

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I spent six weeks with the Primary Care team within NHS England and Improvement. This was through the Faculty of Medical Leadership and Management, as part of a medical student leadership elective scheme. The scheme saw a small group of around twelve students, placed within teams at NHS England and Improvement, Bupa, NHS X, FMLM, the CQC and the GMC. Each week there were sessions held for the FMLM students; a formal education programme, clinical fellow facilitated discussions and lunchtime leadership sessions. These sessions covered topics such as The importance of teams: Looking at leading vs leadership and the value of followership, Leadership Lessons from the pandemic: Perspective from Self, Team and Organisations, Local politics and persuasion in NHS organisations, What are the priorities for the NHS?, Workforce Challenges, How to be a leader as junior doctor, The importance of equality, diversity and inclusion in leadership, and How does the NHS work? These sessions allowed the group to discuss and develop ideas around leading change and share our experiences at our host organisations. Through this I was able to reflect on my own strengths and confidence and start to understand how I may be a leader in my next role as an FY1.

The rest of my time was spent with the Primary Care team at NHSEI, which took various forms. I learned that the Primary Care team at NHSEI was made up of a large team of over a hundred staff members, but within that there is a smaller team who have a clinical background. Unusually, the medical director of Primary Care, was also clinical. Most of the team still worked as General Practitioners part of the week, and then their roles at NHSEI for the other part of their week. Each team member had their own main interests, some worked in health inequalities, others in workforce challenges, and sustainability, to name a few. In the first week I met with the two clinical fellows in the primary care team, who invited me to meetings that they were attending, and I met the wider clinical primary care team at the team meeting. In a discussion with one of the clinical fellows, I also decided on a project to undertake throughout the six weeks, which was to follow on from my SSC4 literature review on interprofessional education in Primary Care, given its relevance to Primary Care, and the current push to improve collaboration in an ever expanding, diverse workforce. I then had one to one meetings with each team member over the next week and a half, where I had the opportunity to introduce myself and what it was that I wanted to get out of the placement, I also outlined my project and had a small discussion about the teams experience of IPE. Throughout the six weeks I attended meetings about healthcare inequalities, and sustainability, and a selection of other workstreams. This allowed me to see who the teams were made up of, how work was allocated, and in what ways the teams influenced day to day clinical practice. I was also invited to a selection of evening events including Next Generation GP, GP Webinar and The Big GP Conference. These really served my wider development, for example the Next Gen and Big GP Conference would invite guest speakers to talk on the topic of leadership and inspiring change. These meetings and events were attended by senior medical leaders and their top-level teams within NHS and arms-length bodies.

I worked with several clinical fellows throughout the placement. I worked with several of the National Director's Clinical Fellows, most through teaching sessions and discussion groups. I also spent a lot of time with a sustainability fellow who was also part of the primary care team and shadowed their work on inhalers. I was able to attend meetings with senior medical leaders and their top-level teams within NHS and arms-length bodies and see how the project developed over the six weeks. I worked closely with one of the Fellows who was part of the Primary Care Team at NHSEI. We met twice weekly to discuss my development and experience, and for support on a project. In my first meeting with the fellow I gave a bit of background to my previous SSC work, mentioning my SSC4 on how interprofessional education can improve collaboration in Primary Care. The fellow then suggested that I develop this work further, across the six week block. I felt quite happy with this, as it was a topic I had covered extensively in my SSC4, and that I had personal experience from my previous degree in Adult Nursing. There was also a feeling of satisfaction in picking back up a piece of work that I felt did have potential, but in the form of a literature review it was not easily digestible, and so the message of my work was sort of lost amongst a lot of relatively dry content. I also was quite keen to see how an idea could be developed into real practice, and how something I feel quite strongly about would be received by the wider team of senior leaders. However, I was a little daunted as the brief was very vague – and I had no examples of other work for inspiration. Firstly, I adapted my work into a much more consumable two sides of A4, in the form of a briefing paper. I then added an annex, showing examples of how the

idea has already been implemented. With the support of the fellow, I then adapted this into an options paper. This was a new task to me, but I was surprised at how easily it helped me to develop my ideas and critique the various approaches. This project helped me to learn how to put ideas into practice, and to consider approaches to solving a problem thoroughly and practically.

Throughout the six weeks I learnt that leadership is useful at all levels, and that I can begin leading even now as a medical student. I learnt that sometimes you have to be the change, and joining a team/organisation whose standards/work you disagree with can allow you to reform services from the inside. I saw that if you lead early, and build good relationships which you maintain, then people will listen and you can inspire change more easily. I learnt that I do not need to be a loud, extremely charismatic person in order to lead a team. Leaders that are quiet, and bring their whole selves to work can be brilliant. So as long as I am passionate about what I am doing then leadership will come.

Clearly, all four of the following objectives were met within the six-week placement:

1. Work with a National Medical Director's Clinical Fellow within a national healthcare organisation
2. Gain exposure to senior medical leaders and their top-level teams within NHS and arms-length bodies
3. Develop leadership and management skills through project work and teaching activities
4. Take part in a virtual programme of taught leadership and management sessions provided by FMLM