Quality improvement – training for better outcomes

Briefing note for college presidents – what does it 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 as a college president to put these recommendations into practice

1. Change our curriculum
2. Champion quality improvement projects within each specialty with college recognition
3. Consider introducing quality improvement to the postgraduate examination and assessment programme

What else is relevant to me as a college President?

- All recommendations are relevant to some extent at a college level
- It is important to acknowledge the deficiencies in the present curricula of quality improvement methodology
- The mandate for inclusion within specialty curricula is to be welcomed and is already providing the impetus for change
- The gradual appearance of quality improvement at examinations, assessments, accreditation and ultimately with inspections for individuals and institutions will spread the word and speed any process of implementation
- Understanding the theory, the benefits for professionals and patients alike and then developing a structure at a local, national and even international level for sharing of ideas and benchmarking of outcomes, with the ultimate aim of improving the health of the patients we serve
- What will be needed is time. Time to generate, time to promote, time to do, time to learn from and share and time then to make a change. This may need up-front resource but this must be recognised as a valuable component of all professional clinical life, but in particular for those in training.

Although guidance from above will facilitate the development of quality improvement initiatives, it’s the bottom-up approach that will succeed, as commitment nearly always trumps compliance. Local solutions at unit, hospital or trust should be championed. Local individuals could be identified at specialty or regional levels and then coordinated via colleges or the Academy.

Written by David Richmond, President Royal College of Obstetricians and Gynaecologists

Full report available on the Academy website http://www.aomrc.org.uk/