SLO 11- Quality Improvement Guidance and QIAT Support for Emergency Medicine Training

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SLO11: Participate in and promote activity to improve the quality and safety of patient care

Specification & relevant GPC domains

This SLO describes the EM clinician as someone who understands patient safety and can effectively advocate for it as a consultant in the ED.

In developing the Key Capabilities there is a requirement to be able to identify areas that need changing in the ED, to design improvements and to be able to implement them. This requires knowledge of techniques, theoretical underpinnings and their practical application. It also requires the leadership skills to work effectively with others, to be tenacious, imaginative and at times bold. This is the QI journey – see below.



Development against these requirements requires feedback and reflection. Built into the Programme of Learning and Assessment throughout are the key leadership, interpersonal and human elements of being effective in this SLO.

Domain 1: Professional values and behaviours

Domain 2: Professional skills

- practical skills
- communication and interpersonal skills
- dealing with complexity and uncertainty

- clinical skills (history taking, diagnosis and medical management; consent; humane interventions; prescribing medicines safely; using medical devices safely; infection control and communicable disease)

Domain 3: Professional knowledge

- professional requirements
- national legislative requirements
- the health service and healthcare systems in the four countries

Domain 4: Capabilities in health promotion and illness prevention

Domain 5: Capabilities in leadership and teamworking

Domain 6: Capabilities in patient safety and quality improvement

- patient safety
- quality improvement

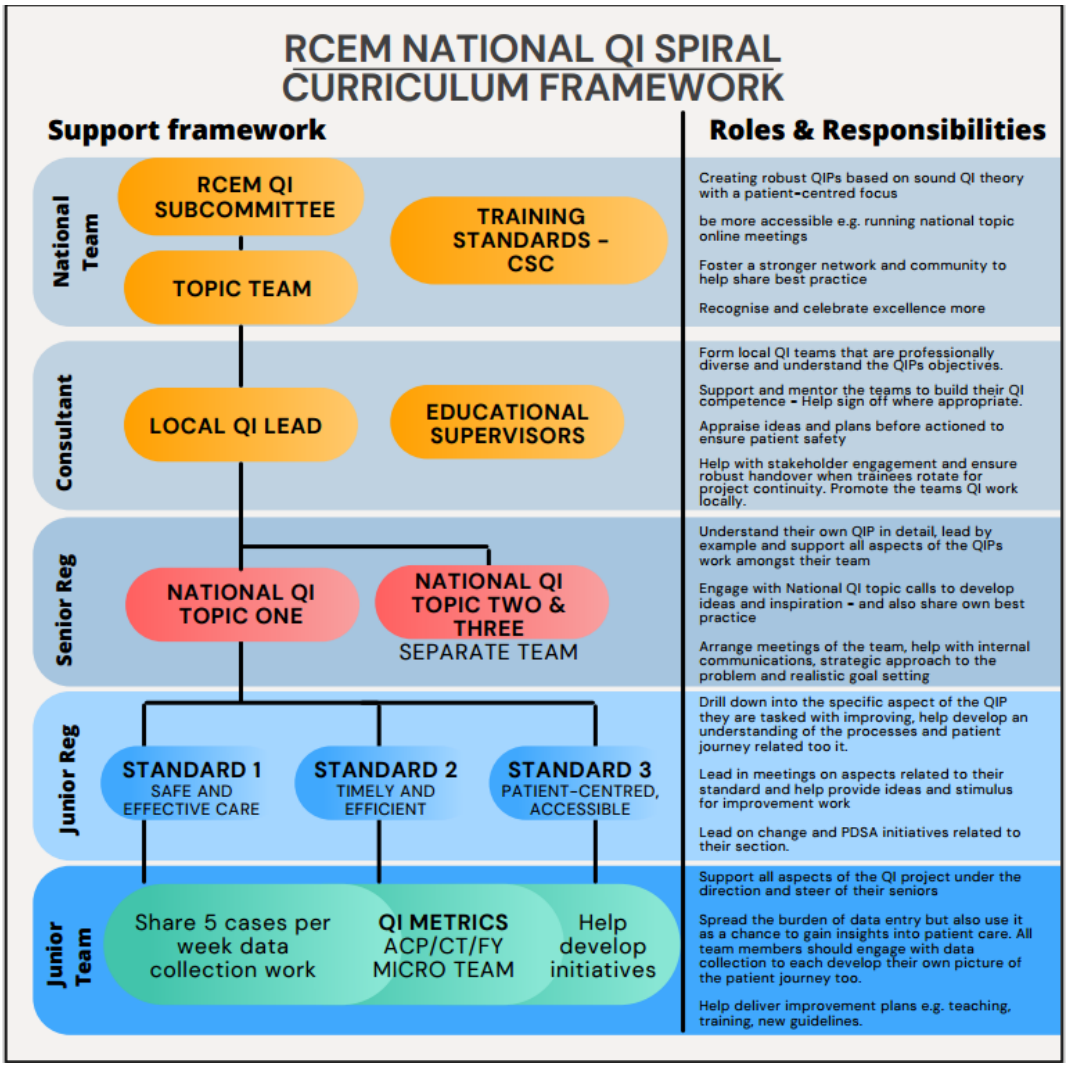
For the full list of key capabilities and descriptors, please refer to the RCEM 2021 curriculum (2025 update)

Programme of learning

QI is embedded within the Programme of Learning at all stages of training, and the requirements of the curriculum reflect growing expertise and responsibility in this subject over time. The expectation is that trainees can evidence learning of the entire QI journey by the end of their training.

Trainees have access to a multitude of resources to help them develop in QI. Education programmes are available locally, regionally, nationally and on-line. Details and links can be found in the Resources section of this SLO as well as being signposted on the RCEM website. Local QI leads will also be able identify other opportunities. Most Emergency Departments will have ongoing improvement activity. Participation in the national RCEM QI programme will also be beneficial for development - see below.

Evidence of engagement in any/all of these activities can be used to demonstrate the requirements of SLO 11 at ARCP. Note that the Academy of Medical Royal Colleges in ARCP guidance states that ***"trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements".***



Formative assessment

NOTE JUST ONE SECTION NOW FOR FORMATIVE ASSESSMENT, NOT SPLIT INTO THE THREE STAGES OF TRAINING

The Assessment Schedule for the RCEM curriculum has been developed to best meet its aims and objectives. Two of the educational principles that have been considered in developing EM capabilities have been 'spacing' and 'Interleaving'. These terms mean that there is likely to be better retention of knowledge and integration if curricular elements are introduced early, returned to for reinforcement, and if the layering of greater complexity is interspersed with other curricular content.

The GMC require all curricula to include the ability to undertake quality improvement activity in all stages of training as part of their Generic Professional Capabilities. The development and application of the underpinning knowledge and skills starts in ACCS and builds throughout training to completion.

Quality improvement capabilities are within the Programme of Learning at all stages of training, and the requirements of the curriculum reflect growing expertise and responsibility in this subject over time. The expectation is that trainees can evidence learning of the entire QI journey by the end of their training.

How is this SLO assessed?

Assessment in the workplace

Trainees at all stages are expected to demonstrate some activity in this SLO in each year of training. It is recognised that the extent of this may vary to a degree year-by-year according to trainees' activity against the other generic SLOs. By the end of training trainees are required to provide sufficient evidence to at least a satisfactory standard for both HST Key Capabilities.

All activity relating to quality improvement is relevant and the list of evidence that might be used is not reductive in any way. Some trainees may be inspired by the topic and seek to stretch further in this area. The key capabilities that frame what is required at each stage of training and it is important to note that these capabilities can be acquired in numerous ways as described in the programme of learning and RCEM website.

EM Quality Improvement Assessment Tool (EM QIAT)

The EM QIAT form, found on the ePortfolio, is to be used by trainees in each year of training and completed in time for review by their educational supervisor in preparation for ARCP. The form captures all QI-related activity during the training year and maps it to the QI journey. It also includes the trainee's own reflections as well as their supervisor's feedback.

A breadth of experience can be recorded and reflected upon when using the QIAT which will support the trainee in considering their own strengths and weaknesses in relation to QI activity. Examples include involvement in a project team; leading a project team or a section within a larger project; QI learning; coaching a QI team; contributing to running the department QI programme.

Trainees can include any QI activity they have found valuable, both inside and outside the ED, whether it is directly patient-focused, or focusing on education & training, staff wellbeing or environmental sustainability

There is an expectation that each year builds on the previous to show growth such that by the time of completion of EM training the trainee will be able to demonstrate coverage of the entire journey.

Note that the Academy of Medical Royal Colleges in ARCP guidance states that ***"trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements".***

Summative assessment – Core/ACCS

NOTE SUMMATIVE IS SPLIT INTO THREE SECTIONS NOW TO SPECIFY FOR EACH STAGE OF TRAINING

Educational review

Summative assessment each year is a judgement by the Educational Supervisor and recorded on the ACCS ESR form, with subsequent overview from the ARCP panel. By the end of the two years of ACCS training, trainees are required to provide sufficient evidence to at least a satisfactory standard for the key capability of this SLO.

Review of the EM-QIAT

The Educational Supervisor gives a final rating following review of the EM-QIAT. This is reviewed along with all other SLOs at ARCP. Review of the EM-QIAT by the Educational Supervisors can be supported by appropriately trained departmental QI leads or other local equivalents.

Note that the Academy of Medical Royal Colleges in ARCP guidance states that ***"trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements".***

Standard required

The following table summarises the activity that is expected and how excellence might be pursued:

End of ACCS:

Not yet achieved	• Inadequate or unsatisfactory engagement with quality improvement activities
Satisfactory/Good	• Satisfactory engagement with quality improvement activities including Involvement in at least one project in each year of training (service evaluation, audit, re-audit, quality improvement, guideline development, etc.) activity e.g. - audit and/or re-audit - service evaluation - process improvement - guideline development - patient safety/experience improvement **AND/OR** • Presentation at local QI meeting **AND/OR** • Evidence of engaging in QI educational activity commensurate with early training e.g., e-learning, training day, QI course
Excellent	• Presentation of the findings and actions from more than one project or in more than one setting **AND/OR** • Demonstrates translation of findings and learning from one audit into another area of practice or another hospital

Summative assessment – Intermediate

Educational review

Summative assessment each year is a judgement by the Educational Supervisor and recorded on the Intermediate ESR form, with subsequent overview from the ARCP panel. By the end of intermediate training, trainees are required to provide sufficient evidence to at least a satisfactory standard for the key capability of this SLO.

Review of the EM-QIAT

The Educational Supervisor gives a final rating following review of the EM-QIAT. This is reviewed along with all other SLOs at ARCP. Review of the EM-QIAT by the Educational Supervisors can be supported by appropriately trained departmental QI leads or other local equivalents.

Note that the Academy of Medical Royal Colleges in ARCP guidance states that ***"trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements".***

Standard required

The following table summarises the activity that is expected and how excellence might be pursued:

End of Intermediate:

Not yet achieved	• Inadequate or unsatisfactory engagement with quality improvement activities **AND/OR** • Little perseverance or insight into challenges to change management
Satisfactory/ Good	• Evidence of participation in a QI project that is clearly linked to the sections of the QI journey in which they have chosen to develop **AND** • Evidence of multi-disciplinary working and satisfactory account of the QI methods and reflection on the conduct of the project
Excellent	***AS FOR SATISFACTORY/GOOD PLUS:*** • High quality QI project leading to significant improvement in clinical care **AND/OR** • Presentation of QI project at regional or national meeting **AND/OR** • Evidence of innovation/QI team leadership/ perseverance in making change

Summative assessment - Higher

Educational review

Summative assessment each year is a judgement by the Educational Supervisor and recorded on the Higher ESR form, with subsequent overview from the ARCP panel. By the end of the three years of higher training, trainees are required to provide sufficient evidence to at least a satisfactory standard for the two key capabilities of this SLO.

Review of the EM-QIAT

The Educational Supervisor gives a final rating following review of the EM-QIAT. This is reviewed along with all other SLOs at ARCP. Review of the EM-QIAT by the Educational Supervisors can be supported by appropriately trained departmental QI leads or other local equivalents.

Note that the Academy of Medical Royal Colleges in ARCP guidance states that ***"trainees do not need to design, lead, and project manage entire QI projects to satisfy curriculum requirements"***.

Standard required

The following table summarises the activity that is expected and how excellence might be pursued:

End of higher:

Not yet achieved	• Inadequate or unsatisfactory engagement with quality improvement activities **AND/OR** • Little perseverance or insight into challenges to change management
Satisfactory/ Good	• Evidence of a QI project that the trainee has led on with mature reflection on the experience and conduct of the project **AND** • Evidence of multi-disciplinary working and satisfactory account of the QI methods used and leadership skills deployed ***AND FOR ST6*** • Summary of the development journey in QI and leadership throughout the entirety of EM training, with reference to specific examples

Excellent	***AS FOR SATISFACTORY/GOOD PLUS:*** • Evidence of using diverse QI methodologies which are tailored to the specific problem being addressed **AND/OR** • Presentation of QI project at regional or national meeting **AND/OR** • Evidence of innovation/QI team leadership/ perseverance in making change **AND/OR** • Contribution to the strategic leadership of the department improvement programme **AND/OR** • Evidence of higher-level QI learning e.g. leadership, coaching

Resources

Creating Conditions
Creating Conditions Start with ‘Why’ - TED talk Simon Sinek
Problem Identification
Care Quality Commission Serious Incident Framework NHS Patient Safety Investigations Care Opinion
Patient & Public Involvement
HQIP - Involving Patients The Patient Experience Book Patient Experience Patient Public Involvement - King’s Improvement Science
Understanding Systems
Understanding Systems Using systems thinking to identify the right problem The Cynefin Framework Problem Solving
Developing Aims
Developing Aims
Testing Changes
Testing Changes NHS England Innovation Accelerator Six Sigma Friends & Family Test - NHS England Methods for evaluation of small scale QI projects Tool for Reflection

Implementation
Implement Evaluation: what to consider - the Health Foundation
Spread
Spread NICE - writing the clinical guideline
Measurement
Why is measurement Important? Quality Improvement: Choosing Measures Understanding Variation in processes A guide to creating and interpreting run and control charts An introduction to analysing QI and QA data Making Data Count How to guide for measurement for Improvement Using Data for Improvement
Project Management & Communication
Project Management & Communication How to Increase your Influence at Work
Leadership & Teams
Leadership & Teams EMLeaders: Access to online modules - open to all 4 nations Framework 10 principle of Good Interdisciplinary team-work Allied Health Professionals
Overview & Combined Toolkits
Trainees Improving Patient Safety through Quality Improvement (TIPSQI)

Health Foundation - Quality improvement made simple - What everyone should know about Healthcare QI

HQIP - A guide to QI methods

Kotter's Eight Steps of Change

AHSN North East & North Cumbria - Improvement toolkit

AHSN Wessex QI Hub

IHI Improvement Essential Toolkit

NES QI tools

Online QI Training Courses

Each board/trust is highly likely to have their own version, please make enquiries locally. This is a selection of open access e-learning materials:

Scotland - all with TURAS login

QI4U

Organisations

Healthcare Safety Investigation Branch

NICE

Getting It Right First Time

Clinical Human Factors Group

Institute for Healthcare Improvement (IHI)

Life QI - subscription platform - check with your organisation

Healthcare Quality Improvement Partnership

Q community