

The British Association of Dermatologists (BAD) supports the use of clinical audit in assessing the quality of activities both clinical and non-clinical, for example of teaching.

Members of the BAD will undergo annual appraisal and we would expect that audit of clinical activities are already used in this. The GMC guidance for revalidation anticipates that doctors will need to demonstrate quality improvement activity including clinical audit.

The JRCPTB Specialty Training Curriculum for Dermatology (2010) includes the knowledge, skills and behaviours required to develop the ability to perform an audit of clinical practice and to apply the findings appropriately and complete the audit cycle. They should complete audits as part of their training.

We welcome the development by HQIP of standards and curricula for education in clinical audit.

We feel that the standards are useful as a means of benchmarking providers of teaching and for those commissioning teaching of audit to compare different providers. As audit becomes more important in quality improvement activity then teaching of how to do audit properly will benefit from a more formal curriculum.

The standards are generic and cover curriculum, trainers, teaching methods and facilities, access, assessment, evaluation and impact. We feel that these are appropriate for their purpose.

The curricula are divided into basic, intermediate and advanced. Their aim is to raise the national standard of clinical audit training, emphasise the role of audit in the quality improvement agenda and develop competent practitioners.

The curriculum for the basic level states that it is designed for undergraduate students and in service training for clinicians as a refresher course and would be expected to last one day. We cannot comment on what would be expected to be taught at undergraduate level. The content seems appropriate for clinicians in training and at consultant level for those undertaking audits as part of regular clinical practice.

The curriculum for the advanced level is aimed for those who wish to become specialist practitioners in clinical audit or involved in national audit programmes and would take place over 6-12 months. We feel that it is appropriate to have this level of structured training available for those who will take leads in this important role.

The curriculum for the intermediate level is said to be targeted at F1/F2 doctors, clinicians undertaking clinical audit and clinical audit practitioners. We would anticipate that all dermatologists in training or undertaking revalidation would perform regular audit of their activities. The curriculum suggests training over 2-5 days and assessment using multi-choice questionnaires with a 90% pass rate and a reflective essay as well as review of involvement in a clinical audit. Whilst this may be considered ideal, and we support the use of audit in assessments, we feel that this amount of training is not essential for this level of practitioner unless they are taking a lead role in audit. There are many other necessary skills to be acquired and all have demands on time. The basic level of training is, we feel, satisfactory for most clinicians to be competent to perform audits which will be useful to demonstrate competence and look to improve quality.