

The junior doctor body – engaging trainees in leadership, management and quality improvement at Leeds Teaching Hospitals NHS Trust

Authors: Sean Ninan, Marissa Minns and Terry Lo

Aims

To engage trainees in leadership, management and quality improvement at Leeds Teaching Hospitals NHS Trust.

Methods

We approached the chief medical officer at Leeds Teaching Hospitals NHS Trust with a proposal to engage more trainees in leadership, management and quality improvement activities within the trust. These were met with universal approval at a senior management meeting on 24 November 2015. We designed terms of reference and person specifications by January 2016. We invited applications by 8 February 2016 and shortlisted according to specified criteria. Interviews were conducted in conjunction with clinical directors or clinical leads in March 2016 and our first meeting was on 13 April 2016, consisting of registrars from each of clinical service units in the trust, two clinical leadership fellows, two 'tier 2' doctors, one FY1 doctor, and the group's chair, the chief medical registrar. The group is sponsored by the chief medical officer, and a senior manager attends all meetings.

Results

We have received high-level support and initiated plans for setting up a mentoring programme where registrars can mentor more junior doctors, receiving the same mentoring training that is provided for the new consultants mentoring scheme, a shadowing programme where trainee doctors can shadow senior managers and a paired learning programme where trainee doctors and graduate management trainees can work together on quality improvement projects. We have also set up a communications strategy which involves a website, an intranet site, an email newsletter, social media and face-to-face fora to publicise leadership, management and quality improvement opportunities within the trust. Several of our trainees sit as trainee representatives on groups such as the clinical guidelines group and the learning lessons group. We have also been involved in designing quality improvement training for trust employees and will use the group to publicise this.

Conclusions

By working with enthusiastic trainees, senior leaders at the trust were able to engage trainees in leadership, management and quality improvement opportunities within the trust. Senior leaders have developed stronger relationships with trainees and been able to initiate projects that have been previously considered difficult to launch. Trusts where senior leaders are willing to work with trainees would be advised to follow this model, using the 'chief registrar' post to ensure that efforts are well led and have built-in continuity. ■

Conflict of interest statement

None.

Authors: Leeds Teaching Hospitals NHS Trust, Leeds, UK