

**Notes from Brighton Workshops: Revalidation as a Catalyst for Change
(Michael Wright and Kate)
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The workshop considered some specific areas where quality improvement activity could be used to support revalidation. It considered clinical audits, publication of data on both consultant outcomes and patient feedback on communication skills.

The participants were asked to consider the following:

1. Give three tips on how you have used clinical audit to support the revalidation of your doctors.
2. The best piece of advice on 'what other governance information used in revalidation that you might make available to the public'.

For the first the participants wrote down the following:

Is it benefit to patients (doesn't have to be about the individuals practice)
Peer pressure as a result of identified differences leads to change for individuals or teams
Revalidation role included in clinical audit leads job description
Use outcomes from National Audits as supporting evidence to benchmark individual practice
Ensure Drs reflect on an aspect of their own practice
All 3 London area team RO's have encouraged all GP's to do case review of a recent cancer diagnosis then collated across London
Circulated literature to all consultants on annual basis
Support organisational strategic objectives by asking doctors to align personal audits to local priorities
Primary care Web – although outdated
CFEP +++
Team based data (outcomes) maybe more helpful in some settings – eg anti-coag rates in practices
Need qualitative as well as quantitative
Triangulation of information
Challenge between transparency and intrusion
Publish documents on reflection on 360 feedback particularly for patients of the 'plan'
List of never events for primary care
Audit is part of quality improvement activity
Performance against relevant NICE standards

For the second they provided:

Consultants to own data
Quality Improvement projects need to be mandatory part of appraisal
Other methodologies show reflection on practice e.g case analysis significant event (completion of audit cycle maybe necessary)
Good IT systems
Case based discussion and peer reflection
Outcome measures very difficult
Comparing consultant 'metres'

Make sure that relevant consultants are participating in national audits

Use levers to make it easy to do audits

Make sure that you are focused on how the doctor has made it better

Ensure audits are brought to appraisal

This is more than clinical audit how does revalidation promote QI. Need to link other forms of QI such as service improvement, lean 6 sigma, small scale change, patient safety projects

Linking audit programmes /output to revalidation portfolios through IT (warrington)

Do people have to demonstrate they engage in QI or just the appraisal process to be considered 'failure to engage'

Formalised Audit programme with planning guidance

Incentives with support for local if audits done

Improvement outcome captured in appraisal rather than just the process

Consider using case based discussions, not just clinical audit

Teach people about quality improvement (PDSA)

Use of PROM, the doctors asked to reflect on improving teams/services

Demonstrate relevance

Multiple small improvement (sustained)

Support to facilitate

Weekly audit complaints, coroner i.e. incidents in Trust

Take into account case mix – concern about quality of data caution on interpreting data

Use consultant outcome figures in individual appraisals where possible.