Junior Doctors as Senior Medical Leaders

How flattening the curve led to flattening the hierarchy; **The North Manchester Model**

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It has been well documented that during the first UK surge of COVID-19 Junior Doctors stepped up, responding flexibly to changes in clinical responsibilities, rota patterns and working hours. Additionally, many junior doctors took roles out with their usual clinical responsibilities. The North Manchester General Hospital in Greater Manchester redeployed a Foundation Year 2 doctor into its senior leadership teams at the start of the pandemic. This reflective analysis describes some of the lessons learnt from this process and future plans for implanting more junior doctors within senior leadership teams

1 Background

Within most NHS organisations, senior medical leadership teams are made up of senior clinicians; usually consultants or fully qualified GP's

Junior Doctors are often overlooked in senior leadership decision making forums

Junior doctors often face barriers to engaging in management and leadership processes due to inflexible clinical commitments

Juniors are increasing their interest and engagement in leadership training & education, however it is unusual for juniors to get the opportunity to integrate into senior leadership within their prescribed training pathways

3 Aims and objectives

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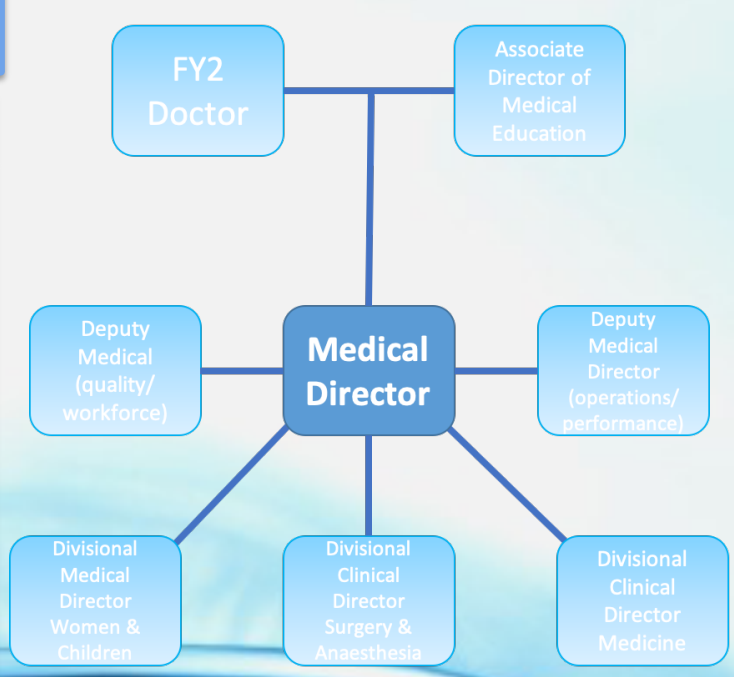
1. **Release junior medical staff to support increased critical care bed capacity**
2. Release staff from specialty's with reduced activity to support medical specialty
3. **Build rota patterns which would increase medical cover 24 hours a day**
4. Build rota patterns with enough prospective cover to account for over 10% forecasted staff sickness
5. **Act as first point of contact for all junior doctor issues and concerns within the organization**
6. Establish robust channel of communication between senior leadership and junior doctors providing both top-down and bottom-up communications

2 What happened

When it became apparent that hospitals may be required to redeploy large numbers of medical staff to cope with changing service needs, the Associate Director of Medical Education approached one of the FY2 doctors who had experience lobbying for junior doctor issues within the organization as a BMA representative

This doctor was released from a significant proportion of their clinical work to focus on leading the redeployment and restructuring of the medical workforce

Senior Leadership Organogram



4 Lessons Learned

1. **Roles, responsibilities and setting expectations.** This role grew organically without any formal role description setting. This led to a challenge in terms of expectations from peers and seniors. Legitimacy amongst colleagues was also difficult due to lack of formal governance structure or policy
2. **Boundary setting and communications**. As the first point of contact for all junior doctors there were large volumes of concerns and queries from junior colleagues, often at antisocial hours. Almost all of these were using a personal phone number and social medica account. In order to mitigate this a work phone and clearer boundary setting was required
3. **The importance of maintaining clinical work.** Whilst the added value of implanting a junior clinician to management structures was significant, there are significant intangible benefits for that doctor maintaining a clinical presence, this includes reducing the risk of de-skilling and maintaining credibility amongst colleagues. Periods where no clinical practice was maintained were noted to be isolating for the FY2 doctor due to effective loss of peer support structures

5 Looking to the future

After seeing their colleague leading impactful change, many other junior doctors volunteered to take on leading roles within the organization. Acknowledging the value this has added t the organization, North Manchester General Hospital committed to offering a fully funded permanent management facing **Medical Director Leadership Fellowship**

The key objective of this is to further increase empowerment and engagement of other junior doctors, whilst allowing significant scope for the Fellow to lead transformative projects across the organization. Thus far this has included establishing robust communications between senior leaders and junior doctors, and the creation of a shadow board for junior doctors named the **Junior Doctor Leaders Group**

References

Home, J., 2020. Junior Doctors as senior clinical leaders – a reflection on my foundation year 2 (F2) experiences during the SARS-CoV-2 COVID-19 pandemic. *International Journal of Healthcare Management*, pp.1-5.

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