

Clinical Paper

A Six Year Experience of a National Leadership Fellowship in Northern Ireland: Achieve, Develop, Explore Programme for Trainees (ADEPT)

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Key Words

Leadership, Fellowship

ABSTRACT

Introduction

The Achieve, Develop, Explore Programme for Trainees (ADEPT) Clinical Leadership Fellowship Programme was established in response to growing recommendations to underpin healthcare reconfiguration in Northern Ireland with a collective leadership strategy. The fellowship combines a leadership development programme with a project carried out within a host organisation. With the fellowship now in its sixth year, a need was identified to assess its impact on the fellows' leadership skills, career choices, achievements, and views on both the fellowship and how to develop future leaders.

Methods

Demographic data for all ADEPT fellows was held centrally through Northern Ireland Medical and Dental Training Agency (NIMDTA) and assessed anonymously. A mixed-methods questionnaire was composed using Smart Survey. Likert scale questions were designed to determine the extent to which participants believed ADEPT supported their development of strong and exemplary elements of the nine dimensions of the NHS Healthcare Leadership Model. The questionnaire was distributed electronically to all ADEPT alumni in November 2021 and remained open for 4 weeks.

Results

There have been 46 ADEPT fellows to date (72% female; all fellows were white). ADEPT fellows were most commonly from Psychiatry (33%), Paediatrics (17%) and Obstetrics and Gynaecology (15%). There were 19 responses from the alumni cohort of 46 (41%). 75% of respondents reported that their project resulted in publication, presentation or award. Leadership skill development was identified as best in "Evaluating Information" and "Engaging the Team", whereas skills in "Sharing the Vision" and "Developing Capability" saw less improvement. The majority felt that the fellowship had been useful in securing their position as a consultant or general practitioner and 50% went on to pursue senior leadership positions.

Conclusion

The ADEPT Clinical Leadership Fellowship delivers effective leadership training as measured by the nine domains of the NHS Healthcare Leadership Model. It provides value for host organisations through the projects undertaken and by developing doctors who are more likely to engage in future formal leadership roles. ADEPT alumni saw the value in their leadership experience and felt it should be embedded in standard postgraduate training schemes to reach a wider audience.

Introduction

In response to the increasing challenges faced by the Health and Social Care (HSC) system in Northern Ireland (NI) the executive commissioned an independent panel of national and international experts in 2016 with the remit of producing a set of underpinning principles for healthcare reconfiguration.¹ This report set out an ambitious vision of how healthcare could be transformed to better serve the current and future population of NI. A key component of implementing these recommendations was creating a collective approach to leadership.¹ This was recognised in the Department of Health's "Delivering Together" 10-year plan which called for an HSC-wide leadership strategy to develop collective leadership behaviors across the system.² The four components of this strategy went on to consist of: leadership being the responsibility of all, shared leadership in and across teams, interdependent and collaborative system leadership and compassionate leadership.³

On this backdrop of both organisational and leadership reform, the Northern Ireland Medical and Dental Training Agency (NIMDTA) developed the Achieve, Develop, Explore Programme for Trainees (ADEPT) Clinical Leadership Fellows' programme in 2015.⁴ This is a Clinical Leadership Fellows' programme available to specialist, general practice and dental trainees in NI as an out of programme experience year. It is recruited competitively through a scored application followed by a 3-part interview. The fellowship programme is

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coordinated with host organisations, who sponsor fellows to work with organisational leaders in an apprentice model and undertake a self-directed project. This leadership training was provided by the HSC Leadership Centre until 2020, which supported achievement of an Institute of Leadership and Management (ILM) level 7 Certificate. The 2021-22 cohort joined the Faculty of Medical Leadership and Management (FMLM) Fellow Scheme. Both structures focus on developing personal leadership skills aligned to the nine domains of the NHS Healthcare Leadership Model.

Leadership theories have developed and changed over the years. The Leadership Framework was published in 2011 and brought forward the concept of leadership not being restricted to people who hold designated leadership roles. Storey and Holti carried out a review on behalf of the NHS Leadership Academy exploring leadership research in various fields, including the health service. They sought to re-think the interrelationship between distributed leadership and the expected behaviours of those in formal leadership positions. Both publications informed the NHS Healthcare Leadership Model which aimed to reflect what is known of effective leadership, the values of the NHS and the expectations of today's leaders.^{5,6} This model outlines nine dimensions of leadership behaviour which are all weighted equally in their value to an individual's leadership role.

The need for leadership development throughout all aspects of healthcare has never been more evident with the additional burdens on service delivery and staff well-being created by the COVID-19 pandemic. With the programme now in its sixth year and many of its graduates consultants or general practitioners (GPs), a need was identified to assess how the fellowship has shaped participant career performance, decision making and views on leadership training. This study aimed to determine the demographics of ADEPT Fellows and evaluate the impact of the fellowship as perceived by ADEPT alumni on career goals, choices, achievements, and development of leadership skills related to the NHS Healthcare Leadership Model.

Methods

Baseline demographic information was obtained confidentially from the NIMDTA trainee database regarding gender, medical school, stage of training and specialty. A mixed methods questionnaire with four sections containing seventeen open, closed and Likert scale questions was composed using Smart Survey.

The first section explored key demographics including gender, ethnicity, medical school, specialty and career stage at the time of undertaking the questionnaire and ADEPT. It also identified the fellows' host organisations and project outcomes, including succession planning and accolades such as publications, presentations or prizes.

The second section focused on self-assessment of leadership skills before and after the ADEPT Fellowship as defined

by the nine dimensions of the NHS Healthcare Leadership Model. Each dimension is separated into qualities and behaviours progressing through essential, proficient, strong and exemplary categories. Likert scale questions were designed to determine the extent to which participants believed ADEPT supported their development of strong and exemplary elements of the nine dimensions.

The third section explored career planning and progression with an emphasis on whether ADEPT experience influenced both decision making and achievement. Holding a formal leadership position or undertaking further training was particularly questioned. The final section concentrated on suggestions for improvement for the programme and ideas on how to incorporate leadership training into postgraduate education.

The questionnaire was emailed to all ADEPT alumni in November 2021. Two reminder emails were sent prior to closure of the questionnaire four weeks later. The project team divided the questionnaire into sections for review as per the above layout. Demographic data was collated. Quantitative data generated from responses to Likert scale and closed questions was analysed using descriptive statistics. Qualitative data generated by free text responses underwent thematic analysis.

Results

Section 1- Demographics and Project

A total of 46 trainees have undertaken ADEPT since 2015, with each year group varying in size from between 8 to 12 fellows. Demographic data for the entire alumni cohort was available through NIMDTA's database. 33 (72%) were female and 13 (28%) were male. All fellows were white. 38 (83%) of the fellows graduated from Queens University Belfast (QUB) medical school. Training grades were represented from ST3-ST7 with the predominance in ST5 or above (78%). Trainees came from a range of specialties with psychiatry (33%), paediatrics (17%) and obstetrics and gynaecology (15%) being the most predominant.

19 (46%) fellows responded to the survey. 4 (21%) respondents did not matriculate with QUB in keeping with the total cohort. Host organisations varied each year and from the respondents, 8 were based within an HSC Trust with a further 5 within NIMDTA. The remaining 6 were based in various organisations including the Department of Health, General Medical Council (GMC) and Regional Quality Improvement Agency (RQIA). Project themes included training quality, simulation-based education, human factors, digital health, patient safety and regional or local clinical quality improvement. At the end of their ADEPT year, 60% of respondents had the opportunity to continue with their project in some way. Many projects had natural succession planning with another ADEPT fellow taking over the following year. Some respondents had hoped to remain involved in their project but found this impractical due to returning to clinical work and training in a different Trust,



or the other demands on their time such as professional membership examinations. Others reported utilising special interest sessions to remain involved with their project, and one respondent reported that they still remained involved as a consultant. 75% of those who responded to the survey stated that their fellowship project had resulted in a publication, presentation or award, with two fellows having all three. Articles were published in the British Medical Journal (BMJ) Leader, the Ulster Medical Journal and the BMJ Simulation and Technology Enhanced Learning. The fellows' work was recognised nationally at conferences held by the FMLM, the Royal College of Paediatrics and Child Health and the Institute for Healthcare Improvement International Forum. Notable accolades included nominations for college trainee of the year and the development of guidance adopted by the Department of Health.

Section 2 – Leadership Development

63% of respondents did not perceive themselves as leaders before ADEPT. Those that did saw their leadership capabilities mostly in clinical contexts as part of 'service provision', but not within 'service development'. A minority had previously held roles such as Trainee Representative and were seeking to develop their leadership skills through the fellowship, but the majority had limited experience in leadership outside the clinical realm and admitted they did not understand leadership in healthcare before the fellowship. They learned that 'everyone within the team...can be a leader.'

The Likert scale assessment mapped to the nine domains of the NHS Healthcare Leadership Model is discussed below. Table 1 provides a summary of these findings.

Inspiring shared purpose

Valuing a service ethos and behaving to reflect principles and values of the healthcare service.

100% of participants felt the leadership fellowship enabled them to reach this to a strong level, developing their resilience in the face of opposition. 84% were challenged beyond their remit and took personal risk.

Leading with care

Demonstrating the essential personal qualities of a healthcare leader, understanding team needs and fostering safe and supportive environments.

79% agreed or strongly agreed the fellowship allowed them to develop their skills in creating a positive team atmosphere. Only 11% felt they had not learnt to hold other leaders responsible for the wellbeing of their teams.

Evaluating information

Information handling and planning improvement.

100% agreed or strongly agreed that the fellowship enabled them to learn how to initiate change and improve pathways or systems.

Connecting our service

Gaining knowledge and understanding of how people, teams and organisations work in an integrated and collaborative way.

84% of participants agreed the fellowship promoted skills of adaptability and flexibility. 95% felt they could build effective strategic relationships for interpersonal and systems working because of their participation in the fellowship.

Sharing the vision

Sharing the vision involves communicating an attainable, inspiring and common purpose.

32% neither agreed nor disagreed that they could develop a compelling framework for success after the fellowship, however, 79% felt they could describe future changes to inspire hope amongst those they were leading.

Engaging the team

Promoting the value of individual contributions in improving outcomes for services and their users.

100% agreed or strongly agreed that they improved in building a team to deliver a shared purpose. Only 5% disagreed that they would be able to encourage team working and ambition.

Holding to account

Ensuring that team members work to meet common goals, providing support and effective feedback, and enabling members to maintain ownership of their performance.

95% looked for opportunities to celebrate high standards in their team and 89% learned to advocate and promote an ambitious mindset.

Developing capability

Developing personal skills to meet future challenges and service needs, and to role model personal development to team members.

74% felt they could develop activities to build long term capability through mentoring or career aspirations and 68% agreed they would be able to take a strategic approach to developing people.

Influencing for results

Building relationships and understanding to foster positive networks and achieve desired outcomes.

84% felt the fellowship enhanced their ability to create shared agendas with stakeholders and agreed their skills to act as organisational ambassadors were improved.

Overall, following completion of the ADEPT Fellowship, most participants noted an improvement in all nine domains with some areas seeing more progression than others. Most development was seen in "Evaluating Information" and

“Engaging the Team”, whereas skills in “Sharing the Vision” and “Developing Capability” were less improved.

Section 3 – Career choices and achievement

74% of respondents are currently working at consultant level with a mean time since their ADEPT fellowship of 4.7 years. Those who have not taken up a consultant post or remain in higher training completed ADEPT an average of 4 years ago. The overwhelming majority of respondents felt their participation in the ADEPT fellowship programme contributed positively to their overall career progression. A common theme was that the fellowship, “improved confidence and provided a great head-start for life as a consultant.” Others felt that it, “offered something unique and broadened their horizons”. When advancing through their training, former fellows indicated that they had been able to use their fellowship project to demonstrate personal skills in leadership, team-working and quality improvement (QI). They also indicated that the programme had provided them with a platform to gain insight into the inner workings of HSC Trust management systems. This offered them a unique talking point during their interviews to become consultants.

After completing their fellowship, most former fellows continued along their existing career path but each indicated that they felt better equipped with additional skills, new interests and further strengths. Some went on to adapt their job plans to include simulation-based education whilst others have actively promoted leadership, QI and innovative thinking within their team. A small number continued to develop their leadership skills by attending renowned courses such as the Scottish Quality and Safety Fellowship.

One respondent reported negative attitudes towards the fellowship on their return to training, with the specialty emphasising completion of training before the trainee would re-engage with their project interest.

Just under 50% of participants indicated that they undertook further leadership roles following completion of their fellowship. These included clinical leads, trust leads in both education and governance, societal and college representatives. However, most respondents went on to complete their training and hold active leadership roles as consultants and educational supervisors, suggesting that they were actively leading without appreciating their respective leadership skills and abilities.

Section 4 – Recommendations

All fellows agreed that they would recommend the ADEPT programme to a colleague. They felt it improved their leadership, management, QI, communication skills and enabled them to establish a wider network of contacts with a deeper understanding of systems and structures to drive change.

Respondents were generally very positive about the

fellowship, but several themes emerged for potential ways to improve. Input from external organisations outside the healthcare sphere, such as Google, was recommended. It was suggested the programme would benefit from more emphasis on innovation, entrepreneurship, digital transformation, and collaboration with other leadership fellows from different regions. There was also interest in reconnect sessions to further build on learning from the year. There were several suggestions from participants who had undertaken ADEPT in its early years which have since been addressed, such as increasing the diversity of specialties of trainees involved and increasing group work.

Participants were asked how leadership lessons from ADEPT could be more effectively integrated into postgraduate medical education for all junior doctors. It was felt that all trainees should be able to develop leadership skills without taking a year out of training, such as protected time for higher trainees’ special interests, which could be used for leadership development. It was felt there should be clear expectations laid out for all doctors in line with HSC Trust higher strategic planning, and more efforts should be made to integrate leadership experience into day-to-day clinical jobs. It was felt that all junior doctors would benefit from some of the teaching offered to ADEPT Fellows, and that it could be useful to hold regular webinars by inspirational leaders that could be attended by junior doctors across Northern Ireland.

Discussion

The overall impression from this review was of impactful gain on an individual and organisational level. Individuals used the year to add value to their curriculum vitae with the ascertainment of publications, presentations and awards. Furthermore, many respondents felt that they had a unique point of view for consultant interview which led to successful appointment. Leadership skills as defined by the nine domains of the NHS Healthcare Leadership Model saw improvement across the board. Host organisations gained through project development and increased engagement in formal leadership roles going forward. One respondent reported instigation of a new service within their first year as a consultant. These positive experiences are reflected in evaluations of other UK based leadership fellowships.^{7,8,9}

A recurring theme in the healthcare sector is that doctors who have gone through years of formal training often fail to recognise the innate leadership skills they have acquired on their journey to becoming a consultant.¹⁰ This was evident within the ADEPT group as the majority did not identify themselves as leaders prior to undertaking the fellowship. Distinguishing, nurturing and reframing these skills for use outside of the clinical area are important considerations when developing leadership training in healthcare. One of the main identified barriers to this was the lack of protected time to pursue personal leadership development during a clinical rotation. The increasing pressure being felt within the healthcare system and resultant pressure on senior clinicians’ time is likely the foremost reason for the



relatively low survey response rate of 46%. Furthermore, the COVID-19 pandemic has created a surge in research activity whilst simultaneously limiting data collection techniques. This has resulted in increased survey dissemination with many suffering a “survey fatigue” characterised by lower response rates.¹¹

There also remains a stigma towards leadership fellowships with one respondent reporting negative attitudes towards what was seen as their “year off” by members of their specialty, perhaps reflecting a lack of appreciation for the fellows’ new skill set which has been previously observed.¹² Fellows felt medical leadership training embedded in standard training would be more ideal to reach trainees and combat such sentiment especially with evidence showing benefit to both individual performance and patient outcomes.¹³ The increased engagement of ADEPT alumni in leadership roles as a consultant is likely to affect attitudes going forward.

An interesting observation was the relatively lower improvement in the leadership skill of “Sharing the Vision”. NI’s political instability often leads to uncertainty in healthcare reform and policy. This national level leadership is crucially important for setting the culture within the HSC and may influence how the fellows perceive organisational vision.¹² The fellows’ suggestions for improvement included connecting with external organisations for leadership inspiration. Notably examples came from the technology world, rather than safety critical areas such as airline or nuclear industries wherefrom many healthcare lessons have been drawn. Google has invested heavily in creating a corporate vision statement and culture, which are redefining how many people engage with their work.

Another recommendation from the ADEPT alumni was for increased networking with other leadership fellows across the UK. Without shared learning, Northern Ireland can become isolated from its counterparts across the water. The 2021 ADEPT scheme has paired with FMLM as its leadership training body and brings together fellows from Northern Ireland, England, Scotland and Wales. This new collaboration will provide those links and networking opportunities that will continue to grow with time.

Conclusion

The ADEPT Clinical Leadership Fellowship delivers effective leadership training as measured by the nine domains of the NHS Healthcare Leadership Model. It provides value for host organisations through the projects undertaken and by developing doctors who are more likely to engage in future formal leadership roles. ADEPT alumni saw the value in their leadership experience and felt it should be embedded in standard postgraduate schemes to reach a wider audience.

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