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Assessing quality
improvement competencies
Annual Review of
Competence Progression
Guidance



Background

This is a supplement to the [Training for better outcomes: Developing quality improvement into practice](#), published in June 2019.

All supervisors must understand the below to assess and support trainee doctors' [trainees] quality improvement (QI) activity.

This guidance clarifies to all relevant parties (Annual Review of Competence Progression [ARCP] panels, clinical and educational supervisors, and trainees) that trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements.

With increasing pressure on healthcare and training, it is pertinent that QI work undertaken by trainees is impactful and effective. This will ensure the best use of their time to improve patient care and development. Changes in the expectations and assessment of trainees' QI work must reflect what has been learnt through the deployment of QI into the curriculum over the past decade.

Overview

- Trainees are not required to have designed and led entire projects from start to finish to meet Certificate of Completion of Training (CCT) requirements.
- There is no requirement to 'lead' a project at any stage of training. However, trainees do need to demonstrate that they have provided leadership within QI projects.
- The focus of the ARCP assessment is to gain assurance that trainees understand QI principles and have reflected on these in relation to the projects they have been involved with.
- As trainees progress, they will be expected to take on more leadership responsibilities, including leading one aspect of a larger project.

Introduction

The need for doctors in training to develop skills in undertaking quality improvement (QI) has been well documented and is part of the GMC's Generic Professional Capabilities.

The Kings Fund state that 'quality improvement has a fundamental role in improving all aspects of quality — including the safety, effectiveness, and experience of care. All health and care systems should seek to improve these aspects of care for people using their services on a continuous basis.' Quality improvement embedded into medical curricula is essential for embedding QI into healthcare practice.

The Academy document [Training for better outcomes: Developing quality improvement into practice](#), clearly sets out a quality improvement curriculum mapped to the requirements of the GMC's Excellence by design.

Historically trainees have been expected to lead projects to demonstrate quality improvement competencies. However, this has led to trainees leading what can be small projects that take up a significant amount of time. These low-value projects often mean trainees need more experience despite considerable effort. This also makes it difficult for departments to focus on critical areas that need improvement as efforts are spread thin.

High-quality QI work requires significant investment in time, stakeholders' engagement, relationships, multiple iterations of change, analysis, team building, and ultimately, culture shifts including IT system and policy level changes that require system buy-in. This takes time and may or may not be achieved in a one-year timeframe. While it may be possible for some individuals to complete a successful and meaningful project, the concern is that trainees will undertake smaller projects with limited value to patients and departments, in order to meet portfolio and CCT requirements. This runs the risk of not meeting the objective of developing a realistic understanding of creating a change within a healthcare context that mirrors the complexity of challenges consultants will one day be expected to help face.

Trainees can demonstrate QI and Leadership competencies through participation

Trainees will gain more from participation and involvement in more extensive, high-priority projects where they can demonstrate leadership competencies by leading elements of a larger project, rather than leading a whole project.

This realisation has led to a change in ARCP guidance when assessing quality improvement competencies.

Trainees can demonstrate leadership and technical competence in QI by being part of larger projects and leading on one element. Trainees are not required to design and lead entire projects. The focus should be on demonstrating progress in competence, confidence, and skills in this area. Trainees being able to demonstrate an awareness of where they have less exposure and experience and then targeting involvement in future QI work is a skill and can be facilitated by their supervisors when creating PDPs or advised by ARCP panels.

Assessing QI competencies at ARCP

Competence should still be assessed against the six outcomes of the QI curriculum as set out in [Training for better outcomes: Developing quality improvement into practice](#):

1. Understanding the system
2. Human elements of change
3. Measurement of change
4. Implementing change
5. Sustainability and spread
6. Leadership and team-working.

Trainees must demonstrate the six outcomes to obtain CCT. However, this document is not prescriptive in when they are achieved throughout the training period or in what order.

The principles of assessment are also set out in [Training for better outcomes: Developing quality improvement into practice](#). This includes suggestions for tools that can be used to assess these competencies.

Summary

The need for trainees to develop skills in undertaking quality improvement has been well documented and is part of the GMC's Generic Professional Capabilities. Trainees can demonstrate leadership and technical competence in QI by being part of larger projects and leading on one element. Trainees are not required to design and lead entire projects.

Colleges should implement these recommendations into their ARCP processes.

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