

Pairing trainee managers and doctors: an initiative to facilitate joint working for better patient care

Clinical leadership is part of the curriculum for all doctors in training. This article describes one deanery's approach to developing leadership skills while improving collaborative working.

This article describes an initiative launched by a former deanery, now part of Health Education Kent Surrey and Sussex, which enables management trainees, in their first year of training in the NHS, to pair up with foundation year 2 doctors to undertake a joint project. The aim is to foster cooperative working between managers and clinicians at a formative stage of their careers, while furthering their learning of key leadership skills.

Background

There is an ever-increasing emphasis on leadership skills within the NHS and in particular the requirement to effect change by working in multidisciplinary teams (Department of Health, 2008).

The 2010 Agents for Change: Collaborating for Quality conference, run jointly by the Department of Health and the Kings Fund, observed that: 'Historically, the relationship between managers and junior doctors has been remote', and: 'there has never been a more important time for junior doctors and management colleagues to work together as Agents for Change' (Keogh et al, 2011).

In recognition of this, one of the key features of Health Education England's mandate is to: 'ensure that future health professionals are equipped to undertake leadership roles where the focus is on improving quality and that more clinical staff are able to move into leadership roles' (Department of Health, 2013).

Dr Lindsay Hadley is Clinical Head and **Dr Patrick Marshall** is Academic Head of the School of Clinical Leadership and **Professor David Black** is Dean Director, Health Education, Kent Surrey and Sussex, London SE1 2DD

Correspondence to: Dr L Hadley
(lindsay.hadley@nhs.net)

However, there is a long history of suspicion and tension between managers and doctors (Edwards and Marshall, 2003). One approach to breaking down these barriers is by getting doctors and managers to work together in interdisciplinary teams at an early stage in their careers (Nash, 2003). The north west buddy scheme (Ahmed-Little and Dunning, 2010) was launched in 2010 and is led by the north west emerging clinical leader's network. In this scheme, trainee doctors and managers undertake some tasks together such as shadowing each other, workshops and short projects. There has also been a foundation doctor/management trainee doctor pairing scheme run in Imperial (Klaber et al, 2011) where similar tasks have been undertaken.

The role of the Health Education Kent Surrey and Sussex school of leadership is to ensure that the leadership curriculum is delivered to all doctors in training in Health Education Kent Surrey and Sussex, and one of the initiatives is the pairing scheme. In this innovative approach, now entering its third year, management trainees and second year foundation doctors work on a joint project over a period of 6–9 months, supported by an action learning set and workplace-based mentors.

The pairing programme

In each acute hospital trust within Kent Surrey and Sussex, there was competitive selection for a foundation year 2 doctor to pair with the management trainee who had been placed in the trust for the first year of their 2-year rotation of training posts.

The broad remit of 'patient care and safety improvement' allowed the pairs to choose a project that suited their skills or interests and, crucially, allowed them to identify where there was a need for improvement that could be addressed with their resources and within the time frame (Table 1). Over the course of the projects each trainee was expected to put in 1–2 hours work a week and meet regularly with their partner. Each pair had a mentor, usually the leadership tutor of the trust, who they normally met together every month for further direction and advice.

During the programme, the pairs met four times in action learning sets. These were facilitated sessions during which all pairs reported back the progress on their projects and sought advice from their peers to assist their developing collaboration. The sessions gave the trainees the opportunity to think creatively about solu-

Table 1. Examples of projects undertaken in 2012

Reducing hospital stay in neonates with suspected sepsis
'Climate Champions' energy reduction project
Stimulating innovation in a hospital trust – the ideas hub
Local induction of doctors – a missed opportunity to improve patient care?
Improving clinical handover
A ward round sticker for priority risk reminders
Cutting delays to the elective caesarean section list
Investigating delayed transfer of care on an elderly care ward
A pro-forma to record ward jobs while on call

tions to problems and learn from each other's projects. As the projects neared completion, the pairs were invited to showcase their work by giving poster presentations at the 2nd and 3rd Annual King's Fund Management and Leadership Summits.

Level of participation

In 2011/12 14 'pairs' (two were threesomes) started projects, of whom nine pairs engaged successfully with each other and presented their findings together. A further pair worked together successfully, but did not manage to complete their project, and a further two doctors completed their project successfully on their own. In all, 14 foundation year 2 doctors and 10 first year management trainees were actively involved with the scheme all the way through.

Means of assessment

Each of the participant doctors and trainee managers undertook an online self-assessment, using a standard Likert scale, to rate how well prepared they felt for a range of leadership activities. They were surveyed at the start and end of the project, and any significant differences were identified.

In order to help assess common themes emerging from the projects, a focus group of participants was used to identify areas for more detailed review and interview questions were drawn up. Fifteen semi-structured telephone interviews were then carried out with eight doctors and seven management trainees. The interviews were recorded and then subsequently transcribed into Word documents. These were subjected to thematic analysis to identify key findings.

Survey results

Applying a standard paired *t*-test to the self-assessment survey results, the foundation year 2 doctors recorded statistically significant improvements in the following areas:

- Working within a team to set up a new clinical service
- Developing a business case to support a service
- Initiating projects to improve local services
- Project managing a quality or service improvement initiative

- Understanding how management decisions are made
- Understanding the hierarchies of a management team.

The management trainees recorded statistically significant improvements in the following areas:

- Working in a clinician–manager partnership
- Understanding the hierarchies of a clinical team of doctors
- Understanding the key bodies involved in the training of doctors.

Interestingly, the second of these was the one area where the doctors felt less well prepared at the end of their project, reflecting perhaps their real-world experiences of negotiating the decision-making structure within their organizations.

Themes

In reviewing the transcripts of the telephone interviews a number of clear themes emerged, which applied to both trainee managers and doctors, and which broadly support the results from the quantitative assessment of the surveys. Almost all of these themes appear in the NHS Medical Leadership Competency Framework (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010). The quotes in each section are direct quotes from the telephone interviews.

It was interesting to note that while some projects reached a successful conclusion and others did not, all participants felt that the exercise was very beneficial and would recommend it to their colleagues.

Self awareness and self confidence

Francis (2013), in his report on the failings in mid Staffordshire, stated that all staff at every level should be empowered to use their own judgment when looking to provide the best care for patients.

Being at an early stage in their NHS careers, with so much to do and so much to learn, participants reflected that they would normally have found it very challenging to initiate service improvement projects, thinking that it was not their place to suggest to more experienced staff that things could be changed. However these projects showed what could be done, and many participants found the experience to be empowering.

'I hope that it has kind of inspired me not to just grumble about everything that's wrong but to actually try and change things.'
(Foundation year 2 doctor)

Building relationships

Doctors bring different experiences and perspectives to management. They provide balance in matters of patient ethics, equity, efficiency and choice (Atun, 2003). Doctors in training and young managers share common values, but they also acknowledge significant mutual ignorance (Owen and Phillips, 2000).

In the normal course of their training, doctors and managers move in different circles, with little appreciation of each other's workload or challenges. Just spending time together proved to be a real eye-opener on both sides.

'I was able to really get a better understanding of what different clinical and medical groups thought about the issue, and I wouldn't have been able to necessarily reach those groups as easily without the involvement of a clinician.'
(Graduate management trainee)

In many cases the relationship between the pairs extended beyond the task in hand, and developed into more of a mutual support network. In a small way it started to break down some of the prejudices often encountered between doctors and managers:

'We met up quite a few times throughout the year and we'd always end up talking about our jobs and difficulties and what went well and the frustrations we had.' (Foundation year 2 doctor)

Working with others

The Medical Leadership Competency Framework describes shared leadership, where each team member's individual experience, knowledge and capacity is valued and is used by the team in response to each context and challenge being faced (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2009).

The pairs learnt to make use of their differing strengths, in particular using their respective network of contacts to navigate their way to the key decision makers. The

pairs quickly discovered that effecting any degree of change within an organization as complex as a hospital involved gaining buy-in from many stakeholders. The need to present a vision, communicate it to others, and overcome sometimes deep-seated resistance presented real challenges.

‘I guess leadership is not just about managing a process but it’s about getting people to believe in that process or believe in what you’re trying to do.’ (Foundation year 2 doctor)

Understanding NHS structure

The pairs discovered that in a complex matrix managed organization like the NHS, very few decisions can be made in isolation. The need to communicate and seek buy-in to their ideas meant that the theory of how the NHS was organized rapidly became real.

‘It’s opened my eyes to a few things and given me an awareness about management, about the structure of healthcare, the structure of trusts.’ (Foundation year 2 doctor)

Making a difference

Medical directors should consider how they might tap into the latent energy of junior doctors, who move between organizations and are potentially our most powerful agents for change (Keogh, 2013).

The participants learned a lot about basic project management skills, in particular setting a realistic scope, the importance of communication, dealing with resistance, maintaining momentum, time management, and how difficult it can be to make change, no matter how good the original idea.

Most importantly, many had the satisfaction of seeing a project through to successful implementation, and hence achieved real results.

‘I’ve also realised that if you have the right project and you present it at the right time and the right place and it is really actually going to be useful, you can make big change and really improve things.’ (Foundation year 2 doctor)

Lessons learned

There was general agreement that running a shared project was more beneficial than

simply spending time shadowing someone in another part of the organization.

All participants were extremely busy, and finding time to devote to the project was in itself a good exercise in managing their time. Although the intention was to pair participants in the same trusts, sometimes they were on different sites and this caused difficulties in arranging meetings and data collection.

A number of people suggested that the management trainees would benefit more by doing this exercise in their second year, when they would have a stronger level of base knowledge and could contribute more at the start of the project.

The role of the mentor was very important, to provide support and advice, particularly when resistance was encountered.

Many participants regarded the action learning sets as very valuable, in hearing the issues that other teams had encountered, along with strategies for overcoming them. It also provided much needed moral support at times.

Conclusions

The pairing initiative was beneficial in giving participants an opportunity to put leadership theory into practice, in a supportive environment, often for the first time. All trainees thought the exercise was worthwhile and would recommend it to their colleagues.

Both quantitative and qualitative evaluation of this scheme has demonstrated positive outcomes. It was clear that participants had grown in confidence and in the understanding of their own role and that of others within the organization, and most importantly showed a significant improvement in the participants’ preparedness to tackle specific leadership and management situations.

Along with other pairing initiatives, this is taking a small but hopefully significant step towards a vision of clinicians and managers working seamlessly in multidisciplinary teams, using their respective skills. **BJHM**

Conflict of interest: none.

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KEY POINTS

- The Kent, Surrey and Sussex Deanery school of clinical leadership set up a pairing scheme between foundation year 2 doctors and year 1 NHS management trainees.
- The participants ran a joint project focused on patient care and safety improvement.
- Projects were written up and presented at the Annual King’s Fund Management and Leadership Summit.
- Participants benefited in leadership areas such as self-confidence, building relationships, working with others and project management.