The Healthcare Quality Improvement Partnership (HQIP)
How Foundation Year Doctors can get the most from their clinical audit project

March 2011

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Participation in clinical audit is part of the requirements for completion of a successful Foundation Programme for a junior doctor. Every doctor has a professional duty to analyse their own work, and make sure it is as good as it can be, as set out in 'Good Medical Practice' (GMC). Clinical Audit is the best way to do so.

Whilst often a brilliant introduction to the essential professional discipline of clinical audit, some Foundation doctors' experience of their requirement to carry out a clinical audit at this stage in their career is not as good as it could be. The requirement to complete audit can be a challenge, and support and learning may not be available when you need it. This little guide is designed to help you through this process. Clinical audit should be taught, supported and experienced properly during the Foundation Programme to build and sustain enthusiasm and recognition for the essential professional discipline it is.

The learning requirements are described as follows in the Foundation Curriculum:

Outcome:
Demonstrates the knowledge, skills, attitudes and behaviours to use audit results to improve patient care

Knowledge:

- The audit cycle and relevance to developing patient care, clinical governance and risk management
- Data sources for audit
- Data confidentiality
- The audit cycle's relationship to the improvement of clinical care

Competences:

- Describes the audit cycle and recognises how it relates to the improvement of clinical care
- Has participated in an audit project
- Makes links explicitly to learning/professional development portfolios

Learning points that Foundation Programme doctors are expected to report on clinical audit Projects:

- What was the audit topic and why did you choose it?
- What were the major findings and what changes to practice do they suggest?
- How can a change in practice be implemented?
- What have you learned from this audit?
- Further training/educational needs identified by the audit?

HQIP believes that the essential principles related to audit are these, expressed as a statement of what clinicians need to do in relation to clinical audit:

1. To commit to clinical audit, intellectually, and by conviction, as a necessary, and effective approach to improving quality in patient care
2. To strive to improve their own skills in clinical audit
3. To instigate and participate in clinical audit
4. To strive to improve clinical audit, through application of time, skill, intellectual capacity, and leadership
5. To act on the results of audit to improve practice, including reflecting on their own practice

The role of the Foundation School/Postgraduate Deanery, working with the network of local education providers within which foundation doctors are practising, is to help them achieve the curriculum requirements so that they obtain a positive attitude to audit as described above. The Foundation Programmes should:

- Provide tutoring support to the individual trainee
- Ensure that education required is provided
- Ensure learning resources are available

As you progress in your career, the need to take part in audit, and to lead audit, and to drive the changes arising from audit, and perhaps even to instigate and lead national audits, will be part of your role as a doctor. Evidence of meaningful experience in audit will be a requirement in your periodic revalidation to practice throughout your career.

Clinical audit is not just an important part of a doctor's professional practice, it is also of vital importance to healthcare organisations. It is also very much a multi-disciplinary activity. Whilst at the foundation level, it is an individual requirement of a specific doctor, most audits you take part in your career will be audits which involve all members of the multi-disciplinary team. Audits allow a team and their larger directorate, service area or whole organisation them to improve their provision of care, and to demonstrate their compliance with quality standards to satisfy the requirements of healthcare regulators. The clinical audits which you and your colleagues carry out as junior doctors, whilst carried out by you as an individual or with an immediate colleague, should still make an important contribution to the clinical audit programmes of the team, and the trusts, hospitals or practice which you work in, not just your personal development. As well as helping the team you work in, and the wider trust, hospital or practice, this process will also help you to understand how your personal professional development is linked to improvements in the organisation.

HQIP – the Healthcare Quality Improvement Partnership – is a national body, funded by the Department of Health, created to improve the quality of clinical audit. This involves helping improve skills in audit and the way it is practised, but also to commission and manage over 30 national clinical audits in key areas of medicine. HQIP is owned by the Academy of Medical Royal Colleges working with the Royal College of Nursing and National Voices, a patient charity.
HQIP sponsors prizes in clinical audit.

We run our own awards, announced each year in January, and also support the National Foundation Doctors Presentation Day awards.

Resources to help you with audit

There are two main types of resource which can help you acquire and develop skills in clinical audit. First, there are a variety of written and electronic resources, from HQIP, the Royal Colleges and others. Secondly, you should find that there are resources and practical help and support available to you through your clinical supervisor, your foundation school and in particular from the clinical audit staff and clinical audit leads in the NHS trusts, hospitals or GP practices where you are working.

HQIP resources

The first place to start is to look at the resources available via HQIP's website, www.hqip.org.uk. In the section for clinicians, under guidance and support, you can find specific pages aimed at doctors, including material for doctors in training.

The key resources, other than this guide, are 'Local clinical audit, guidance for physicians' (co-written by the Royal College of Physicians); and the 'Guide to involving doctors in clinical audit', which whilst also aimed at your supervisors, has lots of useful suggestions for you too.

There is an international textbook on clinical audit, edited by HQIP, 'New principles of best practice in clinical audit'. Radcliffe, 2011, edited by R Burgess. This is a straightforward guide to the mechanics of clinical audit.

http://www.radcliffe-oxford.com/books/bookdetail.aspx?ISBN=9781846192210

There is also an online networking tool called NCAF – the National Clinical Audit Forum, available via the HQIP site. You have to register, but once in, you can network with peers and ask for advice.

Other sources of resources

Nearly all royal colleges have some material on clinical audit on their websites. Particularly good centres include those for physicians, psychiatrists and paediatricians, although most of the material is generalisable to various care settings and specialties.

Specialist societies are very good for clinical audits in their own specialty. We can't list all of these here. Find out the name of the specialist society from your supervisor in the department you are working at. Their websites will often have examples of relevant audits, sometimes with standards and criteria, that you can draw on.

There is an online journal which is specifically aimed at foundation doctors.
http://www.clinicalaudits.com/index.php/ojca.

There is also a book edited by Robert Ghosh - 'Clinical Audit for Doctors', Developmedica, 2010.
http://www.developmedica.com/p-Clinical_Audit_Book-190.aspx. There are various private companies who offer material about audit. Some of this is free, but generally it has to be paid for. CASC at www.casc.co.uk has some relevant free material.

There is a specific textbook for audit in GP settings: 'Clinical Audit in Primary Care: demonstrating quality and outcomes' (Radcliffe: 2005) by Chambers R and Wakley**Training and practical support**

Your foundation school should make sure that suitable training is available. This may be in the trust or hospital in which you are placed, or within another learning environment with other foundation doctors. Take any opportunity you have to learn about audit practice. Most courses will only be a couple of hours – its time well spent.

There are also on-line training resources available. Available in summer 2011 via the HQIP site are two **free** on-line learning resources; one from the Royal College of Paediatrics and Child Health, specifically targeted at junior doctors of all specialties; and one from Healthcare Quality Quest focusing on the acting on results stage of audit.

You can pay for training courses, including on-line.

Wherever you are working, you should make sure that you contact the relevant clinical audit leads and clinical audit staff – your clinical supervisor should be able to point you in the right direction. There are several reasons for doing this.

Firstly, they can provide you with a range of help and advice – they can suggest suitable topics for audit, help you work within established clinical audit projects, and help with the handover of uncompleted projects if you move on to another placement. In many cases they will produce in-house clinical audit support tools, including (for example) audit reporting templates.

Secondly, they can help you to make sure that you comply with the trust or hospital's data security and information governance requirements, which will generally include a requirement to register your project. This is important because many trusts or hospitals will now only give junior doctors credit for participating in an audit which has been properly registered.

Key suggestions for making the audit requirement successful

Don't hang about. Get on and choose a topic straight away – take advice from your clinical supervisor, and contact your local clinical audit lead to find out if there are any existing or pending audits which you can take on. Don't be afraid to propose ideas of your own, but be realistic about what you can achieve in the time you have available.

Audit is not rocket science. Its quite a simple process, and you have to adjust the project to fit the expectations of you at this stage in your career and the purpose of the process. Its about teaching you the principles of the discipline, not usually about winning an award. If there are rough edges which you can't avoid, then at this stage, the audit will still be good enough, as long as you clearly understand that this is a process designed to improve your skills and improve patient care and outcomes. Approach it as a tedious data collection exercise without results and you won't enjoy it. Approach it as a vital way to improve your practice and improve patient services and you will get what you need from it at this stage.

After the topic is selected make sure good (SMART) objectives are agreed to answer the questions which you have decided. Each trust or hospital will have an audit registration form which should be submitted to the audit department. Your completed audit project will conclude with recommendations and local clinical governance team will agree the action plan for each of your recommendation so service delivery and patient care can be improved

GP placements

Audit in general practice is different than in other settings. There are plenty of opportunities to audit your work but the volume of patients, clinical processes and types of data are all different. It is highly unlikely that an individual GP practice will have an in-house clinical audit team, but many will have a designated clinical audit lead and they may have established contacts with the clinical audit team in a local NHS trust or hospital.There is useful help available via the Royal College of GPs at: http://cms.rcgp.org.uk/staging/clinical_and_research/circ/audit.aspx

A common practice for GPs is Significant Event Auditing (SEA), akin to a review of untoward events in hospitals. This process is not quite clinical audit, but very closely related. What is different is that there are often no specific standards and sometimes no criteria that can be easily applied to set the yardstick for measurement. Very often the yardstick is collective professional wisdom. Nonetheless, as a reflection on what could be done better it has some similarities to full clinical audit and is easy to do in the primary care setting. See http://www.nrls.npsa.nhs.uk/resources/?entryid45=61500 for some relevant guidance.

Overcoming common problems - FAQ

I don't think I can complete the audit in the time I have, not without working at home, or even at all

Much work on audit by foundation doctors is done outside of work hours; this is something of a fact of life, but it can be minimised through starting early, getting advice, and choosing the right topic and data sources. Preparation is key. Remember, its best that you do a good project that is part of an audit, rather than a poor project which simply is not completed by you or anyone else. Share an audit with a fellow foundation trainee, perhaps the person following you – discuss with your supervisors and read the guidance and other FAQs here.

My supervisor insists I complete a complete new audit

You don't have to, but in the past this was the expectation. Read the guidance in 'Involving Junior Doctors in clinical audit' and discuss this with your supervisor

I can't think of a good topic!

Don't worry if you can't come up with a brilliant new idea for an audit which no-one else has thought of. Most clinical services will require record keeping audits, straightforward audits of NICE guidance, audits of local care pathways, and specific local clinical guidelines and basic care processes on a regular basis, and at this stage in your career you will learn much more from successfully completing one of these audits than you would from struggling to get a more complex project off the ground. Discuss your proposal with peers – medical and part of the wider clinical team – to decide what is going to be of best benefit. As a last resource, use the sources given above – the journal and the societies.

I need to work on the data outside of work – can I take it home or onto my next placement to complete?

There are strict rules about handling data. You must not take data offsite to an unsecured location, and certainly not from one trust or hospital to another, unless it is coded and completely unidentifiable. See our guide: http://www.hqip.org.uk/assets/Downloads/Information-Governance-and-Audit-Guide.pdf. Make sure you comply with the information governance and data security policies and protocols in place in the trust, hospital or practice.

I have been told I have to pay for access to the data I need to complete the audit

Some trusts or hospitals are making these charges. It is very difficult to get round this. Speak to your tutor and supervisor and try to find a way round the problem so that the fee is waived or you restructure the audit so that you can access data for which there is no charge.

Can I start an audit, then pass it on to someone else to finish?

Yes. Given the short length of time in one place, and possible shortage of cases suitable, this is often a good idea. You will have to write it up as an incomplete process that was intended that way. Make sure your supervisor and tutor know what you are doing.

What sample size do I need?

Consult the main guidance books for technical questions like this. There is no easy answer. The key point is that the sample is representative, not selected in such a way to introduce bias, and is large enough to draw some conclusions from. However, if you are, for example in General Practice, you may simply have to look at the sample you have – which may be a handful of unrepresentative cases. The key is to reflect and analyse the care provided, rather than focus too much on the technical accuracy of the audit. Later audits in your career will need to be more accurate.

I'm hopeless with statistics

Audit is not really very complicated. The key guides, including the main textbook – 'New principles of best practice in clinical audit', cover this in depth. Consult the HQIP guides, such as http://www.hqip.org.uk/assets/1-HQIP-An-Introduction-to-Statistics-for-Clinical-Audit.pdf. The clinical audit team in the trust or hospital will often have in-house advice or guidance available.

Do I need patient consent?

Not normally, for an audit carried out within a single NHS trust or hospital. But you should inform patients that data about them will be used in this way to improve their care. The trust or hospital may have a sample leaflet on this to give to patients to explain this. HQIP also publishes a simple guide that can be given to patients: http://www.hqip.org.uk/assets/Guidance/4-HQIP-CA-PD-025-part-2-leaflet-Clinical-Audit-An-Introduction-for-Patients-2-19-April-2010.pdf.

I've got no time to count a series of meaningless data just for the sake of it

The data you collect is only meaningless if you fail to use it by reflecting on what it tells you about the process and outcomes of the care that has been provided. Audit helps you to assure yourself, and your managers, and your patients, that you are competent to practice. There is nothing meaningless about collecting data that helps improve clinical effectiveness, avoid mistakes, improve outcomes, and builds your professional skills. Its up to you to choose a good topic that will stretch you and do something meaningful for the setting you are working in.

The audit does not say anything about me, but rather is a review of the whole multi-disciplinary team

Most audits are evaluations of a team's work. Most medicine is teamwork. There are people for whom audit practice can tell them a lot about their own individual practice – some surgeons for example – but most audit is about a whole team and you are just one part of that team. There is nothing wrong with identifying collective issues. Conducting audits like these, and instigating

changes which affect the whole team, is part of the leadership role of medicine and the broader responsibilities you will have, even if you do not have them now.

I am being directed towards collecting data for some national audit. What's the value of this?

National Clinical Audits are highly developed examples of speciality audits which have critical value to the NHS and Department of Health at national level. They enable the collection of large scale national data sets which can measure the quality of local practice and outcomes for specific conditions. They are often technically very advanced.

It's true that simply collecting data for these does not allow for much creativity. Use the time to study the audit concerned and what it is trying to measure, and if you are restricted to data collection, try to understand problems and issues with the data as a means of getting to understand the technical mechanics behind audit. See their reports on HQIP's website. Also see if you can take part in reviewing work on action planning to address the findings of these audits – talk with your supervisor about reviewing the recommendations for changes in practice that emerged the last time the audit reported, and consider re-auditing whether your unit has made the necessary changes. There are always opportunities to add on to national audits. The most important thing is to understand that these are not simply data collection engines. They will be, if your unit does not look critically at the recommendations from the findings, and enact the changes needed. Too often these audits are treated as remote from local practice – learn to make sure they are not.

Further reading:

Audit: how to do it in practice. **A Benjamin:** BMJ 2008: 336: 1241-5
Audit of Orthopaedic Audits in an English Teaching Hospital: Are We Closing the Loop? **H.J Iqbal and P Pidikiti**: Open Orthop J. 2010: 4: 188–192

Clinical audit 1 and 2: a guide for the foundation year doctor. **D Trivedi , WWeerakoon, R Hooke**: British Journal of Hospital Medicine 70(2 MMC Supp): M18 - M19 and M34-M35 (Feb and March 2009)

UK Junior Doctors' Experience of Clinical Audit in the Foundation Programme. **A Cai , J Greenall and D Ding:** BJMP 2009: 2(3) 42-45