



THE KNOWLEDGE SESSIONS:

Improvement and not disapproval: The role of quality improvement in veterinary regulation

Transcript of podcast with Lizzie Lockett, Chief Executive Officer, Royal College of Veterinary Surgeons

Lara Carim (LC): Hello and welcome to this podcast from RCVS Knowledge, where our mission is to advance the quality of veterinary care for the benefit of animals, the public and society. I'm Lara Carim and our subject today is improvement and not disapproval: the role of quality improvement in veterinary regulation.

And what better person to discuss this with than Lizzie Lockett, Chief Executive Officer of the Royal College of Veterinary Surgeons, known to many as the RCVS. As well as being CEO, Lizzie is also Director of the Mind Matters initiative, which aims to make a difference to the mental health and wellbeing of members of the veterinary team. Lizzie has been involved with the RCVS for almost 15 years: she headed up the college's communications for over a decade before moving into the chief executive seat in 2017.

Lizzie thanks very much for joining us today. Could we start with a definition? What does the term quality improvement, or QI as many people call it, mean to you?

Lizzie Lockett (LL): Well, really for me it's around, it's a process really around trying to identify areas for improvement and then really going through a structured process around the implementation of change. So measuring outcomes, reviewing and then trying again. So it's a continual continuous cycle.

But I think for it to work you need to have some real clarity about what you're trying to achieve, to know where you're starting from, and often that starting point is recognising that something has not gone as well as it could have done. Hence the wording in the title of the talk really, the podcast, which is around improvement rather than disapproval.

It's that recognition that if something goes wrong, it's not the moment for everybody to give disapproving looks and 'tut tut', but to recognise that this is an opportunity to make things better, and I think quality improvement as a process, the QI process, puts a bit of structure and objectivity around that, that quickly takes it away from being somebody's fault and makes it an opportunity to improve things.

But we talk about the process and I think that's part of the definition, but more importantly than that, the secret to success is having the energy and the resources, and the will, to accept that things can always improve – that it's not a bad thing to say that things can be better. And even if things were good, you know, Rolls-Royce today, they can be outdated tomorrow. So QI ensures that you're alive to the opportunity to change and that the environment in which you operate is also constantly changing. And it's something that we're trying to build into the work that we're

doing with new graduates, for example, at the moment; trying to get them to understand the importance of dealing with uncertainty and capturing that.

And just finally kind of in terms of a definition, often I think quality improvement is set against the idea of innovation, two things being separate – so one being about novelty and one being about improving the way things are. But I don't think it's quite as simple as that. I think, actually, I agree it's not about innovation, per se, or novelty for the sake of it, but actually embracing change and improving your everyday is around being innovative in your thought process at the very least. And in fact, if you don't keep changing, you're often moving backwards. I mean, I've heard it said that the status quo can itself be regression if you don't keep moving. So for me, in rather a roundabout way, that's kind of the ingredients I guess of quality improvement.

LC: That's really helpful, and I thought it was really interesting to hear you talk about your work with new graduates, and I imagine that if you build in, at that early stage, the sense that quality improvement is part of your armoury, in terms of ensuring your best practice and collaboration amongst the team (which we can come onto in a little while), then you're setting yourself up for robustness and maintaining that in the future.

LL: Yeah, I mean, it's something, so we've been carrying out a project called Graduate Outcomes, which was born really after the Vet Futures project that we'd been doing jointly with the British Veterinary Association, and it recognised the fact that for quite a lot of graduates, they didn't feel that the veterinary degree really set them up for the job that needed to be done.

And we've also had discussions with employers who feel that, you know, the environment is changing and is challenging. So it's a big review, probably the biggest review we've had in veterinary education for some time. But one of the things that we found that was interesting was that when we asked people what more needed to be put into the undergraduate degree, it wasn't a list of technical skills; it was around behaviours, and knowledge and culture. So dealing with innovation, dealing with uncertainty, having robust approaches when things go wrong were actually some of the real core ingredients, and I think it reflects through to the kind of quality improvement culture.

But even before that, I think it's about recognising that we're not all perfect and things will go wrong, and you need a way, either personally or structurally through the workplace, to kind of help identify that. So for example, one of the things that we've been working with the Association of Veterinary Students on, through our Mind Matters mental health and wellbeing project, is what they call 'Failure Fridays', where they get senior lecturers in the vet schools to talk to their students about examples in their own lives when things went wrong and how they dealt with that. Which is kind of a precursor to then having that more structured approach to working out what went wrong and what you can do about it.

LC: I think that's really interesting to hear, in particular the relevance to mental health because it seems that there are probably several additional benefits to adopting QI, apart from helping to ensure compliance with standards. Do you have thoughts on this?

LL: No, I totally agree, and I think it's something that I've been exploring through the work we've done with Mind Matters for the last five years or so. And also, I mean, you know, accepting personally, it's one of my own failings, which is this idea of having a closed, fixed mindset, as opposed to a growth mindset. And a closed, fixed mindset means that if something goes wrong, you take that as a personal criticism of yourself and your identity. And, you know, it's really hard to move on from that, particularly if you're used to being a high achiever (which many veterinary

students and veterinary surgeons and nurses are), whereas if you take more of a growth mindset approach – which means that when something goes wrong, you have a professional curiosity about how you can improve – you think about, objectively, what led to that error or that mistake and how you can work, either on your own, or with others to improve that. And it unlocks, it's actually quite liberating, it unlocks parts of your brain to think about problem solving rather than always being, kind of, self-judgemental I suppose, about mistakes that happen.

And I think it feeds into a broader conversation about what it's like to be a regulated professional. And I think it's easy for regulated professionals to think they have to be perfect; they have to always be on, they have to have the answer to everything. And I can see why that happens, because we are living in a society where people are increasingly demanding of people who support them with services and professional services. But actually a much broader way of looking at it, is to say that I owe to myself, and my professional team, to continue to learn and develop.

And that's actually a really positive way of looking at it. And it feeds into our regulatory process as well because it means if things go wrong in practice and they're talked about and tackled earlier, it's much less likely to develop into something that comes to us as a complaint, really. So I think that there's positives from a mental health and wellbeing point of view.

I think there's also positives, business positives, you know, let's face facts. If things happen better, if there's improved animal health and welfare, that will lead to improved outcomes for the patients and clients, probably improved staff retention as well. So when you start to think about it in the round, if the opposite is not improving and actually getting worse, then it becomes a bit of a no-brainer, really, in terms of the process and then the challenges, OK, we all accept that we need to do this, but it's finding the time, the resources and kind of knowing where to start.

LC: And I think as well as across the profession, there's the factor, in terms of we're not talking solely about individuals but QI, across the veterinary team, can be very powerful and probably needs a certain amount of buy in, if not in totality, from across the team, to be effective. Would you say?

LL: I agree. I do agree. And I think actually it's also worth pointing out that we've been talking about the clinical team here, and we often talk about clinical outcomes, but this isn't just about clinical outcomes, and veterinary surgeons and veterinary nurses work in all sorts of environments where they're delivering excellent contributions to animal health, and public health actually. So it's not just a clinical thing. But yes, back to your original question, I think for this, and for other culture change-type projects, and this is one that ends up with quite a concrete set of outcomes if you like, but the mandate needs to come from senior people within the business. So they need to create a space to say, it's okay for us to do this. Culturally it's okay, we will commit the time and the resources and we will allow you to develop your thoughts.

But the actual ideas really need to come from people on the ground. The people who see the work can see physically what might need to change. They can see the interaction with the clients, they can see what might need to change in animal health and welfare, on an outcomes basis. So often you have this kind of mirroring of input really, where people at the top are saying, yep, go for it, we will support you. And people at the bottom are saying, well actually here's my idea and this is what I'd like to change. And you see this in other sectors as well, I think. And so the leadership, the everyday leadership, comes from sometimes surprising places in the organisation.

And we see this too with people who are reaching towards their practice standards accreditation: often the people in the business who get tasked with that, are the people who're much closer to the day-to-day, not necessarily the more senior people in the business. And for them it becomes a really rewarding part of their jobs.

And it's also, you mentioned team, I think it is important that the whole team gets involved, not only because everybody in the functional team has their own different skills that they bring, whether they're vet nurses, front-of-house people or whatever. But then also as a kind of a cross-matrix, you've got people's personal styles. So you will have some people who are great at spotting opportunities but not terribly good at following through. You'll have somebody else who may not be desperately visionary but then will really grasp the precision required to evaluate, to follow up, to be that dogged terrier in the business and to make something happen. And I think all of those skills need to be really well respected. And that's true not just for a QI project, but for any project you run in a business.

But it's perhaps a good example of where you can bring all of these different personality types and skills to bear and that, you know, somebody who's working on reception may well be much better suited to spotting that golden opportunity to progress and change something than your most senior partner in the business. So there's lots of different opportunities for people with different personalities, and across the team, to play a part in QI.

LC: But in practice, everyone is running a busy professional life and a busy practice. How can people go about fitting QI into their day-to-day practice?

LL: I think that's a really good question and I think if you've not been used to doing it, it can be seen as an onerous additional task. So perhaps the way of looking at it the other way around is to say, what would 'good' look like for us? What would 'improvement' look like and what would it mean? And often it might mean a simplification of a process or actually making something easier that would lead to a better outcome.

I think it's wrong to say that quality improvement is always a gold-plating of the system. And actually from a regulatory point of view, that will be an own goal, because we want veterinary practice to continue to be as accessible as possible to a broader range of people. So if you could think about the areas in your day-to-day work that you struggle with, and what good might look like, you then might find the extra resources to make it worthwhile to pursue that.

And I think in terms of where to start, there's some amazing resources available through RCVS Knowledge. We've got some guidance, and as part of our code of professional conduct, specifically for clinical governance, which is part of the sort of system if you like. I suppose it comes down to, what's that personal thing that makes you want to change? You know, all of the research and data in the world isn't the thing that changes people's behaviour. If research changed people's behaviour, then nobody would smoke, for example.

What changes people's behaviour is anecdotes, is seeing it in action, is swapping stories and is having champions, and all these sorts of things. So maybe a good place to start isn't to think about what happens in your practice, but to think about what happens in your home. When did you last change something, buy something new, do something differently to change your routine, and why did you do it and what was the impact of that?

And if you can remember how useful that was, even though it might've been a chore to do it, that then can translate, that kind of energy and goodwill into saying, okay, I could do this in

practice perhaps in a slightly more formal way, using some of the tools that are available. And then kind of plunge into that cycle of planning, doing and reflecting. And I think one of the great things about the QI process is, because it is cyclical, you don't have to wait until you've got the perfect plan before you start. Sometimes perfect is the enemy of the good, is that the right expression?

Now obviously you need, when you've got animals in the mix, you need to make a really sensible risk analysis to make sure you're not going to do anything which is going to cause a problem. Sure, I totally get that, but then just start. Bring people with you, but start trying. If you fail, you know, then you will learn something and you can move on. And again, as long as you're not trying anything which is going to have a negative impact on animal health and welfare, then you can start that process. Why not start with something within the business which is non-clinical, you know, something that relates to the people. What good might look like for your organisation, might be people being able to get home on time. There might be something that you can do there in terms of improving the process.

We had a really good example here at work. So last year, at our staff away day, before the staff away day we had a lecturer come to talk to us, who's a professor in psychology, about nudge theory. And he outlined for us all of the processes involved in nudge theory. We then got various questions within the organisation that we wanted to challenge, little problems that we had, and we sent teams away to come up with examples. And there were some really simple things like encouraging people to use their card to get in and out of the building, which they weren't doing, which meant you didn't have a complete list for fire regulations and little things like that we started on and with great enthusiasm and actually had some really good changes. So it doesn't have to be going straight into something that might be life or death for your patients. It can be just trialling the process in a more controlled environment.

LC: So it's kind of an iterative process, and perhaps sounds like it will be less daunting once you get into that way of thinking.

LL: Yep, otherwise I think you can run that risk...I don't know whether it was just me, but when you're doing your revision timetable and you have a beautifully structured, coloured timetable, but never actually get onto doing any revision. And I think that people can worry that the QI process, we talk a lot about the process, that there's this great daunting thing, but actually it's a relatively, kind of, sensible approach that you would take to most things in life, which is plan what you want to do, do it, review your work, make some changes and keep on going until you get it right. And that kind of sense of continual improvement has to be there.

LC: And that approach is quite broad as I understand it; there's obviously all manner of different specialisms, different types of practice set-ups, small independents and much larger corporates. But QI is relevant to all with the potential, and building in the potential psychologically, for modifications, I suppose, to customise approaches to your own practice.

LL: Yeah, that's my understanding. I mean I have to say I'm no expert on the fine details of all the different approaches and there's been huge amount of research particularly in the human medical sector, also in aviation and others. So I think it's about choosing an approach which suits you and having the right factors in the mix: which kind of meeting? What it is that you want to change?

I think for me the most important thing is having the right culture in place. You know, whether you follow a process that's agreed with by 10 academics or one that, you know, you've cooked

up in house, as long as you make sure that you know what you're doing, why you're doing it, and you'll know when you've got there, I don't think it necessarily matters. I may well be being shouted at, at this point, by all sorts of people who are academics in this field, who know so much more about it than I do. But I think often the difficult thing is having the will, once you've got the will the way will follow, and you will find a way that suits your business and whether it's, you know, as I say, a very formal academic route or not. And if you're looking for a way, then that, you know, that's where they, the fantastic toolkits that Knowledge produces, can come in, which will take you gently through that process and hold your hand every step of the way.

LC: So if culture change is the key, who holds that key? Is it people at the top? What form of leadership, what kind of form does that take?

LL: I think I think it's both top and bottom. So I think, you know, that sometimes putting it on the agenda comes from the top. Sometimes it might come from an external source and sometimes it might come from something having gone wrong or somebody going to a conference, or listening to a podcast, or reading a document and just coming in one day and saying, do you know what? I think we need to look at this. So sometimes there's a light bulb moment.

You know, I think it would be different in different environments and depending on the kind of structure that you have. And I suspect a lot of practices do it this anyway. You know, nobody will be not wanting to improve and change the way they do things, and vets in particular, and veterinary nurses, are very keen on developing their clinical skills. So it's all part of that thirst for knowledge and improvement. So I think it really comes from all people within the organisation, but there has to be a sense from the top that this is permitted and there has to be a willingness from everybody in the team to support it.

LC: And is there a question around sustaining that will? Obviously there's often a desire to try something new, and (this isn't necessarily a bad thing) that people are drawn by the novelty in some instances. Then how can we maintain and sustain that desire to evaluate constantly and adapt?

LL: I think that can be a real challenge, and I would be hypocritical if I were sitting here from the RCVS saying it's not a challenge for us to continue to do that as well. You very quickly get sucked into doing the day-to-day and you've got 101 people asking you for things and key performance indicators to meet, and deadlines and all of that stuff. So yes, that is challenging, and I think it's part of having a structured plan and making sure that you've got money and resources allocated to it, or if not those things, at least there's a regular thing in your monthly meetings to make sure that you're looking at an agenda item. But also a way of, kind of, keeping the energy going I think, is to then focus on who has been affected by the change and to get them to talk to you.

So, you know, if it's something that's affecting clinical outcomes, have a look at one of the positive stories and, you know, get one of your clients to come and talk to your staff and have a look at what actual impact it's had on your teams and talk about that. And that also helps people to talk about things when they're not going so well as well. So you start to develop that culture of exchange of views around, you know, what could be better.

And it's okay to just have a little rest sometimes too. You know, you can get overwhelmed with new initiatives. So I think it's better to do a few things and do them really well, rather than try and change everything overnight. People's energy levels need to be maintained and their wellbeing needs to be supported as well. So, you know, pick your battles, quick wins, yes, fine.

But make sure that you are not overwhelming your team with the need to do huge amounts of extra projects on top of the day-to-day. Otherwise you will probably lose that good will.

LC: Absolutely. So more broadly, I suppose, and we've covered some of this in passing, but to summarise, why does the RCVS support a drive to adopt QI?

LL: I think our role is setting, upholding, advancing standards. So I think this fits squarely in the advancing standards bit, which is looking at how we can continue to progress. There is a limit to what we can put into things like the code of conduct, in terms of developing standards, because we need to make sure that that is something that everybody can meet. If it's not something that everybody can do, then we have a problem in terms of actually regulating that, and raising expectations.

But I think one of the real benefits of us being a Royal College that also regulates, is that we have that capacity to do a little bit more; so the advancing standards that currently we do through our practice standards scheme, which is largely about quality improvement. Things like our Fellowship, which is about excellence in research and other academic areas and the profession more broadly. Things like status, and around advanced practitioner status, specialist status, mental health innovation. All of those things are broadly about improvement.

Now they're not necessarily in a formal quality improvement process way. So we were really delighted when Knowledge, our partner charity, wanted to pick up that particular baton, and to really look in detail at tools and skills that they could help the profession develop, to support that much more process-driven quality improvement. It fits with the culture change that we're trying to embed, around turning the profession from being about a blame culture into more about learning culture. It fits with some of the reflective practice skills that we're looking at through graduate outcomes, through our mental health projects with things like our Schwartz rounds, so it's a really good partner in terms of some of the work we're doing on the college side.

And it's about that kind of journey towards being a more proactive regulator that's there to support vets, nurses and other members of the team, to be the best they can be, rather than waiting until something goes wrong and walloping them, which is not in the interest of animal health, welfare, public health, vets, nurses, Uncle Tom Cobley, I mean nobody benefits from that.

So we're trying to move further along in that more proactive regulation approach. And I think this fits squarely with that. We do have to be careful that we're not setting up expectations, as I said, that would be gold-plating things, or that people have to continue to strive to change, when change is not necessary. So this needs to be part of a considered approach. But really I think when you think about the benefits that an improvement approach can bring, then it's a bit of a no-brainer as to supporting that.

LC: So, apart from the RCVS and RCVS Knowledge and the veterinary professionals themselves, and the wider team, who else can help practitioners incorporate quality improvement in their day-to-day activities? Is there a role for other parties in the profession?

LL: Yeah, I mean, I think the veterinary profession is blessed with a plethora of associations and organisations to support its members, vets and veterinary nurses, so I think there's a role that many of those organisations can play – perhaps on a species-specific way or with, you know, through specialists or emergency care, some of those specific areas. And a lot of them sit on our practice standards working groups, so they're able to feed into that practice standards

scheme through that, to make sure that our standards are continuing to be pushed forward and enriched, so I think that's a key area. The Veterinary Defence Society, as the principal veterinary indemnity insurer also has VetSafe tool, which is about trying to gather data around when things have gone wrong. So there's a key role that they're playing there, in terms of trying to gather the data that's needed to analyse things that are more professional, wide level, rather than individually.

I think we now are moving to a situation where, depending on which research you look at, between 40% and 50% of nurses are employed by large corporate groups and charities. So I think there's a key role for them to play, in terms of setting some really good progressive standards and loosely showing what success might look like, both within their own groups and elsewhere. You know, I think the access to data, again, that they have, is something that, you know, it'd be nice to see them being prepared to share more broadly than just within their own organisations for the, kind of, benefit of the professional lodge.

LC: So finally, what would you say to veterinary professionals out there, who are thinking about starting to adopt a QI approach?

LL: I think a really good way of thinking about this is to, maybe just for a minute, step back from the veterinary environment. Because I think sometimes some of the barriers sit there in your workplace and it may be about time, or resources, or the fear of speaking up, if you feel that perhaps there's a hierarchy thing there, or just not having the ability to say what you think. So just try and put yourself in the quality improvement mindset, so that it becomes such a key part of the way you think that it becomes much easier to discuss it in the workplace.

So for example, challenge yourself when you're walking to work or driving to work. Look around you and think about something that might have changed since the last time you did that route. Maybe it's a new improved product, maybe it's a change in the way they've done the traffic light system. Maybe it's a new way that Sainsbury's have of putting the tomatoes in a cardboard box, instead of a plastic box, and have a think about all those little changes that you encounter every day, which mostly make your life easier.

Sometimes they don't. Sometimes change can be difficult. And think about what kind of thought process led to that change and that somebody, somewhere, in a massive organisation, has triggered that change. It could be somebody on the shop floor, it could be the chief executive, who knows? And that could be you, that could be you that triggers that little change that is making somebody's life better, some animal's life better. You know, helping a client, even if it's just something relatively small. That could be you that they're thinking about, when they walk home from their own workplace.

LC: Lizzie, thank you so much for sharing your time and your insights with us today.

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