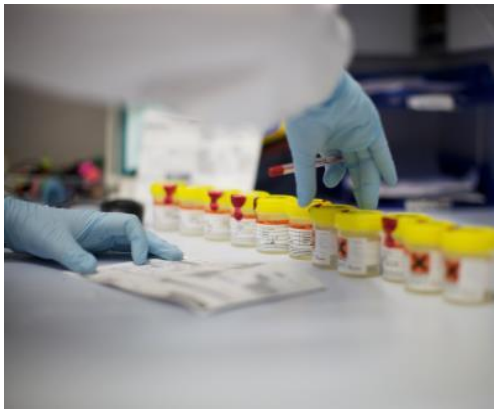
NHS
Health Education England

Enhancing the Leadership Development Offer in Postgraduate Medical Training

Local Implementation Plans 2018/19 (as of 13th March 2018)



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Summary

Following the publication in July 2017 of Health Education England's report on, and strategy for leadership development in postgraduate medical training, a group of postgraduate deans' 'leadership leads' was convened representing each of HEE's local teams.

The task of the group is to ensure a **clear, coherent, comprehensive and consistent leadership development offer across the country for all doctors in postgraduate training**. As a first step, leads were tasked with developing an implementation plan for their locality. This report summarises the returns received and themes identified within them.

During the course of 2018/19, local offers will be further developed and refined with the national leads group providing a platform for dissemination, sharing, challenge and support, and the development of supporting national resources.

Within the plans that follow, local teams have undertaken to:

Improve visibility and accessibility

- Socialise leadership development strategy and local plans
- Promote and label existing opportunities more effectively and explicitly
- Better connect with local and national leadership academy offers e.g. Jenner, Seacole
- Develop frameworks identifying key learning objectives at each stage of training and associated learning resources available at work and within region e.g. 'Spiral leadership'

Create invitational workplaces

- Establish leadership mentors and/or leads within local education providers (LEPs)
- Engage with LEPs to build a new compact between trainees and organisations and for workplaces to support and invite leadership learning
- Support LEPs to better facilitate trainee engagement in quality improvement activity
- Use review and quality assurance meetings to develop workplaces to support and encourage leadership development, as well as identifying areas of good practice

Teach leadership

- Provide universal one-day introductory programmes for all 'core' trainees
- Offer short courses and taught days for 'higher' trainees including accredited courses through universities
- Incorporate the Future Focussed Finance offer in taught programmes
- Establish, maintain or further develop local Fellowship programmes

Build capacity

- Develop closer working with local leadership academies
- Expand and promote coaching offers
- Support trainee-led initiatives e.g. leadership schools
- Develop faculty

Develop supporting resources

- Explore the development of eLearning resources including apps and gamification of work-based development
- Establish web-based repositories of information and resources

Local teams also identify some critical issues, namely a need for:

- local support and resources for leadership and management to be confirmed for the financial year 2018/19
- speciality curricula requirements to be clarified through the rolling programme of curricula revision and approval in connection with the GMC's generic professional capabilities that extends to 2020

Nationally the following developments are also particularly relevant:

- Modularisation and improved access to the Edward Jenner programme
- Continuing roll out of a locally delivered Mary Seacole programme
- Exploration of a new 'middle leaders' programme by the Leadership Academy
- NHS Improvement and the Royal College of Emergency Medicine's intent to develop a programme for trainees working in emergency departments
- FMLM's programme of work in relation to enhancing leadership and management development in undergraduate education
- The ongoing National Medical Director's Clinical Fellow Scheme
- The opportunity for members of FMLM to apply, through a portfolio route, for various levels of fellowship, Associate Fellowship (AFFMLM) would be particularly appropriate for doctors in training with two or more years of team leadership experience.

The postgraduate deans' leadership leads group will continue to meet on a three-monthly basis. An approach to monitoring progress against the principles of the original report has been agreed and is detailed in Appendix 1. A base line self-assessment will have been completed by 9th March 2018.

Tim Swanwick
Dean of Education and Leadership Development
February 2018

Implementation Plans

Area	**South West**
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Background
"How clinical leadership can be incorporated as a core component of all specialty training"
All doctors in training should be exposed to appropriate leadership developmental opportunities. Develop strong links between PG Deans and Leadership Academies to support this.

- *Developing People – Improving Care* NHSI 2016 – multiagency strategic framework for Leadership development and improvement.
- Generic Professional Capabilities GMC 2017. Includes domains in Leadership and Improvement.

These amongst others are drivers to support Leadership development within the trainee cohort.

Clinical Leadership. What is it?
It should be considered as a process, not a position with its core purpose to bring about continuous improvement in healthcare. The Health Leadership Model encompasses this in its competency frameworks motivating teams and individuals alike to work effectively, provide a clear sense of purpose while focussing in improving performance.

Aim is to focus learning on to a longitudinal process of personal development rather than purely isolated programmes in any one set place in time. Learning is different for everyone, and a variety of learning styles should always be considered. Leadership learning is a process of participation in increasingly complex and personally informative tasks rather than just acquisition of a pre-determined set of knowledge and skills. Trainer – role is to help structure and sequence appropriate experiences and opportunities to promote insight.
Move learning from the class room to the workplace. 70:20:10 model of leadership development.

- 70% learning from work-based tasks, challenges and problem solving.
- 20% from learning about self – thru assessment, coaching, mentoring, role model and social networks
- 10% formal education and training

Flexibility. Geographical mobility, LTFT working, portfolio etc means flexibility must be part of this development. Careers are becoming property of individuals rather than employers.

Current state in the South West and possible ideas for the future
These are variable by location, specialty and stage of training. Is this sustainable in the future is something that should be considered. Should it be more joined up and shared?
Current leadership development activates available in PGME in SW. Formal Learning vs informal learning.

Various formal courses

Current activities for Trainees

- FY2 – Introduction to Leadership. Well established. 1 day course.
- CT – Essential Leadership Skills. 2 day course. Local Leadership Training Faculty being trained up to deliver this course. Work in progress.
- ST - Professional and Generic Skills Module 6.
- ST – Stand alone Leadership course 2 days. New for 2018
- ST – HELM programme. 6 days course (3 modules).
- School specific programmes – linked to KEELE University
- External Masters Programmes – hopefully continued support with 50% funding support from Innovation fund
- Clinical Fellows
- Other programmes accessible on an individual basis/ variety of levels of development through NHSLA (eg. Edward Jenner / Mary Seacole / Elizabeth Garrett Anderson / Nye Bevan)

Current activities for Trainers and Faculty

- Leadership Skills day for Educational Supervisors – facilitating Leadership for ESs
- Train the Trainers for future CT Essential Leadership Skills course
- Masterclasses in Leadership

Current Activities for Senior faculty

- ASME Leadership week for new DMEs. (Schools send own HoS/TPDs etc)
- Business / Finance / Strategy course NEW.

Informal learning

- Witness ‘good people at work’
- Role models. Access to appropriate individuals or experiences ideal. But not in place as yet. ‘Apprenticeship’ Shadowing. Leadership Fellows in each Trust at each level?
- More Leadership Coaching focussing on potential and aspiration rather than just performance. (?NHSLA)
- Mentoring – need more enthusiastic individuals. Consider evolving a Leadership Mentor in each Trust. Work with NHSLA and LEPs to enable this.
- Consider ability for longer placements within LEPs – to allow a better understanding of organisational experience. ?Consider placement-based development.
- Trainees being able to identify themselves as Leaders. Needs confidence. Need understanding to enable them to engage. Allow the ability of trainees to recognise leadership in the everyday – helps with language and discourse
- Start leadership development earlier? At FT1. (Or even at Undergraduate level).
- Breakdown with views that trainees of differing experience and training grades are treated differently. (LEPs – engage trainees at all levels of leadership exposure)

- Work-based learning. This is a learning rich environment as yet not being tapped into. Develop buddying schemes with managers. Need to ensure time, space and enthusiasm by both trainees and managers/leaders. Develop a Leadership Lead/Mentor who understands the territory and has good connections in each Trust to develop and over see this.
- Need to ensure Leadership development is available to all (not just the 'high end' programmes – which are good, but not accessible to all)

The Future
Leadership development must become a routine, core component of medical education. This will enable the sea change required for leadership and management being viewed and valued within the medical profession.

There should be universal coverage with everyone being exposed to leadership development at every level. But not everyone has to do everything. Some may want to go on further. Part of generic professional capabilities – embed into all curricula?

Spiral / ladder curriculum - Tiered approach
"Personal impact / influence"…."team leadership and followership"….."Organisation and system". Each aspect builds as trainee progresses through their training.

There must be a clear sense of purpose of why Leadership Development is being encouraged for trainees – which must be made clear to both trainees themselves alongside trainers and leaders/managers within service provision. There will need to clear routes of progression and signposting for future development. (Website. Leadership programme)

Flexibility of development – as everyone is different with learning styles and work commitments. All should be available.

Multimodal approach. Variety of interventions. 70:20:10 structure.
Examples

- Structured workplace experiences
- Project work
- Action Learning
- Coaching and mentoring
- Multisource feedback – 360 NHSLA – self assessment. Free. Report £40.00. Discuss with An Other as how this can be funded/
- Psychometric tools and personality inventories
- Short courses, seminars, workshops
- Technology enhanced learning

Workplace invitational to leadership learning. LEP Leadership Mentor/Lead to oversee? Need Trust engagement – through DMEs and MDs

Vitally important in individual development in social processes in leadership and management.

LEP/Trust engagement with trainee workforce. CEO/MD etc. Need new alliance and compact between trainees and organisation. Junior workforce is their future 'talent pool'. Leadership Mentorship. Organised and run by DME / Leadership Mentor

Support multi-professional QI work – aligned to organisational objectives. Trust QI Lead – involve trainees on all projects within Trust?

Participation by trainees in patient safety issues / RCA (root cause analysis)

Trainee / manager buddy schemes

Embed Leadership Development in Postgraduate Medical Training at LEP induction
Senior Team meetings – observer / participation.

Talent conversations – coaching. Trainees need encouragement and promotion of leadership development – at All stages of their training. Transitional stages of training are particularly important. Interim ARCPs? Progression – "How are you doing". Would need buy in from the Schools – as time expensive! Time out of work? Consider doing locally? LEP Leadership Lead?

Lastly, but most importantly, 'normalise' leadership. De-mystify it. Invite local clinicians to talk to trainees about and reflect on their leadership / managerial roles. Share the journey. Bring it closer to home. LEPs to run these.

Proposed activities for Trainers and Faculty

Leadership development needs support from trainers and faculty to sustain it:

Access to learning experiences themselves

Helping trainees to see leadership as integral to specialty training within their own specialty curriculum and as themselves as a clinician.

Need support from NHSLA and faculty of Medical Leadership & Management if so required. Look at what we are offering at the moment. Expand by NHSLA.

Recommendations and next steps

Forge better links with local NHSLA – to enable clear accessible leadership development accessible to all trainees to supplement our existing tiered leadership development within PGME.

Curricula requirements and support for Leadership and management need to be clarified – along with local delivery.

Need to work with local NHSLA to ensure all local formal learning to date adheres to curricula requirements. NHSLA to help support these.

Embed PGM trainees into SW NHSLA programmes and website
Other areas include

- Link onto Deanery website
- 360 assessment reporting support

- Accessibility to Leadership coaches and mentors to support development of trainees and trainers alike.
- Alternative and economically more viable leadership programmes at all levels to support formal learning packages (eg HELM alternative)
- Align PG Cert in Healthcare Management Leadership innovation.
    - Link to this made more accessible.
    - Encourage and increase number of trainees at all levels to apply for this.
- Support senior faculty with leadership exposure and programmes within NHSLA. What can they offer us? For discussion
- Finance Education (FFF) – use and embed their healthcare finance learning into our leadership training. Both resources, e-Learning and formal training. Put links onto Leadership page on Deanery website.
- Support development of LEP Leadership Mentors – to embed the workplace learning

Creation of workplaces – support and invite leadership learning.
Liaison between PGD / CEO / MD for such placements. DME involvement. Each LEP to develop Leadership Mentor/Lead to oversee process and progress. Encourage on the basis of developing own 'talent pool' for the future.

- Leadership Mentor/Lead in each Trust/LEP? Need support from NHSLA to develop role.
- Mentor would oversee / support
    - LEP Buddy scheme. Engagement form each LEP – CEO/MD/DME
    - LEP/Trust engagement with trainee workforce. CEO/MD etc. Need new alliance and compact between trainees and organisation. Junior workforce is their future 'talent pool'. ?Mentorship. Organised and run by DME / Leadership Mentor
    - Participation by trainees in patient safety issues / RCA (root cause analysis)
    - Trainee / manager buddy schemes
    - Embed leadership at LEP induction
    - Senior Team meetings – observer / participation.
- Support multi-professional QI work – aligned to Trust organisational objectives. Trust QI Lead – involve trainees on all projects within Trust?
- Expand Leadership Fellows. Ideally one in each LEP. Trust to support encouraged by PGD to nurture future talent pool
- Leadership Fellow to support other trainees within LEP as a mentor in their own right.

Local plans
Leadership section on Deanery website. Information and sign-posting.

Advertise all levels of training development and links to NHSLA and Faculty of Medical Leadership & Management

Talent conversations – coaching. Encouragement and promotion of leadership development – at All stages of their training. Interim ARCPs? Progression – "How are you doing". Would need 'buy in' from the Schools – as time expensive! Discuss with HoSs Consider doing locally? LEP Leadership Mentor/Lead?

How are the above plans going to be achieved?
We must develop closer working with our SW Leadership Academy. This is vitally important. As such a meeting with the NHSLA-SW Director has been set up in the New Year to work through our proposals as detailed.

There are two initial plans I would like us to consider first.

Leadership initiative in the workplace

1. Leadership Mentors/Leads within each Trust/LEP

These need sound development and support which I hope our Leadership Academy can provide in the way of dual-advertising, recruitment, mentoring, training and guidance.

2. Leadership Fellows working with senior trust managers within each Trust/LEP. These could potentially be part-funded by the Deanery. These would be supported by the Leadership Mentor within in each Trust/LEP to support the Fellow in various leadership activities as detailed previously. NHSLA to support PG Cert in Healthcare Management and Leadership for these Fellows.

Following on from this, and supporting both Fellows and Mentors, I would like to expand Leadership coaches and mentors from within the NHSLA to help underpin leadership expansion into the workplace learning.

I would envisage using the £20k to pump prime this 'Leadership initiative in the workplace' with the help of the Leadership Academy.

Timescale
Recruitment of Leadership Mentors for training early in the New Year. This would need buy-in from Trusts and from NHSLA. I would like to have these Mentors in post by Spring 2018.

Recruitment to Leadership Fellows late spring with a potential start date Summer 2018 (coinciding with changeover dates). Funding would dictate numbers available.

Area	**Thames Valley and Wessex (Joint Plan)**
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Introduction

This paper provides information / progress on TVWLA Implementing the recommendations in the HEE report "Leadership development for doctors in post graduate medical training", July 2017. See appendix 1 for the report's recommendations.

Context

In July 2017, HEE published a paper which reported on the current state of leadership development for doctors in postgraduate training and offered a set of co-created principles and recommendations to guide future investment, design and delivery.

The design principles include the need for clear, accessible, tiered programmes of development that normalise clinical leadership and offer support for personal and skills development, programmes should be predominantly work-based, multi-professional and future focused.

This paper outlines the TVWLA plan of activity.

TVWLA

Thames Valley and Wessex Leadership Academy aim to support the implementation of the recommendations based on data collected from those involved in the education of trainees, including the trainees themselves. The information in the table below indicates the progress and planned activity. The approach described below is based on a phased approach and provides detail on activities that have taken place, for Health Education Thames Valley, Health Education Wessex and also any joint activities.

Within the report's description of the current context is the concept of a developing the educator faculty. The role of the faculty is to support the delivery of leadership development for trainees under a principle of 70:20:10, where 70% equates to work based learning, 20% from discussion and interaction and 10% from formal teaching.

However, it is also acknowledged that there are issues in finding faculty who have the confidence to facilitate leadership and management based activities. Consequently, there is a recommendation that there should be an offer of local faculty development.

Phase 1 September –January 2018

Activity	Actions Completed	Progress
Dissemination of the report and engagement with key stakeholders. Aim; to gather intelligence and to invite discussion/ engagement.	**Thames Valley and Wessex Joint Actions-** Report disseminated - Human Resource Directors/ Learning and Development and Organisational Development Leads across the TVWLA footprint.	Completed
	HEE Thames Valley- Report disseminated to; The Postgraduate Dean Directors of Medical Education Heads of Schools Associate Deans Key educators within CCG's / Trusts and GP school/ Schools boards. Met the lead for faculty development for HEE-TV Dr Jane Siddall re developing the educator's skills and confidence. Joint authored a paper " learning to Lead " for socialisation within the deanery. Agreed to plan x2 educators sessions for 2018. April/ September . Designed and facilitated a workshop at the HEE-TV GP School Educators faculty days - October 2017 and March 2018.	Meeting with Directors of Medical Education planned– 26th Feb 2018 Raise awareness via Local Workforce Action Borads, Link with; Alison Jennings (BOB LWAB) Julia Petherbridge (Dorset) Maggie Woods (Frimley/HIOW) Continue to scope the current activity in leadership development.

	Facilitated a session/ gained feedback from HEE-TV ST3 GP's November 2017 on leadership development. Attended a Trainee Advisory Group meeting, December 2017.	
	HEE Wessex – Report disseminated to the Dean/ Associate Dean for faculty development Working with Associate Dean Dr Jane Hazelgrove on a joint Thames Valley and Wessex approach to this initiative and to develop further the idea of gamifiacation / development of an eLearning platform related to the "learning to lead "toolkit" /offer. Emailed and received feedback from trainees in HEEW	Organised a three-way meeting, HEETV/ Wessex and TVWLA. - January 2018. Attend Heads of School/ DME meetings. To develop a train the trainer cascade approach once the toolkit is finalised. Develop further the idea of gamification approach to the leadership development toolkit. Need to contact developers.

Phase 2

		Deliverables
Develop the local medical educator faculty; Aim; to increase capacity and confidence	Engagement with key stakeholders and socialising of the approach	• Deliver "Developing Clinical Leaders Train the Trainer" events for HEE- TV and Wessex - For TPD/ PD's / ES's • Deliver Coaching skills training to Training Programme

		Directors and Heads of Schools • Publicise the existing coaching and mentoring offer to trainees • Investigate further the idea of "Talent management conversations"- workshops for TPD's
Highlight and communicate the local and national support / offers - **Develop a local plan/ toolkit on teaching leadership / resources**	Explore further the development of an online e-learning portal/gamification of the HLM for trainees Continue to engage key stakeholders	• Develop a local "tired" model of leadership development which signs posts individuals to information and resources - "Learning to Lead" • Investigate the possibility of an eLearning portal / app

Phase 3 – will be focused on evaluation

Appendix 1

Area	**Kent, Surrey and Sussex**
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Introduction

The KSS Postgraduate Dean and Heads of School are committed to leadership development as part of post-graduate training, and recognise that effective leadership improves patient care. Following the publication of *Leadership Development for Doctors in Postgraduate Medical Training* by Health Education England in July 2017, HEE.KSS has been exploring ways of further supporting our post-graduate Doctors in Leadership. This is not a new venture for KSS. We have been supporting the development of leadership skills with our trainees, in several areas, for some time, but we see this implementation plan as an opportunity to increase the impact of the leadership programmes already established in KSS.

We intend to build on these using a three-pronged approach. We plan to:

1. Establish mandatory introduction to leadership for all core trainees in KSS, to establish the importance of leadership during early years.
2. Roll out leadership development programmes for higher trainees.
3. Link leadership development to clinical practice, by embedding leadership development opportunities into training at trust level.

We will be able to provide evidence of leadership development for all our trainees as a leadership domain will be established as part of our Interim Reviews.

Leadership for Core Trainees

An introductory leadership module for core surgical trainees has been running in HEE.KSS for the last six years (Appendix 1). We plan to roll this out to all our core training programmes. This blended learning programme has been so successful that a number of Core Surgery Year 1 Trainees have attended again in Core Year 2 and have reported back on important and sustained initiatives in practice. Participants explore leadership styles and strategies for working effectively with others, in the morning and in the afternoon, they work on action plans through action learning sets. Feedback has been consistently excellent with trainees frequently identifying it as the best course they do in their year. Reviewing the last 80 pieces of feedback, an increase in workplace impact can be tracked. (Appendix 2)

We have had preliminary discussions with KSS Heads of School who are keen to facilitate leadership development for Core Trainees, with the assistance of a Medical Leadership Facilitator. (This facilitator will work closely with and be aligned to the NHS Leadership Academy and the course will be bench marked against the NHS Leadership Academy's structure). Core leadership courses should be jointly facilitated by Heads of School or Programme Directors in line with the leadership ethos of HEE.KSS.

Leadership for Higher Trainees
In 2018 we propose to run leadership development programmes for our higher trainees. These one-day face to face programmes will also incorporate elements of blended learning and will be open to all higher trainees within KSS. (Course preparation outline - Appendix 3). We consider that more senior trainees should work with trainees from different specialities to encourage greater understanding and collaboration. Expansion of the multi professional work force will also be integrated. We see this cross fertilisation of ideas, solutions and good medical practice as essential development for our trainees into the consultants of tomorrow. We would like to explore ways of accrediting our trainers, so that when KSS trainees reach Certificate of Completion of Training, they are also an Accredited Leadership Facilitator.

TPD's may also run leadership modules within their specialty specific training days.

Leadership in the Workplace
Courses alone are insufficient for the development of leadership skills and we recognise the need to demonstrate that training has a positive impact on practice in the workplace.

The KSS Annual Interim Reviews allow the trainee to meet Programme Directors and Heads of School for a two-way conversation regarding their development. (In KSS ARCP's are not face to face, as per the gold guide). The Interim Review takes place usually half way through the trainees' year so those who are having problems are picked up. Trainees requiring support are also identified at these meetings. They provide the opportunity for trainers to access important insights into the trainee's placement experiences and to access useful information regarding the quality of training and the ongoing issues within Trusts. A check list detailing some of the leadership opportunities accessed by our trainees will be reviewed at this meeting (Appendix 4), and will be sent to trainees for preparation prior to the Interim Review.

We recognise that working with the Leadership Academy is crucial and we are involving our KSS Leadership Academy colleagues to help identify opportunities within the workplace at our Interim Reviews. This process should enable us to identify areas of good practice in leadership development so we can use highly performing Trusts as vanguards to support other Trusts needing development. We consider this a key role of the KSS Leadership Academy Representative.

The checklist and process will be developed and refined as the project progresses.

Summary
- Plans for leadership development within HEE.KSS are practical, pragmatic, robust and evidence based. The Post-Graduate Dean will work with the Local Leadership Academy. He will ensure that there is a workable strategy for all doctors in post-graduate training. He will engage our sustainability and transformation partnerships with the process.

- Through our interim review check list, we will have three-way conversations with our employers and will create workplaces to support and encourage leadership development, as well as identifying areas of good practice.
- We will use the National Quality Framework to ensure that leadership development opportunities are available at all clinical placements. This will be scrutinised through the interim review checklist.
- The KSS Leadership Academy will work with the KSS leadership development team to evaluate the current course (utilising the leadership toolkit) and ensure that it is fit for purpose with clearly defined outcomes.
- The KSS Leadership Academy team will work on the mapping of the evidence to be reviewed at interim reviews of the leadership programmes offered to KSS trainees.
- HEE.KSS will be involved in the National Implementation Group of Leads for Post-Graduate Medical Leadership Development.
- We will work with the Academy of Medical Royal Colleges and the Faculty of Medical Leadership and Management to ensure that local delivery and curricular requirements are supported and aligned.
- We will work with our Local Education Providers so that leadership development opportunities and role models are embedded within the everyday workplace for our trainees- and so that our trainees are encouraged and expected to engage in these.
- We will work with the NHS Leadership Academy to ensure that explicate measures of progress are established.
- We will develop our implementation plans locally and will report through our Post-Graduate Dean, to the Director of the Leadership Academy.

Timeline and Implementation plan

Activities	**Date**	**Update**
Discussion with Heads of School	Dec 17	Complete
Discussion with Medical Education Managers	Dec 17	Complete
Presentation to Heads of School	Jan 18	HoS forum
Engaging HoS for Core Leadership Days	March 18	in preparation
Delivering Core Leadership Days	June 18	in preparation
Developing Higher Leadership Days	Summer 18	in preparation
Embedding Leadership profile in Interim Review	Summer 18	in preparation

Appendix 1

Appendix 2

Appendix 3

Appendix 4

Area	**North West London**
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Progress to date

- Stakeholder survey of LEP provision and assessment of need through the DME network in the region
- Initial discussions with regional resource groups:
  - London NHS Leadership Academy and
  - Future Focussed Finance Team
- Pan-London meetings have taken place to agree a single model of Faculty Development

This has identified the following:

- LEP local offerings already in place but offers a poor 'fit' with the Leadership Academy framework
- Little LEP knowledge of FFF team and local representatives
- Significant variation and gaps in the LEP offerings (both of geography or curriculum)
- Significant need to Faculty development in the LEPs
- Need to develop a 'curriculum' around finance and NHS structure and function
- Previous 'Lead Provider' course has now closed with the transition of responsibility for training back to HEE.

Current work:

- Identify opportunities for Leadership and QI training development in the LEPs and Primary Care
- Develop the 'Spiral' or Leadership Learning Ladder model for local implementation at LEP and Primary Care level
- consider a common resource that local faculty can use to deliver programmes
- … and support the development of local faulty in their areas of perceived weakness – finance / NHS organisation has been highlighted.
- FFF are developing a finance and organisations structure based curriculum based initially on the FY2 programme already in place at the Royal Free Hospital

Next steps

Key questions to consider:

1. Do we want to design a single model based on the NHS LA framework or allow local providers to utilise their preferred models?

2. Possibility of a modular design that could be delivered over time by any unit?
3. Do we want to focus some time on signposting to pre-existing regional resources (e.g. eLfH / NHS LA e-learning courses)?
4. Separate systems for primary and secondary care or an integrated approach with delivery in either setting?
5. Investigate the possibility of a structured report form for trainees to utilise at interim review to demonstrate progression against the leadership pathway

Plan for the use of central resources

- Identification of 5 or 6 local LEP / Primary Care leads and funding of their training development
- Pan-London development of a Faculty update programme with the Local Leadership Academy to increase awareness of the available resources
- Development of a training 'ladder' identifying key learning objectives at each stage of training with associated learning resources within the region at LEP and NHS LA e-learning level (modelled alongside the South London Spiral model)
- Development of a signposting resource (e.g. on Synapse) to highlight what is available in each LEP / through the NHS LA and eLFH portals based on the training ladder described above
- Resourcing of the curriculum development and e-learning from FFF on the structure of the NHS and FFF designed for local delivery

Projected timelines

Activity	Date to be delivered	Current status
Survey of LEP offerings in NWL	Nov 17	Complete
Initial discussions with NHS LA and FFF	Nov 17	Complete
Outline submission on local implementation	Dec 17	Complete
Design of ladder curriculum for each stage of training	Feb 18	Complete
Identification of local faculty to offer development	Feb 18	
Completion of FFF curriculum and incorporation into training structure	March	
Curriculum, training ladder and links to resources posted to Synapse	April	
Launch	April	

Area	**South London**
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Since the publishing of the Leadership Development report in July, the south London team have focused efforts on the roll out of the spiral leadership toolkit (draft attached) for use across specialty schools in south London training programmes. The spiral leadership model is already actively used by the London School of Ophthalmology and is a mandatory part of their ARCP sign off, to ensure embedding of leadership principles.

The toolkit has been adapted to be relevant and useable by all doctors in postgraduate training, focusing on eight practical domains, underpinned by the Healthcare Leadership Model. Under each domain, example projects and resources are detailed including quality improvement projects, audit, writing a business case, handling complaints etc. The toolkit also includes examples of local Trust programmes which trainees can access at various points in their training. Trainees lead their own learning within the organisations they are working in, with trainers acting to structure, signpost and nurture this learning. Tasks should be revisited and become increasingly complex as trainee's progress thorough their training, hence 'spiral' leadership. Reflection is encouraged with a reflective log inbuilt into the toolkit. The toolkit can be embedded into the personal development plan of a trainee thereby endorsing a longitudinal approach to leadership development.

Implementation Plan

Activity	Date to be delivered	Update
Preliminary discussions with Heads of Schools (including dental)	July-Dec	Complete
Presentation at Confederation of South London local education providers (COSL) to engage with postgraduate medical teams to support delivery across area. Each LEP offers a range of leadership resources to complement the toolkit.	November	Complete
Finalising interactive spiral toolkit PDF – led by Priya Thakrar, Darzi Fellow HEE SL	Nov – Jan	With communications team for formatting – deadline 15 Jan
Presentation to Heads of School – to discuss practical steps for implementation by Schools	Jan	On HoS forum agenda – 23 Jan
Implementation plans by schools for delivery of toolkit	Feb-April	For agreement following HoS forum

Sharing the toolkit with STPs across south London, inviting them to include projects they would like to see doctors in postgraduate training complete to advance the workforce	March	
Toolkit available on HEE south London website	March/April	
Launch event – inviting DMEs, MEMs, TPDs, Educational Supervisors, South London Trainee Network members	March/April	Date TBC

In addition to the above implementation plan additional actions include:

- Further discussion with the London Leadership Academy. We have already presented the toolkit to the leadership academy for comment.
- The toolkit, whilst focused initially on doctors, could be easily transferred to other healthcare professionals and we plan to explore this further with colleagues.

The spiral leadership toolkit provides a framework for all trainees in developing leadership skills, parallel to their clinical work. The practical content of the toolkit facilitates this and provides a framework in which this can be achieved. We hope the toolkit will create a wider interest in Clinical leadership and for those trainees who may want to seek advanced leadership opportunities, the toolkit includes a section on 'Taking it Further.' This includes information on Fellowships. Within south London we support the following Fellowships:

- Darzi Fellows – We are encouraging regular updates from the Fellows in south London to the HEE SL team to allow support/sharing of good practice.
- Chief Registrar – supporting the RCP programme within South London Trusts, holding regular meetings with chief registrars to help delivery of projects.
- Leadership and Transformation Fellowships – piloted within the School of anaesthesia, these Fellowships offer trainees the opportunity to spend 12 months working within Deloitte, before spending 9 months within a designated south London Trust taking their new skills into the workplace working on transformation projects.
- PGD Fellow – Supporting a trainee to work with the HEE SL team on designated PGD projects.

The south London team is also ensuring that leadership is being discussed with other stakeholders including:

- South London SAS doctor's forum – we are supporting this part of the workforce by developing a 'self-discovery' workshop in conjunction with the leadership academy to support 'compassionate and inclusive leadership for all.'
- Medical Schools – we have regular meetings with the two medical schools in south London and discuss leadership to ensure they are developing leaders for the future.

Appendix 1

Area	**North, Central & East London**
Author (s)	Sanjiv Ahluwalia, Postgraduate Dean Rachel Roberts, Head of Primary Care Gary Wares, Dy PG Dean Indranil Chakravorty, Dy PGD
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Summary
This document sets out the plan for implementation of leadership & management training for healthcare learners in HEE, North Central & East London local office. The transition of the healthcare training delivery model for Postgraduate Medical Education in London from a Lead Provider to distributed model with each LEP and CEPN under the management of Training Program Directors and Specialty Schools has provided an opportunity to review the educational resources, faculty and expertise available. This will allow for the adoption across London of a consensus model of a tiered approach to acquiring the knowledge, behavior and skills necessary for future healthcare leaders. The healthcare leadership model with its 9 dimensions and extensive resources available from the Local Leadership Academy in London will provide the majority of the resources for use in the implementation of this plan.

This was agreed at the meeting of the Deans in January 2018. The consensus toolkit will be adopted, consulted on and adopted with the onset of new learners in August 2018.

1. Background

In understanding the relationships and power dynamics within health care organizations, it becomes evident that significant clinical change is impossible without the cooperation and support of clinicians at all levels. The operating core of most health care organizations consists of a large body of doctors in postgraduate training, resolutely engaged at the front line of patient care. “Junior” doctors and other healthcare learners are the perfect tool for initiating, championing, and delivering change and improvement in the quality of care. [Ham & Dickenson, 2008]

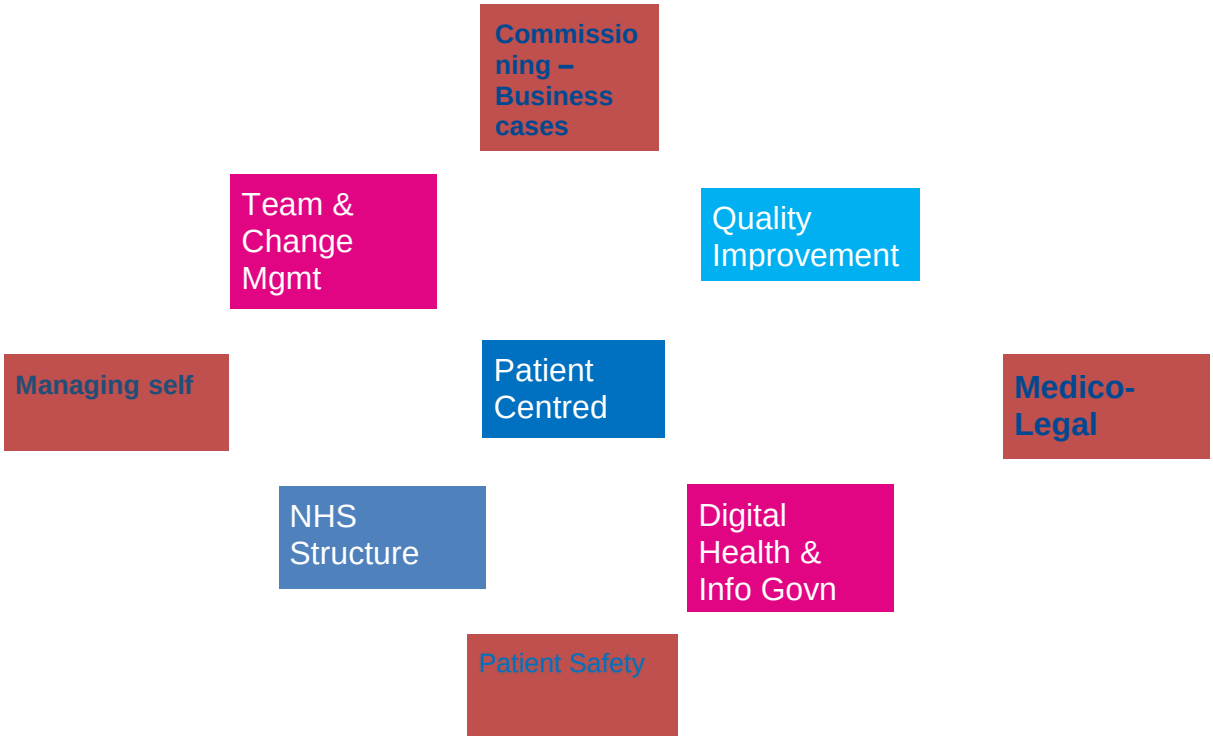
This has three significant implications for health care organizations: key leadership roles are played by professionals; leadership is dispersed or distributed among staff and not limited to individuals in formal managerial roles, and the system requires collective leadership, i.e., teams that bring together leaders at different levels.

A range of generic competencies are integrated into curricula for postgraduate medical education and training, particularly in the areas of leadership, research, and education. This recognition that doctors (and other healthcare learners) are an integral part of a health care

system, rather than isolated and autonomous clinical professionals, is further underscored by an increasing focus on quality improvement and population health.

With these changes has come the recognition that the potential of the learners in healthcare (junior doctors, nurses and allied health professionals), a large sector of the NHS workforce, is largely untapped. Furthermore, there is a risk that this future generation of influential health care professionals may not be adequately engaged with the "business" of health care provision, with the consequence that our professional bureaucracy continues to normalize around professional rather than system drivers. [Aggarwal & Swanwick, 2017]

2. Spiral Toolkit
(adapted from HEE SL and LLA)
http://www.londonleadershipacademy.nhs.uk/leadershiptoolkit



NHS Leadership Academy- Mapping to Leadership Domains

The Healthcare Leadership Model is made up of nine behavioral dimensions:

Inspiring shared purpose Managing Self	Leading with care Team well-being Professional behaviors Managing conflict	Evaluating information Digital Health Information Governance

Connecting our service Electronic records E-Prescribing	Sharing the vision Change management Team management Developing consensus	Engaging the team Team management Team Debrief
Holding to account Clinical governance SMART actions Clinical outcomes Complaints Learning from events Root cause analysis	Developing capability Commissioning Business cases Capacity assessment	Influencing for results Team management Change management Leadership styles

3. Trainee led

Learners will be encouraged to choose appropriate activity/ modules from the suite including a mix of taught courses/ workshops and project. The level of engagement and documentation would be agreed with Educational supervisor as part of PDP for each year. One project/ document/ reflection will be expected to be completed, commented on by ES and logged in learner's porfolio against curriculum item.

Domains	Undergrad	Foundation	Core	Higher	AHPs	Nurses/ Midwives
Modalities	Taught Paper **Introduction**	Taught Data collection Project reflection **Essential**	Self-directed Projects design/ presentation **Proficient**	Project leadership Presentation Paper/ Report **Strong**	Taught Self-directed Projects design/ presentation Challenge workshop (see below)	Taught Self-directed Projects design/ presentation Challenge workshop (see below)
Quality Improvement	Principles of Improvement science PDSA cycles	Improvement toolkit (IHI) PDSA cycle design Life platform- data collection	Project design Stakeholder engagement Data Management	Project leadership Implementation of results Next steps QSG CQC NHSI	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215644/dh_125818.pdf	Band 5 – participate in data collection Band 6 – project design Band 7-8 – project leadership/ presentation
NHS Structure	*Learn about* NHS structure schematic	*Observe/ Reflect* Trust management Primary care-service management Line management/ accountability	*Attend & Contribute* Departmental business meetings GPVTS – Federation/CCGs (Shadow/ Management project)	*Contribute/ Darzi/ Leadership fellow-projects* Attend Trust Boards; STPs NHS England		
Team / Change mgmt.	Understanding principles; analyse change projects	Observe change management activity;	Participate in change management projects as stakeholder	Contribute to/ design change management; discuss implementation		

Medico-legal	Understand principles of medical law; GMC regulation	Duty of Candour Complaints Investigation of incidents DATIX	Completing incident reporting Mortality Meetings Learning from incidents	Participate in SI investigations How to write a report Coroners		
Managing self	Myers-Briggs Resilience Time management Integrity & professionalism Well-being	Mentorship Reflective learning Task management Handover/ Escalate Work-life balance	Advanced Communication Presentation skills Conflict management MDT working	Team leadership Debrief Leading Handovers Chairing meetings		
Commissioning & Business cases	Understand the principles of healthcare funding	Commissioning/ choice/ NHS vs other funding systems	Commissioning priorities/ choices/ Public Health Primary vs Secondary care	Service finances CCG STP DH policies DH priorities		
Digital Health/ Information governance	Understanding the principles of Digital health systems and networks Confidentiality	Application of digital health systems/ self-help; Apps and public health; Algorithms for decisions	Digital health systems supporting services and outcomes; Integration of Apps with health systems	National IT priorities; participate in local projects and procurement; Digital safety/ risk		
Patient Safety	Understanding principles of risk and prevention	Guidelines Mortality & Morbidity audits SMRs	Understanding clinical variability Learning from errors Understanding trends	Leading Safety Huddles Understanding data on risk and implementation of change		

4. **Trainer Responsibilities**
Educational supervisors will agree from the suite of available resources (electronic modules/ taught courses/ workshops/ project ideas) for each 12m placement

ES will be responsible for providing mentorship/ guidance or refer to appropriate service/ management lead for project support.

ES will review and sign off reflection/ written piece/ project report which can then be linked to portfolio

5. Organisational Responsibilities

Each LEP or CEPN will agree to appoint a ***Leadership & Management Mentor/ Lead*** from members of the faculty.

Within primary care there would be a link between CEPNs, the Trainers workshops & VTS programme directors and the lead in QI. The Trainers workshops would help devise & support the plans.

This Mentor/ Lead will be responsible with DME for providing of appropriate courses/ workshops
Provide a selection of electronic resources considered appropriate for each level of learner

Provide a guidance on PDP

Approve a suite of projects/ scenarios for learners to access and work on

Provide a guidance on appropriate documentation/ Reflection/ project report templates

Faculty development for higher trainees/ Consultants in first 5y of taking up their roles/ Educational supervisors

Provide guidance for Next Steps and link with NHSLA for enrolment into funded programmes

6. Assessment

Knowledge
- Attendance at Study days'/ Lecture series/ Workshop/ eModules

Behaviours
- Completing the self-assessment toolkit
- 360-degree feedback
- Reflection

Skills
- Writing an incisive self-reflection
- Observation of change
- Leadership styles
- Project design/ report
- Presentation
- Change management
- Implementation

7. Projected timelines

Activity	Date for delivery	Current status	Next steps
Outline submission	January 2018		
Design of spiral components	February 2018		
Audit of LEP courses/ resources	April 2018		
Faculty development	Apr-June 2018		
Digital resources signposting	June 2018		
Initiation	August 2018		
Review of implementation	February 2019		

8. **Resources/Financial Requirements**

- Digital hosting of resources to be implemented within Synapse (Cost neutral)
- Basic suite of courses – to be negotiated and agreed with local HEIs (TBC; 1-2-day courses will cost approx. £24k)
- Faculty development - courses/ toolkit to be developed (TBC; 1 day per month offering would cost approx. £12k)
- Project support for learners – to be included within LDA and provided via LLA

9. Local HEI Courses

https://www.city.ac.uk/courses/short-courses/leadership-and-management-an-introduction
https://www.westminster.ac.uk/courses/professional-and-short-courses/business-and-management/management-and-leadership-development

10. References

Aggarwal R & Swanwick T. Clinical leadership development in postgraduate medical education and training: policy, strategy, and delivery in the UK National Health Service. J Healthcare Leadership Volume 2015:7 Pages 109—122

Ham C, Dickenson H. Engaging Doctors in Leadership: *What We Can Learn from International Experience and Research Evidence?* Coventry, UK: NHS Institute for Innovation and Improvement; 2008.

Area	**West Midlands, East Midlands and East of England (Joint Plan)**
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Work to date

Overview
Midlands and East region sees the benefit of working collaboratively in response to the 'Leadership Development for Doctors in Postgraduate Medical Training' report. We believe that by learning from each other, aligning our current suite of programmes, identifying and closing gaps, and pooling resources where possible, this will enable us to begin to integrate an effective approach to medical leadership development across our region. We also acknowledge that this will take time to understand and harmonise how we can collaboratively embrace working together across our local geographies.

To enable this ambition, we have identified local geography medical leadership leads and together with local leadership academies formed a working group. As a group, we have met several times to begin working together to:

- Understand how we can collaboratively respond to the national medical leadership report.
- Share and learn from each other's best practice. Support each other acknowledging that each of our local geographies is in a different position.
- Pool resources to achieve a common approach for trainees, educators and the wider medical workforce.
- Best utilise the interim £20k monies allocated locally 2017-18, and collaboratively consider this as a Midlands and East joint £60k budget.
- Consider and plan to work towards our future ambitions, locally and collaboratively as a region.

Appendix 1: provides an overview of key midlands and East medical leadership group notes and actions since forming in October 2017.
Appendix 2: showcases the suite of local geography programmes that we have begun to review and explore how we can share and enhance in our journey towards a regional approach.
Appendix 3: outlines an initial action plan following our initial collaborative meeting in October 2017.

Summary of exploratory collaborative work
We are in agreement with the principles identified within the 'Leadership Development for Doctors in Postgraduate Medical Training' report. In particular, we have focused upon the following key areas that will begin to form the basis of our collaborative working in the short to medium term on this agenda:

- **Common 3 level model to medical leadership development**: Having pooled our existing programmes, experience, and reflected on the national report we see the benefits of a model as follows:
    - **Level 1** for all trainees
    - **Level 2** for senior trainees (i.e. ST4+ / GP ST3+)
    - **Level 3** for existing medical leaders – those who demonstrate further leadership potential
    - This can be achieved from pooling and enhancing existing programmes from across our region. Further work will be done on this during the remainder of the financial year and over 2018-19.
- **Faculty development**: To enhance existing medical educator's knowledge, skills and capabilities to both role model leadership development and teach leadership development as part of the medical curricula, we acknowledge the need to upskill the existing educator and medical workforce at the same time as beginning a systematic programme to educate trainees. This will require a culture change approach.
- **Innovative future thinking leadership development**: We believe that leadership development for trainees and educators should be future thinking and prepare them for the evolving role of healthcare leaders. We also see the benefits of integrating the '70/20/10' rule into any programmes to encourage experience over formal teaching.

- **Inclusive and multi-professional**: We see inclusion and understanding yourself and relation to the diversity of others, in addition to appreciation and learning between professional backgrounds as a fundamental part of our future leadership development aspirations across the region.
- **Engagement with medical leaders**: To engage and create a culture where leadership development is seen equally to technical training, we need continual engagement to demystify leadership capabilities and mind-set.
- **Engagement with placement areas/trusts**: We see more work needs to be undertaken to understand best practice within local education providers and their role in developing our trainees and medical educators as part of their commitments to training.
- **Medical talent management**: We see the need to begin to develop an approach to medical leadership talent management, however acknowledge this requires further work and alignment to national ambitions. This will require new ways of assessing leadership potential (e.g. ARCP or other) as well as consideration towards new role (e.g. medical leader as a profession).

Whilst the above summarises our initial thoughts towards future ambition areas, we acknowledge that this requires significantly more work. We are committed to this and will continue to work together to progress this agenda and see the benefit of formalising this into a collaborative plan through our working group and supported by our regional DEQ. This will be further progressed during 2018-19.

High level collaborative plan

Understanding that we need to appreciatively gain momentum within our own regions, we see 2017-18 as beginning our work together and focusing on our local faculties, and 2018-19 as taking our collaborative aspirations forward:

2017-18	☑ Development of Midlands and East collaborative medical leadership group. ☑ Focus on understanding different local geographies approaches and learning from this. ☑ Exploratory work to consider a future medical leadership development model across our region. ☑ Raising the awareness of medical leadership within all schools and faculty across our local geographies and promoting the recommendations from the Swanwick report. ☑ Local investment monies (**£20k**) utilised to bring each local geography to an equal level playing field, including: 1. **Faculty Development**: Acknowledging that local geographies are in a different position with progressing medical leadership, faculty development (as identified as a key driver in the national 'Leadership Development for Doctors in Postgraduate Medical Training' report) is seen as the most appropriate way to use the £20k at pace. This will enable rapid spend of money and begin developing our faculty to embrace their roles in leadership development of trainees. Faculty development plans have been developed locally, to acknowledge each region has invested different amounts of faculty development into leadership to date. Local plans have been developed by medical leadership leads and are progressing during Jan – Feb 2018.

	2. **Trainee Development**: A trainee leadership conference was also seen as a useful way of kick starting our focus on medical leadership development and to raise awareness. This will be progressed locally and in collaboration with a working group of trainees by med leadership leads.
2018-19+	☑ Development of a Midlands and East medical leadership strategy that consolidates our joint approach. ☑ Stakeholder engagement and needs analysis through collaborative medical leadership events across the geographies to showcase and co-create joint approach. ☑ Commissioning of the finalised model of medical leadership programme (i.e. 3 level approach outlined above representing best practice from our regions aligned to the Swanwick report). ☑ Development of a comms plan to ensure all schools and stakeholders are engaged. ☑ Building an evaluation of our approach utilising the LeaDER framework that covered short medium and long term impact.

Appendix 4: outlines local geography updates and plans that cover Dec 2017 – Mar 2018 and use of the £20k local (£60k collaborative) monies available across Midlands and East for the remainder of the financial year.

Appendix 1: M&E Medical leadership group meeting notes and actions

The following reports document some of our wider working together since our initial meeting:

Dec – Postgrad Medical Trainee Report
October – Postgrad Medical Leadership Report

Appendix 2: M&E Medical leadership programmes comparison

The following information documents programmes that we have shared and have agreed to collaborate, share and enhance together to form an initial basis of a Midlands and East approach:

West Midlands
East Midlands
East of England Chief Residents Programme Brochure
East of England CUHP Leadership Offerings
East of England Leading 4 Excellence Handbook
East of England Senior Medical Leaders Programme

Appendix 3: Midlands and East Joint Action Plan (October 2017)
The following plan was developed jointly by M&E medical leadership group during October in our initial meeting to explore working together in response to the Swanwick report:
Appendix 3

Appendix 4: M&E local progress reports outlining use of £20k
The following reports document our local progress towards promoting medical leadership across our regions and how we intend to utilise the £20k across the region:
East Midlands
West Midlands
East of England

Area	**Yorkshire & Humber**
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Background
The report was issued by Health Education England (HEE) nationally in July 2017. £20,000 was provided to each regional leadership academy to allow implementation of the recommendations. This report follows a number of other documents along a similar theme in recent years suggesting this is a priority (General Medical Council Generic Professional Capabilities (2017) and Developing People – Improving care (2016))

Report overview
The report identifies there are a number of challenges and issues to developing leadership in trainees:

- Allegiance and ownership
- Identifying as a leader
- Timing of development
- Curricula flexibility
- Work based learning
- Faculty
- Inclusivity
- Co-ordination and phasing
- Availability of resources

It is therefore recommended that development of a further leadership offer is undertaken, taking into account the following design principles:

• Values based • Universal coverage • Spiral curriculum • Tiered • Clarity • Flexibility • Multimodal • Multi professional • Workplaces invitational to leadership learning • Formal learning designed to leverage work experience • Exploit the potential of simulation • Make time for development conversation	• Faculty development • Demystify and normalise leadership • Focus on the future • Assess with purpose • Co-create with doctors in training • Promote a common approach • Synergistic design • Sustainability • Start early • Nurture talent • Consider leadership development as continuum • Evaluate, monitor, review

Current offer to all trainees in HEE Y&H:

- Wide variation between schools (see appendix)
- Public health one extreme with longitudinal framework
- Psychiatry largely self-directed opportunities
- Simulation and Human factors seem to be large part of more practical specialities (e.g. A&E, anaesthetics, surgery)

Foundation trainees:

- FY1: QI, Human factors
- FY2: Simulation with leadership, QI, Human factors

Courses available to all trainees:

- Senior trainees >ST5 Leadership and management (see appendix)
- QI training (deanery and improvement academy)
- Human factors training
- E-LFH modules – 5 programmes, 22 courses, 162 sessions
- Edward Jenner online (with approval from line manager) – free!
- Mary Seacole – market price

Trust based:

- Variety of courses, mainly for non-clinicians

What are we already doing well?

The region has an excellent Future Leaders Programme that is noted by the report. This allows a limited number of fellows to have extensive leadership training and development opportunities. Many fellows have gone on from this to leadership roles within the region such as a training programme director and clinical director.

There are already clear opportunities for development in certain areas – the foundation school offers generic training days in Quality Improvement, Human Factors and Simulation with Leadership that all trainees are able to attend. This provides good opportunity at an early stage.

The generic deanery leadership training days generally receive good feedback and are available to all trainees at ST5 level and above. There are also various opportunities within schools some of which are explicit and trainee focussed. There is a range of opportunities trainees can potentially access e.g. MCA, Improvement academy, Leadership academy although it seems lack of awareness may be an issue.

What could we improve?

There is little on offer at ST1-5 level in many specialities. This is highly variable and in some specialities, it appears there are no explicit opportunities for trainees to undertake leadership development aside from purely self-directed options (e.g. e-learning, trainee rep).

Whilst there are clearly leadership development opportunities available these are not structured over the course of training or mapped to a curriculum. These hence do not fulfil the guidance that the leadership offer should be tiered or part of a spiral curriculum. Trainees already have a great deal to learn as part of a clinical curriculum so it seems there needs to be space created to prioritise leadership training rather than it just being seen as a luxury extra.

Discussions held so far

Regional Leadership Council - 7th September:

- Large number of design principles ?better to pilot in one school/trust
- Junior doctor engagement with trusts felt to be key

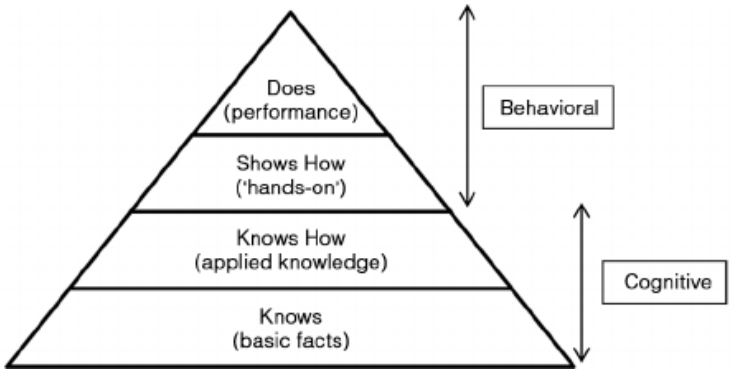
- Need to future proof – thinking about tomorrow not today
- Concern re narrow scope with Junior Doctors main focus of report and lack of continuous funding

Future leaders programme steering group meeting

- Tiered offer approach thought to be best – to allow for standard offer for all trainees but flexibility for trainees to adapt further opportunities to their speciality and specific learning needs
- Task force needed to continue work – to include school and trust representatives

Tiered offer suggestion

It was felt at the steering group that a tiered offer based on education theory principles was the best option to move forward. This would allow for a standardised offer to all trainees but individualised development at higher stages dependent on speciality and interest. Whilst the national guidance suggests a standardised approach it is clear there is not a "one size fits all" approach for leadership development and hence a tiered offer would allow for flexibility.



Future Leaders Programme

QI project/Acting up

Simulation/work based learning/coaching

Training days

Millers Pyramid

Suggested actions

1. **Develop leadership curriculum within Yorkshire and the Humber**

Based around the Healthcare Leadership Model and GMC guidance. This would be used to create the teaching days for all trainees ST1 and above, taking into account the Human Factors and Quality Improvement days already offered as part of Foundation Training. This would allow for identification of outstanding learning needs and decision as to what further generic training days would need to be offered to doctors in speciality training. The East Midlands region have already mapped GMC guidance and the Medical Leadership Competency Framework to the Healthcare Leadership Model so it may be that we could utilise this and adapt to our region.

2. Create regional leadership faculty

This could be made up of existing HEE educators, FLP fellows and alumni. Some of the budget offered could be used to train members of the faculty. The faculty would then deliver the above described teaching days. There is potential to create a toolkit for delivering sessions that could be available online for current educators (e.g. TPDs). This would improve sustainability of the programme and reduce resources required. There have already been several informal expressions of interest in this area.

3. Work with trusts to develop clearer structure within organisations to align Junior Doctor Quality Improvement Projects with Trust Priorities
This would allow for increased engagement between trusts and junior doctors and would tackle some of the difficulties in junior doctors perceiving a lack of allegiance and ownership. Quality Improvement is now entering many of the speciality curriculum and is likely to grow as a concept in the future. Working with trusts could encourage a multi professional approach to such projects in the future.

4. Expand and develop coaching programme
The coaching programme is invaluable in allowing trainees to recognise their own potential and influence. Expansion of the programme would allow more trainees to partake in this and allow protected time for trainees to develop as individuals.

5. Work with local schools to consider what further speciality specific leadership opportunities could be offered
Trainees may have different leadership needs dependent on their speciality. Working with schools to consider what further opportunities could be offered e.g. simulation, practice management, teaching. It is likely that there are already many opportunities in place but these could be made more universally available and explicit in their leadership content.

Appendix 1

Area	**North West**
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Background and infrastructure
HEE North West (HEENW) has had a strong commitment for many years towards leadership development, and this strategy builds on that work.

HEENW has a combined education development and leadership committee that meets quarterly to set strategy and review progress, and working across the two areas has been of particular benefit.

HEENW has two lead Associate Deans representing secondary and primary care, as well as support from other Associate Deans and senior educators in the areas of leadership, education and resilience.

HEENW recognises the principles in the national document[1], that much of leadership is developed in the workplace. HEENW monitoring processes of educational provision aim to identify and support good leadership support, and recommend where this can be developed. Individual learning environments provide leadership support, and in addition, HEENW provide a range of educational initiatives around leadership that are open to all trainees.

Recent challenges including those as a result of the Comprehensive Spending Review (CSR) required that HEENW review what is provided. The impact of those changes has led to a reduction in support for leadership and loss of HEENW Medical Leadership Fellow programme. Despite all the recent changes HEENW has been able to retain and build on other areas of work.

1. **North West Leadership School**
   This has been an initiative over many years across the North West where we have supported trainees to run “night school” events on leadership topics. We currently have three Schools across our area:

   - Cheshire and Merseyside,
   - Cumbria and Lancashire
   - Greater Manchester

   Each area has a trainee chair and support from other trainees, and we have linked in trainees with an in interest in leadership for example from foundation programmes. They

plan events in their own area, invite speakers and arrange facilitation. HEE(NW) supports the venue costs and helps with contacting trainees. Events are usually fully subscribed. Brief information is at https://www.nwpgmd.nhs.uk/leadership_school and the schools are using social media to advertise their events.

We have restructured this over the last year so that trainees manage more of the administrative parts of the event, though we continue to provide support to the organising committees and for event costs.

2. **Postgraduate Module in Medical Leadership**
This module is commissioned with Edge Hill University and the Royal College of Physicians. It is fully funded and available to all speciality trainees at ST4 and above, and to GPST3 who have completed the applied knowledge test (AKT) and are making satisfactory progress. It is validated at MSc level with an award of 20 credits. It is mapped to the Medical Leadership Curriculum and the Faculty of Medical Leadership and Management (FMLM) standards. There is flexibility of course days, which are designed to complement work based learning. Participants keep a reflective journal to support their learning. It involves 3 full days of learning over 3-4 months supported by a blended learning approach. This is designed to support the mix of work based and classroom learning. More information is available at https://www.nwpgmd.nhs.uk/Postgraduate-Module-in-Medical-Leadership

We have a three-year contract which currently ends in April 2019. The contract is for 250 places per year with an option to increase if needed. We have offered some extra funding which gives trainees an option of continuing to a PGCert in Medical Leadership.

3. **Short leadership courses**
We have commissioned a range of short one-day leadership courses for 2018 to complement provision. In particular we have encouraged GP Specialty Trainees (GPSTs) to attend, as we recognise that because of their short training they can miss out on time for leadership training. The courses are being run by the Royal College of Physicians, and we are getting a very positive take up of courses. We currently have up to 120 places available for these.

4. **Support for educators on leadership and resilience with an aim of cascading this training down**
We recognise that much of the learning takes place in the workplace, and a priority for a number of years has been supporting educators with leadership development to enable them to support this.

We have had and continue to deliver a particular focus on primary care, where we recognise the challenges of shorter training programmes. Input and support from our Primary Care Medical Educators and Educational Supervisors can help support workplace learning, hence developing and supporting them is a priority. This continued to be delivered through educator conferences, trainer conferences and masterclasses. A group facilitation skills course and leadership module both accredited at Masters level further support this work.

Two of the Associate Deans have a particular interest in resilience and the links with leadership, and provide training to educators and trainees in this area.

5. **Links with Leadership Academy and use of funds**
The recent initiatives on leadership development and offer of joint funding have resulted in some very positive co-working with the leadership academy. Joint working will have added benefits of joint working across the health economy. The strategy for the £20,000 includes:

    - Developing a two to three-day leadership course for educators to give them a combination of leadership skills with consideration of how they can translate that for trainees to develop their own leadership skills. We see this as a priority in cascading leadership skills in the work place. This course is currently being commissioned to run in March 2018 with provisional costs of £14,000.

    - Enabling Educational Supervisors and educators to apply for Leadership academy short courses and conference events, including the Leadership Academy festival of leadership http://www.nwacademy.nhs.uk/development-opportunities/festival-leadership which will enable them to keep up to date with new leadership ideas, with an aim of translating that into the support they provide trainees. This includes a range of high quality courses, and the remainder of the budget will be used towards enabling educators to apply for these. Communications have been put in place to share this information,

6. **Leadership development for General Practice**
We have been aware for some time of the challenge for GPSTs to develop leadership skills in such a short training programme. To supplement this, we have continued to provide support for GPs in their first year of practicing on completion of training (Post – CCT), as well as a more in-depth leadership programme for established GPs.

    Professional Education and Development (PED) supports Educational Supervisors and prospective ES to develop leadership skills that they can cascade to their practices, trainees and wider workforce.[2]
    Higher professional Education has until now been aimed at GPs in their first year of practice, though we are extending it to allow GPs in locum and non-permanent roles to develop leadership skills to support their leadership development.

7. **Leadership Conferences**
Since 2011 HEENW has run an annual leadership conference aimed at Educators, with an extremely positive response and exciting themes. As a result of the CSR and staff loss we have postponed our March conference to later in the year, and plan to run it as a joint education and leadership conference for our educators. Information on previous conferences is at https://www.nwpgmd.nhs.uk/medical-leadership/annual-medical-leadership-conference

8. **Blended learning**
HEENW has a leadership resources section on our website to share useful recourses and information. Aspects of this are used in the Postgraduate Module, and supplement presentations to give links to further information.
https://www.nwpgmd.nhs.uk/resources

9. **Medical Leadership Fellows**
Up until 2016 HEENW appointed up to 10 Medical Leadership Fellows (MLF) who had additional training time (up to a year for GPST) to integrate leadership project and academic work into their training. https://www.nwpgmd.nhs.uk/medical-leadership/medical-leadership-programme This has been highly evaluated although with

the funding and other pressures has not been continued, to enable us to focus resources across a larger number of trainees.

Monitoring progress

Monitoring progress and outcomes is a crucial part of our strategy. This will be done by the lead Associate Dean (AD) and the new administrative support we hope will be in place shortly. Review and discussion will happen at the quarterly educational and leadership meetings which form part of our formal review processes. Continuing to link with the national leadership discussions will also be a priority.

[1]Leadership development for doctors in postgraduate medical training (2017) Health Education England.

[2]Baron R; McKinley D; Martin J; Ward B. *Master's degree-accredited professional education and development courses for general practitioners in the North Western Deanery 1997-2002: impact on effectiveness, retention, and recruitment to additional roles***.** Education for Primary Care 2006 Volume **17** Issue 2 Pages 147 - 154

[3]Agius S;Baron R; Lewis B; Luckhurst S, Ward B. *How can a postgraduate professional education and development course benefit general practitioners? A qualitative study.* Journalof Education 2015 *https://www.researchgate.net/publication/278791958_How_can_a_postgraduate_professional_education_and_development_course_benefit_general_practitioners_A_qualitative_study?origin=publication_list*

[ii]Agius S;Brockbank A;Baron R;Hayden J;Farook S. The impact of an integrated medial leadership progamme (2015) Journal of health organisation and management https://www.researchgate.net/publication/273152370_The_impact_of_an_integrated_medical_leadership_programmehttps://www.researchgate.net/publication/273152370_The_impact_of_an_integrated_medical_leadership_programme

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The HEE-NE leadership development strategy has been updated (original strategy contained in appendix 1below) to reflect discussions and feedback from across the regional networks with action points attached in table format below.

The strategy has been streamlined to facilitate a workplace, trainee driven training package which has leadership opportunities linked to the Healthcare Leadership Model domains. This resource will be supported by a robust coaching faculty and training the trainer faculty events

The steps in the strategy have been streamlined as:

1. **Improve access to leadership opportunities**
    a. Update Pyramid leadership face (advertised via MADEinHEENE Education Team webpage)
    b. Advertise NELA training dates via HEENE Education Team e-flyers
2. **Clarification and engagement of coaching faculty**
    a. Deliver ongoing faculty coaching CPD updates
    b. Obtain up to date qualified ILM 5 data from NELA
    c. Advertise to coaching faculty NELA coaching CPD/supervision dates via HEENE coaching faculty newsletter
    d. Explore option for individuals who have received ILM 5 training but not completed certification to complete or convert to ILM3 endorsed programme
3. **Training the trainer faculty development in leadership domain**
    a. Continue delivery of ‘coaching conversations’ workshop

b. Deliver leadership for trainees Training the Trainer event
c. Deliver leadership for trainees workshop at TPD/HoS conference

4. **Development of documentation to support trainee led workplace based leadership training, supported by the training faculty**
   a. Map leadership learning opportunities to Healthcare Leadership Model (including coaching / coachnet)
   b. Liaise with LEP Leadership leads to ensure involved as stakeholder
   c. Liaise with DoST / HoS to ensure involved as stakeholder
   d. Liaise with trainees via TEF to ensure involved as stakeholder

Improve access to leadership opportunities	**Responsibility**	**Deliver by**	**Status**
Update Pyramid leadership face to reflect all current leadership training opportunities	AW/SS	Feb18	Complete
Advertise Pyramid via MADEinHEENE Education Team webpage	AW/HS	March18	
Advertise NELA training dates via HEENE Education Team e-flyers	AW/SS/CS	Apr18	
Clarification and engagement of coaching faculty	**Responsibility**	**Deliver by**	**Status**
Deliver ongoing coaching faculty CPD engagement events	AW/SS	Feb18	Complete
Obtain up to date qualified ILM 5 data from NELA	Requested 9/1	Apr18	
Advertise to coaching faculty NELA coaching CPD/supervision dates via HEENE coaching faculty newsletter	Requested 9/1 AW/SS/CS	Apr18	
Explore option for individuals who have received ILM 5 training but not completed certification to complete or convert to ILM3 endorsed programme	AW/SS/CS	June18	
Training the trainer faculty development in leadership domain	**Responsibility**	**Deliver by**	**Status**
Continue delivery of ‘coaching conversations’ workshop	AW/SS	Dec18 +ongoing	Complete
Deliver leadership for trainees Training the Trainer event	AW/SS	Oct18 +review	
Deliver leadership for trainees workshop at TPD/HoS conference	AW/SS	Next date	

Development of documentation to support trainee led workplace based leadership training	Responsibility	Deliver by	Status
Map leadership learning opportunities to Healthcare Leadership Model (including coaching)	AW/SS	May18	
Liaise with LEP Leadership leads to ensure involved as stakeholder	AW/SS/CS	May18	
Liaise with DoST / HoS to ensure involved as stakeholder	AW/SS	May18	
Liaise with trainees via TEF to ensure involved as stakeholder	AW/SS	May18	

In addition to delivery of these core elements of the strategy it is proposed that the domain **'increased leadership learning opportunities'** is also explored in parallel and in the longer term, these are additional to the core strategy aims above:

Increased leadership learning opportunities	Responsibility	Deliver by		Status
Explore recurrent funding from finance for 3 x leadership fellows	AW	Apr18		
Trainee led leadership night school				
- Discuss with CS regarding use of pump prime monies to provide admin support and venue	AW/SS	Jan18		Complete
- Arrange meeting with Haley C	AW	March18		
- Further actions pending meeting outcome				TBC
Work with HLA to develop and support: - e-learning leadership resources to be added to Pyramid leadership portfolio - locally delivered leadership training within their leadership framework - North East hosted HLA leadership conference 2019	PGD			
Explore with NELA opportunity for core level leadership course	AW/SS/CS Discussed Jan18			
Annual trainee leadership conference	AW/SS/ leadership fellow	2019/20		

Explore options available to develop level 6/7 apprenticeships for trainees to undertake postgraduate qualifications eg PG Cert Clinical Leadership	AW/LET (under direction of PGD)			
Explore costs and benefits of Healthcare Leadership 360 / MBTI	AW/SS			
Explore benefits of regional inclusion of leadership training in: - ADQM visits - ARCP curriculum checklists (to ensure trainees exposed to leadership opportunities in the workplace)	AW/SS DW PGD			
Enhance webpage to link to good practice examples – likely highlighted through ADQM process - Eg graduate management peer learning				

Appendix 1

Evaluation

Baseline report
The purpose of this assessment into gather information on the current offer available by each local office of Health Education England.

This information is being collected in response to the Leadership Development for Doctors in Postgraduate Training report, published in July 2017 by Health Education England. This report examines the current state of leadership development for doctors in postgraduate training and offers a set of co-created principles and recommendations to guide future investment, design and delivery.

This purpose of this self-assessment is to collect information from local offices on their current leadership offer to doctors in postgraduate training and consider how this evaluates in the context of other regions. Feedback will be disseminated to all local offices. Progress will be measured after 1 year, this is part of Health Education England's mandate for 2018.

This survey is online and can be saved at any point and returned to when necessary prior to submission.

A. Background information

1. Background information
Postgraduate dean
Local area/deanery (e.g. East Midlands)
Address
Phone
Email

Numbers of trainees for whom the dean is responsible
- Foundation
- Core
- Higher (including run through)

2. Nominated lead
Senior member of your team (e.g. Deputy of Associate Dean) as the nominated lead for leadership development.

Name
Designation
Address
Phone
Email

3. How was this survey completed (e.g. individual, collective view, committee)

4. Please provide a brief description of the current leadership offer in your region

B. Self-assessment

Please select ONE option for each descriptor. For each descriptor please provide written evidence/a link to this. If your evidence is in document form please e-mail this to xxx@hee.nhs.uk providing your completion receipt as a reference

In our region…

1. The leadership development offer is underpinned by the values of the NHS Constitution
Values

Almost always	Often	Sometimes	Seldom	Never

2. A clear and explicit leadership development offer is available to all doctors in postgraduate training
Clarity
Universal coverage

Almost always	Often	Sometimes	Seldom	Never

3. Flexible options are available
Flexibility

Almost always	Often	Sometimes	Seldom	Never

4. Placement providers are clear about how the workplace can facilitate leadership learning
Workplaces invitational to leadership learning

Almost always	Often	Sometimes	Seldom	Never

5. Tiered offers are available for doctors, catering for all levels of training
Tiered
Start early

Almost always	Often	Sometimes	Seldom	Never

6. Our offer is clearly mapped to a spiral curriculum
Spiral curriculum

Almost always	Often	Sometimes	Seldom	Never

7. Multimodal learning opportunities (e.g. structured workplace experiences, action learning, psychometric tools, technology enhanced learning) are available
Multimodal

Almost always	Often	Sometimes	Seldom	Never

8. Learning opportunities are clearly mapped to real world experiences and wider systems thinking
Formal learning designed to leverage work experiences
Focus on the future

Almost always	Often	Sometimes	Seldom	Never

9. Learning opportunities are delivered by local clinicians and near peer role models
Demystify and normalise leadership

Almost always	Often	Sometimes	Seldom	Never

10. There are opportunities for interprofessional development
Multiprofessional

Almost always	Often	Sometimes	Seldom	Never

11. Simulation-based training in leadership is available
Exploit the potential of simulation

Almost always	Often	Sometimes	Seldom	Never

12. Structured developmental conversations (e.g. coaching) about leadership potential is available
Make time for developmental conversation

Almost always	Often	Sometimes	Seldom	Never

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

Almost always	Often	Sometimes	Seldom	Never

14. Programmes and offers are co-created with doctors in training
Co-create with doctors in training

Almost always	Often	Sometimes	Seldom	Never

15. Our offer is delivered in collaboration with the local leadership academy
Synergistic design

Almost always	Often	Sometimes	Seldom	Never

16. 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
Sustainability
Evaluate, monitor, review

Almost always	Often	Sometimes	Seldom	Never

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

Almost always	Often	Sometimes	Seldom	Never

18. Trainees undertake a leadership 360 during their training
Assess with purpose

Almost always	Often	Sometimes	Seldom	Never

19. Talent management/nurturing of future positional leaders is part of our offer with clear extension activities available
Nurture Talent

Almost always	Often	Sometimes	Seldom	Never

20. A support offer is available for those completing training
Consider leadership development as a continuum

Almost always	Often	Sometimes	Seldom	Never

C. Overarching assessment and priorities for future development

Strengths
(Examples)

Weaknesses

(Examples)

Opportunities

Threats

5. Priorities for development in next 12 months (list 5)

Scoring
Maximum score – 100

Green 80 – 100
Yellow 60 – 80
Red <60