



# The Royal College of Emergency Medicine

Patron: HRH The Princess Royal

7-9 Bream's Buildings  
London  
EC4A 1DT

Tel +44 (0)207 4-4 1999  
Fax +44 (0)207 067 1267  
[www.rcem.ac.uk](http://www.rcem.ac.uk)

## **Quality Improvement Project (QIP): A resource for FRCEM Final examination candidates**

### **A commentary on marking of a QIP, and how to improve chances of success in this component of the FRCEM examination**

This describes the marking of a QIP, as a guide for potential candidates taking the examination (and their supervisors). This should be read in conjunction with the Royal College Guidance on Quality Improvement, the examination information packs and the resources and links on the Royal College [website](http://www.rcem.ac.uk).

Two anonymised submissions are provided, detailing the same QIP on educating and empowering patients. The first submission was unsuccessful, the second submission successful: this is a short description of the differences between the two, highlighting where the first submission fell short and how this was addressed. Please note that this QIP was examined during the period when a viva was conducted, and hence using previous versions of the mark scheme. The new [mark scheme](#) is referenced. It should also be noted that this commentary is not representative of the feedback provided after submission.

Firstly, it is important to note that this project was a large project, and hence a brave selection for FRCEM submission! The project is close to the hearts of all ED Consultants, and one we wrestle with. The choice of issues highlighted by CQC ensures a patient focus to the QIP, and this was a 'problem focussed' QIP. It also throws up challenges, not least of metric choice and difficulties in effecting change on a large scale.

#### **First domain**

In the initial submission, identification of subject area was considered acceptable, but was much improved in the second submission through the use of an abstract/summary fronting the submission. The context of the issue was also clarified in the text, especially the timing of the CQC report in relation to the QIP, and the local background to this.

#### **Second domain**

The second submission improved the 'readability', and information given to the reader, principally through the use of appendices. It was useful to include the patient passport, posters, timelines, and additional data here, and the use of colour, making diagrams larger and other formatting changes also assisted it improving the clarity.

### **Third domain**

The engagement with the team and stakeholders is much improved in the second submission. This was achieved by including and explaining analysis and choices made at the beginning of the project (sometimes unspoken or implicit); in this case a team assessment tool and stakeholder grid are included. Many models exist for these elements, and this does not mean an endorsement of this particular model (the same applies to methodology); however it is useful to illustrate these in the written submission.

### **Fourth domain**

For the second submission, two process maps are included (as was suggested in the marking), and this aids clarity and helps put the driver diagram into context. The evidence is more critically appraised, with the important additions of an acknowledgement of the weakness of the evidence base, and a search for other solutions outside of evidence; an important part of QI. In this case an example given by Southampton supported the approach taken in this QIP.

### **Fifth domain**

A series of PDCA cycles was adopted, and the addition of two iterations for the second submission strengthened the submission as often QIPs suffer from an excess of planning and few interventions. The addition of timelines, email trails etc does identify how the iterations of PDCA relate to the project strategically, and highlights neatly the travails and challenges a QIP can give. Additionally, the inclusion of the Trust response in terms of extended funding, and the continued presence of the candidate suggest a sustainability of the project.

### **Sixth domain**

This is the most significantly improved section in the re-submission. Clearly identified are the measures chosen (outcome, process and balancing), but also the difficulties in selecting them, and the pros/cons of the measures. Most refreshingly, an acknowledgement of the learning points regarding failure to continuously measure (using a 'before and after' data collection only), and a limitation in process measurement was both pleasing and ensured the narrative of the project was clearer.

### **Seventh domain**

This was significantly expanded in the re-submission, and clearly illustrated the issues encountered by the candidate, and the lessons learnt; the candidate identifies much personal learning about a variety of areas (project management, people management, metrics and QI) and also levels (operational to strategic), but also institutional learning. The expansion of this section enabled examples to illustrate deeper learning that has occurred during this project. This is a useful section for anyone contemplating starting a QIP to read!

Simon Smith  
FRCEM Final QIP Lead Examiner

August 2018