Quality improvement – training for better outcomes

Briefing note for trainees – what does it mean to me?

“In order to practise medicine in the 21st century, a core understanding of quality improvement is as important as our understanding of anatomy, physiology and biochemistry”

Stephen Powis, Medical Director, Royal Free London NHS Foundation Trust, 2015

What is this?
During our training we all see things that we would like to change in our work places that we know would make a difference to our patients’ care. We also have lots of great ideas about how things could be better, but not everyone feels confident or has the time to put these in to practice. ‘Training for better outcomes’ aims to move away from the previous tick box culture of audit, to create an environment where you as a doctor in training are given the power and the skills to make the changes you think your patients need. The Quality Improvement group at the Academy of Royal Colleges brought together key voices from across the NHS to think about how this could be done, including doctors in training. The report that came out of that discussion has several ideas about things that could make this happen. Some of these involve organisations and senior figures, but there is much that doctors in training themselves can do to make this a reality.

Who is making these recommendations?
The Academy of Medical Royal Colleges, together with a wide range of 35 stakeholder groups across the UK, including representatives from trainees, the GMC, patients, employers and the BMA.

What are the recommendations?
The recommendations arise from four work-streams; curriculum; education, learning and development; mapping examples in practice; strategic and supporting infrastructure. In brief, they are summarised as:

- It is essential to embed quality improvement into undergraduate and postgraduate medical training
- Every individual and organisation involved in medical education has a role to play in supporting trainees to make a difference
- The strength of quality improvement activity is how multi-professionals work and learn together, involving our patients in improving patient care
- Report includes examples of curricula content, how to deliver training, and examples of good practice, bringing the practicalities of quality improvement in action to life.
So what does this mean for me, and how can I make a difference?

Everyone working in healthcare should be able to access good training in quality improvement. If it’s not available where you work, then ask your employer, university, educational authority, Foundation School or College if they can provide it. The skills and confidence to make changes that work is not something you gain overnight. Just like clinical skills it is something that will be learnt over the whole course of your career, from medical school, right through to retirement. Courses may help with the background, but the main learning comes from doing. And don’t be afraid to get it wrong! Knowing what doesn’t work can be just as valuable as what does.

Quality improvement is increasingly going to be central to what we do as doctors and this will be reflected in the way that people structure their jobs. Put it in your PDP and speak to your supervisor about how you could have the time to get involved. Historically, research has always earned brownie points in medicine, but the same effort to improve services hasn’t been rewarded with the same recognition. This needs to change and if doctors in training ask for this to be recognised, then that is a great first step.

None of us works in isolation, and making things better for our patients means involving our colleagues from all the disciplines we work with, and, crucially, by involving our patients and their carers. Ask them what they think could be better about their own care and their experiences in the health service. This can be a great way to get an idea about possible projects and patients can be your closest allies throughout any project. It’s their care we are trying to improve and they are the best experts!

Three things you can do to put these recommendations into practice

1. Get a mentor – this could be your supervisor or completely different. Look around you. Is there someone you especially admire, who you think is great at making care better? Why not ask if you can meet up for a cup of coffee to chat about your ideas? Sometimes it can take a while to find the right mentor, so don’t be dispirited if the first one isn’t the right fit for you. Senior people in your organisation may be able to help you find someone who you click with.

2. Ask for training and support – you need the time and the skills to be able to improve care. If organisations see that doctors in training want this kind of support, then it acts as a real incentive for them to provide it. The system can seem like a bewildering tangle of different organisations and it can be tricky to work out who should be doing what when it comes to training. If in doubt, ask all of them! It requires every level of the system to support you, from your local team, up to the national bodies like Royal Colleges. Don’t be shy, and push for what you need. It is always easier to do this with a group, so think about working together with other doctors in training.

3. Get involved – it can feel like there is just too much to do, with the demands of providing a clinical service, meeting all the training requirements and applying for jobs. Doing improvement projects can take time, but this can be time well spent, as it can make systems work more smoothly and means that you can tackle those things that make the day job so frustrating at times. Just like clinical know-how, you can’t learn it all in the classroom and getting stuck in is the best way to get the skills you need. Go for it!

Written by Howard Ryland, FMLM’s national coordinator of regional trainee representatives, and psychiatry trainee.

Full report available on the Academy website http://www.aomrc.org.uk/