Faculty of Medical Leadership and Management

Junior doctor leadership

How employers and supervisors can enable and encourage

By **Dr Katie Wallace**, **Dr Euan Harris**, **Dr Rammina Yassaie** and **Dr Hannah Baird**

Introduction

The necessity of leadership in healthcare has been demonstrated through much published research[1, 2, 3, 4, 5] and experience, as described in the Francis report[7]. In reviewing the evidence, we conclude good leadership enables reduced patient mortality, better patient satisfaction and organisational financial performance, improved staff wellbeing and engagement as well as reduced absenteeism and staff turnover[8]. In recognition of this the NHS aspires to collective leadership, ie creating cultures within which people are empowered to lead in all areas, at all levels. We all have a duty to inspire, enable and nurture leadership development for every colleague, to allow excellent care to thrive.

Leadership is a competency required in the various curricula of trainee doctors of all specialities. Yet leadership experience is ill defined and the responsibility of identifying and accessing opportunities lies with the trainee, in contrast to the acquisition of clinical skills. The 70:20:10 model describes how leadership skills are developed, whereby 70 per cent of leadership development is acquired within hands-on experience of work, compared to 10 per cent through formal teaching[9]. As described in Health Education England's report, *Leadership development for doctors in postgraduate medical training*, we need to create a workplace that invites and enables leadership development[10]. The FMLM Trainee Steering Group (TSG) advocate on behalf of junior doctors and in this report we recommend actions for employers and supervisors to undertake in the design and implementation of trainee roles to enable leadership development.

These recommendations are defined through original work and review of other published works. The TSG conducted a survey of FMLM members and attendees at the *Leaders in Healthcare* conference, 2019. This is presented here with the findings of a multi-professional listening exercise conducted in 2019 and discussion in a workshop at the *Future Leaders* conference in Yorkshire and Humber, 2021. Our findings are presented as key recommendations, examples of good practice and further discussion points.

COVID has been an unprecedented challenge – with optimism we look towards a brighter future and hope we can implement these recommendations.

"Leadership has no level of training and that should be clear. It's about potential, talent, determination, passion - we need it in health care" - Junior doctor survey respondent.

Recommendations

These are the themes that have arisen through our work as the basis for enabling leadership development. Through this report we shall describe how we have identified the themes and suggestions for actions to deliver improvement in each area, with examples of good practice where possible.

Time

Doctors lack time for engagement in leadership activities, resulting in the use of their own time, as well as not participating in or seeking defined opportunities, such as out-of-programme fellowships.

Recognition

Celebrating and encouraging participation and success within leadership and management.

Opportunities

Advertising activities, welcoming the participation of rotating trainees and supporting life-long learning.

Role modelling values and engagement

Living our values and recognising the need and value of leadership and management, including engagement between senior leaders and more junior colleagues.

Work undertaken

The findings presented here are based on two avenues of work. Between 2019 and 2020 the FMLM TSG designed and released a survey for FMLM members. We had 80 respondents. Within that there was 1 consultant, 1 GP and 6 medical students and 72 junior doctors from a wide range of specialities and grades from F1 to ST8. 82% of respondents (65) were from England with 7 respondents each from Scotland and Wales. The findings are presented here with outcomes from a listening exercise conducted over an afternoon in Sheffield with individuals with experience and interest in the development of leadership and management skills in junior doctors. Participants were from a variety of roles, organisations at local and national levels including: director of medical education, educational supervisor, medical director, NHS Leadership Academy, BMA and Medical Royal Colleges.

Results

In 2017 the FMLM TSG conducted a survey of trainees within which 97 per cent (388 trainees) felt that leadership and management skills are important for a doctor.

These findings were replicated in the latest survey. With both results likely influenced by the respondents being FMLM members, we would expect an interest in leadership and management (selection bias). Despite this interest, only 66 per cent (53 trainees) agreed that they were aware of their specialty's curriculum requirements for leadership and management. Only 40 per cent (32 trainees) felt they had sufficient exposure to meet these requirements. While 49 per cent (39 trainees) felt they did not have sufficient exposure to meet their personal development requirements.

We asked where the experience was gained for those who felt they had sufficient exposure. There was only one comment which directly related to experience with the clinical training role.

"On the floor supervision of junior trainees and their QI work is useful in developing communication and management skills".

More commonly, respondents' comments alluded to the difficulty in gaining experience in a clinical training role.

"Not provided through routine training programme" "Not in my speciality" and *"If I was a full time trainee I doubt I would be getting any experience".*

Several respondents described ways they had gathered experience alongside a training role.

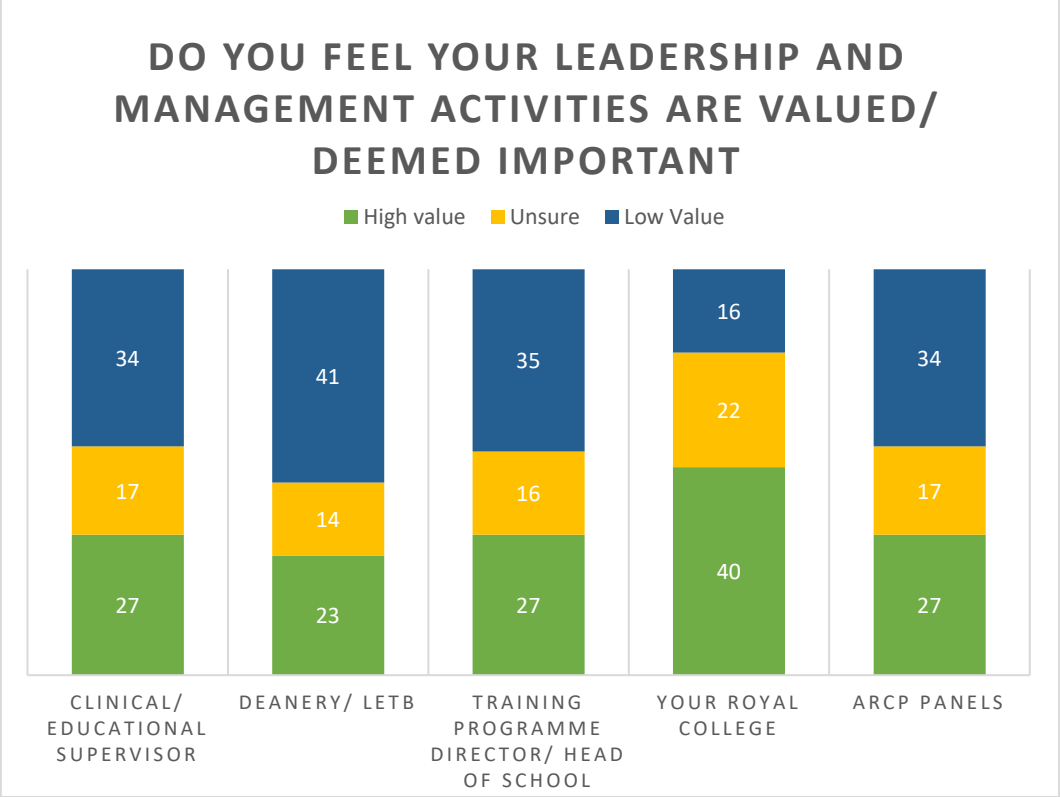
"From reading, conferences, courses and self-assessment and practice outside medicine, gained public speaking skills, group leadership, confidence etc" and *"Leadership 360".*

However, most commonly the respondent replied with opportunities outside of their clinical trainee role. They were wide-ranging, including BMA participation, out-of-programme experience, FMLM clinical fellowships, Next Generation GP programme, Emergency Medicine Leaders and Chief Registrar roles, and trainee committees.

The point raised repeatedly and in different ways was that the need to seek out those opportunities lies with the trainee. *"There are opportunities out there if you ask"* and another said *"I have been proactive".*

Therefore, the enthusiasm and motivation of the trainee has a huge influence on the opportunities they uncover and participate in and we would argue that leadership development is driven primarily by the motivation of the individual, therefore we must seek to nurture and inspire that motivation.

The priorities for a trainee's development will be defined by the trainee in conjunction with a number of stakeholders. To explore this element, we asked trainees about their perception of how valued their activities were by key stakeholders. The medical royal colleges were the only group where more than 50 per cent of respondents (40 trainees) felt they placed a high value on leadership and management activities, whilst a similar proportion felt their deanery/local education and training board (LETB) placed a low value on leadership and management activities.



We asked how local employers could make trainees feel that their leadership and management activities can be valued, giving a free text box to allow the individual to share their ideas. The responses have been used to form a word cloud. The full text of responses is available as an appendix. The language used shows a stark difference from other sections of the survey where trainees talk about limitations and barriers. Here the language is positive and aspirational.

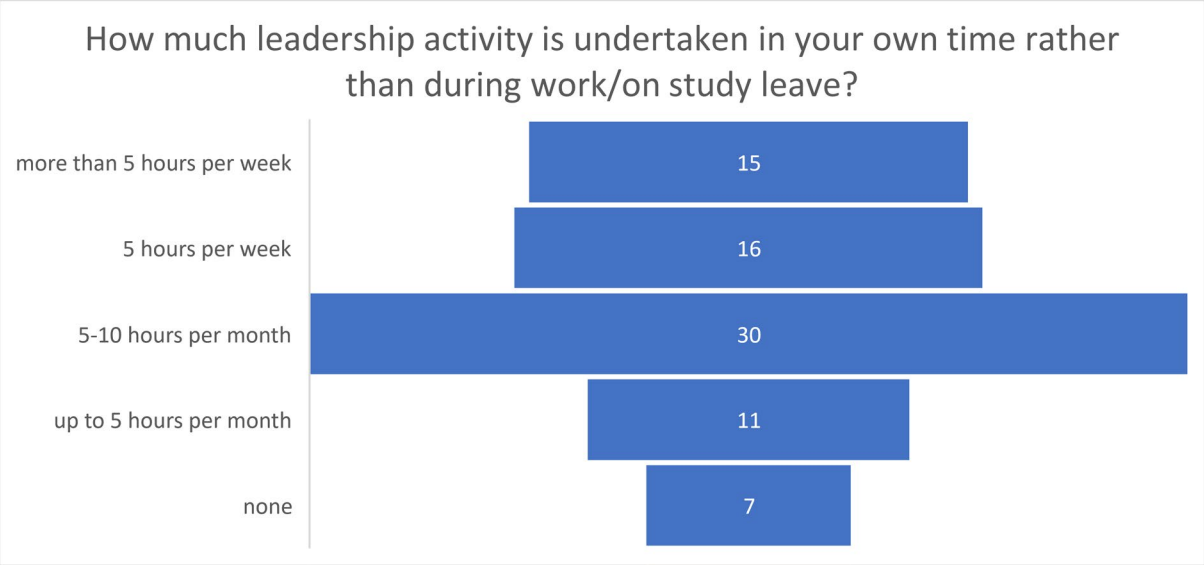
The responses have been split into four themes which will be detailed further below with recommendations of actions to address each area.

Time

This was the most popular word in response to the question on how we can make trainees feel their activities are valued. It occurred 29 times compared to the next most popular, "training", which was used 19 times. Work schedules and timetables can be adapted to include and recognise leadership activities. There was also a recognition that study leave and study budgets for leadership and management development opportunities can be limited or difficult to access.

One colleague commented that this had been achieved for them by *"letting me be more flexible in my clinical training".*

When asked how much leadership and management activity is undertaken in their own time only eight per cent (seven trainees) said "none", with 48 per cent of our respondents (61 trainees) selecting more than five hours per month of their own time.



Within this survey we also collected data on the barriers to leadership development, within which the most significant barrier was time. Time is the single highest priority in our actions to enable leadership development which is a common theme replicated in many similar pieces of work, such as the 2017 FMLM trainee survey.

Potential actions include:

- Allocated and protected time for leadership and management activities
- Study leave and funding support
- Defined roles, such as chief registrar or leadership fellowships within and outside of clinical training roles

Recognition

The evidence of our survey is that trainees feel their leadership activities and learning are not valued:

"*Equating these activities with other clinical competencies*" illustrates this difficulty.

Approaches to addressing this need are illustrated by the suggestions:

"*Celebrate it*" and "*Rewarding and recognising these activities*".

Leadership and management are an established part of curricula and one avenue for developing skills is participation in quality improvement (QI). These activities have great potential for reinforcing the value of such activities.

"Have opportunities to celebrate junior doctor QI projects at departmental and trust level events".

Recognising that trainees are engaging in improvement work on a regular basis as a key component of most curricula, the support they desire is expressed as:

"Protected time, resources, may need financial backing, openness to change from juniors (and supported by consultants)".

Leadership and management goes beyond quality improvement and trainees gave voice to their desire to have that work recognised:

"Acceptance of the huge amount of work done that benefits the specialty and the department by us undertaking this additional work".

Potential actions:

- Enabling and supporting junior doctors to present work at local and regional conferences by publishing conference abstracts, supporting poster printing and approving study leave to attend
- Creating local opportunities to share examples of good work in departmental and trust wide meetings
- Awards to recognise exceptional work
- Certificates and letters to recognise efforts of junior doctors in activities which benefit the department or trust.

Feedback

Learning is a process with many different components. For trainees, training is guided and supported by supervisors, both clinical and educational.

The feedback mechanisms to support and enable learning are well defined for clinical training, including the use of workplace-based assessments and supervisors meetings.

From our survey, trainees told us:

"Some of my trainers did not support my leadership training".

Some gave examples of having overcome barriers by:

"Seeking out senior staff who are supportive, even if not officially a supervisor".

Addressing this needs action at individual and system level, with supervisors, senior colleagues, peers and employers recognising the importance of leadership development and enabling that development through:

"Positive and constructive feedback, directly engaging juniors (ie not just handing out audits as a tick box exercise, but helping trainees to see their roles differently)"

"Mentorship"

"Offer suggestions, run events to learn from peers".

Potential actions:

- Mentorship schemes
- Peer learning
- Leadership training for supervisors/consultants

Opportunities

Leadership is often perceived as an exceptional activity, perhaps linked to fellowships and roles outside of clinical training. This is in spite of the defined need and benefit of collective leadership whereby all staff develop leadership skills. The 70:20:10 model declares that the majority of leadership learning happens in our workplace experience. It stands to reason therefore that the greatest impact we can have on leadership development is by widening the engagement and encouragement to undertake opportunities within workplaces.

As one respondent said:

"More opportunities are needed to develop leadership skills early in training and to build on this gradually through training".

Our survey responses reflect the various experiences throughout the profession and illustrate some of the barriers that prevent leadership development.

For example: *"By not being discouraging based on it being 'too early' in speciality training".*

Trainees want guidance and encouragement to identify and take up opportunities.

"Offer suggestions, run events to learn from peers".

Examples of achieving this include the development of QI forums and a trainee-run 'night school'.

Trainees offer a resource of highly motivated and trained staff which could be harnessed through their engagement in leadership activities, particularly quality improvement.

"Recruiting us to assist on important, impactful projects/areas of work".

Shadowing and mentoring were frequent requests which could have benefits for both the organisation and all the individuals involved.

"Ability to link to senior leaders for shadowing opportunities".

The 2018 junior doctor contract defines a contractual requirement for supervisory meetings and the definition of a work schedule that includes all aspects of work, including portfolio engagement and quality improvement projects. Anecdotally, the latter, like leadership activities, are completed by trainees in their own time. This personalisation of the work schedule creates the perfect context for *"Highlighting opportunities".* Through encouraging trainess to include these activities in the personalised work schedule, a contractual requirement in England, we can adapt to their needs and protect the time necessary to undertake these opportunities.

Whilst only 10 per cent of leadership development training is ideally from formal study, many trainees perceive the need to be higher and are unaware or unable to access formal training. Leadership is often perceived alongside clinical skills as something for which training is initially required in order to guide and encourage their wider leadership experience thereafter. Leadership courses often require significant investment of time and money or are limited in access until the later stages of training, creating further barriers.

The request recurs in our survey and points at "*providing more training*" and *"supporting study leave*".

Potential actions include:

- Discussion of leadership opportunities in supervision meetings and the inclusion of activities in a personalised work schedule
- Share ideas for QI and audit projects
- Identify enthusiastic supervisors and incentivise them to stay involved
- Approve study leave for leadership development
- Provide training courses
- Signpost to established opportunities

Role modelling values and engagement

"By following and teaching those values themselves".

We asked how employers could make leadership and management activities feel valued. The responses varied wildly reflecting the different experiences. A frequent theme was the feeling of disconnect from management, where decisions were made about but not with junior doctors. This created disillusionment, but very practical solutions were offered:

"Positive/constructive feedback, directly engaging juniors (ie not just handing out audits as a tick box exercise but helping trainees to see their roles differently)"

"More active discussion/engagement with staff on wards. More visibility".

Where employers had taken on an alternative and more engaged approach, the respondents praised the benefits of this engagement:

"By asking our executive board and senior leaders to meet with us, to hear our ideas, progress and results of our work has been incredibly motivating. It has galvanised our HSTs to stand up and to want to get involved. Engagement and visibility has been powerful"

"My current employer does this very well, they recognise the positive impact on the system as a whole and are there to support me both with making sure my rota meets both leadership and clinical needs and also making me feel welcome by asking for my advice on matters related to my leadership role".

Potential action

- Invite junior doctors to join or observe board or departmental meeting - remember that clinical work will need to be covered so give adequate notice.

What an ideal workplace would look like

Each trainee and employer have a range of factors influencing the availability and uptake of many of the recommendations set out in this report. To demonstrate how an employer can implement these recommendations, the outline below presents of what an ideal placement experience would look like to enable leadership development.

Supervision

Educational and clinical supervisors of all trainees would:

- Have an awareness of leadership opportunities
- Discuss leadership within trainee meetings
- Support study leave requests
- Include leadership activities within work schedules.

Quality improvement

Trusts should support trainee participation in sustainable quality improvement through:

- Training (either signposting to opportunities or providing in house training)
- Ensuring systems and projects are supportive and efficient eg enabling access to patient records
- Forums or mentoring for peer support in project development and implementation
- Encouragement of cross professional working, eg pairing an employee in a management role with a trainee doctor to develop more sustainable projects
- Sharing and championing successful work, eg through department and trust-wide meetings and conferences
- Enabling presentation at regional and national conferences by giving access to printing facilities and providing study leave to attend

Mentoring/shadowing

Shadowing and mentoring enable connections, support and role models tailored to the individual and when done well can remove the element of chance that has led to some individuals receiving greater encouragement than others. Recognising the bias inherent in systems and cultures is vital in the establishment of mentoring/shadowing opportunities to enable colleagues of all protected characteristics. Providing the following will help to reduce or even remove such bias for future generations of trainees:

- Mentoring or coaching access for interested trainees
- Opportunities to attend departmental and trust wide management meetings
- Opportunities to shadow senior leaders
- Implementation of fellowship or chief registrar roles

Training

Trainees are individuals with individual needs, therefore designing training opportunities can be difficult, but should consider opportunities already available and taken up. Leadership training should be included within planned teaching to make it available to all trainees, such as the foundation teaching which most trainees access on a weekly basis. However, further training would be welcomed by those with a particular interest in leadership and this should not be limited by grade. We would suggest the design and implementation of this be supported by the organisation, but led by trainees so that it can be tailored to their needs. Some of the topics that have been raised as suggestions by trainees, are:

- Assertiveness
- The NHS structure and finances
- Teamworking
- Communication
- Unconscious bias
- Active bystander

Continues overleaf

Continued from previous page

- Coaching skills
- Dealing with difficult people
- Delivering and receiving effective feedback
- Innovation in the workplace
- Leading, managing and dealing with change
- Managing stress in the workplace
- Performance management
- The situational leader
- Writing business case
- How to write standard operating procedures
- Delegation
- Self-awareness
- Emotional intelligence
- Social media

Opportunities through wider stakeholders

There are multiple stakeholders involved in the development of leadership skills for junior doctors. Within this report we set out areas of work for employers, eg GP practices, hospital trusts and health boards, which we hope will have a positive impact. Yet it is important to recognise that these employers do not work in a vacuum and there are other organisations with overlapping aims who may support and enable these activities.

FMLM has thousands of members, fellows and stakeholders throughout the UK who are passionate about leadership development. These individuals could be harnessed as a resource to guide and enable projects at a local, regional or national level.

Raising awareness and uptake of free, online training available to all NHS staff, regardless of profession or training stage, like the NHS Leadership Academy's Jenner programme, is an economical and effective way for employers to provide formal training in leadership. Regional leadership academy development opportunities could be advertised through employers. Where training is delivered for graduate management trainees, doctors in training could also join and thereby enhance the potential learning through a multi-professional perspective.

Health Education England monitor the experience of trainees through the NETS survey. This could be adapted and monitored to ensure trainees have the opportunity to access leadership training and shadowing/mentoring. The culture of the workplace in valuing leadership and the quality of the supervisory meetings in creating a personalised work schedule could also be captured. Monitoring this and engaging with training programme directors to improve results could offer a mechanism for improvement.

The medical royal colleges have representative roles, committees, fellowships and projects which provide potential leadership opportunities for trainees. Our survey was a snapshot across a broad range of specialties but several college specific offers were highlighted as good examples.

Through the Academy of Medical Royal Colleges there is potential to share best practice, feedback and support one another in the development of individual offers.

Junior doctor forums are a requirement of the 2018 junior doctor contract. The development and running of the forum must meet contractual requirements, but it can also go beyond to offer a truly engaging mechanism for junior doctors to get involved with leadership and form bonds and drive improvement with their local employer.

The BMA offers numerous opportunities for leadership development through BMA representative roles and committee positions. Ensuring these roles are supported and valued with wider engagement in taking on these roles would enable more junior doctors to develop their skills. The BMA offers leadership training for committee members and, anecdotally, these are frequently oversubscribed.

Conclusion

Junior doctors are the future senior leaders of the NHS and they are an untapped resource of enthusiasm and ingenuity to lead change and improvement within their current roles. Through this work we have identified actions that could enable their leadership development for the future and improve their productivity now. In response to this need, the FMLM TSG has devised the *FMLM Leadership Commitment for junior doctors* through which we call NHS organisations to sign up, support and implement the actions highlighted through the survey and reported within this document. By supporting this Commitment, we believe there will be a positive impact on leadership development specifically and on the NHS generally.

For further information regarding this study or the *Leadership Commitment* please contact the FMLM TSG.

References

1. West, M., Borrill, C., Dawson, J., Scully, J., Carter, M., Anelay, S., Patterson, M., Waring, J. (2002) The link between the Management of People & Patient Mortality in Acute Hospitals. International Journal of Human Resources Management, 13(8), 1299-1310
2. Shipton H., Armstrong, C., West, M., Dawson, J. (2008) The impact of leadership and quality climate on hospital performance. International Journal for Quality in Health Care, 20(6), 439-445
3. Spurgeon, P., Mazelan, P., Barwell, F.(2012) Why physician involvement can inspire higher performing healthcare. Health Services Journal. Retrieved from: http://www.hsj.co.uk/resource-centre/leadership/whyphysician-involvement-can-inspire-higher- performing-healthcare/5046587.article
4. Borrill, C., West, M., Shapiro, D., & Rees, A. (2000). Team working and effectiveness in health care. British Journal of Health Care Management, 6(8), 364-371.
5. West, M., Dawson, J. Admasachew, L.; & Topakas, A. (2011) NHS Staff Management and Health Service Quality: Results from the NHS Staff Survey and Related Data. Department of Health. Retrieved from: http://www.dh.gov. uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/D H_129643
6. Spurgeon, P, Mazelan, P and Barwell, F. (2011) Medical engagement: a crucial underpinning to organizational performance, Health Service Journal, 24(3), 114-120
7. Francis R (2013) Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office. Keogh B (2013) Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report. London: NHS England
8. West, M., Armit, K., Loewenthal, L., Eckert, R., West, T. and Lee, A. (2015) Leadership and Leadership Development in Healthcare: The Evidence Base. London, Faculty of Medical Leadership and Management
9. McCall, M. W., Jr., Lombardo, M. M., & Morrison, A. M. (1988). *The lessons of experience: How successful executives develop on the job*. Lexington, MA: Lexington Books. (70:20:10)
10. Swanick T. (2017) Leadership development for doctors in postgraduate medical training. Health Education England
11. The State of Medical Leadership and Management Training for Doctors-in-Training in 2017 FMLM TSG
12. The King's Fund. Report from the king's fund leadership review. Leadership and engagement for improvement in the NHS: together we can. London: The King's fund. 2012
13. Keogh B. Review into the quality of care and treatment provided by 14 hospital trusts in England: overview report: NHS England, 2013
14. Faculty of Medical Leadership and Management (2016) Leadership and management standards for medical professionals (2nd ed.), London: Faculty of Medical Leadership and management
15. Spurgeon R, Clark J, Ham C. *Medical Leadership: From Dark Side to Centre Stage*. London: Radcliffe Publishing Ltd; 2011.
16. West M, Eckert r, Steward K, Pasmore B. Developing collective leadership for health care

Appendix

Suggestions for leadership and management opportunities:

This is a list of suggestions and by no means an exhaustive list

Junior Doctors attendance at key meetings including:
(Encourage Junior Doctors to chair these where appropriate*)

- Quality & Safety of Care meetings*
- Medical Education Team meetings (Post- & Undergraduate)
- Risk management meetings
- Bronze / Silver command meetings
- Medical Directorate meetings
- Research & Innovation meetings
- Morbidity & Mortality Meetings
- MDT Meetings*
- Ethics Committee Meetings
- COVID19 / pandemic recovery meetings (where relevant)
- Local Negotiating Committee (LNC) Meetings (by election / nomination)
- Local Medical Committee (LMC) Meetings (Primary care) (by election / nomination)
- Integrated Care System (ICS) Meetings or equivalent (Primary Care)
- Practice Management meetings* (Primary Care)
- Primary Care Network meetings or equivalent (Primary Care)
- Transformation project meetings (particularly those which impact junior doctors)

Junior Doctor involvement in leadership recruitment:
(Include junior doctors on interview panels for relevant posts):

- Director of Medical Education
- College Tutors or equivalent
- Guardian of Safe-working (where applicable, and by nomination from LNC Representatives)
- Chief Registrar or equivalent post
- LTFT / SuppoRTT Champion

Shadowing opportunities:

- Chief Executive / Executive Team (Medical Director, Director of Finance / Workforce etc)
- Director of Medical Education / Deputy
- Clinical Director / Clinical Lead or equivalent
- GP Partner (during non-clinical activity)
- Shadowing / collaborative working with Graduate Management Trainees (where applicable)

Training opportunities:

- Local Educational/Clinical Supervisor training (to gain experience in being an Supervisor)
- In-house mentoring training (where applicable)
- In-house leadership and management training sessions (where applicable)