

Quality Audit and Research Coordinators (QuARCs) for Anaesthetic Departments in NHS Trusts

BACKGROUND

The National Institute of Academic Anaesthesia (NIAA) is a partnership between The Association of Anaesthetists of Great Britain and Ireland (AAGBI), the Royal College of Anaesthetists (RCoA), the journals *Anaesthesia* and *British Journal of Anaesthesia* and the anaesthetic specialist societies. The NIAA has a broad remit overseeing anaesthetic research and audit in the UK.

The NIAA Health Services Research Centre (HSRC) was established in March 2011 with three core aims relating to the clinical areas of anaesthesia (including anaesthesia, perioperative medicine, pain and the anaesthetic sub-specialities):

- initiating and coordinating large scale clinical audits
- methodological innovation in clinical measurement
- conducting and facilitating research to improve patient outcomes.

A central role of the HSRC is to provide the “glue” between clinical anaesthesia and the research agenda through the comprehensive audit of perioperative care, national quality improvement initiatives and the maintenance of a network of active engaged clinician researchers. To facilitate this, we are seeking to establish a network of local Quality Audit and Research Coordinators (QuARCs) within every Trust to be a single point of contact for national audits, quality improvement projects, multicentre research and other academic issues.

Success of the expanding portfolio of projects falling within the HSRC remit will be critically dependent on local engagement and effective communication between the HSRC project teams and NHS departments.

The establishment of the QuARC network is the key to this engagement and has the support of the NIAA, AAGBI and RCoA. This document outlines the roles and responsibilities of the QuARCs as well as potential benefits to holders of this role.



It will be the responsibility of individual departments to ensure that the appointment process for QuARCs is open, fair and transparent. It is recommended that appointment to the QuARC role is for two years in the first instance and that an open, fair and transparent review and reappointment process is conducted locally at the end of this period.

ROLES AND RESPONSIBILITIES

1. Identifying, encouraging, supporting and monitoring local reporters for HSRC projects including, but not limited to:

- National clinical audits e.g. “National Emergency Laparotomy Audit”
- National Audit Projects (NAPs) e.g. NAP5
- HSRC Sprint Audits e.g. Audit of Evaluation of Perioperative Risk
- Quality improvement initiatives from the NIAA, AAGBI or RCoA
- NIAA research capacity and activity monitoring exercises
- Other HSRC or NIAA initiatives as appropriate.

2. Ensuring completion and return of surveys disseminated by the HSRC/NIAA/AAGBI/RCoA, either personally, or by identifying, encouraging and monitoring the appropriate individual within the department or Trust. In order to avoid surveys of questionable quality, it has been agreed that any surveys sent out by the HSRC through QuARCs will require a council level sponsor from one of the national organisations (AAGBI/RCoA) and will be approved by the HSRC Board.

3. Functioning as the local point of contact for national research training and engagement initiatives, such as the UK Clinical Research Forums (perioperative, pain, critical care) and NIAA Research Training Days.

4. Disseminating information about other HSRC/NIAA initiatives.

5. Feeding back local views and concerns relating to HSRC/NIAA initiatives.

The QuARC will be responsible for making sure that the process of allocation of the roles outlined above is open, fair and transparent.



BENEFITS

There will be no direct remuneration for this role. Audit and research activity for patient benefit are clearly identified by the Chief Medical Officer¹ and by the Clinical Directors groups of the RCoA and the AAGBI as being important elements of the role of a consultant. The councils of the AAGBI and RCoA consider this role to be a valuable contribution to “anaesthesia UK” that should be recognized in the appraisal and job planning processes. It is the view of the AAGBI and RCoA that activity related to the QuARC role is valid for inclusion in SPA activity and should be used to support the SPA allocation in consultant and career grade job plans. QuARCs should diary monitor their contribution to this role over a period of time, in common with best practice in job planning.

COMMUNICATION

We aim to use email as the primary mode of communication and the NIAA/HSRC website as the primary route for the dissemination of resources. HSRC Coordinator workshops will be run in conjunction with major AAGBI and RCoA events to provide face-to-face communication between HSRC QuARCs and the HSRC team.

CLOSING REMARKS

Success of the audits and research projects supported by the HSRC is critically dependent on local engagement and effective communication between the HSRC team and individual departments within NHS Trusts. We appreciate all your help with these new initiatives and hope that you will be enthused to engage in future projects.

1. <https://www.rcoa.ac.uk/sites/default/files/CMO-Letter-to-NHS-230112.pdf>

