

Leadership Development for Doctors in Postgraduate Training: Self Assessment Results

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Content and expectations

- Validity and Reliability
- High and low rating domains
- Variability
- SWOT Analysis
- Next steps



Self Assessment

- February March 2018
- Snapshot of current leadership offer across England
- Designed around original report
- Completed by 10 regions



Limitations

- Subjective
- Differing approaches used
- Limited evidence provided and available in some cases

	The leadership development offer is underpinned by the values of the NHS Constitution	A clear and explicit leadership development offer is available to all doctors in postgraduate training	Flexible options are available	Placement providers are clear about how the workplace can facilitate leadership learning	Tiered offers are available for doctors, catering for all levels of training	Our offer is clearly mapped to a spiral curriculum	Multimodal learning opportunities (e.g. structured workplace experiences, action learning, psychometric tools, technology enhanced) are available	Learning opportunities are clearly mapped to real world experiences and wider systems thinking	Learning opportunities are delivered by local clinicians and near peer role models	There are opportunities for interprofessional development	Simulation-based training in leadership is available	Structured developmental conversations (e.g. coaching) about leadership potential is available	There is an existing leadership faculty that are confident in the design/delivery of leadership development interventions	Programmes and offers are co-created with doctors in training	Our offer is delivered in collaboration with the local leadership academy	There is a plan in place for our offer to be sustainable long term and there are structures in place for evaluation and monitoring of this	National core programmes (e.g. Ed J, Mary Seacole, EGA) are a key component of our offer	Trainees undertake a leadership 360 during their training	Talent management/inuturing of future positional leaders is part of our offer with clear extension activities available	A support offer is available for those completing training	Total
South west	5	3	3	3	5	4	1	2	2	2	1	2	5	1	2	3	1	2	3	2	52
East Midlands	5	5	5	5	4	5	3	5	5	4	5	3	5	5	5	5	1	1	4	4	84
North West	5	5	3	3	5	4	4	4	4	3	3	3	4	3	3	3	3	3	3	3	71
KSS	5	5	4	5	5	5	5	4	5	5	5	3	4	5	4	3	5	3	3	3	86
Thames Valley and Wessex	2	3	3	2	4	2	2	2	3	3	2	2	1	1	4	3	3	2	1	3	48
East of England	5	4	3	3	4	3	5	5	4	3	5	5	5	3	3	4	2	3	2	3	74
London (3 local offices)	5	5	5	3	5	5	5	5	5	2	2	5	2	5	5	5	1	2	5	3	80
West Midlands	4	3	3	2	2	4	3	3	3	3	2	3	3	3	3	4	2	2	2	3	57
North East and Cumbria	5	5	5	5	5	5	5	5	5	4	4	4	5	5	5	5	5	3	5	3	93
Yorkshire and the Humber	4	3	4	4	3	3	3	4	5	3	4	4	4	3	4	4	2	5	3	3	72



High rated domains

- The leadership development offer is underpinned by the values of the NHS Constitution
- A clear and explicit leadership development offer is available to all doctors in postgraduate training
- Tiered offers are available for doctors, catering for all levels of training
- Our offer is clearly mapped to a spiral curriculum
- Learning opportunities are delivered by local clinicians and near peer role models

Low rated domains

- National core programmes (e.g. Ed J, Mary Seacole, EGA) are a key component of our offer
- Trainees undertake a leadership 360 during their training
- Talent management/nurturing of future positional leaders is part of our offer with clear extension activities available
- A support offer is available for those completing training
- There are opportunities for interprofessional development

Variability

- Multimodal learning opportunities (e.g. structured workplace experiences, action learning, psychometric tools, technology enhanced learning) are available
- Simulation-based training in leadership is available
- There is an existing leadership faculty that are confident in the design/delivery of leadership development interventions
- Programmes and offers are co-created with doctors in training
- National core programmes (e.g. Ed J, Mary Seacole, EGA) are a key component of our offer



Multimodal learning opportunities are available

(e.g. structured workplace experiences, action learning, psychometric tools, technology enhanced learning)

SW	Never	This is work in progress
		I would like to see more action learning sets, reflection in the workplace done with clinical supervisors/ educational supervisors. Edward Jenner could be used better, with action
TV&W	Seldom	learning / wrap around support.
EM	Sometimes	more in level 2
WM	Sometimes	
YH	Sometimes	For Leadership fellows
NW	Often	This depends on the which courses are accessed, though there is a good range, and workplace learning and action learning underpin the modules and technology supports this. There is some use of psychometric tools though this can be limited by time and expense.
	Almost always	a combination of central (schools) provision enabling trust-based opportunities in the workplace to be offered/expected
East	Almost always	Taught days, service improvement projects and personal leadership development alongside healthcare simulation offered in all programmes
Lon	Almost always	Please see documents previously submitted
NE	Almost always	Further opportunities that will include these areas are planned as part of our leadership strategy



Simulation-based training in leadership is available

SW	Never	
TV&W	Seldom	We run a local leadership development programme that has role play, but this is only available to a few trainees.
Lon		We are piloting the use of simulation for team based leadership development. However, we also recognise that real world leadership requires immersive experiences in the workplace.
WM	Seldom	
NW	Sometimes	Workshops at conferences have utilised multiple learning approaches including simulation, and high fidelity simulation focuses on non technical skills including leadership, which works really well to incorporate leadership in work based clinical situation.
NE	Often	
YH	Often	Human factors
EM KSS	_	in final part of level 1 and part of level 2 offer simulations are run learning together as a nd in a team
East	Almost always	Healthcare simulation day in every programme



There is an existing leadership faculty that are confident in the design/delivery of leadership development interventions

TV&W	Never	We have some faculty who are confident but not enough to meet needs.
Lon		We are developing a series of faculty development events designed to support the delivery of our spiral curriculum for leadership development.
WM	Sometimes	
NW		As leadership AD we have extensive leadership experience that is incorporated into the leadership delivery we provide. We try to provide to LEP where possible to support heir leadership delivery.
KSS	Often	in most trusts
ΥH		There is a leadership steering group within HEE YH made up of Deputy Dean, Associate dean, Business manager, programme support staff and a leadership fellow, meets guarterly
		Existing Faculty exists.
		part of the original design brief for the offer
East	Almost always	CUHP/Judge Business School
NE	Almost always	



Programmes and offers are co-created with doctors in training

SW	Never	
TV&W	Never	This needs to be developed
NW	Sometimes	Have until recently had a trainee rep on our leadership and education committee, and currently reviewing this. Leadership night school is designed to enable to trainees to take the lead in developing their programmes. Feedback from trainees used to influence work. Aware this is an area for a further development.
East	Sometimes	
WM	Sometimes	
ΥH	Sometimes	Most are reliant on supervisor input Leadership fellow has been key in creating the new tiered offer
EM	Almost always	part of the original design brief for the offer - the co-author was a trainee and the board running the programme has trainees contributing
KSS	Almost always	Building on the experience of the school of surgery and the feedback received from our doctors in training
Lon	Almost always	Our unique approach to leadership development in London has been trialled with trainees from our school of ophthalmology and developed with our medical education fellows. We are adopting the learnings from this to implement across the whole of London.
NE	Almost always	Plans are developed using the input of the local Trainee Education Forum

National core programmes (e.g. Ed J, Mary Seacole, EGA) are a key component of our offer

SW	Never	
EM	Never	N/A
Lon	Never	We have adapted learnings from the leadership academy to develop a very bespoke educational intervention that is sustainable, trainee led and evaluated.
East	Seldom	
WM	Seldom	
ΥH	Seldom	It is an option which we offer, many want a more bespoke offer
NW	Sometimes	Our medical leadership fellows accessed the EGA until the last cohort which started in 2016. No further cohorts planned unless funding available. Some trainees access other programmes, though aware need to be set in context with peer/action learning approaches.
TV& W	Sometimes	Edward Jenner is encouraged for all trainees and information disseminate about the about the about the about the other NLA programmes
KSS	Almost always	Well established and publicised across our region
NE	Almost always	



SWOT: Strengths

- Access to local leadership academy
- Enthusiastic leads and faculties
- Well established programmes with good track records
- Variety of activities available



SWOT: Weaknesses

- Funding
- Time
- Lack of trained faculty
- Resources
- Lack of admin



SWOT: Opportunities

- Expand and develop faculty
- Develop universal and multiprofessional offer
- Work with leadership Academy
- National stimulus
- Introduce into ARCP
- Events to increase engagement
- Funding



SWOT: Threats

- Funding
- Competing demands
- Time



Priorities for next steps

- 1. Securing funding
- 2. Develop further links with leadership academy to offer widespread national programmes and 360 assessments
- 3. Improve talent management offer with structured development conversations
- 4. Ensure time and resources are ringfenced for leadership development
- 5. Develop interprofessional modalities of development