

Joint forces in training bring improved patient care

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The GP senior registrar scheme has been running within Oxford Postgraduate Medical and Dental Education (PGMDE) for almost eight years. A small group of GP trainees compete for an extended six months of training, splitting their time between a project with trusts and a GP practice. This split ensures local service development is addressed as well as developing individuals' skill-base.

As a result of these initiatives services have improved, new ideas have become real and individuals have gained skills to go on and work with trusts in roles such as clinical leads and GPs with special interests. In essence trusts see initial service improvements and then have GPs in place to ensure these remain sustainable.

As well as insight into the intricacies and challenges ahead, these future GPs have also developed skills needed to address these challenges. GPs who have had the opportunity to be senior registrars therefore have the skills, opportunity and tenacity necessary to see initiatives through to completion and beyond.

By 'growing your own', trusts have clinicians in place to lead and develop local services. That is why the scheme works in terms of improving patient care and developing individuals.

What works and why?

A survey of present and previous senior registrar scheme participants has highlighted success criteria and allowed us to identify the impact of the scheme.

Findings showed that GPs have emerged with extended skill-sets that have enabled them to take up roles such as special interests, directors of public health and primary care trust clinical leads. They have also changed the way healthcare is delivered by setting up new services, taking clinical lead roles within PCTs and undertaking patient pathway redesign. Bridging the primary-secondary care interface has become their job.

When evaluating the scheme, key themes appear to be related to success:

- ownership of the project by the organisation (financial or personal) in relation to targets, tasks and timescale;
- ownership of the project by the GP registrar in relation to learning plans, life plans and career plans.

It seems that when it comes to successful initiatives and noticeable patient gain, knowing where you are going, what you need to do or learn in order to get there and having a personal investment in the outcomes are prerequisites for both senior registrar and host trust.

The process

Through such work-based learning within the GP practice and the host trust, senior registrars have been able to take practical and pragmatic approaches to their projects. From starting with ideals, hopes and aspirations they quickly move assignment and within months realise that change takes time, you cannot change people, and people will only change their behaviour if they see a benefit for themselves.

'I didn't realise just how long things took and how many people you needed to work with,' commented one GP senior registrar. 'I thought I needed to come up with the great idea and get people to implement it and then I would move on and they would continue to do it. I have now realised it doesn't work like that.'

One recent trainee has produced the strategy, service specification and recommendations for action to meet PCT targets; the service specification is now out for tender. The PCT gained a clinician who undertook the needs assessment, literature review, service mapping, service redesign, presentations to clinicians, a board paper and an evidence-based service specification all in two days a week for six months.

Shared investment and key tasks seem to be the key; shared ownership allows the senior registrar to become useful and part of the service redesign from the start. With the need for PCT capability and capacity plans, and short-term project groups, senior registrars are ideally suited to provide clinical input, project leadership and redesign.

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