

INTRODUCTION

Quality Circles (QCs) or Peer Review Groups are small groups of 6 to 12 professionals from the same background who meet at regular intervals to consider their standard practice. Ongoing quality improvement is fundamental to modern family medicine; it is about providing person-centred, safe and effective care, and efficient use of current resources in a fast-changing environment. QCs represent a complex social intervention that occurs within this fast-changing system of primary health care.

BACKGROUND

In March 2015, 32 EQuiP delegates from 21 countries received questionnaires about QC activities. Answers were collected from 21 EQuiP delegates representing 16 countries, 11 answers were not returned. In November 2015, further questionnaires were sent to the same 32 EQuiP delegates to gather missing information and to validate given information. In addition, 6 new delegates responded: Finland, Greece, Hungary, Portugal, Slovakia, and Slovenia. 9 delegates chose not to respond. In summary, 29 out of 38 delegates (76%) responded and provided quantitative data that is covered elsewhere.



AIMS AND OBJECTIVES

- **Aim:** Provide qualitative data on QC characteristics
- **Objectives:**
 - Gain knowledge about features of QC facilitation
 - Gain knowledge about the level of independence QCs enjoy
 - Gain insight into supporting materials and data sources QCs use
 - Learn about supporting structures in different countries
 - Establish the level of evaluation that is used

METHODS: SURVEY

Experts from 26 European countries, belonging to the European Society of Quality and Safety in Family Medicine (EQuiP), completed an online survey documenting:

- characteristics of facilitation
- didactic methods they use
- sources of information
- level of support and evaluation

RESULTS

Country	2015 Facilitator's role	2015 Facilitator's profession	2015 Facilitator's training
Austria	E	GP	F
Belgium	E	GP	N
Denmark	E LO	GP O	F N
Finland	E LO	GP O	F O
France	E	GP	O
Germany	EL	GP	F
Ireland	L	GP	F O
The Netherlands	EL	GP	F
Norway	E LO	GP O	F N
Scotland	E	GP O	O
Sweden	E LO	GP O	F N
Switzerland	EL	GP	F
Croatia	X	X	X
Poland	L	GP	O

Facilitator's role:
E: equal among participants; L: leader and manager; O: other

Facilitator's profession:
GP: general practitioner; O: other

Facilitator's training:
F: formal training; N: none; O: other

Several countries provide continuous professional training for facilitators

Country	Supporting material	Data sources	Evaluation
Austria	M F G	CR	N
Belgium	M F G L E	CR D	I
Denmark	M G O N	C V R D O	I E N
Finland	O	CR D	I E
France	M F G L E	CR D	I
Germany	M F G O	CR O	I
Ireland	M F G L E	CR D	I E
The Netherlands	M F G E	CR D	E
Norway	M F L E O	C V R D O	E N
Scotland	ME	C	I
Sweden	M O	C V R O	I N
Switzerland	N	C V R D	N
Croatia	M G	CR	N
Poland	N	CR	N

Main support materials:
M: educational materials; F: feedback on individual and/or group performance; G: guidelines; L: library resources; E: evidence based summaries; O: other; N: none

Main data sources: C: cases (own patients); V: video recordings; R: data from own medical records; D: data from external provider; O: other

Evaluation: I: internal; E: external; N: none

RESULTS

2015 Country	Autonomy	Financial support
Austria	T	N
Belgium	T D F M	E C
Denmark	T D F	E O
Finland	T D F M O	N
France	T D F M	E C
Germany	T D F M	O
Ireland	T D M	E
The Netherlands	T D F M	E C
Norway	T D F M O	N
Scotland	T D F M O	O N
Sweden	T D F M O	O N
Switzerland	T D F M	E C N
Croatia	X	X
Poland	T D F M	N

Autonomy:
T: topic; D: didactic method; F: facilitator; M: length and frequency of meeting; O: other

Financial support:
E: at own expense; C: financial compensation; O: other; N: none

2015 Country	Institutions and their functions				
	Support/licence	Supervision	Training (facilitators)	Initiation/motivation	Evaluation
Austria	Yes	No	No	No	No
Belgium	Yes	Yes	No	No	No
Denmark	Yes	No	Yes	No	No
Finland	No	No	No	No	No
France	Yes	No	No	No	No
Germany	Yes	No	Yes	No	No
Ireland	Yes	Yes	Yes	No	Yes
The Netherlands	Yes	No	Yes	Yes	No
Norway	Yes	Yes	No	Yes	No
Scotland	Yes	Yes	Yes	Yes	Yes
Sweden	Yes	No	No	Yes	No
Switzerland	Yes	No	No	No	No
Croatia	X	X	X	X	X
Poland	No	No	Yes	No	No

CONCLUSIONS

- Facilitators are mostly general practitioners and have successfully completed training
- Educational material, guidelines and individualized feedback are frequent supporting materials. Most popular data sources among QCs are cases/own patients followed by data derived from own medical records. Own practice experience and related material are key in QCs. Internal evaluation is probably therefore more common than external assessment.
- QCs enjoy a very high level of autonomy which seems vital for their performance.
- Only a few institutions provide supervision and hardly any initiate QCs. Their main functions are providing supporting material and training of facilitators.
- In an additional question, countries with no QCs indicated that this fact may depend on the top down system of quality improvement in their countries.