

# **Quality assuring medical revalidation: the impact of visits to healthcare organisations and quality improvement**

**UCL** Medical School  
**R D M E**  
Research Department  
of Medical Education

Dr Ann Griffin  
Head of the Research Department  
of Medical Education  
UCL Medical School

# Medical revalidation: NHS England



**NHS**  
England

National  
MD

HLRO  
X 4

RO  
x 500

DB  
X 821

Doctors  
135, 500

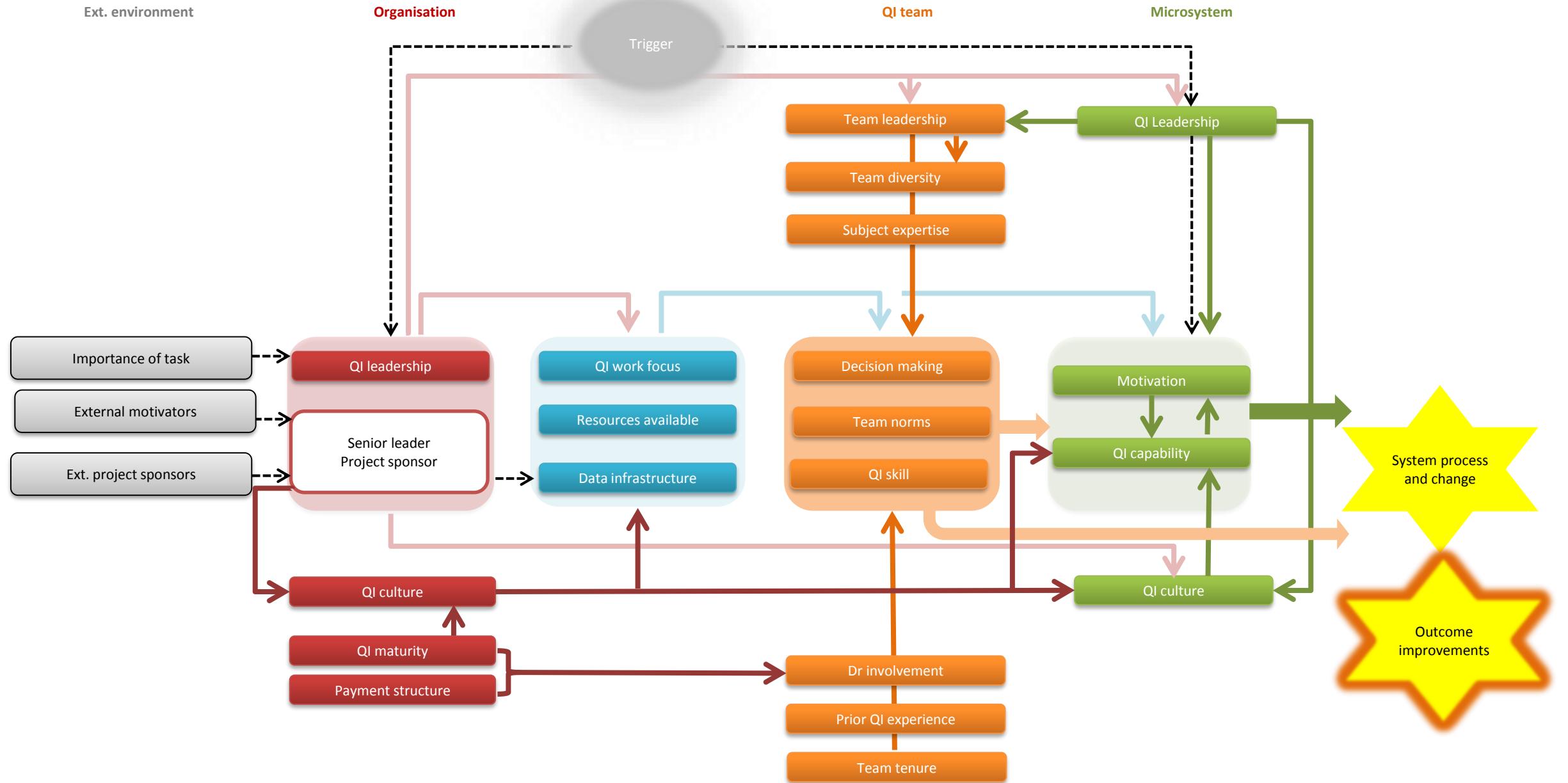
- Failure of visits teams to detect issues (King's fund, 2014)
- Concern over cost benefit (Mumford et al., 2013)
- Little empirical evidence about the impact of visiting, what exists is conflicting
- Visits can encourage unhelpful organisation behaviour
- Can improve committed organisations that have capacity to change
- Unlikely that a 'one-size-all' approach works

- Visit team expertise
- Visit team composition
- Organisational involvement with the visit
- Reports and in one region and explicit assessment of achievement
- And...Designated bodies were also contextually highly variable

## Research questions

- What was the impact of the visits on organisations?
- What were the mechanisms that supported change?

- Visits conceptualised as a quality improvement activity
- Model for understanding success in quality (MUSIQ) Kaplan et al., 2012 used as analytical frame



# Methods

- Mixed methods qualitative study
  - Semi-structured interviews with ROs
  - Rapid ethnography
  - Documentary analysis of the visit reports

- 69% of responsible officers who had undergone a visit took part in interview (49 respondents)
- 16 visits were observed
- 20 visit reports underwent documentary analysis
- We interviewed, observed and perform documentary analysis across all four regions in England
- We sampled across NHS trusts, NHS foundation trusts, independent organisations including locum agencies

# Impact 1: Personal

*I learned a couple of things around how I review a portfolio to make um, a revalidation recommendation. (LRO3)*

*I think my thoughts have crystallised on what is a reasonable metric, not just for agencies, but actually with the NHS to me as a Responsible Officer in the NHS as well. (NRO5)*

*The most useful thing, I guess was for somebody to come and say “actually you’re doing it right, you’re doing it properly, you’re not completely maverick” ...so actually that was very reassuring, because... it’s quite isolated in what you do and how your systems work.(LRO6)*

## Impact 2: System change



*We have re-structured ourselves after that visit. Now we have got Head of Education who is the managerial role for that. One, two under the administrator who runs the day today work. (NRO4)*

*[The visit] allows me as ROs to take the issues to the Board...it allows me to reassure the Board that the statutory duties are being met and that this has been verified independently. That's really useful, but I did have an angle in inviting the team, which is I need more resources...so it is very helpful that I have a report that I can take to the board that says exactly that...This is going to sound terribly Machiavellian but I got exactly what I needed from it, it's already starting to pay dividends so it went well for me. (SRO19)*

# Mechanism of action 1: QI leadership



*Revalidation is the most important development that has happened in medical career progression and medical management. (MERO6)*

*Is it going to stop Dr Shipman? No...because all you need to do is be able to manipulate the system. (MERO5)*

*The more I am involved in it, the more I've been exposed to it, I perceive it to be of diminishing value and increasing time and effort. (SRO7)*

*I've had complaints made against me to the GMC by consultants when I had to deal with issues relating to revalidation...there are significant risks to your personal career. (SRO19)*

## The nudge

*...it also, you know, gave me the stick to get us to perform better in other areas...I think we had the opportunity to talk around why we thought our system was better than the standard one...things like that. (NRO8)*

## Knowledge transfer

*[There] was initial reluctance for the Trust to consider taking on another administrative task, however the risks of not doing so were highlighted. Trusts were empowered to check their locum agencies. [By the] end of meeting the RO had already decided this needed to happen and was making suggestions about how it might work. (Observation schedule)*

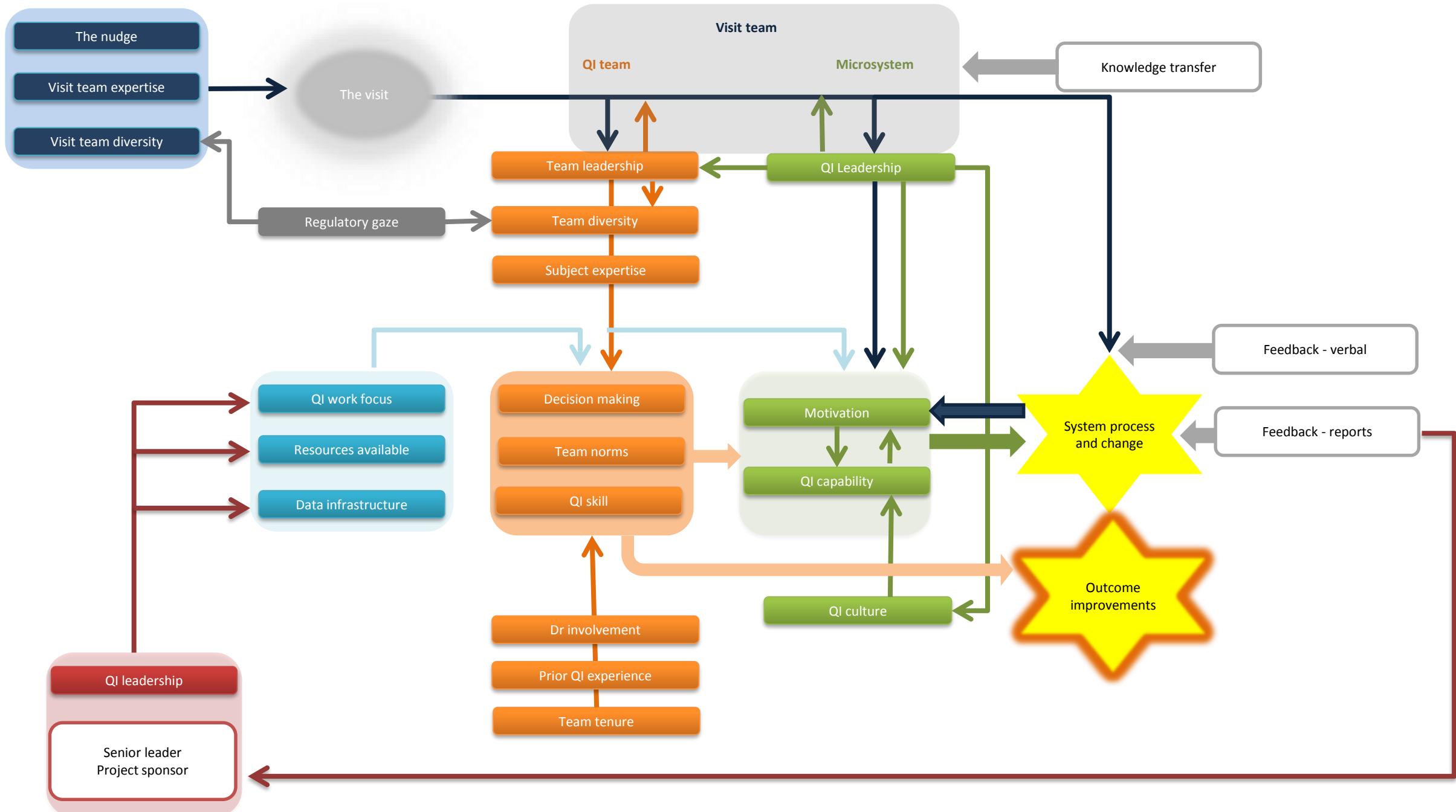
# Mechanisms of action 3: Feedback



*[The] Trust was very keen for feedback and requested it on several occasions. Eventually the team gave very outline feedback saying that performance was generally good, there was much good practice, and there were no specific concerns.*  
*(Observation schedule)*

*We got good feedback on the day. So the actions that we took, we kind of took straight away um, so-so I can't honestly say that it was the report that compelled us to action. (LRO3)*

*The scores don't bother me, they're all green...But I have to say, I've done the job for quite a long time, I know what my fellow ROs are doing...if we're getting a three, there's going to be a lot of people not getting a three. (SRO11)*



# BMJ Open Revalidation and quality assurance: the application of the MUSIQ framework in independent verification visits to healthcare organisations

Ann Griffin,<sup>1</sup> Alex McKeown,<sup>2</sup> Rowena Viney,<sup>2</sup> Antonia Rich,<sup>2</sup> Trevor Welland,<sup>2</sup> Irene Gafson,<sup>2</sup> Katherine Woolf<sup>2</sup>

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## ABSTRACT

**Objectives:** We present a national evaluation of the impact of independent verification visits (IVVs) performed by National Health Service (NHS) England as part of quality assuring medical revalidation. Organisational visits are central to NHS quality

## Strengths and limitations of this study

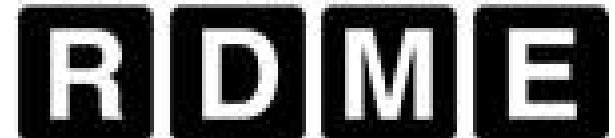
- Our study presents original empirical data relating to an important aspect of quality improvement (QI) and clinical governance, namely the

# Key references

- Griffin, A., Woolf, K.V.M., McKeown, A., Viney, R., Rich, A., Welland, T., Gafson, I. (2017). [Revalidation and quality assurance: the application of the MUSIQ framework in Independent Verification Visits to healthcare organisations. BMJ Open](#), doi:10.1136/bmjopen-2016-014121
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# Thank you!

**UCL**Medical School



Research Department  
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