

Facilitators and barriers to leadership and quality improvement

The King's Fund Junior Doctor Project

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This paper was commissioned by The King's Fund to inform its review of leadership in the NHS.

The views expressed are those of the authors and not of The King's Fund.

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1 Executive summary

In response to the commitment to clinical leadership, The King's Fund instigated a project to determine the impact leadership programmes have on individuals and the system. Junior doctors who had completed or were currently on leadership programmes were interviewed in order to determine their experiences and aspirations for the future.

The participants (27 junior doctors) represented six leadership programmes offered across England.

The participants were all highly motivated individuals who wanted to explore their career prospects through a leadership development programme. The six programmes involved in this study ranged from a few days to a full year. Overall, the feedback was very positive. However, there are barriers throughout the complex health care system which present challenges for the full inclusion of junior doctors as leaders.

The leadership development programmes offered a variety of opportunities, including access to senior leaders in the Department of Health and NHS, an introduction to the management of NHS trusts, engagement in the quality and productivity agenda, and 'life changing' personal development.

The majority of participants felt supported and encouraged by their sponsors, supervisors and mentors. However, several felt that consultants and managers were unsupportive of junior doctors undertaking activities beyond clinical practice. The frequent rotation across specialties and lack of protected time for non-clinical activities meant that it was difficult for junior doctors to become fully integrated with their teams.

Where there was good local support, junior doctors undertook a wide variety of innovations and leadership roles. Others felt frustrated that their leadership skills and capabilities were not valued in the workplace. In a few circumstances, this had led to disillusionment and doubts that a career in medicine would fulfil the individual's ambitions and aspirations.

Junior doctors form a significant proportion of the workforce. While they regularly undertake audits as part of their education and training, these are insufficiently integrated into the quality and productivity agenda. Increasing their engagement with service improvements and their clinical and management colleagues would integrate junior doctors with the wider agenda.

Significant progress has been made in encouraging junior doctor leadership. There is still scope for making greater commitment to leadership within the undergraduate and postgraduate curriculum. Equally, development opportunities external to the workplace are very valuable. This study has identified that leadership development can be provided through a considerable variety of opportunities ranging from individual coaching to a full year out of clinical practice.

The challenge ahead is to ensure that the leadership capacity and capability of junior doctors is fully appreciated, and given the same commitment as research and academia.

2 Background

I am today, junior doctors are our tomorrow.

(Sir Bruce Keogh, NHS Medical Director, Department of Health)

Junior doctors form a significant part of the NHS workforce. For some, it can take 10 years to achieve the Certificate of Completion of Training (CCT). During their training and development, they rotate through the disciplines and select their specialty. There are 55,000 junior doctors working in the NHS. At a large teaching hospital there will be approximately 500 junior doctors at any one time.

In the current climate, the health system needs new energy and ideas to enable it to survive and thrive. In most industries the capacity to stimulate and drive change comes from new generations who, in the process of developing their expertise, are able to look critically at existing ways of doing things and identify innovative alternatives. Junior doctors need opportunities to demonstrate leadership.

The recognition of the importance of medical leadership in the delivery of high-quality care has grown considerably over the past 20 years. A wide variety of leadership development opportunities have been made available at local and national levels. More recently, the *NHS Next Stage Review* (Department of Health 2008) outlined a number of initiatives aimed at developing leadership skills and support for leaders, increasing the spotlight on investment in leadership.

Two junior doctors published a very comprehensive overview in *BMJ Careers* of the resources that are currently available for junior doctors interested in developing their leadership skills complementary to their clinical training (Stanton and Warren 2010). Opportunities include fellowships, national and regional programmes, local courses and initiatives, seminars, coaching, mentoring, action learning and networks. Some advocate experiential learning, which is integrated with a clinical post, while others take clinicians out of clinical practice and give them protected time for learning and development.

The King's Fund established a project with the dual aims of enabling organisations to understand how they can best develop the capacity of junior doctors beyond their clinical roles, and equipping junior doctors with the desire and ability to develop their skills beyond the clinical domain. It aimed to describe the current breed of junior doctors, demonstrate how the system currently responds to them, and explore the impact of leadership programmes on their capacity to create change.

In order to do this, the project addressed the following questions.

- Why do junior doctors choose to undertake leadership development?
- What impact has their participation in a leadership scheme had on their aspirations, capability and capacity to lead?
- How have systems reacted to their increased leadership capabilities and willingness?
- What are the facilitators and barriers to junior doctors leading?

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- What impact have they subsequently been able to have on the system?

This is a qualitative study aimed specifically at obtaining junior doctors' insights into their leadership experience and potential, and to determine the facilitators and barriers across the system. The report concludes with a section on the lessons drawn out of this study.

3 Method

Interviews were undertaken with 27 junior doctors who had completed or were participating in a leadership scheme.

The leadership programmes selected for this project included:

- Chief Medical Officer's Clinical Advisors Scheme
- Darzi Fellowships in Clinical Leadership
- NHS North West
- NHS South Central
- The Severn Deanery
- Prepare to Lead: NHS London.

(See Appendix 2 for leadership programme details)

A letter of invitation was sent to a selection of junior doctors inviting them to participate in the project. The response was extremely positive and it was easy to achieve the goal of including 27 junior doctors who had either already completed or were currently involved in a leadership programme. They were interviewed either face-to-face or by phone. The respondents were working across a wide range of medical specialties across acute, primary and mental health trusts, public health, and general practice. In addition, one had been working for a management consultancy, another was working in the private sector, and a third has established a business linked to specialist health care interventions.

A number of participants were directly involved with The Network, Diagnosis and NHS 2040. This provided an unanticipated and valuable insight to additional ways of developing and supporting clinical leadership.

Limitations of the study

It would be unwise to assume that all junior doctors want to become leaders beyond clinical practice. The participating junior doctors had personally elected to undertake some leadership development.

This study does not include an evaluation of the leadership schemes. They are being evaluated separately and independently with regard to their effectiveness. The findings are limited by the limited numbers of participants.

The timescale for the project was tight, which restricted the number of additional interviews that could be undertaken with senior influential leaders.

4 The findings

This section includes a description of the findings, which are then analysed in the last section, drawing out lessons learned and issues that need further consideration in order to maximise junior doctors' leadership potential.

The reasons why junior doctors choose to take part in leadership schemes

It is not enough to be a good doctor; you have to be more than that to be a good clinician.

(Darzi Fellow)

The junior doctors who were interviewed came across as an exceptional group of talented and ambitious clinicians. They all displayed a strong commitment to making a difference to both patient care and service delivery. However, they expressed frustration at their potential to act as change agents. There is an inherited culture of hierarchy in the NHS and a lack of interest in junior doctors as leaders. Two participants specifically stated that they were actively seeking leadership roles outside medicine. This could be considered as a positive personal choice, but in these two cases there was an element of disappointment that their leadership capability was being undervalued and actively resisted.

Exploration of career opportunities

The common theme emerging through interviews was a desire on the part of junior doctors to understand the functioning of the wider system and to develop their leadership capabilities. Some expressed their frustration that junior doctor leadership is not adequately recognised across the health care system.

Another reason for electing to undertake a leadership programme was to explore career possibilities beyond the clinical practice role. Two of the junior doctors expressed their interest in establishing career portfolios.

There was an issue expressed by one participant about maintaining professional credibility if work does not involve clinical practice.

A few junior doctors have been able to create a part-time clinical post that provides the opportunity to become involved in teaching, management, research and leadership. This tends to be more easily achieved in general practice and psychiatry than in acute medicine.

Time out from clinical practice

A prime reason for undertaking a leadership programme was to secure time for professional and personal development. Junior doctors represent a significant proportion of the clinical workforce, working on shifts and rotating through the system every four to six months. This can mean back-to-back clinics, ward rounds and night cover. Managers set the rotas and expect a 100 per cent clinical contribution from the junior doctors. Rarely do they build

in time for non-clinical activities. This means doctors have to book leave and use their own time for additional activities.

If a junior doctor wants to take on additional roles (eg, for a Royal College) they have to book leave, usually at least four weeks in advance. Some junior doctors work for consultants who do not value their interest in leadership. One had expressed a view that *junior doctors are there to see patients and that's where they should focus*.

Undertaking leadership development provides valuable time for junior doctors to explore their full capabilities, which in turn influences and expands their career choices.

Greater engagement with the quality and productivity agenda

A child nearly died from an asthma attack and I wanted to do something about an area of clinical practice to avoid such incidences in the future.

This incidence was used as an example by a junior doctor who saw the Clinical Fellowships in Leadership Development as an opportunity to learn how to become a change agent. She felt that quality improvement should be embedded in clinical practice rather than be a response to a serious incident.

Many of the participants cited that their reason for engaging in a programme was frustration with the current system. While they had many ideas on how to improve the quality of care, they found it difficult to implement service improvement initiatives. There was a lack of interest in their ideas, insufficient time, and a disregard for their energy and willingness to contribute as change agents.

The leadership programmes placed an emphasis on quality improvement. Some junior doctors felt that audits are simply a necessary component of their education and training rather than an integral part of quality improvement across the unit, department and wider system.

For example, the Clinical Fellowships in Leadership Development provide year-long support for quality improvement projects, which allows sufficient time to make sustainable service improvements.

Despite the rotation of clinical doctors, they should be included in each department's and organisation's QIPP (Quality, Innovation, Productivity and Prevention) agendas. Their contribution should provide a legacy rather than an audit that is shelved on completion.

Understanding the politics

Many participants said their reasons for pursuing leadership development included a desire to understand the mechanics and politics of the wider system. Medical training for junior doctors is understandably focused on developing excellent clinical skills. However, as they move through their training, they have opportunities to make and lead service improvements.

Those on the Chief Medical Officer's Clinical Advisors Scheme had access to some of the most senior civil servants, ministers and NHS leaders. Those on the Fellows in Clinical Leadership programme (Darzi Fellows) had valuable opportunities to meet leaders and managers within their organisations, and the Prepare to Lead programme gave junior doctors access to senior leaders across London. In NHS North West, there was regional support for junior

doctor leadership and, in particular, a roll-out of action learning sets. This was driven by a junior doctor who had been on the Chief Medical Officer's leadership programme.

Overwhelmingly, the junior doctors who had access to senior leaders developed a healthy respect for their roles and responsibilities across their complex systems. They realised that building relationships with leaders and managers was as important as being a strong contributor within their clinical team.

Encouragingly, managers had become more aware of the valuable leadership capabilities of junior doctors.

Becoming an effective team leader

Some junior doctors described their interest in leadership programmes as stemming from the realisation that when they became a consultant they would be responsible for a team. Leadership development is not currently integral in junior doctor education and training. This means that leadership development is dependent on role models and on-the-job learning once they become consultants.

There were discussions about leadership within teams. For example, the importance of the relationship between nurses and junior doctors had not been fully explored and appreciated. Nursing teams can offer continuity within a ward, department or practice while junior doctors regularly rotate around the system. There is scope here for building a mutual regard for leadership in partnership. This is relevant to all members of the clinical and management teams.

The impact of participation on their aspirations, capability and capacity to lead

This programme has been one of the best experiences in my career.

(GP Registrar, Darzi Fellow)

While junior doctors elected to develop their leadership skills, the majority were pleasantly surprised by the impact on their personal development and insight. The learning had proved to be valuable beyond their professional lives.

The leadership schemes offer several different learning experiences ranging from a combination of clinical practice and a programme, to a year out of clinical practice. All participants rated their experiences very highly and variously described the opportunity as a privilege, enlightening, life-changing and liberating.

To a very significant extent, their experience was enhanced by the support of their mentors, sponsors and supervisors. Those who did not receive such support found the experience less satisfactory and less rewarding.

Aspirations

My only concern is, what will I do come July when the programme comes to an end?

(GP Registrar, Darzi Fellow)

During the interviews, it was easy to capture an extraordinary commitment to making a difference. These doctors are the backbone and future of the NHS and their commitment and insights have undoubtedly been nurtured through the leadership development programmes.

Their aspirations include a desire to:

- become stronger contributors within the wider multidisciplinary team
- work more closely with managers
- be understood and valued as a resource for service improvements
- link decision-making to strategy, objectives and priorities
- be a good role model to others, particularly junior doctors
- share learning and encourage leadership
- receive and provide mentorship and support
- influence policy, locally and nationally.

The participants were all ambitious. Some had a pretty good understanding of their goals; others were on a journey of exploration. This implies that aspirations have to be valued and enabled. Leadership development programmes have a significant role to play in turning aspirations into practical application.

Capabilities

I have learned not to take things personally and I understand my leadership style.

(Acute Medicine Registrar, Darzi Fellow)

I have developed the confidence to accept a consultant post within a challenged unit. I will have to develop people to accept and lead change and service improvement and deal with acrimony and poor morale among staff.

(NHS North West Paediatric Registrar)

Repeatedly, participants discussed the value of learning about the NHS, the wider health care system, politics and power. The opportunity to meet and work with leaders at all levels of the system, ranging from local champions to the NHS Medical Director at the Department of Health, proved to be an invaluable learning experience.

The majority commented on the powerful impact on their own personal development and self-actualisation.

I will help others to change.

(NHS North West)

I was struck by the need to develop emotional intelligence; I had never had a chance to understand the importance of this.

(Darzi Fellow)

This sentiment was echoed among all participants. While they embarked on a programme to learn about leadership, they were surprised by the extent and value of personal insight and development. They have been on a journey of self-understanding and developed a respect for the individual attributes, behaviours and leadership styles of others.

There is a danger that junior doctors' leadership capabilities remain underutilised and undervalued by the health care system. This would be a wasteful oversight.

Capacity to lead

All the junior doctors expressed an increased interest in engaging in leadership activities. However, one consistent message was, *I have the skills but I don't have the time.*

Several participants had returned to organisations where managers, colleagues and consultants did not appreciate or acknowledge their new skills and capabilities. At worst, there was complete disinterest and apathy towards engaging junior doctors in service improvements.

In contrast, some were embraced by their organisation and actively encouraged and supported to become dynamic and effective leaders.

The most important lesson here is that junior doctors are willing to make a significant contribution beyond clinical care, and their capacity to lead must be acknowledged and embraced much earlier in their education and training. Equally, leadership development should become a universal aspect of the medical curriculum.

How systems react to junior doctors' increased leadership capacity

Benefits to the organisation

Some organisations were more receptive and dedicated to the leadership development of junior doctors. For example, NHS North West and NHS South Central have allocated dedicated resources to develop junior doctors and to cascade their learning throughout their regions. Not only are the individuals given opportunities, but the rest of the system benefits from their increased and expanded contribution.

The impact junior doctors can have as leaders has led organisations to actively encourage non-clinical activities. One junior doctor was given an opportunity to work for the strategic health authority (SHA). Leading a small team, she managed the changes required for the Working Time Directive and the New Deal. This individual was then asked to establish and lead a Junior Doctor Leadership programme across the region. Some organisations encourage junior doctors to lead on quality improvement projects and support time out from their clinical practice.

Development in isolation

No one knows what I know.

(GP Registrar, Darzi Fellow)

Some programmes expect engagement with the sponsoring organisations, while others have less involvement. The risk here is that the individual's development is not understood back in the workplace.

This is a very significant finding of this project. Junior doctors want to give more than is currently expected of them. They are regarded as the backbone of achieving clinical targets and work exceptionally hard to meet this requirement. But their leadership qualities and potential are often suppressed.

Mentoring, coaching and action learning

The majority of junior doctors agreed that mentoring, coaching and action learning empower them to apply their new skills in the workplace. Opportunities to share and discuss issues and hurdles, and to work on problem solving with others, mean that change and service improvements can be implemented within a supportive and facilitative environment.

Four junior doctors specifically expressed frustration that their willingness to engage more in the quality agenda was not acted upon within their organisations.

I have had the stuffing knocked out of me so why do I bother? I will just get on with the day job.

Relationship between leadership programmes and the sponsoring organisations

There was a varied response from sponsoring organisations. Despite the small cohort, it became clear that the more mentors, supervisors and sponsors knew about the programme content, the better the interest and support for work-based opportunities.

Four participants expressed anxiety about returning to their workplace and their new leadership skills and aspirations remaining unrecognised and undervalued.

Resistance to change

The role of consultants in encouraging leadership is critical for junior doctors. One junior doctor was given the message by his consultant 'Don't rock the boat'. Another consultant said to his junior doctor that he had travelled the long hard journey and had now reached a position of power and control. Junior doctors can be regarded as a threat and in this instance there was a very clear message about leadership hierarchy. A recurring theme throughout the study was the resistance and even obstruction to change at senior levels.

Integrated team working

Junior doctors have to rotate through specialties, which leaves little time to create robust relationships with other clinical staff and managers. However, the leadership programmes have highlighted the importance of junior doctors proactively engaging with team colleagues. Nurses tend to offer continuity in the work situation and can be a very valuable resource.

One junior doctor noticed an information exchange book at the nurses' station. It was full of really interesting research, articles, web-links and policy developments. It was disappointing no one had shared this with a junior doctor.

Much greater effort needs to be made to include junior doctors as team members. There was one particularly good example where a primary care trust (PCT) had supported a GP Registrar in becoming involved with the public health team, leading on specific projects.

Addressing clinical incidents and issues

A pharmacist had undertaken an audit of prescribing on a ward and identified an alarming level of prescribing inaccuracies. It took several weeks before the clinical director raised this with the junior doctor on the ward. The junior doctor was shocked that this matter was not addressed as a matter of urgency, but felt unable to express her concerns.

There is an issue here about respect for a junior doctor's opinion. The term 'junior doctor' can be interpreted as meaning novices. However, junior doctors are highly educated and given high levels of clinical responsibility. Sir Bruce Keogh suggested that calling them 'interns' might help with this matter, but suggested a change in attitude would also be necessary.

If junior doctors are expected to lead, then it is essential that their opinions are canvassed and valued by clinicians and managers.

The facilitators and barriers to junior doctors' leading

Unsurprisingly and without exception, all the junior doctors wanted to contribute beyond clinical practice. A few knew where they would like their careers to go, but the majority were unclear. The leadership programmes provide informative and enlightening insights into the breadth of possibilities for leadership across large and complex systems.

Facilitators

Commitment to leadership development

The most important facilitator is a belief in the importance of junior doctor leadership development and a value placed on clinical leadership. The experience of the doctors interviewed for this project was highly influenced by people and organisations that had the insight to invest resources, time and encouragement for individuals aspiring to be leaders. Harnessing the dynamism, intelligence and dedication of junior doctors can pay huge dividends.

Visionary leaders and role models

Junior doctors frequently mentioned the value of inspiring leaders. They included senior civil servants, SHA and NHS trust chief executives, medical and clinical directors, deans, clinical colleagues and managers. These leaders were both role models and the creators of opportunity and support. They opened many doors, gave insights and encouragement, and allowed junior doctors into environments way beyond clinical practice.

Mentors and coaches

Junior doctors are prepared to take on projects and activities that will lead ultimately to better patient care. The experience of those interviewed indicated that unanticipated challenges and complexities emerged frequently, and it was extremely helpful to be able to turn to a mentor or coach for support and guidance. Some leadership development courses include mentors and coaches as an automatic requirement; in other cases the mentor or coach is self-selected by the junior doctor. Whichever the route, it is clear that this form of support enriches the development experience.

Time out from clinical practice

A strong message from the junior doctors was the need to have protected time away from clinical practice in order to undertake additional activities. The Darzi Fellows have a full year out, which gave them time to apply theories and self-learning to service improvement projects. The length of the programme provided sufficient time for projects to be completed, evaluated and embedded as a legacy within the organisation. Protected time will ensure that junior doctors can become engaged with the quality and productivity agenda.

Action learning sets

Those junior doctors who were part of action learning sets unanimously agreed that these are an excellent way to learn. The sets are usually led by a facilitator, but in some instances the set members run the meetings themselves. While there had been some 'storming' moments in the development of the action learning sets, these tended to increase the solidity of the group in the long term. A couple of junior doctors specifically mentioned how they had learned to listen, to be non-judgemental, and to develop a healthy respect for different personalities and leadership styles.

Integrated quality improvement

Junior doctors are obliged to undertake regular audits as part of their education and training syllabus. Considering that there are 55,000 in training, this is a tremendous resource for quality and productivity improvement. The leadership programmes have played an important role in enabling junior doctors to work more closely with their units and departments, making links between their audits and the local quality improvement priorities.

Working across specialties and disciplines

Some junior doctors feel isolated. This is partly due to the frequency of rotations and the insufficient time to form relationships with members of the clinical team and managers. However, those who had been given exposure to the wider system gained an understanding and appreciation for the other roles and responsibilities required for providing high-quality, safe and affordable health care. This insight gave some junior doctors the determination to actively seek out other individuals in order to make a greater personal contribution. This was particularly valuable for improving collaboration between junior doctors and managers.

Another extremely important benefit was the shift in understanding from patient care to patient care pathways. Working with colleagues across the wider system allows for service improvements to be focused around the patient and not simply a single episode of care.

Junior doctors themselves

Junior doctors are a force to be valued and promoted. All of those interviewed demonstrated a passion to make the best of their careers, to drive up standards of care, to ensure high-quality outcomes and to engage above and beyond clinical practice. This is clearly demonstrated in Appendix 3, which lists an impressive and wide range of extra-curricular activities undertaken by just a small selection of junior doctors.

Networks

Junior doctors have established a number of networks. These are relatively young and membership is growing fast. They are proving to be a useful mechanism for sharing ideas and experiences and learning from one another.

Barriers

On my return I just went back to doing clinics, which is very depressing when I have so much more to give.

I feel really depressed about the NHS and have given up on making any effort.

All the interviewees had constructive comments about how they could be supported and regarded in order to pursue their aspirations. However, they also highlighted a number of issues that provide obstacles to their progress. The leadership development programmes definitely help individuals grow personally and professionally. However, there are barriers beyond these programmes that stifle and, in some cases, disempower junior doctors.

Lack of interest and insight

Several junior doctors mentioned a distinct lack of interest from their consultants and employing organisations. Where this is the case, it is very difficult to become heard and to lead and work as a change agent.

Sponsorship from the top of the organisation is really important, as well as the general attitude towards the role of junior doctors. In this project,

there were stark differences between the junior doctor working within a rich leadership environment and those who were deemed as a trainee and a pair of hands.

Insufficient support

The support offered to junior doctors on leadership programmes varies. Some medical directors and clinical directors remained at a distance whereas others ensured generous protected time for their junior doctor.

In one case, the medical director did not know what a Darzi Fellow was, despite there being one in his organisation.

It is not enough to send a junior doctor on a programme; support for innovation and continued development is essential in the workplace.

Constraints

The regularity of rotation means it is difficult to complete projects and initiatives within a tight timeframe. This can lead to audits becoming a tick-box exercise, which results in a much-wasted resource.

Consultants are not always supportive of junior doctors' willingness to improve quality through non-clinical activities such as service improvements and attendance at meetings locally, regionally and nationally.

A further constraint is insufficient input from sponsors, supervisors and mentors beyond the strict requirements of the education and training programme.

Isolation

Some junior doctors expressed a feeling of neglect in the workplace. They could see opportunities for making service improvements, but not how to implement them. Another undertook a study of 'How organisations create strategy' as part of a Masters Degree. On completion of the dissertation, it was presented to the chief executive, medical director and director of nursing. The only one who took any interest was the director of nursing, but the findings were never embedded within the organisation.

Junior doctors have tried to overcome this apathy through networks and peer support, but there is a broader issue here about better integration within the system.

History

The phrase 'modern medicine' creates an image of leading edge vision. In reality, junior doctors' experience is that it is steeped in history and tradition, inflexible and restricting.

There is an attitude among consultants that junior doctors are not taking clinical practice seriously if they undertake non-clinical activities. There is also a perception that doctors cannot change anything until they become a consultant or partners in general practice.

I have created a programme that spans the course of the Foundation Year 1 doctor's attachment with this trust. It began with an introduction talk that highlighted how well placed the juniors are in identifying areas for improvement. I then introduced them to the concept of quality improvement methodology, applying this with a fun interactive session.

The next session was a brainstorming session, which was an informal forum for the juniors to discuss the problems they face, and from this, five projects have been born. I am overseeing three facilitators who have kindly offered to help me mentor the groups with project surgeries, hopefully bringing them to a close in July.

I am keen for this programme to continue after my role as a Darzi Fellow has finished so I have arranged to stay for another year so that I can continue to develop this initiative. I am in discussions with the Foundation School and Royal College of Physicians, making the case for quality improvement to become embedded in the junior doctors' curriculum.

(Darzi Fellow, Chelsea and Westminster NHS Foundation Trust)

Junior doctors' involvement in clinical research and publication has a greater status in the eyes of consultants than leadership. This creates another barrier to those who wish to lead teams and quality improvement initiatives.

Time

Big ideas fizzle out because of the demands of the day job.

Mid-grade doctors are very busy, stay late and cover nights (despite often having young families) and not surprisingly have difficulty in finding time for service improvements. Managers tend to set the rotas and do not allow time for non-clinical activities. This is compounded by the lack of time to meet with their consultants and managers to discuss their ideas and practical suggestions.

Junior doctors often use their annual leave to pursue additional activities. Not only does this have to be booked around four to six weeks in advance, it also diminishes time for their own leave. This does not rest well with standards set out by Investors in People, for example.

Unless adequate time is protected for leadership, junior doctors will continue to struggle to make this critical contribution as part of their day-to-day practice.

Apathy

You feel you are working with your hands behind your back, it is difficult to remain enthusiastic.

The caring aspect of medicine is beaten out of you.

The quotes above are just two examples of apathy that sets in when junior doctors are prevented from using their capabilities to their full extent. Others stated that if they become involved in non-clinical activities, this is not valued and, in some circumstances, actively discouraged.

It is an indictment of the system that bright, intelligent, enthusiastic and committed individuals can become so disillusioned.

Junior doctor initiatives

There has been no shortage of junior doctors wishing to undertake leadership development programmes. However, demand far exceeds availability. The following example demonstrates how a junior doctor has shared her learning with her colleagues.

5 The impact junior doctors can have on the system

There is a stereotypical view that junior doctors are there purely to see and treat patients. This needs to be challenged in order to enable junior doctors to make contributions in their particular areas of expertise and interest.

Leadership development programmes have provided opportunities for junior doctors to contribute to the wider system challenges.

The quality and productivity agenda is the universal driver for service improvements. Junior doctors should be fully engaged with the local QIPP programme and their contribution acknowledged as part of their Certificate of Completion of Training.

Time must be allocated to non-clinical activities within the working week.

Drawing out the lessons

We need people on the ground; you are the ones to try new ideas.

(Ruth Carnall, Chief Executive, NHS London)

Junior doctors' education and training can span up to 10 years, during which time they take on clinical responsibilities and rotate through a number of areas of medicine, ultimately choosing their area of specialty.

This project has captured the experience of junior doctors who have undertaken leadership development and considered the impact and value of such qualities for the individual and wider system. Broad themes and lessons are explored in this section.

Talent for leadership

The enthusiasm and desire to be more than a clinician was remarkable. While managing a demanding clinical workload, junior doctors are keen to be involved in non-clinical activities which lead to better patient care. The junior doctors involved in this study can be described as mavericks who want to go that extra mile.

Investment in leadership development

The number of junior doctors who have undertaken leadership development programmes is relatively small, and demand far exceeds availability and resources. Programmes range from a few days to a full year. The programmes are both popular and productive, and over the years there has been a groundswell of interest and recognition in leadership as an integral part of practice. These trailblazers are now beginning to cascade their understanding of leadership among their peers by sharing the theories and practical application with their fellow trainees.

Consideration will need to be given to the balance required between national, regional and local leadership development programmes and the long-term funding streams for such development.

Clinical workforce

Junior doctors are heavily relied on as part of the clinical workforce. While this is appropriate, it makes it difficult to find the time to contribute more broadly to the wider quality improvement agenda. There is an ingrained attitude that taking time away from the patient demonstrates a lack of commitment to junior doctors' education and training. Using annual leave will automatically restrict the amount of time available for non-clinical activities and reduces the time doctors have away from work.

Potential for impact on quality and productivity improvement

Each year, junior doctors have to undertake audits. For many, this becomes a tick-box exercise in order to satisfy their training requirements. Audits can be selected in isolation of the local quality improvement priorities, and once the junior doctor moves to the next specialty the results of the audit are in danger of being lost.

The junior doctors on the longer leadership programmes had considerable protected time for service improvement projects. They learned about the theoretical models and were given support throughout the programme as they implemented their projects. Mentorship, supervision and action learning sets proved very valuable. The length of time generally allowed for completion of the projects and guaranteed a sustainable legacy within the organisation.

Junior doctors have a very considerable role to play in quality and productivity improvement and their audits could be integral to the delivery of the local QIPP agenda.

Medical education and training

The value of doctors as leaders is now well established and recognised. However, there are outstanding questions about where and when this development should take place. Several junior doctors commented that it should form part of their training from an early stage; others said it should be part of their later education. From this study, it appears that doctors value an opportunity to step out of their training for a period of time to fully explore leadership and career options.

Traditional values

A few doctors expressed their frustration with negative attitudes towards their interest in leadership. It is not valued in the same way as careers that include research and publication. Senior clinicians and managers should encourage junior doctors to lead and engage in change and service improvements.

Role of sponsors, supervisors, mentors and coaches

Where junior doctors had support and encouragement, their learning experience was very fulfilling and liberating. In contrast, a few junior doctors felt their new skills and capabilities were unrecognised and on return to their workplace they felt constrained and disillusioned.

Organisations should be encouraged to commit to support for junior doctors acting as leaders and change agents.

Suggestions included the support at Deanery level to organise and promote (mandatory) leadership training during the Foundation Years and accreditation of leadership development within the Medical Leadership Competency Framework (Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement).

Multidisciplinary integration of junior doctors

The frequency of rotation and shift patterns means it is difficult for junior doctors to engage with other members of the clinical team and managers. They can work in isolation and miss opportunities to share concerns and ideas. Time should be included in an induction for junior doctors to meet members of the multidisciplinary team each time they start a new rotation.

Portfolio careers

Junior doctors wishing to develop portfolio careers were concerned that they would be viewed as uncommitted to clinical care. One participant had worked away from clinical care for a while and was finding it difficult to return to clinical practice because of attitudes and a lack of value of alternative work experience. This is restricting and disappointing for the individuals concerned. It is time to acknowledge that medical careers can include non-clinical work.

Vision for future doctor leadership

We need to nurture our future leaders.

(Sir Bruce Keogh)

Responsibility for the commissioning of the majority of health services is being placed firmly in the hands of clinicians. Clinical commissioning groups are being established and full clinical representation is to be included. Two of the interviewees were engaging with GP commissioners and others had established collaborative relationships with general and senior managers.

This challenging agenda will require well-equipped clinical leaders, which reinforces the need to nurture and prepare our junior doctors.

6 Comments and recommendations from Lord Darzi

Following the completion of the interviews, a series of questions were presented to Lord Darzi and he responded in full.

Q1 There are 55,000 junior doctors but only a comparatively small number have participated in leadership schemes. Their experience has been 'life changing'. How could we make this more integral to their education and training?

- Promotion of leadership training at the undergraduate medical education level. This could sit alongside existing education concerning health service structure and governance.
- Support at Deanery level to organise and promote regional mandatory leadership training sessions during foundation years. This would spark interest in participants to encourage a higher level of engagement across the workforce.
- More emphasis at annual review for higher trainees to provide evidence of leadership/management exposure. This need not be a dedicated fellowship for all trainees, but a willingness to participate and 'get involved' in this field.
- There is a danger, however, that overburdening trainees by making leadership/management training mandatory will not be productive or beneficial. A balance should be sought between encouraging endeavours in this area, and not overloading busy training programmes.
- We do need to be aware of selection effects when considering these as 'life changing'. Those that choose to participate are probably the most open to, and will get the most from, these initiatives.

Q2 In some instances consultants have been totally disinterested in junior doctors' willingness to improve quality through non-clinical activities such as service improvements and attendance at organisational meetings, both locally and nationally. How could we work with consultants in order for them to support junior doctors who want to make an impact within an organisation and system beyond clinical practice?

- Many of the problems related to lack of consultant support stem from a lack of clarity as to the nature and objectives of the service/quality improvement projects that trainees wish to undertake. Most consultants are usually open to schemes that will help their patients and we need to be better at getting the message across to this group.
- Promoting involvement of consultants alongside junior doctors in service improvement projects may help with this.
- Working with the Royal Colleges offers one way in which consultant support can be improved.
- The advent of revalidation also offers the opportunity to focus consultants on supporting juniors in quality/service improvement initiatives.

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- People respond best to examples they can relate to, and so trainees who have participated in successful improvement initiatives should be expected to present their work and experience at their local and (or) regional hospitals. This would access the 'harder to reach' consultants and is likely to engage them at a granular level.

Q3 Junior doctors have a long training which includes rotation through different disciplines. This makes it difficult to have sufficient time to undertake meaningful and lasting service improvements. There is a tension between the breadth of learning and time for quality improvements. How could the system be organised in order to ensure that junior doctors can make a substantial and lasting contribution to the quality of health care?

- This is a good question and probably the most challenging part of delivering leadership/management training.
- It should be recognised that while general uptake and engagement with these issues benefits everyone, it is not anticipated that trainees can individually make consistently profound improvements in every area. What we should aim for is a culture shift of acceptance of the importance of these issues, with higher levels of general participation, and with some trainees developing more of an interest in this field and applying for dedicated schemes and fellowships.
- For junior trainees, the onus should be on involvement rather than trying to get an entire project rushed through. Solutions to this could be that trainees hand over projects as they rotate through jobs, or that hospitals have quality improvement groups, which the trainees are invited to participate in.
- We should be sensitive to the fact that pressurising trainees into this field can discourage genuine engagement and enthusiasm.

Q4 Junior doctors have the best experience on leadership schemes when they have very supportive sponsors, supervisors and mentors. Are there any incentives to encourage this culture across organisations?

- Financial incentives will always be powerful mediators in this field; however, changing the culture to one of increased mentorship and support will need more than this.
- We should recognise and appreciate the role of sponsors/mentors and find ways to promote the effort and time taken up by this important position.
- Local schemes that give an award/prize to the best piece of work can be effective – they recognise the effort of the trainee as well as the sponsor/mentor (consultant). This public recognition of the consultant's role will encourage others to be more active supervisors, especially as consultants are required to provide evidence of this for their appraisal, etc.

Q5 Are there any plans for a longitudinal study of the Darzi Fellows? They are some of our future leaders and it would be valuable to capture information on their careers, influence and achievements.

- The Year One scheme was formally evaluated with in-depth interviews, and a full report was published, *Mind Shift: An evaluation of the NHS*

London 'Darzi' Fellowships in Clinical Leadership Programme, (Stoll et al 2010).

- The Darzi Fellowship is in its infancy and it is hoped that a longitudinal project of this nature will be conducted.
- This could be achieved by an annual questionnaire to be completed by previous participants enquiring into current leadership/quality/service improvement involvement and their current roles.
- These and other issues can be addressed through longer-term follow-up and evaluation.

7 The challenge ahead

This report reveals the extraordinary leadership resource to be found among junior doctors. Programmes for leadership development are popular and effective, with demand exceeding provision.

The future of leadership development requires debate and discussion in order to create a robust health system which invests in junior doctors and maximises their contribution to leadership, quality and productivity.

Acknowledgements

The response and enthusiasm from junior doctors participating in this study was incredible. Despite the fact that they were all balancing their leadership development with clinical and domestic responsibilities, they gave generously of their time, thoughts and ideas. In addition, managers of the leadership schemes and national leaders shared their suggestions on how junior doctors can be valued more effectively across the NHS.

Particular thanks go to Lord Darzi and Sir Bruce Keogh for their recommendations on improvements that could be made in order to enhance the contribution of junior doctors across the whole system.

(For details of participants, see Appendix 1)

Appendix 1 List of participants

Junior doctor interviews

<i>Name</i>	<i>Job and location</i>	<i>Leadership programme</i>
Hasheem Abdullah	Padeiatric Registrar Royal Bolton	NHS North West
Ted Adams	Registrar Obs and Gynae Whiston Hospital	NHS North West
Yasmin Ahmed-Little	Public Health	Chief Medical Officer's Clinical Advisors Scheme
Rob Bethune	Surgical Registrar North Bristol NHS Trust	Chief Medical Officer's Clinical Advisors Scheme
Rachel Buxton-Thomas	Royal Brompton & Harefield NHS Foundation Trust	Darzi Fellowship in Clinical Leadership
Riaz Dharamshi	Geriatric Registrar	Darzi Fellowship in Clinical Leadership
Safia Debar	Academic GP	Prepare to Lead: NHS London
Jason Gane	Paediatric Registrar Bromley, London	Darzi Fellowship
David Griffiths	General Practitioner Oxford	Prepare to Lead
Graham Hay-Smith	Ophthalmology Registrar Moorfields	Prepare to Lead
Alanna Hare	Registrar Royal Brompton	Darzi Fellowship
Toby Hillman	Respiratory Medicine Royal Free , London	Darzi Fellowship
Kin (Nick) Hyunick	General Practitioner South London Healthcare NHS Trust	Darzi Fellowship
Eugena Lee	Salaried GP London	Prepare to Lead
Claire Lemer	Paediatric Registrar North Middlesex Hospital	Chief Medical Officer's Clinical Advisors Scheme
Susie Lingwood	Registrar, Adult Psychiatry	Darzi Fellowship
Layla McKay	Assistant Medical Director BUPA	Chief Medical Officer's Clinical Advisors Scheme
Pram Mainie	Paediatrics	Darzi Fellowship
Elora Mukherjee	Registrar, Acute Medicine Ealing Hospital, London	Darzi Fellowship

<i>Name</i>	<i>Job and location</i>	<i>Leadership programme</i>
Fiona Patharija	Radiology/Masters in Public Health	Chief Medical Officer's Clinical Advisors Scheme
Abigail Price	Paediatric Registrar East Kent Hospitals Trust	Prepare to Lead
Rebecca Rawesh	General Practitioner London	Darzi Fellowship
Emma Stanton	Psychiatry Registrar/ Harkness Fellowship, USA	Chief Medical Officer's Clinical Advisors Scheme
Freddie Speyer	Palliative Care Medicine	NHS South Central
Shivali Talsania	General Practitioner Bromley, London	Darzi Fellowship
Oliver Warren	Registrar, General Surgery Imperial, London	Prepare to Lead
Heather Woodcraft	ST2 General Medicine	SW Scheme NHS South Central

Key stakeholder interviews

Lord Darzi	Former Health Minister Surgeon	House of Lords
Sir Bruce Keogh	NHS Medical Director	Department of Health
Dr Tim Swanwick	Dean of Professional Development	London Deanery
Peter Lees	Medical Director Director of Leadership	South Central Leadership Scheme
Chris Lake	Clinical Leaders Development Programme (Darzi Fellows)	The King's Fund
Oliver Warren	Junior Doctor and Programme Lead	Prepare to Lead, NHS London
Paul Maine	Deputy Director School of Primary Care	Severn Deanery

Appendix 2 Summary of leadership programmes

Chief Medical Officer's Clinical Advisors Scheme

Junior doctors are given an opportunity to act as clinical advisors to the Chief Medical Officer and Department of Health Medical Director. They have opportunities to understand how the NHS and the Department work, how decisions are made, and how policies are implemented. They learn from experts in many different fields and support the communication of policy, knowledge and advice. This scheme helps junior doctors determine their personal career options and to learn how health systems, national and international, work in theory and practice.

Darzi Fellowships in Clinical Leadership

Participants have a 12-month 'out of programme' experience in acute, foundation, mental health and primary care trusts. They are mentored by their medical director and have access to external education for personal and professional development through The King's Fund and Manchester Business School.

During the year, Fellows participate in a bespoke leadership programme that aims to support the development of organisational and leadership skills necessary for their future role as clinical leaders.

NHS North West

A programme similar to the London Darzi Fellowships has been developed by NHS North West. Participants are given leadership development opportunities through coaching, mentoring and action learning sets.

NHS South Central

NHS South Central has a system-wide commitment to leadership development at all levels and across all professional groups. Through inter-organisational and cross-portfolio working and listening to feedback from the service, junior doctor leadership forms a part of the broad range of development opportunities.

The Severn Deanery

In partnership with The King's Fund, the Severn Deanery provides leadership development for GP Registrars. Time is set aside for leadership development and each participant has a mentor.

Prepare to Lead: NHS London

This is a leadership development mentoring programme for GP and Specialist Registrars. It provides development for clinicians who have the potential to become future leaders of high-quality health care within London. It aims to support clinicians to progress to GP and consultant positions with significant trust- or strategic-level management responsibilities.

This programme is fully endorsed by the London Deanery.

Appendix 3 Junior doctors' non-clinical commitments

In addition to their clinical practice and leadership development, the junior doctors who took part in this study had an impressive array of additional activities, commitments and responsibilities, including:

- providing training for other junior doctors
- publishing articles and research
- creating networks and local forums
- running action learning sets across an SHA
- sitting on national and international committees, including the National Leadership Council
- completing degrees in public health and health care management
- undertaking a Harkness Fellowship in the USA
- establishing personal businesses and charities
- fundraising for projects and research
- participating in the establishment of GP consortia
- travel and work abroad
- organising and running conferences and seminars
- chairing a Clinical Pathway Group
- producing a web-based Directory of Local Services for patients
- being medical adviser to the SHA-EWTD (strategic health authority-European Working Time Directive)
- being members of Royal College committees
- being a member of the Professional Executive Committee
- working for NICE (National Institute for Health and Clinical Excellence) one day a month
- undertaking public health projects
- publication on Junior Doctor Leadership in *BMJ*
- dissertation on 'How a hospital does strategy'.

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