



QUALITY ASSURANCE PROJECT

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QUALITY ASSURANCE – What the colleges are doing.

by
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A report of a survey of
national professional organisations

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QUALITY ASSURANCE : WHAT THE COLLEGES ARE DOING

A survey of national professional organisations

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A series of national and international organizations

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BACKGROUND

The Management Committee of the King's Fund set up the QUALITY ASSURANCE PROJECT at the end of 1984 to stimulate the assessment and promotion of quality in health care in Britain. For this purpose "quality" is accepted as defined by a combination of criteria of service including effectiveness, acceptability (to consumers and providers), equity (of access and distribution) and economy.

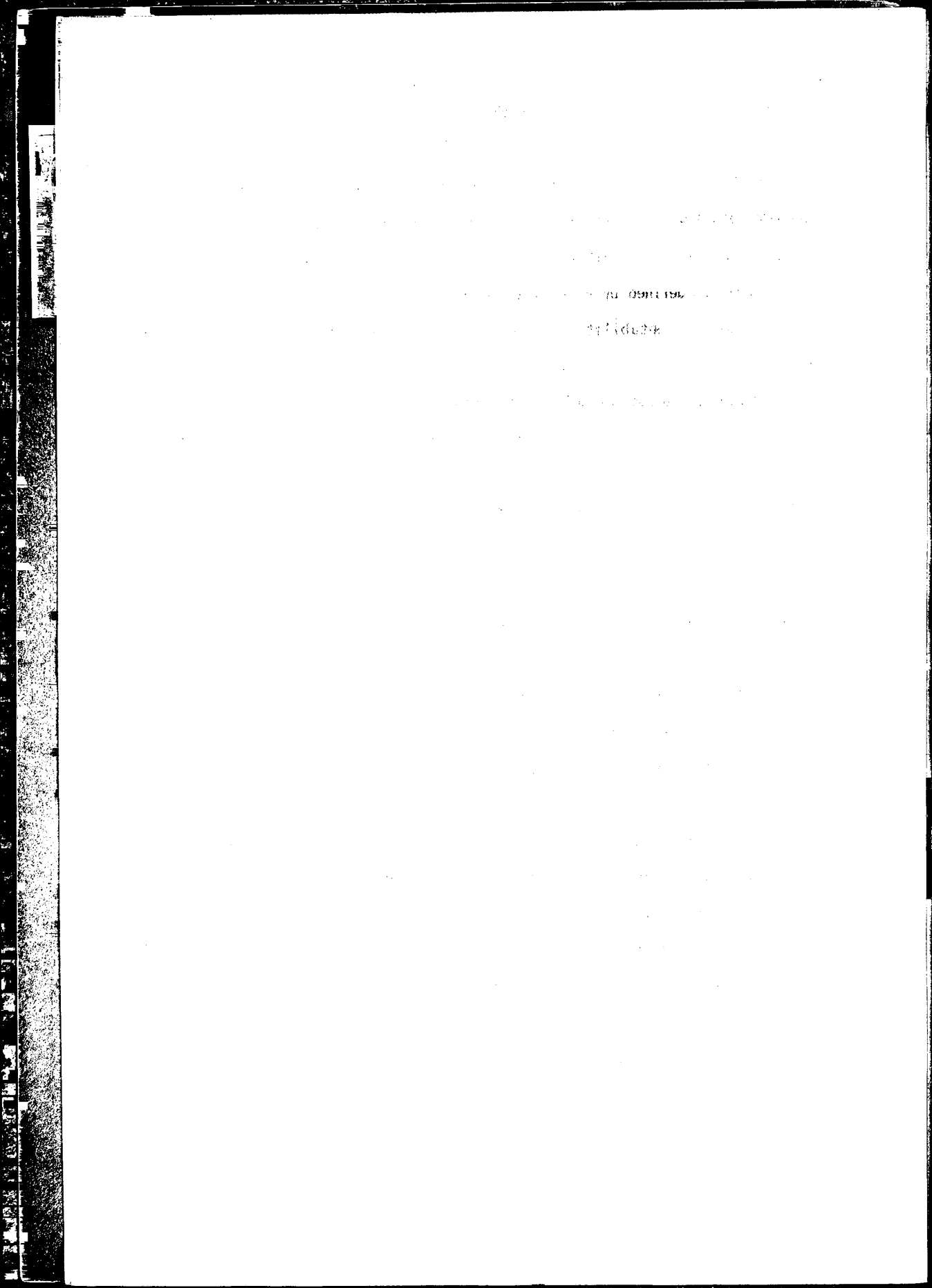
The overall purpose of this Project is to:

- ascertain current activity relevant to quality assurance (QA) in Britain
- collate and disseminate information to assist the development of QA
- identify unmet needs in training, research, and development and commission or otherwise promote activity to fulfil these needs.
- encourage QA nationally among individuals and statutory, voluntary and private organisations

In the short term these objectives imply specific actions for the project, including:

- to make contact with interested organisations and individuals
- to establish and make available an information system on relevant literature and activities
- to highlight priorities for research and development in QA and commission work where appropriate
- to collaborate with organisations at home and abroad

This report presents the findings of one of a series of surveys planned to identify and disseminate current activities.



INTRODUCTION

As in many other countries, attempts to control health service spending in Britain have raised questions about their effect on the quality of care. This political challenge to the professions to give evidence that economy threatens quality has added to the concern, already voiced by several specialties, that universally high standards of professional performance cannot be taken for granted. And, in addition to these political and professional stimuli, the public have shown a growing willingness to join the debate both locally and nationally; indeed, the consumer view of quality has been emphasised (almost to the exclusion of any other view) by the Griffiths Report⁸.

By contrast with other countries, no national body has emerged in Britain as the natural catalyst for quality assurance. In Australia, Canada, America and the Netherlands, strong alliances have been developed between clinicians and administrators to implement national programmes to promote the quality of care independently of government control. In each of these the medical association took the initiative.

Britain is party to an agreement made in 1984 that "By 1990 all (European WHO) member states should have built effective mechanisms for ensuring quality of patient care within their health care system"³². This is deemed to include establishing procedures for monitoring quality, the incorporation of systematic assessment and regulation into regular professional activity, and the training of all health personnel in quality assurance.

With varying degrees of vigour (and interest), many would agree that Britain has not yet reached that target. Furthermore, if there is to be any more formal or systematic approach, the professions - particularly the medical profession - should take a lead³. It therefore seemed appropriate to ask the national professional colleges, faculties, associations, societies and institutes how they see their role in measuring and promoting quality and what they have done, or would like to do about it. The specific purpose of the survey was to identify what practical steps were being taken by individual professional organisations (hereafter collectively called "colleges") and to make these available to other colleges.

METHOD

Thirty-three medical, paramedical and related colleges in Britain were invited to nominate one or more representatives to discuss views and activities. The subsequent meetings were informal and conclusions reflect the views of individuals rather than of the colleges corporately; omission of reference to any specific college activity does not preclude its existence.

RESULTS

Most colleges have acknowledged, formally or otherwise, the need for more deliberate, systematic assessment and promotion of quality in professional performance. Many, however, had been deterred from pursuing this not because of inertia or active resistance but because they felt they did not have a sufficient number of practical and proven ideas of how to meet this need. Despite this, most colleges were able to give examples of initiatives with which they were associated and which collectively provide a catalogue of avenues which may be worth exploring. These fall broadly into categories of: research, guidelines, standards, education, communication and quality control.

1. Research

STUDIES OF MORTALITY:

Maternal (Royal College of Obstetricians & Gynaecologists)³¹

Anaesthetic (Association/Faculty of Anaesthetists)¹³

Peri-operative (Assoc. of Anaesthetists/Assoc. of Surgeons)

Under 50 (Royal College of Physicians)¹⁶

Perinatal (Royal College of Obstetricians & Gynaecologists)

(in preparation)

Each of these has (or will) shed light on factors contributing to individual deaths, enabling general conclusions on opportunities for prevention, on the natural history and pathology of disease, and on the improvement of clinical practice.

STUDIES OF PRACTICE:

ELECTROCONVULSIVE TREATMENT (Royal College of Psychiatrists)¹⁹: a national survey demonstrated scope for improvement in case selection, practical technique and equipment.

FRACTURED FEMUR (Royal College of Surgeons, Edinburgh [unpublished]): a retrospective postoperative study suggested a high mortality of patients following apparently successful treatment and indicated the need to review the criteria for selection of patients for operative intervention.

DIAGNOSTIC RADIOLOGY (Royal College of Radiologists): studies of use, costs and benefits of pre-operative chest x-rays²³, skull x-rays^{24,25}, extremity radiography²⁶.

CORRELATION OF ROUTINE STATISTICS AND CLINICAL RECORDS (Royal College of Surgeons, Edinburgh): a retrospective study of records showed a 14% agreement.

AUDIT FOR HEALTH EDUCATION (Royal College of Physicians, Edinburgh): a study of needs among the population with particular reference to alcohol²⁹.

PILOT SCHEMES:

SELF-ASSESSMENT EXAMINATIONS (Royal College of Physicians & Surgeons, Glasgow): an experiment, not yet repeated, among consultants in cardiology and gastroenterology.

PEER GROUP ASSESSMENT (Royal College of General Practitioners): a trial of visits to neighbouring practices to assess compliance with agreed and explicit criteria ("What Sort of Doctor?")²⁰.

2. Guidelines

Several colleges have adopted or are considering explicit guidance, based on experience and evidence of need, on clinical and organisational practices which are likely to improve results, reduce risks or avoid waste.

CLINICAL PROTOCOLS (Royal College of General Practitioners): a protocol for the care of diabetic patients (in preparation).

DIAGNOSTIC PROTOCOLS (Royal College of Radiologists)²⁵: skull radiology.

STANDARD RECORDS (Faculty of Anaesthetists): a model anaesthetic record was developed, but not widely adopted.

ENDOSCOPES (Royal College of Surgeons, Edinburgh): a proposal to study current practice in order to derive advice on purchasing, maintenance, use and disposal.

THEATRE SAFETY (Medical Defence Union/Royal College of Nursing)^{15,14}: practical guidance, based on documented mistakes, on pre-operative patient identification and avoidance of retained swabs and instruments.

THEATRE UTILISATION (Royal College of Surgeons/Faculty of Anaesthetists)¹²: report of a joint working party on theatre utilisation.

GERIATRIC CARE (Royal College of Nursing/British Geriatrics Society)⁴: advice on the organisation of clinical services; (British Geriatrics Society/Association of Directors of Social Services): statement concerning the medical assessment of elderly people before admission to local authority care, involving the Royal College of Psychiatrists and the Royal College of General Practitioners.

SURGICAL SERVICES (Royal College of Surgeons): advice on the role and organisation of services for spinal injury, and of general practitioner hospitals²⁷; advice on the selection and organisation of day surgery²⁸; advice on the management of major injuries (in preparation).

ANAESTHETIC SERVICES (Association of Anaesthetists/Central Committee for Hospital Medical Services)²: guidelines for anaesthetists in peripheral hospitals.

INFANT CARE (British Paediatric Association/Royal College of Obstetricians & Gynaecologists)⁵: guidelines for the improvement of care.

CONSULTANT APPOINTMENTS (Faculty of Dental Surgery): criteria for shortlisting and for appointing, as well as for selection committee procedure (in preparation).

POST-ANAESTHETIC RECOVERY FACILITIES (Association of Anaesthetists): recommendations of working party¹.

STANDARDS FOR INTENSIVE CARE UNITS (Intensive Care Society)¹¹.

3. Standards

To an extent, the guidelines listed above could be used as standards by which to assess good practice. Some colleges have further attempted to define expectations and measurement in their own specialty.

PERFORMANCE INDICATORS (College of Radiographers): enthusiasm to improve on the DHSS indicators has led to a working party to develop practical alternatives.

PERFORMANCE INDICATORS (Royal College of Midwives): at the request of the DHSS the College has developed a set of numerical measures of quality in cooperation with the Royal College of Obstetricians and Gynaecologists and the Royal College of General Practitioners.

DEFINING "GOOD" PRACTICES (Royal College of General Practitioners)²⁰: a description of the attitudes, skills and knowledge of a "good general practitioner" as a basis for curriculum development, and for assessment of established doctors. (The need first to define the role of the specialty apropos others has made equivalent descriptions for nursing and paramedical professions particularly difficult.)

DEFINING A "GOOD SERVICE" (Pharmaceutical Society of Great Britain)¹⁷: a joint project of the Society and Regional Pharmaceutical Officers to develop explicit criteria for a good service, similar to those used in the Canadian hospital accreditation system; a similar project by the Society focuses on standards of hospital pharmacy practice.

4. Education

Influence over basic and/or specialist training is the principal means for controlling the achievement of professional quality in most colleges. But there was general concern over how to maintain this achievement in the established practitioner.

LEARNING OBJECTIVES: by law, courses preparing student nurses for registration must provide opportunity for the student to develop "competence to review the effectiveness of the nursing care provided and ... initiate any action that may be required"⁹; some colleges (College of Radiographers, Institute of Health Service Management) specifically require students to know and be able to apply quality assurance techniques.

RECOGNITION OF POSTS: evidence of formal professional internal review is an explicit requirement for accreditation of specialist training posts (Faculty of Anaesthetists, Royal College of Pathologists); there is a proposal to publish more detailed accreditation criteria based on common reasons for awarding or withholding recognition (Royal College of Surgeons, Edinburgh); the current form for approval of hospital training posts requests information on audit: a negative response would be regarded as an unfavourable feature (Royal College of Surgeons, England).

CLINICAL TRAINERS (Royal College of General Practitioners)²¹: explicit criteria and procedures for appointment and review of general practice vocational trainers.

CRITICAL COMPETENCES FOR CONTINUING EDUCATION (Pharmaceutical Society of Great Britain)¹⁸: objective definition of practical skills relevant to the established practitioner.

VIDEO ASSESSEMENT (College of Occupational Therapists): use of video recordings as basis for discussing and defining "good practice" in clinical supervisors' training.

SURVEY OF RESIDUAL NEEDS (College of Occupational Therapists): national questionnaire to identify and remedy omissions from training of qualified staff.

SPONSORED STUDY LEAVE (Royal College of General Practitioners): to enable individuals to see quality assurance in practice overseas; to bring eminent experts from overseas to advise on professional development of quality assurance in this country.

PERFORMANCE APPRAISAL (College of Speech Therapists): formally to assess and develop professional (rather than managerial) competence by regular appraisal offers a mechanism for quality assurance in small hierarchically managed professions whose members often work in isolation.

COMPULSORY REFRESHER COURSES (Royal College of Midwives): continued registration as a midwife has been conditional on a five yearly refresher course since 1902.

RECERTIFICATION (Faculty of Dental Surgery)¹⁰: the Faculty's working party on quality control strongly supported the recommendation of the Nuffield Inquiry into Dental Education that continuing education should be a condition of relicensing; since limited-term licensure of basic graduates is contrary to EEC regulations, the Faculty is exploring regular reassessment as a condition of NHS employment.

5. Communication

Colleges have used a variety of vehicles to generate discussion on quality, both nationally and locally.

CONFERENCES/WORKSHOPS ON QUALITY ASSURANCE: individual (Royal College of Physicians, Faculty of Anaesthetists) or series around the country (College of Radiographers).

COLLEGE WORKING PARTY (Faculty of Anaesthetists, Royal College of Nursing): to take stock of college position and current activity in quality assurance as a basis for future coordinated development.

INFORMATION: appoint individual to catalogue information and to promote quality assurance within the specialty (Royal College of Nursing): to provide information on current quality assurance literature and activities among members (Royal College of General Practitioners).

PROMOTION OF LOCAL INITIATIVES through network of local college faculties and representatives (Royal College of General Practitioners, Chartered Society of Physiotherapists); through sponsorship and coordination of local studies of patient care (Chartered Society of Physiotherapists, College of Radiographers); through example of self-audit by members of council (Royal College of General Practitioners).

PUBLICATIONS: editorials, regular features on quality assurance in speciality journals (Association of Anaesthetists, Faculty of Anaesthetists, Royal College of Physicians, Royal College of General Practitioners); members' newsletter (Royal College of General Practitioners); formal policy statement (Royal College of General Practitioners)²²; monograph on medical audit (Royal College of General Practitioners)³⁰.

6. Quality Control

EXTERNAL QUALITY ASSURANCE: well-established systems for regular comparison and feedback to laboratories of results obtained from standard specimens.

HANDBOOK OF QUALITY CONTROL METHODS (College of Radiographers)⁷.

EQUIPMENT SURVEY (Institute of Medical Laboratory Sciences): a national survey of extra-laboratory analyses demonstrated significant deviation from standard test procedures and results⁶.

DISCUSSION

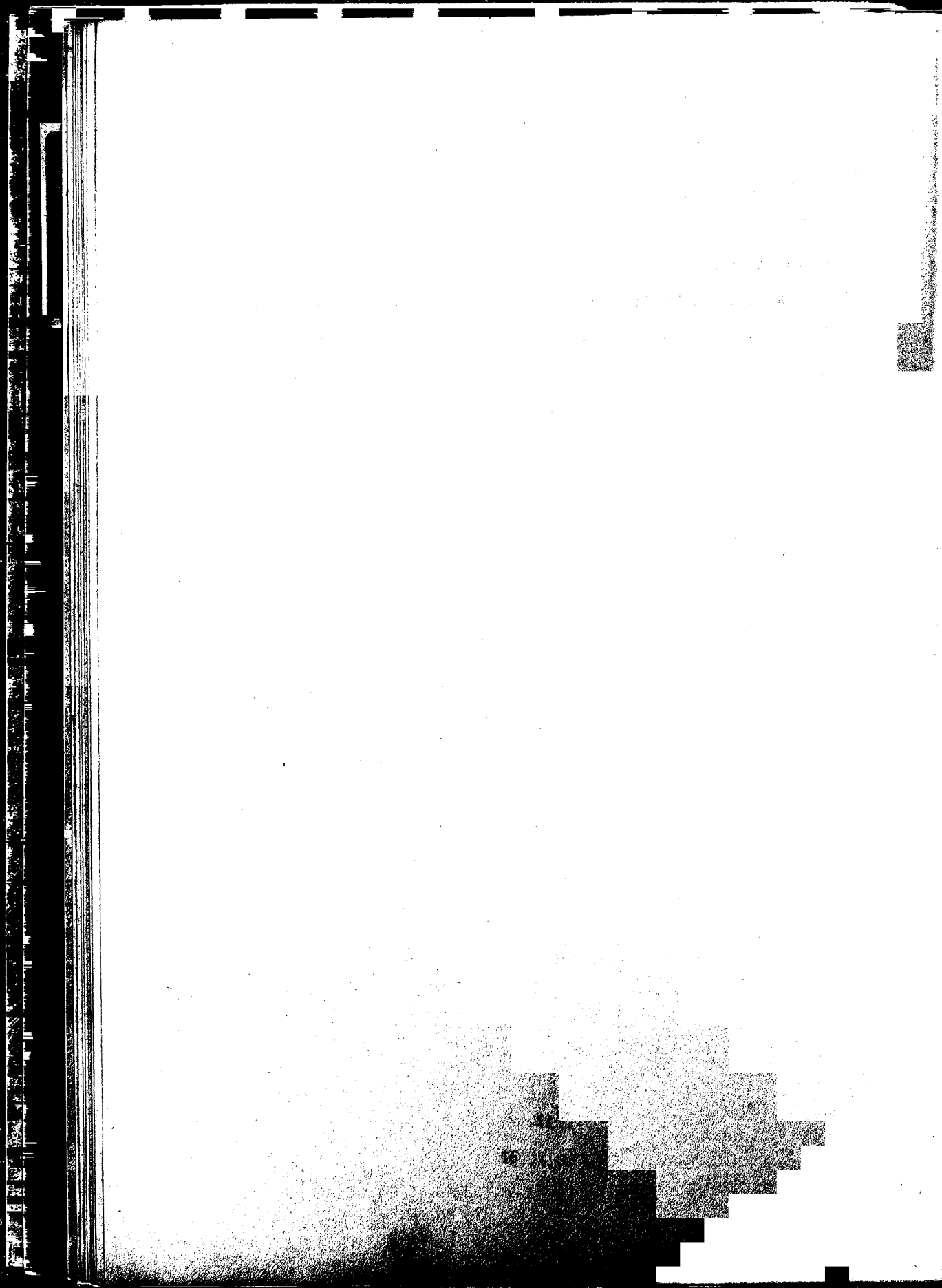
Clearly, not all these initiatives would be appropriate to all colleges, nor are they the only possibilities. But they do demonstrate that there is a variety of quality-related activities and these are as yet uncoordinated between colleges. Ultimately there may be some benefit in sharing these interests more widely and more formally - for example, in developing common, agreed minimum standards for recognition of hospitals for training.

In the meantime, this survey of activities may provide colleges and their members with a view of how other colleges are approaching issues of quality in health care.

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