

The State of Medical Leadership and Management Training for Doctors-in-Training in 2017

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Introduction

We know that health outcomes are better when doctors are involved in leadership positions. We believe that leadership and management is a critical part of junior doctor training for three reasons:

1. Trainees are the healthcare leaders of the future
2. Given the right training and opportunities, trainees could make meaningful improvements in today's healthcare service
3. Junior doctor morale is suffering presently, and engaging junior doctors directly in the running of their own workplace will be critical in targeting this

Aims

- To explore the current attitudes of junior doctors to medical leadership and management in healthcare
- To explore the training experiences of junior doctors in leadership and management

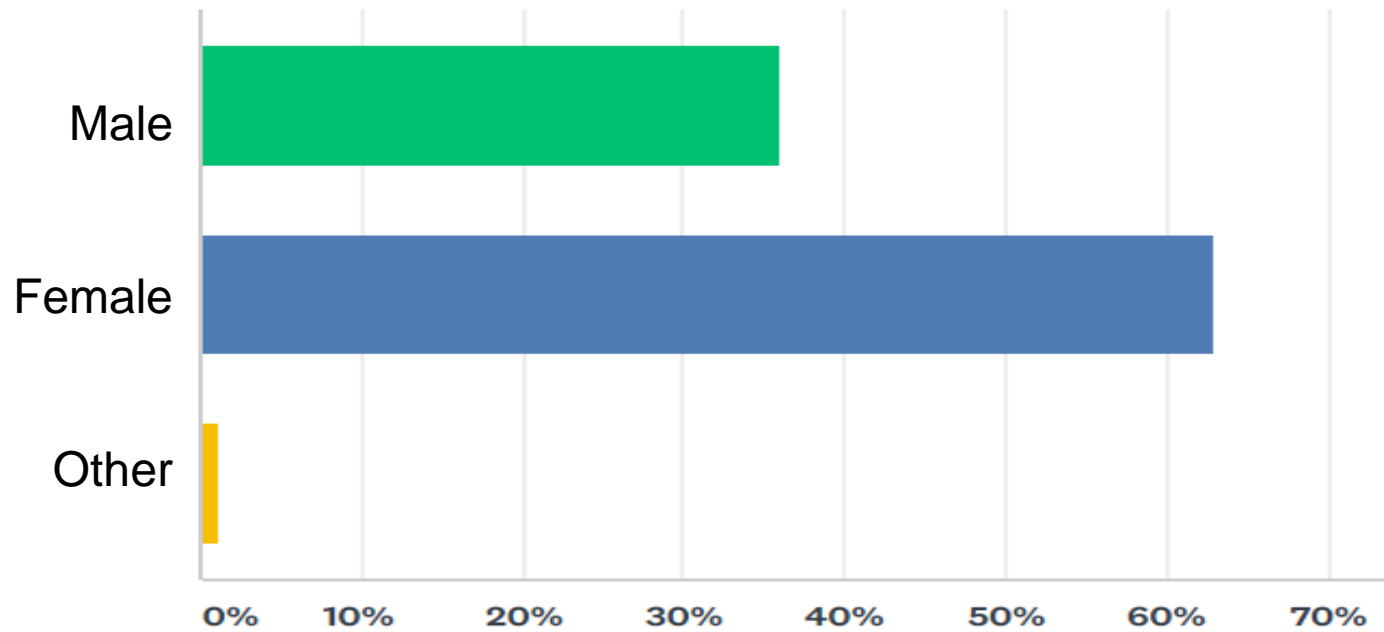
Methodology

- Nationwide anonymous survey
- Between 20 September and 13 December 2017
- Emailed to all trainee members of FMLM, and to other junior doctors via postgraduate deans and trainee networks
- 12 questions:
 - 5 demographic questions
 - 7 questions on attitudes and experiences of leadership and management

Results

400 respondents

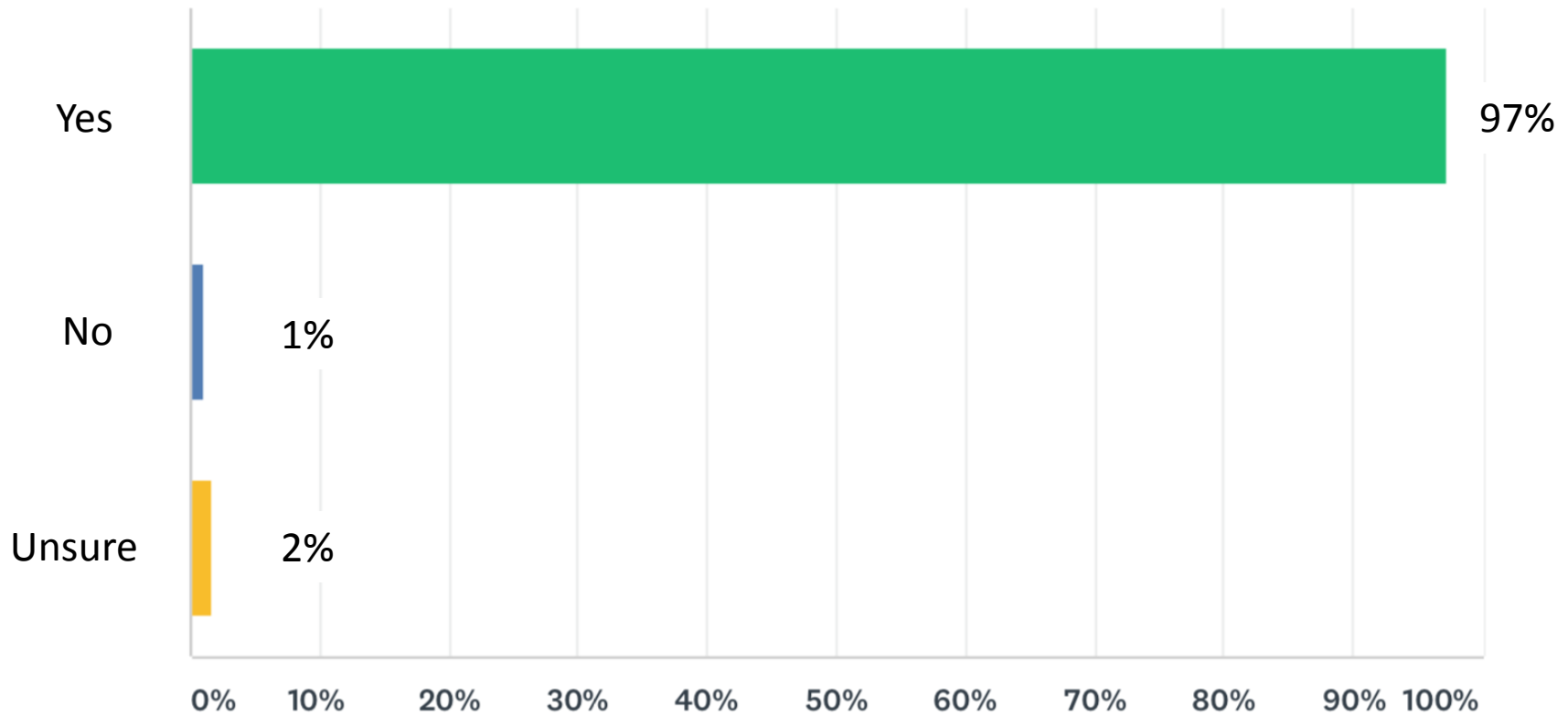
Sex



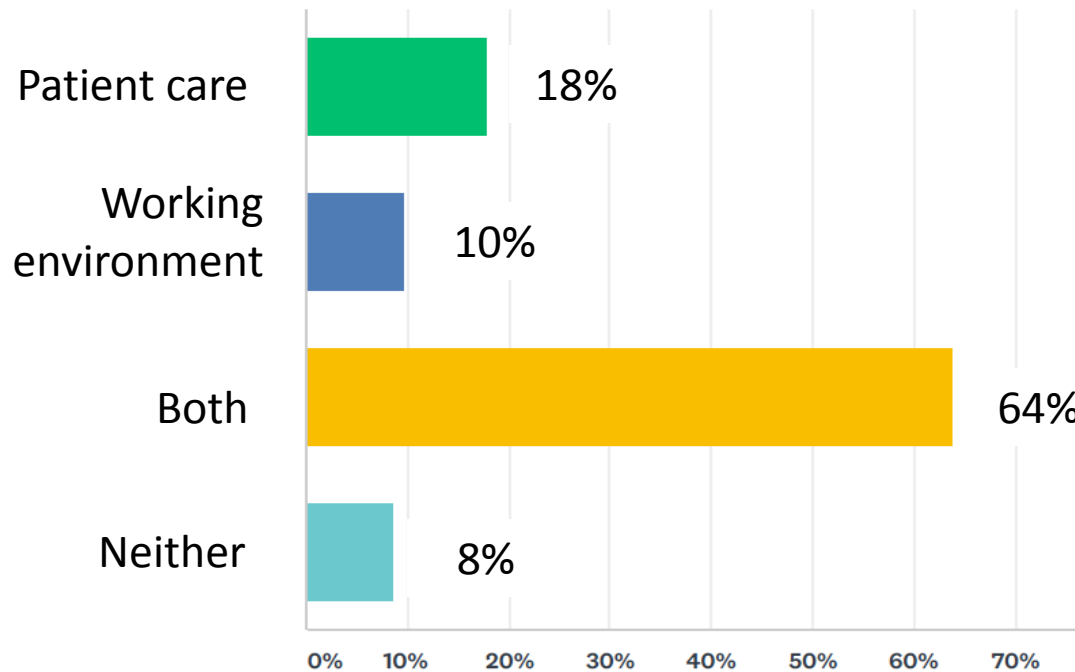
Results: training grade

Grade	Frequency
FY1	4%
FY2	4%
CT1	8%
CT2	8%
CT3	3%
ST3	9%
ST4	11%
ST5	14%
ST6	15%
ST7	8.5%
ST8	4%
Not in programme	10%

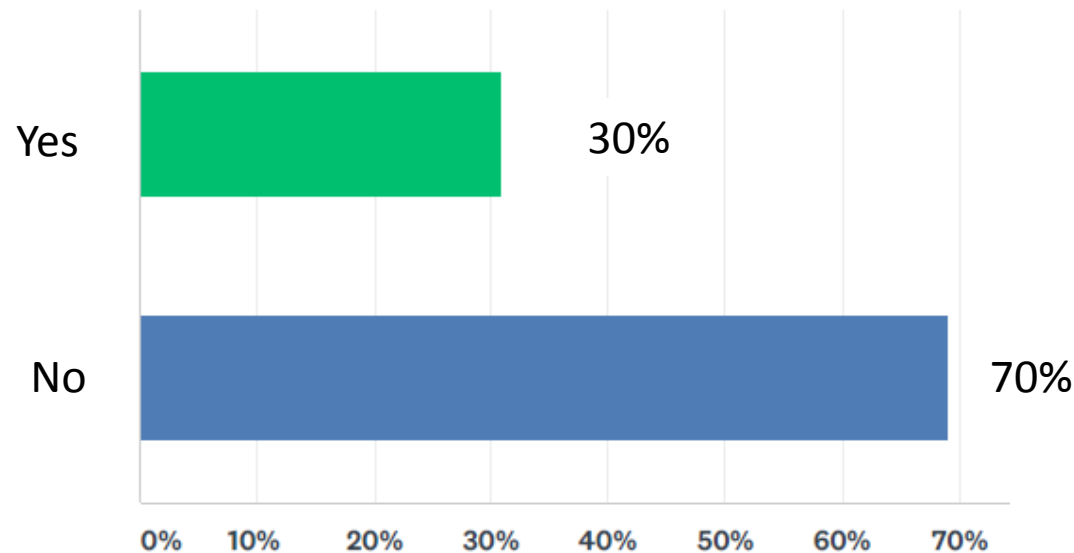
Do you see leadership/management as important skills for a doctor?



Have you had an idea for how to improve patient care and/or the working environment?



Have your ideas been sustainably implemented?



Pippa Bagnall (2012) *Facilitators and barriers to leadership and quality improvement. The King's Fund Junior Doctor Project*, London: King's Fund

Gilbert A, Hockey P, Vaithianathan R, et al *Perceptions of junior doctors in the NHS about their training: results of a regional questionnaire* BMJ Qual Saf Published Online First: 25 January 2012. doi: 10.1136/bmjqs-2011-000611

Johnston G, Crombie IK, Alder EM, et al. *Reviewing audit: barriers and facilitating factors for effective clinical audit*. BMJ Quality & Safety 2000;**9**:23-36.

Davies H, Powell A, Rushmer R. *Healthcare professionals' views on clinician engagement in quality improvement*. Health Foundation, 2007

Dixon-Woods M, McNicol S, Martin G. *Ten challenges in improving quality in healthcare: lessons from the Health Foundation's programme evaluations and relevant literature*. BMJ Quality & Safety 2012;**21**:876-884.



What are the barriers to engagement?

- 1) Lack of time 82%
- 2) Frequent/short rotations 69%
- = 3) Lack of training/experience 50%
- = 3) Lack of support from seniors 50%

Zarkalix A., Acquaah, F., Donaghy, G., Hutton, R., McLaughlin, L. Ngai, J. Parfitt, C. Pirkis, L. Till, A. (2016) *Trainees Leading Quality Improvement*, London: FMLM

Mann K et al. *Quality Improvement Educational Practices in Pediatric Residency Programs: Survey of Pediatric Program Directors Academic Pediatrics* , Volume 14, Issue 1 , 23 - 28

Philibert I et al. *Quality Improvement Skills for Pediatric Residents: From Lecture to Implementation and Sustainability. Academic Pediatrics* , Volume 14 , Issue 1 , 40 - 46

What are the barriers to engagement?

As trainees we are just temporary features in a much more complex organism of permanent staff and thus normally lack the time or insight to make sustainable change.

Difficult to influence change when we move every 6 months. Difficult for managers to get to know us for similar reasons

Lack of support for trainee led change in anything other than simple, almost trivial, areas.

Main factors are 1. that junior doctors move too quickly to be able to implement a change and 2. manager and clinicians work too separately.

Maybe when I become a consultant, I hope to have a bigger voice.



What support have you found helpful?

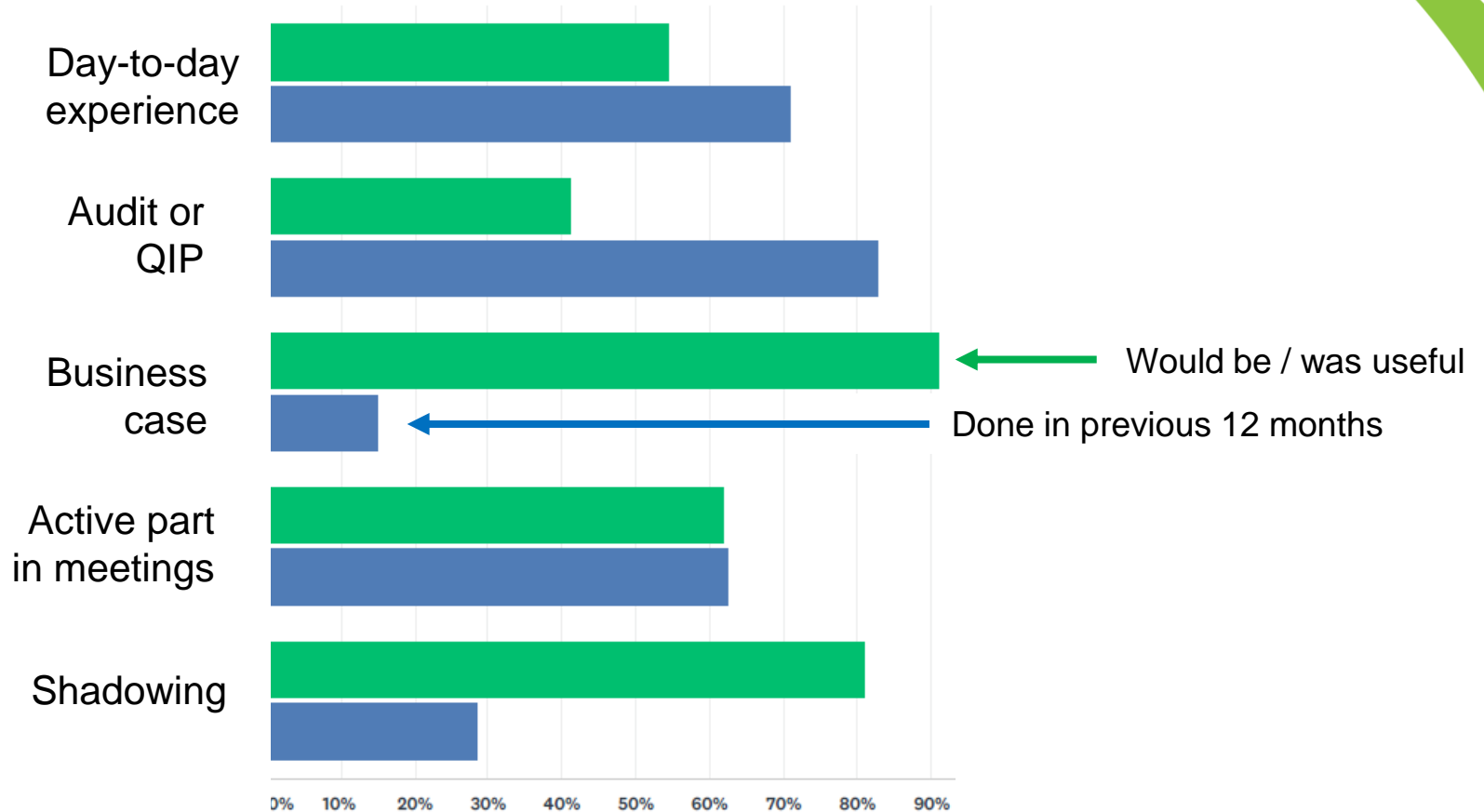
	Frequency
<i>Local institutional support</i>	
Educational or clinical supervisor	41%
TPD/DME	17%
My trust (eg PGMED)	21%
My deanery	19%
<i>National institutional support</i>	
FMLM	21%
Royal college	12%
BMA	5%
<i>Other</i>	
Journals	5%
Other trainees	36%
I'm not sure	20%

Ewins L. *Improving the completion of Quality Improvement projects amongst psychiatry core trainees* BMJ Open Quality 2015;4:u205682.w2554. doi:10.1136/bmjquality.u205682.w2554

Exworthy, M. Snelling, I. (2017) *Evaluation of the RCP's Chief Registrar programme*. Birmingham: Health Services Management Centre.

Stroll, L., Foster-Turner, J., Glenn, M. (2010) *Mind Shift. An Evaluation of the NHS London 'Darzi' Fellowships in Clinical Leadership Programme*. Institute of Education, University of Londond

Engagement with leadership and management



Conclusion

- Four hundred trainee doctors responded
- 97% felt that leadership and management training was important
- Around 50% felt that their own training was inadequate to implement change
- 83% had completed an audit or QIP, but only 31% felt their ideas had been sustainably implemented. 40% thought audits/QIPs were helpful
- Barriers included lack of time (82%), and the frequent/short rotations (69%)



Summary

1. There is increasing awareness of the importance of leadership and management skills for doctors in training
2. Create new, and highlight existing, opportunities for leadership development in the postgraduate setting
3. QIP is not seen as the best way to attain leadership skills
4. Lack of sustainability of service improvement is a critical issue

Limitations

- Survey design (predominantly closed options)
- Generalisability



Recommendations

- **Courses:** locally delivered and targeted at different training grades
- **Rotations:** work with royal colleges to review the current structure of trainee rotations
- **Time:** advocate for dedicated time for training opportunities
- **Curricula:** included in undergraduate and postgraduate curricula
- **Fellowships:** increase availability of leadership fellowship opportunities nationwide
- **Mentoring:** raise awareness of the FMLM mentoring scheme for trainees
- **Shadowing:** explore options for doctors to shadow senior managers and medical leaders
- **Hospital boards:** explore potential for trainees to sit on hospital boards
- **Junior doctor forums:** toolkit for junior doctors to set up junior doctor forums
- **Sustainability:** improve sustainability of junior doctor projects
- **FMLM Champions:** reinvigorate FMLM Champion scheme

