

Developing leadership as a trainee- opportunities, barriers and potential improvements

Rachel Doherty¹, Sara Lawson¹, Laura Mc Laughlin¹, Grainne Donaghy², Julia Courtney² and Keith Gardiner³

Accepted: 24th August 2017

Provenance: externally peer-reviewed

Keywords: leadership; development; trainee; opportunities; barriers; improving;

ABSTRACT

The General Medical Council explicitly state that doctors completing training should demonstrate capabilities in leadership and teamwork.¹ However, most trainees receive little formal training in leadership. In March 2017, at the Faculty of Medical Leadership and Management (FMLM) Northern Ireland Regional Conference, a workshop on developing leadership skills as a trainee was hosted and the views of doctors in training regarding current opportunities, potential barriers and improvements were sought.

In Northern Ireland presently there are a number of opportunities available for trainees to gain experience in leadership – both by learning through observation and learning through experience. These range from informal activities which do not require significant time commitment to focused, immersive leadership experiences such as ADEPT (Achieve Develop Explore Programme for Trainees)² and the Royal College of Physicians' Chief Registrar scheme.³

Several barriers to developing leadership have been identified, including limited understanding of what constitutes leadership, a lack of senior support and little formal recognition for trainees leading teams. Time pressures, frequently rotating jobs, limited resources and difficulty upscaling can also undermine the sustainability of improvement and other leadership projects.

Incorporating awareness of and training in leadership skills, as well as greater engagement with senior leaders and managers, at an early stage in training could promote understanding and encourage trainees. Formalising leadership roles within training posts may improve experience. Deaneries and Trusts can also enable leadership opportunities by facilitating study leave, raising awareness amongst supervisors, and providing career enhancing incentives for interested trainees.

INTRODUCTION

Active involvement of doctors in clinical leadership saves lives. There is now an established evidence base showing that high levels of medical engagement in care providers, where all doctors are actively involved in management, leadership and service improvement, leads to better outcomes.⁴ This includes lower patient mortality, higher patient satisfaction and quality of care, and raised levels of staff wellbeing and engagement.⁴

With a few exceptions, medical students and medical trainees have little training in management, leadership and service improvement. Yet from the moment they graduate, doctors in training require a range of such competencies, which become more important as they progress to become consultants and general practitioners.⁵ However, the leadership capability of doctors in training remains an undervalued resource in the NHS.

A recent General Medical Council (GMC) report found that 1 in 10 graduates felt inadequately prepared for practice, with

key areas of concern, being core leadership and management competencies such as self-management, resilience, patient safety, effective communication and inter-professional team working.⁶

Early exposure to management and leadership should provide the foundation for an NHS in which doctors appreciate their responsibilities to others within the multi-professional team, the organisation and local health community as well as to their patients and themselves.

Trainees are uniquely placed to assist in leading the improvements needed in healthcare. In his report on the Mid Staffordshire NHS Foundation Trust, Sir Robert Francis QC highlighted a lack of medical leadership as a fundamental

1 ADEPT Fellow 2016-17 2 ADEPT Fellow 2015-16. 3 Northern Ireland Medical and Dental Training Agency (NIMDTA)

Correspondence to: Dr Rachel Doherty Public Health Agency, 12-22 Linenhall Street, Belfast, BT2 8BS

Email: rachel.doherty@hscni.net



contributor to the failures in care within the Trust.⁷ The report also reiterated the importance of leadership at all levels, describing medical trainees as the ‘eyes and ears’ of the hospital.

There is evidence that organisations led by doctors in formal leadership roles perform better.⁸ The NHS therefore needs to provide more doctors in training with leadership development and experience as an investment for the future.

At the annual Faculty of Medical Leadership and Management (FMLM) Northern Ireland Regional Conference in March 2017, a workshop on developing leadership skills was hosted by clinical fellows in the Achieve, Develop, Explore Programme for Trainees (ADEPT) in Northern Ireland.^{2,9} At this event, the views of medical trainees about current opportunities to develop leadership capabilities along with potential barriers that may be encountered, and how to improve those opportunities, were sought. This article reports the trainee perspective on these issues.

CURRENT OPPORTUNITIES TO GAIN LEADERSHIP TRAINING AND EXPERIENCE

There are a number of programmes providing training in leadership within postgraduate training in NI. NIMDTA’s Foundation Generic Skills and iQuest (Improving Quality and Understanding to Enhance Specialty Training) programmes provides modules focused on leadership and teamwork, whilst ENGAGE, a new clinical leadership and improvement programme for final year trainees, was launched in December 2016.^{10,11} EQUIP (Educating for QUality ImProvement for GP trainees) provides final year GP trainees with the opportunity to learn about quality improvement and leadership with mentorship from local leaders using the ECHO collaborative training model.¹² STEP (Specialist Trainees Engaged in leadership Programme) provides leadership training and an introduction to QI and has been running for five years in Belfast HSC Trust for final and penultimate year trainees. STEP-WEST is running its inaugural programme in the Western HSC Trust. First Steps to Leadership provides a basic introduction to leadership and QI for foundation doctors in Belfast HSC Trust.

In addition to these formal training courses, there are a number of opportunities available for trainees in Northern Ireland to gain experience in leadership – both by learning through observation and learning through experience. These opportunities range from informal activities that do not require significant time commitment through to focused, immersive leadership experiences.

Trainees can gain leadership experience by seeking out opportunities to shadow those in formal leadership roles. This can be within a HSC Trust – for example by shadowing a clinical director or a service manager, or within the Northern Ireland Medical and Dental Training Agency (NIMDTA). It may also be useful to take the opportunity to learn from high performance organisations outside of healthcare, which can be a valuable means of learning new skills and approaches (e.g. aviation).

The most obvious leadership activities that trainees can take part in are through their clinical role. Caring for patients requires teamwork, which works best when a team is led effectively. Team leadership is required at all levels of training. There are a number of non-clinical activities trainees can become involved with that enables them to develop their leadership capabilities – through rota management, organisation of teaching, planning and undertaking research, quality improvement (QI) audit, and service development. These tasks require good organisational, time management and communication skills – all of which are essential in order to be able to lead effectively.

There are a number of opportunities for trainees to apply for formal roles which further enable leadership development – for example as a programme trainee representative, on the Trainee Forum, as a trainee representative on a management committee, through a mentorship role, or through involvement in a NIMDTA or RQIA visit or review. NIMDTA set up ADEPT in August 2015 in collaboration with the HSC Leadership Centre and a number of host organisations.^{2,9} This programme provides 8 specialty (GP or hospital specialty) trainees the opportunity to take a year out of programme to acquire knowledge and develop skills and experience in leadership and management through formal training, insight visits, coaching, mentoring and working in an apprenticeship model with senior leaders. During this programme, Fellows work towards a Level 7 Certificate in Leadership and Management through the Institute of Leadership and Management. The Chief Registrar Scheme set up by the Royal College of Physicians allows final year trainees in higher medical specialties involved in acute medicine to spend 40-50% of their working week as a ‘Chief Registrar’, where they are involved in healthcare leadership and management development.³ Trainees in Northern Ireland can also apply to the National Medical Director’s Clinical Fellows Scheme, and there are a number of clinical leadership fellow programmes available to trainees in other regions of the UK.^{13,14}

BARRIERS TO LEADERSHIP

Perhaps one of the most subtle, but important, barriers to engaging in leadership activities, identified by trainees, is actually recognising what constitutes leadership. The traditional heroic model of the leader as an all-knowing, charismatic, born for the role, figure holds less weight in this modern era. However the idea of collective leadership, and leadership being about creating a vision and enabling others around you to work towards that, is still in relative infancy.

Many trainees display leadership on a regular basis in their day - to - day roles on call, managing multidisciplinary teams, teaching other junior medical colleagues, students and other staff. Often, they do not identify themselves as being a leader or realise the influence and impact that they may have on others. As a consequence, they can be hesitant to nominate themselves for more formal leadership opportunities, feeling relatively inexperienced. The lack of formal recognition



or defined roles for trainees who regularly lead teams can perpetuate this.

A fear of going to ‘the dark side’, where they use ‘a different language’, and are perceived to have a less directly clinically facing focus, can also dissuade trainees. Time pressure is cited as another hurdle. With busy clinical commitments, postgraduate post applications, examinations and continuing professional development there are many competing demands on time. Frequently rotating jobs, limited funding and difficulty upscaling can also undermine the continuity and sustainability of improvement and other leadership projects.

Another barrier to developing leadership skills, described by trainees, is lack of senior support. This may at times be more of a perceived barrier. However, unfortunately there also exists a degree of scepticism amongst some seniors regarding more formal leadership opportunities, such as novel leadership programmes, for those at a relatively junior stage in their careers. Sadly, this view ignores the reality that the trainees of today are the senior leaders of tomorrow. It also fails to recognise that broadening experience and perspective throughout all career stages will better enable clinicians to successfully work across boundaries and systems establishing networks for the benefit of all.

IMPROVING OPPORTUNITIES

Opportunities to develop how leadership could be improved was also explored. The resulting ideas can be summarised into themes of improving awareness, formalising roles and facilitating opportunities.

Initially when asked to discuss leadership, trainees tend to recall a clinical situation. Following some discussion there seemed to be a greater awareness of the breadth of leadership experience acquired during training. It was suggested that to further raise awareness, the section of the NIMDTA website devoted to leadership opportunities could be better promoted, for example, via specialty schools and referencing in trainee newsletters. Ensuring that trainees and trainers are fully aware that study leave may be used for opportunities to develop leadership skills as well as programme-specific activities was felt to be important and something practical that could be done.

NIMDTA has begun the process of developing formal leadership programmes such as ADEPT and ENGAGE.^{2,9,11} To improve leadership opportunities trainees felt that there was a role for incorporating awareness of and training in leadership skills from an early stage e.g. Foundation Generic Skills.

Formalising trainee roles within posts and attachments, e.g. Quality Improvement Lead or Teaching Lead, may also allow trainees to better understand the leadership and managerial roles they are demonstrating when for example they are organising a teaching rota. In order for these roles to be effective there would need to be a robust governance structure regarding appointment to and support for the role.

Delays in obtaining approval for study leave were highlighted by trainees. These delays could be due to factors within training locations, processing through NIMDTA, or a combination of both. However, it is clear that if the process is difficult it could discourage trainees from availing of useful opportunities. NIMDTA is keen to engage with trainees for suggestions on how to improve this system. The opportunity to meet people in senior leadership roles was identified by trainees as being valuable. Allowing you to put a ‘face to a name’, and understand the leadership journeys that these individuals have undergone, can offer encouragement and promote confidence.

CONCLUSION

Given that there is now significant evidence supporting the importance of strong engagement of doctors in healthcare leadership at all levels in our system, it is vital that the leadership capabilities of postgraduate medical trainees are developed. It is accepted that leadership development has not traditionally been perceived as an integral component of medical training to date. However, this is changing.

As awareness of the value of medical leadership rises, there has been a wealth of new opportunities for trainees. Each of the 4 UK nations now has strong postgraduate, focused, leadership fellowships open to high calibre applicants. There is increasing understanding of the need to ‘label’ formal and informal experiences and opportunities as leadership and management skill development.

In Northern Ireland, there are now numerous development programmes open to trainees in all specialties which require varying levels of time, input and commitment to cater for a range of levels of interest and enthusiasm. These programmes are raising awareness and contributing towards a ‘critical mass’ of trainees and future consultants with the insight, knowledge and skills to support colleagues undertaking leadership roles, even if they choose not to take that path themselves.

However, there is an acknowledgement that barriers to leadership development remain. Trainees require support and encouragement to appreciate their existing leadership experience and to nominate themselves for more formal leadership opportunities.

Greater engagement with senior leaders and managers is required at an early stage in training to promote understanding and empathy and remove perceived barriers to collaboration. The realisation that there is a fundamental shared goal and the development of a common language may aid progress to a culture change in relationships with medical management. Signposting and support by deaneries regarding the range of leadership opportunities open to trainees may aid engagement. Deaneries can enable leadership opportunities by facilitating study leave, raising awareness with trainers, supervisors and senior colleagues, providing career enhancing incentives and encouragement for interested trainees.



The innovation and transformation of the healthcare system which is essential to ensure a safe and efficient service will require unprecedented engagement of doctors in healthcare leadership. This engagement in clinical leadership must be systematically and urgently promoted at all levels. National leadership development at scale is pivotal to future progress to develop a sustainable model of care.

REFERENCES

1. The General Medical Council *Generic Professional Capabilities Framework* London: General Medical Council; 2017 Available from: <http://www.gmc-uk.org/education/postgraduate/GPC.asp> Last accessed October 2017
2. Northern Ireland Medical Dental Training Agency. ADEPT Programme: [Achieve Develop Explore Programme For Trainees]. Belfast: NIMDTA; 2017. Available from: <http://www.nimdtg.gov.uk/adept/> Last accessed October 2017.
3. Royal College of Physicians London. Chief Registrar: 2018-19 recruitment guidance. London: Royal College of Physicians; 2017. Available from: <http://www.nimdtg.gov.uk/chief-registrar-in-medicine-belfast-and-northern-hsc-trusts/> Last accessed October 2017.
4. Jagger O. Supporting and driving trainee-led leadership. *Future Healthcare Journal*. 2015; **2**(3): 211–7.
5. Clark J. Clinical Leadership Blog [Internet]. Leadership Development *Engaging leadership: hope for the future lies with a new breed of doctors*. London: The King's Fund; 2012. Available from: <https://www.kingsfund.org.uk/blog/2012/04/engaging-leadership-hope-future-lies-new-breed-doctors>. Last accessed October 2017.
6. General Medical Council. *Be prepared: are new doctors safe to practise?* London: General Medical Council; 2014. Available from: www.gmc-uk.org/Be_prepared_are_new_doctors_safe_to_practise_Oct_2014.pdf_58044232.pdf Last accessed October 2017
7. Francis R. *Mid Staffordshire NHS Foundation Trust Public Inquiry*. Norwich: The Stationery Office [TSO]; 2013. Available online from: www.midstaffspublicinquiry.com/report Last accessed October 2017.
8. Goodall AH. Physician-leaders and hospital performance: is there an association? *Soc Sci Med*. 2011;**73**(4):535–9.
9. Donaghy, D, Hutton R, Gardiner K. So you want to be an ADEPT Fellow? *Ulster Med J*. 2016; **85**(2):143–4
10. Northern Ireland Medical Dental Training Agency. iQuest Programme. Belfast: NIMDTA; 2017. Available from: <http://www.nimdtg.gov.uk/iquest/> Last accessed October 2017.
11. Northern Ireland Medical Dental Training Agency. ENGAGE: Clinical Leadership and Improvement Programme. Belfast: NIMDTA; 2016. Available from: <http://www.nimdtg.gov.uk/clinical-leadership-and-improvement-programme/> Last accessed October 2017.
12. Northern Ireland Medical Dental Training Agency EQUIP: Experience in Quality Improvement Programme. Belfast: NIMDTA; 2017. Available from: <http://www.nimdtg.gov.uk/general-practice/gp-specialty-trainees/equip-experience-in-quality-improvement/> Last Accessed October 2017.
13. Keogh B. Faculty of Medical Leadership and Management. National Medical Directors Clinical Fellow's Scheme for doctors in training in England. London: FMLM; 2017. Available from: <https://www.fmlm.ac.uk/programme-services/individual-support/national-medical-directors-clinical-fellow-scheme>. Last accessed October 2017.
14. Darzi Fellowships in Clinical Leadership 2017/2018. London: NHS London Leadership Academy; 2017. Available from: <http://www.londonleadershipacademy.nhs.uk/programmes/darzi-fellowships-clinical-leadership-20172018> Last accessed October 2017.



UMJ is an open access publication of the Ulster Medical Society (<http://www.ums.ac.uk>).

The Ulster Medical Society grants to all users on the basis of a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International Licence the right to alter or build upon the work non-commercially, as long as the author is credited and the new creation is licensed under identical terms.