we investigated L&M experiences amongst a group of junior doctors.

Method We surveyed 97 junior doctors in a teaching hospital in Devon to ascertain their opinions of healthcare L&M and to quantify their opportunities for leadership. Multiple choice and free-text answers were analysed using quantitative and qualitative methods.

Results The majority of respondents were aged under 30, FY1 - CT2 grades and based in Medical, General Practice and Obstetrics and Gynaecology training posts.

Leadership and management were considered important for both career development and clinical practice, despite a lack of L&M training or formal leadership roles (93%). Most respondents (71%) cited a paucity of L&M development within clinical training programmes, with most respondents describing average to poor opportunities to develop these skills (91%).

Trainees exhibited leadership most during: ward rounds (74%); quality improvement and audit work (73%); board rounds (55%); mentoring sessions (39%); and on-call work (26%). Most would welcome further L&M training, preferring grade-specific sessions (84%) and regional courses (61%) over other forms of training. However, few were aware of local and national medical leadership initiatives, bodies and programmes.

Conclusion The majority of junior doctors surveyed valued L&M experience for future success and also demonstrated evidence of providing leadership, despite lacking formal leadership training. Clinical training programmes need to focus on developing these skills alongside raising awareness of the opportunities available for leadership development. The challenge remains as to how this can be achieved whilst balancing training and service commitments.

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THE QUALITIES OF A GOOD LEADER: VIEWS OF JUNIOR DOCTORS

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Introduction There is a growing emphasis on developing effective leadership within healthcare, including better training and support for clinical leaders.¹ The views and experiences of senior NHS leaders have recently been explored^{2,3}; however, junior doctors remain an untapped resource. In order to develop our trainees into future clinical leaders, it is important to explore their current understanding of leadership.

Methods We surveyed 97 junior doctors at a teaching hospital in Devon. Respondents identified skills and qualities they associated with good leadership and also described how they exhibit leadership during daily practice. The free-text responses received were then appraised within contemporary

leadership theory. Respondents were mainly aged 21–30, FY1 - CT2 trainees and from General Practice, Medical Training (Core & Specialty) and Obstetrics and Gynaecology programmes.

Results Juniors' definitions of effective clinical leadership valued communication and teamwork skills over more technical proficiencies. Approachability and inclusivity were also highly valued, along with attributes associated with compassion, the development of others, consultative leadership and active followership.

The junior doctors surveyed described their personal clinical leadership as a network of relationships and connections rather than single projects or set hierarchical roles. However, many failed to identify any examples of personal leadership, citing a lack of experience and isolated working in community settings.

Conclusion This survey has explored junior doctors' perceptions and experiences of leadership. Trainees valued collaboration skills and characteristics associated with the creation of a strong social identity, active followership and distributive leadership.⁴ These align with a transformational leadership style, compared with the more traditional, transactional leadership approach favoured during a study of their peers over a decade ago.⁵

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Developing Effective Leaders

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A PATIENT CENTRED PATHWAY WITH AN IMPROVED OUTCOME

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The Department of Health's Strategy for cancer services sets out an ambitious aim for the NHS to make significant progress in reducing preventable cancers, increasing cancer survival and improving patient experience and quality of life by 2020. The 'two-week wait' (2ww) cancer referral system has been in place for more than 10 years to help deliver the best outcome in a stipulated time frame for each patient.

Like many organisations, our team at South Tyneside District Hospital in the north east of the UK, struggle to maintain a compliant performance on a consistent basis despite