Royal College of Anaesthetists

TERMS OF REFERENCE OF THE QUALITY IMPROVEMENT WORKING GROUP

1. Purpose

1.1. To provide evidence-based guidance to the profession on matters pertaining to quality improvement and quality measurement, for the purposes of patient benefit, research and revalidation.

1.2. To advise and lead on quality improvement and measurement on behalf of the RCoA.

1.3. To lead on the development and sustain the ability of the RCoA Regional Leads Network.

1.4. To develop and implement the RCoA QI strategy regarding the training and education of anaesthetists in quality improvement methods, in liaison with the training committee.

1.5. To lead on the implementation of quality improvement in anaesthesia and perioperative care in collaboration with closely related initiatives such as the Perioperative Quality Improvement Programme (PQIP), the National Emergency Laparotomy Audit, the Anaesthesia Clinical Services Accreditation (ACSA) initiative and other priority areas.

1.6. To liaise with other stakeholders including the Centre for Perioperative care (CPOC), the National Institute of Academic Anaesthesia's (NIAA) partners, the Faculty of Intensive Care Medicine (FICM), Faculty of Pain Medicine (FPM), other Colleges/Faculties the Academy of Medical Royal Colleges (AoMRC) and other representative bodies to coordinate quality improvement initiatives relevant to anaesthesia, perioperative care and pain management.

2. Reporting

2.1 The Quality Improvement Working Group will report directly to the Clinical Quality & Research Board (CQRB) and will send a summary report to the CQRB. It will work closely with the RCoA Research department and Education and Professional Development Committee.

3. Constitution

3.1. The working group shall consist of a small number of members but may seek advice from a larger group of corresponding members. If a representative member cannot attend the scheduled meeting, they are encouraged to send a well briefed deputy, to ensure the views of their stakeholder group are represented.

Core Membership

a. QI Lead (Chair)
b. Deputy QI Lead
c. The Director or Deputy Director of the Health Services Research Centre (HSRC)
d. HSRC Fellow
e. A representative of the RCoA Education and Professional Development Committee
f. A patient representative (from the Patients Voices at the RCoA)
g. A representative of the Centre for Perioperative Care
h. The QI Lead for the National Emergency Laparotomy Audit
i. A representative from the Perioperative Quality Improvement Programme
j. Up to 2 of the regional leads of the RCoA QI Leads network
k. A trainee representative from the RCoA Anaesthetists in Training Committee
l. One trainee member nominated from the Association of Anaesthetists

And other individuals at the discretion of the Chair with an interest in quality measurement and improvement (e.g. other QI fellows)

Co-opted Members

a. A representative of the Research and Audit Forum for Trainees (RAFT)

Staff in Attendance

a. RCoA Associate Director of Clinical Quality and Research
b. RCoA Head of Clinical Quality
c. RCoA Head of Research
d. RCoA Head of Training or a similar representative from the Education, Training and Examinations directorate
e. RCoA Secretariat

3.2. The quorum for the Group shall be 6 members, of which 4 must be clinical members.

3.3. The Group should consult expert stakeholders outside the constitution of the group as needed; these may be invited to attend meetings or correspond with the group via email.

3.4. It is noted that some members may fulfil more than one of the core member roles listed above

4. Chair

4.1. The Chair of the Group shall be appointed by the RCoA President.

4.2. The Chair and Deputy Chair shall be appointed for a term of three years (two terms maximum).

4.3. The Chair or Deputy shall present views and findings at the CQRB

5. Voting

5.1. The Chair should generally seek to reach decisions by consensus. In any case where voting is necessary, and in the event of an equality of votes, the Chair shall have an additional, or casting, vote.

5.2. All members of the QI Working Group (whether full members or co-opted) will have equal voting rights.

6. Meetings

6.1. The Group will hold meetings three-four times per year. A minimum of 50% of these meetings will be held virtually.

6.2. Travelling and subsistence expenses of members of the Group shall be met by the RCoA on the same basis as those of Council Members.

7. Review of terms of reference

7.1. The Group shall review these terms of reference every year and any proposed changes will be submitted for consideration by the Clinical Quality & Research Board.