Improving the leadership development of junior doctors in the South West

Health Education England South West developed a Clinical Leadership Mentor programme in 2018, with a mentor appointed in every Trust. Their role is to support the leadership development of junior doctors, by working directly with them, and with Trust and Education leaders.

The organisation of medical training involves a complex set of relationships between the General Medical Council (the regulator of the medical profession), the Medical Royal Colleges who develop curricula to meet GMC requirements, Health Education England who are responsible for medical training, including the employment of junior doctors, and Trusts who provide training placements. Medical Trainees provide a key part of the medical workforce in Trusts, and a significant number of Consultant staff are involved in their training in a formal capacity.

Postgraduate medical education in the UK is going through a number of significant changes. In 2017 the GMC published the Generic Professional Capabilities (GPC) framework following a major review of medical training. The GMC requires that the GPC framework will be reflected in revised postgraduate curricula by 2020, although this process may be delayed by the Covid-19 pandemic. The GPC framework has three fundamental domains relating to professional knowledge, skills, and values and behaviours, and six themed domains. Among the themed domains are *leadership and team working*, and *patient safety and quality improvement*. Although the GMC in their role of individual professional regulator has been concerned with leadership and teamwork for many years, the revised curricula will mean that for the first time**, leadership, teamwork, patient safety, and quality improvement will formally be part of training provided by NHS Trusts, and will be assessed alongside other clinical and non-clinical skills and knowledge.**

This change provides opportunities for Trusts, who have expertise and capacity in all these areas, to engage with the medical workforce – trainees and permanent staff – to support medical training. There is a strong and developing evidence-base showing the contribution of junior doctors to quality improvement and patient safety, and the importance of leadership at all levels in improving services. Some evidence is summarised in box 1.

To help enable this potential developing partnership, in 2018, HEE South West Deanery established new posts of **Clinical Leadership Mentors (CLMs)** in all 19 Trusts in the South-West. CLMs are "responsible for overseeing the process and progress of leadership development amongst the trainees within their Trust/LEP." CLMs are engaging with trainees, trainers, and trusts in their role, although they are constrained by the time that is available. The Deanery has only been able to fund posts at 0.5 P.A. (around 2 hours per week), although CLMs gave many more hours to their roles.

The Clinical Leadership Mentor scheme evaluation

This is a formative evaluation of the Health Education England South West Clinical Leadership Mentors (CLM) scheme. The group of Clinical Leadership Mentors have met regularly, supported by an external facilitator, to share their learning. The evaluation aims included identifying the activities undertaken by mentors (which are explained in Box 2, alongside their specific duties), exploring perceptions about their role, held by the mentors themselves, trainees and within organisations, and to consider the effectiveness of their activities. Methods were a total of 43 interviews with Clinical Leadership Mentors, Educational Supervisors, Trainee Medical Staff, and Trust Managers, surveys of Trainee Medical Staff (n=112), and Education Supervisors (n= 170) in 8 Trusts, and documentary analysis. Surveys were undertaken in Trusts (4 Mental health, 4 acute) who wanted to use them for local development of the role.

The development and funding of this evaluation was supported by the NHS Leadership Academy, a function of the People Directorate of NHS England and NHS Improvement.

Box 1: The contribution of junior doctors to service improvement and patient safety

There have been no studies that have directly linked the quality of medical education provided by Trusts, to specific outcomes at the clinical or organisational level. However, there are reasons to suggest such a link:

- Junior doctors can make significant contributions to patient safety and service improvement. In one study more than 90% had ideas for improvement, but only 11% had had an idea implemented (Gilbert *et al.,* 2012). In another study the figure was 28% (Mendis and Paton 2014).
- Higher engagement of medical staff is associated with higher quality care, and the case for engagement of junior doctors particularly is widely made (Aggarwal and Swanwick 2015)
- There is a significant literature exploring the links between patient safety and the wellbeing of healthcare staff (Hall et al 2016), and the mental health of doctors (Kinman and Teoh 2018). Poor wellbeing is associated with poor quality care.
- Recruitment of trainees is likely to be affected by a Trust's medical education and management processes. Less than half of doctors completing their foundation years training proceed directly into core specialty training with most taking a one year or a two year break (Cleland et al 2019).
- A supportive culture and working conditions are highly significant in the training post application choices of F2 doctors, although geographical location in the most important (Scanlan et al 2018)
- The GMC published a major review in 2019: Caring for doctors, caring for patients (West and Coia 2019) identifying the importance of the healthcare environment and compassionate leadership, with recommendations for all organisations.

There was significant variation within the group of CLMs, on a number of dimensions, including their own role and experience, and the size and context of Trust. As a result, the role was enacted in many different ways, although there were a number of common elements derived from the job description. In particular whether the CLMs worked with 'the few or the many' was identified as a key element of difference – whether it was possible to work with individual trainees, or whether activity was better directed at others who support trainees. The limited time available to CLMs required prioritisation of approaches. Many CLMs engaged with a range of colleagues to create informal support groups to develop the role. Perceptions of the CLMs were positive, although not all participants in the evaluation knew who their CLM was or understood their role. For those unable to comment on the basis of experience, the role itself was appreciated.

Trainees' attitudes to leadership, and experiences

A key issue identified in the CLM group was the extent to which trainees considered themselves as leaders, which would give part of the context for leadership development. There has been some evidence that trainees tended to see leadership in hierarchical terms. Our survey suggested higher levels of engagement with leadership:

Trainees' attitudes to leadership	% Agree
I consider myself a leader	78%
Leadership is important as a part of my clinical practice	94%
Leadership requires a senior position	38%

The number of trainees who considered themselves a leader Increased as seniority increased, with the transition to registrar being particularly significant. There was variation in the extent to which trainees felt supported in leadership development and had access to opportunities:

Trainee doctor:
"certainly in my ST1, ST2, years, it was never talked about or mentioned at all and then as you become a registrar people start talking about 'oh, you're going to be a registrar soon and you have to think about what kind of leader you want to be."

Leadership development experiences of trainees	% Agree
I have discussed leadership with my educational supervisor in the past six months	51%
I have access to leadership development opportunities in my current role.	65%
I feel supported by the Trust in my leadership development	54%
The environment for leadership development varies between the Trusts	86%
I have further leadership development need in the next 12 months	92%

Trainee doctor
"[Doing a] Q.I. project was good but felt that I had to drive this by myself and was not supported by the trust much to do this. This felt pretty different to my experience [elsewhere] where I was supported in QI by regular meetings with a QI fellow or full time QI employee. .. Consultants were also keen on QI and encouraged trainees to take part."

That 86% of trainees believed that the environment for leadership development varies between Trusts is significant and offers a clear opportunity for improvement. However, a positive finding of the surveys was that 80% of trainees had undertaken a Quality Improvement activity, although not always to maximum effect as the quote above illustrates.

Box 2: activities of Clinical Leadership Mentors

Key responsibility in job desription	Summary
To identify suitable leadership roles and projects within and around the organisation and to lead on overseeing and supporting medical trainees as they engage in these activities.	This has been widely developed by CLMs, with some variation. For example, some have highlighted major opportunities such as Chief Registrar posts, or Leadership Fellowships, while others have concentrated on local roles such as in Junior Doctors committees, and developing representative roles with the Trust, with some certification. Matching of trainees with Trust projects is also a key activity in this area.
Develop and support a buddying scheme allowing trainees to shadow various leaders and managers within the Trust /LEP at meetings and in management activities.	This was reported in 10 Trusts, with successful buddying with Executive Directors and Graduate Management Trainees. In some Trusts limited interest was noted. There was a distinction in some reports between buddying and shadowing, with buddying being a longer term relationship, and shadowing being shorter term, for perhaps a specific day or meeting.
Develop and support participation by trainees in patient safety issues / RCA (root cause analysis). Develop and support multi-professional Quality Improvement (QI) work with involvement of the Trust QI Lead.	This is the area that has clearest progress in the reports, with all CLMs making progress, particularly with Quality Improvement initiatives, which are routinely part of training programmes. Some reports described initiatives for the Trust's QI team to proactively engage with trainee medical staff. There were a number of specific initiatives.
Highlight and embed leadership opportunities at Trust/LEP Induction	Induction is in some Trusts a pressurised event, and so direct involvement has not always been possible. In some large Trusts there are a large number of events, and so prioritisation is necessary.
Work with relevant Specialty Tutors, clinical service leaders to help facilitate leadership opportunities within the specialties/departments.	In this area there has been a variety of approaches, with engagement of different groups of colleagues. Some CLMs who have been in Trusts a long time or hold other appointments highlighted the role of personal networks.
Support trainees' representation at multi-professional Senior Team meetings.	The link of this action with the buddying scheme was made, as was the opportunities offered to specific posts such as Chief Registrars.
Develop and support workplace invitations to leadership learning opportunities.	This has been a key area of activity with most CLMs highlighting their role in this area. Several CLMs have designed and delivered leadership training. Two CLMs have personally mentored a number of trainees.
Participate in the development of a Leadership Mentor network across the SW region	The Leadership mentors network is widely supported, through the meetings and through a WhatsApp group.
Develop and support a forum for local clinicians to talk to trainees about leadership and reflect on their leadership and managerial roles.	This specific objective has been addressed mainly by working with existing groups and networks rather than proposing a new forum.

Educational Supervisors

Educational Supervisors will be key to implementing the new curricula reflecting the Generic Professional Capabilities. Although there was a very high agreement with leadership being part of medical training, and high levels of belief that Education Supervisors had the skills and knowledge to take on an enhanced role in the new curricula, only half understood the leadership development opportunities available to trainees, and only a third were fully prepared for curriculum changes.

	% agree
Leadership is an important element of medical training	98%
Leadership development should be part of medical training in all years of training	89%
Leadership development should only be part of medical training for senior trainees	26%
I discuss leadership with trainees	82%
I have the knowledge required to discuss leadership and leadership development	70%
I have the supervisory skills required to discuss leadership and leadership development	74%
I understand the opportunities which are available for trainees in leadership development.	53%
I am fully prepared for the curriculum changes to implement Generic Professional capabilities	34%

Educational supervisor on the CLM role

''*…trainers of course come from all backgrounds; some of them are good leaders and some of them are not, therefore having somebody outside of your trainer that you can go to would seem quite useful. It would also seem quite useful for … some of the consultants to go to them for advice on leadership and advice on how to help their trainees as well, because we don't always know what's available and what might help all our trainees.*''

Educational supervisors were asked what specific CLM roles would be useful. All suggestions had 'approval ratings' above 90% including:

To identify suitable leadership projects for trainees	**93%**	**To identify suitable leadership roles for trainees**	**95%**
To set up a system for trainees to shadow various leaders and managers	**93%**	**Develop fora for local clinicians to talk to trainees about leadership**	**90%**

Summary

Although this is a formative evaluation, there is evidence to support the continuation and development of the role, with support from trainees, educational supervisors, and Trust Managers. Roles should be less specified, with more freedom to develop roles locally. The Clinical Leadership Mentors group has been highly valued, although the time commitment is high. Clinical Leadership mentors should review how they work together to share good practice. Issues for further consideration identified in the evaluation include:

- Understanding the specific issues that influence the organisational context for medical training seems like a priority area for Clinical Leadership Mentors.
- Connections between the wellbeing agenda, recruitment and retention, and the environment for leadership development were made in the evaluation. Developing this connection may encourage Trusts to increase the resources available to the Clinical Leadership Mentor role.
- There may be scope for innovative approaches in the leadership development of trainees, for example the involvement of senior trainees in mentoring more junior trainees, and the engagement of senior clinicians, particularly those close to or after retirement.
- The high percentage of trainees engaging in Quality Improvement is very encouraging, but other forms of leadership work and learning might also be encouraged in medical curricula and annual assessment.

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