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Trailblazer Fellow
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The Trailblazer Fellowship has been an extremely valuable opportunity that has allowed me to develop both professionally and personally while making meaningful improvements within my practice. Throughout the fellowship, I have focused on quality improvement projects, population health management, education, and reducing health inequalities.

I have attended multiple trailblazer webinars and participated in numerous educational webinars and learning events covering diabetes, lifestyle medicine, chronic pain, childhood adverse experiences, homelessness, coastal and rural health, domestic violence and health inequalities. These sessions have broadened my understanding of the wider determinants of health and reinforced the importance of delivering person-centred care, particularly for patients from deprived or vulnerable backgrounds.

The fellowship has also provided opportunities to lead and contribute to several quality improvement initiatives within the practice. One of our most successful projects focused on bowel cancer screening, where we achieved a 24% improvement in screening uptake within six months. This demonstrated the value of proactive patient engagement and teamwork. We are now monitoring the impact of similar interventions on breast screening, diabetic retinal screening and abdominal aortic aneurysm screening.

The study bursary enabled me to undertake a Postgraduate Certificate in Diabetes at the University of Warwick, which has become the cornerstone of my fellowship journey. With over 540 patients living with diabetes mellitus in our practice representing almost 10% of our registered population, I wanted to strengthen my knowledge and clinical skills to improve patient outcomes and provide evidence-based diabetes care. Within diabetes care, I have applied the knowledge gained from my postgraduate studies directly into clinical practice. We carried out a search of younger patients with diabetes and have started reviewing them using the MODY probability calculator to identify those who may have monogenic diabetes. This has already resulted in an appropriate referral to endocrinology for further assessment. We also reviewed patients who were not receiving SGLT2 inhibitors or metformin in line with current NICE guidance, with eligible patients being booked with our clinical pharmacist to optimise their treatment.

Another important initiative has been promoting the Type 2 Diabetes Remission Programme. I have worked closely with the programme team, invited them into the surgery to engage directly with patients, and encouraged suitable individuals to participate. I hope this will improve uptake and support more patients in achieving remission through structured lifestyle interventions.

The fellowship has encouraged me to think beyond disease management and consider the wider factors influencing health. Learning about childhood adverse experiences has significantly changed my consultations. I now have a greater appreciation of how early life experiences affect both physical and mental health, patient engagement and long-

term outcomes. I have started incorporating trauma-informed approaches into consultations where appropriate and have referred patients for additional psychological support when needed. I have also used this knowledge during postnatal consultations by discussing the importance of secure attachment, responsive parenting, skin-to-skin contact and breastfeeding in promoting long-term health.

Professionally, the bursary has made a significant contribution to my development. Undertaking postgraduate study while continuing clinical practice has enhanced my confidence in recognising atypical presentations of diabetes, identifying patients who require urgent specialist referral and applying current evidence to clinical decision-making. The structured academic learning has complemented my practical experience and strengthened my ability to lead improvements within primary care. It has also encouraged me to critically appraise evidence and consider how national guidance can be translated into local practice.

Personally, the fellowship has increased my confidence as a clinical leader and reinforced the importance of lifelong learning. It has challenged me to step outside my comfort zone by leading projects, engaging with multidisciplinary teams and implementing changes across the practice. Although balancing clinical work, study and quality improvement projects has been demanding, it has strengthened my organisational skills, resilience and ability to prioritise work effectively.

Looking ahead, I intend to continue building on everything I have learned during the fellowship. My priority is to further improve diabetes outcomes within our practice through earlier identification of atypical diabetes, optimisation of medication in accordance with NICE guidance, greater uptake of remission programmes and continued support for patients with poor glycaemic control. I also hope to share my learning with colleagues across the practice and Primary Care Network, supporting wider improvements in diabetes management.

The fellowship has also opened avenues that I had not previously considered. Before undertaking the postgraduate course, I had not envisaged developing a specialist interest in diabetes. The experience has inspired me to continue expanding my expertise in this area and to take a greater leadership role in long-term condition management and population health. I have also become increasingly interested in preventative medicine, health inequalities and lifestyle interventions, recognising that improving health outcomes often requires addressing social and behavioural factors alongside medical treatment.

In addition to diabetes, the fellowship has influenced other aspects of practice. We have introduced monthly patient wellbeing walks, implemented sustainability initiatives such as increasing the use of dry powder inhalers where clinically appropriate, reviewed learning disability care resulting in our practice achieving Learning Disability Friendly accreditation, and continued to explore ways of improving patient engagement and reducing non-attendance by understanding individual barriers and making reasonable adjustments where possible. I also had a chance to meet Sahil team in our area, who are supporting people from South East Asian background and learnt what services they offer and thus increased our referrals to this team to support our patients.

Overall, the Trailblazer Fellowship has exceeded my expectations. It has provided protected opportunities for learning, networking, quality improvement and leadership development that have directly benefited both my patients and my professional growth. The study bursary has enabled me to gain specialist knowledge that will continue to influence my practice for many years to come.

I would strongly recommend this opportunity to other clinicians. The fellowship provides a unique combination of funded education, peer support and practical quality improvement that empowers participants to make meaningful changes within their own practices while developing as future leaders within primary care. The knowledge, confidence and skills I have gained will have a lasting impact on my career and, more importantly, on the care that I provide to my patients.