Lessons Learnt from the Perioperative Quality Improvement Programme (PQIP) Associate Principal Investigators (API) National Collaborative

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The PQIP National API Collaborative:

- Between September 2023 and January 2024, the first iteration of the PQIP API collaborative was run.

- In brief, this collaborative was set up to harness the benefits of collaborative working within quality improvement (QI) and to provide education for PQIP APIs in line with PQIP improvement priorities and the RCoA QI curriculum.

- We have now reviewed feedback from the PQIP APIs.

- We have qualitatively examined this to look at the successes, challenges and learning points from the collaborative.

Results from Feedback:

- Engagement was low. Less than 20% of eligible APIs attended individual sessions. Overall, only 35% of Eligible APIs attended

- This was despite initial enthusiasm, co-design and acceptance of virtual invitations to the meetings

- For those who did attend, the sessions were seen as: **"extremely valuable", "in-line with objectives"** and **"Supported the role of API and supported instigating local QI"**

- However, it is important to examine why attendance was low and how trainees can be supported in QI endeavours.

- **Table 1** highlights some of the key areas from the feedback

Reasons related to the API Scheme	Reasons related to the pressures of Training	The concept of "Tick Box QI" gaining greater recognition
API tenure is for 6 months: Trainees often stop involvement with PQIP at this point or do not have the opportunity to continue e.g. new hospital	A lack of time to prioritise additional initiatives: exams, local priorities and application processes all listed as examples	The majority of QI projects are viewed as tick box exercises with little educational value but trainees do these to gain curriculum sign offs
Engaging trainees nationally is difficult. E.g. Email only, GDPR	Rota commitments and rotations limit the ability to attend e.g. on call shifts	Unsure how supervisors would view a new national collaborative and if it would be valid for QI sign off
Some APIs want to focus solely on research so did not want to join a QI endeavor	Current climate means trainees are less willing to do extra projects: Post covid, industrial action, new curriculum, recruitment issues and exam changes all listed as reasons why	Trainees feel they are advised by trainers to complete projects of short duration, reflecting more audit than to invest in longer term projects or education around QI

Table 1: Themes from API feedback regarding engagement in the API scheme and QI experience
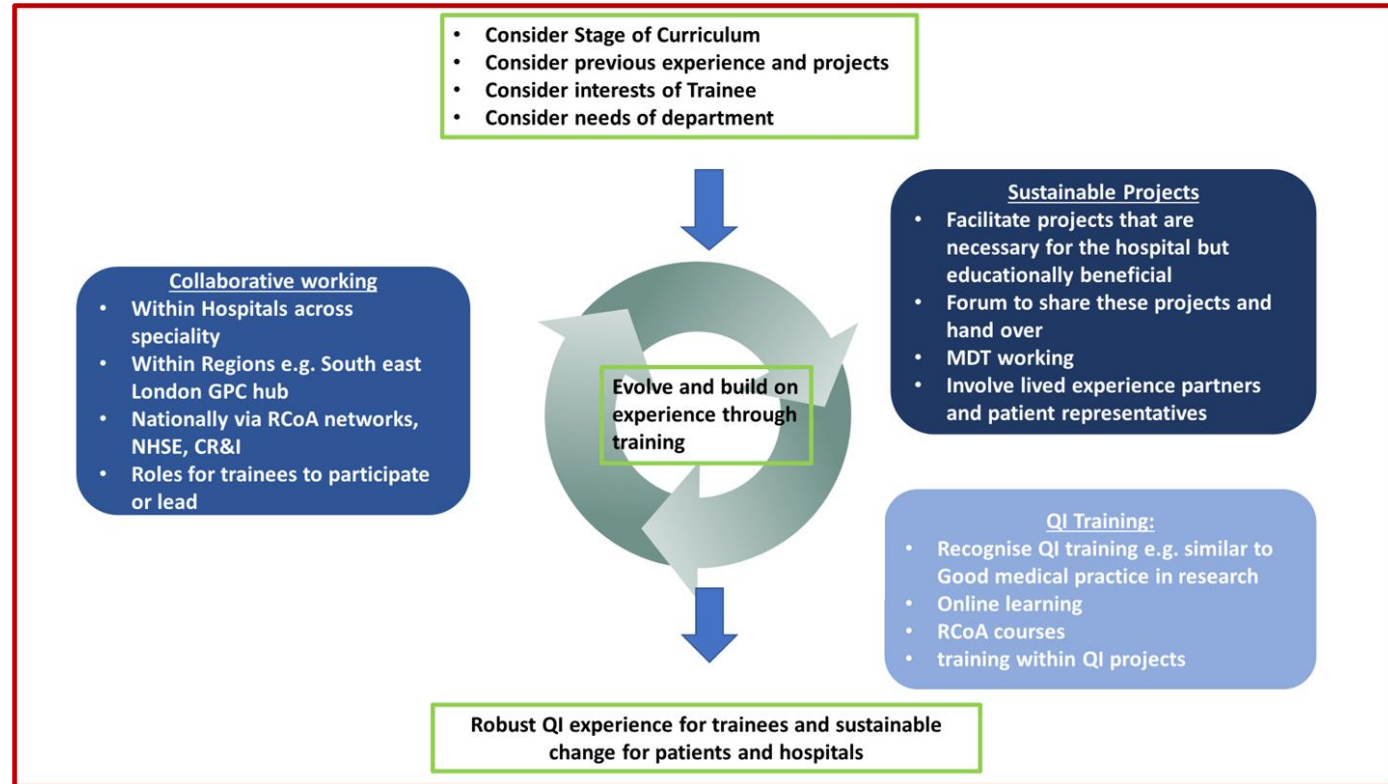
Reflections on the feedback:

- QI is one of the GPC domains in the 2021 curriculum and both the curriculum and RCoA QI strategy recognise collaborative, cross speciality working which is in line with PQIP priorities
- **Table 2** details our reflections in more detail
- **Figure 1** illustrates a dynamic way QI training could be thought about dependent on curriculum stage and level of interest
- For those with a deep interest in QI there are also national fellowships

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Reflections for the API Collaborative	Reflection for QI training overall
Consider how to engage APIs more effectively	Highlight the needs of the new curriculum: There is a focus on QI activities, education, cross speciality working and sustaining change
Is the API forum big enough?	Highlight the RCoA QI strategy which fits with collaborative working and aligns with PQIP aims
Review terms of reference and pre collaborative information to ensure remit and expectations are clear	Offer trainees and trainers opportunities to move away from "tick box QI" and audit masquerading as QI
Map API to Curriculum domains for Stage 1,2 and 3	Promote meaningful, sustainable projects in line with local, regional or national objectives: Use networks like RCoA QI network or regional networks like SEL GPC Hub
Quality assurance that collaborative working can contribute to QI sign off	Robust systems to handover QI projects
Work with RcOA QI leads and network to ensure no overlap in QI endeavours and training needs prioritised	MDT working
	Supervisors to recognise what is needed for ARCP sign off which is beyond siloed projects

Table 2: Reflection and suggested changes from API feedback ←

Figure 1: Integrated QI training exemplar →

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- Consider Stage of Curriculum
- Consider previous experience and projects
- Consider interests of Trainee
- Consider needs of department

Sustainable Projects
- Facilitate projects that are necessary for the hospital but educationally beneficial
- Forum to share these projects and hand over
- MDT working
- Involve lived experience partners and patient representatives

Evolve and build on experience through training

Collaborative working
- Within Hospitals across speciality
- Within Regions e.g. South east London GPC hub
- Nationally via RCoA networks, NHSE, CR&I
- Roles for trainees to participate or lead

QI Training:
- Recognise QI training e.g. similar to Good medical practice in research
- Online learning
- RCoA courses
- training within QI projects

Robust QI experience for trainees and sustainable change for patients and hospitals

Conclusions:

- **We feel there is an opportunity for trainees and trainers to move away from "Tick box" QI and gain a more robust understanding and involvement in QI**

- Fostering a more comprehensive approach to QI training will **not only benefit trainees but will produce meaningful, sustained change that can improve patient safety.**

- **QI Collaboratives** locally, regionally and nationally can support enhanced QI learning but need appropriate **planning and "buy in"** from supervisors

- Patient and MDT involvement is also key

- A dynamic approach to QI training needs to be recognised for ARCP so trainees can embrace meaningful QI and QI opportunities in varying forms.

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