



HQIP

Healthcare Quality
Improvement Partnership

Consultation Document:

Standards and Curricula Guidance for Learning in Clinical Audit

July 2011

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Introduction

We are very pleased to introduce these new draft curricula and standards for education in clinical audit. These have been developed since 2010 by consultants working to HQIP, and have involved initial testing and discussion with leading providers and professional organisations in medicine, nursing and clinical audit itself.

The purpose of these materials is to improve the quality of training and education, to enable those who practice clinical audit to be more effective and their audits to be better pieces of work. If clinical audit is to achieve its aims of driving quality improvement through measurement of compliance with best practice and improve healthcare outcomes through effective measurement and action, then it must be conducted to the best standard possible.

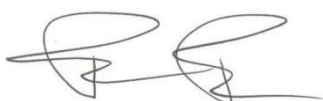
Not everyone who is involved in clinical audit will be a specialist and there are people who will take part in audit as part of busy careers as clinicians, or will use clinical audit as managers and commissioners. Whatever their role in audit, all healthcare staff should have an appropriate level of skill in practice to enable them to conduct clinical audit well or use it appropriately. To achieve key competences in use of clinical audit, people need good quality training appropriate to their role.

In the documents that are the subject of this consultation, we have attempted to divide those who use clinical audit into three groups – basic, intermediate and advanced. This reflects a sense that there are quite marked levels of knowledge required at different levels. We want to know from you whether this demarcation is sensible and whether we have got the learning needed for each level right. It's the key question and we expect a diversity of replies and views. We will attempt to synthesise these into a common view.

We very much hope you will take part. We need your views to give people confidence in the guidance we issue. It will be voluntary, but we hope that the standards will have real influence. Purchasers of training, whether individual or organisational, should only want to buy a place on a course that meets the standards and offers the curricula agreed from here. They will not represent 'HQIP's standards': we are just a conduit to enable the collective views of those who are audit specialists to define and set out their own levels of required learning.

In this context they will complement and relate closely to other work being done to explore ideas of a professional body, and in time, the definition of course content, curricula, standards and competences for those who work in quality improvement more generally.

We await your responses eagerly.



Robin Burgess, CEO, HQIP

Scope of the consultation

Topic of this consultation:	Standards and Curricula guidance for learning in clinical audit
Scope of the consultation	This consultation aims to engage stakeholders in the development of agreed standards in relation to courses on clinical audit and the appropriate curricula content for training and learning appropriate to specific roles and levels of responsibility in clinical audit. We are seeking feedback on the appropriateness, accuracy and course content at each level. We are also seeking views as to whether these curricula demonstrate best practice.
Geographical scope:	Although funded by the English Department of Health, this guidance, if published, will be voluntary, therefore views are invited from anyone in any administrative area.

Basic information

Who we hope will comment	Clinical audit professionals at all levels Clinical audit leads Patients, relatives and carers and consumers of audit Royal Colleges and Societies for all disciplines in healthcare Deaneries and other educational networks Academic institutions Independent quality improvement training providers Commissioners of healthcare services
Body responsible for the consultation	Healthcare Quality Improvement Partnership
Duration	This is an eight week consultation, from 7 th July 2011 to 2 nd September 2011
Enquiries	QID@hqip.org.uk
How to respond:	Respond in writing to the questions set out at the end of the consultation document by email to: QID@hqip.org.uk Or by post: Education Consultation HQIP Holland House 4 Bury Street

	London EC3A 5AW
Additional ways to become involved:	If you have any further questions please contact us at the email address above.
After the consultation:	December 2011 - Publication of consultation response and education standards and curricula

Background

Getting to this stage:	<p>Since it was created in 2008 HQIP, as the body responsible for the re-ignition of clinical audit, has argued that an essential part of any strategy is to professionalise the way clinical audit is practised. We have been striving to do so through extensive and wide ranging programmes to set out what are the markers of good quality in clinical audit, and providing resources, funding, seminars, advice, encouragement, incentives and guidance to enable clinical audit to be conducted more effectively.</p> <p>However we also know that as well as these activities, professional practice and professionalism in practice are dependent on good education and training, based on definition of what is needed to carry out specific roles. We set out a strategy for development of learning in 2009 which included a definition of competences required to carry out clinical audit tasks in various specialist and non-specialist audit roles. Enabling learners to achieve these competences should be the aim of any education programme. They are found at: http://www.hqip.org.uk/assets/Microsoft-Word-FINAL-Education-and-Training-Strategy-26.04.09.pdf and should be taken into account when considering the material supplied here.</p> <p>After a pause and following detailed discussion with the Department of Health, since summer 2010 we have developed key supporting resources for development and training in clinical audit: draft curricula for different levels of practice in clinical audit and education standards for course providers delivering those curricula.</p>
Previous engagement:	Earlier drafts have been reviewed and altered following consultation with selected representatives of Royal Colleges, Societies, clinical audit professionals and training providers.

Summary

This consultation covers four documents, but your responses should be grouped into two, related to standards and to curricula. The four documents are:

1. Standards for clinical audit learning and development

One of the methods that help to improve quality is through the use of standards. These provide a benchmark against which a clinical audit learning and development programme can be self evaluated and a method to identify gaps and best practice. This document sets out six standards, designed to quality assure clinical audit learning and development programmes, including their delivery and outcomes.

2. Clinical Audit Learning and Development Curricula

The guidance provides a set of curricula in three categories 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.

Basic Level

This guidance is for a basic level of clinical audit training and can be used and adapted as an introduction to clinical audit, for example for clinical practitioner/students at undergraduate level, induction training, in-service training (whether delivered in house or by external providers) and refresher programmes.

Intermediate Level

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

Advanced Level

This advanced level of training, education, and development can be used and adapted for practitioners (clinicians and clinical audit specialists) who wish to become specialist practitioners in clinical audit and/or become involved in leading clinical audit at a local or national level.

The purpose of the guidance is to establish the corpus of learning for clinical audit at an advanced level to develop clinical audit specialists and leaders.

Introduction

HQIP believes that these curricula and standards will form the key elements of a process to codify the way learning is delivered for clinical audit in a systematic way. If these are followed, a training course will be able to show it has provided course content to a standard that is likely to ensure professional competence in the discipline of clinical audit. People in possession of such learning can show that they have received learning which is likely to assure their professional competence and capability to carry out audit work to a defined level.

These standards and curricula are voluntary as this is an unregulated professional role. Clinicians, who also obtain clinical audit training, will be able to show that they are capable of carrying out and/or supervising clinical audit projects, and offer evidence they can use as part of their appraisals.

Although it is a voluntary system, these changes mean that clinical audit will have a system of standards against which education can be measured, agreed by those who work within it. Courses will have to offer a validated course content to hold their place in the market and meet the needs of employers. By creating these levers, the quality of clinical audit learning should steadily improve, and with that, the quality of practitioners – and eventually, the quality of patient care and outcomes.

How to reply

Please send your responses, as a word document, to HQIP at QID@hqip.org.uk making clear whether this is an individual, group, or organisational response. Please identify clearly which questions you are answering in relation to which document. You can if you wish, in responding to the curricula documents, offer comments about a specific tier, but if you do, please make this clear.

If you have no comment on a specific question, please say Q5: no comment, for example. Link your replies if needed - e.g. – please also see my answer to question 6.

Consultation Questions

1. How do you think these standards and curricula should be used? Do you think they should form the basis of an approval system for courses, or do you think that is unnecessary?
2. Who do you think should monitor compliance with these standards and curricula – a separate validating body, the organisations buying training (e.g. NHS trusts) or individual learners?

Standards document

3. Do you think the standards set out here are applicable to a full range of training providers?
4. Do you think there is enough material on how the course can achieve and measure learning outcomes (section 6)?
5. How realistic are these standards for short courses?
6. Is there enough emphasis on the monitoring of student learning? Should the standards be more explicit in looking for pass/fail review? How might this sit with a possible future professional body for clinical audit or QI staff?
7. Other comments you wish to make

Curricula document

8. How will these curricula help you? Will they improve clinical audit practice?
9. We have divided the levels of clinical audit training into three main groups: do you think the idea of three groups is sensible or do you think there should be more or less?
10. If you agree with different tiers of required knowledge, do you agree with the types of learners we have put in each group – would you change these? If so, how?
11. Do you agree with the content in each tier? If not what would you change?
12. The issue of training clinicians was discussed at length during earlier consultation. Do you think it is realistic that many clinicians will have interest in or the opportunity to undertake the advanced level? Are the other tiers right for the bulk of clinicians?
13. Do you think such a curricula is relevant to form part of the criteria for being a member of a professional body (alongside experience etc)
14. Other comments you wish to make