

- Cultural competency and cultural humility in leadership plays a crucial role and there are different views so we need to look at the different perspectives and actually understand what it means
- Although leading whilst holding discomfort is universal there appears to be disproportionate burden
- The impact on perception, behaviour and morale from a workforce and patient/community perspective
- Support and peer engagement does not always happen

The narrative can be deemed to be repetitive and nuances get missed

**Lessons learnt** There is interest in leading this way

- Holding the ambiguity and discomfort is universal to leadership in this context and so as leaders of this agenda we need to ensure we do not respond to the pressure to react with immediacy
- We learnt that we still need allies and we need time

**Measurement of improvement** This is ongoing and will be measured using qualitative approaches such as through the various dialogues across the public system, training and organisational development.

**Strategy for improvement** We will look at this as part of the workforce development, share at conferences and through the work with ADPH.

15

## BARRIERS TO LEADERSHIP TRAINING IN THE EAST MIDLANDS

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**Context** This work was produced by the Health Education England East Midlands (HEE-EM) Leadership and Management fellows, working with the team coordinating the daily running of the HEE-EM Leadership and Management Program (EM-LMP).

The EM-LMP is a free program offered to all post-foundation doctors in the East Midlands deanery. It runs over a three-year period, offering face-to-face didactic teaching sessions, designed to stimulate discussion and trainee self-reflection. In the second year attendants are expected to complete a self-directed Quality Improvement Project, with reflective sessions in the third year.

**Issue/Challenge** There is increasing recognition of the importance of developing leadership and management skills early in medical training, allowing doctors in training to take on their future senior roles with confidence. As such, many speciality curricula include leadership and management as a requirement for career progression; it is also a GMC requirement that doctors can demonstrate leadership. Similarly, many trainees report feeling under-prepared for their roles as clinical leaders. It is therefore important for educators to provide high-quality, easily accessible training in these areas.

Assessment of issue and analysis of its causes

To explore this further we examined attitudes towards current teaching, and opportunities for leadership and management training in the East Midlands. We specifically explored the barriers that trainees experience in accessing existing training programmes, to identify how we can expand availability of training and allow greater participation. We also sought feedback from the teaching faculty and

administrative teams on their perceptions of the current program.

**Impact** This research will allow us to identify areas to improve the current programme; and by identifying the barriers to training we can create solutions to improve access. Ultimately, better access to high-quality training will produce a cohort of more confident leaders and managers, who can go on to positively impact patient care.

**Intervention** A survey was sent out to all post-foundation trainees in the East Midlands deanery, asking fifteen questions about their experiences of leadership and management training. This included questions about their confidence in their skills, their perceived importance of receiving training, and what evidence they needed for career progression. In particular, they were asked to rate their experience of training, and the barriers that may have prevented them receiving adequate training. Questions were a combination of Likert scale and free-text responses.

Involvement of stakeholders, such as patients, carers or family members:

All trainees who are eligible to participate in EM-LMP were invited to take part in the survey. There was no direct or indirect patient involvement within this project.

**Key Messages** The main barriers that trainees reported in accessing leadership and management training include being unable to secure a place on an appropriate course (48.6%), and difficulties arranging study leave (48.6%). Free-text responses included having insufficient time available, and difficulties in booking leave before courses reached capacity. However, 53.6% of respondents also indicated that they are unaware of what training is available, indicating a problem in advertising training opportunities. Other barriers included trainees having other training priorities, and a lack of funding; of concern, several trainees reported negative experiences of leadership courses, or being actively discouraged from seeking training.

**Lessons learnt** The survey was sent out to approximately 3000 trainees; however, at time of writing only 180 responses had been submitted. A more targeted approach, towards individual trusts, specialities, or grades, may have yielded greater participation.

**Measurement of improvement** Data is preliminary; collection and analysis is ongoing.

Trainees in the East Midlands appear acutely aware of the need for more leadership and management training; 89% reported training was somewhat or very important to receive. Furthermore, 91% are required to provide evidence of leadership and management training or experience to progress in their careers. However, 47.8% have not received any formal training, and 44% of all respondents were not aware of any training they can access.

**Strategy for improvement** Based on our findings, we hope to pilot an improved LMP program in April 2023, aiming to release a wider-access program in August 2023.

Moving forward, we would like to expand our findings by seeking further feedback from the EM-LMP faculty, and those who have recently completed the programme, to establish the ideas of service users and providers. In this way we can further identify areas for improvement of the program overall. We are also seeking input from teams who provide similar programs in other deaneries, so we can learn joint lessons about delivering of training.