ICEMT QIP marking scheme (adapted from RCEM Final FRCEM QIP marking scheme June 2020)

Subject area	Clear fail	Borderline fail	Borderline pass	Clear pass
Narrative structure of written report Identifies area needing improvement	No clarity around issue/ problem, or description of local issues and context Incoherent or unclear structure; unable to determine chronology or progress of QIP.	Describes only problem, or background; or does not link these.	Generally clear and logical narrative, with occasional areas where description 'confusing', describes both problem and background, linking clearly.	Clear problem identified, relevant description of situation/background Clear and logical structure of written report and description of process clear from inception to completion. Gives a clear narrative of the whole process to examiner.
Presentation and layout including spelling and formatting	Multiple spelling mistakes, incorrect underlining/use of bold, tables poor, and to an extent that renders write up unintelligible.	Occasional spelling mistakes, grammar acceptable and minimal use of tables/diagrams to aid readability.	Rare/infrequent spelling mistakes, grammar acceptable and tables/diagrams can be understood. 'Professional' language/presentation.	No spelling or grammatical mistakes, excellent use of language, tables simple and demonstrate relevant points, creative use of diagrams etc.
Engagement and team working	No evidence of team working.	Limited or poorly unexplained selection and engagement with team, no evidence of team working.	Clearly identified team, with wide range of skills, defined roles and actions, but no clear explanation/linking of these.	Clear and extensive evidence of engagement with team, minutes of meetings, discussion of options, diary/logs. Clear rationale for why each team member selected and why suited to given role. Engagement of more than one department

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Analysis of problem/ Identification of actions required for QIP	No clarity in analysis of issues, unclear process of appraising potential solutions. No attempt to look for published solutions, no access to known resources for support, no critique of papers/evidence found.	Analysis performed, but key issues not considered, or not considered deeply.	Clear analysis (e.g. of resources, competencies, internal and external factors), good option appraisal and/or business plan. Good search and critical review of evidence to support change, if required, or search for solutions that have previously been attempted and suggestions for how this has successfully these have been implemented.	As before, and clear analysis using multiple tools to identify possible solutions, clearly linked to issue(s). Reviews evidence/previous attempts to resolve issue and describes clearly and pragmatically how this affects solutions identified/effect on current QIP.
Change and quality management process planning Iterative process	No summary of change process.	Some summary but not clearly referenced/completely described; process unsuitable/not relevant to QIP. Limited consideration of iterative process and how they planned to respond to results or next steps. Cycles of implementation unclear, or closely aligned (i.e. in effect only one intervention).	Good planning of process, clearly described (e.g. further analysis such as critical path, stakeholder forcefield etc), which is appropriate to outcomes and analysis. Only 2 cycles of implementation of interventions/data collection (actualised or discussed if impacted by COVID-19). Clearly identifies QI methodology and discusses why chosen.	As before, additionally: Narrative clear, good use of diagrams (e.g. Gantt charts) to illustrate, balance between conciseness and completeness enables full story to be understood. Three or more cycles of interventions (actualised or discussed if impacted by COVID-19). Clearly delineates interventions and refinement/iteration of these interventions.

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Structure and Implementation of QIP and change	Chaotic, unclear implementation.	Good description of chronology of process, but missing elements in description of events or change process as described in plan.	Clear implementation of changes; including description of tasks/deadlines, monitoring and managing progress; all following logically from planning stage.	As before, but identifies links between implementation and planning, team actions. Identifies own leadership role in affecting this process. Understands difference and describes how project has achieved effective cultural change, e.g. conditioning vs gestalt
Measuring outcomes	Limited measurement or assessment of impact of QIP.	Some suggestions for assessment, but incomplete assessment or implementation and lack of narrative included in reflection section.	Develops/ identifies tools to assess outcomes, identifies subsidiary, implements this tool or if possible has explained limitations in reflection section. Outcome, process and balancing measures identified. Good use run charts/SPC charts, data clearly mapped to interventions.	As before, but clearly explains why metrics chosen, what other metrics considered but discarded, continuous measurement of data (for COVID how this would have been achieved), identifies and eliminates variation. Multiple outcome, process and balancing measures identified and continuously measured. Clearly considered in reflection section if impacted by COVID-19. Identifies how these data have assisted (or not) with QIP progress. Clearly considered in the reflection section if impacted by COVID-19.

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Reflection	Limited reflection on QIP.	Some reflection, but misses either personal or local learning. Does not plan for further QIP.	Refection on both personal and institutional learning from QIP, and suggestions as to how this QIP could have been performed differently.	As before, and planning for further related improvement project. Clearly identifies areas for improvement in QIP and explains these.

Points to note

1. QIPs should be 'problem driven' rather than 'solution driven'.
2. Involvement of patients or other stakeholders in identification of issues is useful and encouraged
3. Educational interventions are not the same as team engagement
4. Keeping a diary during the QIP process is useful to assist the write-up and as can be included in the QIP
5. Use of photos, emails etc to illustrate elements of the QIP is useful
6. Patient reported outcomes are weighted above process measures, but pragmatic metric choices are also required