



Royal College of Physicians

Professor Mary Dixon-Woods Biography

A fellow of both the Academy of Social Sciences and the Academy of Medical Sciences, Mary Dixon-Woods is RAND Professor of Health Services Research in the Department of Public Health and Primary Care at the University of Cambridge. She leads a programme of research focused on patient safety and healthcare improvement, healthcare ethics, and methodological innovation in studying healthcare. She is Deputy Editor-in-Chief of BMJ Quality and Safety. She holds honorary positions as an adjunct professor in the Department of Anesthesiology and Critical Care Medicine at Johns Hopkins University and a visiting professor at the University of Leicester. She was, in 2012, one of the first recipients of a Wellcome Trust Senior Investigator Award. She served on the National Advisory Group on the Safety of Patients in England, which produced the Berwick report in 2013. She also served on the review of information technology in the NHS led by Professor Bob Wachter, which reported in 2016. Mary is Director of the improvement research institute, funded by the Health Foundation. Seeking to strengthen the evidence-base for how to improve health care, the institute will produce practical, high quality learning about how to improve patient care and will grow capacity in research skills in the NHS, academia and beyond.

Presentation Summary

Although quality improvement (QI) is frequently advocated as a way of addressing the problems with healthcare, evidence of its effectiveness has remained very mixed. This lecture will identify some of the major challenges and offer suggestions on what needs to be done to get better at getting better. It will stress the need for strengthening of the scientific foundations of QI, for more rigorous evaluation, and for improved fidelity in the application of QI methods. It will also point to structural problems in the way QI is organised at present, including the tendency for pursuing it through time-limited, small-scale projects, led by professionals who may lack the expertise, power or resources to instigate the changes required.

There is insufficient attention to rigorous evaluation of improvement and to sharing the lessons of successes and failures. Too many QI interventions are seen as 'magic bullets' that will produce improvement in any situation, regardless of context. Too much improvement work is undertaken in isolation at a local level, failing to pool resources and develop collective solutions, and introducing new hazards in the process. Progress will depend on addressing these challenges.