

Leadership Activity Work Placed Based Assessment

Leadership skills are an essential component to the everyday work of a GP. This is reflected in the RGCP Curriculum and Topic Guides^(1,2) and GMC Generic Professional Capabilities, see Box 1.⁽³⁾ Good leadership skills enable improvement of health outcomes, high quality patient care and fulfilling work environments for staff, by inspiring and empowering all who journey towards a shared vision. Leadership is a skill that everybody can learn and requires continuous development and refinement. Whilst there are aspects of theory to learn, the most important learning in leadership is from practicing the skill set. The new mandatory Leadership Work Placed Based Assessment (WPBA) gives all trainees the opportunity to gain practical experience in developing these skills in primary care.

Box 1 GMC Generic Professional Capabilities

Domain 5: Capabilities in leadership and team working

Doctors in training must demonstrate that they can lead and work effectively in teams by:

- demonstrating an understanding of why leadership and team working is important in their role as a clinician
- showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behaviour and an ability to adapt their leadership behaviour to improve engagement and outcomes
- appreciating their leadership style and its impact on others
- actively participating and contributing to the work and success of a team (appropriate followership)
- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way
- supervising, challenging, influencing, appraising and mentoring colleagues and peers to enhance performance and to support development
- critically appraising performance of colleagues, peers and systems and escalating concerns
- promoting and effectively participating in multidisciplinary and interprofessional team working
- appreciating the roles of all members of the multidisciplinary team
- promoting a just, open and transparent culture
- promoting a culture of learning and academic and professional critical enquiry.

Mandatory requirements for the Leadership WPBA

1. A **Leadership Activity** will be undertaken in ST3. Trainees are able to propose their own activity or select from the examples attached in Appendix 1. In all cases the proposed activity should be discussed and agreed with their Educational or Clinical supervisor to ensure suitability. This activity will be recorded in the Portfolio by writing a reflective piece using the specific leadership log entry template.
2. The second MSF in ST3 will be a **Leadership MSF** with questions specifically focused on obtaining feedback around the trainee's leadership skills. Ten respondents are required (ideally 5 clinicians and 5 non clinicians). The respondents should include people who experienced the trainee carrying out their Leadership Activity, but it is not confined to this group as the questions also ask about the trainees' leadership capabilities which may not have been included in this activity.

In addition trainees are encouraged to develop their leadership skills incrementally over their training programme and record any other leadership activities undertaken. There are a variety of ways to record evidence of leadership activity within your Portfolio:

- Log Entry: Leadership activity experience and reflections, along with any learning points should be recorded in the Portfolio. There is a specific leadership log entry template that should be used to record leadership activity. This could provide evidence for the capability "Organisation, management and leadership", and may also provide evidence for other capabilities, for example "Working with colleagues and in teams", and activities such as "audit and quality improvement".
- PDPs: The PDP could be used to record areas around leadership activity that you may wish to develop during your training.
- CATs: A Case based discussion can be a good opportunity to discuss feedback on and develop areas around leadership.

Approaching the Leadership WPBAs

When creating or selecting a proposed leadership activity it is useful to first consider which particular leadership skills you wish to focus on developing, so that the proposed activity is one that allows for this.

There are many models of leadership within health care and a variety of resources describing the skill set (for example references 1, 3, 4, 5). Trainees may find it helpful to look at these to appreciate the different skills within Leadership. A simple way to consider your leadership development, and structure some of the skills described in the referenced models, is by breaking it down into leadership of self, teams and systems.

Leadership of Self

This is the foundation of your leadership journey - in order to effectively lead others you must first develop an understanding of yourself. This includes, but is not limited to:

- Understanding your own values and vision for the future and how these affect your behaviour

- Managing your own emotions
- Knowing your preferred leadership and communication styles and how to adapt these to have the maximal positive impact
- Knowing the limits of your own abilities and when to seek support from others
- Skills to ensure your wellbeing is preserved
- Commitment to continuous development including seeking out and acting upon feedback

Leadership of Teams

This involves leading groups of people e.g. the practice team. At different times various members of the team can take on this role, for example a Practice Nurse trying to improve the quality of annual reviews of asthma will need to lead the team to ensure success. Some of the relevant skills include but are not limited to:

- Promoting a shared vision
- Managing change including explaining why the change is needed and role modeling the change
- Understanding and appreciating the roles and skills of all members of the team and ensuring these are utilised to achieve the best outcomes
- Recognise the importance of distributed leadership within health organisations, which places responsibility on every team member and values the contribution of the whole team
- Delegating effectively, setting clear objectives, providing feedback, and holding people to account if required
- Recognise that at times some team members may require more support or guidance and to provide this in a supportive and non-judgemental way
- Empowering and motivating others to deliver, improve and innovate
- Supporting a diverse workforce and understanding the value diversity brings to patient care
- Contribute to a clinical and working environment where everyone is encouraged to participate and alternative views are considered seriously
- Promoting an organisation culture in which the health and resilience of staff is valued and supported

Leadership of Systems

As a GP at the frontline of health services, you will need to understand how to work within systems of healthcare for the benefit of your patients. This will require an understanding of the context, structures and processes in and by which care is delivered.

There are also a growing number of roles for GPs which involve leading across systems e.g. Clinical Directors of Primary Care Networks, CCG roles, lead of GP federations etc. Some of the relevant skills include but are not limited to:

- Recognise that your duty to your patients extends beyond your immediate team and spans across organisations and services (e.g. when safeguarding children, caring for vulnerable adults or addressing unsafe services)
- Identifying opportunities for collaboration and partnership, connecting people with diverse perspectives and interests
- Seeks out beyond the immediate team and professional area for new perspectives, ideas and experiences and shares best practice, incorporating this to enhance quality and delivery of services
- Openly shares own networks with colleagues and partners to improve information, influencing
- Connects individuals, teams and organisations for mutual benefit

GPs and GP trainees have a wide variety of experiences in leadership and it is not always necessary to progress in a stepwise progression through leadership of self, teams and then systems. Indeed some GPs leadership roles focus on system level leadership rather than practice level. However, for the purposes of this WPBA it is expected that all trainees will demonstrate a clear understanding in leadership of self, by reflecting upon what they have learnt about themselves. All trainees will also be able to demonstrate some experience in leading teams through their written reflections. It is hoped most trainees will have an awareness of system leadership and some may be able to demonstrate this in their reflections.

Prior to starting delivery of your leadership activity it is recommended to spend some time in a tutorial with your Educational supervisor discussing your proposed leadership activity, the learning you hope to gain from it and your planned approach.

You may also wish to dedicate some further tutorial time during and after completing the leadership activity to discuss progress and your learning goals. It is important to remember throughout this WPBA that leadership is a set of skills which requires constant development and so approach any set backs as important learning opportunities.

Leadership MSF

Once you have completed the leadership activity, the Leadership focused MSF then gives the opportunity for you to receive some feedback from colleagues on your leadership skills. Such feedback is a golden opportunity to identify further ways to develop on your leadership journey. It is encouraged to spend some time reflecting on this feedback with your supervisor and as part of your written reflection in the leadership log.

Notes for Clinical and Educational Supervisors

A significant part of the value that comes from a leadership activity is being observed and having formative feedback from the Educational supervisor, or an appropriate deputy, within the practice. This will support the trainee in reflecting upon their strengths and how they can improve in other areas as they continue their leadership journey, which requires career-long

learning. This can be done both verbally, e.g. during a tutorial and also in a written format, e.g. through comments relating to a log entry, a CAT, the leadership MSF or an educator's note.

If the trainee is performing below the level expected for their stage of training it is important to be specific about why this conclusion has been reached and develop a plan the trainee can follow to try and alter the situation.

For many leadership activities it is important that an appropriate environment is created. The environment should be one that expects the trainee to undertake this work, facilitates this process and allows the trainee to feel comfortable in their role, for example when giving feedback to their practice as part of a fresh pair of eyes activity.

References

- 1) Royal College of General Practitioners. The RCGP curriculum. Being a General Practitioner. London: RCGP, 2019. <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/RCGPJ7408-Being-A-GP-Curriculum-WEB-v21910.ashx?la=en> (accessed 27 January 2020)
- 2) Royal College of General Practitioners. The RCGP curriculum. The Curriculum Topic Guides. London: RCGP, 2019. <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/Curriculum-Topic-Guides-300819.ashx?la=en> (accessed 27 January 2020)
- 3) General Medical Council. Generic Professional Capabilities Framework. Manchester: General Medical Council, 2017. https://www.gmc-uk.org/-/media/documents/generic-professional-capabilities-framework--0817_pdf-70417127.pdf (accessed 31 March 2021)
- 4) Faculty of Medical Leadership and Management. Leadership and Management Standards for Medical Professionals. 2nd Edition. U.K: FMLM, 2016. https://www.fmlm.ac.uk/sites/default/files/content/page/attachments/Leadership%20and%20Management%20Standards%20for%20Medical%20Professionals%202nd%20Edition%20-%20digital%20format_0.pdf (accessed 1 December 2019)
- 5) NHS Leadership Academy. Healthcare Leadership Model, version 1.0. Leeds: NHS Leadership Academy, 2013. <https://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf> (accessed 27 January 2020)

Appendix 1

Examples of leadership activity.

Examples of potential leadership activities are given below, but this is not an exhaustive list and trainees should feel able to develop their own ideas and activities.

Menu of activities (not exclusive)

- Trainees own idea
- Fresh pair of eyes
- Chairing a meeting
- Quality Improvement Project
- Wellbeing Project
- Clinical protocol (review/creation)
- Practice leaflet review
- Website design review

Guidance on these activities is provided below. For each activity some background information is given to explain the rationale for including it as a leadership activity for a GP trainee, followed by a short description of process and some intended learning outcomes.

The 'fresh pair of eyes' exercise

This is a well-known idea used in the best organisations. Looking at an organisation with a fresh pair of eyes often reveals insightful opportunities or answers to problems that may have been troubling the organisation (in this case the GP practice) for some time. This exercise involves the trainee spending time in the practice specifically looking at how the practice works, both on a structural and cultural level.

If the trainee cannot think of anything that could be changed or improved, a member of the practice could describe an innovation challenge that they have and ask the trainee to use his/her fresh pair of eyes to help them identify a way forward.

The process:

Very shortly after induction the trainee is informed that they will have an opportunity after approximately two months to present back to the team on a) what they have seen, and b) a couple of recommendations for change.

Over this period, the task is to use their 'fresh pair of eyes' to see the organization from an objective viewpoint. As those embedded in it often do not by virtue of being blinkered. The trainee is encouraged to consider a number of awareness-raising questions that will help them which include:

- What's going well?

- What isn't going so well?
- Why are we doing this / why are we doing it this way?
- I've seen this done better elsewhere - would it work here?
- If there is something that's done brilliantly here, how do I feed that back and let others know about it?

Once the trainee has collated these thoughts, they prioritise a couple of things that they think would benefit from changing in the practice and write these down. At a prearranged meeting with the practice, they present their thoughts and make a pitch for what needs to be changed and why. If desired and if time allows, the trainee could then go on to work with the relevant people to effect any changes.

Intended outcomes:

Learning to use observational skills, thinking skills and the skills of persuasion. Making use of an evidence-base.

More rapidly enabling them to become functional members of the team, rather than observational members. Feeling valued at a time when they are new to the practice and may consider themselves too junior to discuss new ideas for the practice.

Seeing an organisation in a way that he or she probably has not looked at before, and being helped to reflect on their possible future role in leading and running a practice.

Done well, this sends the trainee a powerful positive signal and also encourages the team to look upon its junior members differently.

The chairmanship skills exercise

All GPs will attend a variety of practice team meetings throughout their working life, and many will be put in the position of chairing at least one. A good chair enables a meeting to run smoothly and efficiently, making sure that all the business is discussed, everyone's views are heard, clear decisions are reached and the meeting runs to time.

The process:

Trainees are encouraged to sit in on a variety of practice meetings routinely. During these meetings they are instructed to observe chairmanship in action.

They should then have an opportunity to talk about chairmanship skills, either in debrief after a meeting, or as a tutorial when they are related back to skills in a leadership model. As part of this exercise they may wish to look up the skills needed to chair a meeting and reflect on what they have seen.

The trainee then participates in a role-play exercise in which a scripted issue is discussed by several people, including a chair, with a group-based debrief to follow.

The next stage is for the supervisor to identify one or two issues in a future agenda where the practice feel it is appropriate for the trainee to take the chair. Highly controversial high-stakes issues should be avoided.

The trainee will take the chair for a real-life meeting in the practice, either for the whole or part of the meeting.

After this, and preferably immediately, debriefing should occur with the trainee receiving formative feedback, and being given an opportunity to reflect on the process and ask questions.

Intended outcomes:

Developing chairing skills - clarifying issues, areas of agreement, and the decision that needs to be made

Managing time- agreeing a timescale and running to time

Improving understanding of the roles of members within the practice team.

Understanding group dynamics and encouraging contribution from all, encouraging the quieter members, not allowing focus to settle on louder colleagues and achieving a balance of views.

Understanding how the organisation functions in terms of management as well as clinical.

Working with people in a difficult situation, managing conflict and disagreement

Reviewing written minutes and ensuring that the meeting notes are representative of the discussion; ensuring that decisions made are representative of the discussion

Facilitating the development of an action point or plan

It may be helpful to feedback following a structure relating to the intended role of the Chairperson e.g.

- The chair ensures an agenda is set in a timely fashion and that all members have the appropriate documents prior to the session.
- The chair outlines the purpose of the meeting and remind members why they are there.
- The chair controls the meeting, and all remarks are addressed through the chair.
- Members do not interrupt each other.
- Members aim to reach a consensus.
- The chair ensures that the meeting flows smoothly by involving all members present and by not permitting one or two people to dominate the meeting.
- The chair uses summarising appropriately to indicate progress (or lack of), refocus discussion that has wandered off the point, conclude one point and lead into the next, highlight important points, and clarify any misunderstandings.

Quality Improvement Project (QIP)

The GMC expects all doctors to take part in systems of quality improvement that will form part of their assessment in appraisal and revalidation. Quality improvement projects should be led by trainees, supported by their educational supervisor. The aim is that the trainee should work as a team with other members of the practice to create a sustainable change.

The topic for a QIP could be a process or system, clinical care issue, or educational initiative. It is helpful to think of something within the practice that is frustrating, and ultimately has an impact on the safety of patients.

The process:

The trainee looks at a process that he or she has come across that does not appear to be fit for purpose. As this is a mini-QIP, it is very important to keep this very simple and small scale. Unlike a clinical audit, this activity will be a real-time dynamic process that has the potential of making a difference in a short space of time. The trainee needs to be clear and focused as to what they wish to accomplish, the changes they are planning to make, and how they will test out whether any change is an improvement. They will also need to think who else to ask for help, and how any other relevant people in the practice might be involved.

After implementation the change can be tested on a small scale using a single Plan-Do-Study-Act (PDSA) cycle. The time frame for this mini-QIP should be around one month. Project choice should be appropriate for this timeframe (for example, re-organising a practice noticeboard, a method of keeping the emergency bag drugs up-to-date, looking at how letters are actioned by the secretaries, keeping the staff fridge clean, looking at how a patient orders or collects a repeat prescription etc.).

After completion, the trainee presents the mini-QIP to the practice and receives feedback from the supervisor. The trainee is encouraged to reflect on what was learnt, what worked and what didn't.

Intended outcomes:

Learning to work with others and to tap into the wisdom of members of the practice team when considering possible areas for improvement.

Seeking best practices from elsewhere.

Presenting ideas to others.

Thinking through how to identify where problems are occurring in a system and potential solutions

Considering about how to make changes and how to adapt/apply these ideas within the surgery.

Thinking through how a PDSA cycle can work as a small test of change. This is a low-risk way to try new ideas that people might be hesitant about at first.

Wellbeing Project

Investing in the wellbeing of the practice team is essential to ensure that all can contribute to the delivery of excellent patient care now and in the future. There are a number of ways that the working environment can be modified in order to boost wellbeing, for example by integrating a team coffee break into the working day or by taking part in a regular activity as a team e.g. Parkrun.

The process:

The trainee through discussion with various team members generates an idea for enhancing the wellbeing of the practice team. The trainee then ensures buy in from the key stakeholders before presenting their idea to the wider practice team. The trainee then works to embed this change within the practice. Trainees may wish to use Kotter's 8-step Change Model to help them in the process

Intended Outcomes:

Learning to work with others and to tap into the wisdom of members of the practice team

Presenting ideas to others.

Considering how to make changes and how to negotiate those changes with others

Improving the wellbeing of the practice and thinking ahead to how they will contribute to the wellbeing of colleagues in their future roles

Clinical Protocol (Review/Creation)

Clinical protocols are used in GP practices as tools for offering structured care, whether by GPs, nurses, or other healthcare professionals. They represent the framework for the management of a specific disorder or clinical situation and define areas of responsibility. The purpose is to reduce variation, maintain the quality of patient care and they are documentary evidence of the gold standard of care to be provided. Protocols should be dynamic resources which are used regularly in clinical practice. In addition there may be areas of care which merit a protocol that would be useful for the practice.

GPs are likely to be involved in developing, reviewing, and implementing protocols in many areas of their clinical work.

The process:

The trainee decides either to review an existing protocol used in the practice or create a new protocol.

For the review of an existing protocol, the trainee may consider the following:

- 1 How is the protocol used? How is it used in practice, how is it accessed?
- 2 Is the protocol fit for purpose?
- 3 Is the protocol in line with local/regional/national guidance?
- 4 How can practice team members provide feedback on the protocol?

- 5 When was the protocol last reviewed, is it up to date? How does the surgery ensure that the protocol is updated in accordance with best practice clinical guidance and recommendations?

For the creation of a new protocol, the trainee looks at the clinical activity of the practice to determine whether a new protocol might be helpful. It may be particularly beneficial to look at areas of care that have shifted from the GP to mainly nurse-led care, or new areas of clinical medicine for which a protocol does not yet exist.

The trainee selects a topic that is important for delivery of care in the practice. This may be driven by national standards (for example NICE guidance) or through the identification of local service improvement priorities in areas not covered by national guidelines.

If the protocol is about disease management, the trainee then considers the following two steps:

- 1 How to define the circumstances where patients are referred on from nurse-run clinics to either a GP or directly to secondary care
- 2 How to describe the practice's criteria for stepped increases in therapy.

The trainee should also consider:

- consulting other relevant members of the practice team for their opinions
- how any protocol can be made accessible to all relevant team members in the practice
- how the protocol might be reviewed and revised on a regular basis.

Once the trainee has completed the activity (a review of an existing protocol, or a suggested plan for new protocol) he/she will discuss this with relevant members of the practice team to ensure adoption of the new/updated protocol

The ES and any other relevant members of the team will then give formative feedback to the trainee.

Intended outcomes:

Learning to look critically at a clinical process within the surgery, often one that has been taken on by a non-GP member of the team.

Using an evidence-based approach to review a clinical protocol, or create a new protocol.

Reviewing local guidelines and practices e.g. With respect to prescribing or referring.

Engaging and working with other members of the team; valuing others.

Considering patient safety and mechanisms put in place to enhance this.

Practice Leaflet Review

All NHS Practices must produce a practice leaflet. Regulations set out the core information that each leaflet must contain (NHS Brand Guidelines, General practitioner, 2016).

Practice leaflets are an ideal way in which practices can inform the local population about the services on offer and how patients can access them. Production and revision of a practice leaflet is often a joint task shared between practice manager and GP. It is therefore an appropriate exercise for trainees to look critically at the practice leaflet and consider ways of improving it.

The process:

The trainee looks at the practice leaflet to determine whether it meets NHS guidelines, including:

- full names of each person performing services under the contract
- services available
- whether the practice premises have suitable access for disabled patients
- rights and responsibilities of the patient, including the rights to express preferences
- criteria for home visits, etc.

The trainee may also consider whether any additional, non-mandatory information has been included or should be included, for example:

- how to arrange advance appointments or telephone consultations
- foreign languages spoken by healthcare professionals
- details of healthcare professionals' availability and areas of interest and expertise etc.

It would be relevant to include the challenges of communicating with hard-to-reach patient groups, and consider whether the practice leaflet fulfills this aim.

Comparison with practice leaflets from other surgeries may also be helpful.

Once the trainee has reviewed the current practice leaflet, a meeting is arranged with the practice to present their findings and suggestions as to what needs to be changed and why.

If desired and if time allows, the trainee could then go on to work with the relevant people to effect any changes. It may also be appropriate to consider evaluation of the revised practice leaflet to find out whether it meets the intended audiences' needs and expectations, for example by carrying out a patient survey.

Intended outcomes:

Learning to use observational skills and thinking skills.

Communicating with other members of the team, discovering their roles and interests.

Understanding the services provided by the practice.

Considering the rights of patients for information, as well as other rights and responsibilities relating to their interaction with the practice.

Looking at the practice from an equal opportunities perspective with respect to access and effective communication.

Thinking through how to make changes, and to evaluate those changes.

Website Design Review

Most practices have a practice website to inform and sometimes interact with patients. Many practices also have an intranet, and others have a folder of "favourites" on each desktop screen, containing useful information, templates, referral forms etc. This activity involves looking at an aspect of the website or how it is used within the practice to consider its purpose, how well it works, and whether it could be improved. The responsibility for updating a practice website is often a joint task shared between practice manager and GP. It is therefore an appropriate exercise for trainees to look critically at the practice website or intranet and consider ways of improving it.

The process:

After the trainee has had time to understand the purpose of the practice website or intranet, they are encouraged to look at it critically and have conversations with a variety of stakeholders. Questions to be considered might include:

- What content is on there and what is missing? What is out of date?
- Why are we doing it this way / why aren't we doing it another way?
- What isn't working so well?
- Is the information accessible to those who want/need to use it?
- Is it interactive, and if not should it be?
- Does it appear interesting and engaging to the user? Is it user-friendly?

Once the trainee has had a chance to consider these issues, they prioritise a couple of areas that they think would benefit from changing and note these, along with any suggestions for improvement. At a prearranged meeting with the practice, they present their ideas and suggestions as to what needs to be changed and why.

Intended outcomes:

Learning to use observational skills and thinking skills in the context of IT and GP surgery websites.

Gaining a better understanding of web-based communication within the practice, and between the practice and its patients.

Understanding how computer-based resources are organized and utilized by the practice.

Looking at the practice from an equal opportunities perspective with respect to access and effective communication.

Thinking through how to make changes, and to negotiate those changes with others.