MEDICAL SERVICES

PROVIDED ON BEHALF OF THE DEPARTMENT FOR WORK AND PENSIONS

Standards

Processes and Procedures

Integrated Quality Audit (IQA) Desk Aid - DWP Contract

MED-IDAIC01

Version: 5 (Final)
22 February 2010

Version history

Version	Date	Comment
5 (final)	22 February 2010	Version 5 Final
5 draft (c)	18 February 2010	Ref. documents aligned with Schedule 28
5 draft (b)	10 February 2010	Review
4 (final)	16 November 2005	Reviewed
3 (final)	21 September 2001	Approval received from Dr. M. Gay for Version 3
2 (final)	03 July 2001	Version 2 (Final)
1 (final)	10 December 1999	First draft

Changes since last version

Inclusion of ESA attributes tables

Re-ordering of IIDB tables and removal of obsolete tables.

Re-write of handling of “C” reports guidance and use of Audit Quality Assessment.

Minor changes to layout and headings of Audit form.

Outstanding issues and omissions

Updates to Standards incorporated

46-05; 20-07; 05-08; 20-09.

[04-05: 73-05; 17-06: 32-06 have been superseded and are not included]

Issue

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Owner and approver: The Medical Director (DWP Contract)

Distribution: All Health Care Professionals (HCP’s) who perform Audit within the DWP Contract, Medical Managers (MM’s), the Medical Director (DWP).

Contents

1. About this document

1.1 Purpose

The purpose of this document is to enable Atos Healthcare auditing practitioners to assess work undertaken by Health Care Professionals using the Integrated Quality Audit System (IQAS) which enables the company to fulfil its contractual obligations to the customer.

1.2 Applicability

This document is for the use of all Atos Health Care Professionals who undertake the auditing process.

1.3 Owning process

Service Operation

1.4 Owner

The Medical Director (DWP Contract) owns this document.

The owner is responsible for approval of this document and all related feedback should be addressed to them.

2. Summary Guidelines for Auditors

2.1 Areas

The four areas into which products are divided are: -

- Presentation and Process
- Medical Examination
- Medical Reasoning
- Professional Issues.

These are defined as follows:

Presentation and Process: This area relates to matters such as legibility, completeness, clarity and being procedurally correct.

Medical Examination: This embraces all aspects of the medical examination, including history, statement-taking, formal clinical examination and the expression of clinical findings.

Medical Reasoning: This concept includes all the step-by-step medical reasoning and deduction which ensues after the consideration of medical evidence, or performance of a medical examination, and the advice which follows.

Professional Issues: This encompasses the general principles and ethics of medical good practice which underpin all professional work within Atos Healthcare.

2.2 Key Requirements

There are certain **key requirements** associated with each of these areas. They must be satisfied for the product to be acceptable.

The **key requirements** are: -

In respect of Presentation and Process the product must be:
• Legible
• In plain English
• Procedurally correct
• Consistent
• Non-prescriptive
Also:
• All key questions must be addressed and
• All medical issues must be explained fully
In respect of the Medical Examination:
• There should be evidence of an appropriate medical examination
In respect of Medical Reasoning:
• All medical issues must be addressed
• Advice must be in keeping with the consensus of medical opinion
• Advice must be medically logical
• Advice must be fully justified
In respect of Professional Issues:
• Standards must be independent, impartial, ethical, honest, and fair

2.3 Attributes

A product is defined by a specific list of “Attributes”, which describe the format and content in detail for each product: -

> ***Attributes*** *refer to items of information which may be expected in a product, or areas of decision-making, procedure or advice. These items are defined by processes and procedures, updates to standard, and continuing medical education modules. Core reference documents are listed before the attribute tables for the different products. These are the quality standards we have undertaken to deliver.*

Some attributes are merely “desirable” in that if they are absent, the key requirements are nevertheless uncompromised. **Other attributes are essential, in that they underpin the key requirements: -**

> ***Key attributes*** *are the core determinants of quality in that they define the key requirements.*

2.4 Grading

Products are graded as “A”, “B” or “C”.

These are defined as follows: -

A Key requirements are satisfied to the extent that the product fully conforms to Atos Healthcare Professional Standards.

B Key requirements are adequately satisfied. However, the auditor can specify elements that would quantifiably enhance the value of the product.

C Key requirements are not satisfied to the extent that the product fails to meet Atos Healthcare Professional Standards.

If any area of the product generates a B or C grade, the whole product is regarded as B or C.

2.5 Method

(It will be found useful to have an audit form as reproduced at Appendix A available while reading this section)

1. Review the case as a whole, having regard to all the evidence on file and available on MSRS.

2. Scrutinise the relevant report, with regard to the 14 key requirements. If all are satisfied, the product meets Atos Healthcare Professional

standards, and if you are unable to specify elements which would quantifiably improve the value of the report, the grading will be “A”.

3. If all key requirements are met, but in your opinion there are areas where worthwhile improvement could be achieved, the case is “B”. This grading is entered against the appropriate key requirement/s and the codes for the non-satisfied attributes are entered. Clarification should be provided in the auditor’s comments box.

4. If any key requirement is not met, the product does not satisfy Atos Healthcare Professional standards and the grading is “C”. This is entered against the appropriate key requirement/s. Justification is provided by entering the non-satisfied attributes, and the auditor’s comments box must be used to detail the required feedback and assist mentoring

5. A ”C” report is one which fails to satisfy the standards we have

   defined.

   There is no description of “unfit for purpose”.

6. The report should be assessed against the defined standards and not on whether a Decision Maker may or may not come to the “right” conclusion. It is not the function of either the report writer or the auditor to decide on entitlement.

7. Remember it is the product that determines the outcome, not personal knowledge or opinion about the writer.

2.6 Principles

There are certain guiding principles in this process:

- Do not use the attribute tables as check lists. Use the key requirements instead as an initial step in identifying and classifying any deficiencies, refining and justifying your conclusions later by quoting the non-satisfied attributes.

- Confine yourself to **the main** relevant non-satisfied attributes as justification for your decision. Avoid quoting a large number of attributes: instead, amplify your conclusions by a short summary in the auditor's comments box.

- Attributes are indicative only. If no attribute is found which exactly describes the issue, choose the nearest in meaning.

- Attributes should not be entered in "A" cases. If there is a requirement for an attribute then the grading decision must be reconsidered.

- Attributes have a number of purposes. One is to enable an auditor to justify his grading of the product. Ensure that if challenged your grading is robustly supported by judicious choice of the main missing attributes.

- Use the auditor's comments box to enlarge upon any further issues which you think should be pointed out to the mentor to discuss at feedback.

Finally:

- In "A" cases, tick the NFA box in the summary.

- In "B" cases, identify the areas of the file that should be photocopied for the use of the mentor. Indicate these on the Administrative Support Team action sheet.

- In "C" cases ensure that the [File to] is completed with the mentor's name to prevent the file being returned to the customer without corrective action. Do not request photocopies (any copies required will be arranged by the mentor).

- Enter the time taken on the front of the sheet. Audit action is now concluded.

3. Notes on the interpretation of generic attributes

ATTRIBUTE	CODE
"Legible." The evaluation of legibility is inevitably a subjective task. However, some measure of the ease with which a product may be read is necessary in our business. A passage may be regarded as legible if it can be read at not less than half the average speed of printed text, and no key words or phrases are indecipherable.	**G06**
"Clearly presented." Good presentation is an important component of clarity. Faced with a lengthy passage of free text it is often difficult for the reader to efficiently identify its components and structure. Underlined headings and logical sectioning of text greatly aid communication between author and reader.	**G10**
"Free from medical abbreviations." Medical abbreviations should not be used. Although most decision makers may know certain shorthand medical terms lay readers and customers will generally not. It is, therefore, good practice to avoid their use wherever there is any possibility of confusion.	**G12**
"Free from medical jargon." The use of medical jargon, which includes medical abbreviations, can lead to misunderstandings. The term "medical jargon" is distinguished from technical medical language (see "Clear explanation of medical issues"). Examples of medical jargon would be "Oedema º cyanosis º…." or "Nodes neck ↑↑ R>L".	**G13**
"In plain English." The use of uncommon or long words where everyday, commonly used terms would be equally effective is not good practice. Sentences should be brief, clear and to the point.	**G15**
"Consistent." A report should be consistent in that it must contain no internal contradictions. A fact or opinion given in one part of a document should be in accord with all other components of the product.	**G03**
"In accordance with defined procedures and current advice." This attribute requires that a report must be procedurally correct. It should be prepared in accordance with current usage as defined in reference publications for healthcare professionals.	**G04**
"In accordance with legislation." While the healthcare professional's role is wholly advisory and not statutory, the work is nevertheless carried out within the framework of current	**G05**

legislation. It is therefore a required attribute that advice is given in accordance with the law.

"Appropriate response to incorrect documentation." The Health Care Professional should be able to recognise the fact that incorrect documentation has been provided. The Health Care Professional's response will vary according to circumstances, but above all should not compound the error. It should reflect the needs of the business, the requirements of the customer and fairness to the client.	**G08**
"FME consideration recorded." It is important that the customer is made clearly aware of the evidence, which the Health Care Professional has considered, in giving advice. Further medical evidence is of particular importance in this context.	**G11**
"Complete answers to all questions raised." No area of a report should be left incomplete. If the customer raises specific questions they should all be addressed. This is particularly important in DLA/AA and SPVA.	**G02**
"Advice adequately justified." Advice that is not accompanied by justification is no more than a gratuitous opinion. This attribute requires that the author of a report gives a clear explanation of the reasons for giving certain advice and the underlying evidence by which he was guided.	**G16**
"Clear explanation of medical issues." A report written solely in technical medical terms is valueless to the non-medical customer. This attribute does not require that such terms be completely avoided, merely that they and the underlying medical reasoning are clearly explained for the benefit of the non-medical reader.	**G01**
"Appropriately detailed." Excessive detail compromises clarity. Equally, failure to provide adequate information may compromise decision-making. Skilled report writing avoids these extremes.	**G09**
"Full clarification of contradictions and/or conflicts." Conflicts of evidence should be addressed. Even where the Health Care Professional is unable to provide en explanation for such a conflict, he should demonstrate that the difficulty has been recognised.	**G14**
"Not compromising decision-making" The Health Care Professional's report should contain no allusion to entitlement to benefit, or express any view regarding the outcome of a case.	**G07**

4. Presentation and Process Attributes

Presentation and
Process Attributes Ta

N.B. This area, and its supporting Key requirements and attributes, is common to all products.

5. Atos Healthcare Professional Standards

5.1 Personal Conduct

1. All work will be carried out in a manner consistent with the Atos Origin Policy of 'Working with Dignity', which recognises the right of everyone to be treated with respect whatever their gender, sexual orientation, race, religion, nationality, culture, age, health, (dis)ability, marital status and physical characteristics or appearance.
2. In dealings with customers and clients Atos Healthcare staff, or their representatives, will be:

    - Accessible
    - Punctual
    - Reliable
    - Presentable
    - Approachable
    - Courteous
    - Friendly

3. When carrying out an examination of a client, to support the advice giving process, staff will:

    - Introduce themselves to the client and wear a name badge or offer other official identification
    - Make the client welcome and feel at ease
    - Be polite at all times
    - Encourage a person accompanying the client to be present during the examination if so desired by the client
    - Explain the purpose of the examination
    - Explain what the examination entails
    - Allow the client time to give their history, asking questions in a non-adversarial manner and following the relevant guidance e.g. The Incapacity Benefit Handbook for Approved Health Care Professionals.
    - Carry out a relevant examination to provide the information necessary to give and justify medically reasonable advice

- Carry out the examination gently to avoid any unnecessary discomfort, where possible assessing active movement of limbs before embarking on any passive movement.

4. When giving Advice

- Atos Healthcare advice will be objective, independent, fair and impartial, ethical, and given in accordance with our contractual obligations.

- It will conform to the consensus of medical opinion and the balance of probability.

- It will be of an appropriate depth, scope and focus, and presented with a clarity that will permit the decision-maker to give reasonable consideration to the medical issues.

The following clarify these terms concepts and definitions

Term	Concepts and Definition
Objective	Based on evidence
Independent	Without the influence of carer responsibility, or involvement in any other aspect of the claim.
Fair and Impartial	In accordance with Atos Origin Policy, Working with Dignity* With no personal interest, of any sort, in the outcome of the claim under consideration.
	*Atos Origin recognises that everyone has the right to work without fear of harassment. The company is committed to eliminating such behaviour and creating a productive working environment where everyone is treated with dignity and respect whatever their gender, sexual orientation, race, religion, nationality, culture, age, health, (dis)ability, marital status and physical characteristics or appearance. Every employee and person acting on behalf of the company has a duty to protect and respect this right. (Harassment being a generic term which encompasses bullying and victimisation).
Ethical	Conforming to the code of Professional Ethics as laid down by the General Medical Council

Appropriate Depth	Sufficient factual detail obtained to support the advice.
Scope	Addressing all the questions asked Covering all relevant issues, including details of an appropriate medical examination when required Without reference to entitlement Answering questions posed by the customer without compromising any subsequent decision making process
Focus	Relevant Medically logical In accordance with contractual obligations Further Medical Evidence should be appropriate, and obtained by the most efficient method Given in good time, taking account of any targets or deadlines.
Clarity	Concise In terms understood by the customer Legible when written It will be clear in its account of Further Medical Evidence usage Free of contradictions or conflicts

5.2 Professional Standards Reference documents

1. Guidance for Examining Health Care Professionals (MED/S2/EHCP~0010, September 2009)
2. Guidance on the use of Personal Descriptions employed in Medical Reports. (MED/S2/CMEP~0010, January 2010)
3. Working with Diversity Self Directed Learning Pack (MED CME WWD 001 v3 November 2009)
4. Improving the Claimant's Experience & Avoiding Complaints (Self-Directed Learning Pack) (MED CMEP CEAC 0063(a) v3 September 2009)
5. The Disability Discrimination Act (MED/S2/CMEP~0016, September 2007)
6. Consent and Confidentiality (MED CMEP 0083 August 2009)

5.3 Professional issues Attributes

Professional Issues Attributes.xls

N.B. This area, and it's supporting Key requirements and attributes, is common to all products.

6. General Medical Reference Documents

1. Evidence based protocols for the disability analyst – musculoskeletal (CD Issue2)
2. Evidence based protocols for the disability analyst – cardiorespiratory (CD Issue2)
3. Evidence based protocols for the disability analyst - mental health (CD Issue 2)
4. The assessment of claimants with drug and alcohol problems (MED/S2/CMEP~0036, March 2008)
5. Effective report writing (MED/S2/CMEP~0018, April 2009)
6. Critical Evaluation of evidence (MED/S2/CMEP~0037, February 2009)
7. Dealing with aggressive and potentially violent behaviour Self directed learning (MED CMEP DWAPVB 0062 (a) v1 January 2008)
8. Training and Guidance in Statement taking, Gathering, and Recording Information (MED/S2/CMEP~0048, November 2008)

6.1 Stage 3 Attribute Table

Stage 3 Attribute table.xls

7. Incapacity Benefit (IB) Reference Documents

1. IB Handbook for Approved Health Care Professionals (MED-S2/IBHB September 2009)
2. User Guide to CSD and Advice in MSRS (MED-UGCSDAMSRS v1 October 2008)
3. PCA Scrutiny guidelines (MED S2 PCASCRG 001 Final v6 December 2009)
4. Exemption Advice at the Examination Stage (MED/S2/CMEP ~ 0030 April 2009)
5. IB, ESA, IIDB, SDA Rework Procedures (MED-IBESAIIDBSDARP01 v4 December 2009)
6. DLA_AA_Rework Procedures (MED-DLAAARP01 v6 November 2009)

7.1 IB Attribute lists

IB Attributes Table.xls

8. Disability Living Allowance/Attendance Allowance (DLA/AA) Reference Documents

1. The Disability Handbook, Second Edition
2. Guidance for Examining Medical Practitioners (MED S2 EMP 0010 September 2009)
3. Assessing Mobility in the younger child (MED/S2/CMEP~0027, January 2010)
4. Providing medical advice to the Decision Maker in DLA/AA A guide for Medical Advisors (MED S2 DLAAAFW 0059 (b) v5 October 2008)
5. The Assessment of Falls in DLA – Guide for Registered Nurses (MED-AFDLARN~ 001 September 2009)

8.1 DLA/AA Attribute List

DLA AA Attributes Table.xls

9. Severe Disablement Allowance (SDA) Reference Documents

1. Severe Disablement Allowance Handbook for Medical Advisers (MED/S2/SDA01 v6 October 2009)

9.1 SDA Attribute List

SDA Attributes Table.xls

10. Industrial Injuries & Disablement Benefit (IIDB) Reference Documents

1. Industrial Injuries Handbook 1 for Medical Advisors - The Principles of Assessment (MED/S2IIDBHB~001(a) v4 November 2009)
2. Industrial Injuries Handbook for Medical Advisors – The Prescribed Diseases (MED-IIDBHB~002 July 2009)
3. IIDB report writing and justification (MED S2 CMEP 0056 v3 July 2009)
4. ADA in IIDB (MED CMEP 0065(c) V1 October 2006)
5. Providing Assistance to the Decision Maker at the Accident Consideration Stage – A Guide for Medical Advisers (MED S2 CMEP 0034 v3 October 2008)
6. An Introduction to Respiratory Prescribed Diseases for Medical Advisers (MED S2 PRD 0011 v1b 04/01/02)
7. Handbook of Prescribed Respiratory Diseases (MED S2 PRD 0010 v1a 03/10/01)
8. Respiratory Diseases training Spirometry (MED S2 PRD 0014)
9. Spirometry Update Distance Learning (MED S2 CMEP 0057(d)v1 08/05/03)
10. Update on Occupational Asthma (MED/S2/CMEP~0033 v3, January 2007)

10.1 IIDB Attribute List

IIDB Attributes Table.xls

11. Employment and Support Allowance (ESA) Reference Documents

1. ESA Handbook v4 (MED-ESAHB~001 July 2009)
2. ESA Filework Guidelines v4 (MED-ESAFWG~001 January 2009)
3. WFHRA Handbook v3 (MED-WFHRAHB~001 May 2009)

11.1 ESA Attributes List

ESA Attributes Table.xls

12. Service Personnel and Veterans Agency (SPVA) Reference Documents

1. War Pensions Guidance for Examining Medical Practitioners (MED/S2/CMEP~0041 v2, June 2008)
2. Guidance for Completion of Specialist Medical Reports (SPVA) (MED-GCSMRSPVA01 v2, November 2007)

12.1 SPVA Attributes Lists

SPVA Attributes Table.xls

NB: For Veterans Agency Audit only with the exception of C15 all these attributes should be treated as Key attributes.

13. Compensation Recovery Unit (CRU)

13.1 CRU Attributes List

CRU Attributes Table.xls

14. DWP Occupational Health (OH) Reports

14.1 DWP OH Reports Attributes List

DWP OH Attributes Table.xls

15. Child Trust Fund (CTF) Reports

15.1 CTF Attributes List

CTF Report
Attributes Table.xls

16. Financial Assistance Scheme (FAS) Reports

16.1 FAS Attributes List

FAS Report
Attributes Table.xls

17. Handling 'C' Reports and Reports where there is a change in opinion as a result of audit

'C 'reports do not meet Atos Healthcare standards and should not be submitted to the customer. They should be treated in the same way as a case returned for rework, and the deficiency remedied.

Rework procedures have been agreed and distributed for all our work.
Relevant documents can be accessed on "Livelink" (Medical Services Business Management System (BMS)/DWP Contract/Guides Applicable to both Admin and Medical)

MED-IBESAIISBSDARP01 v4, December 2009 for IB, ESA, IIDB and SDA,

MED-DLAAARP01 v6, November 2009 for DLA and AA

MED-SPVARP01 v1, November 2008 for SPVA.

The relevant instructions are reproduced in the next section. As will be seen there are only a few minor corrections which can be undertaken without referring to the original author.
As a general rule, slip of the pen errors, missed tick boxes may be appropriately changed or completed by the auditor but any changes to opinion, examination findings, descriptor choice or justification must be completed by the original author. Where this is not possible (sickness absence, long term leave, retirement) the case should be passed to the MM for further action.
General principles are the same whether the report is handwritten or produced using LiMA. The technicalities of correction or rework using the LiMA platform are detailed in LiMA Rework Medical Procedures (MED-LRMP01 v2, April 2009).

There must be no local arrangements allowing action other than as detailed in the procedure.

Underlying principles for "C" reports and reports where there is a change of opinion are:

- Deletions should not obliterate the original – use a single line.
- Any amendments should be signed and dated.
- Amendments should be clearly identifiable
- Where the change, or changes, will make the page, or section, cluttered or difficult to read the original page/section should be crossed through with a single line, endorsed 'Page/section reworked, see attached minute', signed and dated. And the reworked advice should be given on a minute sheet, along with the justification for the rework. (A photocopy of the page from a blank report may be used, where it improves the clarity, for the reworked advice.)
- Any amendment should be justified on a separate minute, preface by the words "These amendments were made by a Health Care Professional approved by the Secretary of State following Quality Audit", so the Decision-Maker can understand the reason for the amendment.

- Rework involving the completion of a second report should be carried out on a second report form, clearly marked, on the front, as a reworked report, and accompanied by a minute explaining the errors or omissions in the original report that generated the re-examination. The DM needs to understand the reason for our advice that they should prefer the advice on the second report to that on the original; particularly where medical issues are involved that may not be obvious to a lay person.

    - Any amendments must bring the report up to Atos Healthcare Standards, before it is submitted to the customer.

18. Cases accepted as rework

18.1 Initial action by the CSD-Medical Adviser

Taking account of applicable service levels decide how best to action the correction:

When establishing the appropriate method of progressing the rework file the Health Care Professional should make reference to the categories listed below:

Category 1 – Illegibility/Use of Jargon/Abbreviations

Original HCP's intention is entirely clear. Rework can be deciphered by Atos Healthcare. Contact with the original HCP or additional explanation is not required. CSD-HCP advice required. Amendment of report required. The amendment must be clearly made and fully justified. The date, name and status of the person making the amendment must be clearly identified.

Category 2 – Simple Omissions/Deletions Needed/ Explanations/ Apparent slip of pen/ Inconsistencies

Contact to be made with original HCP either by phone or fax or referral of documentation. The date, name and status of the person then making the amendment after the consultation with the original HCP must be clearly identified. It should be clear that there has been contact with the author and proof (e.g. written record of the telephone conversation) attached to the reworked report.

Category 3 – Gross Omissions/Deletions/Explanations/ Inconsistencies (Correctable on copy of report)

The original HCP's intention is unclear and requires him to have sight of all the original documents and make alterations as required. Amendment of report required which must clearly show date, name and status of the person making the amendment.

CSD-HCP must arrange to send or fax original documentation to HCP for correction. If the report is faxed to the original author, the author must be instructed to confidentially destroy the copy following satisfactory completion and return of the rework.

Category 4 – Gross Omissions/Deletions/Explanations/Inconsistencies (Correctable only on original or rewritten report)

As per category 3 but the issue is of such a sensitive nature that modifications are required to the original document by its author. CSD-HCP must arrange to send original documentation to HCP for correction. The amendment must show the date, name and status of the person making the amendments.

Category 5 – As Category 4 but further interaction necessary between original

HCP and the claimant

A fresh examination is required by original HCP, if not excluded, or because Atos Healthcare feel it is appropriate to recommend to the Decision Maker that it is in the interests of natural justice. Refer case for appointment allocation action. A new report is required.

Category 6 – As 4 but further interaction necessary between different HCP and the claimant

A fresh examination is required by a different HCP due to either sensitive issues or because the original HCP is unavailable. Refer case for appointment allocation action. A new report is required.

In summary,

Once the appropriate category has been established the case will be progressed by either:

I. Correction of the report by the CSD-HCP (advice category)

II. Correction of the report by the original Health Care Professional (advice category)

III. Completion of a new report through re-examination by either the HCP who originally examined the claimant or by another HCP (examination category).

Note: Any sensitive re-examination case inappropriate for return to the original examining HCP should be identified and referred to a new HCP for re-examination and a new report.

19. Managing Quality Information

19.1 Administrative Support Action Sheet

This is part of the audit form and is a means of communication between Medical staff and Administrative Support Team (AST), giving a record of actions requested and taken, and time spent.

19.2 Output from Audit

The result of auditing action may be an A, B or C grading. These are dealt with as follows:-

"A" cases. These are passed back to the Administrative Support Team (AST) with a tick on the action sheet summary indicating "No further action" (NFA). This is entered on the data collection system by AST and placed in the Quality file where it will ultimately be used for routine positive feedback.

"B" cases. When the auditor identifies a B case the file is passed to AST with a request - again on the action sheet - to photocopy the relevant documents. The auditor gives instructions for the onward progress of the live file or report and for the relevant copies to be sent (usually) to the HCP's mentor.

"C" cases. The onward progress of the live file is to the mentor for feedback and corrective action which has to be checked and confirmed by the mentor before release of the live file or report to the customer. Do not request photocopies (any copies required will be arranged by the mentor).

The auditor's task is now complete.

19.3 Mentor action

Apart from the mandatory action to have a "C" report corrected, further action is now at the discretion of the mentor, who knows the HCP being audited and is of course responsible for the Quality File. He/she will be aware of repeated minor errors which will eventually require feedback, and more serious faults requiring immediate action. He has several options, of which the following are examples:-

- "Wait and see". The fault may be a minor one in a B grade product which may only need to be left in the Quality file to await further examples. The mentor returns the documents to AST with the instruction "No further action" and they are placed in the file.

- Targeted auditing may be requested by the mentor, who makes an entry on the action sheet such as: "May I please see the next four IB85s from Dr/HCP B." Again,

AST arrange this and B/F the documents to prompt continuing action.

- A short interview may be the preferred solution: “Please arrange for me to examine with Dr B. at Ambridge MEC within the next three weeks”.

- Alternatively, a retraining session may be required. Again, AST are asked to arrange this and will contact the HCP involved to identify a date and time convenient to him/her and the mentor.

19.4 Feedback action

If feedback is given, (and the mentor will scale this according to the nature of the case,) the proceedings are entered on the Feedback Record (at Part 5).

The sections are self-explanatory. At the discretion of the mentor, the HCP may be asked to sign the record of the proceedings. It is certainly important to log the time taken for each action.

19.5 After Feedback

After feedback, the mentor again has several options, including further targeted auditing, which will be requested as usual on the action sheet and arranged in the ordinary way by AST.

Concluding summary: Once all feedback action is concluded, the summary is completed and AST enter all relevant data on the system. The paper copies are kept for the relevant period of time as a record of the overall transaction, and the resources expended.

19.6 AQA action

Medical Managers (MMs) will have close involvement with quality issues. It is probable, for example that they may mentor permanent HCPs on certain issues, and that they will sample audit quality of the unit’s auditors, usually by routine dipsticking of audit outcomes.

- This is recorded by completing an audit form using AQA as product type.

- The name of the original auditor is entered against HCP

- The name of the Medical Manager (or equivalent) is entered as Auditor

- The normal range of feedback options are available and will be directed by the Medical Manager and recorded in the normal manner at Part 5.

A MM may, on occasions not agree with an audit outcome, or may be required to

arbitrate where a mentor and auditor are not in full agreement about an audit outcome and subsequent feedback.

This will invoke Audit Quality Assurance action (AQA).

a) MM disagrees at routine monitoring

- The MM discusses the case with the auditor.
- Agreement is reached on the audit and appropriate attributes.
- If there is no change to the original audit an audit form will be completed as an AQA audit ("A" grade – no attributes).
- Where there is a change further action will depend on whether the audit has already been entered on MSD.
- If not yet entered on MSD a new audit form will be completed for the original HCP for MSD entry. An AQA audit will be completed and the superseded form filed with this in the auditor's quality file.
- If the audit has been entered on MSD then it must be amended and the comments box clearly annotated with the reasons for change as a result of AQA audit. An AQA audit will also be completed for the auditor's audit record.

b) MM requires to arbitrate with auditor and mentor

- The MM discusses the case with the auditor and mentor.
- Agreement is reached on the audit and appropriate attributes.
- If there is no change to the original audit an audit form will be completed as an AQA audit ("A" grade – no attributes).
- Where there is a change further action will depend on whether the audit has already been entered on MSD.
- If not yet entered on MSD a new audit form will be completed for the original HCP for MSD entry. An AQA audit will be completed and the superseded form filed with this in the auditor's quality file.
- If the audit has been entered on MSD then it must be amended and the comments box clearly annotated with the reasons for change as a result of AQA audit. An AQA audit will also be completed for the auditor's audit record.

19.7 Summary

IQA has now been in use for over ten years with success and has demonstrated its flexibility to adapt to new products, changes in regulations and recommendations. It satisfies all the objectives expected of it.

19.8 Recommendations

To ensure continuity each unit should have a system in which each HCP (Sessional or Employed) should have an individual nominated mentor. The mentor's responsibility is to take overall responsibility for providing regular feedback and identifying any training needs.

Every HCP should have feedback (positive or directed) at a minimum of six monthly intervals.

Appendix A - Audit Form

INTEGRATED QUALITY AUDIT

PART 1.

CLIENT NAME: **HCP:** **GRADE**

NINO: **AUDITOR:**

AUDIT TYPE: **(N=NATIONAL R=ROLLING T=TARGETED A=APPROVAL/APPOINTMENT O=OPPORTUNISTIC NEW=NEW ENTRANT X=CROSS CENTRE AQA=AUDIT QUALITY ASSESSMENT)**

REFERRAL CODE **BENEFIT TYPE:**

PART 2. **TIME TAKEN FOR AUDIT:**

AREAS	KEY REQUIREMENTS	A	B	C	ATTRIBUTE CODES
PRESENTATION AND PROCESS	LEGIBLE				
	IN PLAIN ENGLISH				
	CONSISTENT				
	PROCEDURALLY CORRECT				
	ALL KEY QUESTIONS ADDRESSED				
	FULLY JUSTIFIED				
	MEDICAL ISSUES EXPLAINED FULLY				
	NON-PRESCRIPTIVE				
MEDICAL EXAMINATION	APPROPRIATE MEDICAL EXAMINATION				
MEDICAL REASONING	ALL MEDICAL ISSUES ADDRESSED				
	MEDICALLY REASONABLE & LOGICAL				
	IN KEEPING WITH CONSENSUS OF MEDICAL OPINION				
PROFESSIONAL ISSUES	IN KEEPING WITH MEDICAL SERVICES GUIDELINES				
	CORRECT PROFESSIONAL HANDLING				
Main diagnosis:					

PART 3.

AUDITOR'S COMMENTS:	
SIGNATURE:	**DATE:**

Administrative Support Action Sheet

PART 4.

Please Photocopy:	**Photocopies to:**

File to:	

Auditor's signature:		**Date**	

Admin action completed by:		**Date**	

Other Action (as directed by Mentor/Team Leader)	**Initials**	**Date completed**
1.		
2.		
3.		
4.		

Feedback Summary

PART 5. *[Feedback codes** **(T)** Informal talk **(L)** by letter **(P)** by phone **(R)** Retraining **(I)** Interview]

NFA	**Targeting (No)**	**Feedback Code***	**AQA**	**Date Completed**

Mentor's Signature:

_____**Date:**_____

Observation form

Please photocopy this page and use it for any comments and observations on this document, its contents, or layout, or your experience of using it. If you are aware of other standards to which this document should refer, or a better standard, you are requested to indicate this on the form. Your comments will be taken into account at the next scheduled review.

Name of sender: _____ Date: _____

Location and telephone number:_____

Please return this form to the Process Design Team.

processdesign@atoshealthcare.com