



Faculty of
**Medical Leadership
and Management**

**Improving leadership and
management training and
assessment for doctors in
postgraduate training**

Report on results of trainees and
trainers survey

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Introduction

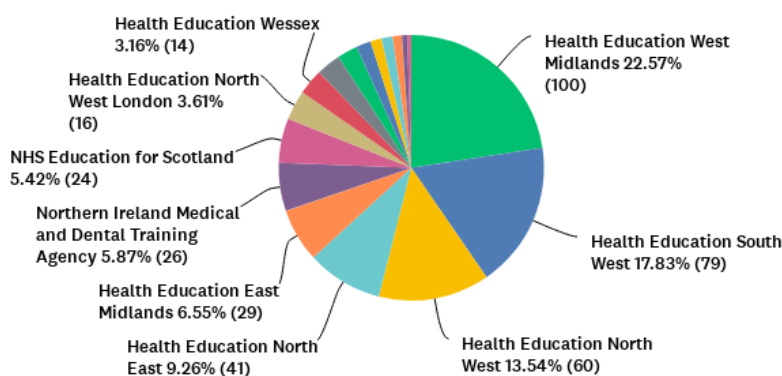
This report sets out the results and findings from an online survey of medical trainees and those who consider themselves as trainers. The team used structured survey questionnaires as one of the main methods to gather data on the perspectives of trainees, trainers, and potential leadership educators. The surveys drew from existing evidence around leadership development and were developed in collaboration with various stakeholders, including doctors in training. This survey was piloted and refined prior to final dissemination via social media, networks, newsletters and targeted emails from October 2021 – March 2022.

Responses and demographic data

A total of 443 responses were received; 245 indicated they wanted to complete the survey as a trainee (a doctor in training) and 198 indicated they wanted to complete the survey as a trainer (responsible for supporting the leadership development of trainees).

For all responses, the majority were from England - Health Education West Midlands (22.6%), Health Education South West (17.8%), and Health Education North West (13.5%). There were 26 responses from Northern Ireland, 24 responses from Scotland, and only two responses from Wales.

Q2 What region/deanery are you associated with?

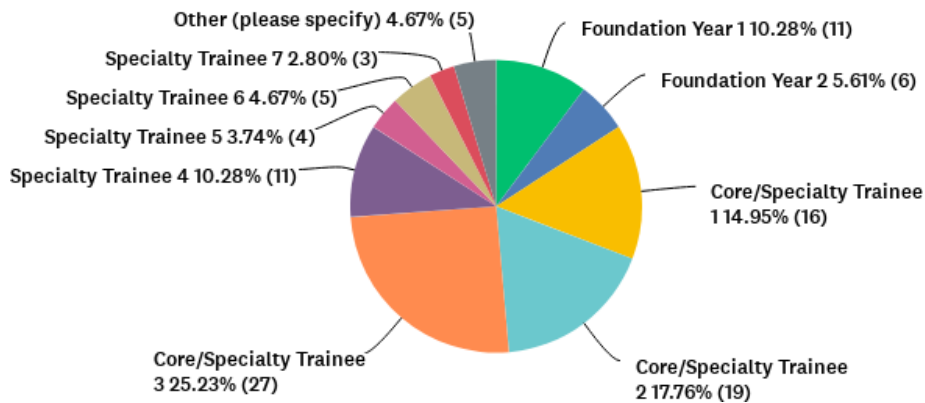


Only 7% of respondents indicated they held a formal leadership qualification, such as an MBA/MSc. When all respondents were asked (as a multiple-choice question) what leadership training they had completed, 38% of respondents said they had not completed any leadership development. A total of 21% had completed mentoring, 20% online leadership training, 18% NHS leadership programmes, 17% college/society leadership programmes, 17% coaching, 7% academic programme, 7% action learning, and 6% a UK-based fellowship.

Trainees

The majority of trainees were in their core/speciality trainee stage.

Q7 What stage of training are you currently in?



Responses to the question “what does clinical leadership mean to you” showed general themes surrounding teamwork, responsibility, leading and working with colleagues, making change, and delivering quality, patient-focused services, as exemplified by the following word cloud:

Q8 Briefly, what does clinical (medical/healthcare) leadership mean to you?



Some specific responses are as follows:

Responsibility for improving healthcare provision by leading a team of people to make changes to processes.

Clinical leadership means that you are able to guide and motivate yourself and others in developing and implementing improvements in healthcare for patients, their families and staff.

Being able to lead a team effectively for patient care and staff support. It means being able to supervise colleagues effectively.

The ability to direct a team towards its goal of delivering high quality patient care.

Awareness of leadership aspect to your role and profession, understanding your own style of leadership and how to best use it to bring about sustainable worthwhile change if/where needed.

It is the most important as it encourages the next generation of doctors to help patients more efficiently.

The role of overseeing others in the workplace and interacting with and improving systems to improve efficiency and patient care.

When asked what their most effective **formal leadership development** experiences were, responses suggested that trainees found learning from mentors/more experienced people helpful. Several also listed opportunities, programmes or courses they had completed, e.g., chief resident programme, HEE Future Leaders Programme Fellowship. Some were unsure, or that they hadn't really had many opportunities or experiences to practice leadership development; a total of 22% of respondents answered "none/nil" to this question.

Fewer respondents indicated that they had had zero **workplace or informal experiences**, and the variety of responses here was much larger. Generally, trainees indicated they considered **the most valuable informal experiences as those opportunities where they were given the chance to 'take charge'**, for example by chairing meetings, leading on quality improvement projects, making clinical decisions, clinical handovers, leading ward rounds or theatre lists, guiding medical students, or leading small teams e.g., cardiac arrest team. Many respondents also indicated that they appreciated being able to shadow and learn from more senior members, especially if they were demonstrating effective leadership qualities, and that they enjoyed being able to attend wider team meetings.

The key learning that trainees had about leadership that had impacted on their practice as a doctor–leader–manager were:

- The importance of establishing rapport with team members, maintaining relationships, empowering others; listen to others and involve everyone in decisions
- That there are lots of leadership opportunities and there are different ways to lead
- Dealing with difficult situations
- To be genuine and try your best
- Good, clear communication
- The importance of self-care
- That change takes time.

When asked what was missing from their training so far, **38% said that a formal training aspect or programme was what was missing.**

Some said they would be happy with just more formal coaching or even one formal day of training per year, or that they wanted a formal certificate to give themselves credibility. Other common missing aspects were related to **opportunities**, e.g., more opportunities to develop specific skills, opportunities to learn about organisations and different services, etc. **Time was another limiting factor, as was supervisor 'buy-in'**, i.e., it was important to have senior members who understood the importance of leadership and encouraged their trainees to develop this.

Assessment

A total of **67% of trainees felt that formal assessment of leadership was needed**, with the reason that it is important to ensure everyone has the proper experience to lead as it is an important skill for doctors.

A total of 26% of trainees had not had any formal assessment on leadership behaviours; **52% had received workplace feedback, 43% had been assessed in their ARCP**, and 7% had been assessed in formal assessments, including college exams. Trainees were assessed through providing evidence in their portfolios, leadership multi-source feedback, audits (including quality reviews), projects, presentations, and using leadership 360-degree appraisals (multisource feedback).

Trainers

Some of the key things that trainers had learned about leadership that had impacted on their practice as a doctor–leader–manager were related to cultivating emotional intelligence, time management, communication skills, leading by example and being role models, and working within NHS structures and organisations. Compared to trainees, more trainers spoke of the importance of understanding themselves as leaders and recognised that there were many different leadership styles, all valuable. Several also discussed the importance of integrity and inclusivity. There also seemed to be a general deeper understanding of how long things might take to change, and that it is vital to get all team members on board for any changes.

Some specific responses include:

To listen to the people and be patient. At times change takes time as systems have their inherent inertia. However, keep trying is important. Picking up high impact and/or more powerful stakeholders to influence to bring change.

Leadership is an abstract concept. Although appearing simple and common sense, leading has various evidence-based approaches. Leading ethically is challenging. Practicing leadership vs management is different.

Importance of including all members of team. Benefits of adaptive leadership.

Time management - open door policy necessary to be successful - changed working hours to minimise disruption to clinical work.

Self-care, empathy and emotional intelligence must be an integral component, and prerequisite, of lifelong ongoing CPD to allow leadership, followership and team working capacity. We didn't have them before the pandemic; we can't rebuild without them. Burnout and dropout are our real enemies of recovery.

Importance of patience, listening, when to discuss vs when to act, and humility.

The ways in which trainers offered leadership development opportunities to trainees echoed the trainees' responses, and included allowing them to lead small areas of work, encouraging them to shadow others, including them in meetings, encouraging autonomous and independent work, leading by example, and offering them general support and encouragement. When listing what **key situations** a trainee should be able to manage by the end of their training, these generally were focused on **leading MDT meetings, leading and booking ward rounds, being able to listen to and support others, dealing with complaints, managing day-to-day challenges, managing their own workload independently, mentoring others, giving presentations and leading teaching.**

The following were the general feelings from trainers as to **what was missing** from leadership development and training for trainees:

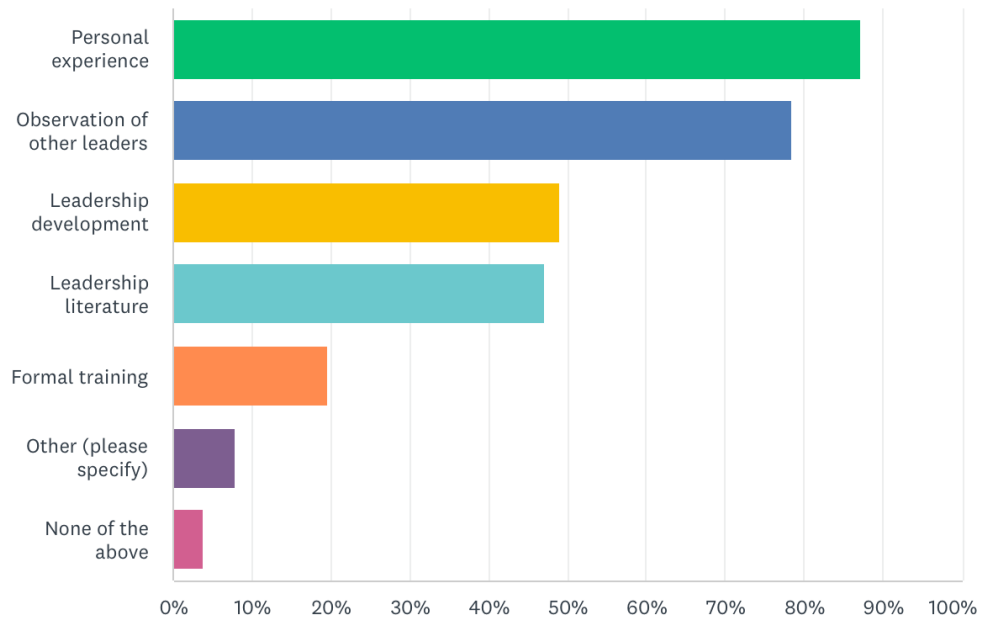
- **formal training** on leadership specifically
- a **recognition of the importance** of leadership
- **time** to pursue training, especially as trainees are often focused purely on clinical training
- **opportunities** to put training into practice.

Trainers' experience

Most trainers had learned leadership through personal experience, observation, and their own personal leadership development. A total of 39% of trainers used leadership and management models in their training; 38% were unsure, indicating the need for more development in this area.

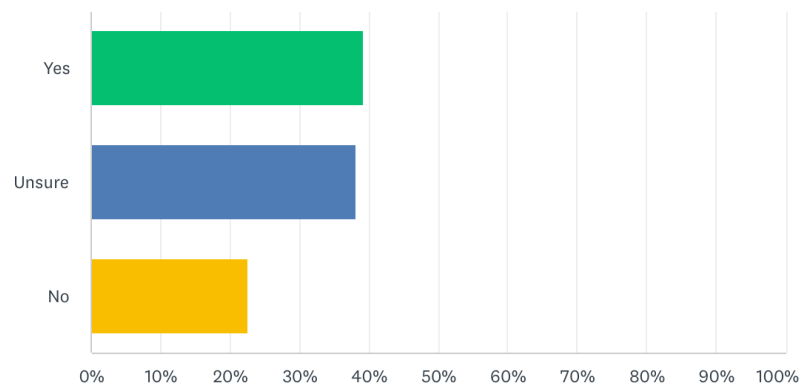
Where and how did you learn how to teach leadership?

Answered: 102 Skipped: 341



Do you use leadership and management concepts and models in your training?

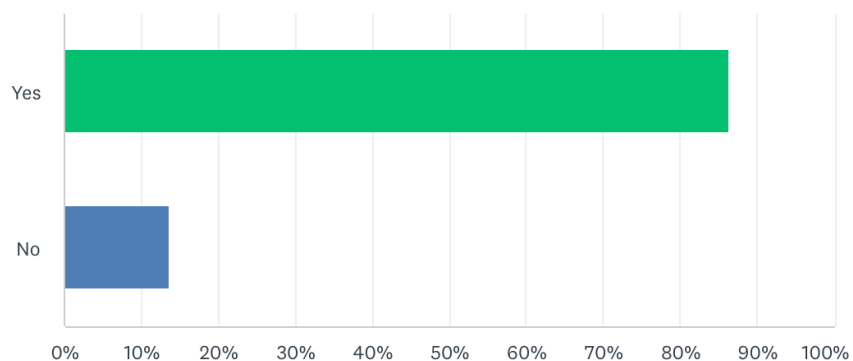
Answered: 102 Skipped: 341



A total of **86% of trainers said that training in ‘teaching leadership’ would be helpful**. When asked specifically what would be helpful, the most popular answer was ideas for workplace learning opportunities (68%), followed by sample lectures (57%) and a train-the-trainer programme (52%). When asked what would help them provide more effective leadership development, the most common answers were **time, support, more training for themselves, and a quick reference guide for models/concepts, literature, and handouts**.

Would training in ‘teaching leadership’ be helpful?

Answered: 102 Skipped: 341



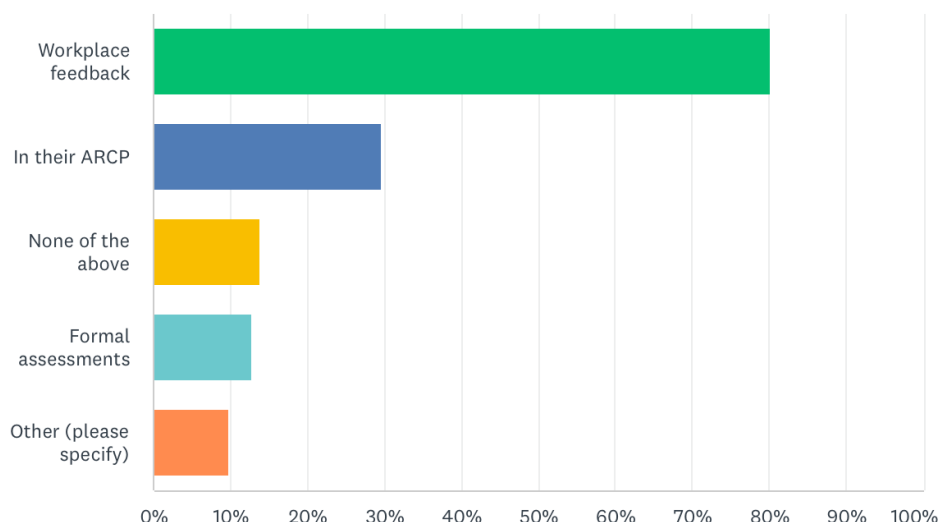
| ANSWER CHOICES | RESPONSES |
|--|-----------|
| ▼ Ideas for workplace learning opportunities | 68.63% 70 |
| ▼ Sample lectures on key topics (including videos/podcast) | 56.86% 58 |
| ▼ Train-the-trainer programme | 51.96% 53 |
| ▼ Ideas for classroom or small group activities | 50.00% 51 |
| ▼ Guidance on how to use theory and models | 50.00% 51 |
| ▼ List of formal opportunities available to trainees | 50.00% 51 |
| ▼ Guide for how to run a leadership teaching session | 49.02% 50 |
| ▼ Signposting to literature | 38.24% 39 |
| ▼ Example assessments (classroom/workplace based) | 29.41% 30 |
| ▼ Opportunity to meet other trainers | 28.43% 29 |
| ▼ Other (please specify) Responses | 5.88% 6 |
| ▼ None of the above | 2.94% 3 |
| Total Respondents: 102 | |

Assessment

Most trainers provided workplace feedback to their trainees, and the ARCP was another common method to provide assessment and feedback. When asked to describe their assessment style, some listed specific frameworks, e.g., NOTSS (non-technical skills for surgeons), workplacebased assessment (WPBA), while others described providing an ‘ad-hoc’ assessment service, e.g., when requested by trainees, through verbal feedback and assessment. Others explained that they asked their trainees to undertake projects, write reflections, complete a portfolio, or carry out specific tasks such as chairing meetings, managing clinics, etc. The answers demonstrated a wide array of ‘assessment’ criteria implemented by trainers. For those who did not assess leadership, reasons were generally that it was not applicable, not mandatory, or that it was not a formal part of their role; others said they were unsure how best to implement assessment.

Do you assess trainees specifically on leadership behaviours/abilities/competences?

Answered: 101 Skipped: 342



The majority of respondents indicated that they knew when a doctor in training could be trusted to lead and manage clinical and other situations through **observation and experience**, specifically a process of repeated observation. **Feedback** from colleagues was also an important factor. This decision (trusting a doctor in training) seemed to be a **subjective, informal process** guided by the trainers’ experience. A willingness to seek help and advice was also a factor that informed some trainers’ decisions.

I don’t feel there is a specific level where this happens. The level will vary depending on the situation. It is likely that one can be trusted after demonstrating engagement, learning from prior experience and feedback, and a willingness to seek support when necessary.

“Gut feeling”. Seen them grow and develop. Incremental development.

Based on scenarios in the workplace and performance in these. By feedback from colleagues - both clinical and non-clinical.

Complex. they need to be able to appreciate the clinical situation appreciate that they have a role in leading the situation be able to speak up with appropriate confidence know when to seek help.

Other thoughts

Other thoughts expressed by trainers in the survey included:

Be more positive about doctors in leadership roles and be more overt about the fact that all doctors do have some leadership roles and responsibilities.

More support for trainers to encourage trainees. At present, seems like only really enthusiastic trainees get leadership opportunities.

FMLM is a great organisation once linked to it but needs to work on publicising more widely to improve engagement, links with deanery leadership programmes are helpful. All deaneries should offer a supported 'chief registrar' programme to develop trainees leadership skills. Organisations should support these programmes and help develop them locally.

I think leadership mainly comes with experience. I'm sure there is room for more teaching, and training of trainers to help trainees along the way, but I think the actual incremental benefit of this above experience and time in post is probably overestimated.

Specific seminar of actual practice-based events.

Leadership should be exciting and thrilling and satisfying - not seen as a bureaucratic chore. There is a danger that clinicians get put off leadership roles by the need for time-consuming micromanagement of situations and the sense that you will become unpopular with colleagues. That does not have to be the case, but it can sometimes feel that organisations are dumping impossible situations (lack of funding, lack of staffing, lack of support) on clinical leaders, which burns them out.

Too much of this and actually trainees feel impotent like they can't do anything, like they cannot "lead" until they have been on 20 courses and passed lots of exams in "leadership".

I think this needs to be done earlier, and a stress at the same time that we work in teams and that leadership and management are fundamental to all doctors in a variety of clinical and nonclinical scenarios, not just those taking on the titles.