating with patients	Increase patients’ knowledge of their condition and treatment, including evidence related to their condition, by assessing what patients understand now and improve explanations to patients by junior doctors if indicated as needed by the audit findings
History-taking	Determine the percentage of clinical histories that include entries for all aspects of a patient history and take action to improve the completion of clinical histories if indicated as needed by the audit findings
Venous thromboembolism management	Ensure that patients are assessed for the risk of developing venous thromboembolism and that appropriate prophylaxis is provided in accordance with the Trust’s protocol
Documentation in patient records	Determine the percentage of notes in patient records that are completed by Foundation doctors in accordance with the Trust’s standards for patient record-keeping and increase the percentage of notes completed correctly if the audit shows the need for improvement
Prescribing	Ensure that prescriptions for drugs and treatments (including oxygen and fluids) are completely consistent with the Trust’s standards for prescribing
Prescribing blood transfusions	Determine if prescriptions for blood transfusions are appropriate and take action on audit findings as needed
Acutely ill patient assessment	Assess if early warning scores assigned to an acutely ill patient are consistent with evidence of the patient’s condition in the patient’s record and if appropriate actions are taken in response to early warning scores. Change practice if the audit shows the need for improvement
Discharge planning	Determine if a clinical team started discharge planning from the day of admission, including referral to appropriate members of the multidisciplinary team, and change practice if the audit indicates that discharge planning is not initiated at the time of admission

Discharge summaries	Ensure that discharge summaries of patients' care: <ul style="list-style-type: none"> • Are prepared on a timely basis • Include reference to drugs prescribed on discharge and the need for follow up
Preoperative assessment and consent documentation	Determine if all required investigations are completed with results available and consent documentation is completed on a timely basis for preoperative patients. Change practice if the audit shows that the patient preparation for surgery is not completed on a timely basis
Clinical handover	Determine if acutely ill patients and their needs are routinely identified at clinical handover and take action to improve communication about acutely ill patients if the audit shows that these patients' needs are not being communicated to doctors coming on to shifts
Clinical decision-making	Determine if clinical decisions, specifically drugs prescribed, investigations requested, or procedures or therapies requested, made by Foundation doctors on a weekend are confirmed as appropriate by the responsible consultant and act to improve clinical decision-making as indicated by the audit findings
Do not attempt resuscitation (DNAR) orders	Ensure that the Trust policy on the documentation related to a DNAR order is being implemented on (specified) wards
Fasting of preoperative patients	Determine if patients having elective surgery for (specified conditions or procedures) have missed more than one meal due to fasting prior to surgery and work with the team involved to ensure that patients are not fasted for unnecessarily long periods
Follow up arrangements	Ensure that patients requiring follow up after discharge from hospital have follow up appointments made and communicated directly to the patients

Successive groups of or individual F1s or F2s can be assigned to carry out the same clinical audit, comparing findings with previous clinical audits on the same subject to benchmark the practice of Foundation doctors and/or to identify if previous action taken to achieve improvement in performance has been successful.

Clinical audit subjects for registrars

Registrars should be assigned to carry out clinical audits that are in a service's clinical audit programme, including audits on the implementation of NICE or other national guidance and on subjects recognised on a clinical service's risk register. Clinical audits carried out by registrars should be on subjects that represent priorities for audit and improvement in a clinical service.

Involvement in national clinical audits

Foundation Programme doctors and registrars are sometimes asked to serve as data collectors for national clinical audits. If the junior doctors have no other involvement in the audit they can be left with a negative view of the value of national clinical audits.

A more effective way to involve junior doctors in national clinical audits is to have their clinical audit leads ask them to interpret and report to colleagues on the findings of the clinical service's performance on a national clinical audit. In addition, junior doctors can be asked to identify shortcomings in care in the clinical service in accordance with national clinical audit findings, find the root causes of the shortcomings, and plan and recommend action needed to achieve improvement. Junior doctors can also carry out local clinical audits or other QI projects derived from findings of national clinical audits to measure whether or not needed improvements in patient care are being achieved.

Recognising junior doctors' involvement in clinical audit and quality improvement

Trust clinical audit presentation or celebration event

In addition to presentation of clinical audits at routine clinical audit or clinical governance meetings, an NHS Trust, including the Postgraduate Education Department, should arrange for an event at which junior doctors can present their work on clinical audits and quality improvement projects.

If a Trust has an annual clinical audit or QI conference or event, junior doctors should be actively encouraged to present their work on clinical audits or QI projects as papers or posters.

Certificates of recognition

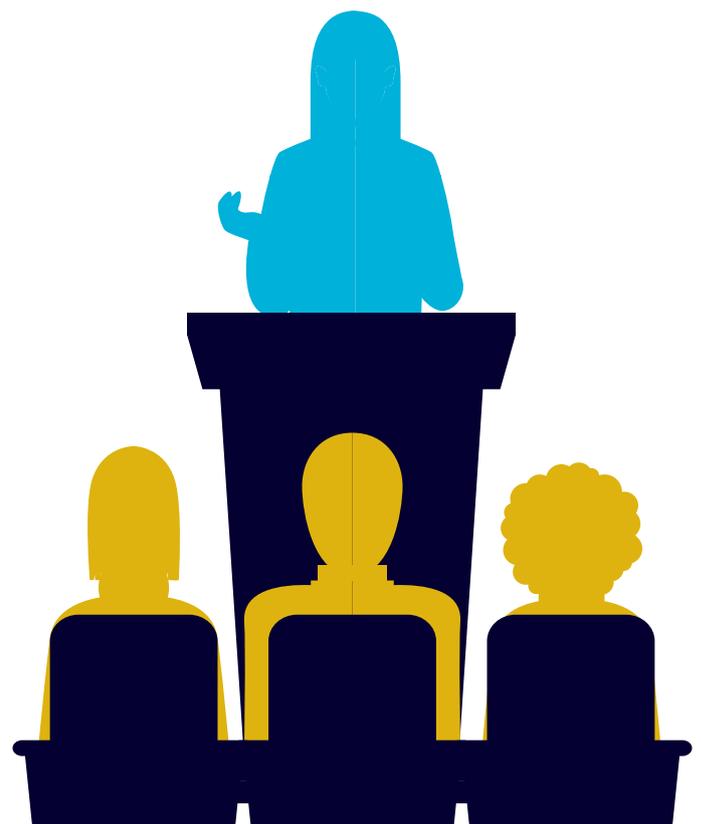
In addition to certificates for participation in training, an NHS Trust can award a certificate of participation or completion to junior doctors who submit a clinical audit or QI project report. Certificates of completion can be awarded if there is evidence of at least one cycle of repeat data collection following the implementation of action. When junior doctors work together or hand over a clinical audit or QI project, all the doctors should get a certificate of participation when the report is submitted as long as each doctor's contribution to the work is clearly documented in the report. Examples of certificates recognising participation in and completion of a clinical audit or QI project are in [Appendix 3](#).

National presentation opportunities for junior doctors

There are regional and national events where junior doctors can present their clinical audits or QI projects, such as the National Foundation Doctors Presentation Day hosted by Severn Foundation School. Another national event is provided by the Clinical Audit Support Centre in partnership with HQIP.

Examples of audits and QI projects recognised in national competitions are in the box on the next page.

Educational supervisors should inform their junior doctors about these events and how to make submissions.



Examples of award-winning clinical audits by junior doctors

For more information about posters of these award-winning clinical audits, see www.clinicalauditsupport.com/projects/projects.html

- Laparoscopic cholecystectomy and the need for routine group and save
- Improving the quality of discharge summaries on the stroke unit
- Referral finder: Improving in-hospital referrals in Ninewells Hospital, Dundee
- Curing the delay to diagnosis in hip fracture
- Chase CRP, review patient: Improving the quality of out-of-hours medical handover at a London Teaching Hospital
- Dr Toolbox — An online directory providing a national solution to a local problem
- Verifying death, implementing a successful change in practice: A completed audit cycle
- Don't be a clot — Ensure the prescription of outpatient VTE prophylaxis following lower limb arthroplasty
- Improving the identity checking of theatre specimens
- Night time emergency department secondment: An alternative to extended junior doctor cross-over in ENT and beyond?
- Falling rates or falling flat — Can a multifactorial assessment and interventional programme decrease patient falls in an elderly care ward?
- Great cocktail without the hangover — Fascia iliaca block and fast track pain relief for proximal femoral fractures
- An apple a day keeps VTE at bay — The use of tablet computers to improve accurate documentation of venous thromboembolism prophylaxis decision-making
- Improving DVT prophylaxis using a “Lean” approach: A new solution to an old problem

Putting arrangements in place for junior doctors' involvement in clinical audit and quality improvement

Assessing current arrangements

An NHS Trust should assess how well arrangements are working currently for supporting junior doctors' involvement in clinical audit and QI and use the assessment as a basis for improving support. The questions in the box can be used to carry out the assessment.

Working with key stakeholders to improve arrangements

Based on the nature and level of support related to clinical audit and QI that is currently available for junior doctors, decide on the actions that need to be taken in the Trust and the individuals or groups that need to be involved.

Assessing current NHS Trust arrangements to support junior doctors' involvement in clinical audit and quality improvement

1. Does the NHS Trust have a formal approved policy on supporting junior doctors' involvement in clinical audit and QI?
 Yes No

If yes, does the policy cover the important points in this guide?
 Yes No No policy

If yes, is the explicit or implicit NHS Trust policy on supporting junior doctors' involvement in clinical audit and QI routinely communicated to junior doctors working in the Trust?
 Yes No No policy
2. Is training or other structured opportunities for learning on clinical audit and QI regularly available for Foundation Programme doctors?
 Yes No

If yes, has the training been formally evaluated and found useful by Foundation Programme doctors themselves?
 Yes No No structured training or opportunities
3. Is training or other structured opportunities for learning on clinical audit and QI regularly available for registrar doctors?
 Yes No No structured training or opportunities

If yes, has the training been formally evaluated and found useful by registrar doctors themselves?
 Yes No No structured training or opportunities

4. Are the roles of key people who need to support junior doctors in carrying out clinical audits or QI projects clearly defined and communicated?

Yes No

5. Is there a process in place for junior doctors to learn the NHS Trust's requirements and expectations about carrying out clinical audits or QI projects?

Yes No

If yes, has the process been evaluated for its effectiveness by junior doctors?

Yes No No process in place

6. Are there mechanisms in the NHS Trust to recognise the clinical audits or QI projects carried out by junior doctors?

Yes No

7. Do a majority of junior doctors working in the NHS Trust participate in presentations that are intended to demonstrate their involvement in clinical audit and QI projects?

Yes No

If yes, is involvement in clinical audit and QI roughly equivalent in all clinical directorates and specialties in the NHS Trust?

Yes No No, a majority is not participating in presentations

8. Are the clinical audits and QI projects carried out by registrars on subjects that represent priorities for audit and improvement in a clinical service?

Yes No

9. Have clinical directorates and specialties in the NHS Trust taken action on clinical audits and QI projects carried out by junior doctors?

Yes No

10. Would junior doctors working in the NHS Trust state that the Trust provides support for their involvement in clinical audits and QI projects?

Yes No

References

1. National Institute for Clinical Excellence. Principles for Best Practice in Clinical Audit. Abingdon: Radcliffe Medical Press; 2002; p. 1.
2. The Foundation Programme Curriculum 2016. Available at: www.foundationprogramme.nhs.uk/curriculum/introduction. Last accessed 12 August 2016.
3. Good Medical Practice. General Medical Council 2013. Available at: www.gmc-uk.org/static/documents/content/GMP_.pdf. Last accessed 12 August 2016.
4. Standards for Curricula and Assessment Systems. General Medical Council; April 2010; p. 12. Available at: www.gmc-uk.org/standards_for_curricula_and_assessment_systems_1114.pdf_48904896.pdf. Last accessed 12 August 2016.
5. A Reference Guide for Postgraduate Specialty Training in the UK. The Gold Guide. Sixth edition; Feb 2016. Available at: <http://www.fph.org.uk/uploads/Gold%20Guide%206th%20Edition%20February%202016.pdf>. Last accessed 25 September 2016.
6. Changes to specialty trainee assessment and review from August 2014. Guidance for trainees. Joint Royal Colleges of Physicians Training Board. Available at: www.jrcptb.org.uk/sites/default/files/2014_Changes_to_specialty_trainee_assessment_and_review_-_guidance_for_trainees.pdf. Last accessed 12 August 2016.
7. The quality improvement project – Guidance for examination candidates, The Royal College of Emergency Medicine, July 2015. Available at: https://portal.rcem.ac.uk/LIVE/docs/Clinical%20Audit_Improvement/23d.%20Quality%20Guidance%20for%20examination%20candidates.pdf. Last accessed 25 September 2016.

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Appendix 1. Template for policy on junior doctors’ involvement in clinical audit and quality improvement

Name of document	Policy on Junior Doctors’ Involvement in Clinical Audit and Quality Improvement
Version	
Target staff	<p>All junior doctors working in NHS Trust (name of NHS Trust)</p> <p>Clinical audit/quality improvement leads</p> <p>Clinical audit/quality improvement committee</p> <p>Educational supervisors of junior doctors</p> <p>Clinical supervisors of junior doctors</p> <p>Postgraduate medical education department</p> <p>Clinical audit/quality improvement departments</p> <p>Clinical directors</p>
Consultation with	
Approved by	
Date approved	
Author	
Accountable committee/individual	
Date issued	
Review date	

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1 Purposes and outcomes of this policy

1.1 Purposes

The purposes of this policy are to:

- Provide a recommended approach for involving junior doctors in clinical audit and quality improvement in all clinical specialties in the NHS Trust (name of NHS Trust) consistent with current evidence of best practice in clinical audit and quality improvement and postgraduate training requirements
- Facilitate a shared understanding of the purpose of involving junior doctors in clinical audit and quality improvement and understanding of clinical audit and quality improvement processes among all junior doctors working in the Trust
- Encourage junior doctors to participate in clinical audits and quality improvement (QI) projects that are appropriate and effective and that support the Trust's commitment to continuously maintain and improve the quality and safety of patient care
- Provide for formal certification of participation in clinical audit and quality improvement for learning portfolios for junior doctors who meet the Trust's requirements
- Clarify responsibilities for involving junior doctors in clinical audit and quality improvement among the junior doctors, educational supervisors, clinical supervisors, clinical audit leads, the postgraduate medical director and staff, the Trust's clinical audit or quality improvement (or equivalent) committee and the clinical audit and quality improvement staff

1.2 Outcomes

The intended outcomes of this policy are:

- Junior doctors are supported to meet postgraduate training requirements and expectations relating to participation in clinical audits and QI projects and have evidence of meeting the requirements
- Clinical audits and QI projects carried out by Foundation Programme doctors are consistent with the content of The Foundation Programme's syllabus and competences
- Clinical audits and QI projects carried out by registrars are part of an appropriate planned programme of clinical audit and quality improvement in the specialties in which they work
- Clinical audits and QI projects carried out by junior doctors are completed through all the stages, that is, with evidence of improvements in practice when the findings of a clinical audit or QI project indicate the need for improvement
- Clinicians and clinical audit leads support junior doctors in carrying out clinical audits and QI projects consistent with defined roles and responsibilities
- Junior doctors do not waste time on inappropriate and ineffective clinical audit or QI activities

2 Definitions

2.1 Junior doctors

For purposes of this policy, junior doctors are defined as follows:

- Foundation Programme trainees, including Foundation Year 1 and Foundation Year 2 (F1s and F2s)
- Specialty registrars (StRs) (appointed after August 2007)
- Specialist registrars (SpRs) (appointed before August 2007)

2.2 Requirements for participation of junior doctors in clinical audit and quality improvement

2.2.1 Foundation Programme doctors

In relation to quality improvement, F1 and F2 doctors are expected to be involved in quality improvement as follows:¹

- F1 – Shows evidence of involvement in quality improvement initiatives in healthcare
- F2 – Contributes significantly to at least one quality improvement project including:
 - Data collection
 - Analysis and/or presentation of findings
 - Implementation of recommendations

2.2.2 Registrars

Participation in clinical audit is a mandatory training requirement for doctors at registrar level. All registrars must be regularly involved in the clinical audit process, including personally participating in planning, data collection and analysis.²

In addition, some Royal Colleges expect registrars to complete quality improvement projects.³⁻⁴

2.3 Clinical audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit measures and the implementation of change.⁵

2.4 Clinical audit process

The clinical audit process involves the following steps.

A clinical team:

- Agrees on an important subject for clinical audit and the intent of the audit
- Agrees on how the audit will be carried out, that is, the objective/s, stakeholders, number of cases or events included and how they are to be selected, and data collection strategy
- Agrees on precise measures of standards of quality or safety of patient care or service. The clinical audit measures may incorporate agreed national or local standards or evidence of good clinical practice, where available. Consensus among appropriate colleagues may be used in the absence of agreed standards or evidence
- Uses the standards as the basis for collecting data on day-to-day practice
- Evaluates the findings and any cases or events that did not meet patient care quality or safety expectations
- If the findings show that the standards are being met, gives feedback on good practice to those involved and acts to maintain good practice
- If the findings show that the clinical audit measures are not being met:
 - Analyses the problems revealed and finds their root causes
 - Takes action to eliminate or minimize the causes of the problems
 - Measures again when action is taken to see if practice is improved

2.5 Quality improvement

Quality improvement refers to systematic, data-guided activities designed to bring about immediate, positive changes in the delivery of healthcare in particular settings.⁶

2.6 Quality improvement process

The quality improvement process involves the following steps. A clinical team:

- Agrees on an improvement to be achieved
- Tests the commitment of the team and other key stakeholders to achieving the improvement agreed
- Establishes the baseline by measuring the effects of current practice on patients, staff, others or the organisation, using quantitative or qualitative methods
- Analyses the findings of measurement to identify problems in the current delivery of care or service and their causes
- Acts to implement change to achieve the intended improvement
- Measures again to determine if the change has been effective in achieving the intended improvement

2.7 Clinical team

For purposes of this policy, a clinical team is a specialty group. Such teams assume responsibility and accountability for the completion of clinical audits and QI projects that are in the relevant specialty clinical audit and improvement programme.

2.8 Educational supervisor

An educational supervisor is the doctor who is responsible for overseeing the training of a junior doctor.

2.9 Clinical supervisor

A clinical supervisor is the doctor who supervises the clinical work of a junior doctor. A junior doctor's clinical supervisor serves as a sponsor for a clinical audit or QI project within the clinical specialty.

2.10 Clinical directorate or specialty clinical audit or improvement lead

A clinical directorate or specialty clinical audit or improvement lead is a clinician designated to assume responsibility and accountability for the clinical audit and QI project activities in a directorate, specialty or clinical service.

3 Policy for junior doctors' involvement in clinical audit and quality improvement

The policies for involving junior doctors in clinical audit in the NHS Trust (*name of Trust*) are as follows.

3.1 Assigning clinical audits to junior doctors

The clinical audit lead in a specialty should assume responsibility for designing a programme for involving Foundation Programme doctors in clinical audit in the specialty. The clinical audit lead also should ensure that registrars in the clinical service have selected or are assigned important clinical audits to carry out, and that the audits are included in the clinical service's clinical audit programme.

3.2 Ways of involving Foundation doctors in clinical audit

The following approaches are acceptable ways of involving Foundation doctors in clinical audit in the Trust.

3.2.1 Sharing and handing over clinical audits among Foundation doctors

A group or team of F1 or F2 doctors or individual F1 or F2 doctors can be assigned to carry out a clinical audit. The group or team or individual would be involved in designing or refining a clinical audit in the clinical service; collecting data for the audit; collating and interpreting the findings; identifying root causes of any problems in practice revealed by the audit; planning and recommending action to achieve improvement; and repeating data collection to determine the effectiveness of actions taken.

Examples of sharing work on a clinical audit can include any of the following arrangements:

- Two or more F1 or F2 doctors can work on the same audit in the same clinical service by sharing data collection for different wards, clinics, theatres, special care units or sites
- Two or more F1 or F2 doctors can work on the same audit in different clinical specialties within a directorate, for example, different surgical specialties
- A group of F1 or F2 doctors can work on a Trust clinical audit, such as on clinical record-keeping

Foundation doctors may hand over the work completed so far on a clinical audit to the doctors coming into the clinical service, if the doctors favour this arrangement. For example, an F1 doctor in a clinical service may design and carry out a clinical audit through data collection and reporting, indicating the need for improvement. Then, an F1 doctor coming onto the rotation can work through the change process and repeat data collection for the clinical audit.

All Foundation doctors participating in the clinical audit will be acknowledged by the Trust as meeting their training requirements related to clinical audit as long as evidence of each doctor's contribution to the audit is clearly documented in the clinical audit report submitted to the Trust.

3.2.2 Using standardised clinical audits

Successive groups of, or individual F1s and F2s, can be assigned to carry out the same clinical audit, comparing findings with previous clinical audits on the same subject to benchmark the practice of Foundation doctors and/or to identify if previous action taken to achieve improvement in performance has been successful.

3.3 Possible subjects for clinical audits for Foundation doctors

Examples of subjects of clinical audits that could be carried out on this basis, which are relevant to direct patient care and which are included in the syllabus and competences for The Foundation Programme, include:

- Increase patients' knowledge of their condition and treatment, including evidence related to their condition, by assessing what patients understand now and improve explanations to patients by junior doctors if this is indicated as necessary by the audit findings
 - Determine the percentage of clinical histories that include entries for all aspects of a patient history and take action to improve the completion of clinical histories if indicated as needed based on audit findings
 - Ensure that patients are assessed for the risk of developing venous thromboembolism and that appropriate prophylaxis is provided in accordance with the Trust's protocol
 - Determine the percentage of notes in patient records that are completed by Foundation doctors in accordance with the Trust's standards for patient record-keeping and increase the percentage of notes completed correctly if the audit shows the need for improvement
 - Ensure that prescriptions for drugs and treatments (including oxygen and fluids) are completely consistent with the Trust's standards for prescribing
 - Determine if prescriptions for blood transfusions are appropriate and take action on audit findings as needed
 - Assess if early warning scores assigned to an acutely ill patient are consistent with evidence of the patient's condition in the patient's record, and if appropriate actions are taken in response to early warning scores. Change practice if the audit shows the need for improvement
 - Determine if a clinical team started discharge planning from the day of admission, including referral to appropriate members of the multidisciplinary team, and change practice if the audit indicates that discharge planning is not initiated at the time of admission
- Ensure that discharge summaries of patients' care:
 - Are prepared on a timely basis
 - Include reference to drugs prescribed on discharge and the need for follow up
 - Determine if all required investigations are completed with results available and consent documentation is completed on a timely basis for preoperative patients. Change practice if the audit shows that the patient preparation for surgery is not completed on a timely basis
 - Determine if acutely ill patients and their needs are routinely identified at clinical handover and take action to improve communication about acutely ill patients if the audit shows that these patients' needs are not being communicated to doctors coming on to shifts
 - Determine if clinical decisions, specifically drugs prescribed, investigations requested, or procedures or therapies requested, made by Foundation doctors on a weekend are confirmed as appropriate by the responsible consultant and act to improve clinical decision-making as indicated by the audit findings
 - Ensure that the Trust policy on the documentation related to a DNAR order is being implemented on wards
 - Determine if patients having elective surgery for have missed more than one meal due to fasting prior to surgery and work with the team involved to ensure that patients are not fasted for unnecessarily long periods
 - Ensure that patients requiring follow up after discharge from hospital have follow up appointments made and communicated directly to the patients

The designs of the clinical audits on any of these subjects can be standardised and shared among clinical services in the Trust so that Foundation doctors' performance on these key clinical competences is subject to clinical audit across the Trust.

3.4 Ways of involving Foundation doctors in QI projects

QI projects can be agreed and shared in the same ways as clinical audit projects, as described in 3.2. Foundation doctors are likely to need ideas for QI projects from their supervisors or leads as their rotations in clinical services are short.

3.5 Ways of involving registrars in clinical audit and quality improvement

Although registrars are expected to carry out a clinical audit independently, they can work on the same or a related clinical audit subject, working together or in parallel. For example, one registrar could carry out a clinical audit on the appropriateness of clinical decision-making related to an area of practice and another could carry out an audit on the effectiveness of care provided related to the same area of practice.

Some Royal Colleges may expect registrars to complete a QI project and be prepared to be examined on the project.

3.6 Recognition of clinical audit or QI experience for junior doctors

Junior doctors will be eligible to receive a formal certificate of their participation in clinical audit or QI processes if they meet the Trust's requirements for participation. The certificate is issued following registration of the audit or QI project in the Trust's database of clinical audits and QI projects and submission of the report on the clinical audit or QI project to the department.

3.7 Reference to clinical audit and quality improvement in junior doctors' induction

The following information about clinical audit and quality improvement should be made available to junior doctors at the time of their induction:

- The Trust's policy on involving junior doctors in clinical audit and quality improvement, with a short summary of the Trust's expectations about junior doctors' involvement in clinical audit and QI
- The training on clinical audit and QI available for junior doctors and how to arrange participation in the training
- How to access any required documentation related to clinical audit or QI in the Trust, for example, a clinical audit or QI project proposal form or a clinical audit or QI report template
- Sources of information about clinical audit and quality improvement
- Who to contact for more information or support for carrying out clinical audits or QI projects in the Trust

3.8 Training on clinical audit and quality improvement

Training on how to carry out a clinical audit or QI project consistent with the Trust's understanding of the clinical audit and quality improvement processes is made available for junior doctors as follows:

.....

.....

.....

.....

(to be defined by the Trust)

4 Responsibilities and accountabilities for the involvement of junior doctors in clinical audit and quality improvement

The following are responsibilities and accountabilities for the involvement of junior doctors in clinical audit and quality improvement.

4.1 Junior doctors

Individual junior doctors are responsible for meeting their requirements for involvement in clinical audit and QI, consistent with their training requirements, including for the following:

- Carrying out a clinical audit or QI project consistent with the understanding of the clinical audit and QI processes as described in Trust Policies
- Completing and submitting the Trust's clinical audit or QI proposal form for the project
- Completing and submitting the Trust's clinical audit or QI report form for the project
- Take part in clinical governance and audit meetings

4.2 Clinical audit and/or QI lead for directorate, specialty or service

The clinical audit or QI lead for a specialty or service is responsible for carrying out the following in regard to involving junior doctors in clinical audits and QI projects:

- Assigning or approving clinical audit or QI work for junior doctors, whether for a group or individuals
- Arranging for peer review of a clinical audit or QI project proposal submitted by junior doctors and providing feedback on such proposals

- Ensuring that junior doctors have access to appropriate and effective training on how to carry out a clinical audit or QI project, either by providing such training or by referring junior doctors to training available in the Trust or elsewhere
- Providing advice and support on the design and execution of clinical audits or QI projects as needed
- Monitoring completion of the specific clinical audits or QI projects that have been approved and prompting junior doctors to meet the agreed timetable for the work, as needed
- Ensuring that junior doctors understand requirements relating to ethics and data protection in relation to clinical audit and quality improvement
- Ensuring that formal certificates of completion of clinical audit and quality improvement requirements are provided to junior doctors who successfully complete the Trust's requirements

4.3 Clinical audit and/or Quality Improvement Committee

The Trust's clinical audit and/or quality improvement committee or an equivalent group is responsible and accountable to the Trust's clinical governance (or equivalent) committee for the following:

- Consulting with the postgraduate medical director and with the deanery on this policy as needed
- Ensuring that the contents of this policy are disseminated to junior doctors along with information about the Trust's requirements for the clinical audit and QI processes and training available for junior doctors on clinical audit and QI
- Monitoring the implementation of the policy across all clinical specialties and taking any appropriate action to ensure that the policy is being implemented as intended

4.4 Clinical audit and/or quality improvement staff

Staff employed to support clinical audit and QI in the Trust are responsible for communicating the Trust's policy on involving junior doctors in clinical audits and QI projects and opportunities for training on clinical audit and QI for junior doctors. The clinical audit and QI staff members should also provide help and advice to junior doctors in designing clinical audits and QI projects and analysing and acting on findings.

4.5 Clinical and educational supervisors

Clinical and educational supervisors of junior doctors are responsible for supporting individual doctors carrying out clinical audits and QI projects.

4.6 Directorate clinical governance committees or teams

Directorate clinical governance committees or teams are responsible and accountable to the Trust's Clinical Governance Committee for acting on clinical audit and QI project findings submitted to the Committee or Team or recommending action to be taken to senior management or to the Clinical Governance (or equivalent) Committee.

5 *Monitoring compliance with this policy*

The Clinical Audit or Quality Improvement Committee is responsible for monitoring compliance with this policy and taking appropriate action to ensure that the policy is followed in all clinical services in the Trust that have junior doctors.

References

1. The Foundation Programme Curriculum 2016. Available at: www.foundationprogramme.nhs.uk/curriculum/introduction. Last accessed 12 August 2016.
2. Standards for Curricula and Assessment Systems. General Medical Council; 2010; p. 17. Available at: www.gmc-uk.org/standards_for_curricula_and_assessment_systems_1114.pdf_48904896.pdf. Last accessed 12 August 2016.
3. Changes to specialty trainee assessment and review from August 2014. Guidance for trainees. Joint Royal Colleges of Physicians Training Board. Available at: [www.jrcptb.org.uk/sites/default/files/2014 Changes to specialty trainee assessment and review - guidance for trainees.pdf](http://www.jrcptb.org.uk/sites/default/files/2014%20Changes%20to%20specialty%20trainee%20assessment%20and%20review%20-%20guidance%20for%20trainees.pdf). Last accessed 12 August 2016.
4. The quality improvement project – Guidance for examination candidates, The Royal College of Emergency Medicine, July 2015. Available at: https://portal.rcem.ac.uk/LIVE/docs/Clinical%20Audit_Improvement/23d.%20Quality%20Guidance%20for%20examination%20candidates.pdf. Last accessed 12 August 2016.
5. Adapted from National Institute for Clinical Excellence. Principles for Best Practice in Clinical Audit. Abingdon UK: Radcliffe Medical Press; 2002, p. 1.
6. Lynn J, Baily MA, Bottrell M, Jennings B, Levine RJ, Davidoff F, Casarett D, Corrigan J, Fox E, Wynia MK, Agich GJ, O’Kane M, Speroff T, Schyve P, Batalden P, Tunis S, Berlinger N, Cronenwett L, Fitzmaurice JM, Dubler NN, James B. The ethics of using quality improvement methods in health care. *Ann Intern Med* 2007;146(9):666–73.

Appendix 2. Template information sheet for junior doctors' involvement in clinical audit and quality improvement

Involving Junior Doctors in Clinical Audit and Quality Improvement in (insert name) Trust

Statement of commitment

The NHS Trust (*insert name of NHS Trust*) is committed to supporting junior doctors' involvement in the clinical audit and quality improvement (QI) processes. The Trust intends that junior doctors' clinical audits and QI projects make an important contribution to improving the quality and safety of patient care in the Trust in addition to contributing to meeting junior doctors' training requirements.

Trust policy on junior doctors' involvement in clinical audit and quality improvement

..... NHS Trust (*insert name of NHS Trust*)'s policy on involving junior doctors in clinical audit and quality improvement is available at (*insert exact location*) on the Trust's intranet. The policy covers the following:

- How junior doctors can identify subjects for their clinical audits and QI projects
- How F1s and F2s can share work on a clinical audit or QI project
- How junior doctors can access training on clinical audit and QI
- How junior doctors can get recognition for participation in or completion of a clinical audit or QI project
- People in the Trust who can support junior doctors in carrying out clinical audits and QI projects

Clinical audit and quality improvement training for junior doctors

Training or other learning opportunities about clinical audit and quality improvement and how to carry out your clinical audits or QI projects is available in the Trust as follows:

..... (*describe how to access training available*)

Certificates of participation in this training are provided.

Registering your clinical audits and QI projects

Clinical audits and QI projects you carry out in this Trust must be registered in the (*insert name of department that maintains the register of clinical audits and QI projects*). Registration of clinical audits and QI projects is required for the following reasons:

- Through the clinical governance arrangements in the Trust, clinical audits and QI projects are reviewed and acted on as needed. If you carry out a clinical audit or QI project that is not registered, the Trust cannot assure that any needed action will be taken on the findings
- The Trust has to be able to ensure that clinical audits and QI projects carried out in the Trust are appropriately designed and to ensure that research or other types of evaluation studies are not being carried out inappropriately under the name of clinical audit or quality improvement
- The Trust assumes responsibility for data protection and information governance and ethical requirements related to the conduct of clinical audit and quality improvement. The registration process includes a statement that you have been made aware of these requirements and intend to meet them as you carry out your clinical audits and QI projects
- If you need help on any aspect of your clinical audit or QI project, the individuals who support clinical audits and QI projects can be advised of the details about your clinical audit or QI project

Access to Trust documentation related to clinical audit and quality improvement

You will need to complete the following documentation related to clinical audits or QI projects you carry out in the Trust:

- Clinical Audit or QI Project Proposal form
- Clinical Audit or QI Project Report form

You can find copies of these documents at *(describe exact location of these documents, for example, on which intranet page). If the Trust operates an online system for submitting clinical audit proposals and reports, describe how to access the online system.*

Clinical audit approval process

If the Trust operates an approval process for clinical audit and QI project proposals and reports, describe how to get your proposal and report approved.

Recognition of your work in clinical audit and quality improvement

You can get formal recognition from the Trust for your participation in or completion of a clinical audit or QI project through the following ways:

(describe any opportunities for papers or posters to be presented, certificates that may be awarded and the conditions for getting certificates, or other forms of recognition available in the Trust)

Who to contact

For more information on clinical audit or quality improvement or getting help with your clinical audit or QI project, contact *(insert contact arrangements).*

Appendix 3. Template certificates recognising junior doctors' participation in clinical audits or QI projects

The templates for certificates that recognise junior doctors' involvement in clinical audit and quality improvement that follow cover three levels of participation as follows:

- Participation in training on clinical audit or quality improvement (the details of the training on clinical audit or QI projects to be filled in)
- Participation in a clinical audit or QI project with other colleagues. This certificate is intended for Foundation doctors who may work together on the same clinical audit or QI project
- Completion of a clinical audit or QI project working independently with supervision by the clinical audit or improvement lead or clinical supervisor. This certificate is intended for Foundation doctors or registrars who complete a clinical audit or QI project on their own

These template certificates require that the doctors involved have experience in recommending or implementing action to achieve improvement and in repeating data collection in order to judge the effectiveness of the action taken. The award of the certificate should be made whether or not the repeat data collection has demonstrated that improvement has been achieved, as the doctor has completed the clinical audit or improvement process, even though the clinical audit or QI project so far may not have resulted in intended improvement in patient care.

Put NHS Trust
Logo here

Certificate of participation
in training on (clinical audit)/
(quality improvement)

(insert name here)

has participated in (insert hours) of
(Clinical Audit)/
(Quality Improvement) Training

(insert name of training event)

that enabled participants to demonstrate the following
competences related to (clinical audit)/(quality improvement):
(list competences)

(insert date here)

Signature

Clinical Audit/Quality Improvement Training provider

*Put NHS Trust
Logo here*

***Certificate of participation
in a (clinical audit)/
(quality improvement project)***

In accordance with the policy of*(insert name of NHS Trust)*
on (clinical audit)/(quality improvement), based on the submission of a
complete (clinical audit)/(quality improvement project), report

(insert name here)

***has participated in carrying out a
(Clinical Audit)/
(Quality Improvement Project) on***

(insert subject of the clinical audit/QI project)

through at least one round of repeating data collection to determine
the effectiveness of any action taken to improve patient care

(insert date of certificate)

Signature

Clinical Audit/Improvement Lead

Put NHS Trust
Logo here

Certificate of completion of a (clinical audit)/ (quality improvement project)

In accordance with the policy of*(insert name of NHS Trust)*
on (clinical audit)/(quality improvement), based on the submission of a
complete (clinical audit)/(quality improvement project) report

(insert name here)

has independently completed a
**(Clinical Audit)/
(Quality Improvement Project) on**

(insert subject of the clinical audit/QI project)

through at least one round of repeating data collection to determine
the effectiveness of any action taken to improve patient care

(insert date of certificate)

Signature

Clinical Audit/Improvement Lead



Further information is available at: www.hqip.org.uk

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