Quality improvement – training for better outcomes

Briefing note for consultants – what does this mean for me?

“In order to practise medicine in the 21st century, a core understanding of quality improvement is as important as our understanding of anatomy, physiology and biochemistry”

Stephen Powis, Medical Director, Royal Free London NHS Foundation Trust, 2015

What is this?
A report containing a set of recommendations aimed at aligning efforts to embed quality improvement as a core component of all medical education and training.

Who is making these recommendations?
The Academy of Medical Royal Colleges, together with a wide range of 35 stakeholder groups across the UK, including representatives from the GMC, patients, employers and the BMA.

What are the recommendations?
The recommendations arise from four work-streams; curriculum; education, learning and development; mapping examples in practice; strategic and supporting infrastructure. In brief, they are summarised as:

- It is essential to embed quality improvement into undergraduate and postgraduate medical training
- Every individual and organisation involved in medical education has a role to play in supporting trainees to make a difference
- The strength of quality improvement activity is how multi-professionals work and learn together, involving our patients in improving patient care
- Report includes examples of curricula content, how to deliver training, and examples of good practice, bringing the practicalities of quality improvement in action to life
Three things I will do to put these recommendations into practice

1. **Consistent undergraduate and foundation level quality improvement training**
   - Support the mapping of undergraduate quality improvement training programme to a consistent UK standard, and integration into a well-developed Foundation quality improvement programme. The national framework will bring undergraduate consistency to improve assimilation of trainees from a range of undergraduate medical schools to our Foundation quality improvement programme.

2. **Building quality improvement capacity in specialty training**
   - Continue to develop consistent quality improvement training in all specialty curricula, and deliver this through a number of ‘learning by doing’ mechanisms, recognising the value of cross-disciplinary and cross-sector cooperation and team working.
   - Continue to provide an extensive supported programme of inter-professional improvement teams, a programme of structured ‘paired learning’ across all Health and Social Care Sectors, and the use of the ‘Learning to Make a Difference’ methodology.
   - Promote the synergy in delivering quality improvement training in the context of management and leadership development, which we are delivering in a number of specialties through a trainee-led network model to further foster independent responsibility and professionalism.

3. **Recognising and valuing quality improvement participation**
   - Consistently recognise quality improvement participation through trainee assessment, person specifications, job planning and appraisal for consultants.

What else is relevant to me as a consultant?

- I value this national recognition and support to strengthen and develop structured QI training throughout the continuum of medical training and beyond.
- Building QI capacity and a culture of professional responsibility among all healthcare staff is vital and central to the successful, safe and thriving delivery of modern healthcare.
- I value the commitment from the Academy and GMC to develop consistent QI training in all specialty curricula.

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