

A modern meeting room with a large wooden table, chairs, a whiteboard, and a brick wall. The room is well-lit and features a large potted plant on the left, a whiteboard on the wall, and a dark metal locker on the right. The table is set with a laptop, papers, and a coffee cup. The text "Making room at the table" is overlaid in the center of the image.

Making room at the table

Rachel Rajadurai
Tom Hine-Thomas



Dr Rachel Rajadurai

Internal Medicine Training ST3 (PGY6)

Birmingham

NHS England (22-23)

Professional Leadership and Medical
Workforce



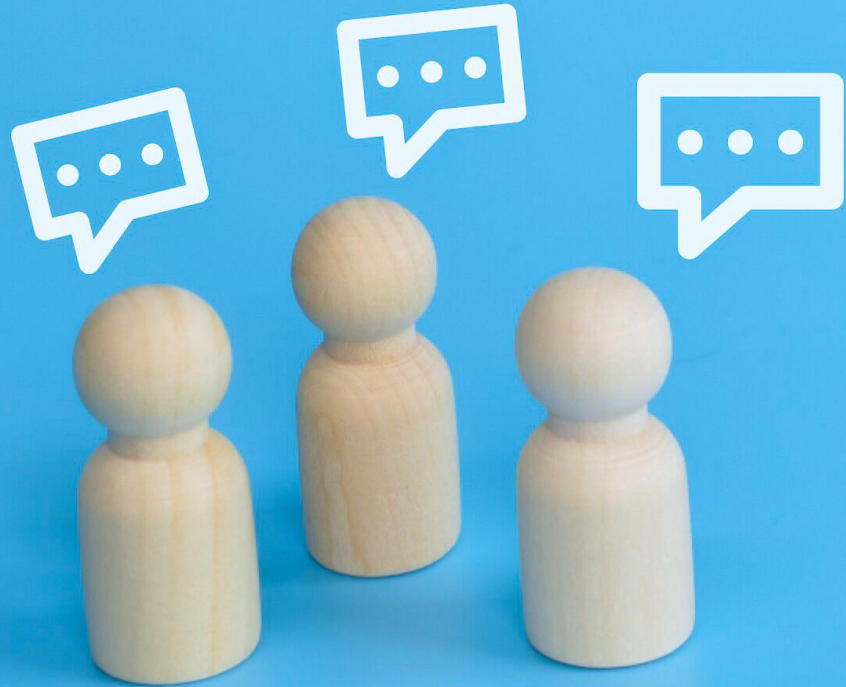
Dr Tom Hine-Thomas

Anaesthetics ST4 (PGY9)

Oxford

NHS England (22-23)

Maternity and Neonatal Transformation
Programme



Mentimeter

Why

What

How

Why



Leadership at every level is influential in **determining organisational performance.**

Increased medical engagement and good leadership correlate with **improved patient care and outcomes.**

However, healthcare is a complex environment, characterised by **‘wicked problems’** for which there is no clear solution.

A **collective, collaborative model** of leadership brings the greatest benefit to organisations, rather than ‘heroic’ leadership by individuals.

Why

- Individual
- Host organisation
- Seconding organisation
- Healthcare system
- Patients



What

- **National**
 - FMLM schemes
 - Darzi Fellowship
- **Regional**
 - FMLM senior fellowship schemes
 - NHS WTE regional fellowships
 - Future Leaders Programme
- **Local**
 - Board level schemes
 - Chief registrar scheme



What - projects

Supported the **roll-out of acute respiratory infection hubs** in the community

Contributed to the **environmental sustainability** workstream at NICE

Involved in NHS Improvement contributions to the **NHS People Plan** and NHS Long Term Plan

Developed a **charter for medical training**, published as part of the Shape of Training Review

Worked to deliver a suite of resources to support **International Medical Graduates**

Conducted **inspections** for the General Pharmaceutical Council

Produced a **national strategy** for outpatient services across England

Co-developed **new clinical pathways** for a private healthcare provider

What - skills

How a **project** is conceptualized, pitched, developed, and delivered

I learnt a lot about the way that health boards and bodies in the UK work and **collaborate**

The importance of healthcare economics and resource **stewardship**

We learnt what it was like to be on **both sides** of a hospital, being doctors and working with managers

I learned a lot about **myself**

I feel more confident in my ability to **lead** a project and a team

I learnt about the importance of early engagement with stakeholders, including the **patient voice**

It gave me the **confidence** and skills to take on national and international leadership roles

What - next?

I have now started as an **Innovation Fellow** with Imperial College Health Partners

I'm now undertaking a full-time **PhD** funded by the Wellcome Trust

A research fellowship at the **Parliamentary Office** of Science and Technology

I was retained for two days a week at my **host employer**

I went on to finish my training and stayed on at Bupa as a **senior clinical leader**

I've **returned to clinical practice**, and I have more insight into the way that change happens

Women Speakers in Healthcare is still going strong five years later

I've gone on to pursue regional and national roles including being vice chair of the regional **trainee forum**

How - national



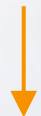
Advertisement



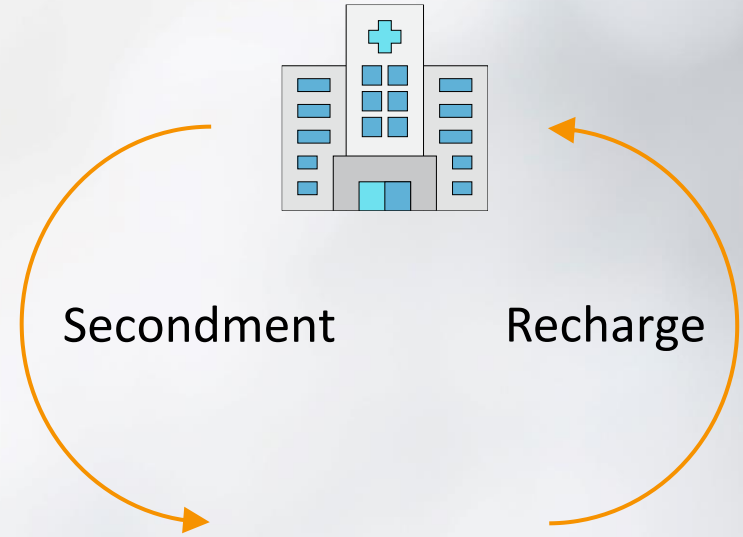
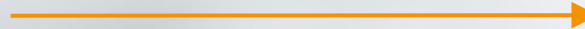
Recruitment



Preferencing



Allocation

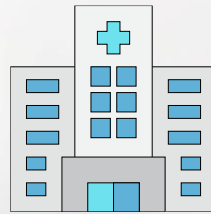


Secondment

Recharge

A box containing the logos for four regulatory bodies: Care Quality Commission, NHS England, NICE (National Institute for Health and Care Excellence), and the General Medical Council.

How - local



Recruitment



Allocation

How - practical considerations



- Secondment
- Pay considerations
- Support with costs
- Effect on service



- Part or full time
- Time out of training
- Impact on clinical expertise
- Returning to clinical work

How - role considerations

- Supervision
- Involvement in the team
- In-person or remote
- Project work
- Temporary
- Sustainability
- Access
- Outcomes
- Qualifications
- Offboarding

Why

What

How

Harnessing the value of trainee leadership

Josie Cheetham

Faculty of Medical Leadership and
Management (FMLM) Trainee
Steering Group (TSG) Chair
GP registrar, Wales

It's time

Hannah Baird

Past FMLM TSG Chair
Chief Registrar
ST6 Emergency Medicine
registrar

Session overview



Introductions



What to expect during session

Value of trainee leadership: the evidence

Trainee leader experiences and needs

Current stakeholder views established

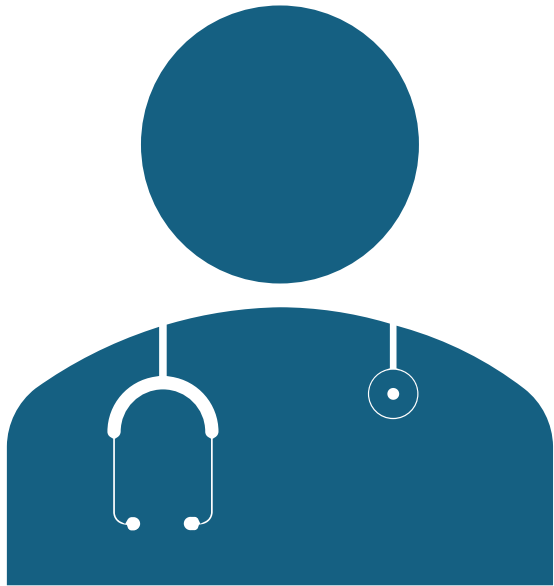
A solution: the Leadership Commitment

Over to you: shaping the Commitment to your organisation



Materials on table for breakout group work

The evidence in brief: the value of junior doctor leadership



“Junior doctors who work closely with patients and alongside other members of staff on the shop floor 24 hours a day have **penetrating insight** into how things really work – where the frustrations and inefficiencies lie, where the safety threats lurk and how quality of clinical care can be improved.” - Keogh

“Their **energy must be tapped not sapped**” – Keogh

Trainees [are] the **‘eyes and ears’** of the hospital – Francis

Trainee doctors are **‘agents for change’** – Berwick

Trainee leaders ”are often referred to pejoratively as ‘troublemakers’ or warned ‘don't rock the boat’ by senior clinicians; the trainee doctor's ability to lead is **often challenged**” - Jagger

“Consider how they [senior leaders] might tap into the **latent energy of junior doctors**, who move between organisations and are potentially our most powerful agents for change” - Keogh

The evidence



Waites, R., Spurgeon, P. 2015. Junior Doctor Engagement – investing in the future. FMLM report

- Junior doctors **recognised the importance** of leadership, team working and professionalism but the majority of did not feel valued by:
 - managers (83.3%),
 - **the chief executive (77.7%),**
 - **the organisation (77.3%),**
 - **the NHS (79.3%)**
 - consultants (58.2%)
- **91.2%** had ideas for improvement in their workplace
 - Only **10.7%** had had these implemented
- Programmes developing junior doctors as leaders of improvement not only resulted in positive service reforms but also enhanced engagement
- From the Medical Engagement Score (MES) database, overall, junior doctors were less engaged than other groups.
 - **Low MES scoring** for "Feeling Valued and Empowered", "Participation and Decision Making" and "Work Satisfaction".
 - They felt **undervalued by senior leaders and managers**

GMC NTS 2023: leadership questions

- **55%** stated they had no formal mentor
- **26%** instead received informal mentorship
- Leadership development opportunity accessibility has **decreased** since 2022 from 69% to 66%



GMC NTS 2023: inadequate opportunities

- Only **66%** trainees felt they were provided with leadership opportunities in their placements
- More had access at very senior training grades
- Only approximately **half** of foundation trainees had access



GMC NTS 2023: variable access

- Access varies greatly by speciality
- **>80%** public health and occupational health trainees reported access
- Only **60%** in medicine, surgery and Emergency Medicine



Leadership embedded in medical curricula: post 2020

General Internal Medicine *Stage 1*

- There are three capabilities in practice relevant to leadership and management:
 - Generic CiP Category 1: *Professional behaviour and trust: Able to function successfully within NHS organisational and management systems*
 - Descriptors include demonstration of effective clinical leadership, maintaining continuous professional development, awareness of the role of and processes for commissioning and the need for optimal resource use
 - Generic CiP Category 2: *Communication, teamworking and leadership: Communicates effectively and is able to share decision making, while maintaining appropriate situational awareness, professional behaviour and professional judgement*

Generic professional capabilities framework

Domain 5: Capabilities in leadership and team working

Doctors in training must demonstrate that they can lead and work effectively in teams by:

- demonstrating an understanding of why leadership and team working is important in their role as a clinician
- showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behaviour and an ability to adapt their leadership behaviour to improve engagement and outcomes
- appreciating their leadership style and its impact on others

General Medical Council's Generic Professional Capabilities Framework domain 5: Leadership and Team Working

Internal Medicine Training

The screenshot shows the Royal College of General Practitioners (RCGP) website. The header includes the RCGP logo and navigation links: 'MRCGP exams', 'Learning', 'Your career', 'Representing you', 'Membership', and 'Latest'. There are also search, login, and join buttons. The main content area is titled 'Leadership and management' and includes a brief introduction: 'This Topic Guide will help you understand important issues relating to leadership and management by describing the key learning points. Leadership and Management is a continuously developing area of high importance and there are other helpful resources available. This Topic Guide does not replace them and will be regularly updated in view of the continuous developments.' Below this is a table of contents with six items, each with a dropdown arrow:

- 1 Summary
- 2 The role of the GP as a leader and manager in healthcare
- 3 Emerging issues
- 4 Knowledge and skills guide
- 5 How to learn this area of practice
- 6 Examples of how this area of practice may be tested in the MRCGP

Leadership embedded in medical curricula: post 2020

Obstetrics and gynaecology

Core Obstetrics and gynaecology curriculum

- Capabilities in practice are subdivided into generic, clinical specialty and non-clinical specialty CiPs
- Generic CiPs relevant to leadership and management include:
 - CiP 2: The doctor is able to work effectively within health organisations. Key skills include awareness of the healthcare systems in the four nations of the UK and participation in clinical governance processes
 - CiP 3: The doctor is a leader and follower who shares vision, engages and delivers results. Key skills include influencing and negotiation, management of conflict, understanding of human behaviour, demonstration of leadership skills, effective use of resources and time management
 - CiP 5: The doctor understands and applies basic Human Factors principles and practice at individual, team, organisational and system levels. Key skills include team working and understanding of systems and organisational factors
 - CiP 6: The doctor takes an active role in helping self and others to develop themselves. Key skills include developing people and demonstration of performance management
- Clinical specialty CiPs relevant to leadership and management include:
 - CiP 10: The doctor is competent in recognising, assessing and managing emergencies in obstetrics. Key skills include management of the labour ward.
- Non-clinical specialty CiPs relevant to leadership and management include:
 - CiP 14: The doctor takes an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease. Key skills include awareness of the national and international policies and politics which impact on women's health

Obstetrics and Gynecology curriculum (RCOG)

| | | |
|---|---------------|--|
| 7. Deal with complex and challenging situations in the work place | 1,2,3,4,5,6,7 | Be able to manage the wide variety of challenges, posed personally and to the ED team on the ED shift |
| 8. Lead the ED shift | 1,2,3,4,5,6,7 | Provide leadership to the whole ED and link with the wider health community on shift |
| 9. Support, supervise and educate | 1,2,3,5,6 | Support, supervise, mentor and educate the ED team |
| 10. Participate in research and managing data appropriately | 1,2,3,9 | Understand and be able to utilise and participate in EM research |
| 11. Participate in and promote activity to improve the quality and safety of patient care | 1,2,3,5,8 | Be able to deliver quality improvement in the ED |
| 12. Manage, Administer and Lead | 1,2,3,4,5,6,7 | Deliver administrative tasks within the ED and as part of the wider NHS. Provide leadership and help set the culture in the ED |

Emergency Medicine (RCEM)

Evidence: the TSG's work



TSG SURVEYS IN 2017
AND 2019



COVID CASE STUDIES
AND FOCUS GROUP



SENIOR STAKEHOLDER
FOCUS GROUPS

The evidence: TSG surveys

In 2017 and 2019, the FMLM's TSG undertook a semi-quantitative surveys using purposive sampling

In 2017 and 2019, **97%** trainees felt doctors' skills in leadership and management were important

In 2017, **50%** trainees felt their training equipped them to take up leadership and management activities

In 2017, **81%** found time to be a barrier to development

In 2019, **60%** of trainees reporting insufficient access to leadership development opportunities

A **majority** felt their leadership skills were undervalued by ARCP panels and educators including clinical supervisors.

Quotes from 2019 TSG survey



“If I was a full-time trainee, I doubt I would be getting any [leadership] experience”.



“[Gained leadership development] from reading, conferences, courses and self-assessment and practice outside medicine, gained public speaking skills, group leadership, confidence etc”



“By not being discouraging based on it being 'too early' in speciality training [for leadership]”.



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



“My current employer does this very well, they recognise the positive impact on the system as a whole and are there to support me both with making sure my rota meets both leadership and clinical needs”



Leadership examples: BMA roles, out-of-programme experiences, FMLM clinical fellowships, Next Generation GP, Emergency Medicine Leaders, Chief Registrar roles, and trainee committee roles

Trainees stepping up: TSG's Covid-19 experience bank

- Catalysed a **move from followership to leadership** roles
- Opportunities for senior colleague **informal mentorship**
- **Flexible, remote working** and **redeployment** widened opportunity access
- Trainee leadership roles were **more visible**; having to 'act up'
- Development of new **virtual support networks**
- **Enhanced trainee engagement** with senior leadership and public
- **Flattened hierarchy**
- **Opportunities to suggest system improvements** and influence
- Greater access to now virtual local and **national meetings**



Introducing the FMLM TSG's Leadership Commitment

- Domains and individual recommendations **mapped to evidence base**
- Practical translation of identified need into **tangible opportunities**
- **Essential and desirable** elements
- Implement **sequentially** or fully at once
- Realistic, practical, **inclusive, sustainable**
- Embedded **within working** hours
- Relatively **low to nil costs** involved
- **Applicable to all** healthcare profession trainees/early career and secondary and primary careplacements



The TSG's Leadership Commitment domains

Opportunities: to access and engage with leadership in the workplace

Time: to develop leadership skills and undertake leadership activities

Feedback: to support self-awareness and development of leadership skills

Recognition: to value and celebrate the role junior doctors have as leaders themselves

Role Modelling: to be visible and lead by example.



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Opportunities

Opportunities to access and engage with leadership in the workplace

Essential

- Create a **portfolio of leadership and management opportunities** for junior doctors. These opportunities should be co-produced with junior doctors and advertised to junior doctors at induction and throughout their placements (see Appendix 1 for examples)
- **Facilitate and monitor junior doctor attendance** at the organisation's leadership, management and quality improvement training
- Create a **leadership development forum** (or equivalent) where junior doctors can share learning/experiences

Desirable

- Advertise available leadership and management opportunities to junior doctors in advance of them selecting their clinical placements
- Create a dedicated area eg on the organisation's intranet for leadership and management opportunities with clear details on how trainees can get involved
- Host and fund **leadership fellows**, chief registrars or create internal leadership fellowships with protected time for leadership and management activities.

Time

Time to develop leadership skills and undertake leadership activities

Essential

- Encourage junior doctors to take **study and/or professional leave** for leadership and management development opportunities hosted outside the organisation, such as relevant courses or leadership roles (all requests should be viewed positively and employers should make reasonable efforts to facilitate attendance)
- Provide protected time in rotas and work-schedules for **self-development time**, which should include activities that promote the development of leadership and management skills required for/are =beneficial to curriculum progression

Desirable

- Design rotas that are **sufficiently flexible** to enable all junior doctors to take their full complement of study leave
- Provide junior doctors with a **mechanism to report** when they have been unable to access dedicated time for leadership and management development.

Feedback

Feedback to support self-awareness and development of leadership skills

Essential

- Provide junior doctors with **written feedback** on their leadership and management activities. This may be on specific leadership activities such as QI or work-based leadership of a team or shift
- **Promote** examples of junior doctor leadership within the organisation, highlighting the benefit to the individual, organisation and wider system

Desirable

- Promote (and fund where appropriate) the use of formal **leadership feedback tools** such as the Leadership Academy or FMLM 360 tool
- Signpost, encourage and facilitate junior doctors to have **coaching** sessions to enable them to reach their full potential.

Recognition

Recognition to value and celebrate the role that junior doctors have as leaders themselves

Essential

- **Recognise** the development of leadership and management skills as essential for junior doctors at all stages of training
- Support and facilitate junior doctors to record and evidence their leadership activities in their **portfolio**
- Provide **training to Educational and Clinical Supervisors** regarding the importance of leadership development for junior doctors, in terms of being essential for meeting curriculum and GMC requirements
- Provide clear **links** between junior doctor fora and named members of the senior management team. Enable junior doctors to establish a junior doctor forum or equivalent if not already in existence.

Desirable

- Demonstrate the importance and value of junior doctor leadership by including junior doctors in **key meetings** and organisational level improvement initiatives
- Demonstrate and share the value of junior doctor leadership by **hosting events** that showcase the leadership and management achievements of junior doctors in the organisation eg local QI events
- Provide **letters of achievement** or certificates to junior doctors in recognition of their leadership work.

Role modelling

Role modelling to be visible and lead by example

Essential

- Arrange **shadowing opportunities** for both clinical and non-clinical leadership roles within the organisation
- Regular **Q&A sessions** for junior doctors hosted by senior leaders in the organisation
- Identify a key individual within the organisation to be a '**leadership champion**' who is an advocate for junior doctor leadership and can signpost them to resources and opportunities

Desirable

- Provide **mentoring** by senior leaders in the organisation
- Provide **career support** and advice for those with leadership career aspirations
- Leadership champion to **report to the board** on a quarterly basis with updates about the junior doctor leadership and management development within the organisation.



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Implementation experiences

Case studies – add your own when you are able to

Harrogate District Foundation Trust, *Dr Sarah Quinn, Chief Registrar*

“ The Commitment itself has a plethora of recommended actions, so where to start? In HDFT, we began by identifying our organisation’s **Leadership Champion**, one of our Deputy Medical Directors, and a trainee equivalent (our Chief Registrar). As a **partnership**, with the **backing of Trust leaders**, we have taken up the task of delivering on the Commitment objectives.

Next, we began **advertising leadership opportunities** across the organisation, starting with suitable groups within the Trust’s governance structure and those led by members of the Trust’s Executive. Once word got out that committees and groups were being joined by junior doctors, we started to **get more requests** than we could satisfy!

...Within two months of adopting the Commitment, we have junior doctors attending governance meetings, education meetings and key trust level quality improvement initiatives and, importantly, they are being **supported** to use professional leave to attend these, **rather than being asked to attend in their free time**. This demonstrates a recognition from the organisation that contribution to leadership and management activities **is as vital to an organisation’s productivity** as the clinical roles junior doctors perform.

There is still so much we can do. By regularly returning to the **blueprint** offered by the Commitment document we continue to tick off the criteria one by one and will **ensure we revisit** what we have already initiated to ensure it remains effective. **The FMLM Leadership Commitment is such a supportive tool to help us all deliver effective leadership development for our leaders of the future.** ”

Sheffield Health and Social Care NHS FT, *Dr David Bishop, Psychiatry trainee*

“ I set about contacting all consultants at SHSC, **curating a list of projects** that they were actively trying to get started and could benefit from the assistance of trainees in progressing. I also explored who else in SHSC could offer **tailored shadowing opportunities** – it turned out, with enough pestering, most people were more than happy! A new intranet site has been created where **opportunities will be advertised** and regularly curated. **Mini leadership development forums** will be incorporated... allow[ing] a platform for discussion.

Enacting FMLM's Leadership Commitment for Junior Doctors will not and should not be a one-off process.

To change culture in an organisation takes a **sustained effort**. We hope that the positions of **leadership and management champions** can help in doing this, as well as future leadership fellows within the trust.

If I had to condense my learning from leading the Trust's Commitment to junior doctors into a few points it would be these:

1. Find **allies who share your vision**, it might surprise you how many there could be once you start to make some noise.
2. Involving the Trust's **medical education department** from the outset was vital. They also really appreciated being considered an equal stakeholder when it came to enacting the commitment.
3. **Building relationships is the bedrock** for getting things done.

”

A wide variety of changes introduced

QIP showcase
events

Q+A sessions with
Chief Operating Officer

Thank you letters from
Medical Director
(leadership activities)

Senior trainees coaching more junior trainees

Shadowing initiatives

Leadership series with
senior leaders

Junior doctor
leadership fora

Patient
safety
journal
clubs

QI fora

Leadership
opportunities
webpages

Lessons learnt: adoption

Trainee handover of Commitment work key (due to rotation/fellowship changeover)

Adapt to your organisation (also applicable to primary care)

Active support from executive/board members is key

Consistent **collaboration** between senior leaders and trainees within the adopting organisation crucial

Time, allocation of responsibility for implementing, and for developing infrastructure are key challenges

Sustained support for adoption needed

Embedding the Commitment into your organisation or workplace – how?

- **Where** would you focus first?
- **Who** would you involve?
- **Challenges** and barriers to adoption?
- **Solutions?**
- Are there areas you would **adapt**, add or find alternatives to?
- What would be your **measures** of success?
- How would you **share** the good news?





Take home
messages

and
thank you

Thank you



Contact details
TSG@FMLM.ac.uk
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X: @FMLM_TSG



For more information,
suggestions and to
work collaboratively
on implementation

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