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Abstract:	Background North Manchester General Hospital (NMGH) in the UK, has a history of poor feedback from junior doctors, in both overall experience and access to non-clinical development opportunities. The advent of Covid-19 led the medical leadership team to seek a new relationship with the junior workforce. This included giving junior doctors the opportunity to lead reorganisation of services and redeployment. Objective To increase engagement, representation and development opportunities the Junior Doctor Leaders Group (JDLG) was formed. Similar in principle to Shadow Boards seen in the corporate sector, this was designed to normalise junior doctor presence in senior organisational decision making and provide juniors with exposure to leaders and improvement workstreams within the trust. Method & Results An impact analysis was conducted by reviewing internal KPI's, identifying improvement initiatives generated by the group, and surveying members of the JDLG. Initial results suggested junior doctors felt their voices gained increased exposure within the organisation, with 95% of members stating it increased junior doctor representation and 90% agreeing the group made them feel more confident representing colleagues, both of which contributed to cultural and management changes. Increased transparency and trust between junior and senior staff facilitated escalation of concerns from juniors, and implementation of solutions. JDLG members also reported

	improvements to their work and educational experiences. Juniors involved in the group also led a total of 14 organisation-wide improvement projects, of which 11 were completed at the time of writing. Furthermore, results from the GMC training survey showed improvement across almost all indicators. Conclusion The JDLG offers a novel approach to junior doctor engagement and can be beneficial to the cohort of junior doctors as well as the wider organisation.
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The Junior Doctor Shadow Board

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SK drafted and edited the article.

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Abstract

Background

North Manchester General Hospital (NMGH) in the UK, has a history of poor feedback from junior doctors, in both overall experience and access to non-clinical development opportunities. The advent of Covid-19 led the medical leadership team to seek a new relationship with the junior workforce. This included giving junior doctors the opportunity to lead reorganisation of services and redeployment.

Objective

To increase engagement, representation, and development opportunities the *Junior Doctor Leaders Group (JDLG)* was formed. Similar in principle to *Shadow Boards* seen in the corporate sector, this was designed to normalise junior doctor presence in senior organisational decision making and provide juniors with exposure to leaders and improvement workstreams within the trust.

Method & Results

An impact analysis was conducted by reviewing internal KPI's, identifying improvement initiatives generated by the group, and surveying members of the JDLG. Initial results suggested junior doctors felt their voices gained increased exposure within the organisation, with **95%** of members stating it increased junior doctor representation and **90%** agreeing the

group made them feel more confident representing colleagues, both of which contributed to cultural and management changes. Increased transparency and trust between junior and senior staff facilitated escalation of concerns from juniors, and implementation of solutions. JDLG members also reported improvements to their work and educational experiences. Juniors involved in the group also led a total of 14 organisation-wide improvement projects, of which 11 were completed at the time of writing. Furthermore, results from the GMC training survey showed improvement across almost all indicators.

Conclusion

The JDLG offers a novel approach to junior doctor engagement and can be beneficial to the cohort of junior doctors as well as the wider organisation.

Keywords: **Junior Doctor**, **Leadership**, **COVID-19**, **Trainee**, **Transformation**,

Introduction

Background

North Manchester General Hospital (NMGH) is a medium sized district general hospital in Greater Manchester, with a historically poor reputation for trainee experience (GMC, 2020). During the first surge of Covid-19 patients, the senior leadership team acknowledged the significant sacrifice made by junior doctors and the inherent value in engaging and empowering junior doctors to take on leading roles (Home, 2020). With support from the medical director, the trust looked to develop a new relationship with junior medical staff and maintain the momentum gained during the pandemic. This included the creation of a fully funded Medical Directors Leadership Fellowship (MDLF), whose overall objective was to develop better relations between management and junior medical staff (Waugh and Home, 2020).

One of the mechanisms for achieving this goal was to create a group of junior doctors who could engage with both their colleagues and management, as a top-down and bottom-up communication channel. This was named the ***Junior Doctors Leaders Group*** (JDLG).

Members of the JDLG were invited to attend senior leadership meetings to represent their specialties and given opportunities to involve themselves in improvement workstreams at the organisation. The JDLG also acted as a reference group that management and transformation teams could access to seek frontline clinical opinions on service review and restructuring initiatives.

The Leadership Development Landscape

Recommendations set out by the *Keogh Report* in 2013 clearly highlight the need for increased Board-to-Ward engagement and the positive impact this has on frontline clinical care. The General Medical Council's (GMC) *Good Medical Practice* and *Leadership and management for all doctors*, highlight the need for good communication, collaboration, and leadership training for all doctors, irrespective of role or level within an organisation (GMC, 2012; GMC, 2019). These are reiterated in the three reviews published in 2013 by *Francis*, *Keogh* and *Berwick*, all of whom suggest continued learning and professional development are key to creating a progressive culture within a modern health service. The recent NHS People Plan goes further, making key recommendations to help develop current and future leaders (NHS England, 2020).

It is perhaps unsurprising then, that there has been a resurgence in leadership development initiatives, with organisations such as the Faculty of Medical Leadership and Management (FMLM) and NHS Leadership Academy leading the way in developing medical leaders throughout undergraduate and postgraduate medical training. Whilst these organisations provide access to educational resources for early-career clinicians, opportunities are not always available to junior medical staff in the workplace. The *Kerr Report* highlighted the need to build safe mechanisms for junior staff to gain immersive experience in clinical leadership throughout all stages of their training (2018), something which can be challenging to do for trainees who balance clinical responsibilities with portfolio requirements and frequent rotation between departments and organisations.

Lessons from the Corporate Sector

The NHS is not isolated in its need to provide leadership exposure for junior members of staff. When faced with challenges in engaging junior staff and rapidly changing market pressures in 2015, high fashion brand *Gucci* implemented a 'shadow board' (Jordan and Sorell, 2019). This involved recruiting a team of junior staff who were closer to the operational activity of the firm, this group not only had open access to senior leaders but were also tasked with holding them to account. This team of junior employees would feed regularly into senior executive decision making, with insights provided by the shadow board thought to be a significant contributing factor to the firm's turnaround in sales figures. As market conditions continued to rapidly evolve, it was acknowledged that those within senior leadership positions would often be less willing to challenge the status quo and be inhibited by personal biases. Empowering junior staff to actively challenge decisions, provided cognitive diversity leading to valuable insights into markets and facilitated proactive, rather than reactive, strategic decision-making. Imperative to the success of 'shadow' or 'junior' boards, is their ability to access the same information as senior peers and actively influence decision making processes (Tobin, 2019). The model of 'shadow' or 'junior boards' have been successfully used in other organisations including the Accor Group of Hotels, Shakespeare Martineau, a Law Firm, and Beazley, a Global Insurance Group (Tyfting, 2019; Robins, 2020). While Gucci focussed on the benefits of the shadow board to the wider organisation, the concept also aligns with Kerr's recommendations to provide experiential learning and development opportunities to junior staff in supported, safe environments.

As the NHS continues to prepare for future waves of service-users suffering from Covid-19 and an increasing backlog of elective activity, the health service faces arguably the biggest challenge since its inception in 1948. Critical to its survival, is the ability to adapt quickly to change, in the same manner that private sector organisations had to adapt to quickly evolving global markets between the 1980s and modern day. In the context of NHS services, then, the

ability of a shadow board to actively challenge senior leaders by offering a different perspective, with innovative and disruptive ideas, should not be overlooked. This includes a greater understanding of the digital era and potential benefits of social media (Tyfting, 2019; Robins, 2020), with junior staff often being more comfortable networking, collaborating across organisations and speaking up against racism, sexism, and other forms of discrimination (Robins, 2020). Representation from all junior doctor groups, including trainees, and non-training grades across all specialties, was key for us in setting up the JDLG, and ensured that we had a diverse and inclusive group of juniors, not only in gender, age, race and background but also in experience, ideas and expertise.

The Birth of the JDLG

The main aims of the JDLG were to ensure junior voices would be heard in organisational decision making, and to drive culture change within the organisation through increased representation. Additionally, it aimed to encourage transparency between junior doctors and senior management, building mutual trust between all parties and facilitate the rapid escalation of junior concerns and dissemination of critical service messages, both of which were crucial to the pandemic response. With a louder voice within the organisation, a final aim of the JDLG was to improve the work and educational experience of all junior doctors and improve morale in an unprecedented time where mental health, self care, morale and burnout are all major challenges. Whilst it could be argued that a new group of junior doctors would only serve to confuse and dilute existing governance structures, such as Junior Doctors Forum (JDF), the JDLG had a different approach; designed to generate greater buy-in from its members by offering opportunities and accountability that would be difficult to find elsewhere. This began during the recruitment process, applications were invited on a competitive basis, with free text questions. When advertised, it was also clear that if appointed, the tenure of a position would be a full academic year. This generated a competitive element, accountability and personal investment, things sometimes lacking in other groups such as JDF, which in turn, contributes to poor engagement (Kotter, 2012). Within the group there was several separate roles which

applicants could apply for, these can be seen below. Open application processes revealed undiscovered potential within the workforce, with several candidates holding or studying toward postgraduate qualifications in leadership, management and business administration. Talent which may have been missed through closed selection processes by respective clinical leaders. Additionally, junior representatives from the doctors' mess and British Medical Association were allocated ex-officio membership in recognition of the value and expertise they bring. This led to a total of 19 junior members appointed to the JDLG with representation from each clinical specialty and training grade. Within the group there were specific roles as seen below.

2020/21 Membership

- Chair
- Wellbeing Lead
- Communications Lead
- Education Lead
- Locally Employed Doctor/ Clinical Fellow Lead
- Specialty Leads
- Foundation Year 2 Lead
- Foundation Year 1 Lead
- Chief Registrars
- Associate Director of Medical Education
- Doctors Mess Committee Representative
- British Medical Association Junior Trade Union Representatives

Crucially, this project was supported by the Medical Director and Director of Medical Education from the outset, giving the group both sufficient gravitas and the guarantee that successful applicants would be provided with portfolio evidence of their membership at the end of their

tenure. This also helped mitigate the challenges often faced by junior doctors when taking on additional roles, including being released from clinical duties.

The JDLG in Practice

Hands-on experience through JDLG membership provides leadership and management opportunities for trainees and can be an introduction into leadership for junior doctors. For those undertaking postgraduate leadership qualifications, the JDLG provides a means to put their knowledge into practice. It also offered trainees a unique opportunity to influence training and organisational matters within the organisation in a supervised and supported way. This provided a healthy forum to discuss new ideas, share knowledge and good practice with many diverse opinions and solutions. The sharing of experiences and learning amongst colleagues encourages camaraderie and the shared need to succeed. This empowered juniors to take ownership and lead on matters related to Junior Doctors, including transitioning into senior roles. The group also offered opportunities for mentorship from senior medical leaders within the trust, something often difficult to find for early-career clinicians.

An additional means of encouraging engagement from the JDLG members is an online repository of internal and external opportunities. This is maintained by the MDLF and included courses, conferences, prizes and fellowships as well as internal transformation projects and contact details for relevant managers and supervisors.

Results

Impact analysis

To further legitimise the JDLG's status within the organisation, an impact analysis was conducted to gather evidence of the benefits of the JDLG for both the junior doctors involved and the wider trust. This was made up of three elements; an anonymous survey conducted by all members of the JDLG as they neared the end of their tenure, evaluation of the improvement projects which had been completed by the group and a review of other key

performance indicators (KPIs) at the organisation including JDF engagement and junior doctor representation and involvement in organisational decision making.

Survey

Conducted over two weeks, the survey was designed to capture the impact on personal development for individuals in the JDLG, in addition to their perceptions of the connection between management and junior staff. All members of the group completed the survey, with a total of 19 respondents. The results showed that 95% of members agreed or strongly agreed that the JDLG increased junior doctor representation, and 90% agreed or strongly agreed that the group made them feel more confident representing colleagues. 79% also agreed or strongly agreed that the experience was useful for their personal development. Some examples of the qualitative comments are below:

'A great introduction to leadership within the hospital setting, presented multiple opportunities to get involved in quality improvement and development opportunities'

'Very helpful to see the management/bigger picture side to hospital and the work environment'

'Being part of JDLG, helped me address important issues and lead to lots of opportunities for my personal development.'

'Many opportunities were made available for junior doctors, such as representation at management meetings and focus groups.'

'The quicker access to information from senior hospital leadership to share with junior colleagues and the ability to have input into senior management conversations'

Box 1: excerpts from 20/21 JDLG member survey

Improvement projects

At the time of writing, 11 organisation-wide improvement projects have been led or co-led to completion by the group, with a further 3 ongoing. These include the introduction of largescale changes typically lead by operational managers, such as the design and introduction of a 'hospital-at-night' system, Covid-19 related redeployment of medical staff and the introduction of standardised uniform for all junior medical staff. An example of a successful JDLG-led project is in Box 2.

Project highlight: North Manchester Emergency Department Clinical Fellow Development Programme

During a JDLG meeting, it was noted that the emergency department (ED) has a significant reliance on short-term locum staff. Not only is this very expensive for the organisation, but it also led to unpredictable and sometimes unsafe working conditions for fellow doctors and patients, due to short-notice cancellation or challenges finding locum staff. This was discussed amongst JDLG members, and an action plan was put in place by the group. This involved working with the ED management team to develop a new clinical fellow programme within the ED and recruit to posts that were historically hard-to-fill. Members of the JDLG gathered information from internal and external junior doctor networks to understand how to make posts more attractive to potential candidates.

JDLG members then worked collaboratively to design a novel programme based on feedback received. In this model, each post was themed with a non-clinical development component, such as *Wellbeing Fellow*, *Leadership Fellow*, *Digital Health Fellow* or *Communications Fellow*. Within these themes each Fellow was allocated a mentor from within the organisation, with a particular interest in the topic area. Additionally, each Fellow was granted a substantial study budget to facilitate post-graduate study.

JDLG members were supported by operations and finance managers to conduct a cost-analysis and present a business case to the executive team. Following approval, JDLG members managed the recruitment process including longlisting, shortlisting, and interviewing candidates. The result of this project was successful appointment of 11 new Fellows. Not only did this provide a more robust workforce model in ED, but also represented a recurring cost saving to the organisation of over £300,000 per annum.

Box 2: example of improvement project

Additional outcomes and KPI's

In addition to direct impacts of the JDLG described above, there was a notable shift in the approach of senior leaders toward junior doctors, with juniors invited to participate in organisational decision-making. This was seen in the permanent seat for a junior representative at silver command, senior hospital management meetings and representation in the Senior Medical Leadership Team (SMLT) as seen in figure 1. Increased junior visibility was not only seen within senior organisational structures with a recorded 800% increase in junior attendance at JDF meetings.

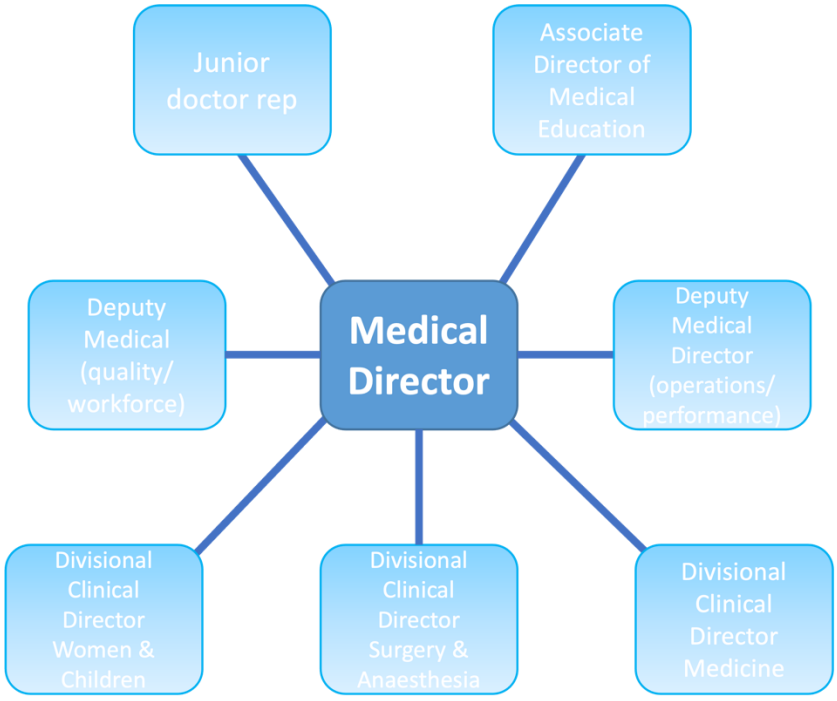

Figure 1: Senior Medical Leadership Team

It is also worth noting that, whilst not directly attributable to the JDLG, results from the annual GMC National Training Survey showed improvements compared to pre-Covid figures in several indicators. Noteworthy areas of improvement include; 'overall satisfaction', 'supportive environment', 'induction' and 'handover'.[1] This positive feedback was also supported by internal stakeholders such as the Freedom to Speak Up Guardian.

Table 1: GMC National Training Survey Results (no 2020 data due to Covid-19) (GMC, 2021)

Indicator	**2019**	**2021**
Overall Satisfaction	69.35	75.20
Overall Supervision	84.68	88.78
Clinical Supervision out of hours	82.61	87.86
Reporting Systems	66.91	71.00

"As a Freedom To Speak Up Guardian, I think having a Junior Doctors Leaders Group enabling Junior Doctors to have a voice in areas where decisions are made that may affect patient safety or their experience of practice at NMGH is great for advancing a Speak Up Culture in the Organisation. What makes this work is having people in key roles to Listen and be able to act on points or concerns raised" – Joanne Williamson, NMGH FTSU Guardian

Box 3: quote from NMGH Freedom To Speak UK Guardian

Discussion

Impact analysis suggests the aims of the JDLG have been met. Members of the group felt their voices were increasingly being heard, and there is evident impact on hospital procedures. Evidence of culture change is also clear through additional improvements described. Improvement projects instigated by the JDLG show evidence that increased transparency and trust between junior and senior colleagues has enabled concerns of junior doctors to be escalated, leading to tangible benefits for all.

In addition to the above, anecdotal evidence suggests that a key function of the group is peer-to-peer support between members, with varying levels of seniority and leadership experience within the team, allowing for development and knowledge sharing between all training and non-training grades of doctor. An additional unexpected benefit of the JDLG is

improved interdepartmental working, with junior doctors from different specialties developing strong working relationships, reducing historical ‘silo’ style working and developing a pan-hospital vision for junior doctors.

In recognition of the positive impact of the JDLG on the junior workforce, the director team committed to the provision long-term funding of leadership fellowships to support the project. Additionally, the SMLT further recognised the positive impact of an engaged junior doctor workforce and open culture, by committing to work closely with the JDLG to deliver their goal of providing the best junior doctor working and training experience in Greater Manchester by 2024.

Conclusion

The JDLG demonstrated that junior doctors are capable of leading complex transformational projects, can offer clinical insight into trust-wide development, and can influence cultural change. Shadow boards, and the experiential learning they bring, can be utilised within NHS organisations with as much success as they have found within the corporate sector.

Providing the required real-world leadership experience, as mandated by the NHS People Plan and GMC, the JDLG model offers engaged junior doctors’ opportunities to integrate themselves into leadership structures. A shadow board can help to nurture an open and inclusive culture, developing cooperative relationships between leadership teams and frontline medical staff. Additional benefits include increased inter-departmental collaboration and peer-to-peer support mechanisms.

To maintain efficacy and relevance, it is important a shadow board evolves in line with the organisational development of the trust itself. This requires regular review of functionality and integration into organisational architecture. As the group continues to contribute positively to the organisation the hope is that it will be increasingly utilised for advice and guidance on

workforce and systems transformation. Furthermore, this model can be applied to other staff groups within the organisation, as well as other NHS providers.

Within NMGH, the JDLG has provided tangible benefits to staff engagement, Board-to-Ward communication mechanisms and opportunities for juniors to improve the services they work within. As we look forward to a time of unprecedented challenge for NHS services, novel solutions such as a shadow board may prove crucial in maintaining the organisational agility required to cater to the needs of our patients.

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