

# Case studies

**Name: Richard Bowman**  
**Specialty: Acute medicine**  
**Pathway: Medical education**  
**Deanery: East Midlands**



My deanery and school of medicine have been really supportive from the start when I joined the FPT scheme in 2019. In my region, the FPT theme being piloted is medical education. I was offered some prearranged project ideas, including working with the local medical school on assessment practices or working with the deanery to develop new online educational resources such as an education podcast. However, they have also been very open to bringing in new ideas to their project offerings. I think it is very encouraging that the RCP and HEE nationally are working to find new and innovative ways, like FPT, to reward and enhance general internal medicine (GIM) training.

Despite the disruption that COVID brought, I have still managed to have a productive year working on designing and rolling out new elements of the regional IMT training programme. This has included a new regional weekly template curriculum for teaching, more in line with the IMT national curriculum, as the programme transitions away from CMT. We have also begun to design and roll out a series of regional conferences. In the future, I hope to use my FPT to develop my interest in simulation and human factors education.

Overall, I have found the FPT initiative to be rewarding and positive. I have found that it has certainly helped open doors to new training opportunities and experiences. I have welcomed the chance to work on longer-term projects and the chance to, in part, set my own personal development objectives.

I encourage others to consider applying for FPT status if they enjoy self-directed project work and developing extracurricular skills that complement their general physician clinical training.

**Name: Christian Alcock**  
**Specialty: Geriatrics**  
**Pathway:**  
**Quality improvement**  
**Deanery: East of England**



Over the past year I have designed, run and facilitated multiple projects in clinical, managerial and educational spheres. I have been involved in collaborative work from multiple departments and disciplines, both in response to active problems and service improvement.

Of note, a project in statin deprescribing is being converted into a research project, simple changes in discharge letter writing have been modelled to increase financial revenue by over £2.6 million annually, we have developed a local teaching programme and contributed to updating the trust's mental capacity policy. There have been multiple smaller projects, improving practice in areas ranging from the use of PEACE forms and prescribing of intravenous iron to the referral to anticoagulation services.

In the year to come, I am aiming to create a unified electrolyte policy, trial a postoperative pain management clinic and continue researching potential uses of statin drugs.

These projects and outcomes would not have been possible without the time allowed by the FPT programme, and our trust is better for it.

In spite of all of this, I feel my greatest achievement is the involvement of junior doctors in these projects. For too long, junior doctors have been given roles in projects that have been time-consuming and yielded results of little value. Through this programme, I've been able to engage juniors in achievable projects, causing real change in a way that displays the best of quality improvement and sets them up well in their careers.

**Name: Rachel Saville**  
**Specialty:**  
**Respiratory medicine**  
**Pathway: Medical education**  
**Deanery: East Midlands**



**Project:** MEMcast – this year we have launched MEMcast (Medicine East Midlands), which is an educational resource aimed at doctors sitting their MRCP(UK). We are a free, open access online educational resource, producing multiple-choice question sets (MCQs), facts of the week and 10–20 minute revision podcasts via online platforms. We can be found on Instagram @MEMcast and our podcasts are available on Apple Podcasts, Spotify and Podomatic. We also hosted our first webinar, ‘Top tips for the new FY1’, a few weeks ago via Zoom. This has been exceptional timing given the current COVID-19 pandemic, as it allows teaching to be delivered in unique and innovative ways, without face-to-face contact. I have contacted Health Education England East Midlands to explore whether the podcasts can be used locally for IMT teaching days as we move towards virtual teaching this year.

Although they are primarily for MRCP(UK) revision, a lot of the resources are valuable for undergraduates and other junior doctors as well, and we are planning on expanding into the medical student market this year and creating some exam-style revision videos for PACES.

### Advantages of FPT

- ▶ As you can expect – flexibility of working! I have one day a week to work towards the project, which can be spent travelling to interview specialty consultants for our podcasts or editing and creating MCQs.
- ▶ I have learnt IT skills – how to record, edit and upload podcasts, manage a social media account and branding using Canva.
- ▶ I am updating my own medical knowledge by talking to experts each week when planning and recording the podcast sessions to cover the GIM curriculum.
- ▶ I have improved my organisational skills and worked as a team leader – through planning the regular schedule for MEMcast posts, and supporting the other members of the project.
- ▶ I would like to enrol to complete a masters in education, and hope to achieve this over the next 3–4 years.

**Name: Christian Greenstreet**  
**Specialty: Renal medicine**  
**Pathway: Clinical informatics**  
**Deanery: North West**



My name is Christian and I’m a renal/GIM trainee in Manchester. I’m on the clinical informatics pathway and currently working for one day a week on a project developing and implementing a new e-referral and messaging system for hospitals to refer to tertiary specialties.

FPT has been a great opportunity to meet people from a wide range of different professions and specialties, and to share experience and skills. I was quite nervous to begin with and had no knowledge about clinical informatics prior to starting the programme, but over the year I have learnt a lot about what goes on behind the scenes in the clinical systems we use every day.

**Name: Dr Lin Sanda Hlaing**  
**Specialty: Acute medicine**  
**Pathway: Clinical informatics**  
**Deanery: Wessex**



I am enjoying FPT training in clinical informatics so much, as my lifelong passion is leadership and doing these projects with clinicians, technicians and working as a team improve my leadership skills. I also attend monthly digital steering group meetings and it is always exciting to see how we are progressing and reaching our goals.

Moreover, I also love my creative works of designing ward round templates and proformas.

I would highly recommend the FPT clinical informatics experience to my colleagues as it is a great experience to:

- ▶ see how digital technologies are helping and making our clinicians lives easier
- ▶ work with IT technicians and others as a team for leadership and management experiences
- ▶ do audit and quality improvement projects to improve patient care by improving our clinical practice
- ▶ be a link or an ambassador between clinicians and technicians.

Projects I have been involved in:

- ▶ Improving electronic patient recording system (EPR) by:
  - ▶ improving electronic discharge summaries format
  - ▶ improving venous thromboembolism risk assessment on EPR and using business intelligence data
  - ▶ confusion and capacity assessment on the EPR system
- ▶ Electronic observation (eObs) rolling out by improving the in-house ThinkVitals application

- ▶ Auditing and improving the care of deteriorating patients by using the eObs system
- ▶ Designing an electronic ward round template
- ▶ Designing a deteriorating patient review proforma
- ▶ Developing an electronic clerking proforma
- ▶ Developing electronic care bundles, including a liver care bundle and a diabetic foot care bundle

**Name: Christopher Taylor**  
**Specialty: Acute medicine**  
**Pathway: Clinical informatics**  
**Deanery: North East**



In the North East, we have been very well supported with the development of a CPD programme around health informatics in conjunction with Newcastle University, which has enhanced my knowledge base and awareness of the breadth of the field. There have also been opportunities to engage with the Informatics in the Pub group, which is now online, for further learning. In terms of a formal project, my main contribution was supporting a local project around transfer of care, ie discharge letters, for which the trust was 'switching off' paper copies. My contribution was around layout, text and providing context of the junior doctors' contribution and practicalities of training and responsibilities. This led to reduced impact on doctors and a slightly more efficient rollout of the update, with an updated standard operating procedure which I helped to author. I spent time learning a lot about health information exchanges and the development of picture archiving and communication systems (PACS) for pathology services; however, owing to the impact of COVID-19 my potential involvement in projects was cut short.