

Clinical Audit Learning and Development Curriculum Guidance

Intermediate Programme Level 2

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1. Introduction

1.1 This document sets out guidance for the development and delivery of an intermediate clinical audit training, education and/or development programme, aimed at practitioners needing to enhance their clinical audit skills and knowledge

1.2 This Intermediate level of training, education and development can be used and adapted for Junior Doctor Foundation Training for clinical audit, clinicians undertaking clinical audit as part of their work, and clinical audit practitioners (such as clinical audit facilitators). It may also be used for clinicians wishing to refresh existing skills and knowledge.

1.3 The purpose of the guidance is to establish the corpus of learning for clinical audit at an intermediate level and to continue the process of developing clinical audit practitioners and/or to help practitioners who want to further develop their clinical audit skills.

1.4 The guidance provides a set of curricula against which providers of learning, training and education can self assess against or be benchmarked and awarded a mark of excellence, if appropriate. It is intended for use by both public and private providers of learning, education, and training.

1.5 The document also sets out guidance on learning and teaching methods.

1.6 It is expected the commissioners and providers of training and education and development in clinical audit will adapt the guidance to suit the needs of the learners and the needs of the organisation. For this purpose the Intermediate programme can be tailored to provide range of training interventions and timescales.

1.7 It is further expected that delivery of clinical audit training, education and development programmes or the sponsoring of individuals to participate will take place within a quality and service improvement context and/or programme

1.8 The guidance highlights six key areas in which practitioners should demonstrate competence. These competency areas are mapped against defined learning outcomes encompassing knowledge, attitudes/behaviours and skills,

1.9 The curricula have been matched against the key competency documents below as appropriate. It should be noted however, that this not a

comprehensive list of all the competencies that may be relevant or of interest.

1.10 This document also makes reference to the Advanced and Basic Programme Curriculum Guidance, which has been developed by HQIP.

1.11 The guidance curriculum has taken into account the following:

- I. Selected outcomes contained in Tomorrow's Doctors (2009)¹:
- II. Selected content and objectives for clinical audit training for foundation programme doctors and for registers as set out in the Guide to Involving Doctors in Clinical Audit. HQIP²
- III. Knowledge and skills required for clinical audit for clinicians, clinical audit specialists and clinical audit facilitators as set out in HQIP's Education, Training and Development Strategy for Clinical Audit³.
- IV. Selected competencies within the Common Competencies Framework for Doctors ⁴August 2009
- V. Selected competences set out in The UK Foundation Programme Curriculum⁵.
- VI. NHS Knowledge and Skills Framework (KSF) requirements⁶

1.12 HQIP has developed a set of quality assurance standards which can be used to self assess the level of compliance with this guidance⁷.

¹ Tomorrows Doctors. GMC. 2009

² Guide to Involving Doctors in Clinical Audit. HQIP²

³ Education, Training and Development Strategy for Clinical Audit³. HQIP/KPA. 2009

⁴ Common Competencies Framework for Doctors. Academy of Medical Royal Colleges. August 2009

⁵ The UK Foundation Programme Curriculum. GMC/Academy of Medical Royal Colleges Foundation Programme. March 2010

⁶ The NHS Knowledge and Skills Framework (NHS KSF) (October 2004)

⁷ Quality Assuring Clinical Audit Learning and Development. HQIP Draft March 2011

1.13 The guidance in this document was developed in consultation with clinical audit practitioners and those currently delivering training, development and education in clinical audit.

2. Aims and Objectives

A. Aims:

- To raise the national standard of clinical audit training in health and social care
- To emphasis the role of clinical audit as part of the quality improvement agenda
- To develop competent and confident practitioners in clinical audit

B. Objectives

To enable clinical audit practitioners:

- To use clinical audit methodologies and other quality improvement techniques in an experiential hands –on approach within a learning framework
- To measure the impact of clinical practice

2.1 There are several entry points for practitioners to access clinical audit training and development. They have been organised into three programme levels as illustrated in Table 1.

Table 1: Levels of learning/training

Advanced

Level 3 suitable for postgraduate students, medical directors, clinicians and clinical audit practitioners with a lead/specialist/training role in clinical audit

Intermediate

Level 2 suitable for F1/F2 Doctors, clinicians undertaking clinical audit, and clinical audit practitioners

Basic/beginners

Level 1 suitable for undergraduate students, vocational training students, in service clinicians (refresher), clinical audit support staff, and clinical staff induction programmes. May also provide template for awareness raising training for Boards /managers

Curriculum Guidance is available from HQIP for Advanced and Basic/Beginner Levels

2.2 It is envisaged that clinicians and clinical audit practitioners will move through the levels depending on role and need. For example, as part of revalidation, clinical doctors may need to demonstrate they have undertaken quality improvement activities, such as clinical audit leading to improved quality of patient care. To help support this they may wish to refresh their skills and access a clinical audit development programme (accredited or with the potential for accreditation) at an intermediate level.

2.3 Others may wish to become specialist practitioners in clinical audit or become involved in national audit programmes and undertake a programme of learning that will lead to accreditation and /or postgraduate credits. The Level 3 Advanced programme will provide this level of expertise and engagement.

2.4 The learning outcomes for each of the three levels are referenced against Blooms Taxonomy⁸ of Educational Objectives. A summary of the framework is attached as appendix 2.

⁸ 'Taxonomy Of Educational Objectives: Handbook 1, The Cognitive Domain' (Bloom, Engelhart, Furst, Hill, Krathwohl) 1956.

2.5 Section 3 below describes each of the curriculum programme areas against academic/vocational benchmarks, a summary of the learner profile, the practical and academic learning objectives and **suggested** assessment criteria against which the outcomes of the learning might be evaluated.

3. Characteristics of the Advanced, Intermediate and Basic Programmes

Table 2: Key characteristics of the Advanced Programme

Advanced Programme			
Series of modules/training days. Depending on provider arrangements the timescale will vary, for example, between 6 – 12 months			
Academic or vocational level	Learner profile	Practical and academic learning objectives	Suggested assessment criteria
<p>For academic organisations or those wishing to seek academic accreditation</p>			
<p>Entry Level 7⁹</p> <p>Level 7 reflects a post graduate level of learning and programmes may be structured to provide the equivalent of 60 credits for PGCE¹⁰ for example.</p> <p>Level 8</p>	<p>Suitable for postgraduate students, clinicians and clinical /clinical audit practitioners with a lead/specialist/training role in clinical audit</p>	<p>Design, implement and review a clinical audit project</p> <p>Produce a clinical audit report setting out recommendations with an action plan</p> <p>Develop an improvement and implementation plan against theory/policy and assessment of impact</p> <p>Engage with key</p>	<p>Completion of an essay to demonstrate understanding of the theories, regulatory frameworks and policy context for clinical audit practice within quality improvement</p> <p>Assessment of the clinical audit plan and project and report against a</p>

⁹ See Appendix 1: Definitions of the Framework for Higher Education Qualifications

¹⁰ Post graduate Certificate of Education

Advanced Programme			
Series of modules/training days. Depending on provider arrangements the timescale will vary, for example, between 6 – 12 months			
Academic or vocational level	Learner profile	Practical and academic learning objectives	Suggested assessment criteria
<p>For academic organisations or those wishing to seek academic accreditation</p>		<p>stakeholders to make improvements</p> <p>Use the literature to evaluate and critique connections between theories, models and best practice and outcomes of clinical audit</p> <p>Use the literature explore the role of clinical audit in health improvement and governance and assess its impact and effectiveness (referring to theoretical and applied knowledge))</p> <p>Write a reflective journal</p>	<p>set criteria</p> <p>Assessment of the improvement and implementation plan against set assessment criteria</p> <p>Review of reflective journal incorporating all aspects of learning from the audit, implementation and impact</p> <p>PDP signed off</p>
<p>This equates to 120 credits/ Post Graduate Diploma</p> <p>Or 180 credits to obtain a full Masters Degree)</p> <p>The notional learning time for a 10-credit module is 100 hours.</p>			

Table 3: Characteristics of Intermediate Programme

Intermediate			
Series of modules/training days. Depending on provider arrangements and learning needs of participants and sponsoring organisations the timescale will vary, for example, between 2 - 5 days			
Academic or vocational level	Learner profile	Practical and academic learning objectives	Suggested assessment criteria
<p>For academic organisations or those wishing to seek academic accreditation</p>			
<p>FHEQ level up to 4/5/6¹¹</p> <p>For example:</p> <p>NVQ level 4 (FHEQ Level 4) to undergraduate/ BTEC level (FHEQ level 6)</p>	<p>Suitable for F1/F2 doctors, clinicians undertaking clinical audit, and most clinical audit practitioners (without management responsibilities)</p>	<p>Write reflective log/journals</p> <p>Demonstrate understanding of the policies and procedures for clinical audit</p> <p>Demonstrate participation in clinical audit project</p> <p>Produce a summary clinical audit report</p> <p>Production of outline Improvement and implementation plan</p>	<p>Test knowledge and understanding of clinical audit:</p> <p>Multi choice questionnaires – requirement of 90% to pass</p> <p>Test application:</p> <p>Review of involvement in clinical audit project.</p> <p>Reflective essay incorporating summary of actions and outcomes assessed against standard checklist/ criteria.</p>

¹¹ See Appendix 1: Table 3: Definitions of the framework for Higher Education Qualifications

Table 4: Characteristics of Basic Programme

Basic			
One day workshop/training module			
Academic or vocational level	Learner profile	Practical and academic learning objectives	Suggested assessment criteria
<p>Up to FHEQ Level 5¹²</p> <p>Note: the basic curriculum has been matched to the competencies for clinical audit at undergraduate level for clinicians</p>	<p>Suitable for undergraduate students (as part of degree course)</p> <p>Vocational training students</p> <p>To meet In -service training requirements for example mandatory training as part of NHS litigation authority</p> <p>Clinical audit support staff</p> <p>Clinical staff</p> <p>PAMS</p>	<p>Attendance or completion of e learning</p> <p>Completion of written Action Plan</p> <p>Demonstrate understanding of clinical audit cycle and process and its use in practice</p> <p>Demonstrate understanding of how audit fits into the quality improvement context</p>	<p>Test of knowledge and understanding:</p> <p>Multi choice questionnaires – online (to assess learning).</p>

¹² See Appendix 1: Table 3: Definitions of the framework for Higher Education Qualifications

4. Learning and teaching methods

4.1 Providers of training and development will need to demonstrate a range of innovative and interactive methods for enhancing learning and acquisition of practical skills. It is expected that the content and delivery of the respective programmes will:

- Be linked to current roles
- Incorporate reflective practice
- Be practically based
- Have scientific rigour
- Incorporate lecture based teaching methods
- Incorporate scenarios and case studies
- Incorporate group discussions
- Involve people involved in clinical audit
- Provide opportunities for learners to facilitate their own learning
- Provide opportunities for classroom and offsite learning
- Provide opportunities for innovative ongoing methods of learning and assessment (to embed learning) such as quizzes, practical demonstrations, shared learning forums, e-learning, use of podcasts and video
- Reflect the content and format of the programme.

5. The Curriculum Guidance

5.1 The aim of this curriculum guidance is to set a benchmark for the development and delivery of training for clinical audit. It is hoped that this guidance will be used by commissioners and providers of training to develop their programmes which, when linked to rigorous and appropriate assessment processes and outcomes, will lead to well trained and competent clinical audit practitioners.

5.2 However, whilst the content areas are described, the detail as to the 'what and how' is open to individual interpretation and it is envisaged and hoped that training and development providers will develop their own innovative approach to delivering the curriculum.

5.3 Intermediate programme

This guidance is aimed primarily at clinical practitioners who have undertaken the basics in clinical audit and are required to further this knowledge and expertise as part of their role. It is primarily aimed at junior doctors undergoing their Foundation Training and incorporates (and extends) the requirements set out in the in The UK Foundation Programme Curriculum¹³.

It can be adapted for the training of other practitioners involved in clinical audit such as clinical audit facilitators and clinicians from other disciplines.

5.4 It is broad in scope and for this reason can be scaled up or down depending on the needs of the participants and sponsoring organisations

¹³ The UK Foundation Programme Curriculum. GMC/Academy of Medical Royal Colleges Foundation Programme. March 2010

6.

Curriculum Guidance for the Intermediate Programme Level 2

Intermediate Curriculum Guidance (Level 2)

This guidance is broad in scope and it is expected that providers will take from it the areas that meet their particular training needs. For example, to meet foundation doctor training requirements in clinical audit or as a checklist for training clinical audit facilitators to meet quality and governance requirements in individual trusts.

The guidance below reflects all the requirements for Foundation Doctors as contained in

1. Content and objectives for clinical audit training for foundation programme doctors set out in the Guide to Involving Doctors in Clinical Audit (denoted by * in the tables below). HQIP¹⁴
2. Section 12. Maintaining good medical practice: iii) Audit as contained in The UK Foundation Programme Curriculum. (Denoted by # in the tables below). AORMC¹⁵

¹⁴ Guide to Involving Doctors in Clinical Audit. HQIP¹⁴

¹⁵ The UK Foundation Programme. Academy of Royal Medical Colleges. March 2010

The intermediate programme for clinical audit is organised into six curriculum areas and associated learning outcomes:

1. Understanding clinical audit and its context

To explain what clinical audit is, what it achieves and how it fits into the context of quality improvement, patient experience, risk management and clinical practice.

2. The clinical audit cycle and model(s)

To be able to describe a clinical audit cycle, the theory and principles that underpins it and how to apply them in practice.

3. Designing, planning and setting up a clinical audit project

To be able to design and plan a clinical audit project which demonstrates practical application of principles and theories underpinning best practice

4. Data collection and analysis

To be able to collect and analyse data from a clinical audit, collate and display findings and produce a clinical audit report setting out key recommendations and actions for improvements in patient care.

5. Making sustained improvements

To be able to present clinical audit findings, recommendations and action plans to stakeholders and colleagues to influence and achieve improvements in patient care, which are sustainable.

6. Leadership and change management

To demonstrate skills required to develop and implement a clinical audit, which leads to improvements on patient care and safety.

Curriculum area one: Understanding clinical audit and its context

Learning Outcomes

To explain what clinical audit is, what it achieves and how it fits into the context of quality improvement, patient experience and clinical practice.

By the end of this curriculum area learners will be able to explain:

- How clinical audit fits into the NHS at a national and local level
- The role of clinical audit in improving quality of patient care and experience
- How clinical audit links to risk management and patient safety
- How clinical audit measures and improves outcomes
- How clinical audit links to the current quality and service improvement agenda
- How clinical audit can lead to service efficiencies and economies
- How evidence based information relates to organisational development and quality improvement in healthcare organisations
- The ethical, legal, governance, data protection and patient confidentiality and consent considerations when undertaking clinical audit
- How clinical audit is a process shared with patients and other key people

	Indicative content	Notes
1	What clinical audit is (and what it isn't) and apply it *	Use description in HQIP Guide for Clinical Audit, Research and Service review. ¹⁶ New Principles for Best Practice in clinical Audit. HQIP. 2011 ¹⁷
2	Description of the different types of clinical audit**# Including what rapid –cycle clinical audit is about and its importance*	
3	Review of the clinical audit, service improvement and research continuum: <ul style="list-style-type: none"> • Understanding of the difference between a descriptive study, survey, service evaluation, research and a clinical audit. • How to design each activity properly • Different forms of evidence 	Guide for Clinical Audit, Research and Service review. (see footnote 18)
4	Introduction to where clinical audit fits into the national and local context	Implementing local change from national clinical audit projects. HQIP Sept 2009

¹⁶ A Guide for Clinical Audit, Research and Service Review — An educational toolkit designed to help staff differentiate between clinical audit, research and service review activities

¹⁷ New Principles of Best Practice in Clinical Audit', HQIP. Edited by Robin Burgess. 2011. Radcliffe Publishing

	Indicative content	Notes
5	<p>How clinical audit relates to the following:</p> <ul style="list-style-type: none"> • Quality improvement * • Evidence based practice* • Patient experience and care# • Patient safety* • Risk assessment • Clinical risk management*# • Quality assurance processes (in business and industry) • Measuring compliance with standards • Regulatory Frameworks • Clinical governance# 	New principles of Best Practice in Clinical Audit. HQIP (see footnote 19)
6	Summary of how the clinical audit process works to drive quality improvement and improvement of clinical care#	
7	How evidence based information and theory relates to organisational development and quality improvement in health care organisations	
8	Accountability for quality and safety of patient care	
9	Why clinical audit matters and what difference it can make to patient safety and improved quality of care	This should be supported by case studies delivered by people in the field
10	Introduction to the types of action that can be taken on clinical findings	As above

	Indicative content	Notes
11	Data protection requirements applicable to clinical audit *#	Reference to curriculum area two Data Protection Act 1998
12	The importance of building in ethical, patient confidentiality and consent considerations when undertaking clinical audit	An integral part of all learning interventions Guidance to be used contained in: Ethics and clinical audit and quality improvement - a guide for NHS organisations. HQIP ¹⁸ New principles of Best Practice in Clinical Audit. HQIP (see footnote 19)

¹⁸ A guide for Clinical Audit, Research and Service Review – an educational toolkit designed to help staff differentiate between clinical audit, research and service review activities. HQIP

Curriculum area two: The clinical audit cycle and model(s)

Learning Outcomes

To be able to describe a clinical audit cycle, understand the theory and principles and how to apply them in practice

By the end of this curriculum area learners will be able to describe and/or demonstrate:

- The clinical audit cycle
- How to choose and develop appropriate criteria, standards and objectives for clinical audit
- Appropriate selection of measurement and service improvement tools and methodologies and be able to use them
- The different types of forms for recording data collected and how to undertake data collection
- Good record keeping and ability to use intra/internet skills

- Basic statistical methods used in clinical audit
- The difference in design between a descriptive study, a survey, a research study and a clinical audit.
- The relationship between ethical, legal, governance, and patient confidentiality and consent considerations and the clinical audit cycle
- The data protection requirements applicable to clinical audit and how to apply them
- Duty-of-care responsibilities

Key reference documents relating to curriculum area 2 are listed at the end of the section

	Indicative content	Notes
1	The clinical audit cycle *#	HQIP description of the clinical audit cycle to be used as standard ¹⁹
2	The importance of good record keeping and how to apply it	
3	How to select/identify and develop clinically appropriate clinical audit criteria, objectives and measurable standards and how to assess compliance with these* Selecting and developing appropriate performance levels	
4	Defining audit criteria and standards* <ul style="list-style-type: none"> • Selecting and developing appropriate criteria: structure, process, and outcome criteria • Involving users 	
5	How to draw up standards and objectives correctly as measures* How to set a quantitative standard (%) for a clinical audit measure*	
6	The importance of explicit standards to measure quality or patient safety in a clinical audit*	

¹⁹ <http://www.hqip.org.uk/about-us/>

	Indicative content	Notes
7	Importance of having a good operational definition of the terms used in a clinical audit standard*	
8	Basic measurement and service improvement tools and methodologies To include introduction to quality improvement tools such as LEAN, process mapping, and PDSA (Plan, Do, Study, Act) cycles	
9	The different models to assess robustness of measures.	
10	How concepts of reliability and validity apply to clinical audit	
11	What sampling theory is and its application in different clinical audits	
12	How to select the type and size of a sample of patients or events for a clinical audit*	
13	The various types type of data and data collection methods*#	
14	How to collect and collate data completely and accurately for the clinical audit designed, consistent with the (Trusts) information governance policies*	
15	How to develop and test a data collection protocol for a clinical audit	
16	Introduction to computer tools supporting the design and analysis of forms for data collection tools and commonly used statistical analysis packages	

	Indicative content	Notes
17	The relationship between ethical, legal, governance, data protection and patient confidentiality and consent considerations and the clinical audit cycle*	Data Protection Act 1998 Ethics and clinical audit and quality improvement - a guide for NHS organisations. HQIP ²⁰
18	Introduction to computer tools supporting the design and analysis of forms for data collection s	
19	Duty-of-care responsibilities	

Key reference documents relating to curriculum area 2:

- New Principles of Best Practice in Clinical Audit. Edited by Robin Burgess. HQIP. 2011. Radcliffe publishing
- Criteria for Best Practice in Clinical Audit. HQIP. 2009
- Clinical Audit Criteria Tool. HQIP 2009
- A guide for Clinical Audit, Research and Service Review – an educational toolkit designed to help staff differentiate between clinical audit, research and service review activities. (2009). HQIP
- New Principles of Best Practice in Clinical Audit. Edited by Robin Burgess. HQIP. 2011. Radcliffe publishing
- An Introduction to Statistics for Clinical Audit. HQIP (April 2010)
- An information governance guide for clinical audit HQIP (September 2009)
- Ethics and clinical audit and quality improvement HQIP
- Clinical audit programme guide and guidance tools HQIP (September 2009)

Curriculum area three: Designing, planning and setting up a clinical audit project

Learning Outcomes

To be able to design and plan a clinical audit project in a practice which demonstrates practical application of principles and theories underpinning best practice

By the end of this curriculum area learners will know how to:

- Choose, design and plan a clinical audit properly
- Engage key and /or involve key and relevant stakeholders in clinical audit projects
- Draw up and incorporate clinical audit standards to measure quality or safety of patients
- Incorporate the characteristics of quality of care measures in a clinical audit and show how the validity of quality standards is to be tested.
- Explain the link between the proposed clinical audit and the quality improvement context/ strategic aims and goals of practice, directorate and/or organisation.
- Incorporate ethical, legal, governance, data protection and patient confidentiality and consent considerations into a clinical audit project

	Indicative content:	Notes
1	How to apply the principles of how to undertake a clinical audit project	
2	How to design and plan a clinical audit projects#	<p>Foundation Doctors need to have participated in a clinical audit project</p> <p>Guide to Facilitating Clinical Audit across Different Care Settings HQIP (April 2010)</p> <p>Guide to carrying out clinical audits on the implementation of care pathways. HQIP. (April 2010)</p> <p>Clinical audit programme guide and guidance tools. HQIP. (September 2009)</p>
3	<p>What constitutes good planning</p> <p>Key principles of planning a project</p>	
4	How to Incorporate ethical, legal and governance issues and arrangements when designing a clinical audit project and process	
5	How to incorporate patient confidentiality and consent requirements as appropriate into the planned clinical audit	

	Indicative content:	Notes
6	How to draw up and incorporate appropriate clinical audit objectives, criteria and standards*	Guidance to be used: Clinical Audit Criteria Tool. HQIP ²¹
7	How to choose the right measurement and methodology for a planned audit	
8	How to identify and engage key and relevant stakeholders (clinical and non clinical) in a clinical audit subject and plan their involvement in the clinical audit <ul style="list-style-type: none"> • Sponsorship • Stakeholder engagement • Patient involvement 	Patient and Public Engagement (PPE): PPE in Clinical Audit. HQIP 2010 ²² Clinical Audit: An Introduction for Patients. HQIP. ²³
9	How to decide on a strategy for data collection (including repeat collection), apply a data collection tool and set up a pilot database*	
10	How to carry out a pilot	

²¹ Clinical Audit Criteria Tool. HQIP (www.hqip.org.uk/criteria-of-best-practice-in-clinical-audit)

²² HealthCare Quality Improvement Partnership (HQIP). Patient and Public Engagement (PPE): PPE in clinical audit: HQIP. 2010.

²³ Clinical Audit: An Introduction for Patients. HQIP. (April 2010)

Curriculum Area Four: Data collection and analysis

Learning Outcomes:

To be able to collect data from a clinical audit, collate and present findings and produce a clinical audit report setting out key recommendations and actions for improvements in patient care

By the end of this curriculum area learners will be able to:

- Collect and analyse clinical audit data using a range of analytical tools and techniques
- Assess compliance with clinical audit standards
- Demonstrate use of methods to collate, report, and present audit data and findings
- Produce a clinical audit report or summary which includes recommendations and actions to improve patient care
- Describe the importance of continual review and need to repeat the clinical audit stages

	Indicative content	Notes
1	How to collect clinical audit data *	
2	How to analyse data to find any problems in delivering patient care*	
3	How to use selected analytical tools and techniques to analyse a problem to find possible causes of problems revealed by collated data (including the use of fishbone diagrams)*	An Introduction to Statistics for Clinical Audit. HQIP. (April 2010)
4	How to appraise the evidence against the criteria*	
6	Understand when it is important to review cases that were not consistent with a clinical audit standard and how to review the cases	
7	How to calculate and report compliance with clinical audit standards*	
8	Introduction to a range of methods to report, collate and display clinical audit findings and data*	
9	How to produce a clinical audit report or summary report *	Template clinical audit report. HQIP (September 2009)
10	How to assess the type of action to be taken based on the results of audit*	
11	The difference between recommendations and actions	
12	The importance of repeating data collection after action is implemented (re-audit)*	

Curriculum Area Five: Making sustained improvements

Learning outcomes

To be able to present clinical audit findings, recommendations and action plans to stakeholders and colleagues to influence and achieve improvements in patient care which are sustainable

By the end of this curriculum area learners will be to:

- Demonstrate engagement with and involvement of colleagues in evaluating clinical audit findings
- Present the results and learning from clinical audit through various methods
- Demonstrate awareness of how to influence key stakeholders in the implementation of findings
- Describe how to develop strategies and actions which contribute to sustainable change

	Indicative content	Notes
1	How to present preliminary findings from a clinical audit to colleagues and key stakeholders	
2	The types of actions that can be taken on audit findings*	
3	How to develop and take forward recommendations and action plans	
4	How to influence attitudes towards improvement in practice	
5	How to present key findings from clinical audit to different target audiences <ul style="list-style-type: none"> • Colleagues • Team • Board members • Other stakeholders • The public • Patients, carers and users 	
6	Able to make basic links between outcome s of the project and the following: <ul style="list-style-type: none"> • The evidence base of the project • Practice development roles • Personal objectives to improve care; and • Organisations' objectives to improve care 	
7	Introduction to issues around change and sustainability To include how to develop an improvement plan	
8	Introduction to how to develop strategies and actions which contribute to sustainable change	

	Indicative content	Notes
9	Publicising the outcomes of the audit: <ul style="list-style-type: none">• How to write for publication and submit to a peer reviewed journal• Understanding good practice around 'share and spread'	

Curriculum Area Six: Leadership and Change Management

Learning outcomes

To demonstrate skills required to develop and implement a clinical audit which leads to improvements on patient care and safety

By the end of this curriculum area learners will be able to:

- Develop and implement a clinical audit plan, which fits into an overall quality improvement strategy.
- Identify and demonstrate development of key leadership skills around influencing, motivation, performance and team working
- Identify the processes key skills required to deliver change and quality improvement
- Use the learning from the programme to develop a continuing professional development plan

	Indicative content	Notes
1	How to develop skills to implement clinical audit in a department and across an organisation. <ul style="list-style-type: none"> • Personal effectiveness skills • Influence and engagement • Motivating others leading to enhanced performance and outcomes • Working in multi disciplinary teams 	
3	Understand the theories and principles of change and the skills needed to implement change including the people dimensions of change	
4	How to understand the organisations culture around quality improvement and clinical audit	
5	How clinical audit relates to appraisal, revalidation and continuing development#	Link audits explicitly to learning/professional development portfolios
6	Develop a personal/professional development plan based on the outcome of the training/programme#	

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Appendix 1

Definitions of the Framework for Higher Education Qualifications²⁴

FHEQ level	Examples of HE qualifications	Examples of National Qualifications ²⁵	Examples of Qualifications and credit framework ²⁶	Advanced	Intermediate	Basic
4	- Certificates of higher education - Higher national certificates	- NVQs at level 4 - BTEC Professional Diplomas, Certificates and Awards	- BTEC Professional Diplomas Certificates and Awards - HNCs - NVQs at level 4		Yes	Yes
5	- Diplomas of higher education - Foundation Degrees - Higher national diplomas	- HNCs and HNDs - NVQs at level 5 - BTEC Professional Diplomas, Certificates and Awards	- HNDs - BTEC Professional Diplomas, Certificates and Awards - NVQs at level 5		Yes	Yes
6	- Bachelor's degrees - Bachelor's degrees with honours - Graduate certificates and diplomas - Professional Graduate Certificate in Education	- National Diploma in Professional Production Skills - BTEC Advanced Professional Diplomas, Certificates and Awards	- BTEC Advanced Professional Diplomas, Certificates and Awards	Yes		
7	- Masters degrees - Integrated masters degrees - Postgraduate certificates	- Diploma in Translation - BTEC Advanced Professional	- BTEC Advanced Professional Diplomas, Certificates and Awards	Yes		

²⁴ The FHEQ broadly corresponds with levels 4 – 8 of the National Qualifications

²⁵ Have to be accredited by the three regulators for England, Wales and Northern Ireland

²⁶ New framework.

Clinical Audit Curriculum Guidance for Intermediate Level Training, Education and Development Draft 8 June 2011

FHEQ level	Examples of HE qualifications	Examples of National Qualifications ²⁵	Examples of Qualifications and credit framework ²⁶	Advanced	Intermediate	Basic
	- Postgraduate diplomas	Diplomas, Certificates and Awards				
8	- Doctoral degrees	- Specialist awards	- Award, Certificate and Diploma in strategic direction	?		

Appendix 2

Learning objectives/outcomes framework

Context:

The type of verb that is used in the task statement, determines the level or of learning (or degree of difficulty) that must be achieved. For example, being able to criticize a process shows a much more complex behaviour than simply being able to identify a process. For the purposes of the guidance we have used Bloom's Taxonomy²⁷ and its adaptations, as a framework and reference model. Bloom's Taxonomy was primarily created for academic education; however it is relevant to all types of learning.

Blooms Taxonomy

Bloom's Taxonomy underpins the classical 'Knowledge, Attitude, Skills' structure of learning method and evaluation, and aside from the even simpler Kirkpatrick learning evaluation model, Bloom's Taxonomy of Learning Domains remains the most widely used system of its kind in education particularly, and also industry and corporate training. It is a simple, clear and effective model, both for explanation and application of learning objectives, teaching and training methods, and measurement of learning outcomes.

Bloom's Taxonomy model is in three parts, or 'overlapping domains'.

1. **Cognitive domain** (intellectual capability, i.e., **knowledge**, or **'think'**).
What do we want people to know?
2. **Affective domain** (feelings, emotions and behaviour, i.e., **attitude**, or **'feel'**).
What do we want people to think or care about?
3. **Psychomotor domain** (manual and physical skills, i.e., **skills**, or **'do'**).
What do we want people to be able to do?

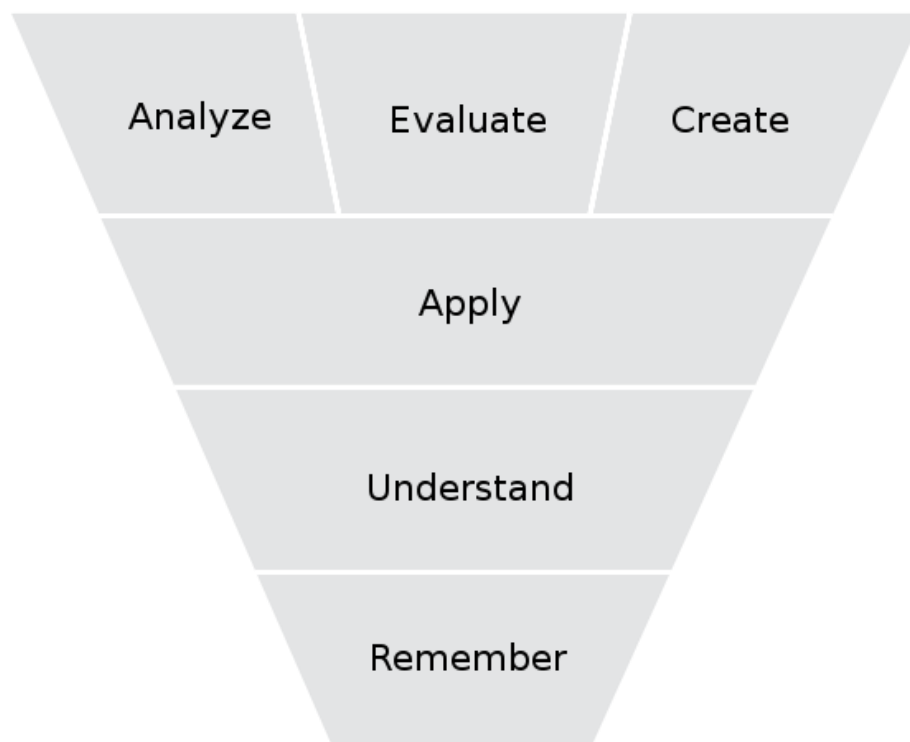
An important premise of Bloom's Taxonomy is that each category (or 'level') must be mastered before progressing to the next. As such the categories

²⁷ Bloom B. S. (1956). *Taxonomy of Educational Objectives, Handbook 1: The Cognitive Domain*. New York: David McKay Co Inc.

within each domain are levels of learning development, and these levels increase in difficulty.

The Cognitive Domain²⁸ is primarily used in determining the learning objectives of the curriculum guidance.

The simple matrix structure enables a checklist or template to be constructed for the design of learning programmes, training courses, lesson plans, etc. Effective learning - especially in organisations, where training is to be converted into organisational results - should arguably cover all the levels of each of the domains, where relevant to the situation and the learner.



²⁸ Detail of Bloom's Taxonomy Domains can be found in: ['Cognitive Domain'](#) - ['Affective Domain'](#) - ['Psychomotor Domain'](#))