



Improving the leadership development of junior doctors in the South West

Health Education England South West developed a Clinical Leadership Mentor (CLM) programme in 2018, with a mentor appointed in every Trust. The role is to support the leadership development of junior doctors, by working directly with them and with Trust and education leaders. This is a summary of the evaluation. Significant progress was made, but was constrained by the limited time available to the posts.

The GMC has revised curricula requirements for postgraduate training in line with their Generic Professional Capabilities (GPC) framework. Although leadership development for trainees has been acknowledged for many years, from 2020, **leadership, teamwork, patient safety, and quality improvement will formally be part of training provided by NHS Trusts, and will be assessed alongside other clinical and non-clinical skills and knowledge.** Although there is no evidence that has directly linked the quality of medical education provided by a Trust to specific outcomes, there are many reasons to suggest such as link.

The evaluation had a formative design, with an aim to work with CLMs to support the development of their roles. CLMs were appointed with a notional allocation of half a programmed activity (2 hours) per week. The group of CLMs met regularly, supported by an external facilitator, to share learning. Evaluation methods included interviews, surveys, and reports by the CLMs. The most significant activities of the mentors were:

Key responsibility in job description	Summary
To identify suitable leadership roles and projects, and to lead on overseeing and supporting medical trainees as they engage in these activities.	This has been widely developed by CLMs. Some have highlighted major opportunities such as Chief Registrar posts, or Leadership Fellowships, while others have concentrated on local roles such as in Junior Doctors committees, and developing representative roles, with some certification. Matching of trainees to projects is also a key activity in this area.
Develop and support participation by trainees in patient safety issues. Develop and support multi-professional Quality Improvement (QI) work with the Trust QI Lead.	This is the area that has clearest progress in the reports, with all CLMs making progress, particularly with Quality Improvement initiatives, which are routinely part of training programmes. Some CLMs described initiatives by Trust's QI teams to proactively engage with trainee medical staff. There were a number of specific initiatives in this area.
Develop and support workplace invitations for leadership learning.	This has been a key area of activity with most CLMs highlighting their role in this area. Several CLMs have designed and delivered leadership training.

The main findings of the evaluation were:

- There was significant variation within the CLM group, relating to their own role and experience, and the size and context of Trust. There were differences between CLMs who worked mainly with individual trainees, and those who worked with those who supported trainees, such as educational supervisors.
- Perceptions of the CLMs were positive, among trainees and educational supervisors.
- CLMs worked with existing groups within Trusts and their own networks to support their activity
- Trainees are engaged with the idea of leadership as part of their clinical practice.
- 80% of trainees surveyed had undertaken a Quality Improvement activity
- 86% of trainees believe that the environment for leadership development varies between Trusts
- Educational supervisors are engaged with leadership, and welcome support from CLMs.
- Half of educational supervisors understand the leadership development opportunities that are available.
- A third of educational supervisors are fully prepared for curriculum changes to implement GPC

Summary

Although this is a formative evaluation, there is evidence to support the continuation and development of the role, with support from trainees, educational supervisors, and Trust Managers. Roles should have freedom to develop locally, and CLMs should consider how best to share their experiences across the group.

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