

Our Medical Strategy

2021 - 2024





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Dr Christian Hosker
Medical Director

Introduction

Leeds and York Partnership NHS Foundation Trust is an organisation designed to improve health and lives which seeks to provide outstanding mental health and learning disability services as an employer of choice and while maintaining the values of simplicity, integrity and care for those in need.

The Trust strategy is built upon three priorities:

- Delivering great care that is high quality and improves lives
- Providing a rewarding and supportive place to work
- Using resources to deliver effective and sustainable services

The medical workforce has used a series of medical leadership events to further develop these priorities and outline an ambition and strategy capable of leading the professional group into the future in a way that will best serve those that use our services.

Medical Workforce Ambition				
We will provide outstanding secondary care mental health services that allow our service users to feel that they are safe and receiving the latest, high quality, evidence based care, delivered by motivated, engaged and compassionate staff, who feel supported and enabled to grow in the work place and the systems we provide				
We aspire to				
Create world class clinical leadership and teams who deliver outstanding high quality services	Be the "Best in show" , a beacon for other NHS Trusts	Provide excellent, joined up Research and Development	Encourage and harness collaborative clinical working and solutions at the Integrated Care System (ICS) level	Lead our Trust through Covid related challenges

In order to provide the standards of care in the way that we aspire to, it is essential that we create the conditions necessary for our professional groups to flourish and develop within highly effective teams. The aim of this strategy is to outline the steps and measures that will need to be taken to enable the medical profession in Leeds and York Partnership NHS Foundation Trust to be central to that ambition.

The point that we want our medical strategy to take us to, via a focus on three priority areas is outlined in the vision statement below:

Medical Strategy 3 Year Vision		
Our medical workforce will be trained, recruited, developed and supported in order to provide sustainable, high quality multi-professional care for those we serve		
Priority areas		
Medical Professional Standards (revalidation, appraisal and concerns)	Medical Education (under and post graduate training, continuing professional development)	Medical Workforce (recruitment, line management, job planning, clinical leadership)

We are aspiring to train, recruit and develop the very best doctors within a secure framework focused on wellbeing and regulatory support. In doing so we intend to ensure that we have sufficient medical capacity and expertise for the work to be done and that our doctors are able to work effectively alongside other professional groups to provide safe, reliable, effective, individualised care focused on the current and future needs of service users.

Opportunities

The Royal College of Psychiatrists and the European Psychiatric Association have described the role of the psychiatrist in detail. They highlight the ability of doctors trained in psychiatry to enhance multi-professional teams due to their expertise in dealing with complex mental illness across bio-psycho-social domains and via their training in research and leadership.

Having the optimum numbers of medical doctors, delivering and leading on the clinical care of mental health and learning disability patients from within our multi-professional teams, has the ability to both deliver safe,

effective and reliable care that is patient centred, while also narrowing the broader health inequality gaps that blight the lives of so many of those that we seek to help. The Covid pandemic, as well as the parity of esteem initiative that predated it, have quite rightly made this a priority area for action and we can only meet this challenge by ensuring that we have the correct level of medical expertise to offer treatments and advocate for the needs of those we serve.

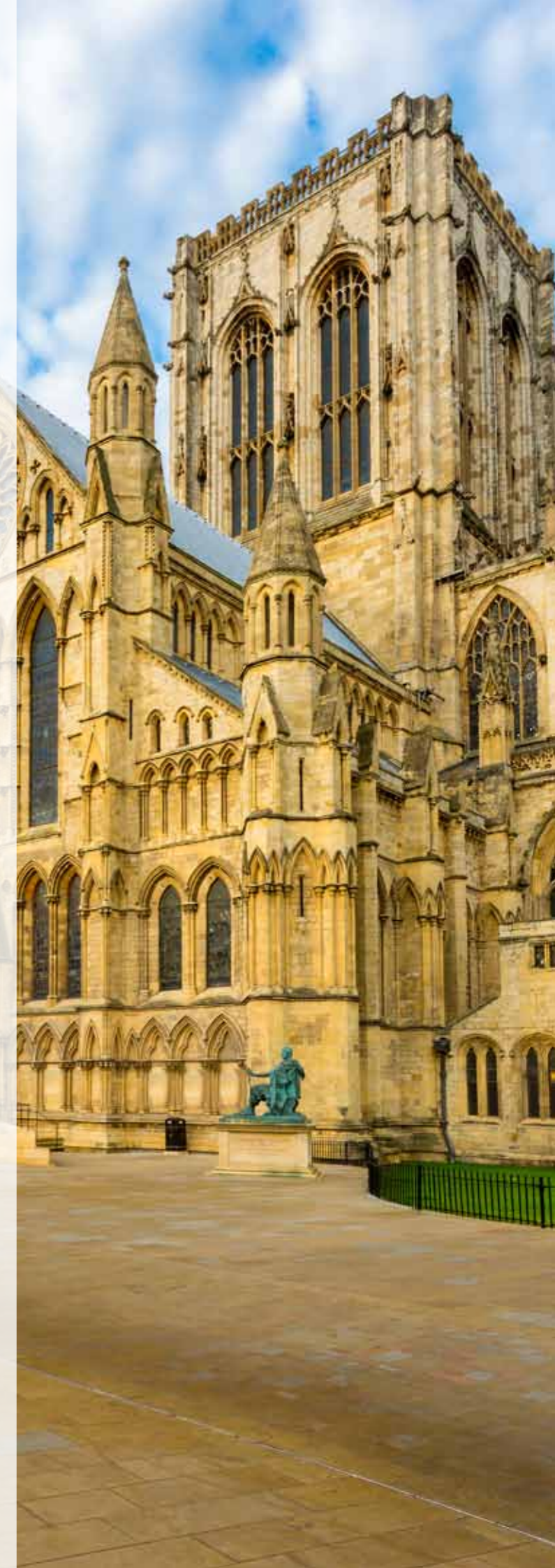
We are proud in LYPFT that our medical workforce is diverse however more work needs to be done to ensure that the diversity is represented throughout all the layers of seniority that medical careers can offer and within our remuneration reward systems. This strategy seeks to ensure that diversity in the profession is celebrated and that our services are able to benefit fully from the increased levels of innovation and belonging that harnessing differences can bring.

Challenges

For many years psychiatry has been an under recruited speciality. As a result, the numbers entering the speciality have not been enough to replace those that retire. A combination of early retirement options for those on the 2003 contract and the tax implications of not taking that option have meant that a number of senior psychiatrists have retired at an age when they might otherwise have remained part of the workforce for a decade or more. Retaining the expertise that sits with our most experienced doctors is something that we want to address in this strategy.

For doctors to be able to fully contribute to the ambitions that we have for our organisation, we need to be able to train and recruit them and then offer working conditions and a culture which encourages them to stay. We also need to be realistic and develop ways of using an increasingly stretched medical workforce in a way that is innovative and able to add the most value for our service users. Creating innovative approaches to recruit doctors into the organisation and into psychiatry in general, is again something that this strategy will focus upon. Equally creating positive, inclusive and flexible working conditions will also be addressed, as will novel approaches to freeing up medical workforce time so that our doctors can focus on the areas of multi-professional working that they are best placed to provide.

Within the NHS, senior doctors, despite sometimes holding prominent national roles, can report feeling organisationally marginalised. This is something that we are actively seeking to avoid in LYPFT through our strategy as part of our aspiration of being an employer of choice and an organisation that encourages clinical leadership. We have a strong tradition of our medical leaders taking on prominent national roles, including past President of the Royal College and national advisory groups and our intent it to support those ambitions while simultaneously providing opportunities to lead with LYPFT.





Priority 1: Medical Professional Standards Appraisal and revalidation

Effective medical appraisal and revalidation is necessary to support professional development and protect patients, and helps improve quality in the organisation. Appraisal provides a clear link between practice and performance of doctors and the organisation's Responsible Officer's decision to recommend doctors for revalidation under the General Medical Council (GMC). High quality appraisals will also help doctors to plan their development and learning needs and additionally ensure that doctors are up to date, fit to practice and working in line with our organisational priorities. In LYPFT we aim to ensure that:

- All consultants and (SAS) Doctors complete an annual medical appraisal in line with NHS England guidance.
- All appraisal documentation is completed and submitted to the Medical Directorate within 28 days of the appraisal meeting date
- All completed medical appraisals are reviewed for quality assurance purposes within 28 days of the completed appraisal being received by the Medical Directorate
- All revalidation decisions are made before the GMC submission date
- All NHS England reporting submissions regarding appraisal and revalidation activities are completed within the agreed timescales
- All of our medical appraisers are appointed through a selection process and have completed NHS England approved New Medical Appraiser training.
- All of our medical appraisers maintain and develop their medical appraisal skills and knowledge through engagement with relevant Continuous Professional Development (CPD) activity (such as attendance at the quarterly Appraisal Development Forum).

Where are we now?

The most recent internal audit of the Trust's arrangements for monitoring compliance with revalidation requirements (2019) provided 'significant assurance' that robust governance and procedural arrangements were in place to govern the effective support and monitoring of medical revalidation across the Trust. It confirmed that the Trust fully met best practice guidance for appraisals and revalidation issued by the GMC and a review of the NHSE Annual Organisational Audit Comparative Reports for the preceding 2 years, confirmed that the Trust's level of compliance with completion of appraisals and revalidation, was at the same level, or above, both the average levels of compliance for other Mental Health Trusts, and the national average. It was noted that no doctors in the Trust had had an unauthorised deferral, or missed appraisal, since 2017.

The NHSE Annual Organisational Audit for the appraisal year ending 31 March 2020 reported that LYPFT had 113 doctors with prescribed connections to the Trust. 106 of these doctors completed an appraisal within the preceding 12 months, with 59.29% of the appraisals meeting all three elements of the national standards (i.e. that the appraisal meeting took place within the three months preceding the agreed appraisal date, that the outputs of the appraisal were agreed and signed-off by the appraiser within 28 days of the appraisal meeting and that the entire process occurred between 1 April 2019 and 31 March 2020). In all cases where those standards were not met, there were appropriate mitigating factors (e.g. staff sickness) and there were no unauthorised deferrals or missed appraisals and revalidation recommendations were not adversely affected.

In light of the Covid-19 pandemic, and in keeping with national guidance, medical appraisals were paused mid-March 2020 – October 2020. Both prior to, and throughout 2020, the Trust's Responsible Officer (RO), the Associate Medical Director (AMD) for Appraisal and the Medical Directorate Manager have regularly attended regional and national appraiser/RO meetings to share good practice.

Where do we want to be?

We wish to continue to maintain the high standards of medical appraisal and revalidation by:

- Supporting doctors to engage effectively with the appraisal and revalidation process
- Enabling appraisers to undertake their role effectively
- Continuing to regularly review and implement updates to the L2P appraisal system
- Working with colleagues to ensure the supporting information for appraisal is timely, relevant, meaningful, accurate
- Continuing to engage actively with regional and national appraiser/RO networks

How will we get there?

We plan over the next three years to:

- Return rates of completed appraisals to pre-Covid levels
- Increase the number of appraisals meeting all three national standards

- Undertake an analysis of the current training/support provided to doctors and, if appropriate, develop an annual update training programme focusing on appraisal and revalidation
- Recruit a further 3-6 appraisers to provide us with sufficient capacity to deliver the number of annual appraisals needed to support the revalidation requirements of the doctors who have a prescribed connection with the Trust
- Provide new appraisers with individual tailored support and supervision to enable them to consolidate the principles learned during training and transfer them into good medical appraisal practice
- Undertake quality assurance of the appraiser training and support processes
- Undertake a gap analysis of current supporting information and work with operational leads to ensure supporting information accurately reflects the doctor's achievements and performance
- Deliver succession plans for the Medical Directorate Manager and Associate Medical Director for Appraisal to ensure that there is continuity as the current post holders transition into planned retirements

Managing concerns

Wellbeing Support

The Trust recognises that modern health services require modern employment services and understands that staff work best for service users when they can strike a healthy balance between work and other aspects of their life outside of work. The Trust has a responsibility to deliver healthcare 24 hours a day, 365 days a year. Wards and departments need to be staffed to acceptable levels at all times and employees need to be flexible to respond to service needs.

The Trust is committed to:

- Enabling staff to balance work with other commitments and responsibilities outside of work. To support this commitment the Trust has a range of options for staff including flexible working, job-sharing and employment breaks.
- Supporting the personal wellbeing of all staff. There is a range of support available including occupational health, physiotherapy, counselling, pastoral and spiritual care. In addition, there are other recreational activities such as a choir
- As a mental health provider the importance of supporting individuals involved in a traumatic or stressful incident is understood. Staff who have been involved in such an event are made aware of what support is available to them from both a personal and professional perspective in the short and long term. External specialist resources are used as necessary and appropriate.

There are specific workforce pages on the Trust's intranet site to aid staff and managers of the support available, and how to access and promote health and wellbeing initiatives.

Maintaining High Professional Standards

Early and effective management of concerns about doctors is necessary to protect patients, support professional behaviours, and help improve quality in the organisation. In LYPFT we aim to ensure that:

- Concerns about doctors are identified early and are dealt with fairly and proportionately in accordance with a defined process which is clear, accessible, complied with and open to scrutiny
- Doctors are engaged as professional participants throughout the process
- The Responsible Officer is enabled to comply with their statutory duty in relation to doctors with whom they have a prescribed connection

Where are we now?

We currently have 13 trained Case Investigators and 2 trained Case Managers in the Trust, together with a cohort of HR managers who have received specific training to enable them to support Case Investigators to investigate concerns in accordance with the Trust's process.

An internal audit undertaken in 2019 into the Trust's arrangements for compliance with revalidation requirements included an assessment of the supporting policies and procedures for responding to concerns about medical staff. It provided a significant level of assurance of the arrangements in place.

Each year a number of concerns regarding doctors with a prescribed connection to the Trust are brought to the attention of the Medical Director and the Responsible Officer. On every occasion the concerns are managed in accordance with the Trust's current policy and in keeping with the standards set in 'Maintaining High Professional Standards in the Modern NHS'.

The Responsible Officer and Medical Director meet regularly with the GMC Employer Liaison Adviser to support our management of concerns at a local level, to enable the GMC to understand the issues faced and ensure that GMC standards are adhered to.

Where do we want to be?

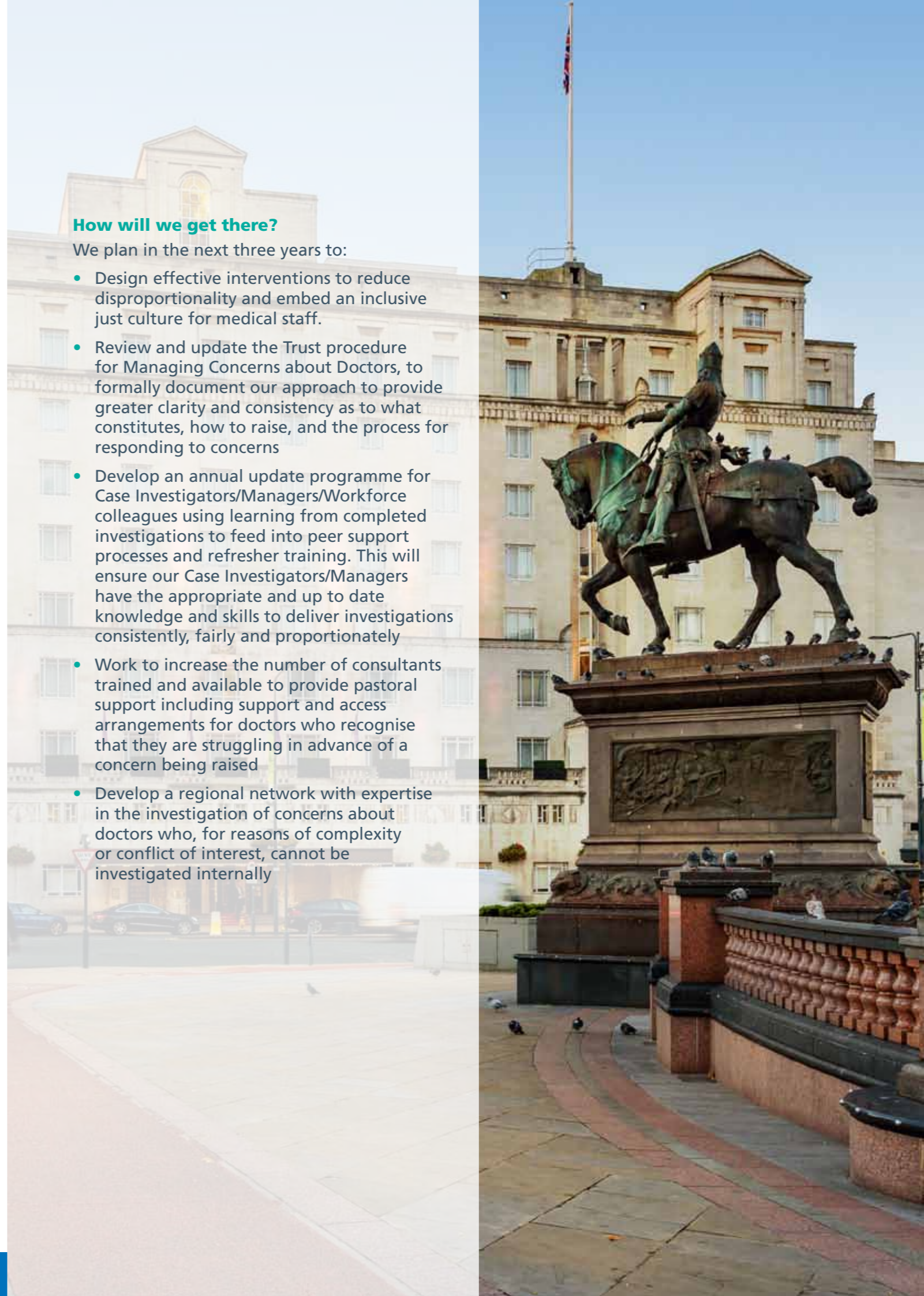
We wish to continue to maintain the current high standards by which concerns regarding doctors are managed by:

- Ensuring that staff, patients and partner organisations are proactive in raising concerns about a doctors' practice
- Ensuring effective oversight of the processes for supporting doctors wellbeing and managing concerns regarding doctors by the Medical and Workforce Directorates
- Supporting effective medical line management
- Maintaining an effective cohort of Case Investigators and Case Managers
- Ensuring that a pastoral support offer is made as standard to all doctors about whom concerns have been raised

How will we get there?

We plan in the next three years to:

- Design effective interventions to reduce disproportionality and embed an inclusive just culture for medical staff.
- Review and update the Trust procedure for Managing Concerns about Doctors, to formally document our approach to provide greater clarity and consistency as to what constitutes, how to raise, and the process for responding to concerns
- Develop an annual update programme for Case Investigators/Managers/Workforce colleagues using learning from completed investigations to feed into peer support processes and refresher training. This will ensure our Case Investigators/Managers have the appropriate and up to date knowledge and skills to deliver investigations consistently, fairly and proportionately
- Work to increase the number of consultants trained and available to provide pastoral support including support and access arrangements for doctors who recognise that they are struggling in advance of a concern being raised
- Develop a regional network with expertise in the investigation of concerns about doctors who, for reasons of complexity or conflict of interest, cannot be investigated internally





Priority 2: Medical Education

The Trust hosts medical students from the University of Leeds. It employs Foundation, Core General Practice and Speciality Trainees in Psychiatry from Health Education Yorkshire and the Humber. We provide a comprehensive CPD programme for our SAS and consultant community via our Andrew Sims Centre. We recognise that in order to provide sustainable, high quality multi-professional care for those we serve, we need to invest time and resources in the continuous professional development of our medical workforce and students. We aim to:

- Provide outstanding education and training to support, develop, recruit and retain a medical workforce fit for purpose that delivers excellence in patient care
- Provide a culture that demonstrates we support and value our medical workforce and that education is at the heart of patient safety and use of resources to deliver effective, sustainable, high quality care
- Demonstrate promotion of education, equity, talent and innovation in our medical workforce to be and remain, an employer of choice
- Enable educational governance and leadership and nurture and maintain enthusiastic and innovative educators

Where are we now?

As a Trust, we have a long reputation as an outstanding provider of undergraduate and postgraduate medical education. This is evidenced through annual GMC surveys of learners and educators. In 2019, the Trust was proud to be asked to host a Health Education England (HEE) Positive Practice Visit, the only one regionally, if not nationally.

Trainers are supported to take on roles outside the Trust to enhance learning and development regionally and nationally. Roles have included President RCPsych, Dean RCPsych, CPD Lead for RCPsych, HEE Head of Yorkshire School of Psychiatry and Regional and Deputy Regional

Advisors RCPsych, Foundation, Core and Higher Training Programme Directors in Psychiatry and Professors, Associate Professors and Senior Lecturers at Leeds and York Universities. Trust SAS doctors are also supported to provide input and leadership as Chairs and members of RCPsych committees, HEE and British Medical Association (BMA) working groups.

Learners have repeatedly achieved RCPsych Core and Higher Trainee of the year, HEE Core (CT) and Higher Trainee (HT) of Yorkshire School of Psychiatry, Medical Educator Awards from the University of Leeds.

Board level support ensures patient safety and education are at the heart of service delivery and not competing/conflicting with it. The Director of Medical Education (DME) is a key member of Trust Wide Clinical Governance Committee and Multi-professional Education and Learning Steering Group and quality assures all levels of medical education.

We have a valued, established and well-resourced management and leadership model for undergraduate and postgraduate medical education allowing a career pathway for educators. This includes a named Operational Associate Medical Director and Deputy Associate Medical Director for doctors in training, Associate Medical Director for CPD and Undergraduate lead. These roles are supported by named GMC supervisors and firm leads who are job planned and remunerated. We are especially proud of the well-established roles of SAS tutor who co-ordinates the SAS CPD and Certificate of Eligibility for Specialist Registration (CESR) programmes and our recently award winning International Medical Graduate (IMG) lead for doctors in training. All of these roles flourish due to the support of the Medical Education Centre with decades of specialist medical education administrative knowledge and good links with HEE Psychiatry School and University of Leeds.

Where do we want to be?

We wish to continue to maintain our excellent medical education and training. We will require:

- Maintaining a sustainable, robust cohort of medical educators
- Consultants and SAS doctors capable of delivering consistently high quality undergraduate medical education via fully job planned roles
- Access to training and teaching facilities and systems that are fit for purpose
- An Equity Action Plan for the medical workforce which addresses Medical Workforce Race and Equality Standards (MWRES) - NHS England Standards.
- A talent programme for learners and educators
- A consultant development programme targeting clinical, educational and leadership skills
- A high quality CPD programme, linked to an accurate training needs analysis, including service user co-production

How we will get there?

We plan over the next three years to:

- Describe roles and future opportunities in medical education by showcasing annually at annual medical leadership days open to all Higher Trainees, SAS and Consultant workforce
- Support a co-ordinated approach with medical management and organisational development colleagues to develop a new consultant development programme
- Deliver a CPD programme supporting the delivery of the medical learning needs analysis and the effective and efficient use of allocated funding and resources
- Recruit an Equity Action Plan (EAP) lead for medical workforce to create and implement an Equity Action Plan focusing on specific indicators such as differential attainment in training, pay gap, IMG induction, being shortlisted/awarded consultant posts and progression in medical leadership and management
- Develop and introduce a 'talent management approach' for medical careers
- Use the estates and information strategies to develop improved training facilities fit for purpose and enabling medical workforce to feel valued and supported





Priority 3: Medical Workforce

Line management, recruitment and retention

We aim to foster a culture where medical professionalism is expected and exists to a high standard throughout the medical workforce. This will be supported by effective line management, including job planning, active recruitment and ensuring high levels of retention throughout the medical workforce.

Where are we now?

Line management

A structure is in place where all SAS and Consultant Doctors have a named medical line manager, with the exception of the Acute Inpatient Service where there is currently a vacancy. In the interim, line management responsibility is held, where a vacancy exists, by the Professional Lead. There is variation in the experience of the individual line managers to carry out this role. Individual line managers hold responsibility for annual job planning.

Recruitment

We are able to recruit to most specialist and community services, but have more challenges with Forensic, Eating Disorders and Acute Inpatient Services. Recruitment hotspots are reliant on locum medical cover via framework agencies. The inability to recruit substantive Consultants has a knock on impact for the allocation of trainees and creates the need for additional use of agency junior grades to maintain medical input to services. Agency doctors' experiences in the Trust are good and some choose to apply for psychiatry training or substantive posts within the Trust.

The SAS contract reform framework agreement referendum was accepted in March 2021 and appointments from 1 April 2021 will need to be on the new terms and conditions.

Retention

We have a generally stable senior medical staff group, who tend to remain within LYPFT for their whole career. Opportunities for moving into other services within the Trust are shared with existing SAS doctors and Consultants when appropriate, and the development of portfolio careers is encouraged, with varied opportunities for leadership roles summarised in the Medical Leadership section.

Some of our posts have a higher turnover of staff than others, and we are aware in the case of Acute Inpatient Services that this is due to the demands of these posts.

SAS doctors are able to agree a 2nd Supporting Programmed Activity with their line manager to allow SAS doctors to have wider involvement than direct clinical care only.

Where do we want to be?

We want to foster a culture of inclusion and belonging in our medical workforce that allows us to train and recruit future psychiatrists and healthcare professionals, and be able to work together to deliver sustainable patient care.

Line management

All SAS and Consultant doctors will be clear about their personal responsibility for line management as well as the tasks mandated to them as line managers. All doctors who are line managers will be proficient and confident in this role.

Recruitment

Clear succession plans in each service will mean recruitment can take place to allow identification of potential applicants and avoid gaps created by vacancies for substantive posts. Trainees from the region will feel inspired by colleagues and encouraged to work at LYPFT; external candidates will similarly view LYPFT as a positive employment choice with professional development opportunities. Recruitment from a diverse background will continued to be maintained.

Retention

The aim is that a fully recruited workforce will remain with high levels of retention over the years, in order to provide a stable training base for medical education and to play a key role in medical leadership and in the development of Trust services. Being a Consultant or SAS doctor in LYPFT means feeling valued and recognised in the workplace. The availability of support in improving individual wellbeing exists.

With the acceptance of the SAS contract reform framework agreement we want all our existing doctors to be offered the opportunity to transition to the new terms and conditions and for the new specialist grade to be understood so that consideration to its establishment during workforce planning or when issues of capacity are identified for example job planning takes place.

How will we get there?

We plan over the next three years to:

Support medical line managers by

- All newly appointed medical line managers will undertake internal training at the start of their post, including management of leave, wellbeing, and governance processes including the handling of complaints, concerns and performance management issues.
- Medical line managers will be supported to embed recruitment and induction processes for new colleagues starting in posts throughout 2021.
- All medical managers will be trained in the job planning process to ensure doctors under their line management always have an up to date job plan, completed with input from the service operational lead.
- All line managers will be supported by senior medical managers via regular supervision.

Support recruitment

- Clinical Leads will lead on medical workforce succession planning within their service, working collaboratively with operational and medical managers. There will be a clear process for medical vacancies to be identified as early as possible to ensure timely substantive recruitment; for consideration to be given to advertising to be either internal or external or both; the development of appealing job adverts, job descriptions and person specification; consideration of advertising for fixed term locum posts, incentives and flexible working patterns.
- Feedback from Higher Trainees for example via the Trainee Engagement Forum will be incorporated into more active recruitment alongside engaging with trainees through formal and informal discussion about posts and for example sharing acting up opportunities.
- SAS grade doctors are recognised as a key part of the medical workforce. All medical line managers need to be aware of the SAS charter and ensure job descriptions encourage the SAS doctors within in their teams to participate in supporting programmed activities.
- Establish a working group to take a project management approach to implementing the SAS Contract reform framework agreement in the Trust to support recruitment and retention of SAS doctors.
- An active process will be embedded throughout 2021 to reduce agency locum spend by supporting medical line managers and Heads of Operations with support to fill vacancies. This will include gathering feedback from the previous substantive doctor via exit interview and from colleagues to understand how the post may be improved, or indeed, whether the position could be provided via non-medical options. The job description, person specification and advert will be reviewed and amended.

- Work is underway to develop ideas to improve recruitment for example from the international community and across the wider ICS footprint. This work would include collaborative joint recruitment campaigns to attract medical staff to Yorkshire, promoting the roles available via social media, medical networks, promotional videos with a view to interested applicants being invited to a 'Taster Day' where we can promote West Yorkshire as a place to live, join up relocation packages, and share some good news stories/case studies of new and experienced Consultants.
- A comprehensive review of the medical workforce will be commissioned to determine whether the best use is being made of a scarce, highly experienced element of the workforce with the context of evolving non-medical professional roles.

Support retention

- We will ensure that wellbeing assessments are completed with all doctors by the medical line managers to ensure that we can identify any doctors who might be experiencing work related stress and talk with them about opportunities to support. There is a wide range of support options both internal and external that exists for line managers to support staff wellbeing and specific resources for medical staff.
- Increase medical staff awareness of flexible working opportunities to support work/life balance throughout the medical career for example retire and return, career breaks.

- The staff survey data will be reviewed with the medical workforce to identify the three priorities to address within the next 12 months.
- All consultants and SAS doctors will be offered an exit interview to understand what informed their decision to leave to inform priorities to be addressed. Where job planning raises concerns about the ongoing sustainability of the post, operational managers will be made aware, and clinical and operational leads will work together to improve the sustainability of the post, including reviewing the skill mix to support medical staff in the team, for example the introduction of multi-professional approved clinicians and non-medical prescribers, access to administrative support, and to review operational processes for continuous improvement of services
- Analysis of leavers in the past three years to have a baseline of reasons and services with low retention for example doctors leaving within 12 months of starting and high retention to be able to transfer good practice. Also for example SAS doctors (SDs) leaving to return to training is something to celebrate, whereas going to work elsewhere especially if they are local needs to be understood.
- Develop medical line managers to feel comfortable in having career conversations to inform job and succession planning and have a consistent process for doctors retiring and returning.

Medical leadership

We want all Consultants and SAS doctors to have the opportunity for an element of leadership as part of their job plan and development, within a culture where medical leadership is valued and doctors are given the time to develop into and operate in a leadership role.

National reports (Francis 2013, Carter 2016) have evidenced the fact that high quality safe services are only provided where there is a culture of clinicians in wider trust leadership roles, particularly medical staff.

We need to ensure that medical clinical leaders are equipped with the right skills, right relationships and supportive structures to ensure they are effective in facilitating innovation and change through improvement. This sits well within the culture of LYPFT of collectively leading with compassion and in particular to recognise the value of a diverse leadership team.

Where are we now?

Consultants and SAS doctors are frequently turned to as clinical leaders within their clinical services with respect to patient care. We know that this type of leadership is highly desired and valued in a multi-disciplinary team as it is consistently evidenced by 360 appraisal colleague feedback.

We have acknowledged that there are a range of leadership pathways for medical staff and have some medical leaders in all of these areas. Examples are clinical service leadership, education and training, professional leadership and medical management, quality improvement roles and research. These pathways need to be clearly defined or developed. We do have a number of doctors operating in defined leadership roles in the organisation, but there is a concern that doctors tend not to apply for leadership roles routinely.

Consistent feedback from our medical staff in some service lines is that they are very pressured with clinical work and demand so struggle to

find time to use their supporting professional activity (SPA) time to engage in leadership activities.

There is now a comprehensive document which outlines leadership continuous professional development opportunities and courses within the trust, regionally and nationally.

Where do we want to be?

All consultants and SAS doctors have a clear agreed job plan which links with the doctor's appraisal and vice versa where they have protected time to focus on career development as a medical leader.

All consultants and SAS doctors have a good understanding of what the opportunities are for development in the following areas:

- **Education and training**
 - a) Undergraduate tutors
 - b) College tutors
 - c) Associate Director of Medical Education (ADME) / Training Programme Director (TPD) roles
 - d) Associate Medical Director (AMD) for Medical CPD
 - e) Director of Medical Education
 - f) Guardian of Safe Working
- **Clinical Service leadership**
 - a) Clinical leads in service areas
 - b) Work on service developments
 - c) Governance roles
 - d) Associate Clinical Director
 - e) Clinical Director
- **Quality improvement and Corporate Governance**
 - a) Audits and service evaluations
 - b) Quality leads
 - c) Projects with Continuous Improvement Team.
 - d) AMD - Mental Health Legislation
 - e) Chief Clinical Information Officer

- **Medical management and professional practice**
 - a) Medical lead
 - b) Professional lead
 - c) SAS Tutor
 - d) Chair of Senior Medical Council, SAS Committee, Joint Local Negotiating Committee
 - e) Medical Appraisers
 - f) Associate Medical Director for Medical Appraisal and Revalidation
 - g) Responsible Officer
 - h) Medical Director
- **Research**
 - a) Involvement in projects for example recruitment of participants
 - b) Principal Investigator in project
 - c) Chief Investigator in project
 - d) Applying for research grants
 - e) Trust research lead roles

For there to be a clear development/training offer which is located within the Organisational Development (OD) team in the Trust, that takes account of professional requirements of the medical workforce.

How will we get there?

We plan over the next three years to:

- Ensure that the review of clinical leadership allows for funded time and appropriate support (for example admin) within the staffing establishment of services to ensure that clinical leadership has parity with operational management.
- Ensure that the welcome/induction document for consultants and SAS doctors, when they start at the Trust, includes setting out options for careers in the Trust with the clear message that all doctors should engage in leadership activity.

- Offer a welcome meeting with a member of the senior medical leadership team to talk specifically about leadership opportunities within the Trust.
- Ensure that our annual appraisal and job planning processes allows for reflective supportive discussions about potential relevant development into leadership roles.
- Ensure that within the annual job planning process, all Consultants and SAS doctors have job plans which allow for Supporting Professional Activities (SPA)/leadership time which is agreed with operational managers within services.
- Enable backfill for the time spent in leadership roles by having creative discussions about new roles (such as Multi-professional Approved Clinicians (AC's) and Prescribers, Physicians Assistants etc.)
- Ensure that for those doctors with leadership roles, there is ringfenced SPA within the leadership role and that they can take study leave in order to continue to develop in that role.
- Work with OD and external partners to build a clear leadership development programme pathway, with clear internal and external offers which can match the particular needs of different roles.
- Offer leadership mentoring/supervision/coaching/action learning sets within the organisation.
- Embed the annual medical leadership development day.

Our commitments to being an employer of choice for medical staff is summarised in the strategy work plan.

integrity

simplicity

caring