What is Learning to Make a Difference?
- Joint venture between The Royal College of Physicians of London and the Joint Royal Colleges of Physicians Training Board (JRCPTB).
- Funding: Health Foundation and now by Health Education England.
- The Learning to Make a Difference PILOT (LTMD) was launched in August 2010.
  - Test the feasibility and acceptability of introducing a quality improvement project as part of UK core medical training.
  - Assess the value of the change to the trainee, their organization and their patients.
  - Identify the framework and infrastructure needed for successful implementation of change.

Learning To Make a Difference
The aim of the pilot 2010/11
A (supervised) trainee completes a quality improvement ‘Learning To Make Difference’ project (LTMD) within a 4-6 month training post.

Why did we consider the change?
Clinical Audit is a mandated part of core medical training.
Completion is a challenge for trainees.
Trainees are interested in QI methodology.

What could we do better?
Trainee-led small scale change can make a difference to the quality of their practice, their teamwork and their patients.
Learning by doing can make a difference to trainee’s understanding of how to make change happen and their confidence to deliver improvements in practice.

Our Purpose:
To develop and embed new skills, learn some simple and practical QI techniques...to take forward in their clinical practice and apply to future projects.
To enable the trainee to be able to see the valuable and meaningful role a junior doctor can play in quality improvement.
To emphasise learning and development.

How will we know that a change is an improvement?
- Junior doctors are started on a pathway for life-long evaluation and quality improvement of the service they deliver.
- Continuous service development is seen as an important part of medical professionalism.
- At Trust level: QI becomes an integral part of clinical audit and the quality agenda.
Kirkpatrick’s Model of Learning and Training

What change can we make which will result in improvement?

- Offer trainees the option of undertaking a QI project as an alternative to an audit
- Trainee – led small scale change can make a difference to the quality of their practice, their team work and their patients
- Learning by doing can make a difference to trainee’s understanding of how to make change happen and their confidence to deliver improvements in practice

Building the will for change

- Fit with RCP Quality Strategy
- Providing Clinical leadership
- Ensuring Educational engagement
- Funding from the Health Foundation and the RCP
- Engaging the DH, QIPP, NHSIII and key stakeholders

Shaping the pilot

What – One change model, MFI
Where – 5 interested Deaneries
When – QI projects must be completed within clinical placement
How – to encourage participation
Who – can provide sources of QI expertise and practical help?
What – training do we put in before hand?
How - much detail for the tool kits?

What did this mean in one deanery?

<table>
<thead>
<tr>
<th>Aim</th>
<th>How?</th>
<th>Time-frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>All core medical trainees in Oxford Deanery do a QI project</td>
<td>Provided with QI support, resources and supported by a supervisor</td>
<td>2010-2011</td>
</tr>
<tr>
<td>Each trainee to think of a potential improvement idea (work on own, in small group)</td>
<td>Think about what frustrates you, what is bothersome, what is your department where you are working or the trust’s quality agenda Multi-disciplinary team approach</td>
<td>Sept/Oct 2010</td>
</tr>
<tr>
<td>Each trainee to start to develop an understanding of the framework</td>
<td>Read the LTMD tool kit, review the website and learn about QI projects already done</td>
<td>Sept/Oct 2010</td>
</tr>
<tr>
<td>Getting started</td>
<td>Face to face with Dr Vaux Identify your supervisor</td>
<td>Oct/Nov 2010</td>
</tr>
<tr>
<td>Complete project May 2011</td>
<td>Present regionally with potential national presentation</td>
<td>May/June 2011</td>
</tr>
</tbody>
</table>
Findings. Completed QI Projects

<table>
<thead>
<tr>
<th>Deanery</th>
<th>Number of projects</th>
<th>Number of trainees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kent, Surrey and Sussex</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>North Western</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>Oxford</td>
<td>24</td>
<td>29</td>
</tr>
<tr>
<td>SE Scotland</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Yorkshire and Humber</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>46</strong></td>
<td><strong>61</strong></td>
</tr>
</tbody>
</table>

Supervisors strongly endorsed the project and expressed enthusiasm for involvement in QI work. 91% (31/34) of trainees said they would undertake another QI project and 100% found the project a valuable exercise. 88% (30/34) of trainees assessed their QI project objectives as having been achieved.

Findings. Overall approach

- The overall objective of the project was laudable; the principle of allowing trainee’s to do QI projects is a good one.
- Not replacing clinical audit in many areas – as clinical audit not being done.
- Need to ensure not replacing one poorly functioning system with another.
- QI seen to influence day to day practice is more likely to produce practical outputs.
- QI outcomes are better matched to Trusts profiles.

Kirkpatrick’s model of learning and training

With changes in patient care evident from some of the trainee QI project outcomes, LTMD has demonstrated more evidence of benefit to patients than any of the current workplace based assessments.

85% of trainees and 88% (12/14) of supervisors considered their projects as having had a significant impact on clinical practice. Eg prevention of hospital acquired pneumonia: estimated financial cost saving of 45 bed days and £1,800 of antibiotic costs per week.

LTMD PROJECT EVALUATION: Summary

- QI language is foreign to most trainees and supervisors.
- Face to face, personalised approach at trust level works in getting started and completing projects.
- Examples of QI projects make sense of the process.
- Important to make link between QI, QIPP and the clinical governance agenda at trust level.
- Professional leadership and central support critical.
- Getting the local supporting infrastructure is crucial in delivering effective projects.
- The trainees and supervisors want to implement QI projects and feel this is the way forward.

Sustaining and spreading the gains

Continued professional leadership and central support from the RCP/JRCPTB.
Encourage the natural spread of LTMD to other deaneries.
Continue to develop the infrastructure to deliver the QI approach effectively.
**Learning to Make a Difference moving forward**

- Embedding in training still happening 2 years on
- Curriculum changes: QIP vs Clinical audit
- Weekly WebEx
- LTMDA
- National recruitment changes to reflect QI in application processes
- JRCPTB Central database
- Annual showcase event
- Roll out all trainees in medicine

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**Outcomes to date**

- 46 trainees and 26 QI projects
- Themes
- Resources
- Infrastructure
- Sustainability
- Adoptability

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**Trainee role in Quality Improvement**

- Can all make a difference!
- Have insight into the system
- Have ideas!
- Allow creativity and innovation
- Enhance training and skills
- Build their capability to make change
- Leadership development
- Professional obligation
- Francis, Keogh, Berwick Reports
- Unleash their potential and value

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**Quality Improvement**

- Improving the reliability of the system of care so that each and every patient has the right treatment at the right time in the right way with the best possible results at the best possible value
- The key elements are the combination of a ‘change’ (improvement) combined with a ‘method’ (an approach or specific tools) to attain a superior outcome

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**MEMC Pilot objectives**

- Embed QI as normal practice to enhance the quality of care for patients.
- Provide high quality training in quality improvement (QI).
- Develop a model of learning in the simulation environment around the processes, challenges and impact of incidents.
- Develop appropriate resources to facilitate easy dissemination and spread of these approaches nationally.

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**MEMC Case**

**Learning To Make A Difference**

**Quality Improvement in practice: A core competency of medical education in the 21st century**

Health Education England

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The Clinical Leaders in Quality Improvement and the deaneries they cover are:

- North Western, West Midlands and Mersey
- South West Peninsula and Wessex
- London and Oxford*
- Northern/ Yorkshire and Humber
- East of England and East Midlands
- Scotland, N, wales, Oxford*

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**Making Every Moment Count**

‘Quality Improvement in Action: Striving for excellence’

Royal Berkshire NHS Foundation Trust

2012/13
Sharing good practice & working together

- LTMD – CMT & continued UK spread
- BTBC MEMC – 1 Trust All specialties and grades
- Medical Directors
- HEE, Wales, NI & Scotland networks
- Across college working
  - Right infrastructure & support/training network
  - Enable supervisor capability
  - Multidisciplinary working

Website

- Trainee and supervisor pack resources
- Presentations from peers
- How to get started
- Templates to use

- http://www.rcplondon.ac.uk/resources/clinical-resources/learning-to-make-a-difference

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#LTMAD