Increasing access to acting up opportunities: A quality improvement project for PACES-positive core medical trainees

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The JRCPTB recommends that CMT2s with PACES in the last 6 months of training should have access to voluntary acting up in the role of medical registrar for educational benefit. Our hospital had no formal arrangement for this, and when CMTs were acting up it was for service provision due to staff shortages rather than educational purposes.

We started an acting-up quality improvement project to increase access to voluntary, supervised, safe acting up. QIP methodology was used, with iterative improvements to the project between cycles based on feedback from participating trainees. Volunteering CT2s held the medical SpR baton pager during clerking day shifts in ED, supervised by the medical SpR and Acute Physician in Charge. Outcomes were measured using feedback questionnaires with qualitative and quantitative measures.

To date, 9 trainees have acted up as a medical registrar during their previously scheduled shifts on the medical take; 2 during cycle 1, 2 during cycle 2, 3 during cycle 3 and 2 during cycle 4. Between cycles we responded to negative feedback. For example, by contacting the medical consultants and APIC (after cycle 1) and ED consultants on call (after cycle 2) in advance to prepare them for the CMT acting up. As the programme developed momentum, the total number of shifts acting up per CMT increased from 1.5 to 2.5, and the number of hours per CMT from 9 to 17.5. The number of patients seen per CMT increased from 8 to 17.5, the number in resus per CMT from 2 to 6.5. The number of ACATs per CMT went from 0.5 in cycle 1 to 1.33 in cycle 3, this dropped to 0.5 per CMT in cycle 4 which is likely to be as cycle 4 was post-ARCP. There were no reported patient safety issues. Qualitative feedback from participating CT2s stated that their confidence, time management and ability to manage referrals improved the most. Particular improvements were the number of patients seen in resus and the number of medical referrals taken. These areas are those which differ most from the normal role of the CMT2 on the medical take in Addenbrooke’s, and represent an area of educational benefit in preparation for the medical registrar role.

Our project showed that an organised acting up programme can be arranged. Feedback was positive and the hours spent acting up, number of SLEs and number of patients seen in resus increased as iterative improvements were made to the project. The acting up programme has become an established part of the CMT training programme at Addenbrooke’s.

Suggestions for implementation in other hospitals

Several steps introduced during this project were successful in improving access to acting up. We initially informed the medical registrar on call in advance of the shift, with the acute medicine consultant on call being aware of the project. Subsequently we also informed the APIC of each participating trainee, with an improvement in measured outcomes. If introducing a similar role, we would advise involving the medical and ED consultants to increase awareness, buy-in and support for the programme.

Feedback was that ED were not aware of the acting up programme and as a result weren’t referring to the acting-up trainee. We informed the ED consultants on call about the project to attempt to improve this and saw an improvement between cycles 3 and 4.

Our future goals are to follow up participants during ST3 and receive feedback as to whether they feel the acting up programme was helpful in preparing them for their new roles as medical registrars. We also aim to improve participation in the acting up programme.

Medical Registrar role
- Resident in ED with a clerking team including a core medical trainee and more recently, a medical consultant (APIC)
- Generally reviews patients who are more unwell than those seen by the CMT e.g. in resus
- Carries a baton pager
- Takes referrals from other specialties (mainly ED)
- Takes calls for advice from GPs
- Supports ward cover OOH

APIC—Acute Physician In Charge
This role was introduced during our QIP project
- An acute medicine consultant supporting the take in hours, in addition to the on call medical consultant who is generally on the wards
- Aims to improve patient flow, directing patients to appropriate pathways e.g. ambulatory care
- Provides an extra senior reviewer to support the take
- Educational role for advice and completion of workplace based assessments for junior doctors

Outcome measures Cycles 1-4 per participating CMT

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<thead>
<tr>
<th>Cycle</th>
<th>Total shifts acted up per CMT</th>
<th>Total hours acted up per CMT</th>
<th>Number of patients seen per CMT</th>
<th>Number seen in resus per CMT</th>
<th>Medical referrals, ACATs completed per CMT</th>
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<tbody>
<tr>
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