BENCHMARKING IN EDUCATION FOR GENERAL PRACTICE: THE CHALLENGE FOR QUALITY IMPROVEMENT IN THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS TRAINING PROGRAM (RACGP—TP)

PRESENTER:

Ms Bennett, Joanne B.A., Dip. Ed., M. Ed.

Royal Australian College of General Practitioners Training Program

15 Gover Street, North Adelaide 5006

08 8267 3455 (Phone)

08 8239 0574 (Fax)

joanne.bennett@racgp.org.au

BIOGRAPHICAL DETAILS:

My background is in adult education and research, with special interests in medicine and allied health professional training. For the past four years I have been a Quality Improvement Officer in the RACGP Training Program. This has provided me with training and experience in quality management systems and quality-based approaches to evaluation and research.

My personal interests are family, nature, bush walking and tree planting. I live in a rural area of South Australia and balance my busy part-time job in the College Training Program with plenty of outdoor activity on our family farm.

ABSTRACT

This paper looks at the potential for benchmarking in the RACGP - TP. It begins with a brief overview of quality management in Australian higher education and describes the progress of universities, over the past ten years, from basic to more sophisticated approaches to quality improvement.

The universities represent relatively mature quality improvement systems from which much can be learned by more recent arrivals on the quality scene. In particular, they show how quality improvement systems in higher education are shaped by government requirements for ever greater accountability, and the expectation that such systems are now sufficiently developed to enable cross-institutional comparisons in the form of benchmarking.

The RACGP - TP has been engaged in quality improvement since 1995. Its Quality Improvement Unit is well established and a number of potential sources of benchmarking data presently exist. The quality improvement challenge is to prepare the way for benchmarking by refining existing systems and adopting new approaches to evaluation and measurement.

The second half of the paper covers various aspects of benchmarking, and the ways in which they might be implemented in the RACGP Training Program. Some of the areas explored include; different kinds of benchmarking,

potential benchmarking partnerships, the use of existing data to set standards, and the development of standardised evaluation instruments for comparative purposes.

INTRODUCTION

The RACGP is Australia's premier provider of education for General Practice. Medical graduates join the College's Training Program and undertake training in hospitals, supervised practice placements and via educational activities conducted by the College. At the completion of training, GP registrars (GPRs) sit the College exam, leading to fellowship and vocational registration.

Like other providers of higher education in Australia, the RACGP-TP has adopted a Quality Management (QM) focus, based on evaluation and continuous quality improvement (cqi). A Quality Improvement Unit was formed in 1995, and has worked to facilitate the embedding of quality practices within the College's everyday operations (Grigg, 1996; Bennett 1997; Yaxley 1998). Although the principles behind quality management practices are drawn from commerce and industry they have been applied to a wide range of human services, including health and education. In the context of the RACGP-TP the broad aims of cqi are:

- standardised, repeatable process of evaluation to monitor quality;
- maximum stakeholder involvement;
- an action research approach incorporating feedback from stakeholders; and
- the setting of standards as benchmarks for continuous improvement.

To a large extent the first three aims have been achieved, and the fourth is about to be developed.

BACKGROUND

There has been a trend, over the past decade, towards the adoption of QM practices by the major providers of tertiary education in Australia. In particular, the universities have moved the furthest along this path, driven by the direct links between government funding and demonstrated QM initiatives. Sophisticated indicators of performance have been developed, against which universities can be measured and compared (Linke 1995). While the universities initially set their own standards within the broad parameters established by the funding bodies, the move now is towards universal standards based on competitive, external comparisons. This is in response to government demands for more "hard-edged" quality assessments based on benchmarks, quantitative indicators and measurable standards (HEC 1998).

There are major differences between the universities and the RACGP-TP. The College is a very specialised provider of post-graduate professional training, it has no competitors as such, and it has no externally developed standards against which it can be measured. Despite these differences there are also significant similarities. Both the College and the universities are providers of higher education, they are government-funded and they are committed to a culture of continuous quality improvement. Therefore the College has the advantage of well-established role models for its own QM practices, and can benefit from the work already done within the universities towards the development of more precise performance indicators.

DEFINITIONS OF TERMS AND PROCESSES

So far the meaning of the term *benchmark* has been assumed. Before proceeding I would like to define the term. Essentially, benchmarking is an ongoing, systematic process which is used to identify and measure best practices by comparison with

similar organisations (Losh 1994; Stralser 1995). Benchmarking provides a structure for evaluation activities and creates networks of communication between similar organisations. It seeks to answer the questions:

- How well are we doing, compared to others?
- How good do we want to be?
- Who is doing it best?
- How do they do it?
- How can we adapt it to our own organisation? (Alstete 1995)

Once best practice (*Who is doing it best?)* has been identified this becomes the benchmark against which future performance and external competitors are compared (Stralser 1995).

Benchmarking has been recognised as the next step in the evolution of quality improvement by educators in a wide variety of professional and vocational fields, including vocational technical education, physiotherapy, neurology, nursing and medicine (Losh 1994; Iverson 1996; Higgs & McMeeken 1997). Clearly, benchmarking has been widely accepted in higher education, both in Australia and internationally. However, a note of caution needs to be considered. Some aspects of education are immeasurable, especially during the process stage. In countries such as the Netherlands and the United Kingdom confidence in relying solely on performance indicators has waned. There is now growing emphasis on peer reviews and quality audits (Gaither et al 1995). With this in mind, benchmarking for organisations such as the RACGP-TP can be developed, but qualitative evaluations still need to be conducted to measure personal and affective aspects such as equity of selection, satisfaction with training, and effects of policies and requirements.

Benchmarking emphasises the importance of external comparisons. However, the College's lack of direct competitors does not preclude its benchmarking potential. Alstete (1995) identified four kinds of benchmarking, all of which can be applied to the College:

- *Internal* – for large, decentralised organisations with several departments doing similar things.
- *Competitive* – based on comparisons with peers
- *Functional* – looks at similar processes across an industry
- *Best-in-class* – broad application of data from different organisations.

The College has training programs in every Australian state and region, so inter-office comparisons are attainable by using standardised evaluation instruments for similar processes (*Internal* benchmarking). The College also has international peers in the form of other colleges of general practitioners, as well as local peers, in the form of university departments of GP (*Competitive* and *Best-in-class* benchmarking). The administrative and managerial sectors of the College can be compared with a wide range of other educational and human service organisations (*Functional* benchmarking).

BENCHMARKING IN THE RACGP-TP

Having defined the terms and established the basic processes involved, it is now time to ask the question, *How can the RACGP-TP begin to implement benchmarking?* Firstly, we can look to examples from similar organisations and secondly we can look to examples provided by the universities.

An example from a similar organisation is provided by Higgs and McMeeken (1997), who described the development of benchmarks for physiotherapy training. They perceived benchmarking as a cyclical process of setting standards, striving to

achieve standards and evaluating whether standards have been reached. Their project involved all eight schools of physiotherapy in Australia and New Zealand as benchmarking partners. They identified indicators of excellence upon which to base standards, conducted comparative analysis to establish best practice, used this as the basis for benchmarking and shared information among the participant schools, with a view to quality improvement.

This example has much to offer he RACGP-TP. The College has nine state/regional bases from which GP training is conducted. These therefore constitute nine potential benchmarking partners. By using standardised evaluation instruments, such as surveys, questionnaires and feedback forms, many aspects of GP training can be (and already are being) measured. The potential for comparisons is not confined to internal benchmarking within the Training Program. Once benchmarking is fully established the TP can look for local and international peers, such as other Colleges of General Practitioners, university schools of medicine and other specialist colleges with which to make comparisons and engage in competitive benchmarking.

Examples of benchmarking practices from Australian universities provide a useful framework for the RACGP-TP. A closer look at the areas in which they measure quality shows where the College can implement new, or extend existing forms of evaluation. The universities aim at achieving quality through a cyclic process very similar to that described by Higgs and McMeeken (1997):

- setting goals and standards
- evaluating practice against the standards
- acting to continuously improve performance (Linke 1995).

Assessments of quality take place within five areas of university activity defined by the Higher Education Council: teaching, research, community service, equity and management. These are the context for the development of universities' standards and benchmarks and could provide appropriate frameworks within which the College can develop its own standards and benchmarks.

1) Teaching

For universities this includes, among other things, staff qualifications, pass rates, scores, student satisfaction, professional development, grievance and appeal procedures, flexible learning packages, and retention rates.

In the context of the Training Program all aspects of teaching registrars and supervisors' professional development are routinely evaluated in most states and regions. This could easily be extended to a national process simply by using standardised, national evaluation instruments. From the results of these standardised evaluations could come performance indicators and, from these, benchmarks.

The National GP Registrar Feedback Form asks about working conditions, type and quality of education, supervision and training. Benchmarks could be developed from this evaluation instrument for individual supervisors and practices. National and state-based registrar satisfaction surveys have already been trialed (RACGP-QIU 1998; RACGP-WA 1998). These have established and, to a large extent, validated the main performance areas in GP training and include the flexibility to introduce other areas based on registrar feedback. Satisfaction surveys could be conducted on a bi-annual basis for monitoring of standards.

2) Research

In universities this includes output, funding, resources and visiting scholars.

The College Training Program has a well-established research culture, and the Quality Improvement Unit is a source of funding for a variety of educational research projects. Because the research function is centralised, internal comparisons are not possible. Instead, the RACGP-TP could look to other specialist colleges, both in Australia and overseas for indicators of best practice.

3) Community service

In the context of the universities this includes involvement of community stakeholders in planning, and provision of services and activities of benefit to the community. The College's main and most obvious contributions here are through the requirement for registrars, since 1995, to complete a specific amount of their training in Areas of Medical Service Need (AMSN) terms. These are generally in rural areas where the doctor/patient ratio is particularly low, or in metropolitan areas where there are high numbers of socially disadvantaged patients including aged care, mental health, disability and HIV or intravenous drug use.

This requirement has been reviewed (RACGP-QIU 1999) and the main areas for monitoring and evaluation identified. A cyclical, 3 yearly review process could compare the College's performance in this area over time. Benchmarking partnerships with other colleges could be sought in order to share information about community service activities and compare performance in this area.

4) Equity

For universities this includes recognition of the needs of disadvantaged and minority groups with regard to access, participation, retention and success. It also encompasses equity plans, ATSI inclusion, women, rural focus, greater transparency of processes, social justice, NESB enrolments and student support services.

Equity is a major focus for the College. For example, the selection process is conducted in a standardised way and has been evaluated using standardised instruments across Australia since 1995. The College's aim is for maximum equity and transparency in the process, as well as selection of the best candidates for entry into the program. These aims could readily be translated into performance indicators and they, in turn, could be compared between states and regions for purposes of benchmarking. The selection process is also statistically analysed to determine whether some candidates, such as women, overseas trained or NESB candidates, are disadvantaged by the scoring procedures.

In the various states and regions the College conducts evaluations of equity activities such as cross-cultural training, Aboriginal health training and issues in rural and remote medicine. These evaluations could be standardised for national use and the results used for setting equity performance indicators. Benchmarks could then be set through collaboration with other providers of similar training, such as schools of nursing and medicine and other specialist colleges.

Much information about access, participation, retention and success can be gained from the College's national database. This could be supplemented by qualitative information from feedback forms and satisfaction surveys which include detailed demographic information to help pinpoint specific equity groups.

5) Management:

In universities this includes funding, resources, information technology, databases, stakeholder satisfaction, policies and quality management focus.

Within the College, the Quality Improvement Unit has evaluated many aspects of management including the effectiveness of standing committees, the accuracy of the national database and the provision of technology to external stakeholders. Management structures are currently undergoing rapid change, with the addition of a Standards Directorate and the appointment of an officer responsible for strategic planning. The existing QIU evaluations could be repeated in two or three yearly cycles and new evaluations initiated in order to identify performance indicators and, eventually, standards. Benchmarking partnerships could then be established with a wide range of similar organisations.

CONCLUSION

In this paper I have attempted to demonstrate that quality improvement processes in the RACGP-TP are now sufficiently established to move forward to the next step in the quality evolution, benchmarking. Examples provided by similar organisations, particularly the universities, have been used as possible frameworks within which the College can begin the benchmarking process.

I also suggested that existing evaluations can be standardised and adapted for national use. Benchmarking partnerships could be formed both internally and externally to the College. This in turn could lead to the identification of best practices, which are the foundations of benchmarking. The challenge now is to move from the present culture of individual state and regional evaluations to standardised, national evaluations and, eventually to comparative evaluations with benchmarking partners.

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