The Medical Service Improvement Program

Empowering junior doctors to lead service improvement projects in Western Australian hospitals

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Introduction

The Medical Service Improvement Program provides junior doctors with the opportunity to develop leadership and service improvement skills and is an initiative of the Western Australian public healthcare system.

The program offers participating junior doctors the opportunity to undertake a service improvement project during a 2014 six-month fellowship. The program includes three rotation options: rotation 1 (March – June), rotation 2 (June – August), rotation 3 (August – October).

Program objectives

1. To engage junior medical staff in clinical research initiatives and service improvement within hospitals.
2. To empower junior medical staff to manage elements of their workplace that impact their ability to focus on patient care and improve care delivery.
3. To develop a network of clinicians with functional proficiency in service improvement and clinical leadership.
4. To build strong connections and appropriate communication channels between hospital management and junior medical staff.
5. To create a means for the refinement of clinical governance and hospital delivery in five areas.
6. To increase the leadership capacity and capability of junior medical staff.

The program commenced as a pilot in 2012 and will not be open to applications to include additional hospital sites. All 2014 projects will have been underway by the end of 2014.

Table 2: Example service improvement project outcomes

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<th>Personal, organisational and system benefits</th>
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<td>Benefits</td>
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<td>- Improved communication between hospital management and junior medical staff.</td>
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<td>- System-level understanding of service improvement projects.</td>
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<td>- Increased awareness of service improvement opportunities.</td>
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Future challenges and next steps

Despite the initial success of the program, it will continue to provide opportunities for leadership development. This, particularly as the health system transitions to a cost-based funding environment.

Possible next steps include:
- Undertaking a formal evaluation to quantify the benefits realised across the health system, both in terms of processes and outcomes and yield of service improvement projects.

Conclusion

The program has demonstrated that junior doctors are capable of implementing improvements in the delivery of health services. Tendering junior doctors to lead service improvement projects will empower them to make a significant difference to the quality of care provided to patients.

References