Internal Quality Assurance Framework

Clinical Forensic Medicine

The Royal College of Pathologists of Australasia received funding from the Department of Health, under the Quality Use of Pathology Program (QUPP) to develop a comprehensive framework for internal quality assurance, focused on the morphological disciplines of Histopathology, Cytopathology, Haematology and Forensic Pathology. The overall governance of this project was provided by the College, and was supported by a Steering Committee that included representatives of the morphological disciplines. The Board of Education and Assessment and the Board of Directors further decided to develop separate discipline specific Frameworks for the other disciplines of pathology and Faculties of the College.

The Clinical Forensic Medicine IQA Framework contains activities that will aim to help monitor performance, drive improvement and support collaborative on-going professional practice. The IQA Framework activities focus on peer-review and clinical audit and require documented evidence of involvement in these internal quality activities. The Framework is practice based and the Clinical Forensic Medicine Advisory Committee provided guidance with the development of the Framework activities.

Implementation of the Clinical Forensic Medicine IQA Framework will be undertaken in 2017 in consultation with the Fellowship.

For any queries about the Framework or the project, contact the DCEO, Dr Bronwen Ross at bronwenr@rcpa.edu.au

Framework Features

The Framework records activities under 2 sections:

Section 1: Clinical Review Measures (the pre analytic and analytic phase) relates to peer review activities, participation in 10 hours per annum is required.

Section 2: Technical Measures (pre-analytic) & Service Performance (post analytic/ overview) relate to clinical audit activities, participation in 10 hours per annum is recommended.

In Clinical Forensic Medicine the pre-analytic phase is the clinical examination and associated documentation. In the case where a report request is based solely on documentation, the material available to examine and the condition of this material, is as it is found.

Legal agencies and Police regulate referral of the vast majority clinical forensic medicine cases. The nature and extent of the examination is defined by the examining clinician and any other provided materials. Thus, there would be little practical benefit for quality assurance in collating information regarding provided documentation in the pre-analytical phase.

Medico-legal reports are used in a variety of legal settings including the criminal justice system, administrative tribunals, Coroner's court and for compensation purposes.

Assessment of court performance may provide useful information for the post-analytic phase of quality assurance.

Clinical Forensic Medicine is an opinion-based discipline. The conclusion of the medico-legal report is derived from a synthesis of data that may include information (such as clinical examination, medical records, police and other statements, a scene visit, the autopsy and the results of further tests (such as toxicology, histology and biochemistry) as well as peer reviewed published research. It is considered that peer review of the conclusion derived from the information available would be the most valuable form of quality assurance program to assist Fellows to develop and maintain best practice. Peer review of the clinical examination, material available and the critical conclusion derived from that would be considered to form the pre analytic and analytic phase of the Clinical Review Measures relating to the diagnostic component for quality assurance purposes in the discipline of Clinical Forensic Medicine.

Please refer to the tables on the following pages for information on examples of suitable activities and further document requirements.

FRAMEWORK Internal Quality Assurance Activities Clinical Forensic Medicine		
Section 1: CLINICAL REVIEW MEASURES - (engaging in peer review activities) **Requirement: Minimum 10 hours per annum CLINICAL REVIEW MEASURES**		
Activity	**Quality activity monitor related**	**Suggested document requirements**
Case reviews using clinical audit techniques	• Internal case review • Case discussion • Review of conclusions	Clinical meeting minutes, calendar entry Attendance records for clinical peer review meetings with an agenda and feedback Summary of clinical findings Presentation of case findings at meetings/ Conferences/workshops/seminars with the following details: • Case Number • What reviewed • Critical Conclusions: Agree /Disagree • Time spent by reviewing Specialist • Time spent discussing between reviewing specialist and reporting clinician. It is acceptable to produce track changed documentation relating to peer review. Case meetings with Office/Director of Public Prosecution
Other Peer review	• Critical Conclusion Check - Done internally by each department amongst peers - If a small department/ sole practitioner, possible peer-review check done externally with another institute/ specialist/ department • Second Opinions - Formal - informal • Multi-disciplinary team meetings (MDT) case presentations - Any discordant opinions	
Formal Peer Review	• Validated 360 degree peer review completed	Date, time and duration and brief description of activity.

It is recognised that many Clinical Forensic Medicine departments perform peer reviews of this type (reviewing the conclusion reached from the information available and findings of the case) either as an individual or group process. To make such review valid for the purposes of meeting the required 10 hours of Peer Review, each Fellow is required to maintain an 'auditable' record of the time spent reviewing the case and any subsequent time spent discussing the case with the other reporting doctor. The discussion time may be further divided into time covering

general aspects of the case and time spent seeking clarification.

Time that can be included towards Peer Review (written verifiable record required):

- Reviewer – time spent reviewing and any discussion time
- Reviewed doctor – discussion time
- Anyone else present (e.g.: in group review) – discussion time

Based on the material reviewed, practitioners could form different conclusions regarding the opinion. There may not be a 'correct' answer to such situations and provided a conclusion is sustainable from the available material it is not 'incorrect'. If disagreement arises between the reviewing specialist/s, it would be expected that there would be internal processes for seeking resolution. However, departments should have a policy for dealing with an unresolved disagreement following peer review.

Activities performed from the Clinical Forensic Medicine IQA Framework will be linked to the RCPA CPD Program and will likely be an important part of any Revalidation Framework the College may need to adopt in the future.

The completion of these activities will form part of the RCPA audit substantiation for the RCPA CPD Program from January 2017.

FRAMEWORK
Internal Quality Assurance Activities
Clinical Forensic Medicine

Section 2: TECHNICAL MEASURES (pre-analytic)
Recommended: Minimum 10 hours per annum combined Technical /Service Performance

Activity	Examples of quality monitors related to clinical non-conformances	Suggested document Requirements
Legal review including report review and courtroom performance review	Review of other specialist's medicolegal reports evaluating critical issues (see template) Specimen/evidence Handling • Clinical audit of specimen collection • Specimen labelling • Lost specimen • Specimen treatment • Photography Incident Reporting • Critical & non critical Incident – Contribute to adverse event recognition – Reflection on standard of practice – Photography – Privacy – Other Complaints Handling • Report adverse incidents involving medical care that put or have the potential to put the safety of a patient, or another person at risk • Reflection on standard of practice • Feedback from laboratories (if available) • Other	Medicolegal reports with tracked changes Completed Report review forms Incidence +/- % of non-conformance Gathering service user feedback, for example letters of complaint. Analysis of comments made at service user forums. - Expert user groups. - Examining critical incidents. - GP liaison group. - Interview with service users. - Service user surveys. - Focus groups. - Liaison meetings e.g. Custody suite meetings

Section 2: SERVICE PERFORMANCE - suggested examples below of types of service activities that may be monitored and specific data collected		
Audit of Service Performance	Turn Around Times within KPI – Whole workload or – Selected case type Report format review – Critical incident reporting	Gathering service user feedback - Letters of complaint. - % follow-up / resolution Analysis of comments made at service user forums. - Expert user groups. - Examining critical incidents. - GP liaison group. - Interview with service users. - Service user surveys. - Focus groups. - Liaison meetings e.g. Custody suite meetings - Meetings with Office/Director of Public Prosecution

Establishing a Clinical Forensic Medicine IQA Framework that will be used to routinely review processes in the discipline should facilitate improved clinical practice. It provides a mechanism for peer review, introduces a mechanism for practices to benchmark their processes to measure improvements, reduce the risk of aberrant/uninformative/false reports being issued in a clinical or legal environment, thereby improving the quality of patient management and/or outcomes.

References

http://www.fflm.ac.uk/wp-content/uploads/documentstore/1378397186.pdf