

Leadership in Education

Future Leaders Programme



“A new type of leader is emerging: one who role models the balance between autonomy and accountability, emphasises teamwork, and focuses on improving patient outcomes (van Diggele et al 2020)”

Overview

The healthcare education framework needs radical reform due to emerging and critical issues.

“The current workforce data indicates that many experienced clinicians and healthcare educators will retire over the next ten years. The need for effective succession planning and leadership training is well recognised” (van Diggele et al 2020).

There is a current shortage of emerging leaders moving into leadership roles and effective leaders need to be supported by the organisations in which they are educated, train and work.

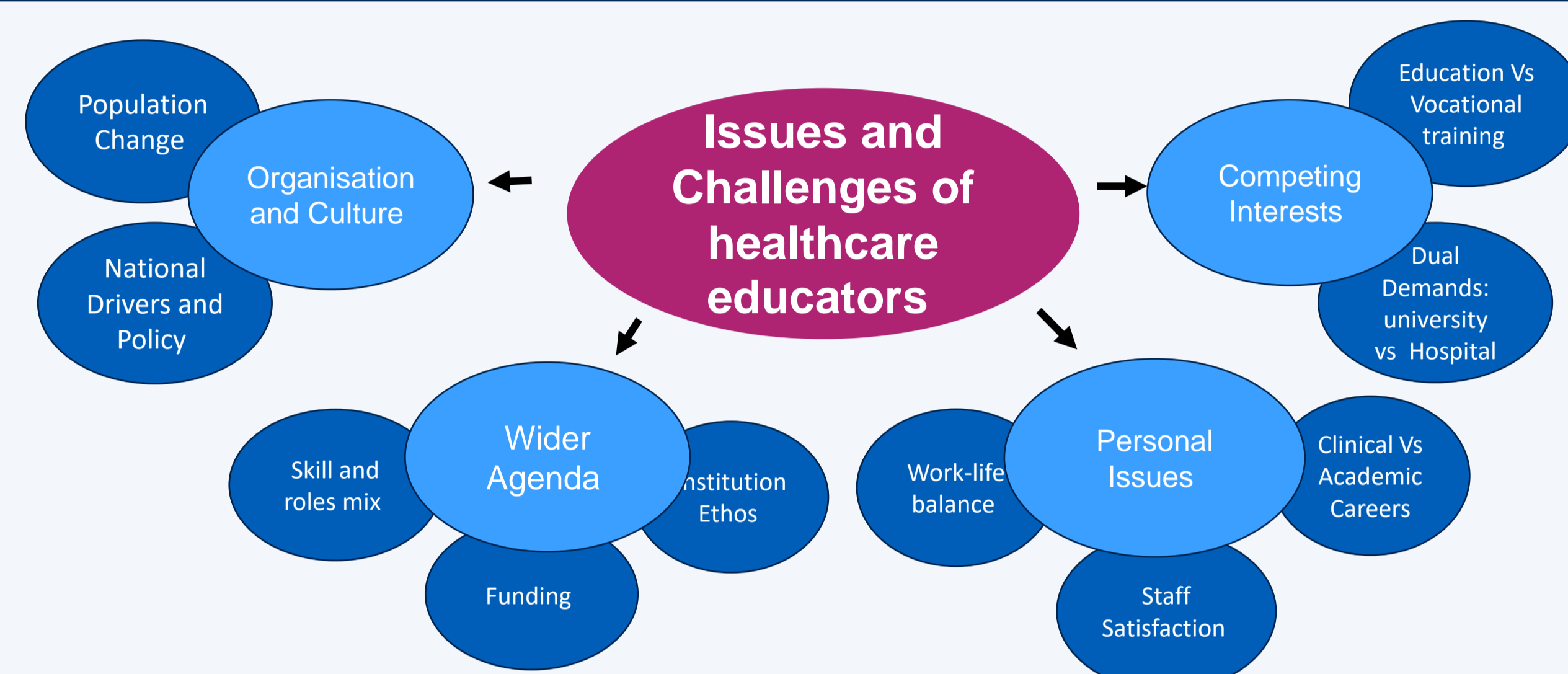
The current health workforce is facing unprecedented demands and response these pressures have created significant staff dissatisfaction.

“Industrialised healthcare to the point that it is becoming dehumanised, transactional, generic, burdensome, and cruel. Healthcare is being depleted of care.”(van Diggele et al 2020).

Leadership in Medical Education

Leaders in medical education need to cultivate certain qualities and characteristics to be effective in their role. They often encounter a range of unique challenges within the immediate and wider environment.

The pictorial representations below depict some of the necessary core values required and highlights some personal, organisational and national barriers that may be encountered.



Leadership Vs Management

Leadership	Management
Establishes direction - creates a shared vision, identifies the bigger picture and sets goals/strategies	Plan and budget - resource allocation, processing steps, establishing agendas and time management
Connecting people – communication of goals, team building, networking, and aims for commitment	Employment and organising – maintaining structure, staffing placement and enforcing rules/
Motivate and drive – inspire, motivate and empower while identifying/working towards needs	Control and problem solve - identifies and solves problems/takes corrective actions

Legislation and GMC

The art of medical education is a great challenge as health needs and health systems are complex and ever changing. To ensure that medical professionals are prepared to meet the current and future population health needs, the right leadership skills are needed to manage the multifaceted process of educating the workforce.

The importance of medical education is written into law. The Medical Act of Parliament 1983 sets out in legislation that the General Medical Council should establish the requirements for entry to enter medical training, as well as assessment of this training and maintaining standards. It states that it should have the ‘general function of promoting high standards of medical education and co-ordinating all stages of medical education’.

The first Domain of the recently updated GMC good medical practice (effective from 2024) focus on the fundamental requirements for medical professionals to regularly update their clinical knowledge, skills and educational development. It further provides a standard for medical educators GMC standards for the management and delivery of undergraduate & postgraduate medical education and training and sets out a generic professional capabilities framework for medical education in the UK to ensure a safe, effective and high-quality medical care for patients.

Types of Leadership

The style of leadership in healthcare is quickly evolving to meet the demands of our strained system. Emerging leaders must embrace new leadership and management styles, to move away from the “Great-Man” to a more inclusive, collaborative, sustainable paradigm, to better provide direction and guidance to the next generation.

Transactional	Transformative	Team (Distributive)
<ul style="list-style-type: none"> •Authoritarian •Orderly, structured •Lacks innovation, motivation to go further than defined goal 	<ul style="list-style-type: none"> •Influencing others towards a common goals •Individualised considerations •Encourages new ideas 	<ul style="list-style-type: none"> •Shared influence •Collaborative, team based, diverse •Leadership uncoupled from hierarchy

“Wellbeing – 52% of trainers are measured to be at high or moderate risk of burnout, the same level as 2022” (GMC 2023)

“Educational leaders can no longer rely wholly on formal positional authority but must seek to develop an ability to lead ‘from the middle’ of their organisations and influence effectively across increasingly large and complex systems” (McKimm 2018)



Will Harvey Sapwell @WillSapwell

Symptomatic of an NHS culture where corporate image often trumps patient safety. To prevent more tragedies we need to empower ‘clinicians’ & train them to be execs of the future, just like @jonnycooper and Yorkshire Deanery’s Future Leaders Programme

theguardian.com
Doctors were forced to apologise for raising alarm over Lucy Letby and baby ... Guardian investigation also reveals Countess of Chester hospital executive feared contacting police would ‘damage reputation’

Leadership has many interpretations, and has been likened to “the abominable snowman whose footprints are everywhere but who is nowhere to be seen” [Bennis and Nanus 1985]



Service Provision Vs Education

A 2020 study highlighted a common view among staff that **priority for attaining clinical targets on behalf of managers took precedence over any requirements to deliver education**. It describes the current NHS as “A system lacking in cohesiveness, where staff felt unsupported to deliver workplace-based medical education... [with] a resistance to moving to a culture whereby education was intrinsic to working practice, and this was often attributed to a lack of time.” Education was supported by upper management, and those working clinically, the resistance lies in the middle.

National Training Survey 2023 outlines actions needed for effective delivery of medical education.

1. Trainers should have the time, support, and resources they need for their role.
2. Work to address local barriers, such as poor rota design, that adversely affect training.

Workplace experiences report 2023 stated that **trainers already face added pressures compared to non-trainers**, being more likely to work at higher intensity, and beyond their rostered hours. Even in the face of acute stress, UK postgraduate training remains of high quality. 86% of trainees were positive about their clinical supervision, and 83% reported a good experience in their post. This is a testament to the hard work of trainers, trainees and education organisations. Long-term thinking is urgently needed to put the health service on a more sustainable footing and meet the need for increased training capacity.

