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A new paradigm for medical trainee participation in quality improvement

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A new paradigm for improvement - trainees

Old QI World for Trainees	New QI World for Trainees
You have to initiate your own QI work and be involved in every stage from start to end	**You have to demonstrate participation in a QI project only**
QI work should be constrained to the time you are rotated to that department	**QI work should be independent to rotation length in department (hop on bus)**
Trainees to identify a problem within the first few weeks of starting a new rotation	**The department is responsible for identifying problems that need improving**
ARCP should assess Trainees from start to end of an improvement	**ARCP should assess trainee participation and learning from QI**
Trainees need to lead the improvement work	**Trainees need to actively participate in the improvement work**
Trainees to sort out their own QI training when they join a trust	**NHS Trusts/HEE are responsible for QI training for new trainees**
Trainees to search out their own QI mentor & sponsor for an accepted QI proposal	**A mentor and sponsor will be available for each accepted QI proposal**
QI assessment should be summative and must be done by Educational supervisor	**QI assessment is formative and be assessed by staff with improvement background**

Fig 1. A new paradigm for trainee doctor participation in quality improvement.

Introduction

There is an expectation that trainee doctors should participate in quality improvement (QI) projects as part of their continuous professional development.[1] Foundation year and internal medicine training (IMT) curricula state the QI learning objectives and assessment requirements at the annual review of competency progression (ARCP). However, there may be limited constructive alignment as to how QI training is delivered, with individual healthcare organisations often being left to fill the void. Doctors may experience limited opportunities to participate in QI, leading to unwanted behaviours, such as treating QI as a tick box exercise at ARCP, and 'having to do a QI project'.

Materials and methods

As part of an information-gathering exercise, a set of principles were developed comparing current approaches to QI participation for trainee doctors against a potential future state, where QI becomes 'business as usual'.

We sought feedback from active healthcare QI community through the social media portal Twitter, on a new model that reframes the current approach for QI involvement for trainee doctors (Fig 1).

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Emergent theme		Indicative comments
i)	Acute Organisational QI Infrastructure	• "Has to be part of what trusts do - a culture", • "Current approach is wasteful", • "Clarity on what organisations responsibility to support improvement" • "Consultants and nurses to take ownership on QI"
ii)	Limitation of 'QI project' model	• "Project not being the end goal" • "Projects never continue past initial element" • "Issues with rotations and size of projects" • "QI being seen as a project rather than continuous approach"
iii)	Training outcomes vs Patient experience outcome	• "Trusts focus on training rather than building QI infrastructure" • "Evidence for portfolio trumped the need to complete" • "Focus on skills and knowledge not the output" • "Junior doctors -expecting temporary staff to drive change was never going to yield fruit"
iv)	Suggestions to improve trainee doctor QI participation	• "Potential to use regional QI collaboratives, shared approach to similar issues" • "Need to focus on multi-professional teams with core QI curriculum" • "No need to create own piece of work and lead improvement - just be part of what exists" • "QI needs to be owned by the teams and not initiated by trainees"

The message below was posted on Twitter on 2 September 2021, together with Fig 1.

Trainee doctors express huge frustrations about doing QI within acute #NHS trusts, with the QI 'projects' often left abandoned. Perhaps time to build a 'new world' for trainee involvement in QI? A better experience for trainees, NHS trusts and for patients.

Choudary A (2 September 2021) https://twitter.com/AklakC/status/1433507363206668299.

Results and discussion

The tweet received 248 likes and 75 retweets. We divided feedback comments into four emergent themes (Table 1).

Conclusion

The feedback was deemed positive for a reframing of QI for doctors in training. There is an appetite for a more integrated, multidisciplinary approach for developing improvement skills and

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experience within organisations and a move away from doctor-led 'QI projects'. Changing the current paradigm will require coordinated action from professional and educational bodies and leaders, hospital and wider system improvement leads. Trainee assessments in the future may need alignment to this more collaborative framework on QI. Further work is planned to publish a positional paper for 'Reframing QI for physicians in training' in the near future led by physicians working with the RCP, and involving other stakeholders. We encourage examples of good practice that fit the potential 'new world' to be shared via RCPQI@rcp.ac.uk and headed 'Reframing QI'. ■

Reference

1 Academy of Medical Royal Colleges. *Quality improvement – training for better outcomes*. AOMRC, 2016. www.aomrc.org.uk/reports-guidance/quality-improvement-training-better-outcomes/ [Accessed 4 February 2021].

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