



Faculty of
**Medical Leadership
and Management**

The state of medical leadership and management training for junior doctors

FMLM 2017 junior doctor survey

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Foreword

Trainee doctors are very able individuals who are the future of the medical profession, and need to be valued, supported and motivated.

Recent events have dented their morale in the UK and we now need to take collective responsibility for improving the way they feel about their working environment.

Getting trainees involved in leadership will help us to do this.

Medical leaders are in demand, but our current trainees feel poorly equipped to step up to the plate. We know that healthcare outcomes are better when doctors are involved in leadership roles, so we need to find ways of encouraging the development of the leadership skills and competencies of the next generation.

It is reassuring that this report shows that trainees are keen to learn about leadership, and are actively looking to improve their skills.

Medicine is brilliant, and one way to keep it this way is to make sure the next generation are equipped to lead.



Professor Jane Dacre PRCP

FMLM Trustee and President of the Royal College of Physicians

This report presents the results of a 2017 survey of junior doctors' attitudes and experiences of medical leadership and management. It contains eight recommendations on where effort should be focused to develop junior doctors as effective leaders and managers of healthcare in the UK.

Executive summary

1. A total of 400 junior doctors responded to an anonymous online survey between September and December 2017.
2. Over 97% of respondents agreed that leadership and management training was important.
3. Around 50% of respondents felt that their own training was inadequate to implement change, even at a local level.
4. Despite 83% saying they had completed an audit or QIP, only 31% thought their ideas for service improvement had been sustainably implemented.
5. Commonly cited barriers included lack of time (82% of respondents), and the frequency of short rotations (69% of respondents).
6. The focus on pushing leadership and management up the medical agenda has been successful, with 79% of respondents feeling it was emphasised at the time of annual review of competence progression (ARCP) and 72% stating that active involvement was considered important by seniors. Despite this, fewer than 50% of respondents felt they had their seniors' support when trying to implement change.
7. Junior doctors commonly turn to other junior doctors for help in implementing their ideas, rather than their seniors or supporting organisations.
8. No one organisation did more to support leadership and management training for junior doctors than FMLM. This includes healthcare trusts and health boards (sharing top position with FMLM), the BMA, the royal colleges, medical journals, deaneries and other organisations. Yet, only 21% of respondents had found FMLM helpful in this regard.
9. Some 20% of respondents did not know where to go to get help and support.
10. Frequency of rotations was among the most widely cited barriers to better engagement. Dedicated time for leadership and management training and experience was seen as important. Junior doctors generally wanted more training delivered locally at a level that suited their training grade.

Introduction

Effective clinical leadership is known to result in better patient outcomes (The King's Fund, 2015; Spurgeon, 2011), and it is today's junior doctors who will be the healthcare leaders of tomorrow. While increasing pressures within the NHS (and HSC in Northern Ireland) have made the development of such skills more urgent, leadership development for junior doctors is not as well-formulated as other areas of medical training. Junior doctors are in a position to identify many of the most pressing issues facing our health service today: they spot problems (Swanwick, 2011), so, providing the tools and opportunities to resolve these problems may well improve the efficiency and safety of the NHS as a whole.

There is a widely reported (Oliver, 2017) ongoing crisis in workforce morale among junior doctors. Addressing this should be a major policy concern. Providing junior doctors with the opportunity to be active participants in the running of the hospitals and GP surgeries where they work and train will be vital in retaining the current workforce.

Methodology

The FMLM Trainee Steering Group (TSG) conducted a nationwide survey of junior doctors between 20 September and 13 December 2017. An email inviting recipients to complete an anonymous online survey was sent to all FMLM junior doctor members. Junior doctors across the UK were also contacted through postgraduate deans and junior doctor networks. The survey consisted of 12 questions, five on general demographic data and seven on junior doctors' experiences of leadership and management training, with multiple free-text options.

The survey is included in Appendix 1.

Results

Demographics

There were 400 respondents to the survey, with varying response rates for each question. Some 252 (63%) of the total respondents were female, with representation across all four nations. There was a representative spread across training and non-training posts: 10% were foundation doctors, 20% were in core training, 60% were in higher training, and 10% were not in a training programme (locum appointment for service or out-of-programme for experience/research).

There was a good spread of contributions across all specialties, with many contributions from paediatric trainees (9%), general practice trainees (9%), anaesthetic trainees (6%) and general internal medicine trainees (5%).

Junior doctors' attitudes and experiences of leadership and management

Over 97% of junior doctors responding to the survey thought that leadership and management skills were important for doctors (less than 1% thought they were not, and 2% were unsure).

In total, 62% had taken part in department, trust or regional meetings; 83% had completed an audit or quality improvement project; and 71% said they had experience of leadership and management through day-to-day ward work.

When considering sources of help and support, many junior doctors (41% of respondents) found their educational or clinical supervisor helpful. More than a third of respondents turned to other junior doctors (36%). Training programme directors and/or directors of medical education were considered helpful by 17%, trusts/boards by 21%, and deaneries by 19%. In terms of professional membership organisations, 21% had found FMLM helpful, 5% the BMA, 12% their royal college, 5% found journals helpful and 20% were not sure where they could seek help or support.

Barriers to engagement with leadership and management

Some 91% of junior doctors had proposed at least one idea concerning how patient care and/or their working environment might be improved: 18% to improve patient care, 10% to improve the working environment, and 64% had ideas to improve both. Of these, 69% had not seen their ideas implemented in a sustainable way.

When asked the reasons for this, 82% cited a lack of time, almost 70% cited frequent or short rotations, 50% a lack of support from senior doctors, 49% a lack of training, and 47% a lack of support from hospital management.

Only 28% thought this aspect of training was not considered a priority by their seniors, however, with only 21% stating that they felt there was not enough emphasis on this at the time of ARCP. So despite the success in moving leadership and management up the medical training agenda, respondents still largely did not feel that they were receiving enough training to implement change sustainably.

Comments frequently mentioned a lack of time due to the high clinical caseload, and the difficulty of sustaining projects due to the frequency of job rotations. Projects with an impact on junior doctors' roles specifically appear to have had the greatest chance of short-term success: handover improvements, clerking pro forma changes, stickers for the notes, new chairs for the 'SHO office' were some examples. Changes at a system level were more difficult to implement, and this left junior doctors feeling disenfranchised in their own workplace. Changes appear to have been sustained when they were tied to an agenda preset by the managerial team.

Overall, there was a sense that it is still too difficult for junior doctors to advance to the stage of making meaningful contributions to leadership and management, summed up in one response: "Maybe when I become a consultant, I hope to have a bigger voice."

What junior doctors thought would be most helpful to them

When asked what leadership and management training they thought would be helpful, 81% of junior doctors thought shadowing a senior doctor or manager would be useful, although only 29% had said they had been given the opportunity to do this in the previous 12 months. Similarly, 91% thought experience of developing a business case would be useful, but only 15% had been given this opportunity within the past 12 months.

In the free-text section, the most commonly cited ideas were more courses aimed at junior doctors; local delivery of courses; better advertisement of available courses; and courses aimed at the more junior training grades to give practical knowledge in implementing change, rather than targeting more senior grades with consultant interview preparation. One respondent suggested it would be helpful to have an FMLM representative present at their grand rounds.

There was an emphasis on the importance of dedicated time to complete projects and gain experience. Some suggested dedicated 'supporting professional activities' (SPAs) or specific management shifts. Many suggested a mentoring scheme, or shadowing opportunities. Many also suggested having leadership and management embedded in postgraduate curricula was important. There was a significant number of requests for more fellowship schemes to be introduced. Some also suggested more prizes would be useful.

There were differing views about whether to make training in leadership and management mandatory for all trainees. Those in favour suggested it would ensure deaneries delivered sufficient training and provided necessary funding. Others, however, were concerned this could turn leadership and management into a further box-ticking exercise for the ARCP process.

A sample range of free-text comments is in Appendix 2.

Recommendations

There are two overlapping areas where effort needs to be focused: firstly, to increase the ability of junior doctors to make sustained and meaningful improvements to patient care and their working environment today, while still junior doctors; and secondly, to develop grade-dependent training in leadership and management so that junior doctors become effective leaders for the duration of their careers.

We must move junior doctor leadership and management training beyond quality improvement projects which may prove to be either inconsequential or unsustainable, and bring it to a point where junior doctors are able to fully embrace the FMLM [Leadership and Management Standards for Medical Professionals](#).

1. Leadership and management to be recognised as one of a doctor's core skills.

Recommendation: The GMC to ensure leadership and management, included in the Generic Professional Capabilities Framework, is included in **postgraduate and undergraduate curricula**, with outcomes relevant to the stage of training.

2. Rotations should be structured to improve access to leadership and management experience.

Recommendation: FMLM and the medical royal colleges and faculties to work with postgraduate deans to **review the current model of frequent, short trainee rotations**, which was the most commonly cited barrier to better engagement with opportunities for gaining leadership and management experience.

3. Junior doctors need to be better informed on how to engage with leadership opportunities, as many are unclear where to turn for support and courses are often currently targeted at those preparing to become consultants.

Recommendations:

- 3.1. Health Education England (HEE), NHS Education for Scotland (NES), Northern Ireland Medical and Dental Training Agency (NIMDTA) and Health Education Improvement Wales (HEIW) to ensure junior doctors have access to **courses** appropriate to the level of training, for instance business planning, health economics and health services research
- 3.2. FMLM to produce and circulate via the Conference Of Postgraduate Medical Deans (COPMeD) a regularly updated summary document to **signpost** opportunities available for junior doctors
- 3.3. FMLM to raise awareness of its **mentoring scheme**
- 3.4. HEE, NES, NIMDTA and HEIW to work with COPMeD to initiate **train-the-trainer** sessions for educational and clinical supervisors so that supervisors are capable of supporting junior doctors in pursuing leadership and management opportunities and identifying the leadership and management aspects of day-to-day clinical practice.

4. Junior doctors should be supported to provide meaningful contribution to the management of their hospitals and primary care practices to improve patient care, increase junior doctor morale, and help their organisation meet its strategic objectives.

Recommendations:

- 4.1. FMLM TSG to provide a **toolkit** for junior doctors to run effective representative groups (JDRGs)
- 4.2. NHS Improvement in England, and its equivalents in Wales and Scotland, to work with medical directors to offer the opportunity for a representative of the JDRG to sit on relevant **trust management meetings** in all UK trusts
- 4.3. The Care Quality Commission to consider adding junior doctor leadership experience, training and engagement as part of its **well-led** key lines of enquiry (KLOE) assessment domain (with the equivalent for the Regulation and Quality Improvement Authority in Northern Ireland).

5. Dedicated time for leadership and management is critical to developing skills and embedding these capabilities within the role of the doctor.

Recommendation: FMLM will work with postgraduate deans and medical directors to advocate for changes to work-scheduling to allow **dedicated time** for management tasks, such as ‘management shifts’, and to promote the idea of portfolio careers both during training and after.

6. Leadership fellowships should be widely available, not least to promote peer learning and peer support.

Recommendation: HEE, NES, NIMDTA and HEIW to work with their respective national executive body, to aim for every healthcare trust and health board in the UK to provide the opportunity for at least one **leadership fellow**.

7. Shadowing opportunities should be available to junior doctors at all grades.

Recommendation: FMLM to work with COPMeD and the medical directors of healthcare trusts and health boards to provide a mechanism for junior doctors to **shadow** senior managers and medical leaders.

8. Improving the sustainability of junior doctors’ quality improvement projects should be a major priority for healthcare trusts, boards, junior doctors and educators.

Recommendation: The FMLM TSG will produce a report on improving the sustainability of junior doctor QI projects. This will recommend ways to better align QI projects with an organisation’s objectives, and consider a trial of innovative ideas such as a buddy system, where trainees on the same rotation could buddy-up to each start a project which, after rotation, would be continued by their successor.

Conclusion

The results of this survey show that junior doctors believe leadership and management skills are important, but most did not feel they had enough experience to implement their own local projects. The FMLM TSG consider high quality training and experience in leadership and management for junior doctors is crucial for better patient care and improved junior doctor morale. We reiterate our recommendations to improve what we consider a critical yet undervalued aspect of medical training.

Thank you to all junior doctors who responded to this survey, as well as those who helped to distribute it, and the FMLM team for supporting the TSG in these activities.

References

The Kings Fund: https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf

Oliver: Oliver D, Junior Doctors' working conditions are an urgent priority. BMJ 2017;358:j4407
<https://www.bmj.com/content/358/bmj.j4407>

Spurgeon: Spurgeon P, Clark J, Ham C (2011). Medical Leadership: From the dark side to centre stage. London: Radcliffe Publishing.

Swanwick: Swanwick T. Junior doctors: the best kept secret in the NHS? Postgrad Med J. 2011;88:1037

Survey questions

Demographic questions

1. What is your gender?
2. What is your current level of training?
3. What is your training specialty?
4. What is your training region?
5. What is your deanery?

Experiences and attitudes questions

6. Do you consider leadership and management skills important for doctors?
 - *Yes*
 - *No*
 - *Unsure*
7. At any time as a trainee, have you had an idea about how to improve patient care and/or the working environment in which you work?
 - *Yes, in patient care*
 - *Yes, in the working environment*
 - *Yes, in both*
 - *In neither*
8. If yes, have your ideas been sustainably implemented?
 - *Yes*
 - *No*
 - [Free text option]
9. What are the barriers you have experienced when trying to engage in leadership and management?
 - *Lack of time*
 - *Lack of training or experience*
 - *Lack of support from senior doctors*
 - *Lack of support from management*
 - *Lack of opportunity due to frequent/short rotations*
 - *Personally don't see it as important*
 - *Not prioritised by seniors*
 - *Not emphasised for ARCP*
10. Please indicate the ways in which you think it would be helpful to engage in leadership and management activities. Please select each opportunity that you have pursued in the past 12 months.
 - *Through day-to-day clinical experience*
 - *Through completing an audit or QIP*
 - *Through developing a business case*
 - *Taking part in departmental, trust or regional meetings*
 - *Shadowing a senior doctor or manager*
11. What support have you found helpful when learning about and engaging with leadership and management?

- My educational supervisor or clinical supervisor
- My training programme director or director of medical education
- My trust (for instance the postgraduate medical education centre)
- My deanery
- Other trainees
- BMA
- Royal colleges
- FMLM
- Other organisation
- Journals
- I'm not sure
- Other [free text option]

12. How could FMLM best support you in developing your own leadership and management skills
- [Free text option to list up to three suggestions]

Free-text comments**Comments on barriers**

“As trainees we are just temporary features in a much more complex organism of permanent staff and thus normally lack the time or genuine insight to make sustainable change.”

“Lack of support for trainee led change in anything other than simple, almost trivial, areas.”

“We are continually encouraged to do audits (mandatory for ARCP) recommendations made but then generally not in the department long enough to help implement change in practice.”

“Maybe when I become a consultant, I hope to have a bigger voice.”

“Frankly, a lot my ideas are just common sense, but to implement them requires such a lot of bureaucracy, that I find that I have not inclination to do it for the sake of having to waste too much time to actually achieve it.”

“Difficult to influence change when we move every six months. Difficult for managers to get to know us for similar reasons.”

“Since I no longer work in the same areas and have lost contact with these colleagues I do not know whether things have really continued in the ways I had hoped.”

“Main [barriers] are: 1. that junior doctors move too quickly to be able to implement a change and 2. manager and clinicians work too separately.”

“We are not cultivated as the consultants of tomorrow.”

Success Stories

“Leadership development courses have allowed me to change my approach to implementing change to make more of an impact and make the changes sustainable.”

“[I have] been involved in various audit and QI projects. Of most interest was one which I continued for two years after leaving the trust and has been presented internationally, and continues to be the standard of care in that department.”

“I rewrote the hospital sepsis protocol, implemented [a] new Early Warning Score across hospital, [and] introduced [an] electronic consultant-to-consultant referral process.”

“I developed a junior doctors’ handbook to help new trainees in the department. I introduced [an] MDT clinic in Learning Disability services.”

“Implementation of an acute kidney injury electronic warning system and management protocol.”

“I have contributed to the introduction of accepted laparotomy closure rate to reduce hernia formation; adoption of LAPCO assessments; monthly educational meeting with consultants; [and I am now] running the local quality improvement forum.”

“[I introduced] implementation of [a] new protocol for management of low risk ambulatory neutropenic sepsis.”

Comments on potential improvements

“Guaranteeing protected time for experience, without having to juggle difficult rota swaps. A great number of trainees have families, and so rotas are difficult as it is. Why is it so difficult to arrange time for our own CPD?”

“Advocate for dedicated time for these activities. There is very little down time during shifts or ability to accommodate extra meetings. Any leadership and management activity I take eats into free time that is already stretched between audit, e-portfolio, teaching, personal study, exams, exception reporting and e-learning.”

“Encouraging seniors to take responsibility for developing juniors’ management skills - simple things like leading ward rounds, attending meetings etc, I think are very important.”

“Mentors / shadowing managers - what do they do day to day??”

“Provide training for seniors so they are better able to support us.”

“More readily available small scale projects through the project bank - sometimes coming up with ideas is difficult too.”

“Helping see projects through to fruition, possibly by linking trainees rotating through one unit to work sequentially.”

“Avoid forcing the same model on everyone - making everyone write a business case is unlikely to be helpful but making sure that there are opportunities for those who do want to get involved would be good.”