A new paradigm for medical trainee participation in Quality Improvement

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Introduction:

There is an expectation that trainee doctors should participate in quality improvement (QI) projects as part of their continuous professional development (AORMC, 2016). Foundation year and IMT curricula state the QI learning objectives and assessment requirements at 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 QIP”

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 social media portal Twitter©, on a new model that reframes the current approach for QI involvement for trainee doctors - Figure 1.

The message below was posted on Twitter© on September 2021, together with Table 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.”

Results and Discussion:

The tweet has received 248 likes and 75 retweets. We divided feedback comments into four emergent themes (table 2). Link to the twitter chain below: https://twitter.com/AklakC/status/1433507363206668299?t=TLnT3FDdEYd5KnwhZk_XAQ&s=03

Conclusion:

The feedback was deemed positive for a reframing of QI for doctors in training. There is an appetite for a more integrated, multi-disciplinary approach for developing improvement skills and 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 Physician in Training’ in the near future led by physicians working with 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”