Faculty of Medical Leadership and Management

Junior doctor engagement
Investing in the future

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Preface

The work culminating in this report was carried out during 2014-15. Dr Rowan Wathes was at that time a National Medical Director's Clinical Fellow based at the Trust Development Authority (TDA). We gratefully acknowledge the support and facilitation provided by the TDA and in particular their Medical Director, Dr Kathy McLean.

Prof Peter Spurgeon leads the national work on medical engagement. His analysis of the existing data (some 10000 medical staff) suggested that the level of engagement of junior doctors was generally lower than that of their senior colleagues. Given the link between levels of medical engagement and organisational performance, it was felt that allowing the lower levels of junior doctor engagement to flow through to the future would create an unhealthy legacy, hence the notion of "investing in the future" was identified.

We appreciate the efforts of those Trusts which, as case studies reported here, have demonstrated that improved levels of engagement in junior doctors can be achieved – and we thank them for their willingness to share their approaches.

Introduction

There has been increasing interest in the concept of medical engagement. This has been defined as "*the active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high quality care"* (Spurgeon, Barwell, & Mazelan, 2008). Engaged employees are characterised by: belief and pride in their organisation; commitment to improve the outcome; understanding of the wider organisation context beyond their own job role; respect for colleagues; and a willingness to go the extra mile (Spurgeon, Clark, & Ham, 2011).

The benefits of medical engagement have now been widely publicised (Spurgeon, Clark, & Ham, 2011). To the individual these include improved job satisfaction and a reduced risk of burnout. Organisational benefits include lower mortality rates; fewer serious incidents; achievement of service targets; improved financial management; and reduced staff absenteeism and turnover. Patients benefit from higher quality care and a better patient experience. In their reports on trusts in difficulty, Francis, Keogh and Berwick all identified lack of staff engagement as an important contributor to poor care (Keogh, 2013; Francis, 2013; Berwick, 2013). Peter Drucker, the renowned management consultant and Professor of Management at New York University, once observed that "*Culture eats strategy for breakfast*". Without a culture of engagement, organisations will find it very difficult to make improvements in quality and performance.

The focus to date has been predominantly on consultants. Relatively little is known about engagement levels amongst junior doctors. There are currently over 53,000 trainee doctors in the UK, making up approximately 23% of the medical workforce. Several recent national surveys and qualitative studies provide some insight into engagement levels amongst junior doctors; these are reviewed in the section 'A crisis in junior doctor engagement: the evidence'. In their report on medical engagement, Clark and Nath argue that "*medical engagement should not be an optional extra but rather an integral element of the culture of any health organisation and system*" (Clark & Nath, 2014). Engagement needs to be addressed in doctors of all levels, but questions remain about how to specifically engage junior doctors.

The study

We have conducted an exploratory study to investigate and evaluate different engagement approaches. We hope that by sharing a selection of these approaches, trusts may find it easier to engage with their junior doctors. In time, this should result in an improved junior doctor experience and ultimately better patient care. A key ambition in the Keogh Review was for junior doctors in specialist training to be seen as the clinical leaders of today (Keogh, 2013).

The authors of the Review strongly advised Medical Directors "*to consider how they might tap into the latent energy of junior doctors, who move between organisations and are potentially our most powerful agents for change*".

We visited five trusts that have all set up initiatives specifically targeted at junior doctors. Junior doctor engagement on a trust-by-trust basis is not routinely measured. However, other indicators that are routinely measured can be used as markers of engagement, and the trusts selected perform well against these indicators. These are the NHS staff survey and the General Medical Council (GMC) National Training Survey. Results from the Medical Engagement Scale (MES)[1] were also reviewed where applicable and, in some instances, feedback was obtained from the local postgraduate dean. Semi-structured interviews were conducted with the senior trust leaders involved in the initiatives. Focus groups with a sample of junior doctors were also conducted at each organisation. Overall, approximately 120 junior doctors have been consulted on the issues surrounding medical engagement, how they would like to be better supported, and what would make them feel more engaged.

It should be noted that none of the trusts would claim to have a fully engaged junior doctor workforce – and not all junior doctors currently working at these trusts will necessarily agree with everything that is written in this report. Nonetheless, each trust has been on a journey towards improved engagement, along which they have gained significant insight into the issues.

The Trusts

Guy's and St Thomas' NHS Foundation Trust (GSTT)
GSTT is an NHS Foundation Trust and a member of the prestigious Shelford Group, an informal organisation of leading English University Teaching Hospitals. It runs Guy's Hospital, St Thomas' Hospital, Evelina London Children's Hospital and community services in Lambeth and Southwark, serving some of the most deprived populations in the UK with over 2 million patient contacts a year. In 2014, the trust was in the highest 20% of trusts for overall staff engagement in the NHS staff survey and received a score of 81.61 for overall satisfaction in the 2015 National Training Survey. GSTT was named as one of the best places to work by the Health Service Journal (HSJ) in 2014.

Salford Royal NHS Foundation Trust (SRFT)
SRFT provides both acute and community services to a population of 240,000 people across Salford and the surrounding areas of Greater Manchester. It employs approximately 200 junior doctors in training and has consistently performed well in the National Training Survey, with an overall satisfaction score of 81.37 in 2015. It is in the highest 20% of trusts for overall staff engagement and was in the HSJ's top 10 best places to work in 2014. Salford Royal Hospital was rated as outstanding by the Care Quality Commission in March 2015. The Director of Medical Education oversees a wide range of initiatives designed to engage junior doctors and ensure they are involved in the Trust's ambition to be the safest NHS organisation. The Trust also employs a Quality Improvement Fellow (who is a junior doctor) to help support quality improvement and engagement initiatives.

[1] The Medical Engagement Scale (MES) was developed to help NHS organisations specifically evaluate levels of medical engagement. It has been extensively validated and has now established a large and unique database of almost 100 UK based health organisations (approximately 10,000 doctors). (Spurgeon, Barwell, & Mazelan, 2008)

Whittington Health

Whittington Health is an NHS Trust that provides general hospital and community services to 500,000 people living in Islington and Haringey as well as other London boroughs including Barnet, Enfield and Camden. The trust received an average score for overall staff engagement in the 2015 staff survey, but was in the top 20% of trusts for staff feeling able to contribute towards improvements at work. The Whittington has an excellent reputation as a provider of quality education to doctors in training and received a score of 79.74 for overall satisfaction in the 2015 National Training Survey. Many of the consultants, including the Medical Director, have a very keen interest in medical education and have used this as an approach to engaging their junior doctors.

Wrightington, Wigan and Leigh NHS Foundation Trust (WWLFT)

WWLFT is a major acute NHS Foundation Trust serving the local population of over 300,000 people. Over the past four years it has risen from being in the bottom 20% of trusts in the NHS staff survey to fourth in the country. The overall satisfaction score in the National Training Survey has been rising year on year and was 82.0 in 2015. WWLFT was named Provider Trust of the Year by the HSJ in 2014. The Trust has employed a Staff Engagement Lead since 2013 and there is a trust-wide staff engagement strategy.

5 Boroughs Partnership NHS Foundation Trust (5 Boroughs)

5 Boroughs is an NHS Foundation Trust providing mental health services to the populations of Halton, Knowsley, St Helens, Warrington and Wigan. The trust has done a lot of work in recent years to improve staff engagement, particularly amongst the consultant body. The trust conducted a baseline MES in 2012, which showed low engagement in the majority of areas. A repeat scale in April 2013 showed improvement across all scales from low to medium. The trust was listed in the HSJ's top places to work in 2014. Under the leadership of the Associate Medical Director, the Trust is also now focusing on its junior doctors. The trust received a score of 83.14 for overall satisfaction in the latest National Training Survey and the junior doctors were found to be more engaged than their consultant counterparts in the most recent MES.

A crisis in junior doctor engagement: the evidence

The GMC National Training Survey is a means of monitoring satisfaction with postgraduate medical education and training in the UK. Job satisfaction is an important component of engagement. Therefore, doctors who are satisfied with training are more likely to have high engagement levels. The 2014 survey was completed by 53,077 doctors in training (a 98.2% response rate) (GMC, 2014). Overall satisfaction with training was high, with a score of 81.2 out of 100. This was higher than the score for the previous year (80.8 in 2013), consistent with the pattern of rising satisfaction levels since 2006. As in previous years, satisfaction was greater in higher level trainees. This finding is likely to be explained by more doctors working in their chosen speciality as they become more senior, and also the increasing levels of competence and experience that come with seniority.

The high levels of satisfaction with training in the National Training Survey appear to conflict with other indicators of satisfaction amongst junior doctors. For example, in the April 2014 British Medical Association quarterly tracker survey, one in four junior doctors reported that they were considering leaving the profession and a further one in five were considering retraining in a different specialty (BMA, April 2014). The September 2014 survey found poor morale amongst all levels of doctors (BMA, September 2014). Of the 451 doctors who responded to the survey (a 44% response rate), 48.6% described their morale as low or very low. Junior doctors actually had slightly higher levels of morale compared to their senior counterparts, scoring their morale as 2.9 on a 5 point scale, compared to a score of 2.6 for consultants and 2.2 for GPs, with an average morale score of 2.5. This is a significant decline compared to the average morale of 2.9 reported in the same survey from September 2013. Whilst 80% of junior doctors reported their workload to be manageable, a significant proportion (18%) reported it to be unmanageable or unsustainable. This is likely to have an effect on engagement levels, with unmanageable workloads making doctors feel dissatisfied and subsequently disengaged.

The findings of the BMA survey are supported by an analysis conducted by The UK Foundation Programme Office (Foundation Programme Annual Report: UK summary, 2015). In 2015, only 52% of Foundation Year 2 doctors went straight into specialty training. The remaining 48% of doctors pursued a number of different paths including appointments outside the UK (6.5%) and career breaks (13.1%). The variation between different surveys may be explained by the way in which they are conducted. Although the National Training Survey is mostly anonymous, junior doctors are aware that their responses can be de-anonymised if they raise a concern or patient safety issue that requires further investigation. In addition, in smaller specialties where there may only be one training doctor at a particular grade working in a trust, the results of the survey could be attributed to that individual. Concerns regarding anonymity may influence responses, although there is currently no direct evidence for this.

A questionnaire conducted by the UK Medical Careers Research Group explored UK doctor's views about their training and future careers one year after graduation (Maisonneuve, Lambert, & Goldacre, 2014). Of the 6220 doctors surveyed (48% response rate), 79.3% felt either 'not valued at all' or 'sometimes valued'. The questionnaire included a free-text box for doctors to comment, if they wished, on any aspect of their work, education, training, and future. When concerns were raised, they were commonly about the balance between service provision, administrative work and training; the lack of time for reflection and career planning; NHS management structures not lending themselves to efficiency; and the fact that their views were not sought by the hospital. Positive comments centred on the ability to train flexibly.

Comments relating to training included: "*I'm a glorified secretary… (and) barely get a minute to practice medicine*" and doctors "*must be educated and given the opportunity to develop as doctors, not as a combined clerical and clinical support worker*". One doctor remarked that the NHS treated junior doctors as "*service providers, without investing any time in our welfare or future training*". Comments relating to working conditions and lifestyle included: "*in practice simple recognition and thanks that hours can be long/longer than planned*" would be encouraging and "*foundation training should be structured in such a way as to allow for study leave, taster weeks and bleep free protected teaching*".

Other studies have explored junior doctors' perceptions about their training and relationship with their organisation. Gilbert *et al* explored the views of doctors in training and their potential value to the NHS in improving healthcare quality and productivity (Gilbert, Hockey, Vaithianathan, Curzen, & Lees, 2012). In a questionnaire completed by 1479/3766 junior doctors (39.3% response rate), respondents recognised the importance of leadership, team working and professionalism but reported a lack of receptivity from their organisations. The majority of respondents said that they did not feel valued by managers (83.3%), the chief executive (77.7%), the organisation (77.3%), the NHS (79.3%) and consultants (58.2%). 91.2% had ideas for improvement in their workplace but only 10.7% had had these implemented. Respondents who had been on a regional leadership development course were significantly more likely to feel valued by all staff groups in their organisation and more likely to report that their ideas for change were implemented.

The authors concluded that doctors in training have a desire and perceived ability to contribute to improvement but do not perceive their working environment as receptive to their skills. They suggest that junior doctors are an untapped resource and that they and their organisations would benefit from more formalised training in leadership. This view is supported by a study from Western Australia, which found that a programme to develop junior doctors as leaders of service improvement not only resulted in positive service reforms but also enhanced engagement levels amongst the participants (Micallef & Shaw, 2014).

Researchers in the USA explored the impact of teaching quality improvement on resident doctors (Bernabeo, Conforti, & Holmboe, 2009). After taking part in formal teaching, residents reported increased knowledge and confidence, particularly regarding the value of quality improvement. The researchers found that the perception of organisational support for quality improvement endeavours impacted on how much residents valued improvement approaches.

The issues of burnout and engagement amongst junior doctors were addressed in a study of Dutch residents (Prins J, et al., 2010). A questionnaire was sent to all Dutch residents registered through the Medical Registration Committee. Of the 5140 eligible residents, 2115 completed the questionnaire (41% response rate). 21% fulfilled the criteria for moderate to severe burnout, measured using the Dutch version of the Maslach Burnout Inventory Human Services Survey. This compares to a reported burnout rate of 8-11% in the general Dutch labour force. However the Dutch labour force rates were calculated using five questions from the emotional exhaustion scale and a lower cut-off score than the manual suggests to define moderate or severe burnout.

Once the researchers had applied the same criteria to the residents as those used for the labour force, they found the burnout rate for residents to be 41%. Previous studies have indicated that resident doctors may be at risk of developing burnout due to the high job and emotional demands; high levels of work-home interference; lack of autonomy; lack of social and supervisory support; lack of reciprocity in relationships at work; high workloads and irregular working hours (Prins, et al., 2007; Geurts, Rutte, & Peeters, 1999; Prins, et al., 2007; Prins, et al., 2008).

Burnout rates also appear to be higher for younger employees, those at the start of their career, for single people and for those who do not have children, all common characteristics amongst junior doctors (Demerouti, Bakker, de Jonge, Janssen, & Schaufeli, 2001; Maslach, Schaufeli, & Leiter, 2001). Engagement was measured using the 15-item Utrecht Work Engagement Scale (UWES). Only 27% of residents were found to be highly engaged with their work, with men more likely to be highly engaged than women (30% vs 25%, P = 0.017). Given the relationship between burnout and suboptimal patient care, the authors conclude that striving for healthy workers in healthcare must become part of daily practice.

Data from MES has also provided useful insight into junior doctor engagement. Most organisations using MES have been focused upon their permanent medical staff – consultants and staff grades. Whilst a few organisations were specifically keen to include junior doctors, others were simply happy to include juniors as an issue of further interest. As a consequence the sample of juniors is less targeted and rather smaller than consultants. Nonetheless for the purpose of this paper all junior doctors within the MES database were collated and a comparison made between levels of engagement for consultants and juniors. In total 2,215 juniors were entered into the comparison. On the whole junior doctors were rather less engaged. This was particularly so with respect to the MES scales "Feeling Valued and Empowered", “Participation and Decision Making" (probably inevitable given the different stages of junior doctor training and their transitional roles), and "Work Satisfaction".

There was also some variation in results depending on the overall level of engagement within the particular Trust/Health Board. The data relating to juniors is remarkably stable given that it has been collected over a few years and from several organisations. However it must be acknowledged that the opportunist nature of the junior doctor sample is less than perfect. The results, however, would suggest that a structured study of junior doctor engagement could be very informative in designing positive experiences for junior doctors and perhaps as a consequence avoid future issues of lack of engagement in more senior staff.

Taken together, this evidence paints a picture of a junior doctor workforce that is satisfied with many aspects of training, but that feels undervalued by its employers. This is contributing to increasing dissatisfaction at work, poor morale and high levels of burnout. The remainder of this paper focuses on how these workforce issues might be addressed.

Why is it difficult to engage junior doctors?

There are many reasons why it can be challenging to engage junior doctors at an organisational level. They frequently rotate through different trusts, typically every year. However, it is not unusual for a junior doctor to be placed in a trust for only four months. Socialisation takes time, and it is difficult to accelerate this process. There are also likely to be differences in the best approaches for engaging junior versus higher level trainees. Despite this, engagement strategies are commonly designed for junior doctors as a homogenous group.

Junior doctors may lack time for training and personal development because of heavy service demands. Traditionally, they have poor links with service managers and the leaders within the organisation and they can lack supervisory support. Junior doctors may become demotivated if their seniors are seen to be disengaged. Finally, they may feel unwilling or unable to contribute to the wider organisational strategy. In the words of one junior doctor: "*at present we are an entire workforce who come to work, fulfil service requirements… and achieve CCT (Certificate of Completion of Training), as an almost entirely separate entity to what is actually happening within the healthcare arena or even within the hospital itself*" (Comment in response to Engaging leadersip: hope for the future lies with a new breed of doctors, 2012).

Recommendations

These recommendations are based on the discussions with the junior doctors and leaders at the trusts visited. Previous studies have indicated that the best predictors of engagement are being valued (acknowledgement) and being heard or involved (Spurgeon, Clark, & Ham, 2011). The recommendations have been developed with this in mind. They should be considered as a 'toolbox' that can be dipped in and out of. The case studies are included to provide practical examples, and evidence of their success is quoted where available.

It is worth noting that engagement strategies appeared to be more sustainable when they were 'owned' at board level. In a few of the trusts visited, the junior doctor experience has been transformed by the enthusiasm of one or two dedicated individuals. Finally, commitment to particular initiatives – both from those organising them and from the junior doctors at which they are aimed – is likely to wax and wane over time. This is inevitable and should not deter organisations from continuing on their journey to engaging more successfully with their junior doctors.

1. **Induction – to inform and inspire**

   The trust induction is the ideal opportunity to begin engaging the new cohort of juniors. The best inductions are tailored to the individual needs of the new cohort and used as an opportunity to inform and inspire. Mandatory training should be delivered as efficiently as possible to allow time for other topics such as patient safety, treatment pathways and trust protocols (particularly for emergency conditions), an introduction from the postgraduate medical education department, and an overview of additional professional development opportunities within the trust.

   Junior trainees frequently commented that they appreciate tips for working well on the wards, both in and out of hours, whilst higher level trainees are also interested in learning more about the trust itself – what the organisation's values are, what the organisational strategy is, and what challenges the trust faces. Junior doctors who understand more about the hospital itself and the environment in which they are working are more likely to engage with it.

Case study 1 – Whittington Health induction. Whittington Health has been working hard to improve its induction process. Feedback from the latest Foundation Year 2, Core training, and Specialist Training induction was extremely positive. One trainee remarked that it was "*the most efficient induction (she) had been to in 8 years and 14 different trusts*". The foundation year 1 induction now extends over three days (Box 1). The latest feedback for their 'HELP sessions' was particularly impressive, with an overall score of 4.94 out of 5. This was reflected in the qualitative feedback with comments such as "*excellent overview for F1 life"* and "*(I) feel more confident for starting*". The new doctors particularly appreciated small group sessions, allowing them to ask questions in a supportive environment.

Box 1. Foundation Year 1 Induction at Whittington Health

Day 1	Day 2	Day 3: HELP sessions
• Introduction to foundation training • Human resources, bleeps & rotas • Occupational health • Resuscitation update	• Prescribing tutorial • Fire safety awareness • Introduction to mandatory eLearning • Dr Toolbox • Patient safety • Commissioning for Quality and Innovation (CQUIN) framework • Introduction to the library • How to survive as an F1	• Enhanced recovery • Oxygen therapy • Non-invasive ventilation • Fluids and electrolytes • Reduced Glasgow Coma Score • Sepsis • Major haemorrhage • Child protection training

2. Visible leadership and effective board-to-ward communications

Junior doctors need to know who is leading and managing the hospital in which they work. One junior remarked that "*often junior doctors can't name the chief executive. This would never happen in a private company*". This view was not uncommon. Thirty years ago Roy Griffiths famously stated that "*if Florence Nightingale were carrying her lamp through the corridors of the NHS today she would almost certainly be searching for the people in charge*" (Griffiths, 1983).

Sadly, at many trusts, the modern day junior doctor is still searching. Juniors should be aware of who sits on the board and who is responsible for managing the services in which they will be working. The advantages of a face-to-face meeting with the key leaders within the organisation are many: junior doctors are likely to feel more engaged, have an increased sense of belonging and be more likely to escalate quality improvement suggestions and concerns to the appropriate levels. The junior doctors consulted for this study greatly appreciated the opportunity to meet with their medical director. One junior doctor at Wrightington, Wigan and Leigh NHS Foundation Trust commented that meeting his medical director had been "*inspirational and motivational*", with another stating that it had made her "*want to work hard to support the Trust*".

Many junior doctors also expressed a keen interest in meeting other key members of the board including the chief executive, nurse director, and finance director. The departmental induction is an ideal opportunity for juniors to meet with their new service managers. The recommended approach for ongoing communications is trickier, with different junior doctors preferring different forms of regular communication. Using a range of media is therefore advisable, including email, meetings and even social media. The Medical Director at Wrightington, Wigan and Leigh Foundation Trust is a passionate Twitter fan, and uses it as a quick and personal means of engaging with the junior doctors.

Case study 2 – 'Meet the Management' at Salford Royal NHS Foundation Trust. For the last three years, junior doctors at Salford Royal have arranged an annual 'Meet the Management' event. All junior doctors and board members are invited, and the event takes place in the evening to allow maximum attendance. Each senior leader sits on a different table and the juniors rotate around in small groups. Attendees are free to discuss any topic they wish – from the role of the board executives to specific issues within the hospital.

The initiative was inspired by a regional Meet the Management event arranged by the North Western Local Education and Training Board. Other trusts in the region have arranged similar events and published feedback suggests that they have been highly successful in breaking down the barriers between the junior doctors and senior management, with comments such as: "*My executive colleagues really enjoyed the session… this sort of initiative really contributes to improving medical engagement within the trust*" (from a trust executive) and "*(it was) good to have the opportunity to talk informally with the management staff*" (from a junior doctor) (Kadir, Nazir, & Ahmed-Little, 2010).

3. Human resources

During discussions with junior doctors about how they have been or would like to be engaged, the focus frequently moved into the territory of disengagement. Junior doctors frequently reported feeling disengaged from a trust before they had even started working there. This was largely due to problems relating to human resources. Comments along the lines of "*(trusts) seem to forget that we are real people with personal lives*" and "*the basics like contracts and rotas matter enormously but are often overlooked*" were not uncommon.

Receipt of a welcome email with a few introductory pointers as soon as employment is confirmed can significantly alter a junior doctor's initial perception of the trust. This could be from the medical director, director of medical education, human resources director, or ideally jointly from all three of these key contacts. It goes without saying that junior doctors very much appreciate receiving their new contract and rota as soon as is practicable, but at least a month prior to commencing a placement. Junior doctors should be made aware of how to arrange swaps in advance and who might be able to help them with this process.

Finally, placements should be appropriately banded, reflecting previous diary card monitoring. There are still too many stories of diary cards being ignored and banding remaining the same despite multiple cycles of diary cards demonstrating inappropriate hours. Rather than making the hospital more efficient, this is likely to result in a dramatic loss of goodwill amongst the junior doctors, who will be less likely to volunteer for additional locum shifts when called upon or go the extra mile when required.

4. **Focus on education and training, with meaningful supervision and appraisal**

The junior doctors interviewed frequently emphasised the importance of support from their employing trust for education and training. Adequate supervision and meaningful appraisals are essential and educational supervisors should be selected on the basis of their commitment to postgraduate training. At Whittington Health, almost all consultants receive training in clinical supervision and consultant appraisals are linked to educational activity. Many juniors commented that they would appreciate the chance to provide feedback on their supervisors in an anonymous way, perhaps by way of an annual survey. Teaching should be bleep-free wherever possible. Finally, junior doctors should be encouraged and supported to participate in or lead audit and quality improvement projects.

In order to drive engagement rather than disengagement – which is a risk if projects are just seen as a 'tick-box' exercise – the projects must be meaningful and likely to result in sustainable, positive change. Junior doctors frequently commented on their appreciation of those clinical and educational supervisors who had directed them towards interesting and realistic projects. In the words of one junior doctor: "*I have often been involved in projects that have made absolutely no impact but the reality is I would like to contribute to vibrant, meaningful and authentic quality improvement programmes".* The culture of the hospital must be one that is genuinely receptive to receiving ideas from junior doctors.

5. **Mentoring – develop a trust-wide database of mentors**

Mentoring is defined as the "*process whereby an experienced, highly regarded, empathic person (the mentor) guides another usually younger individual (the mentee) in the development and re-examination of their own ideas, learning, and personal or professional development*" (SCOPME, 1998). Its value in nurturing junior employees is widely recognised in the NHS Graduate Management Training Scheme and many private sector organisations, but is less commonly recognised within the medical profession.

The role of the mentor is similar to – but distinct from – that of the educational supervisor, who has the task of overseeing the junior doctor's progress with emphasis on assessment and the e-portfolio (although an individual could take on both roles). In the words of Cowan and Flint, "*the mentor is there to provide the junior doctor with additional and more frequent support in day to day concerns*" (Cowan & Flint, 2012).Mentoring was not necessarily something that was happening in a systematic way in the trusts visited, although there were certainly individuals acting as mentors. Those junior doctors who had experienced mentoring described feeling better supported and more engaged. They valued having suitable and inspiring role models.

Career mentors were seen to be helpful to those struggling to decide on a specialty, those who had decided but needed advice on obtaining a place, and those working in a specialty but wondering about continuing professional development. An idea that came from one of the junior doctor focus groups offers a good starting approach for developing career mentoring in a trust-wide systematic way. The junior doctors suggested it would be helpful for each trust's postgraduate education department to develop a database of doctors who may be willing to act as mentors in each of the different specialties. Ideally this would include doctors of different levels. Mentors also need to be properly trained, and should be given the chance to go on courses to formally develop their skills.

The potential value of mentoring extends beyond the individual benefits to the mentee. This is highlighted by the Department of Health, and many of the Royal Colleges and Local Education and Training Boards (BMA, Mentoring: a guide for doctors). Taherian and Shekarchian argue in their paper on mentoring in clinical and academic medicine that "*there is a perception amongst mentors and mentees that well conducted, well timed mentoring can reap enormous benefits for mentees and be useful to mentors and organisations*" (Taherian & Shekarchian, 2008).

Effective mentoring can increase work performance and also retention within the profession (BMA, Mentoring: a guide for doctors). It can help encourage female doctors into the specialties that are traditionally dominated by men. The 2009 Chief Medical Officer's working party report on women in medicine states: "*a more coordinated approach is needed to ensure fairer and more equitable access to mentoring and career counselling so that it is easier for all doctors to access*" (Deech, 2009).

6. Opportunities for leadership development

As referenced above, there is evidence to suggest that junior doctors involved in leadership development are more likely to feel valued by their colleagues and equipped to implement change (Gilbert, Hockey, Vaithianathan, Curzen, & Lees, 2012). It is likely, therefore, that those involved in leadership development will be better engaged. The popularity of schemes such as the Faculty of Medical Leadership and Management (FMLM) National Medical Director's Clinical Fellowship, the Darzi Fellowships and the North West Leadership Fellows programme demonstrate the clear appetite for leadership development amongst junior doctors (Stanton & Warren, 2010).

FMLM is now looking to develop a management and leadership clinical fellowship programme (similar to the academic clinical fellowship programme) where junior doctors would spend part of their training working on leadership and management projects. The King's Fund also runs a popular leadership development programme, to which junior doctors are invited (12% of attendees now fit into the category of 'emerging leaders') (Nath, 2015).

However, not all junior doctors will be able to take part in such programmes. Leadership development therefore needs to be provided in a more structured and systematic way at a local level. Stanton *et al* argue that "*the most cost effective approach for leadership development among trainees is to optimize experiential learning opportunities and model behaviours from successful senior leaders*".

All of the trusts visited offered opportunities for leadership development. Feedback on these opportunities was consistently positive. It is well recognised that in order to survive, the NHS needs high quality leaders – including medical leaders – who are capable of working across systems (Naylor, et al., 2015; Timmins, 2015). Organisations have a responsibility to help develop the next generation of leaders. This does not have to be a selfless mission and those that invest in development opportunities will almost certainly be rewarded by a more engaged junior doctor workforce that is interested and skilled in service improvement.

Case study 3 – Junior Doctor Leadership Group, Guy's and St Thomas' Foundation Trust. This was established in 2011, with the following aims (Chadwick, et al.):

- To provide junior doctors who had demonstrated an interest in NHS management with appropriate training and mentorship in clinical leadership through formal training, peer learning and experiential learning;
- To engage junior doctors in 30 day quality and safety improvement projects as a means of providing experiential learning opportunities and to directly benefit the project with grass-root junior doctor involvement;
- To facilitate an increased self-awareness of members to enable them to reflect on their impact and their leadership of teams; and
- To provide junior doctor representation at all levels of management within the Trust.

Initially there were some challenges around ensuring diverse representation of grades and specialties; integrating with managers; and empowering members to facilitate change management. These were primarily solved by allowing junior doctors to take study leave to attend the meetings, setting meeting dates at least six months in advance, and through a clear statement of support for the group from the Trust management.

The group continues to evolve under the leadership of the Deputy Director for Medical Education, and there are currently 38 junior doctor members. Each academic year, there is a 2 day induction with workshops on resilience, compassionate leadership, professionalism and quality improvement. The group then meets for a further six half-day sessions to discuss issues surrounding leadership, with action learning sets in-between. Representatives from the Trust management team are invited to join some of the sessions.

Finally, each junior doctor is supported to undertake a 'rapid cycle improvement' project, which they then present to the group. If they have encountered any particular problems, these can be discussed within the group in a supported creative thinking environment, along with any potential solutions.

Case study 4 – Medical Leadership Development Programme at 5 Boroughs. The programme was set up by the Associate Medical Director with the aim of improving medical engagement throughout the Trust. She arranges annual development days on subjects relating to medical leadership. Originally these were only open to consultants, but the invitation now extends to junior doctors. The most recent event, entitled 'Learning from Leaders', included a talk on medical engagement in quality improvement and a question and answer session with some of the finalists and the winner of the HSJ Clinical Leader of the Year award. Feedback from the junior doctors who attended was very positive, with comments such as "*I appreciated the opportunity to hear about the different aspects of what a leader does*" and "*it was interesting to see the large impact that small changes can make*".

7. Junior doctor-manager collaborations

Despite recent progress, there is still a culture of tribalism within many NHS organisations. The relationship between doctors and managers is particularly poor and has even been described as a relationship of "*destructive antagonism*" (Degeling, Maxwell, Kennedy, & Coyle, 2003). Stanton and Lemer argue that "*dual leadership of managers and clinicians constitutes a more effective leadership that engages more of the workforce, since individuals are more likely to accept leaders who share a common background and whom they hold respect for*" (Stanton & Lemur, 2011). There is no reason why collaborative working can't begin early on in a doctor's or manager's career. Indeed, the sooner this happens, the better. It is also likely to result in a more engaged junior doctor (and manager) workforce.

One strategy for bridging the chiasm between junior doctors and managers is 'paired learning'. This idea was initially developed in 2010 by Dr Bob Klaber, a consultant paediatrician at Imperial College Healthcare NHS Trust (Klaber, Lee, Abraham, Smith, & Lemur, 2012). The aim was to "*bring managers and junior doctors together within the workplace to facilitate improved communication, peer-learning and a stronger understanding of each other's roles and the impact they each have on patient care*". Other similar schemes have since developed, such as the 'North West Buddy Scheme', which is arranged at a regional level and has benefited some of the junior doctors at Salford Royal NHS Foundation Trust (Ahmed-Little, Holmes, & Brown, 2011).

Many of the junior doctors at the focus groups had heard about these schemes and a few had been directly involved. The junior doctors definitely appeared to appreciate their value and were keen to be offered such opportunities. The Imperial scheme was comprehensively evaluated using quantitative self-assessment questionnaires and semi-structured interviews of participants. The co-development of managers and doctors was observed to have had a powerful impact on personal learning, attitudes and behaviour of participants. There were also wider organisational benefits, not only to culture, but also to organisational efficiency and performance.

An alternative approach to encourage better collaboration between junior doctors and managers is to have a nominated junior doctor representative on key committees or at management meetings, at both a departmental and trust-wide level. This strategy was being employed in all of the trusts visited and seems to have been mutually beneficial for both the junior doctors involved and the trust. For the committees or meetings where a junior doctor perspective would be particularly beneficial, the meetings should ideally take place at lunchtime or in the afternoon, when juniors are more likely to be free to attend.

Case study 5 – Paired learning at Imperial College Healthcare NHS Trust. In the original pilot, Band 7 and 8 healthcare managers were paired with Specialty Registrar doctors. It ran over eight months, and 17 'buddy pairs' were established. The initiative comprised five elements:

- Conversations between pairs
- Work shadowing
- Workshops on building self-awareness, leadership and improvement skills
- Service and quality improvement projects
- 'Design surgeries' providing change leadership expertise and support for projects.

More detail on each of these elements is included in the report 'Paired Learning. A peer-learning leadership development initiative for managers and clinicians in the NHS' (Klaber, Lee, Abraham, Smith, & Lemur, 2012). Following the success of the pilot, the initiative continues to run.

8. Junior doctors' forum

Junior doctors' forums vary across the country in terms of their structure and function. Those that are successful all offer the same advantages. For the junior doctor, they are the natural place for discussions about management of the trust, their working conditions, and other issues, for example relating to the rota. They provide a mechanism through which junior doctors can develop a collective voice. From the trust's perspective, they can be a useful forum for consulting junior doctors on certain matters or hearing innovative ideas.

Junior doctors' forums were running in four of the trusts visited. The key drivers for success (which were not universally achieved) appear to be: wide junior doctor membership (both in terms of specialty and grade); senior management support and presence; and regular meetings, with feedback on actions from previous meetings. Ideally there should be a named representative for each training programme, who can engage individuals who may not be able to attend in person and feedback any key messages.

One of the most successful junior doctors' forums was at Whittington Health. This forum is actually named the 'Patient Safety Forum', although it functions very much as a junior doctors' forum would. At the junior doctor focus group at this Trust, it was almost unanimously considered to be the initiative that had made the most difference in terms of engagement and was described as a forum that "*delivers results and facilitates positive changes for both the hospital and the junior doctors*".

Case study 6 – Patient Safety Forum at Whittington Health. The forum was established in August 2014 and has already made a significant impact in terms of junior doctor engagement. Its success is almost entirely due to the commitment and dedication of one of the Trust's consultants. The group, which is open to all junior doctors, meets monthly to discuss patient safety issues. However, this encompasses a wide variety of topics, from recent serious incidents, to how sepsis is managed in the Emergency Department, availability of equipment on the wards and general junior doctor concerns. Junior doctors are also given the opportunity to present their quality improvement initiatives. Key members of the Trust are invited to attend particular meetings, such as the Chair or the Finance Director. When juniors have a particular issue, they are given advice on whom to contact and supported to do so if necessary. The lead consultant intervenes at a higher level if required, and then feeds back on whether this has resulted in the desired changes.

9. Revival of the doctors' mess

Sadly, it appears that the traditional 'doctors' mess' has disappeared from many trusts in England. The rooms previously designated as a space for doctors to meet and rest have been swallowed up by expanding hospital departments. The mess is not seen to add value. In his article for the BMJ, Jason Raw argues that the doctors' mess is an "*unsung resource*", where doctors of different levels and from different specialties can discuss individual cases, best practice and hospital management (Raw, 2003). It is a rich medium of knowledge and advice, and a place where seniors can offer pastoral support. Finally, it allows doctors to interact and to find out what happens to the patients referred to other specialties.

Reviving a doctors' mess requires very little from a trust in terms of resources. Of the trusts visited, three had a well-functioning doctors' mess and the benefits in terms of engagement were clearly apparent. In the words of one junior doctor, "*the doctors' mess enables doctors from different teams to mix and helps foster a strong sense of community*".

10. Celebration of achievements

Doctors can be dismissive about the importance of recognising and celebrating achievements. But as Herzberg originally observed in 1968, recognition is a strong 'intrinsic motivator' and can significantly improve job satisfaction, an important component of engagement (Herzberg, 1968). Junior doctors are more likely to be willing to go the extra mile if their efforts and achievements are recognised and celebrated. Recognition often occurs at a one-to-one level and impromptu comments from a consultant along the lines of 'thank you for all your hard work today' or 'you managed the cardiac arrest really well' can make the world of difference at the end of a gruelling weekend on call. However, recognition should also occur at a higher level and there are many examples of this happening at Wrightington, Wigan and Leigh NHS Foundation Trust. One of the Trust's core values is "*happy staff, happy patients*". The junior doctors are clearly appreciative, with comments such as "*At Wigan I feel valued and appreciated*" and "*(the Medical Director) gives regular positive feedback and encouragement, which makes the senior team very approachable*".

Case study 7 – Celebration of achievements at Wrightington, Wigan and Leigh NHS Foundation Trust. This Trust has invested significant resources into improving engagement, with impressive results. The following approaches have been used to recognise and celebrate junior doctors' achievements:

- **Regular email from the Medical Director**. The Medical Director sends an email to all junior doctors on a regular basis. The content is variable but often includes recognition of particular pockets of hard work or a note to highlight a recent junior doctor achievement. Crucially, the recognition is genuinely felt and genuinely expressed. The trust management are rightly proud of the journey they have been on in terms of improving the trust, and this is shared with the junior doctors in the spirit of encouraging belief and pride in the organisation.
- **Encouragement to share achievements both within the organisation and more widely**. Key members of the trust – and particularly the Medical Director and the Director of Medical Education – actively encourage the junior doctors to present any work they have done, for example relating to quality improvement, both locally and further afield. They are given ideas about where they might be able to present their work and then supported to submit abstracts. This not only benefits the junior doctors, but also the trust, in terms of helping to publicise and share significant achievements.

Monitoring progress

No engagement strategy would be complete without a mechanism for monitoring progress. Clearly feedback on specific initiatives should be sought and acted upon. However, there is also a place for monitoring overall engagement levels amongst junior doctors. This could be achieved using the MES or through locally developed approaches. At Wrightington, Wigan and Leigh NHS Foundation Trust, the Staff Engagement Lead conducts regular engagement 'pulse checks'.

The Trust has developed nine 'enablers of engagement' and has developed a survey based on these (perceived fairness, work relationships, mindset, personal development, resources, trust, clarity, recognition, and influence). This is sent to a sample of their staff, including junior doctors, every quarter so that each year every employee is given the opportunity to complete it. The results of the survey are used to target education programmes and support to the teams identified as being most in need.

Conclusions: Improving engagement – setting the blueprint for the future

The NHS cannot afford to let its junior workforce become disengaged. Where poor leadership exists, and engagement is not seen as a priority, there is a risk that good doctors will become mediocre. Junior doctors need to be inspired and engaged so that they go on to become engaged consultants, capable of and willing to meet the challenges and demands of the modern NHS. It is a two way street, and junior doctors need to play a role in supporting their trust's engagement strategies. Trusts that work hard to engage their junior doctors are likely to see the benefits in terms of attracting high quality doctors to substantive consultant posts.

In the process of preparing this paper, one message came up time and time again: the journey towards improved engagement is often slow and rocky. The transitional nature of junior doctor placements is a significant barrier. Previous studies have demonstrated the importance of good engagement – at an individual employee and an organisational level. This study demonstrates some of the ways in which this might be achieved amongst junior doctors. Fully engaged junior doctors have the potential to act as extremely positive 'agents for change'. They can play a crucial role in identifying and highlighting patient safety issues.

As one of the leaders interviewed remarked: "*if you want to know where the problems in the hospital are, ask the junior doctors*". When they arrive at a new hospital, they bring with them a wealth of ideas and solutions that they have observed working well in previous trusts. Engaged junior doctors will be happier in their role, and are more likely to show commitment to their employing organisation, for example by contributing to quality improvement initiatives, management processes and service redesigns. Their efforts can help improve services, and ultimately patient care. In the words of Professor Sir Bruce Keogh, "*their energy must be tapped not sapped"* (Keogh, 2013).

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