



HQIP

Healthcare Quality
Improvement Partnership

Guide to Involving Junior Doctors in Clinical Audit

Nancy Dixon
Healthcare Quality Quest

Clinical audit tool to promote quality for better health services

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1 Introduction

1.1 Who this guide is for

This guide is for the following people who work in NHS trusts that have junior doctors:

- Clinical audit or clinical governance managers and staff
- Clinical audit leads
- Clinical audit committee chairs and members
- Divisional, directorate or specialty clinical governance committee chairs and members
- Educational supervisors of junior doctors
- Clinical supervisors of junior doctors
- Clinical directors.

1.2 How this guide is intended to help

All junior doctors are expected to carry out clinical audits as part of meeting their training requirements. Some NHS trusts provide excellent training and support for junior doctors to help them benefit from their clinical audit experiences. In other NHS trusts, the logistics and support needed to help junior doctors with clinical audit aren't always available, so the value of the experience for junior doctors is compromised. In these circumstances, opportunities for junior doctors to make important contributions to the improvement of patient care also are compromised.

This guide describes how NHS trusts can manage the participation of junior doctors in clinical audit so that the clinical audits carried out by juniors are valuable, both to the NHS trust and to the doctors who carry them out. It includes the following:

- what's actually **required and expected** of junior doctors in relation to clinical audit
- **why** NHS trusts **should be actively helping** junior doctors do clinical audits
- the nature of **the commitment needed by everyone** involved to get valuable clinical audits done by junior doctors
- the **training** junior doctors need on clinical audit
- the **individuals who should help** junior doctors **and how** they should help
- the **systems** that have **to be communicated** to junior doctors and how the systems have to work to support junior doctors
- ways to provide **recognition for** junior doctors' clinical audits
- suggestions for **subjects of clinical audits** junior doctors can or should do
- how to **assess and improve current arrangements** to support junior doctors' involvement in clinical audit.

The guide also includes a template policy on involving junior doctors in clinical audit.

Key point about involvement of junior doctors in clinical audit

Junior doctors need to experience first-hand that clinical audit is a quality improvement process.¹⁻² They should have the opportunity to work through the improvement process as part of their clinical audit experiences.

2 What's required and expected of junior doctors in relation to clinical audit

2.1 *Good Doctors, Safer Patients*

The Chief Medical Officer's report, *Good Doctors, Safer Patients*,³ featured clinical audit as an important quality improvement method necessary to ensure good clinical governance. The report acknowledged that some Royal Colleges and other professional bodies have required their members to participate in clinical audit as a condition of continuing membership. In addition, career grade doctors working in the NHS in 2006 are contractually required to participate in clinical audit and related activities. The report anticipated that clinical audit data would be among the sources used for assessment of doctors for revalidation.

2.2 *Good Medical Practice*

The General Medical Council's document, *Good Medical Practice*, makes clear doctors' obligations to participate in clinical audit. Key references to clinical audit are in the box.⁴

References to audit and quality improvement in *Good Medical Practice*

Maintaining and improving your performance

14 You must work with colleagues and patients to maintain and improve the quality of your work and promote patient safety. In particular, you must:

.....

- (c) take part in regular and systematic audit
- (d) take part in systems of quality assurance and quality improvement
- (e) respond constructively to the outcome of audit, appraisals and performance reviews, undertaking further training where necessary

....

Working with colleagues

41 Most doctors work in teams with colleagues from other professions. Working in teams does not change your personal accountability for your professional conduct and the care you provide. When working in a team, you should act as a positive role model and try to motivate and inspire your colleagues. You must:

....

- (d) participate in regular reviews and audit of the standards and performance of the team, taking steps to remedy any deficiencies

....

2.3 What Foundation Programme doctors are required to do about clinical audit

The *Curriculum* for The Foundation Programme refers extensively to clinical audit, quality improvement, clinical governance, risk management and related activities.² Specific references to clinical audit in the *Curriculum* are summarised in the box below.² All Foundation Programme doctors are expected to participate in supervised clinical audit projects.

Foundation Programme <i>Curriculum</i> references to clinical audit	
Outcome	Demonstrates the knowledge, skills, attitudes and behaviours to use audit results to improve patient care
Knowledge	<ul style="list-style-type: none">• The audit cycle and relevance to developing patient care, clinical governance and risk management• Data sources for audit• Data confidentiality• The audit cycle's relationship to the improvement of clinical care
Competences F1 and F2	<ul style="list-style-type: none">• Describes the audit cycle and recognises how it relates to the improvement of clinical care• Has participated in an audit project• Makes links explicitly to learning/professional development portfolios

Foundation Programme doctors are expected to cumulate evidence about what they have learned from their clinical audit experiences in their personal learning portfolios. The doctors are expected to complete a form on audit projects they carry out, whether or not the project is completed, reflecting on their projects. The information Foundation Programme doctors are expected to note about an audit project is in the box.

Learning points that Foundation Programme doctors are expected to report on clinical audit projects
What was the audit topic and why did you choose it?
What were the major findings and what changes to practice do they suggest?
How can a change in practice be implemented?
What have you learned from this audit?
Further training/educational needs identified by the audit?

2.4 What Registrars are required to do about clinical audit

The Postgraduate Medical Education and Training Board (PMETB) has established participation in clinical audit as among the mandatory training requirements for doctors training at Registrar levels. The specific requirement states: 'Trainees must regularly be involved in the clinical audit process, including personally participating in planning, data collection and analysis.'⁵ Methods for workplace-based assessment include audit projects.⁶ Audit reports are one evidence that doctors at Registrar level are expected to have in their learning portfolios to demonstrate their experiences and attainment of skills.⁷ These portfolios form a basis for educational and workplace-based appraisal. Audit reports also feature in Registrars' Annual Review of Competence Progression (ARCP) that scrutinises each trainee's suitability to progress to the next stage of or to complete a training programme.⁸

2.5 What Foundation Programme and Registrar doctors want to do about clinical audit

Among all levels of junior doctors, there is competition for the next job in a doctor's career ladder. A doctor at F1 level has to apply for a job at F2 level, for example. A doctor at F2 level has to apply for a first year Registrar post, and so on.

The training and competence requirements for junior doctors at all levels are now standardised. As a consequence of the standardisation of training and assessment of doctors as they progress through their training, junior doctors have few ways of distinguishing themselves from their colleagues in a competitive situation.

'Foundation doctors are encouraged to consider their possible career pathways and subsequent specialty training programmes when choosing ... audit projects ...'.² **Carrying out clinical audits is one way that an individual doctor can demonstrate initiative, interest, and commitment to progress in his or her career.** Therefore, there are at least two reasons why a junior doctor at any level of training is motivated to carry out clinical audits—to provide evidence of:

- meeting training requirements at the current level of training
- showing why he or she is interested in and committed to the work involved in the next job in the doctor's career progression.

In addition, many junior doctors have a strong commitment to providing the best possible care for the patients they look after. They have a lot of energy and they tend to be fully aware of their knowledge and skill limitations as trainees. They also may experience a lot of frustration when NHS organisational systems don't always seem to support patient's best interests. In these circumstances, many junior doctors actively want to actually measure the quality of care being delivered and see if they can contribute to making things better for their patients.

2.6 The problems that junior doctors face in doing clinical audits

Despite junior doctors' incentives for actively carrying out clinical audits, they face a number of problems and barriers related to clinical audit in many NHS trusts. These problems sometimes mean that junior doctors don't get as much value out of their experiences with clinical audit as is intended nor do the clinical audits they carry out benefit the NHS trust in which they are working. Among the problems junior doctors face are:

Limited time —

- Foundation doctors spend only a few months in a clinical service so it may be difficult to actually 'complete' a clinical audit in that clinical service.
- For Foundation doctors, a clinical audit normally has to be carried out over a short time period.

Lack of effective training and information —

- Training on the clinical audit process may not be readily available, may not be of high quality or may not motivate junior doctors to invest their time in the clinical audit process.
- Junior doctors seldom have the opportunity to learn how to analyse problems clinical audits may reveal.
- Junior doctors aren't always told about an NHS trust's system for registering and reporting on clinical audits, so their work is not captured in the trust's records of clinical audits undertaken.

Inappropriate expectations —

- Junior doctors may be assigned a subject for clinical audit that isn't directly relevant to day-to-day patient care, or may not even be a suitable subject for clinical audit.
- Clinical audits carried out by junior doctors may have little direct relevance to the clinical audit programme in a clinical service and may not represent a high priority for improvement in the clinical service.
- Senior clinical staff may see junior doctors' audits as 'little trainee projects' that are to be presented at a meeting to give the juniors 'credit' for a presentation. However, senior staff may not perceive that they have a responsibility to see that action is taken on the findings of data collection for these audits when indicated.
- Junior doctors are seldom authorised by senior staff to take any action on the findings of their audits. Therefore, it is difficult to 'complete' the audit by repeating data collection to measure the effectiveness of the action taken.
- A common misunderstanding is that every Foundation Programme doctor has to do a clinical audit independently, that is, that it is not acceptable for Foundation Programme doctors to work together on a clinical audit.

Lack of support —

- Arrangements to support junior doctors in completing their clinical audits are seldom robust.
- In some NHS trusts in which there is internal payment for the retrieval of patient records for clinical audits, retrieval of records for junior doctors' clinical audits may not be authorised, and therefore, junior doctors are limited in clinical audits they can do.
- Senior medical staff may not themselves understand the clinical audit process correctly, and therefore, may not give appropriate guidance and support to junior doctors as they design and carry out their audits.
- Junior doctors may not be able to get access to technical advice and support on their clinical audits when they need help.

In view of the inherent value to an NHS trust of having clinical audits done on the care provided to patients in the trust, and the problems junior doctors face in meeting their requirements related to clinical audits, it is in NHS trusts' interests to actively support junior doctors to carry out clinical audits.

3 Why NHS trusts should actively help junior doctors do clinical audits

3.1 Advantages to NHS trusts of helping junior doctors—a supplement to the clinical audit workforce

Many NHS trusts have a limited number of specialist clinical audit staff and these staff members tend to concentrate on clinical audits that are required at national level or audits required by primary care trusts (PCTs) who commission clinical services from the trust. Given the number of clinical audits that are mandatory for NHS trusts, clinical audit specialist staff members seldom have the capacity to carry out other clinical audits.

Clinical staff members often are expected to contribute to carrying out audits, at least through data collection, for some mandatory clinical audits such as patient recordkeeping. However, clinical services can be short of staff and it may be difficult for clinical staff members to give priority to carrying out clinical audits in the face of requirements to deliver direct patient care.

In summary, the shortcoming that all NHS trusts face when it comes to clinical audit is the staff capacity to carry out the audits. On the other hand, NHS trusts that have junior doctors have a built-in supplement to the clinical audit workforce. As all these doctors are required to do clinical audits, it is logical to engage junior doctors directly to support the trust's and clinical services' clinical audit programmes.

3.2 Responsibilities to junior doctors to support their training

NHS trusts that have junior doctors have agreed with Foundation Schools and Postgraduate Deaneries to have arrangements in place to support the doctors in meeting their training requirements. The expectation is that each junior doctor will assume personal responsibility for meeting his or her training requirements using the resources made available in the trust.

On the other hand, an NHS trust has to have the resources available that junior doctors need to develop their competences and meet their requirements. As carrying out clinical audits is a requirement in all junior doctors' training, it is reasonable to expect that NHS trusts will do what they can to provide appropriate support related to this requirement.

3.3 Relationship of involving junior doctors in clinical audit to external requirements of NHS trusts

NHS trusts are expected to meet standards related to clinical audit that are imposed by external organisations including the:

- Care Quality Commission, the regulatory body that requires NHS trusts to provide evidence of the achievement of numerous outcomes
- NHS Litigation Authority, the body that handles negligence claims made against NHS organisations and that sets risk management standards that NHS organisations have to meet.

NHS trusts are expected to implement guidance issued by the National Institute for Health and Clinical Excellence (NICE) and other national guidance and clinical audits provide evidence of implementation of best practice.

Junior doctors' clinical audits can contribute directly to an NHS trust meeting external requirements and expectations.

4 Getting commitment to actively support junior doctors' involvement in clinical audit

4.1 Reference to involvement of junior doctors in clinical audit strategy

NHS trusts should ensure that any organisational strategy document that refers to clinical audit acknowledges the involvement of junior doctors in clinical audit carried out in the trust. See *Template for Clinical Audit Strategy* at www.hqip.org.uk.

4.2 Policy on involving junior doctors in clinical audit

To document organisational agreement on how junior doctors are to be involved in clinical audit, an NHS trust's clinical audit or equivalent committee should develop and approve a written policy. A template policy for involving junior doctors in clinical audit is in Appendix 1 to this guide.

5 Providing training for junior doctors on clinical audit

5.1 Induction and clinical audit training for junior doctors

NHS trusts sometimes try to provide training for clinical audit as part of induction for junior doctors. However, the time available in junior doctors' induction is insufficient to provide the doctors with the knowledge and skills they need to be successful in carrying out a clinical audit. Also, doctors may not know enough about a clinical service or the organisation at the time of induction to be able to think about how to carry out a clinical audit.

The appropriate content related to clinical audit that could be covered in junior doctors' induction is in the box.

Content about clinical audit in induction for junior doctors

The following about the local NHS trust:

- The trust's policy on involving junior doctors in clinical audit, with a short summary of the trust's expectations about junior doctors' involvement in clinical audit
- The training on clinical audit available for junior doctors and how to arrange participation in the training
- How to access any required documentation related to clinical audit in the trust, for example, a clinical audit proposal form or a clinical audit report template
- Sources of information about clinical audit
- Who to contact for more information or support for carrying out clinical audits in the trust

An example of an information sheet on clinical audit for junior doctors is in Appendix 2.

5.2 Content and objectives of clinical audit training for Foundation Programme doctors

Arrangements need to be made with those responsible for the Foundation Programme training in the trust to provide at least a half-day training session on clinical audit for F1 and F2 doctors.

The content and objectives of the training that should be covered in the session are in the box. In the training session, Foundation Programme doctors should be encouraged to carry out audits over short time periods. The number of patients included in an audit can represent one, two or four weeks of patient care, depending on the subject of the audit and the number of patients or events that happen in a week. If care provided over the short time isn't consistent with best practice, the doctors can complete the experience of analysing problems impeding good practice, encouraging a clinical team to act and repeating data collection to see if actions taken have made a difference in the quality or safety of patient care.

Content and objectives for clinical audit training for Foundation Programme doctors	
Content	Learning objectives—A doctor can:
The clinical audit process <ul style="list-style-type: none">• What clinical audit is about• How the clinical audit process works• What rapid-cycle clinical audit is about and why it is important• How clinical audit relates to the following:<ul style="list-style-type: none">– Evidence-based practice– Quality improvement– Patient safety– Clinical risk management	Explain to others how clinical audits result in improvements in patient care and why it is important to collect and act on clinical audit data rapidly in a short time frame
About designing a clinical audit <ul style="list-style-type: none">• How to state an objective for a clinical audit• How to identify stakeholders in a clinical audit subject and plan their involvement in the audit• How to decide on the number of patients or events to include in the audit• How to decide on a strategy for data collection	Design a clinical audit properly
About measuring quality or safety of patient care <ul style="list-style-type: none">• Why it is important to have explicit standards to measure the quality or patient safety in a clinical audit• What should be included in a clinical audit standard• How to set a quantitative standard (%) for a clinical audit measure	Draw up clinical audit standards to measure quality or safety of patient care properly for the clinical audit designed

- The importance of having good operational definitions of terms used in a clinical audit standard and good directions for data collection
- How to draw up a clinical audit standard to measure quality or safety (the parts to include)
- Draw up a clinical audit standard correctly as a measure

About collecting and collating data

- Types of forms for recording data collected for a clinical audit and how to use them
- Data protection requirements applicable to clinical audit
- How to collect data completely and accurately for a clinical audit
- How to collate and display clinical audit data
- How to calculate and report compliance with clinical audit standards
- How to analyse data to find any problems in delivering patient care

Collect and collate data completely and accurately for the clinical audit designed, consistent with the trust's information governance policies

Calculate and report compliance with clinical audit standards properly

About analysing problems and finding their causes

- How to use a fishbone diagram (or other analytical tool) to find possible causes of problems revealed by collated data

Use a fishbone diagram (or another analytic tool) to find possible causes of problems revealed by collated data in a clinical audit

About taking action and repeating data collection

- Types of action that can be taken on audit findings
- The importance of repeating data collection after action is implemented
- How to write a report on a clinical audit

Identify the types of action that can be taken on audit findings

Repeat data collection to see if action taken has resulted in improvements to patient care

Complete a report on a clinical audit

The training made available to Foundation Programme doctors should be subject to formal evaluation by the doctors and action should be taken to improve the appropriateness and effectiveness of the training as needed.

5.3 Content and objectives of the clinical audit training available for Registrars

Registrars should have opportunities to learn about the clinical audit process as part of their training in an NHS trust. The training should enable Registrars to be expert in the execution of a clinical audit as they will be expected to carry out audits independently in each of their training years. In addition to the content listed in 5.2, the content and objectives of the training that should be available are in the box.

Content and objectives for clinical audit training for Registrars	
Content	Learning objectives—A doctor can:
About the clinical audit process <ul style="list-style-type: none">• Differences among a descriptive study, a survey, a research study and a clinical audit	Distinguish among descriptive studies, surveys, research studies and clinical audits and design each activity properly
About designing a clinical audit <ul style="list-style-type: none">• Criteria for selecting subjects for clinical audit and how to select an important subject for a clinical audit• How to decide whether to use a population or a sample of patients or events for a clinical audit• How to select the type and size of a sample of patients or events for a clinical audit	Select an important subject for clinical audit Select a population or a sample for a clinical audit appropriately
About measuring quality or safety of patient care <ul style="list-style-type: none">• Characteristics of quality-of-care measures and how the validity of quality standards can be tested	How to test the validity of standards used in a clinical audit, if needed
About collecting and collating data <ul style="list-style-type: none">• The concepts of reliability and validity and how they apply to clinical audit• How to develop and test a data collection protocol for a clinical audit• Tools for analysing variation in clinical practice (run charts and control charts) and how to use them• Different methods for reporting compliance and how to use the methods to report clinical audit findings	Develop a data collection protocol for a clinical audit Use tools for analysing variation (run charts and control charts) correctly Calculate and report preliminary item-by-item compliance and all-or-none compliance with clinical audit standards

About evaluating findings and cases

- How to present preliminary findings for a clinical audit to colleagues Explain clinical audit findings to colleagues correctly
- The terms specificity and sensitivity applied to a quality-of-care measure and how to test measures Plan to involve colleagues in evaluating clinical audit findings and reviewing individual or rates of cases with colleagues
- When it is important to review cases that were not consistent with a clinical audit standard and how to review the cases Calculate and report final compliance with clinical audit standards properly

About analysing problems and finding their causes

- How to express problems revealed by a clinical audit State problems revealed by a clinical audit completely and accurately
- Tools and techniques to analyse a problem to find its causes Use tools and techniques to involve colleagues in analysing causes of problems
- How to use tools to analyse a problem to find its causes Validate the actual causes of a problem
- Types of process maps
- How to analyse a process of care using a process map
- How to test if potential causes are actual causes of a problem

About identifying and implementing improvements

- Why it is important to identify a specific improvement needed Decide on and implement action to achieve an improvement
- The difference between an action and an improvement Use various techniques for learning and influencing people's attitudes toward achieving an improvement in practice
- How to express and implement action to achieve an improvement Develop a detailed plan to achieve a needed improvement in practice
- Techniques for learning and influencing people's attitudes toward change or an improvement in practice and how to use them Anticipate things that could go wrong in the implementation of actions needed to achieve an improvement and develop alternative plans
- Why it is important to develop an operational plan to achieve a substantial improvement in practice and tools for making operational plans
- How to anticipate things that could go wrong in the implementation of an improvement in practice and develop alternative plans

About repeating data collection and evaluating action

- Strategies for carrying out repeat data collection for a clinical audit and how to select among them
 - When it is desirable to test the statistical significance of a change in practice
 - How to follow up on a clinical audit and decide on further actions
- Decide if and how to test the statistical significance of a change in practice
- Follow up on a clinical audit appropriately

The training made available to Registrars should be subject to formal evaluation by the doctors and action should be taken to improve the appropriateness and effectiveness of the training as needed.

5.4 Approach to clinical audit training for junior doctors

Training opportunities for junior doctors should be as practical and experiential-based as possible. For example, training sessions should incorporate practical work for the doctors on the design and execution of a particular clinical audit. Foundation Programme doctors, for example, can be asked to carry out an audit to confirm that entries in patient records are consistent with local NHS trust standards for clinical record keeping within a training session, including carrying out a fishbone diagram, for example, to identify potential causes of recordkeeping that doesn't meet standards.

Training also can be arranged through e-learning or independent reading as a supplement to practical training sessions that are provided by an NHS trust.

5.5 Recognition of training

The NHS trust should provide certificates of participation in available training on clinical audit to the junior doctors who complete available training. The certificates should acknowledge the length of training time and the knowledge and competences included in the training. An example of a certificate acknowledging training is in Appendix 3.

6 Supporting junior doctors carrying out clinical audits

6.1 Roles and responsibilities for supporting junior doctors' involvement in clinical audit

There are several people in any NHS trust who should be available to help junior doctors carry out clinical audits. The individuals and their roles are in the box.

Roles and responsibilities related to involving junior doctors in clinical audit	
Junior doctors	Individual junior doctors at all levels of training are responsible for meeting requirements for involvement in clinical audit, consistent with the NHS trust's approved policy on junior doctors' involvement in clinical audit.
Clinical audit manager and staff	Ensure that the NHS trust: <ul style="list-style-type: none">• has an approved policy on junior doctors' involvement in clinical audit• communicates the policy and opportunities for training on clinical audit to junior doctors
Clinical audit leads in clinical directorates or specialties	<p>Help clinical services and junior doctors in carrying out clinical audits consistent with an approved policy</p> <p>Assign clinical audit subjects from their clinical services' clinical audit programmes to Foundation Programme doctors or review and approve clinical audit subjects that are to be given to Foundation doctors</p> <p>Review clinical audit proposals for specific individual clinical audits to be carried out by junior doctors and provide feedback on proposals to the junior doctors involved</p> <p>Ensure that junior doctors know about opportunities for training in clinical audit</p> <p>Provide advice and support on the execution of clinical audits carried out by junior doctors as needed</p> <p>Monitor the completion of clinical audits being carried out by junior doctors, prompting junior doctors to complete clinical audits as needed</p> <p>Ensure that junior doctors understand requirements relating to ethics and data protection in relation to clinical audit</p>
Clinical audit (or equivalent) committee	<p>Approves an NHS trust policy on the involvement of junior doctors in clinical audit, with consultation with the Postgraduate Education Department in the trust</p> <p>Ensures that the approved trust policy is disseminated to all junior doctors training in the NHS trust</p> <p>Monitors the implementation of the policy across all clinical specialties and takes any appropriate action to ensure that the policy is implemented consistently in clinical services as intended</p>

Clinical directorate or trust clinical governance committees	Expect reports of clinical audits to be submitted by junior doctors and act on the findings of such audits, as such teams or committees would act on the findings of any other clinical audits carried out in a clinical service or the NHS trust
Clinical supervisors	Ensure that junior doctors being supervised have subjects for clinical audit and have the clinical supervisor's support to carry out agreed audits and that junior doctors have opportunities to take part in clinical governance and audit meetings
Educational supervisors	Ensure that junior doctors being supervised have subjects for clinical audit and have the educational supervisor's support to carry out agreed audits and that junior doctors have opportunities to take part in clinical governance and audit meetings
Clinical directors	Communicate to consultants and to the directorate's clinical governance committee that clinical audits carried out by junior doctors should be reported to the directorate's clinical governance committee (or equivalent) and proactively acted on as needed

7 Communicating systems and arrangements for junior doctors' involvement in clinical audit

An NHS trust should ensure that systems and arrangements that support junior doctors' involvement in clinical audit are clearly communicated to all junior doctors and to the people who support their participation in clinical audit.

7.1 Registering clinical audits

An NHS trust should have in place a process through which clinical staff register the clinical audits they are carrying out, in order for the trust to cumulate evidence of the clinical audits carried out in the trust. Clinical audits carried out by junior doctors should be included in a trust's clinical audit registration system.

The trust's requirements for registering a clinical audit should be communicated to all junior doctors through agreed processes, which could include any of the following:

- explanation of the clinical audit registration process at junior doctors' induction
- explanation of the clinical audit registration process at training sessions for junior doctors on clinical audit
- email communication to junior doctors following their appointments by the trust's clinical audit committee chair or clinical audit manager
- reminders to be provided about registering clinical audits to junior doctors by their clinical and educational supervisors
- directions about registering clinical audits on the trust's intranet pages for junior doctors and for clinical audit activities in the trust.

To determine if a proposed clinical audit represents any ethics issues, see *Ethics and Clinical Audit and Quality Improvement (QI) — A Guide for NHS Organisations* at www.hqip.org.uk.

7.2 Access to patient records or electronic data for clinical audit purposes

An NHS trust should establish formal systems through which clinical staff can access patient records or electronic data for clinical audit purposes. Such systems should control access to patient health information and ensure that individuals who use patients' health information for clinical audit purposes follow data protection and information governance requirements. For more information on information governance and clinical audit, see *An Information Governance Guide for Clinical Audit* at www.hqip.org.uk.

The process for accessing patient records and electronically held information should be clearly communicated to junior doctors. An optimal process is for access to patient health information to be linked to approval of a clinical audit proposal and the registration of a clinical audit in the trust's clinical audit registration system.

Where an NHS trust has internal financial charges for the retrieval of patient records for clinical audit purposes, the budget for such charges should allow for junior doctors' clinical audits, particularly when junior doctors are carrying out clinical audits that are part of a clinical service's clinical audit programme.

7.3 Sharing and handing over clinical audits among Foundation Programme doctors

In view of the time-related constraints that Foundation Programme doctors face in completing clinical audits, an NHS trust should allow F1 and F2 doctors to share work on an individual clinical audit. Examples of sharing work on a clinical audit can include any of the following arrangements.

- Two or more F1 and F2 doctors can work on the same audit in the same clinical service by sharing data collection for different wards, clinics, theatres, special care units or sites.
- Two or more F1 and F2 doctors can work on the same audit in different clinical specialties within a directorate, for example, different surgical specialties.
- A group of F1 and F2 doctors can work on a trust clinical audit, such as on clinical recordkeeping.

As Foundation Programme doctors rotate quickly among clinical services, an NHS trust should allow Foundation Programme doctors to hand over the work completed so far on a clinical audit to the doctors coming into the clinical service, if the doctors favour this arrangement. For example, an F1 doctor in a clinical service may design and carry out a clinical audit through data collection and reporting, indicating the need for improvement. Then, an F1 doctor coming onto the rotation can work through the change process and repeat data collection for the clinical audit.

In this arrangement, all the Foundation doctors participating in the clinical audit should be permitted to use the clinical audit experience in meeting their training requirements, as long as there is documented evidence of each doctor's contribution. If small teams of Foundation doctors are working on clinical audits, they should be able to hand over the audits to incoming teams as well. In practice, Foundation doctors may prefer to complete the clinical audits they begin, even if it means they are working on a clinical audit in a service in which they are no longer working on a day-to-day basis.

7.4 Sharing clinical audit subjects among Registrars

The same or a related clinical audit subject can be shared among Registrars working in the same clinical service, with each Registrar's audit focusing on a different aspect of patient care. For example, one Registrar could carry out a clinical audit on the appropriateness of clinical decision-making related to an area of practice and another could carry out an audit on the effectiveness of care provided related to the same area of practice. However, each Registrar has to assume responsibility for carrying out his or her audit independently in order to meet relevant training requirements.

8 Selecting subjects of clinical audits for junior doctors

8.1 Clinical audit subjects for Foundation Programme doctors

F1 and F2 doctors can be assigned to carry out clinical audits that are in a clinical service's clinical audit programme, including clinical audits on the implementation of NICE or other national guidance.

However, the Foundation Programme *Curriculum* includes many aspects of clinical practice for which F1 and F2 doctors need to demonstrate competence.² Many of these aspects of care are associated with NHS trust systems and processes or clinical practices, and therefore, are suitable as subjects for clinical audit. Possible clinical audit subjects derived from The Foundation Programme *Curriculum* and possible objectives for audits on these subjects are in the box.

Possible subjects for clinical audits for F1 and F2 doctors

Documentation in patient records	Determine the percentage of notes in patient records that are completed by Foundation Programme doctors in accordance with the trust's standards for patient recordkeeping and increase the percentage of notes completed correctly if the audit shows the need for improvement
Discharge summaries	Ensure that discharge summaries of patients' care: <ul style="list-style-type: none">• are prepared on a timely basis• include reference to drugs prescribed on discharge and the need for follow up
Prescribing	Ensure that prescriptions for drugs and treatments (including oxygen and fluids) are completely consistent with the trust's standards for prescribing
Allergy assessment and documentation	Ensure that all patients on wards have documentation in their records about the assessment of patient allergies, in accordance with the trust's policy on assessment and management of allergies
Acutely ill patient assessment	Assess if PAR (Patients at Risk) scores assigned to an acutely ill patient are consistent with evidence of the patient's condition in the patient's record and if appropriate actions are taken on a PAR score, and change practice if the audit shows the need for improvement

Patients on anticoagulant therapy	For patients whose anticoagulant therapy is stopped because of surgery in (specialty), determine if the right arrangements are made for restarting the therapy and take action if any patients are not getting anticoagulant therapy restarted in accordance with trust policy
Preoperative assessment and consent documentation	Determine if all required investigations are completed with results available and consent documentation is completed on a timely basis for preoperative patients and change practice if the audit shows that the patient preparation for surgery is not completed on a timely basis
Clinical handover	Determine if known acutely ill patients and their needs are routinely identified at clinical handover and take action to improve communication about acutely ill patients if the audit shows that these patients' needs are not being communicated to doctors coming on to shifts
Clinical decision-making	Determine if clinical decisions, specifically drugs prescribed, investigations requested, or procedures or therapies requested, made by Foundation doctors on a weekend are confirmed as appropriate by the responsible consultant and act to improve clinical decision-making as indicated by the audit findings
Communicating with patients	Increase patients' knowledge of their condition and treatment by assessing what patients understand now and improve explanations to patients by junior doctors if indicated by the audit findings
Preoperative group and save for day surgery patients	Determine if the trust policy on group and save policy for patients undergoing elective surgery is being followed and implement change as needed
Do not attempt resuscitation (DNAR) orders	Ensure that the trust policy on the documentation related to a DNAR order is being implemented on wards
Fasting of preoperative patients	Determine if patients having elective surgery for have missed more than one meal due to fasting prior to surgery and work with the team involved to ensure that patients are not fasted for unnecessarily long periods
Self-harm patients presenting to the Emergency Department	Ensure that people presenting to the Emergency Department with evidence of self-harm are assessed using the SAD PERSONS tool, that they are referred to an appropriate mental health service, and that they are given information about support available before they are discharged
Follow up arrangements	Ensure that patients requiring follow up after discharge from hospital have follow up appointments made and communicated directly to the patients

Examples of Foundation Programme doctors' involvement in clinical audit are in the box on the next pages.

Case histories of Foundation Programme doctors' involvement in clinical audit

Root cause analysis of failure to meet patient recordkeeping standards⁹

As part of a trust-wide clinical audit on clinical notes carried out at Guy's and St Thomas' NHS Foundation Trust, it was learned that printed names, times of entries and clinical staff grades were not recorded as well as other requirements for entries in notes. The following actions were taken on the findings.

- The Trust's documentation standards were printed in a readily usable format (a bookmark-sized laminated card) that was made available to all staff.
- Self-inking identification stamps were obtained and pilot tested among Foundation Programme doctors working in selected clinical services.
- The Emergency Department introduced a programme of close clinical supervision of clinical recordkeeping by Foundation doctors.

Data collection was repeated within 6 weeks of the implementation of the actions, focused on the clinical services for which Foundation Programme doctors had been provided with identification stamps and the Emergency Department. There was little change in compliance with the standards among the doctors for whom stamps had been provided. The Foundation Programme doctors working in the Emergency Department achieved 100% compliance with all documentation standards.

F1 doctors were asked to carry out a root cause analysis of the findings of initial and repeat data collection. They identified a number of causes of the omissions in recordkeeping on wards including the following:

- lack of prioritisation among junior doctor tasks and role modelling of recordkeeping by clinical supervisors on ward rounds
- lack of knowledge about the importance of each part of an entry, for example, why the time of a note is important for a ward-based patient
- lack of a place to stand or sit to enter notes in patients' records, that is, writing while balancing records on your knees or on your arms
- lack of accessible clocks on wards to get the correct time and no wristwatches due to the 'bare below elbow' infection control requirements.

Following the availability of the root cause analysis, other clinical services are pilot testing the recordkeeping supervision model used in the Emergency Department. Documentation is specifically covered in junior doctor training programmes. Lack of facilities to support good recordkeeping on wards has been referred to general managers to resolve. Some wards are testing record trolleys.

Data collection for the recordkeeping clinical audit is to be repeated.

A Foundation Programme doctors' clinical audit project¹⁰

Subject—Compliance with trust and national blood transfusion guidelines on medical wards

Better Blood Transfusion and *Right Patient, Right Blood, Advice for Safer Blood Transfusions* support the improved safety of the transfusion process by requiring guidelines, training and competency assessment. Comprehensive blood transfusion policies, training and competency assessment are in place in the trust. The clinical audit on transfusion practice in medical wards was carried out to ensure compliance with national guidance and trust transfusion policies.

Objectives — The objectives of the clinical audit were to ensure that:

- blood product transfusions are being used appropriately
- documentation of the reason for transfusion is done clearly
- informed consent is done and documented effectively
- there is safe bedside practice relating to transfusions.

Patients in the audit and data sources and data collection strategy — 50 randomly selected patients who received blood transfusions on selected medical wards, excluding high-dependency units, over a 6-week period were included in the audit. Blood transfusion service records, patient records (paper and electronic), drug charts, bedside observations and patient interviews were the data sources. Data were collected concurrent with the transfusions.

Standards and findings from data collection (For all standards, the % expected was 100% of patients having a blood transfusion.)

Standards (and exceptions if any)	% expected	Findings	
		Initial	Repeat
1. The indication for the use of the blood transfusion product is documented in the patient's record	100%	50.0%	80.0%
2. The patient can state in layman's terms why s/he is receiving a transfusion	100%	60.0%	70.0%
3. The patient has consented to the transfusion Exception: The patient is unable to communicate consent and the record notes this	100%	20.0%	50.0%
4. Observations of the patient when having a blood transfusion are performed correctly	100%	72.0%	100.0%

Root cause analysis of the problems — Possible causes of the problems were identified as follows:

- The trust's blood transfusion guidelines: are difficult to find on the intranet; are lengthy; and may vary from guidelines at other hospitals (which doctors may have learned).
- There may not be enough time to explain the transfusion to the patient due to the urgency of the situation or to the patient-to-staff ratio.
- Staff members perceive that there is a lot of paperwork concerning a blood transfusion.
- The shift and on-call patterns mean that there may be a lack of well-defined responsibility.
- There is no proforma for blood prescribing and administration.

Actions taken — The actions taken included the following.

- The findings of the clinical audit were discussed in detail with junior doctors and at the hospital's transfusion committee.
- Blood transfusion leaflets were provided with all blood issued to wards to ensure that there is a leaflet for each patient receiving a transfusion.
- Consideration was given to developing a blood transfusion-specific portion of the prescription chart with space to record the indication for the transfusion, special requirements related to the transfusion and consent for the transfusion.

Successive groups of or individual F1s or F2s can be assigned to carry out the same clinical audit, comparing findings with previous clinical audits on the same subject to benchmark the practice of Foundation Programme doctors and/or to identify if previous action taken to achieve improvement in performance has been successful.

8.2 Clinical audit subjects for Registrars

Registrars should be assigned to carry out clinical audits that are in a clinical service's clinical audit programme, including clinical audits on the implementation of NICE or other national guidance. Clinical audits carried out by Registrars should be on subjects that represent priorities for audit and improvement in a clinical service.

9 Recognising junior doctors' involvement in clinical audit

9.1 Clinical audit presentation or celebration event

In addition to presentation of clinical audits at routine clinical audit or clinical governance meetings, an NHS trust, including the Postgraduate Education Department, should arrange for an event at which junior doctors can present their work on clinical audits. If a trust has an annual clinical audit conference or event, junior doctors should be actively encouraged to present their work on clinical audits as papers or posters.

9.2 Certificates of recognition

In addition to certificates for participation in training, an NHS trust can award a certificate of participation or completion to junior doctors who submit a clinical audit report that demonstrates completion of the audit through at least one cycle of repeat data collection following the implementation of action. When junior doctors work together or hand over a clinical audit, all the doctors should get a certificate of participation when the report is submitted as long as each doctor's contribution to the audit is clearly documented in the report. Examples of certificates recognising participation in and completion of a clinical audit are in Appendix 3.

10 Putting arrangements in place for junior doctors' involvement in clinical audit

10.1 Assessing current arrangements

An NHS trust should assess how well arrangements are working currently for supporting junior doctors' involvement in clinical audit and use the assessment as a basis for improving support. Use the questions in the box on the following page as a guide to assessing an NHS trust's current level of support for junior doctors' involvement in clinical audit.

10.2 Working with key stakeholders to improve arrangements

Based on the nature and level of support related to clinical audit that is currently available for junior doctors, decide on the actions that need to be taken in the trust and the individuals or groups that need to be involved.

Assessing current NHS trust arrangements to support junior doctors' involvement in clinical audit

1. Does the NHS trust have a formal approved policy on supporting junior doctors' involvement in clinical audit? Yes No

If yes, does the policy cover the important points in this guide?
 Yes No No policy

If yes, is the explicit or implicit NHS trust policy on supporting junior doctors' involvement in clinical audit routinely communicated to junior doctors working in the trust?
 Yes No No policy
2. Is training or other structured opportunities for learning on clinical audit regularly available for Foundation Programme doctors? Yes No

If yes, has the training been formally evaluated and found useful by Foundation Programme doctors themselves? Yes No No structured training or opportunities
3. Is training or other structured opportunities for learning on clinical audit regularly available for Registrar doctors? Yes No

If yes, has the training been formally evaluated and found useful by Registrar doctors themselves? Yes No No structured training or opportunities
4. Are the roles of key people who need to support junior doctors in carrying out clinical audits clearly defined and communicated? Yes No
5. Is there a process in place for junior doctors to learn the NHS trust's requirements and expectations about carrying out clinical audits? Yes No

If yes, has the process been evaluated for its effectiveness by junior doctors?
 Yes No No process in place
6. Are there mechanisms in the NHS trust to recognise the clinical audits carried out by junior doctors? Yes No
7. Do a majority of junior doctors working in the NHS trust participate in presentations that are intended to recognise their involvement in clinical audit?
 Yes No

If yes, is involvement in clinical audit roughly equivalent in all clinical directorates and specialties in the NHS trust?
 Yes No No, a majority is not participating in presentations
8. Are the clinical audits carried out by Registrars on subjects that represent priorities for audit and improvement in a clinical service? Yes No
9. Have clinical directorates and specialties in the NHS trust taken action on clinical audits carried out by junior doctors? Yes No
10. Would junior doctors working in the NHS trust state that the trust provides support for their involvement in clinical audit? Yes No

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1 Purposes and outcomes of this policy

1.1 Purposes

The purposes of this policy are to:

- provide a recommended approach for involving junior doctors in clinical audit in all clinical specialties in the NHS Trust (*name of NHS trust*) consistent with current evidence of best practice in clinical audit and postgraduate training requirements
- facilitate a shared understanding of the purpose of involving junior doctors in clinical audit and understanding of the clinical audit process among all junior doctors working in the trust
- encourage junior doctors to participate in clinical audits that are appropriate and effective and that support the trust's commitment to continuously maintain and improve the quality and safety of patient care
- provide for formal certification of participation in clinical audit for learning portfolios for junior doctors who meet the trust's requirements for participation in clinical audit
- clarify responsibilities for involving junior doctors in clinical audit among the junior doctors, clinical supervisors, educational supervisors, clinical audit leads, the postgraduate medical director and staff, the trust's clinical audit (or equivalent) committee and the clinical audit staff.

1.2 Outcomes

The intended outcomes of this policy are:

- Junior doctors are supported to meet postgraduate training requirements and expectations relating to participation in clinical audit and have evidence of meeting the requirements.
- Clinical audits carried out by Foundation Programme doctors are consistent with the content of The Foundation Programme's syllabus and competences.
- Clinical audits carried out by Registrars are part of an appropriate planned programme of clinical audit in the specialties in which they work.
- Clinical audits carried out by junior doctors are completed through all the stages of a clinical audit, that is, with evidence of improvements in practice when the findings of a clinical audit indicate the need for improvement.
- Clinicians and clinical audit leads support junior doctors in carrying out clinical audits consistent with defined roles and responsibilities.
- Junior doctors do not waste time on inappropriate and ineffective clinical audit activities.

2 Definitions

2.1 Junior doctors

For purposes of this policy, junior doctors are defined as follows:

- Foundation Programme trainees, including Foundation Year 1 and Foundation Year 2 (F1s and F2s)
- Specialty registrars (StRs) (appointed after August 2007)
- Specialist registrars (SpRs) (appointed before August 2007).

2.2 Requirements for participation of junior doctors in clinical audit

2.2.1 Foundation Programme doctors

Foundation Programme doctors' requirements related to clinical audit are to acquire the following core competences and skills:¹

The F1 level doctor —

- describes the audit cycle and recognises how it relates to the improvement of clinical standards.

The F2 level doctor —

- has been actively involved in undertaking a clinical audit
- makes links explicitly to learning/professional development portfolios and includes evidence for revalidation.

F2 level doctors are required to have undertaken a supervised clinical audit project. In practice, F1 doctors are expected to carry out one or more clinical audits.

2.2.2 Registrars (core and specialty)

Participation in clinical audit is a mandatory training requirement for doctors at Registrar level. All Registrars must be regularly involved in the clinical audit process, including personally participating in planning, data collection and analysis.²

2.3 Clinical audit

Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit measures and the implementation of change.³

2.4 Clinical audit process

The clinical audit process involves the following steps. A clinical team:

- agrees on an important subject for clinical audit and the intent of the audit
- agrees on how the audit will be carried out, that is, the objective(s), stakeholders, number of cases or events included and how they are to be selected, and data collection strategy

- agrees on precise measures of standards of quality or safety of patient care or service. The clinical audit measures may incorporate agreed national or local standards or evidence of good clinical practice, where available, or consensus among appropriate colleagues in the absence of agreed standards or evidence.
- uses the standards as the basis for collecting data on day-to-day practice
- evaluates the findings and any cases or events that did not meet patient care quality or safety expectations
- if the findings show that the standards are being met, gives feedback on good practice to those involved and acts to maintain good practice
- if the findings show that the clinical audit measures are not being met:
 - analyses the problems revealed and finds their root causes
 - takes action to eliminate or minimize the causes of the problems
 - measures again when action is taken to see if practice is improved.

2.5 Clinical team

For purposes of this policy, a clinical team is a specialty group. Such teams assume responsibility and accountability for the completion of clinical audits that are in the relevant specialty clinical audit programme.

2.6 Clinical supervisor

A clinical supervisor is the doctor who supervises the clinical work of a junior doctor. A junior doctor's clinical supervisor serves as a sponsor for a clinical audit within the clinical specialty.

2.7 Educational supervisor

An educational supervisor is the doctor who is responsible for overseeing the training of a junior doctor.

2.8 Clinical directorate or specialty clinical audit lead

A clinical directorate or specialty clinical audit lead is a clinician designated to assume responsibility and accountability for the clinical audit activities in a directorate, specialty or clinical service.

3 Policy for junior doctors involvement in clinical audit

The policies for involving junior doctors in clinical audit in the NHS trust (*name of trust*) are as follows.

3.1 Assigning clinical audits to junior doctors

The clinical audit lead in a specialty should assume responsibility for designing a programme for involving Foundation Programme doctors in clinical audit in the specialty. The clinical audit lead also should ensure that Registrars in the clinical service have selected or are assigned important clinical audits to carry out, and that the audits are included in the clinical service's clinical audit programme.

3.2 Ways of involving Foundation Programme doctors in clinical audit

The following approaches are acceptable ways of involving Foundation Programme doctors in clinical audit in the trust.

3.2.1 Sharing and handing over clinical audits among Foundation Programme doctors

A group or team of F1 or F2 doctors or individual F1 or F2 doctors can be assigned to carry out a clinical audit. The group or team or individual would be involved in designing or refining a clinical audit in the clinical service; collecting data for the audit; collating and interpreting the findings; identifying root causes of any problems in practice revealed by the audit; planning and recommending action to achieve improvement; and repeating data collection to determine the effectiveness of actions taken.

Examples of sharing work on a clinical audit can include any of the following arrangements:

- Two or more F1 doctors can work on the same audit in the same clinical service by sharing data collection for different wards, clinics, theatres, special care units or sites.
- Two or more F1 doctors can work on the same audit in different clinical specialties within a directorate, for example, different surgical specialties.
- A group of F1 doctors can work on a trust clinical audit, such as on clinical record keeping.

Foundation Programme doctors may hand over the work completed so far on a clinical audit to the doctors coming into the clinical service, if the doctors favour this arrangement. For example, an F1 doctor in a clinical service may design and carry out a clinical audit through data collection and reporting, indicating the need for improvement. Then, an F1 doctor coming onto the rotation can work through the change process and repeat data collection for the clinical audit.

All Foundation Programme doctors participating in the clinical audit will be acknowledged by the trust as meeting their training requirements related to clinical audit as long as evidence of each doctor's contribution to the audit is clearly documented in the clinical audit report submitted to the trust.

3.2.2 Using standardised clinical audits

Successive groups of or individual F1s and F2s can be assigned to carry out the same clinical audit, comparing findings with previous clinical audits on the same subject to benchmark the practice of Foundation Programme doctors and/or to identify if previous action taken to achieve improvement in performance has been successful.

3.3 Possible subjects for clinical audits for Foundation Programme doctors

Examples of subjects of clinical audits that could be carried out on this basis, which are relevant to direct patient care and which are included in the syllabus and competences for The Foundation Programme, include:

- documentation in patient records and discharge summaries and other correspondence
- appropriateness and completeness of requests for laboratory or diagnostic imaging services
- timeliness of clinical decision-making, particularly for acutely ill or unstable patients
- timeliness of requests for advice from more senior doctors when a patient's diagnosis or condition is uncertain
- compliance with resuscitation policies and procedures
- appropriateness and completion of prescriptions
- appropriateness and effectiveness of fluids prescription and administration
- compliance with infection control and clinical waste disposal policies and procedures
- management of handovers and 'takes'
- effectiveness of the consent process for designated procedures or treatments
- effectiveness of communication with patients about a diagnostic procedure or treatment
- timeliness and completeness of discharge management, including discharge documentation
- appropriateness of recognition of clinical events that should be reported as incidents or adverse events.

The designs of the clinical audits on any of these subjects can be standardised and shared among clinical services in the trust so that Foundation doctors' performance on these key clinical competences is subject to clinical audit across the trust.

3.4 Ways of involving Registrars in clinical audit

Although Registrars are expected to carry out a clinical audit independently, Registrars can work on the same or a related clinical audit subject, working together or in parallel. For example, one Registrar could carry out a clinical audit on the appropriateness of clinical decision-making related to an area of practice and another could carry out an audit on the effectiveness of care provided related to the same area of practice.

3.5 Recognition of clinical audit experience for junior doctors

When a junior doctor completes participation in the clinical audit process consistent with the trust's requirements, the individual is eligible to receive a formal certificate stating that the individual has met the trust's requirements for completion or experience of working on a clinical audit. The certificate is issued following registration of the audit in the trust's database of clinical audits and submission of the report on the clinical audit to the department.

3.6 Reference to clinical audit in junior doctors’ induction

The following information about clinical audit should be made available to junior doctors at the time of their induction:

- the trust’s policy on involving junior doctors in clinical audit, with a short summary of the trust’s expectations about junior doctors’ involvement in clinical audit
- the training on clinical audit available for junior doctors and how to arrange participation in the training
- how to access any required documentation related to clinical audit in the trust, for example, a clinical audit proposal form or a clinical audit report template
- sources of information about clinical audit
- who to contact for more information or support for carrying out clinical audits in the trust.

3.7 Training on clinical audit

Training on how to carry out a clinical audit consistent with the trust’s understanding of the clinical audit process is made available for junior doctors as follows:

.....
..... (to be defined by the trust)

4 Responsibilities and accountabilities for the involvement of junior doctors in clinical audit

The following are responsibilities and accountabilities for the involvement of doctors in training in clinical audit.

4.1 Junior doctors

Individual junior doctors are responsible for meeting their requirements for involvement in clinical audit, consistent with their training requirements, including for the following:

- carrying out the clinical audit consistent with the understanding of the clinical audit process as described in the trust
- completing and submitting the trust’s Clinical Audit Proposal form for the audit
- completing and submitting the trust’s Clinical Audit Report form for the audit
- take part in clinical governance and audit meetings.

4.2 Clinical Audit Lead for directorate, specialty or service

The Clinical Audit Lead for a specialty or service is responsible for carrying out the following in regard to involving junior doctors in clinical audits:

- assigning or approving clinical audit work for junior doctors, whether for a group or individuals

- arranging for peer review of a Clinical Audit Proposal for specific individual clinical audits proposed by junior doctors and providing feedback to junior doctors on audit proposals
- ensuring that junior doctors have access to appropriate and effective training on how to carry out a clinical audit, either by providing such training or by referring junior doctors to training available in the trust or elsewhere
- providing advice and support on the design and execution of clinical audits as needed
- monitoring completion of the specific clinical audits that have been approved and prompting junior doctors to meet the agreed timetable for the work, as needed
- ensuring that junior doctors understand requirements relating to ethics and data protection in relation to clinical audit
- ensuring that formal certificates of completion of clinical audit requirements are provided to junior doctors who successfully complete the trust's clinical audit requirements.

4.3 Clinical Audit Committee

The trust's Clinical Audit Committee or an equivalent group is responsible and accountable to the trust's Clinical Governance and Risk Management (or equivalent) Committee for the following:

- consulting with the Postgraduate Medical Director and with the Deanery on this policy as needed
- ensuring that the contents of this policy are disseminated to junior doctors along with information about the trust's requirements for the clinical audit process and training available for junior doctors on clinical audit
- monitoring the implementation of the policy across all clinical specialties and taking any appropriate action to ensure that the policy is being implemented as intended.

4.4 Clinical Audit Staff

Staff employed to support clinical audit in the trust are responsible for communicating the trust's policy on involving junior doctors in clinical audit and opportunities for training on clinical audit for junior doctors. The clinical audit staff members also should provide help and advice to junior doctors in designing clinical audits and analysing and acting on findings.

4.5 Clinical and Educational Supervisors

Clinical and educational supervisors of junior doctors are responsible for supporting individual doctors carrying out clinical audits.

4.6 Directorate Clinical Governance Committees or Teams

Directorate Clinical Governance Committees or Teams are responsible and accountable to the trust's Clinical Governance and Risk Management Committee for acting on clinical audit findings submitted to the Committee or Team or recommending action to be taken to senior management or to the Clinical Governance and Risk Management (or equivalent) Committee.

5 Monitoring compliance with this policy

The Clinical Audit Committee is responsible for monitoring compliance with this policy and taking appropriate action to ensure that the policy is followed in all clinical services in the trust that have junior doctors.

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Appendix 2. Template Information Sheet for Junior Doctors' Involvement in Clinical Audit

Involving Junior Doctors in Clinical Audit in (insert name) Trust

<p>Statement of commitment</p> <p>The NHS Trust (<i>insert name of NHS trust</i>) is committed to supporting junior doctors' involvement in the clinical audit process. The trust intends that junior doctors' clinical audits make an important contribution to improving the quality and safety of patient care in the trust in addition to contributing to meeting junior doctors' training requirements.</p>
<p>Trust policy on junior doctors' involvement in clinical audit</p> <p>..... NHS Trust (<i>insert name of NHS Trust</i>)'s policy on involving junior doctors in clinical audit is available at (<i>insert exact location</i>) on the trust's intranet. The policy covers the following:</p> <ul style="list-style-type: none">• how junior doctors can get subjects for their clinical audits• how F1s and F2s can share work on a clinical audit• how junior doctors can access training on clinical audit• how junior doctors can get recognition for participation in or completion of a clinical audit• people in the trust who can support junior doctors in carrying out clinical audits.
<p>Clinical audit training for junior doctors</p> <p>Training or other learning opportunities about clinical audit and how to carry out your clinical audits is available in the trust as follows:</p> <p>.....(<i>describe how to access training available</i>)</p> <p>Certificates of participation in this training are provided.</p>
<p>Registering your clinical audits</p> <p>Clinical audits you carry out in this trust must be registered in the (<i>insert name of department that maintains the register of clinical audits</i>). Registration of clinical audits is required for the following reasons:</p> <ul style="list-style-type: none">• Through the clinical governance arrangements in the trust, clinical audits are reviewed and acted on as needed. If you carry out a clinical audit that is not registered, the trust cannot assure that any needed action will be taken on the findings of the clinical audit.• The trust has to be able to ensure that clinical audits carried out in the trust are appropriately designed and to ensure that what are actually research or other types of evaluation studies are not being carried out inappropriately under the name of clinical audit.• The trust assumes responsibility for data protection and information governance and ethical requirements related to the conduct of clinical audit. The registration process includes a statement that you have been made aware of these requirements and intend to meet them as you carry out your clinical audits.• If you need help on any aspect of your clinical audit, the individuals who support clinical audit can be advised of the details about your clinical audit.

Access to trust documentation related to clinical audit

You will need to complete at least the following documentation related to clinical audits you carry out in the trust:

- Clinical Audit Proposal form
- Clinical Audit Report form.

You can find copies of these documents at *(describe exact location of these documents, for example, on which intranet page).*

If the trust operates an online system for submitting clinical audit proposals and reports, describe how to access the online system.

Clinical audit approval process

If the trust operates an approval process for clinical audit proposals and reports, describe how to get your proposal and report approved.

Recognition of your work in clinical audit

You can get formal recognition from the trust for your participation in or completion of a clinical audit through the following ways:

(describe any opportunities for papers or posters to be presented, certificates that may be awarded and the conditions for getting certificates, or other forms of recognition available in the trust)

Who to contact

For more information on clinical audit or getting help with your clinical audit, contact

..... *(insert contact arrangements).*

Appendix 3. Template certificates recognising junior doctors' participation in clinical audit

The templates for certificates that recognise junior doctors' involvement in clinical audit that follow cover three levels of participation as follows:

- participation in training on clinical audit (the details of the training on clinical audit to be filled in)
- participation in a clinical audit with other colleagues. This certificate is intended for Foundation Programme doctors who may work together on the same clinical audit.
- completion of a clinical audit working independently with supervision by the clinical audit lead or clinical supervisor. This certificate is intended for Foundation Programme doctors or Registrars who complete a clinical audit on their own.

These template certificates require that the doctors involved have experience in recommending or implementing action to achieve improvement and in repeating data collection in order to judge the effectiveness of the action taken. The award of the certificate should be made whether or not the repeat data collection has demonstrated that improvement has been achieved, as the doctor has completed the clinical audit process, even though the clinical audit so far may not have resulted in intended improvement in patient care.

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CERTIFICATE OF PARTICIPATION IN TRAINING ON CLINICAL AUDIT

insert name here

has participated in (insert hours) of

Clinical Audit Training

(insert name of training event)

that enabled participants to demonstrate the following
competences related to clinical audit:

(list competences)

insert date here

.....
Signature

Clinical Audit Training provider

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CERTIFICATE OF PARTICIPATION IN A CLINICAL AUDIT

In accordance with the policy of(*insert name of NHS Trust*) on
clinical audit, based on the submission of a complete clinical audit report

insert name here

has participated in carrying out a

Clinical Audit on.....
(insert subject of the clinical audit)

through at least one round of repeating data collection
to determine the effectiveness of any action taken
to improve patient care

(insert date of certificate)

.....
Signature

Clinical Audit Lead

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CERTIFICATE OF COMPLETION OF A CLINICAL AUDIT

In accordance with the policy of(*insert name of NHS Trust*) on
clinical audit, based on the submission of a complete clinical audit report

insert name here

has independently completed a

Clinical Audit on.....
(insert subject of the clinical audit)

through at least one round of repeating data collection
to determine the effectiveness of any action taken
to improve patient care

(insert date of certificate)

.....
Signature

Clinical Audit Lead