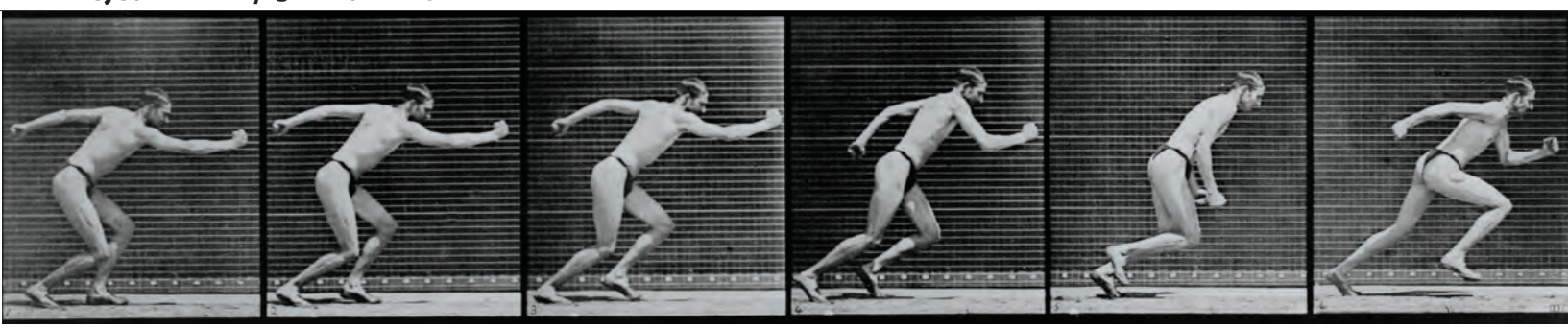
HEALTH SERVICE JOURNAL hsj.co.uk

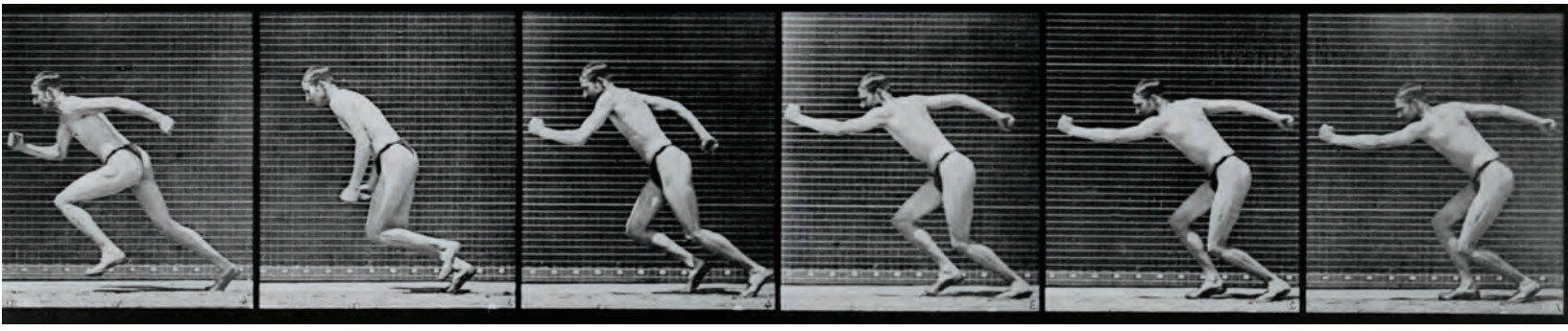
HSJ TRAINING AND DEVELOPMENT

AN HSJ SUPPLEMENT/23 FEBRUARY 2012



SPRINT FINISH

HOW TO SOLVE PROBLEMS AT HIGH SPEED WITH ACCELERATED LEARNING 4



Is it time to assess your future?

If you are looking for **development opportunities,** choose to be **taught by the experts** at the Health Services Management Centre.

Visit us at **www.birmingham.ac.uk/hsmc** for more information

We are one of the leading centres specialising in **policy, development, education** and **research in health and social care services** in the UK. Our aim is to strengthen the management and leadership of these services and to promote improved health and well-being.

We offer a variety of full-time and part-time Masters programmes at MSc/PG Diploma/ PG Certificate levels. Our programmes include **Health Care Policy and Management; Health Care Policy and Management with the option to specialise in either Commissioning or Quality; Leadership for Health Service Improvement and Managing Integration for Health and Well-Being.**

UNIVERSITY OF BIRMINGHAM

Health Services Management Centre

H8304CC

UNIVERSITY OF BATH

Postgraduate Education *for* Healthcare Professionals

The renowned Professional Doctorate in Health is designed specifically to develop research and leadership in health and social care.

The programme is delivered by online, distance learning enabling you to study whilst working. Research events are held at the University providing you with the opportunity to network, socialise and learn with your peers.

Apply now and commence in September 2012.

Email: dhealth@bath.ac.uk

Tel: +44 (0)1225 385230

www.bath.ac.uk/health

H8303CC

CITY UNIVERSITY LONDON

Delivering choice

MSc/PG Dip Midwifery

For qualified midwives who are looking for career progression, this programme at City University London is ideally suited to deliver that goal. It provides the skills and understanding necessary for staff leadership, practice development, research and policy formulation. It offers a high level of flexibility, with four core modules and the choice of a further five (from a wide range), as well as being available on a full and part time basis. Different levels of qualification can also be achieved from a PG Dip to a full Master's Degree (180 credits). Alternatively individual modules can be taken on a stand-alone basis or as part of CPD.

cpd

For information call +44 (0) 20 7040 5828, email healthpostgrad@city.ac.uk or visit our website.

Entry to the programme is flexible with an intake in January and September.

www.city.ac.uk/deliver

H8302CC

CONTENTS

Supplement editor
Alison Moore
Sub editor
Amit Srivastava

CPD

Time to play hunt the funding

NHS bodies must seek new cash for CPD – and get more value from every pound they spend. By Alison Moore

Equipping staff with the skills to take on new roles and responsibilities is becoming more crucial than ever as the NHS evolves.

But both staff and continuing professional development providers are having to respond to squeezed budgets that mean non-mandatory training is harder to access.

One obvious point is that funding for non-mandatory training needs to go as far as possible. There are various ways of doing this: e-learning, which can reduce the time away from the coalface and shift CPD into the employee's own time, is one.

But it is unlikely to be the only answer. Blended learning – with some components taught at a university and some work-based learning – is also useful, says Dr Michelle Spruce, head of allied health professions at London South Bank University.

Tailored courses that meet the particular needs of an organisation have become commonplace. And very often the focus is not on learning for learning's sake but delivering improved competencies and skills which can be related to improved patient outcomes. "Managers need to know they are getting some improved productivity back and the people on the course can see the relevance," she says.

"Universities can't operate in isolation any longer. Gone are the days when service managers allowed people to go on courses for their personal development."

This means working closely with NHS organisations and those in the private sector to identify what is needed and how CPD can relate to areas such as QIPP.

London South Bank University has gone further. It is running roadshows to help trust managers uncover pots of money to support training. "There is still some funding around to support CPD," says Dr Spruce. "It is not always as transparent as it might be – it's like hunt the thimble but [it's] hunt the funding. Sometimes it can just be linking up with the right people in their own organisations."

But additional pots of money can be accessed outside the organisation – for example, money for backfill has been obtained from NHS London.

But some professional groups are still finding CPD challenging. Issues include funding for external courses, getting time out of the workplace and concerns that, without backfill, colleagues will be overburdened, especially if vacancies are not being filled and they are short-staffed.

Dominique Lowenthal, head of professional development for the Royal College of Speech and Language Therapists, says CPD now has to offer service benefits or cut costs if it is to be funded. "CPD has become much more aligned with what services are looking for – which is not a bad thing," she adds. There is also an emphasis on a trickle-down approach with one employee attending a course and then feeding back to others.

But while e-learning has increased it may not be suitable for all areas – especially as speech therapists need softer skills such as influencing and leadership in preparation for persuading GP commissioners to back their services, she says.

A survey for the Chartered Society of Physiotherapy found while 72 per cent felt that CPD supported them in their existing roles, 59 per cent said that their employer did not provide CPD to help them progress to more advanced roles.

CSP research and policy officer Penny Bromley points out there is evidence that physios who receive satisfactory CPD do apply their new knowledge in reviewing services. Nearly two thirds of physios surveyed felt that CPD in the last 12 months had helped them make changes in clinical practice or develop new skills.

But the position is not all bleak. Zoe Parker, education manager at the College of Occupational Therapy, has a more positive view of CPD. Over the last 10 years there has been a move towards different sorts of provision and less passive "traditional" learning. This has helped occupational therapists get work-based learning and experiential learning recognised.

But she warns that OTs offered new or extended roles should refer to their professional standards and code of ethics – and turn such roles down if they feel inadequately prepared for them. ●

TIM BILHAM ON REFLECTION

UNIVERSITY OF BATH

It appears that everyone is now plugged into multiple networks – social and professional – and uses technologies that enable us to be always contactable. Wifi networks are everywhere: home, office, coffee shop, hotel, airport, train – there seems nowhere where you cannot be in communication with your work or your learning.

In many respects healthcare is leading the way with technology being used for practical applications that also facilitate informal learning – you can use an iPhone to measure heartbeat or handheld devices to monitor fitness – in fact there are over 17,000 healthcare smartphone apps and counting! Many apps provide instant look-up information and learning for practitioners.

Yet while there is value in the immediacy of this "just enough, just in time" approach, we also need time to reflect on our practice, to research new approaches, to weigh up the latest evidence and to learn with, and from, our colleagues.

Many universities, colleges and private providers are responding to this challenge by utilising learning technologies in ways that provide flexibility and also allow time for the reflection, integration and application that is necessary to promote deep learning and understanding.

E-learning, now commonplace in healthcare courses, provides some of the most effective learning solutions for doing this. Online communities of practice allow the sharing of best practice, virtual clinics provide rich case studies, streamed videos can give access to inaccessible places, and simulations and virtual worlds allow for safe experimentation.

St George's, University of London, has developed some highly innovative virtual learning. The Royal College of Nursing, the Open University and Skills for Health have also developed excellent courses in areas such as infection prevention and control, improving patient care and transforming professional practice.

The University of Bath offers part-time, work-related courses blending e-learning with experience and practice in subjects such as primary care, sports medicine and physiotherapy, informatics and pharmacy practice. Many other universities and private providers also provide excellent e-learning.

Nowadays, in professional practice, flexibility is key. We need access to accurate and safe information quickly and on the move, to keep ourselves abreast of new developments, to demonstrate professional development (often for revalidation), and to reflect upon our practice in professional communities.

In embracing new opportunities, e-learning is providing exciting and effective ways of learning.

Tim Bilham is a national teaching fellow of the Higher Education Academy and director of healthcare programmes at the University of Bath.

TECHNOLOGY

ELECTRIC DREAMS

The vision of cost effective, clinically effective e-learning is finally becoming reality, reports Daloni Carlisle

Once upon a time, e-learning meant a course of variable quality supplied on a CD and then latterly via the internet.

Not any more. In an era where, for example, doctors can practise operations on simulators before laying a hand on a patient, technology is having an enormous impact on learning in healthcare. And e-learning now includes not just electronically delivered courses but also webinars, video conferencing and collaborative "action learning sets" where participants meet in the virtual world.

Organisations can extend education beyond the elite to the masses. They can make e-learning modules mandatory, and easily monitor completion. And they don't have to release staff for courses or pay for travel. As a result, a number of organisations are looking to e-learning in future as their main or indeed their only provision. The General Medical Council, meanwhile, now thinks that doctors should learn hands-on procedures first on a simulator.

In November the Department of Health recognised this leap forward and issued guidance for commissioners. Technology enhanced learning offered "unprecedented opportunities" to skill the workforce and support teamwork, it said.

But, it added: "There is significant variation in the provision and use of e-learning, simulation and newer technologies both geographically and between disciplines. Research suggests that simulation and e-learning together with high quality supervision has the potential to improve confidence and competence. However, the opportunities for multidisciplinary and inter-professional learning are not being fully exploited."

Among organisations putting e-learning at the forefront of their education and training strategy is NHS South West. In 2010, the SHA signed a contract with Capita to provide an e-learning platform for 110,000 NHS workers built not around staff needs but patients'. It went live in April 2011 and, so far, over 39,000 people have used it. It was built by King's College London, the University of the West of England, the University of Plymouth, Somerset College and Capita around seven care pathways.

"That means that users can access

learning specific to their profession or to their area of care," says Christine Whitehead, assistant director for education and training commissioning at the SHA. "So a nurse working in elderly care can access the learning on mental health."

It has worked best where organisations have seen it as part of their overall strategy for education, she says. For example, North Devon Healthcare Trust, which is a 100-mile round trip from the nearest university, saw it as "a gift", she says. "They are working very carefully to bring people in and use it as a main training plank for their education and training strategy."

Poole Hospital Foundation Trust is using material on dementia to train all staff who may work with dementia sufferers – including healthcare assistants, who were previously very poorly served.

Ms Whitehead says the trust no longer has to worry about "whether there is a course being run when you need it and whether you are the 21st person and there are only 20 places on the course".

Users can share their experiences and comments, and set up action learning sets and learning communities. "Currently we have 45 communities," says Derek Sprague, workforce development and quality manager for the SHA. "Some are based around professions and some around trusts."

Trainers can – and do – use the material for formal classroom sessions. Learners can log their training – although not link it to their NHS electronic staff record as Capita's system is not currently integrated with this. The material is linked to qualification levels and learners can apply to have learning accredited by academic partners.

Ms Whitehead admits that it will take a while before everyone in the SHA is using Learning for Health. "This is a big cultural change," she says. "We are less than one year in and we are managing that cultural change now." Yes, she admits, some people do feel put out – mostly nurses who were used to university courses. "But you have to remember that it was a tiny proportion of the workforce who had access to this, maybe 1,000 nurses. This platform serves patients, not individuals."

"It's not the panacea for everyone," adds Mr Sprague. "But for all sorts of reasons, e-learning will be a significant component of delivering education in the future. For us it is the obvious and only solution."

The NHS Institute is also expanding its technology enhanced learning. As well as developing The Productive Series in e-learning format – available this month – the NHS Institute now routinely uses virtual action sets via webcams and internet-enabled based seminars and workshops.

'The trust no longer has to worry about whether you are the 21st person and there are only 20 places on the course'

"It's just much more viable in an NHS that is financially stretched," says interim director of learning and development Julia Taylor. "It is very well-received. Some participants state this approach enables them to attend when travel costs and time would otherwise prohibit them."

One important lesson from her work with the NHS Vanguard Programme for 122 emerging leaders is that virtual action learning sets work more quickly if we build in an initial learning set face to face.

The DH-funded e-Learning for Healthcare is also going from strength to strength. Since 2007 it has set up 50 projects providing clinical learning, all developed with medical royal colleges and other academic partners. In 2011, eLH delivered 431,000 hours of free learning to NHS staff.

Director Dr Julia Moore says: "It is not just cost effective but also clinically effective and for me that's the most important thing."

Recently, eLH worked with the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists to develop a training programme on foetal monitoring that could potentially save 100 to 120 babies' lives and £25m in litigation costs a year.

"This is something that it is very difficult to train people for unless you are on the spot and see it well managed," says Dr Moore. "We have put together the knowledge content and a simulator tool where the learner works through real traces and has to describe what they are seeing and what they would do and get feedback on how they performed. It was complex to design but is the most phenomenal training tool."

Jo Robertson, student adviser for the RCN, agrees that there is a real place for e-learning in today's NHS. "It can be quick, it can be done in bite sized chunks, it means you don't necessarily have to have time off work." But she warns that many of those in the lower bands struggle with IT access. "Bands one to four do not, as a rule, have access to computers on the ward and therefore have to do it at home," she says.

Though she is an enthusiastic advocate of e-learning, Dr Moore says it is not the only way to educate and train. "There are some things that even the most fantastic e-learning cannot teach you," she says. ●

The introductory Productive Ward module, free to NHS England staff, is at www.institute.nhs.uk or www.theproductives.com

REFLEXSTOCK

TONY BUTTERWORTH ON GOING FASTER

IN ASSOCIATION WITH THE NHS INSTITUTE FOR INNOVATION AND IMPROVEMENT

NHS
Institute for Innovation and Improvement

NHS organisations face great pressure to increase service quality while at the same time developing their staff when budgets are being cut. One answer to this is to think differently about how training and continuous professional development can be delivered – and it is with this in mind that the NHS Institute is developing its most recent offerings.

Virtual or e-learning is the way to go, allowing individuals, teams, organisations and communities to access and share learning with the major benefit of helping to manage costs.

While reducing overall expenditure (travel time and cost, inconvenience of time away from the day job), e-learning is a faster way to deliver education and training. It can be more effective than classroom or seminar style learning for many and is more sustainable in that it delivers a lower carbon footprint.

Investing in learning for the workforce is arguably more challenging now than it has ever been but leaders need to grasp the nettle and organise in new and exciting ways. The NHS Institute is delivering training in alternative ways which maximise engagement and interest through virtual methods. Online seminars at the NHS Institute are the backbone of many programmes, requiring just one initial face to face meeting to provide a kick start and ensure

'Investing in learning is more challenging than ever but leaders need to grasp the nettle'

communications are based on common understanding and effective relationships.

NHS Live runs a series of free online seminars lasting just 90 minutes that help NHS staff develop their skills for improvement – these have grown in popularity over the year and now attract hundreds of individuals at every session.

Similarly, "Expert on Call" sessions attract large numbers of people each month. The desire to learn and share from others is as great as the need for more formal personal development.

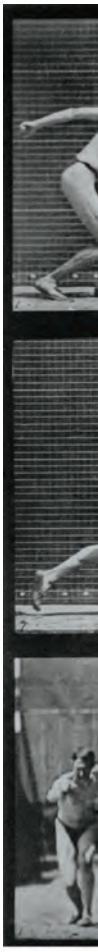
The benefit to individuals of e-learning is that it is effective regardless of the learner's preferred learning style and it can be self-pacing. The only slight disadvantage might be that resources are not in hard copy format to be referenced in the future, and of course it requires upfront investment for the provider. But thinking differently has enabled the NHS Institute to develop the latest e-learning initiative for Productive Ward training.

If we are to continue to develop the workforce and deliver up to date and on demand training at scale and pace then surely e-learning is a positive and accessible way to go.

Emeritus Professor Tony Butterworth is interim chair of the NHS Institute for Innovation and Improvement, www.institute.nhs.uk

ACCELERATED LEARNING

THE NEED FOR SPEED



Some problems in the NHS are too pressing to wait on months of meetings and memos, says Alison Moore – which is where accelerated learning events come in

Bringing about change in the NHS can be a very long term task: setting up working groups to consider problems can produce well-reasoned solutions but take several months.

During that time busy clinicians and managers will attend many meetings, often taking substantial chunks out of their day. By the time the process has ended enthusiasm may have started to wane.

But sometimes speed is of the essence. The NHS Institute has been working with many NHS organisations to deliver solutions in a quicker timescale.

These Accelerated Learning Events are meant to do what it says on the tin – increase the speed at which problems are tackled and a way forward identified. Similar approaches are used in other industries and by consultants but the NHS Institute believes that this technique has much to offer the NHS, especially around engagement and promoting creative solutions.

Liz Maddocks-Brown, programme manager for capability building at the NHS Institute, says: "They are a method for very rapidly bringing together a cross-section of a system that is experiencing some difficulty or challenge, and getting them to work in a very intense way to deal with that problem."

Typical challenges are "intractable issues that people are facing for the first time" which often major on engagement. Some sort of joint ownership of the problem is important in generating the joint solution. But the approach is predicated on the view that if stakeholders are brought together, the solution is likely to be in the room. "It is an opportunity for people who have never met before to come and share a joint problem."

Examples include identifying the development needed to support the establishment of health and wellbeing boards, which was able to bring forward a framework and principles of a development programme. The NHS Institute was then able to work with the Department of Health to launch an action learning programme for shadow health and wellbeing boards.

Other subjects tackled have included work around establishing commissioning groups and looking at access to care across GP practice boundaries, which led to recommendations that have helped to shape policy. At a more local level, ALEs have been used to look at procurement challenges to identify efficiency savings.

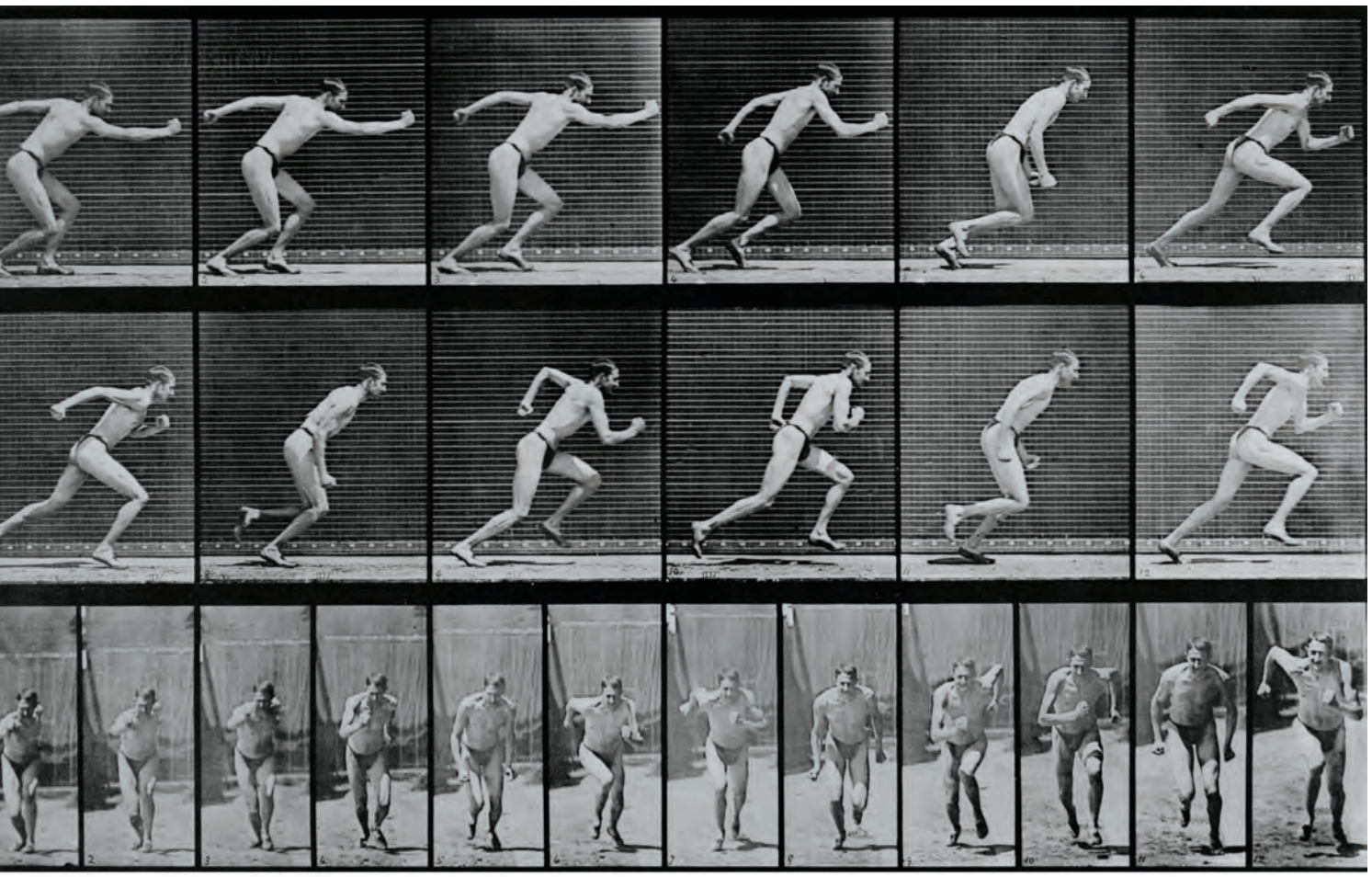
So what is different about the approach? Part of the answer is that a large number of people can be engaged in the search for the solution – Ms Maddocks-Brown says at least 20 per cent of those impacted by any solution should be involved, with emphasis on getting a representative cross-section of people together. This can mean groups of up to 100 – far more than are likely to be involved in a working party or task force.

"The premise is this is a whole system challenge. It can be an organisation. It could be a department or several departments with several agencies as key stakeholders," she says.

The process of accelerated learning events is based in neuroscience. The aim is to create an environment which is likely to produce new ways of thinking – in neuroscience terms, to tap into the right side of the brain which is linked to creativity and processing novel solutions.

The approach has needed a little refinement for the NHS, to work in a very different culture and often with lower budgets that in private companies. The NHS Institute has a team of trained staff who can deliver such events.

"We have run events for acute trusts, community trusts, across systems, we have run a number of high profile events for the Department of Health. The application of these events is quite diverse," says Ms Maddocks-Brown.



REX

Careful preparation by both organisers and participants is key to the success of the event. Participants are usually sent a questionnaire pre-event to focus their thinking.

And perhaps more surprisingly to those used to dusty boardrooms, the events themselves are designed to engage as many of the senses as possible. Music, artwork and anything tactile are key elements. The events are designed to be very fast and active – participants move around the room – and may have no official breaks.

Ideally the ALEs are run over a 36 to 48 hour period, including an overnight stay. Often the agenda for the second day ends up being rewritten overnight. At this point, it can feel like putting together IKEA furniture, she jokes: all the pieces are laid out on the floor but there aren't any instructions.

"They are extremely dynamic, very energising, very creative and liberating," says Ms Maddocks-Brown. "But they can also be very frustrating. If you are not grumpy by the end of day one you have not done your job well.

"We have really full monty ALEs which are run as we would ideally like to design and deliver them over two days. We have run some like this which have been very energising and have had long lasting results. But we also have modified events where we try to achieve the same thing in a day with reduced equipment and resources. We can run a Rolls Royce or a Mini event!"

'The events are very energising but they can be frustrating. If you are not grumpy by the end of day one, you have not done your job well'

The speed with which solutions can be found and an action plan developed – looking over the immediate, one month and three month periods – makes the events good value for money.

"We have been very careful about the need to manage the resources and perceptions of these events," she adds. At a time of financial stringency being overly flamboyant is out: what she terms "ALE-lite" can be Blu-Tack and sheets of paper from flipcharts rather than whiteboards and audio-visuals. "We ran one event for NHS South West in their learning and development centre using minimal equipment and for music one of my colleagues brought in a ghettoblaster," she says.

Caroline Stranger, head of leadership and organisational development at NHS Midlands and East, is an enthusiast for the approach. She was involved in the GP event where around 100 people were asked to focus on what the leadership development needs of clinicians involved in clinical commissioning groups would be.

"They are highly effective techniques to bring a large number of people together to focus on some very specific outcomes and results very quickly. It is not rocket science. The trick is in the planning and asking the right questions.

'The environment is important – it has to be conducive to people moving and working with really visual stuff."

She thinks the approach is well suited where large numbers of people need to come together for a relatively short time and has used the approach in Luton to encourage GPs to think about how clinical commissioning should be configured. ●

Adapting training to 21st Century needs

e-LfH

NHS Training for Innovation

Recent reports from the DH and the NHS Forum recognise the need to support healthcare professionals with an excellent education and training system. The rationale for this is clear. Of course patient care remains our central focus but this is increasingly affected by turbulence in the external environment and drivers for change are multi-factorial. They include demographic trends associated with an ageing population, 15 million with long-term chronic disease and 60 million patient customers to be treated within financially restrained budgets. In addition, technology is constantly morphing and healthcare workers, carers and patients have to keep abreast of changes. The internal NHS landscape is also undergoing some major changes including decentralisation and the introduction of telehealth.

The need for an integrated training system is compelling but one key challenge is to provide integrated solutions in a cost effective way that also fits with busy life styles. To achieve this we must embrace 21st century technology and its likely learning mix of e-learning, simulation and face to face training.

Within this mix, we should not overlook the advantages of partnering between NHS organisations, Universities, Royal Colleges and companies to leverage advantage and maximise strengths as cost effectively as possible. A successful example of such a partnership is the DH funded e-Learning for Healthcare (e-LfH) - www.e-lfh.org.uk - an educational web-based platform that provides quality assured on-line training content for the UK's healthcare workforce.

One of e-LfH's partners is Training for Innovation (TFI) based at the Chelsea & Westminster Hospital www.tfi.nhs.uk . In partnership with e-LfH and various medical device companies, TFI has so far produced 35 e-learning training programmes covering the use of medical equipment. Badged under e4E (e4Equipment) these are all accessible free of charge to NHS staff on the national learning management system (NLMS) or from the e-LfH website. As the NLMS is fully integrated with the electronic staff record (ESR) employers can readily record completion of mandatory and other training.

Worldwide estimates suggest that some 14,000 firms between them produce more than 100,000 different medical devices and the MHRA receives regular reports of adverse incidents involving medical devices, many of which might have been prevented by better training. As the diversity and technical complexity of medical products increases, training needs become ever more demanding and keeping on top of medical device training poses a significant risk for employers. The partnership between TFI, e-LfH and industry is providing a very useful component in the training of newly appointed NHS staff, nursing and medical students.

The provision of this national e-learning solution has significant advantages. The material is both consistent and quality assured. In addition staff and managers benefit from the flexibility of use and transferable training records. With today's fast pace of change in healthcare and society appropriate partnering in the provision of quality assured training for distribution to integrated local NHS networks makes sense. The effective partnership between TFI, e-LfH and prominent medical device manufacturers makes this case loud and clear.

H8306CC

A MUCH BETTER FOUNDATION

Junior doctors traditionally get little help to develop management skills or see the bigger picture of improving care – but that is starting to change. By Alison Moore

If doctors are to be the leaders of healthcare systems, they need to understand the challenges that face managers and be prepared to lead and implement change.

But many young doctors have little exposure to management issues or understand what needs to be done to improve care. Their training is likely to have emphasised clinical skills but they may have limited understanding of how these skills fit into the bigger picture.

The medical leadership competency framework, drawn up by the Academy of Medical Royal Colleges and the NHS Institute, recognises the importance of the development of leadership among medical students and young doctors.

But offering the junior doctors the chance to step away from the clinical side and develop the skills which could make them leaders can be a challenge.

A pioneering scheme in the North West is exposing foundation level doctors – those just out of medical school, doing their initial training in hospitals – to management and leadership challenges.

Each year, three incoming foundation level doctors at Bolton Foundation Trust are selected for a management track scheme. This involves spending half a day a week on a suitable project – taking the doctor out of his or her immediate clinical setting and offering them exposure to other areas and perspectives.

The scheme is very popular and is oversubscribed. Junior doctors already on the scheme say they have been approached by 15-20 doctors keen to get involved in the next intake. So what makes the scheme such a draw? Part of the answer seems to be the opportunity to develop a wider view of the organisation they work within in.

"One of the reasons that I wanted to apply was that it would give us a behind the scenes look at how the NHS works," says one junior. "You can't help but see yourself as part of a large system," adds another.

Leading the way: junior doctors in Bolton get to grips with management problems

'Juniors felt they were seeing more of a patient's whole pathway rather than just the section they would be involved in clinically'

F1 trainee Louise Ellison adds that working with a variety of services and disciplines helped her see the issues from other points of view. Juniors also felt they were seeing more of a patient's whole pathway rather than just the section they would be involved in clinically and were also more aware of the role of primary care.

Time to reflect

Another attraction is the sort of projects the doctors can get involved in. "We get protected time on a Thursday afternoon and do work with the Bolton Improving Care System team," says F2 doctor Kieran Hagney. This team uses lean principles to transform the processes of healthcare, from the way buildings are designed to one-stop out-patient clinics.

Kieran and two other F2s – Katie Telleck, and Patrick Coulter – were involved in a

mortality audit looking at all patients who had died within the first 24 hours of admission, and presenting the outcomes to a high level meeting, which then influenced ongoing improvement plans.

And the doctors can get the chance to tackle issues including improvements in quality. "We as junior doctors are able to make improvements or at least attempt to make changes," points out one.

Part of the learning is knowing how to go about making these changes – whom to contact, for example. "We are talking to other doctors at F1 and F2 level who see problems themselves and don't know how to go about changing them," says F1 Tom Leach. Patrick saw the opportunity to take part in delivering education to colleagues and peers as one of the best bits of the training. Louise Ellison, another F1, adds: "What this course gives you is confidence. We have people to bounce ideas off and the tools to analyse them."

And the ideas can bring about change. "Tom, Louise and I did a discharge audit a couple of months ago asking patients how they were prepared for it," says F1 Claire Greasley. "The feedback was that they wanted more nurses to talk to them about discharge as well as doctors." This has been fed back through the hospital and changes made: they are now planning a second audit to see if they have had an effect.

Bolton was a pioneer of the lean approach in the NHS. Joy Furnival, associate director of transformation at the trust, says that the work done has been using the fundamental principles behind lean. "It is an aim to increase the capability of all groups, including junior doctors," she says. The trust is now keen to see it extended to middle grade doctors.

"It was the idea of our associate director of medical education, Dr Malcolm Brown, that it would be a good thing for doctors to be exposed to management activities early on in their career so they would be able to implement and influence change later on," says Dr Mayen Egbe, a consultant in elderly care who has led on the project.

"We get them involved in all kinds of things: planning and implementing care bundles for different diseases, working with the medical director and we have had them working in the community. We hope that once the GP consortia is up and running we will get them working alongside them as well."

The trust has now integrated with its community service provider, offering an opportunity to work across both sectors.

Participants bring different skills to the table – one doctor is a whizz with IT and has designed screensavers to push crucial messages around hand hygiene, for example. Medical education manager Joanne Warburton says they enjoy being able to give a little bit more than simply their clinical skills and often put in a lot of their free time on the projects.

Eager to learn: young medics are keen to join the scheme, which is oversubscribed

The scheme is still developing and the feedback from these students will influence its future. To get on it, applicants have to write 500 words on why they want to follow the management track and what they have done so far which equips them to take on leadership roles. They are then interviewed by Dr Egbe and two others.

An interest in management

So what difference does it make to those doctors who take part? As it is only in its third year, it would be too soon to expect the doctors who have been through the scheme to be fully fledged clinical leaders. But Dr Egbe says they seem to have retained an interest in management – some are very keen on clinical audit, for example. And although only a small proportion of the trust's junior doctors are involved, they influence their peers – having more of an effect than senior staff might have.

As they are based at Bolton for two years, they can also see their projects through to fruition, rather than moving on after just a few months.

For juniors considering general practice as a career, there is an obvious link to the expanding role of GPs in leading clinical commissioning groups.

And for the Bolton trust the scheme offers other benefits. "From a strategic perspective it is one of the ways that we try to differentiate ourselves," says Ms Furnival. "It is not just a short term investment – hopefully they will come back as consultants and want to work in Bolton."

The juniors, who went to medical school in Sheffield and Manchester, do feel enthusiastic about Bolton. "I feel quite patriotic about it," says one. "It makes it more attractive as a hospital." ●

'THEY ARE FRESH AND COME UP WITH NEW IDEAS'

The Bolton scheme is one of a number run by the North Western deanery aimed at doctors at foundation and specialist registrar level.

Postgraduate dean Jacky Hayden says that doctors involved still have to satisfy normal clinical training requirements but will also get an opportunity to show leadership. For example, the leadership programme for specialist trainees involves 75 per cent clinical work and 25 per cent leadership activities.

In one scheme, junior doctors meet every three to four months in a "night school" with input from a guest speaker and decide for themselves how they can best use each speaker's time.

Some trainees work alongside NHS graduate management scheme trainees on projects. "The plan is with doctors and managers growing up together they will have greater understanding of each other's roles and prevent tensions starting," she says.

So why get them young? "If you give doctors leadership opportunities, it can make a huge impact," says Professor Hayden. Junior doctors will work across a range of areas within a trust and will also across different trusts, she points out – in the north west, foundation trainees spend four months in general practice.

Exposure to varied settings gives them a different perspective – they will see things done differently or that could be changed. "They are fresh. They have not got the approach that we have always done it this way ... They come with new and jolly good ideas. I think doctors are taught to solve problems," says Professor Hayden

"I think we do need to ask ourselves what do we expect junior doctors to be doing. Why have them doing tasks with little educational benefit?"