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CLINICAL AUDIT AND REVALIDATION: Work to agree definitions and data sources

Dr Paul Lelliott, Chairman Healthcare Quality Improvement Partnership¹

As part of a wider programme of work on revalidation, the Academy of Medical Royal Colleges has agreed to work with the Healthcare Quality Improvement Partnership² to consider how clinical audit might support the process of revalidation. Recommendations from this work will be included in the Academy's documentation to be sent to the GMC for approval for revalidation.

The objectives

1. **To agree definitions of:**
 - i. a good clinical audit project;
 - ii. adequate involvement in clinical audit by a doctor for the purpose of revalidation;
 - iii. adequate response by a doctor to the results of clinical audit for the purpose of revalidation.
2. **To propose what evidence a doctor might collect** to demonstrate that the criteria that underpin the above definitions have been met for the purpose of revalidation; and where this evidence might be found and how it might be presented.
3. **To set out options for the roles** that might be played, in the process of using clinical audit to support revalidation, by:
 - i. Colleges and Faculties;
 - ii. appraisers in employing healthcare providers;
 - iii. clinical audit staff in healthcare providers.

Timetable for the work

We intend that the results of this work will be part of the proposals for revalidation for consultation before the end of 2009. All material for consultation would have to be approved by the GMC before it is implemented for revalidation. We therefore need to complete the work by the Autumn.

- Phase 1:** **A survey of Colleges and Faculties** (completed – see appendix 1)
- Phase 2:** **Workshop 1 involving College audit leads (June 17th, venue TBA)**
- Phase 3:** **Consultation on proposed definitions**
- Phase 4:** **Workshop 2 involving College audit leads to finalise definitions (July 23rd, venue TBA)**

¹ Dr Lelliott is also Director of the Royal College of Psychiatrists' Research and Training Unit

² HQIP holds the contract with the Department of Health in England to revitalise clinical audit. It commissions and manages the National Clinical Audit Programme (for England and Wales) and a body of work to support local clinical audit. HQIP is managed by a consortium that comprises the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

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Appendix 1

CLINICAL AUDIT AND REVALIDATION: Summary of results of survey of Colleges and Faculties and implications for the development of definitions

Paul Lelliott and Robin Burgess: 16th April 2009

Introduction

The Healthcare Quality Improvement Partnership is assisting the Academy of Medical Royal Colleges, through its revalidation implementation group, to draft definitions of: i. what constitutes adequate involvement in audit by a doctor and ii. what constitutes an appropriate response by a doctor to the results of audit.

During the first stage of this work members of the Academy were asked three questions:

- i. Please outline any principles or criteria that your College or Faculty use or promote for the development of quality audit?
- ii. How would your College or Faculty define what constitutes 'adequate' involvement in audit by a doctor for revalidation?
- iii. What evidence or supporting information would you College or Faculty include in revalidation to show that a doctor has acted on the findings or recommendations of an audit?

Responses were received from:

1. The College of Emergency Medicine
2. The Faculty of Pharmaceutical Medicine
3. The Royal College of Paediatrics and Child Health
4. The Royal College of Obstetricians and Gynaecologists
5. The Royal College of Ophthalmologists
6. The Royal College of Radiologists
7. The Royal College of Surgeons of Edinburgh
8. The Royal College of Surgeons of England
9. The Royal College of Pathologists

This paper summarises the responses and, based on these, puts forward some tentative definitions to stimulate discussion and debate.

Summary of the responses

The numbers in brackets indicate which of the respondent College's explicitly made each point in response to the questions asked³. The Faculty of Pharmaceutical Medicine stated that "clinical audit is probably not relevant to pharmaceutical medicine as it is not a clinical specialty and we do not have clinical audit in our standards."

General points

- all doctors must participate in audit (1,3,4,8)
- participation should be active (1,3)
- doctors should participate in both local and national audit (1,3,4,6,7,8)
- national audit includes registries, confidential enquiries and national outcomes programmes (1,4,7,8)
- audit against national standards is important (1,3,4)
- participation includes acting on the results of audit (1,3,4,5,6,7,8,9)
- audit should include members of the wider clinical team (1,3)
- Colleges have criteria for what constitutes good audit (1,3,4,9)
- Colleges should publish and/or recommend specific audits (1,3,5,6,9)
- Colleges might certify specific audits (3,9)

³ The questions were open-ended and it is likely that, had they been asked explicitly, other Colleges might have also endorsed some of these points

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Specific points about definition of adequate involvement in audit by a doctor

- should demonstrate ability to design and conduct a high quality audit (1,9)
- evidence of participation should be collected in a portfolio/CPD diary (3,4,7)
- includes evidence of collecting and validating data as part of a national audit (3,4)
- completing two rounds of data collection (1,3,5,9)
- attendance at meetings (6)
- considered at local appraisal

Specific points about definition of acting on results of audit

- evidence of a plan to implement recommendations (3,5,6,7,9)
- reflective notes (2,3,4,6,7,8)
- validation from appraisal sign off (1,3,4,8)
- evidence of reaudit (3,5,6,9)
- independent validation of reaudit (5)

Towards agreed definitions of:

1. What constitutes a good audit project?

There seems to be broad agreement about the criteria that define a good audit project. HQIP is working to compile a list for wider consultation. This list will apply to audit at all levels (local, regional and national). As far as possible, these criteria will be couched in terms that enable them to be used to state clearly whether a specific audit does or does not meet them.

Action: list to be put out for consultation and ratified by the working group.

Question: do we need a process(es) for confirming that an audit meets essential criteria?

Options (which are not mutually exclusive) are:

- approval/certification by a professional body
- approval/certification by an independent national body eg. HQIP
- “self-certification” perhaps by a trust clinical audit team using a nationally available template

2. What constitutes adequate involvement in audit by a doctor

There appears to be consensus that a doctor must demonstrate active involvement in a local clinical audit that meets the criteria for being a good audit **and** involvement in at least one national audit that has been approved by the doctor’s professional body – provided there is a national audit relevant to that doctor’s practice.

Markers of active involvement might include:

- involvement in selecting the audit topic
- contributing to the design of the audit
- assisting with data collection
- participation in meetings where the design and/or results of the audit are discussed
- recording participation in a CPD folder
- discussion of the audit with a peer-supervision/development group
- discussion of the audit at appraisal

Question: do we need to say how many audits a doctor should participate in and/or over what time-frame? eg. start one new local audit a year.

3. What constitutes an appropriate response by a doctor to the results of audit

There appears to be consensus that a doctor must demonstrate that he/she has taken appropriate action to respond to the findings of clinical audit that relates to his/her clinical practice and/or the performance of his/her clinical team.

Markers of appropriate action include:

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- participation in reaudit to confirm that practice has improved in line with the audit standards
- reflective notes about the implications of the audit findings in a CPD and/or appraisal folder
- participation in meetings where the results of the audit are discussed
- discussion of the audit findings with a peer-supervision/development group
- discussion of the audit findings at appraisal
- development of an action plan to implement recommendations
- undertaking actions intended to improve practice in line with the audit findings eg. training, team development, systems redesign etc
- alerting colleagues to issues or actions that require their attention; including to managers about resource or systems issues that need to be addressed if audit standards are to be met

What evidence is needed for revalidation?

The consultation identified three possible sources of evidence to confirm that a doctor has participated adequately in audit and has taken appropriate action on the results of audit:

- the presence in the appraisal folder of: a report of the audit, an action plan resulting from the audit, the results of reaudit, reflective notes
- the presence in the CPD diary of: a report of the audit, an action plan resulting from the audit, the results of reaudit, reflective notes
- evidence of participation in a national audit

This suggests two principal routes through which the recommendation that a doctor has met the requirement for participation in clinical audit can be made: i. through the process of trust appraisal and ii. through professional bodies through the CPD process and/or participation in professionally led national audits.

Question: is there a role for trust clinical audit departments beyond that of approving audit projects as meeting essential criteria? For example, should they be consulted about whether a doctor has been actively involved in clinical audit?