Quality and Safety
(Efficiency and Effectiveness)
in Family Practice/Primary Care

Educational Objectives

Adapted and Modified from the Royal College of General Practitioners in the U.K.

Chiodo and Moores 2015
Primary care management
Person-centred care
Specific problem-solving skills
A comprehensive approach
Community orientation
A holistic approach
Contextual features
Attitudinal features
Scientific features

Source: RCGP
Primary care management

What are the systems and processes that a practice puts in place to ensure simple blood tests and tasks are carried out and how would you ensure these processes continue to function?

Person-centred care

What are the particular issues you or I need to consider when visiting a patient, such as a temporary resident, for whom I have barely any preceding information?

Specific problem-solving skills

How would I use clinical audit/review and the team-based use of significant event audit/analysis to further understand the issues here? What validated service improvement tools could I also use to monitor improvement in the practice once changes have occurred?
A comprehensive approach

What are the clinical risk management issues of managing co-morbidity?

Community orientation

How might you/I predict and meet the needs of a frail relative staying with a patient of the practice – thinking, in particular, of the interrelationship between health and social care?

A holistic approach

What ways can I/you use to describe the complexity of a single home visit in my current system of healthcare, looking especially at the need to respect the values of patients and carers and whether these will influence the outcome of care?
Contextual features

In what ways do the contextual aspects of the doctor and seeing patients in a different setting, such as the home, on a busy day impact upon clinical care?

Attitudinal features

How would my approach change if, on reviewing the situation, the practice manager finds that staff have to chase Dr. G constantly for reports and referral letters and that staff then say that, when on call, it can be hard to contact Dr. G and sometimes his records are poor?

Scientific features

How might different approaches to the rota (on call) arrangements predict that a vulnerable time for patients and doctors might occur?

Chiodo and Moores 2015

Source: RCGP
1 Primary care management

This area of competence is about how one manages contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

This means that as a FP/GP you should:

1.1 Build and enhance the quality and safety culture in your general practice setting including attending meetings for that specific purpose

1.2 Know how organisations and individuals can learn to improve systems by analysing patient quality and safety ‘incidents’ and ‘near misses/crashes’

1.3 Understand the principles of medical device management and the use of an adverse incident centre for reporting device-related adverse incidents

Chiodo and Moores 2015
This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you.

This means that as a FP/GP you should:

1.4 Describe how the analysis of patient safety incidents can enhance rather than undermine professional integrity and performance

1.5 Contribute to regular significant event audit/analysis (SEA) meetings and describe the benefits of a multidisciplinary team, as well as feed back to colleagues about incidents

1.6 Comment on the participation of whole teams in significant event audits within the practice and give reasons for inclusion or exclusion of different team members

Chiodo and Moores 2015

Source: RCGP
This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you.

This means that as a FP/GP you should:

1.7 Write up a Significant Event Analysis (SEA) from a patient that you were involved with during the family practice/general practice training (target one SEA per month)

1.8 Reflect on the learning and consider whether reporting locally and or nationally would be appropriate

1.9 Demonstrate the measures that the practice takes to ensure that reports are dealt with fairly and that appropriate learning and implementation takes place

Chiodo and Moores 2015
1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you.

This means that as a FP/GP you should:

1.10 Know the elements that contribute to an appropriate infrastructure for risk management, such as: creating a culture that is open and fair with systems and policies, helping staff understand what actions to take following an incident and the mechanism of investigation

1.11 Demonstrate an awareness in how changes in the IT structure of the practice will both reduce and increase the chance of patient quality and safety incidents

1.12 Demonstrate the use of call/recall systems within the practice to the benefit of patient care

Chiodo and Moores 2015

Source: RCGP
This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you.

This means that as a FP/GP you should:

1.13 Demonstrate an understanding of the connection between good/comprehensive data entry and improved patient health outcomes

1.14 Demonstrate how to use information management and technology (IM&T) to share information and co-ordinate patient care with other health professionals

1.15 Demonstrate an understanding of the need for information recorded in the practice clinical system to be fit for sharing with different health professionals in different organisations

1.16 Demonstrate how to use electronic booking systems to tailor healthcare provision to the needs of the individual patient

Source: RCGP
This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you.

This means that as a FP/GP you should:

1.18 Demonstrate effective use of interagency systems such as NetCare and PIN

1.19 Demonstrate an understanding of information governance, patient consent and privacy issues that relate to the sharing of electronic health/medical records and the central storage of health information

1.20 Demonstrate an understanding of the power of reporting from clinical systems for personal/practice audit and data analysis; and for comparisons with other practices that assist in setting the agenda for improving quality and safety of care and recording of care

Chiodo and Moores 2015
This means that as an FP/GP you should:

1.21 Demonstrate an understanding of the definition(s) of ‘clinical governance’ and describe the standards used to assess the quality of health care, for example the seven domains of ’Standards for Better Health’ used in England:
   
   - Safety
   - Clinical and Cost Effectiveness
   - Governance
   - Patient Focus
   - Accessible and Responsive Care
   - Care Environment and Amenities
   - Public Health

1.22 Describe the uses and abuses of clinical indicators and metrics such as benchmarking

1.23 Understand the concept of variation in clinical care, how it is determined and measured and what actions might need to be taken to address inappropriate variation, for example in referrals, prescribing, admissions

Chiodo and Moores 2015

Source: RCGP
1.24 Describe when it is appropriate to raise concerns and policies for whistle blowing, and what action to take when a colleague gives you cause for concern, including what support is available.

1.25 Describe the role of a practice clinical governance lead and their key relationships internally and externally. Describe the local clinical governance arrangements.

1.26 Compare/Contrast the RCGP’s Good Medical Practice for General Practitioners and that of the CPSA Standards of Practice.

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a FP/GP you should:

2.1 Communicate openly, listen and take patients’ concerns seriously. Consider patient issues when reflecting on consultation experiences—use a ‘Patient-Centred Clinical Method’

2.2 Tell patients and their families as soon as possible when incidents occur and do so fully, honestly and compassionately

2.3 Describe the CPSA/AHS or local/provincial complaints systems and optimal methods for learning from complaints and dealing with patients
This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a FP/GP you should:

2.4 Describe the techniques for obtaining the views and feedback from patients, including both quantitative methods such as surveys and qualitative techniques such as focus groups.

2.5 Consider the benefits of involving lay people in the improvement of health services.

2.6 Understand what is involved in establishing a Patient Participation Group (PPG).

2.7 Consider the advantages and disadvantages of patients accessing their own records (patient portal).

Source: RCGP
This area of competence is about the context-specific aspects of family/general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a FP/GP you should:

3.1 Compare the systems and processes in place in your practice to identify and manage risk in the primary care setting and compare these with other practices

3.2 Decide the criteria for when the organisation should undertake a ‘root cause analysis’ or ‘significant event audit’

3.3 Be aware of the limitations of your own skills in risk management and illustrate that you understand when the skills of colleagues trained more extensively in risk management should be called upon
Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a FP/GP you should:

3.4 Be able to conduct a clinical audit

3.5 Describe when an improvement project (PQI) would help patient care/practice management and consider undertaking an evaluation e.g. audit or **PDSA** cycle (Plan–Do–Study–Act)

3.6 Describe how practice systems can be used to analyse practice performance

Source: RCGP
Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a FP/GP you should:

3.7 Appraise critically, data about practice indicators (e.g. prescribing, referrals, chronic disease management, availability/access)

3.8 Describe the variation in FP/GP and practice performance and the determinants of this

3.9 Locate information about standards, clinical guidelines, critical appraisal and databases

Chiodo and Moores 2015 Source: RCGP
This area of competence is about how you as a family physician/general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness/long term conditions, health promotion and disease prevention in the general practice setting.

This means that as a FP/GP you should:

4.1 Demonstrate an awareness of the all-encompassing approach to patient safety, for example by keeping a log diary of consecutive consultations for at least one day per month and commenting on any actual or potential patient safety incidents within those consultations

4.2 Reflect on the risks to patient safety in a care pathway in which a variety of healthcare professionals are involved, looking at interface issues and be able to comment on the ways in which, as a FP/GP, you can work to minimise these

Chiodo and Moores 2015

Source: RCGP
A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

This means that as a FP/GP you should:

4.3 Describe the structures and processes for managing clinical and non-clinical risk, and how these are integrated with patient and staff safety, complaints, clinical negligence and financial and environmental risk

4.4 Explain the importance of good clinical governance and its key components in a practice

4.5 Understand principles of improvement methodology to facilitate change

Chiodo and Moores 2015  
Source: RCGP
Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a FP/GP you should:

5.1 Be aware of the current pattern of patient comments through, for instance, a patient comment or suggest box or a local patient representative body

5.2 Describe the ways in which family/general practice and community pharmacy/pharmacist can work together to minimise the potential for patient safety incidents

5.3 Know how patient groups may be put at increased risk of mishaps by virtue of their particular characteristics, such as language, literacy, culture and health beliefs

Chiodo and Moores 2015

Source: RCGP
Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a FP/GP you should:

5.4 Know the new interdisciplinary/Intersectoral roles that have emerged in the community setting and give examples of how these new roles impact patient safety

5.5 Consider why patients from varied backgrounds reflecting the population of the area should be involved

5.6 Describe the problems resulting from inequalities in healthcare provision

5.7 Describe approaches to improving access to services for hard-to-reach groups

Chiodo and Moores 2015 Source: RCGP
This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a FP/GP you should:

6.1 Describe how the lessons of patient quality and safety can be applied prospectively to doctor/patient interactions, especially through the identification and discussion of risk

6.2 Help facilitate the implementation of solutions to prevent harm and reduce risk, by embedding any lessons learnt in the practice processes and systems

6.3 Share lessons from the analysis of patient quality and safety incidents within the team

Chiodo and Moores 2015

Source: RCGP
6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a FP/GP you should:

6.4 Identify which other elements of patient services may be affected in future and share learning more widely on the basis of this

6.5 Involve patients and carers in their care, in decision-making and in quality improvement processes

Source: RCGP
The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.
This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

EF1.1 Showing that, as a Family Medicine Resident I/II/III within the team environment of family/general practice, your experiences gained in previous/other settings can be shared with colleagues. Recognise that a formal Patient Quality and Safety Agenda is relatively recent and may be unfamiliar to more well-established colleagues/practices.

EF1.2 Describing the impact of the working environment on the care the doctor provides and the likelihood of adverse incidents as a result of this.
This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

EF3.4 Developing and maintaining an approach to continuing learning/professional development and quality improvement

EF3.5 Being aware of clinical guidelines and pathways (e.g. Canterbury HealthPathways/ National Institute for Health and Care Excellence) and demonstrating their appropriate use (http://www.healthpathways.org.nz) (http://www.nice.org.uk)

Chiodo and Moores 2015
This essential feature is about your professional attitudes, capabilities, values, feelings and ethics, and the impact these may have on your patient care. For example:

EF2.1 Admitting when an error has occurred, apologising for failings in the delivery of care and communicating this openly to patients and their families, reassuring them that the appropriate lessons have been learned and changes instituted.

EF2.2 Illustrating how a change in the behaviour and/or systems can influence patient safety.

EF2.3 Discussing with colleagues in different practices how high-quality multi-professional working can benefit patient quality and safety, and considering the steps needed to facilitate such co-working.

EF2.4 Demonstrating a commitment to clinical excellence and patient safety, to monitoring the quality of care provided and to accounting for it to peers, patients and AHS/CPSA.

Source: RCGP
This essential feature is about your professional attitudes, capabilities, values, feelings and ethics, and the impact these may have on your patient care. For example:

EF2.5 Having an awareness of your own capabilities, values and ethics

EF2.6 Identifying ethical tensions inherent in governance processes and resource allocation/access

EF2.7 Describing the interaction of work and private life for oneself and others, and striving for a good/rewarding balance between them

EF2.8 Helping to shape an organisational culture that prioritises quality and safety through openness, honesty, shared learning and continual incremental improvement

EF2.9 Describing your accountability as a FP/GP

Chiodo and Moores 2015

Source: RCGP
This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.1 Being able to describe the tools and principles that can be applied in risk management and patient quality and safety issues

EF3.2 Being able to describe the basic principles of human error

EF3.3 Compiling a simple risk matrix

Chiodo and Moores 2015
This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:

EF3.4 Developing and maintaining an approach to continuing learning/professional development and quality improvement

EF3.5 Being aware of clinical guidelines and pathways and demonstrating their appropriate use/utility
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