

Aspiring Specialist development programme

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Leadership and management form an important aspect of senior doctors' work. For this reason, the modern curriculum included management and leadership as one of the generic skills for the trainees. Similarly, a recent report from The King's Fund Commission on Leadership and Management in the NHS addressed issues in relation to clinical leadership such as engagement and team building¹. In addition, there are many documents produced by the NHS that highlight the importance of medical leadership²⁻⁴. There is also evidence that good medical leadership improves patients' safety, staff morale and reduces the risk of burnout⁵. Many physicians are developing particular interests in medical leadership. In fact, there is evidence that the quality scores are a quarter higher in the physician run hospitals². For this reason, our organisation obtained funding to set up a leadership management course which we titled the 'Aspiring specialist development programme'. This programme was set up around a number of modules which included making connections, career development, clinical leadership, personal resilience, continuous learning and safety culture.

The programme addressed issue of developing more compassionate and inclusive approach in leading people and services. This was based on the concept of the 'compassionate leadership' model. This concept was introduced by Michael West who described a leadership

model centred on the approach to leadership based on inclusivity and compassion⁶. This model is based on paying attention to your work colleagues through listening, shared understanding of what you are all facing, empathy and help. Conversely, Giles Hutchins and Laura Storm described a concept of regenerative leadership, which goes beyond reducing harm and maintaining a 'status quo'⁷. This concept embodies a mind-set of repair and generating sustainability long term. The regenerative approach in medicine extends from the need to combat illnesses to the rebuilding and regeneration of lives affected by chronic diseases^{8,9}. The 'Aspiring specialist development programme' discussed different leadership styles including compassionate and regenerative approaches and how the leadership styles allow to create vision, deliver strategy, impact on the multidisciplinary work. Together with those topics the programme addressed issues of personal resilience, work life balance, and conflict resolution. As part of the leadership programmes topics of continuous learning, appraisal and revalidation were introduced together with training on how to deliver and receive feedback. The formal structure of the 'Aspiring Specialist development programme' involved five face-to-face interactive teaching sessions, which as well as covering leadership also addressed topics of career development, safety culture and how to make connections.

The section on safety culture addressed the solution-based approach based on the idea of continuous quality improvement. This would include patient safety centred around the concepts of governance, civility and 'Getting it Right First Time' (GIRFT). There was also a session on career development, which addressed different options available to the consultants including teaching and education, leadership, research, college work and issues

in relation to job planning. The programme also included the module on making connections, which explained how to support clinical work and leadership through working in collaboration. These discussions during this module helped the candidates to increase their self-awareness and to improve their personal effectiveness with others. In order to achieve the collaborative work through making connections the individuals were provided explanations which allowed them to understand their place in the organisation and to develop strategies on how to better engage with the departments and the trust as the whole organisation. The potential solutions on how to achieve this were discussed including how to work with the planning team as well as explaining different ways of influencing and forming clinical connections. The programme's overarching themes highlighted the importance of knowing yourself and continuously working on improving each individual's effectiveness with others in order to enhance their career and support the culture of patient safety.

The 'Aspiring Specialist development programme' participants included specialty trainees ready to make transition to the consultant posts, consultants appointed within 24-36 months, specialty and specialist doctors. More specifically, there were 27 participants of which 22% were specialist and associate specialists, 33% were higher specialty trainees and 44% were consultants. The gender distribution was 44% female and 56% male. The participants came from a wide range of specialties including anaesthesia, medicine for the elderly, general internal medicine, paediatrics and surgery. Following the completion of the first cohort of the 'Aspiring Specialist' programme the overall feedback and evaluation were excellent and of a very high standard. Overall, the candidates engaged with the sessions, clearly set up

their goals and were willing to actively take part and were open to receive feedback and to work on areas for improvement. The candidates were focusing on improving the future rather than defending the past. This was achieved through a quality of the discussion, positive language, support and challenge all based on confidentiality, civility and positive attitude. The feedback from the 'Aspiring specialists leadership development programme' was very positive with the overall course rating was 4.9/5. The individual feedback mentioned that the sessions were very engaging and enlightening and that the programme made difference to the participants daily work. Another candidate commented that they were more self-aware and that the 'Aspiring specialists leadership development programme' helped them to delineate the areas they need to focus on and to identify coping strategies. The candidates also mentioned that they were looking forward to collaborating with the right people and that this collaborative work would allow to achieve positive changes through their engagement in the leadership roles.

In conclusion the 'Aspiring Specialist development programme' covered aspects of different leadership styles as well as aspects such as safety culture, making connection, career development, clinical leadership, personal resilience, continuous learning, leadership insights, motivational leadership and personal resilience. The overall feedback was very good and allowed for the participants to learn and develop in safe and friendly environment. We are planning to continue deliver 'Aspiring Specialist development programme' in the future.

References

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