

EXAMPLE MEDICAL LEADERSHIP TRAINEE PROJECTS

During vocational element of the Medical Leadership Programme (MLP), Medical Leadership Trainees (MLTs) undertake work-place based projects. The following projects are a selection of those undertaken by trainees on the pilot programme.

These projects were conducted across the North West and have various levels of impact, categorised as:

- Improving Junior Doctors Training/Working Lives
- Meeting Standards
- Service Improvement
- Involvement in Service Design

Table 1: Project Impact: Improving Doctors Training/Working Lives			
Level of Impact	No. Projects	Project Summary	Cohort
Medical Students	1	Initiated and supervised a foundation doctor in setting up of a regular OSCE based teaching for Medical Students from University of Manchester. This was with an intention of “filling a gap in medical education training” that was identified.	2010
Foundation Trainees	2	Co-organiser of the first National Autumn Foundation school. Informal feedback from Head of School of Psychiatry: This year has received high number of applications, filled vacancies and standard of trainees significantly high, most trainees had attended the foundation school.	2010
Specialty Trainees	3	Co-leading the RCGP ‘GP Role Model’ Project aimed at capturing the careers of inspirational GPs with the aim of promoting General Practice as a first choice career to ensure promote recruitment at the levels needed to sustain Primary Care services nationally. The outcome will be a dedicated area for GP careers on the RCGP website with podcasts, posters for virtual road shows across the country and a research study into identifying the positive aspects of a GP Career.	2012
	4	I have been working with the Curriculum Development Committee on the structure of QI Projects for Enhanced GP Training.	2012
	5	Following an observational visit to another busy teaching hospital (BMEC) we were able to develop a Tray system so that patients could be directed to the appropriate subspecialty quickly and safely. This has just been launched, but initial feedback is satisfactory.	2012
	6	Aiming to improve transfusion education and raising its profile among Haematology trainees. MLT is a key member of the group organising a 'Transfusion Day for Trainees' at RCPATH, London.	2011
	7	Completed Regional “CASC community” project that has raised standards and improved the pass score in the exam, Project done in association with North West division of RCPsych	2010
All Trainees	8	Ongoing Parenting research project in conjunction with the North Western Deanery initially researching the experiences of trainees in the Deanery and then developing interventions to improve support for this group of trainees. The research protocol was presented at the North West Women in	2010

		Medicine Conference.	
All Doctors	9	Completed an audit looking at the completion of DNAR forms and engaged senior clinicians in debates around DNAR forms. Discussion with senior colleagues has hopefully influenced them to change and develop top down leadership. This project has hopefully changed clinician's behaviour to improve the care given to patients.	2011

Table 2: Project Impact: Involvement in Service Design

No. Projects	Project Summary	Cohort
1	Review of the whole system from GP referral to theatres and all the steps along the way. This has required a lot of meetings with stakeholders.	2011
2	One MLT was appointed as the clinical lead on the redesign of the local DVT pathway. The project stemmed from a need to reduce unnecessary secondary referrals to DVT clinic by redesigning the primary care pathway and ruling out a significant proportion of patients with a low risk Wells score and negative D-dimer. Discussions were held with multiple stakeholders, and talked to other PCT/CCG who have had similar experience and worked on drafting a proposed guideline. This has now been completed and presented at two borough wide CCG clinical governance meetings. The project has advanced are now looking at rolling out the pathway to practices as part of QIPP agenda, and researching the feasibility of point of care D-dimer testing.	2011
3	<p>There is a Gender Identity Disorder service for children and young people at The Tavistock and Portman Centre in London. For families in Manchester it is a considerable distance to travel in order to access support. The principle is that following an assessment by a Child and Adolescent Psychiatrist a referral is then made to The Tavistock Centre for any therapeutic intervention.</p> <p>Access to appropriate services is not only limited at the point of intervention. Often, families and young people talk about not being understood by primary care physicians or not having adequate expertise in local secondary care.</p> <p>The objectives of this project are; mapping the services available, provided by statutory and voluntary organizations, in Manchester; and set up a consultation and assessment service. The mapping phase is now complete and I am in conversations with two voluntary organizations in Manchester and colleagues in CAMHS in order to set up a service that can best meet the needs of children and young people with Gender Disphoria in Manchester.</p>	2012
4	Creation of a care pathway and a model of service for Paediatric TB services in the North West. The outcome of this project will be to make Paediatric TB in the North West a commissioned service.	2011
5	Set up new Pain Service commissioned by PCT. Undertook training and provision of the service.	2011
6	One MLT undertook a WHO recognised "comprehensive rural health project" on a 5-day visit to Jamkhed, India and is developing a comprehensive mental health programme for rural population served by CRHP.	2010

Table 3: Project Impact: Service Improvement		
No. Projects	Project Summary	Cohort
1	Prepared a report looking at the admission process for patients' being admitted to forensic medium secure services. Interviews were carried out with patients and a literature search was performed. The service improvement recommendations were then presented.	2010
2	Reviewed ways of reducing the length of stay of patients in medium secure services. Using a different section of the Mental Health Act 1983, in particular section 45A, was suggested which would allow patients to return to prison once their illness has been treated, to serve the rest of their sentence. Interviews were conducted with all of the consultants at the regional secure unit, the results analysed and a report prepared.	2010
3	Completion of Section 136 of Mental Health Act audit. This has led to significant changes in the Section 136 suite and has led to improved service and care to patients.	2010
4	An investigation into theatre start times. A report has been issued on the findings with suggestions for improvement including any which could be made on a day-to-day basis.	2011
5	Various service improvement projects for the Haematology departments at the University Hospitals of Central Manchester NHS Foundation Trust (CMFT), The Christie and Oldham via formulating checklists, proformae, consent forms for transplants (at CMFT) and assessment forms which have helped to streamline services and making them more efficient, better and safer.	2011
6	Proposal for introducing testing for Heparin induced Thrombocytopenia at the University Hospitals of Central Manchester NHS Foundation Trust (CMFT). This test is currently being outsourced to NHSBT Bristol with increased cost and delay in procuring results and a poor audit trail. This proposal has been submitted for review by Lab Managers.	2011
7	One MLT has facilitated and chaired a brainstorming session and helped formulate a report which is being used to optimize Herapeutic Apheresis Services at Manchester Royal Infirmary (Haematology). Also developing a roadmap to support a regional approach to delivery of Apheresis Services. This project is also in progress under the regional Blood Transfusion Committee and aims to streamline provision, availability and accessibility of Apheresis Services across the North West region and North Wales.	2011
8	Improving the timeliness and quality of discharge information after inpatient discharges in Greater Manchester West Mental Health Trust.	2011
9	Analysing patients' experiences for service improvement by conducting a "patient walkthrough" within inpatient Mental Health Services. The project looked in detail at an individual patient's experiences over a 4-year period within mental health services and critiqued the current literature. The findings were that patients value most highly good communication skills, the therapeutic relationships they have with staff and respect. Additionally, patients value being empowered to make decisions about their care, a homely inpatient environment and a greater focus on non-pharmacological interventions.	2011
10	Implementation of a new pilot risk assessment tool, the Dynamic Appraisal of Situational Aggression (DASA). This tool is aimed at nursing staff and aims to predict which patients will act in a violent manner in the subsequent 24 hours. It differs from other risk assessment tools in that the risk measured is the immediate future and not in the medium term (e.g. weeks such as the START) or long term (months and years such as the HCR-20).	2012
11	Production of a policy for managing care home contact which is aimed at improving continuity of care and reducing OOH contact.	2012

12	Introduction of the concept of outpatient consolidation Chemotherapy for consolidation of AML. It will result in better patient care, reduced inpatient stay and improved bed flow in a busy tertiary unit.	2012
13	Audit into the inappropriate use of blood products in the Haematology Day Unit at Blackpool Victoria Hospital. Introduced of a proforma which resulted in improved documentation.	2012
14	Improve the quality of clinical coding and that of Venous-Thrombo-Embolus (VTE) prophylaxis documentation, using a change in the operation note stationary. VTE prevention is a national target. In general, the prophylaxis (Compression stocking and a heparin injection) is given. However, the documentation of this is very poor and the failure to record a timely VTE prophylaxis is a CQUIN target. Failure to comply with this target could have major financial ramifications for the trust. This project to redesign the operation note and change the patient flow to necessitate a VTE prophylaxis to be recorded has had direct benefits for the patients, maintains and improves quality. Benefits for the trust have been quality improvement and cost savings.	2012
15	Improved efficiency for patients undergoing elective, non-instrumented spinal surgery at Royal Preston Hospital. National evidence and local audit showed that the routine taking of the 'group and save' sample is unnecessary, as these patients do not require blood transfusion. A cessation of this practice would mean a reduction of venipuncture for the patient, but also savings in time for the nursing/ junior doctor/ phlebotomists as well as the portering and hematology staff. The saving in the laboratory costs alone would result in £3000 per annum.	2012
16	Successful pilot of Voice Recognition Software into General Practice. Prior to the pilot letters were dictated and then typed by secretary then checked by an appropriate member of staff and then sent on. This caused increased waiting time for referrals and extra work for staff. Voice recognition software cut down time needed to send letters and increased time for the secretary to deal with other areas of work.	2012
17	Audit of Paediatric Liaison Documentation to improve the quality of the CAMHS practitioners clinical notes when they are asked to assess a child or young person at Royal Manchester Children's Hospital. Data was collected during one month and gaps were found in documentation standards, which increase the risks of mistakes being made and therefore having an impact in the safety of patients. A new assessment form has been created that incorporates the information required by the referrer in order to make an informed decision about patient care and hopefully improve their safety.	2012
18	The University Hospitals of Central Manchester NHS Foundation Trust (CMFT) is spending £20 million in the next five years in the development of IT systems that would enable different divisions to have their own Electronic Patient Records. Divisional Informatics Groups (DIGs) have been created to advise on steps that need to be taken and also highlight areas that need to be addressed. The Children's DIG is formed by IT business and data analysts, Consultants, Lead Quality Nurse, Clinical Effectiveness Manager, Operational Managers, Associate Clinical Head, who chairs the bimonthly meetings, and an MLT as the clinical representative of CAMHS.	2012
19	An MLT lead a large scale Practice Cancer Audit at their GP practice as part of a Bolton wide and national primary care audit looking at newly diagnosed cancers, and the nature and extent of delays in the referral and diagnosis pathway. The audit highlighted some in-house issues with reporting of abnormal blood results and follow-up of these patients, failure to follow national guidelines and inconsistency in care, which have been acted upon and processes put in place to safeguard against further delays in the future.	2011
20	One MLT chaired a workstream for an 18 week streamlining process at East Lancashire Hospitals NHS Trust.	2011
21	Looking at the interface between primary health care and secondary mental health services in prisons in Lancashire.	2010

Table 4: Project Impact: Meeting Standards		
No. Projects	Project Summary	Cohort
1	Participation in teaching within the GP practice and production of an algorithm for the management of subfertility to ensure the practice is following best practice.	2012
2	Examination of the translation of the national policy for VTE risk assessment and prophylaxis at a local level, using a “think-aloud” process revealing many areas of disconnect between all workstreams and the aims of the policy. The common themes derived, including those on patient information and dignity, with proposed solutions were presented at the Divisional Clinical Effectiveness Board. The summary of this project is now an article for the CMFT Lessons Learned publication.	2012
3	Undertook much of the research by the University Hospitals of Central Manchester NHS Foundation Trust (CMFT) MTS team for a presentation on the Trust’s response to the NHS Confederation report on Dignity. Supported the Associate Clinical Director at the Audit & Clinical Effectiveness Day in collecting cross-workstream suggestions on a Code of Conduct.	2012
4	NICE Guidance Compliance (Theatre Checklist) project was undertaken with liaison between clinical (particularly Oculoplastic surgeons and theatre staff) and Clinical Effectiveness Team to assess Divisional compliance with NICE guidance on preoperative care of patients.	2012
5	Quality Business Intelligence Tool (QBIT) aims to deliver intelligence to practices on current CCG projects and priorities, in a way that is secure, intuitive, informative and efficient.	2011
6	An audit on Dementia with the intended outcome of incorporating standards as recommended by NICE guidance and Bannerjee report on anti-psychotic drug use (2009).	2011
7	A key aim for Manchester Mental Health and Social Care NHS Trust is to look at achieving the CQUIN target of inpatient discharge summaries in mental health reaching the GP within 14 days of discharge. This project looked at local data and a review of the literature to determine if this target is worthwhile. The project concluded that inpatient discharge summaries are highly valued, are fit for purpose in their current form, however they would benefit from being more concise and standardized and there is a need to communicate the information in a more timely fashion. This led to increased engagement by staff to improve the timeliness and quality of discharge information.	2011

Table 5: Committee / Board / Group Involvement	
Summary	Cohort
I have recently become involved in the Bolton GP Leadership Support Group , which is designed to encourage and promote leadership development amongst GPs wishing to take on more leadership roles. Aside from regular attendance and participation of the group, I aim to contribute to the preparation and delivery of these in the future.	2011
In response to a desire to improve staff cohesion I suggested a Trainee Achievements Board to celebrate and highlight the research work of the Trust's junior doctors, such as the Alcon Research Competition winners	2012
As part of the National Blood Transfusion Committee Education Working Group I have helped audit the transfusion training in medical schools, foundation schools and post graduate specialties I am also involved in a subgroup looking into innovative methods of education including development of transfusion apps for smart phones	2011
Junior International Committee sub-committee working group (RCGP) Analysis performed on Global Health in the RCGP Curriculum. Currently in discussion with RCGP editor and RCGP International Committee Chair for Editorial piece for RCGP Journal, Global Health edition.	2011
I have been invited to become a member of the GMC Medical Student Mental Health Operational Group investigating whether medical students have a higher proportion of mental health problems than other similar student groups.	2010
As a member of my current Trust Outpatient Working Group I have gained experience of working with Trust management and senior clinicians.	2010
I have been fortunate to take on an active role within the Triple Aim team. Triple Aim is a primary care programme of work, which promotes better health, best care and best value for money for the patients of Bolton, by addressing health inequalities, promoting primary prevention of chronic disease and ultimately improve health outcomes.	2011
Working with Patient Experience Team to improve the patient experience during inpatient stay.	2012
Member of the GMC expert working group on FTP . The working group has now come to an end and the GMC are considering our recommendations. Following this, prior to its launch I was involved in reviewing the new section on the GMC website, 'your health matters' and received personal thanks from Niall Dickson for this.	2010
After arranging and chairing a successful full day conference I was re-elected as Chair Doctors Support Network for the fourth year. This role continues to involve chairing quarterly meetings, ensuring that all volunteers are appropriately insured when necessary obtaining specialist legal advice. I also ensure that the charity is financially secure and set policy and direction.	2010
In conjunction with the BMA, RCGP, FOHM, RCPsych and several smaller organizations working with doctors with health difficulties I attended the inaugural meeting of and became a Founder Member of the UK Association for Physician Health . I'm currently helping to co-ordinate the UK wide meetings.	2010
Trust Revalidation Working Group . As part of this group I have been responsible for examining and piloting the best way to obtain patient feedback for the purposes of revalidation.	2010
As Chair of the Trust SpR group I co-ordinate regular meetings with the Associate Medical Director and am the first point of contact for any problems encountered by the other SpRs.	2010
I Co-chaired the Royal College of Psychiatrists Christmas Debate for Young People 2011 .	2010

Table 6: Summary of MLT Presentations		Cohort
Presentation (Regional)	Presentation of research protocol at the Women in Medicine North West Conference	2010
Presentation (Regional)	Presentation of Support Services for Trainees in difficulty at the School of Psychiatry Conference	2010
Presentation	Presentation of Support for Trainees in Difficulty at an Evening Conference to Carlisle Consultants and GPs	2010
Poster Presentation (International)	Poster presentation of Jamkhed CRHP and Medical Leadership at Cambridge and Luton Internal Conference	2010
Poster Presentation (National)	Poster presentation showcasing the Medical Leadership Programme at RCGP Annual Conference	2011
Poster Presentation (National)	Presentation of Global Health and the RCGP Curriculum at the RCGP Annual Conference	2011
Poster Presentation (National)	Poster presentation of an education improvement project which involved surveys of transfusion education and assessment in undergraduate medical schools and Foundation Schools in UK presented at SHOT 2012, BBTS 2012, FMLM 2012	2011
Presentation (National)	Leading through innovation- a time to think differently. Developing as a Medical Leader. Engaging Doctors – Investing in Leadership at the 3 rd National Medical Leadership Conference (whole cohort)	2011
Poster Presentation (National)	Investing in Leadership works - Sharing our first-hand experiences. Developing as a Medical Leader. Engaging Doctors – Investing in Leadership at the 3 rd National Medical Leadership Conference (whole cohort)	2011
Presentation (National)	Presentation on the efficiency saving I have made in the safe delivery of spine surgery at the Society of British Neurological Surgeons	2012
Poster Presentation (International)	Poster presentation of the Group & Save project at the BMJ International Forum on Quality and Safety in Healthcare	2012

Table 7: Summary of MLT Publications		Cohort
In print	Involved with Helen Knox in helping to lead changes in her book which has been published called Sexplained. Lead changes in design and layout of the book with the author and medically checked the copy.	2012
Organisational Publications	Article in MPS foundation yearbook, “Looking after yourself as a junior doctor”	2010
	Contributing to the lab handbook for Haematologists in training	2011
Online	Blog on MPS Student website, “How to handle exam stress”	2010