

Guide for Appraisal: Quality Improvement Activities (QIAs)

This resource was developed in collaboration with HEIW and Swansea Bay UHB, with additional content adapted from Aneurin Bevan UHB's guidance on QIAs.

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Section 1 - Introduction

The General Medical Council (GMC) mandates that all licensed doctors engage in Quality Improvement Activities (QIAs) as part of the revalidation process. These activities are designed to help clinicians evaluate and enhance the quality of care they provide, ensuring patient safety and promoting professional accountability. However, they are one of the more common reasons for a delayed or deferred revalidation decision as either a QIA has not been completed, or it does not meet the required standard.

This document outlines the core principles of QI and provides guidance for appraisers on recognising, assessing and evaluating QIAs for the purpose of revalidation.

Section 2 - Principles of Quality Improvement (QI)

2.1 GMC Key Principles for QIAs

The GMC outlines several key principles for QI activities:

- **Relevance to Practice:** QI must be directly related to the doctor's scope of practice.
- **Active Participation:** Doctors should actively contribute to QI activities, rather than act as passive observers.
- **Reflection and Evaluation:** Clinicians should reflect on the outcomes and effectiveness of the QI activity.
- **Documentation and Appraisal:** QI activities must be documented and discussed during annual appraisals

Further details are available on the GMC website:

[GMC Guidance on Supporting Information for Revalidation – Quality Improvement Activity](#)

2.2 Types of QIAs

QI can be demonstrated through a variety of activities, including but not limited to:

- **Clinical Audit:** Systematic review of care against explicit criteria.

- **Case Reviews and Discussions:** Reflective analysis of complex or challenging cases (this can include cases referred to the health board for review by the Medical Examiner Service for Wales as part of the Learning from Deaths Panel, never events, nationally reportable incidents, complaints and concerns).
- **Benchmarking:** Comparing performance against national or local standards.
- **Learning Event Analysis:** Reviewing incidents to identify learning points.
- **Policy Evaluation:** Assessing the impact of health policies or management practices
- **Sustainability Project:** Evaluating and analysing cost and carbon reduction to improve patient care or do not harm, minimising environmental impact.

2.3 QIA Examples

Below are examples of QIAs in Primary and Secondary Care settings. These activities demonstrate how doctors can engage in meaningful QI aligned with their roles and responsibilities. This list is not exhaustive:

Primary Care

1. Audit the effectiveness of monitoring patients on high-risk medication.
2. Develop a practice protocol.
3. Management of suspected UTI.
4. Review of referrals.
5. Developing an educational module for colleagues.
6. Producing a patient information leaflet.
7. Review of consultations.
8. Developing a practice template, assessment tool, or proforma to aid management.
9. Improving prescribing practices.
10. Audit of equipment.

Secondary Care

1. Medical device comparison.
2. Audit of quality of practice against local and national quality indicators.
3. Work on SOP and Governance structure for part of the service.

4. Review of referral pathways.
5. Developing a web page to contain information relevant to your area of practice.
6. Development of a new service.
7. Regular case-based discussions with a consultant colleague/s about challenging patients such as Mortality and Morbidity meetings and Multidisciplinary meetings where changes, outcomes and impacts have been identified.
8. Review of complaints leading to change in operative technique.
9. QI project supported by audit in response to critical incident and risk to patient safety.
10. Work to improve service delivery.

If you are unsure whether a QI example qualifies as acceptable or would like to view examples of acceptable QIAs, please contact your local Revalidation team or GP Appraisal Coordinator.

2.4 Implementing a QI Project

A typical QI project follows the **Plan-Do-Study-Act (PDSA)** cycle:

1. **Plan:** Identify an area for improvement and plan the intervention.
2. **Do:** Implement the change on a small scale.
3. **Study:** Analyse the results and determine effectiveness.
4. **Act:** Refine the intervention and implement it more broadly.

This iterative process ensures that changes are evidence-based and sustainable.

2.5 Reflecting on QIA

Reflection is a critical component of QI. Doctors are expected to:

- Evaluate the impact of their QI activities.
- Identify lessons learned.
- Discuss outcomes with peers and appraisers.
- Use insights to inform future practice

Section 3 - Appraiser's Role in QI and Recognising Evidence

QI should be clearly and comprehensively documented by the appraisee within their appraisal folder on MARS. During the appraisal, the appraiser is responsible for reviewing and validating these entries. It is important that the doctor only documents activities that they have genuinely participated in.

As an appraiser, you do not need to be familiar with the specific clinical duties or activities of a doctor to assess their QIA. To assess the relevance and impact of a QIA, appraisers should ask the doctor to explain:

- How the activity relates to their professional role.
- The intended or actual outcomes of the activity.
- Their specific contributions to improving service quality.
- Reflections and learning gained from the process.

This explanation should provide sufficient context to make a reasonable judgement about whether an improvement has occurred. In many cases, the improvement will be self-evident from the description and outcomes provided.

When reviewing QIA entries, appraisers may find it helpful to consider the following key elements as described by the GMC. These elements are outlined in a practical assessment tool (ABEL) which is available in **Appendix 1**.

Key Elements of Quality Improvement Activities (QIA):

- **Relevance:** The activity should align with the doctor's professional role and demonstrate meaningful involvement.
- **Structured and Systematic:** There should be evidence of deliberate planning, a clear methodology, and purposeful execution.
- **Recognition of Good Practice:** The activity should acknowledge and reinforce existing good practices.
- **Communication:** Engagement with colleagues or teams should be evident through discussion or collaboration.
- **Evaluation of Current Practice:** The activity should involve describing, analysing, and measuring current processes relevant to the doctor's role.

- **Outcome or Change:** There should be a demonstrable result or improvement arising from the activity.
- **Action Taken:** The doctor should show that appropriate steps were taken in response to findings.
- **Improvement Achieved:** The activity should lead to measurable improvement or the maintenance of high standards.
- **Reflection:** The doctor should reflect on the insights gained, their implications, and how future practice may be adapted or modified.

Section 4 - How to Handle Minimal or Unclear Evidence

For doctors who present minimal evidence of QIA, it is appropriate to discuss examples of effective QI (such as those outlined in this guidance or the doctor’s relevant Royal College materials), and to support planning by agreeing a PDP entry to guide their QI efforts over the coming year.

If there are any uncertainties about validating a QIA, these should be referred to your local Revalidation team or GP Appraisal Coordinator for further discussion and clarification.

Appendix 1 - QIA Assessment Tool (ABEL)

This tool supports appraisers in assessing QIA entries for revalidation:

GMC Advice	Needs Further development	Acceptable for revalidation	Excellence to be aimed for
Relevance <i>relevant to your work and active participation</i>	- Subject chosen irrelevant to the doctor’s working environment	- Subject chosen is relevant to the doctor’s role	- Subject chosen has significant impact on the doctor’s role (current or at the time of activity) - Demonstrates improvement in care with clear impact on patient

			care/outcomes
Robust and Systematic <i>clear methodology, evaluation and reflection</i>	<ul style="list-style-type: none"> - No evidence of planning - Retrospectively made to fit template - Learning style is not thought through and inappropriate for the skill required. 	<ul style="list-style-type: none"> - Evidence of planning is present 	<ul style="list-style-type: none"> - Doctor has identified an area where care is suboptimal - Activity planned to suit the learning - Learning style appropriate for the activity
Considers Good Practice <i>so that good practice is maintained</i>	<ul style="list-style-type: none"> - Seems like a good thing but no supporting evidence - Not evidence based (no evidence exists, or doctor has done something that has evidence against it) 	<ul style="list-style-type: none"> - Doctor aware of the evidence to back up activity 	<ul style="list-style-type: none"> - Well researched evidence - Evidence discussed and put into context
Communication <i>this might be discussion with a peer, at team meetings</i>	<ul style="list-style-type: none"> - No thought of others in the team - Team excluded from process 	<ul style="list-style-type: none"> - Effect on others have been considered - Discussed with others on whom the activity might have impact - Plans to discuss with others in the team 	<ul style="list-style-type: none"> - Full discussion with team involved with patient care - Involvement of MDT - Shared with team - Reflection on impact of the activity on the team

<p>Considers current practice <i>depends on the role you undertake and the work that you do</i></p>	<ul style="list-style-type: none"> - Not considered important - Not done 	<ul style="list-style-type: none"> - Measured current practice - Reflected on current process - Described current process 	<ul style="list-style-type: none"> - Doctor has considered current practice, measured it, audited it - Reflected on why this is suboptimal
<p>Outcome or Change <i>where possible demonstrate an outcome or change</i></p>	<ul style="list-style-type: none"> - Not clear what change made - No change made 	<ul style="list-style-type: none"> - Change clearly described - Intended change clearly described 	<ul style="list-style-type: none"> - Change in practice / process clearly described and reflected upon - Measurement of Change - New skill - New knowledge to put into practice - New system clearly described
<p>Action Taken <i>appropriate and in response to the results</i></p>	<ul style="list-style-type: none"> - Unclear - No change - when would have expected there to be some 	<ul style="list-style-type: none"> - Effect described - Potential effect described 	<ul style="list-style-type: none"> - Clear recording of the effect change has made, with examples or reflection on effect of the change
<p>Improvement <i>improvement has occurred or good</i></p>	<ul style="list-style-type: none"> - Cannot say if doctor is offering a better service as a result 	<ul style="list-style-type: none"> - Demonstrates an improvement in work 	<ul style="list-style-type: none"> - Work done clearly shows that the doctor is offering a better service as a result of the activity -

<i>practice maintained</i>			easy to see this especially in terms of safety, improvements in care
Reflection <i>What you did with the information, reflection on that information, what it says about your practice, how you intend to develop or modify your practice</i>	- None - Not done	- Reflection on process	- In-depth reflection on the activity and consideration of how this affects patients/teams/wider community - Consideration of next steps

Appendix 2 – Resources

GMC - [GMC Quality Improvement Activity](#)

Faculty of Public Health - [Quality Improvement Activity - Faculty of Public Health](#)

Royal College of Anaesthetists - [Quality Improvement | The Royal College of Anaesthetists](#)

Royal College of General Practitioners - [RCGP Quality Improvement Activity](#)

Royal College of Obstetricians and Gynaecologists - [Quality Improvement Activities \(Revalidation\) | RCOG](#)

Royal College of Psychiatrists - [Revalidation Mythbusters - Quality Improvement Activities](#)

Local Clinical Audit Teams

Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff and Vale UHB
Cwm Taf Morgannwg UHB	Hywel Dda UHB	Powys Teaching Health Board
Public Health Wales	Swansea Bay UHB <u>Clinical Audit And Effectiveness - Home</u>	Velindre NHS Trust