



When is a guideline not a guideline? When it's a protocol!

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So when is a guideline not a guideline? When it's a protocol.

And it's very easy to get confused between guidelines and protocols because I think in the veterinary world, we tend to use the terms interchangeably, guidelines, protocols, and SOP, standard operating procedure. There's not a lot of difference between protocols and SOPs and we'll talk about that, but there is a lot of difference between guidelines and protocols.

Guidelines are just there to guide, as they say. They're there to... They're drawn up systematically looking at the evidence in order to help teams to make the decisions that are most appropriate. But those decisions will vary from case to case. So, although a guideline is there as an example of what would be good practice, they can be deviated from you do not have to stick to a guideline. If it's more appropriate for that case, that animal, that owner to do something different, then that's okay. A guideline is just there to help.

Whereas a protocol is there to be followed. There should be no deviation from a protocol. A protocol is a set of instructions for usually for a situation where there is a known outcome. We might use protocols for things like cleaning, which should be done in a certain way.

And we use protocols in the dispensary because there are various things we have to do in a set way, although obviously these protocols look at the legislation, but they should also look at what the practice has available and how it really works. The most important thing is that protocols are living documents, not old dry bits of paper in a folder that's all dusty and nobody ever looks at it, but they are the way the team works and they're essential part of training the team. So, there may be a manual of dispensary protocols in the dispensary, and they would be protocols rather than guidelines.

So protocols should be edited to the particular practice circumstances. No point including a piece of kit in a protocol if it's not one that the practice has. And it's really important to involve the team in drawing up these protocols. So it has to fit that particular practice they could be developed in house or there could be protocols that have come from other practices. So for the example of the dispensary protocols, there are some great examples written by pharmacists which could be downloaded and used, but should be modified to fit the particular practice. And then they will be useful to the team.

So we also use the term SOP's quite a lot, standard operating procedure. These are instructions to be followed to make sure you get a uniform and consistent outcome. They often refer to pieces of machinery that have to be operated in a certain way, but they can also refer to when a certain legislation has to be followed very carefully. They obviously will help to reduce miscommunication

and everybody in the team should know exactly what they are following and definitely should reduce the risk of not complying with legal requirements because obviously with legal requirements, it's essential that everybody in the team complies with them correctly and knows exactly what they are. So basically, they are a protocol, but with a little bit more detail. But again, you shouldn't deviate from an SOP. You shouldn't deviate from a protocol. But it's perfectly okay not to completely follow a guideline. It's perfectly okay to deviate from a guideline, but not from a protocol or SOP. So an example where SOPs are used to comply with legislation will be the SOPs for controlled drug use, which are obviously it's vitally important that a legislation is followed really carefully because this legislation from the Home Office which is enforced by the police is extremely important. So practices should have SOPs, detailed SOPs for all the different aspects of looking after controlled drugs, for example.

So, if a practice comes to write a practice protocol, then how do you do that? Well, decide what it's about. Decide who's going to write it. And I really would say that the best people to write it are the people who are involved in using it because they will know exactly how the task works, they will know if they have workarounds, et cetera, and which need to be actually incorporated into a protocol properly. They will know exactly what happens on the ground. But also, you need to look at any evidence and also legal requirements and maybe the results of any audits that might have been done. And then look for opinions, et cetera from the team and get all the team involved. And definitely once the drafted protocols have been drawn up, circulate around the whole team and let everybody comment on it because to get buy-in from the team is good if they've all been involved and had the chance to make their comments and have those comments taken on board and listened to. And then once if the draft is approved with maybe a few tweaks after it's been circulated around the team, once the draft has been approved, then team training is really vitally important. You can't just expect because somebody's published a protocol, put it up on the wall or emailed it to everybody in the team that people are going to be doing it. There's got to be team training to make sure the protocol works and to make sure everybody involved knows about it. And then the protocol's not written in stone. Thereafter, things will change. Legislation might change very importantly. New pieces of kit might come in. New team members who start to do things have ideas for doing things differently. So, the protocol should be reviewed regularly. It should be dated and have a review date on it. And it should be checked at that review date regularly.

And a good protocol should be really, really clear who's doing what. It should be logical in a logical order. It should be brief and to the point. This is a protocol. It is not an essay about how to do a certain task. It is a protocol that can be followed. But obviously, it needs to fit in with any legislation code of conduct, any professional requirements.

So, what are the advantages and disadvantages of protocols? Well, the advantages are that it ensures that people are all singing from the same hymn sheet or singing from the same protocol so that you get consensus. It is really, really useful for training of team members. Brilliant for induction of new team members, for locums coming to the practice, so they can see how the practice actually works. It's a really good framework for the activities which can be tweaked if things change, and it can help to facilitate change if protocols are audited, and changes are made as a result if they're not being used properly.

Disadvantages. Well, there's always that issue that people have that it will restrict their freedom if there's a protocol. Because it's a protocol and it's for something where it has to be done in a certain way, this is not something with freedom. For guidelines, yes, clinical freedom. So, the guidelines are there to help, but not to be something you have to follow slavishly, whereas protocols generally are something that you should follow and if individuals have an issue with a protocol, they should be discussing it with their team to see whether the protocols correct. Sometimes compliance can be a

problem, as I say, if protocols are just there in a folder or on the intranet and nobody's actually doing them. And can really be a problem if they're not regularly reviewed. It's very, very important to regularly review them, regularly update them, and regularly let team members input into them 'cause they know if protocols are working or not.

Protocols can be used to audit. Process audits are about looking at whether procedures are being followed. So, looking at whether a protocol is being followed is a really good way to use clinical audit. So, a process audit, for example, of whether a protocol was being followed that said that there should be an estimate on every consent form for a procedure. And it may be that after deciding to look at consent forms or all consent forms or just consent forms from routine procedures, say, all consent forms and collecting data, the practice found out that the protocol was being followed 70% of the time, but wasn't being followed 30% of the time. So then it's have a discussion with the team, find out why it's not being followed. Now, it could be that some new team members who don't know how to generate estimates on the practice management system, could be that the practice management systems changed and there hasn't been any training, could be that the person delegated to check all consent forms for estimates is the very last receptionist in the evening by which time there may be only one vet left in the building and that person may not be the one responsible for some of those cases, so delegating that job to someone earlier in the day might make a difference. But whatever it is the team thinks will make a difference should be implemented and then the whole process re-audited to see if that's actually improved things. So, this is a really valuable way you can use clinical audit to audit the use of protocols.

And protocols and guidelines are important parts of Quality Improvement. They all contribute to improving quality of care and outcomes and learning in the practice. Because significant event, something that goes wrong could lead to a protocol being drawn up, a protocol can be monitored by clinical audit. A clinical audit might lead to a protocol being drawn up. So all these things are very, very interlinked. And, as I say, are there to ensure that practice teams are safe, animals are safe, and that we improve quality of care, outcomes, and learning for the whole team. Thank you.

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