Clinical Leaders for the Future?
Evaluation of the Early Clinical Careers Fellowship Pilot Programme

Executive Summary

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Introduction
In Scotland and across the United Kingdom (UK) the number of nurses likely to retire is set
to double between 2005 and 2015 - equivalent to a quarter of all nurses. There is a need to
build leadership capacity within the existing workforce in order to maintain the quality of
service provision.

Background
Very little research literature exists in relation to leadership development programmes
specifically targeted at graduate, recently qualified nurses and midwives. Evidence from
other areas was drawn upon. A similar programme to develop the leadership potential of
newly qualified teachers was introduced in England (DfES 2001). A qualitative study of the
outcome of this programme suggested it was received very positively by the participants
interviewed (Jones 2010). Field and Harris (1991) looked at a ‘fast track’ programme based
within business and suggest that within this, the two notions of recruitment and retention
are inextricably linked. Effective recruitment is strongly associated with effective retention
of employees. Different stakeholders (participants, supervisors and managers) experienced
the programme differently. Viney et al (1997) noted that employers in the business sector
that they studied had stopped using terms like “career”. They suggested this term might
give the impression of a job for life, when in the prevailing economic climate job roles were
more likely to be shorter term. Machin and Stevenson (1997) identified three interrelated
factors which could influence the role performance of an individual: role adequacy; role
legitimacy; and role support.

Design of the evaluation
The study utilised a Realistic Evaluation methodology (Pawson and Tilley 1997) to look at the
relationship between context – for example practice setting and culture, group make up,
mechanism – for example courses undertaken, mentoring, coaching and other processes, and outcome – for example learning experiences - intended and unintended.

Data was collected (see Figure 1) using secondary data from the selection process, observation of sessions, online questionnaires for Fellows and supporters and focus groups with Fellows and supporters. Questionnaire data was analysed to provide descriptive statistics. Focus group data was transcribed, anonymised and coded using thematic analysis. 66 Fellows responded to the questionnaire i.e.67% response rate. 31 Fellows took part in focus groups. 29 Supporters responded to a questionnaire.

Findings
The application process was generally viewed positively. Most of those working with Fellows felt that their quality was high. Most respondents had completed Flying Start: comments were largely neutral. Masters programmes selected focused on clinically relevant areas, in particular advanced clinical practice. Action Learning Sets were seen as particularly helpful in preparing Fellows for some of the challenges of practice, with patients but also in working with colleagues. Master classes were found to be useful, enjoyable and easy to apply to practice for the majority. A majority of Fellows had mentors, and more than half were felt to be effective. Fewer had coaches, and a majority did not find them effective. A majority of managers were felt to be supportive, but knowledge of the programme was weak for some groups.

Discussion
Risks were identified that the programme could be viewed as elitist. The programme is demanding and there are no precise precedents. However, it appears that the programme components offered to date are appropriate. Considering environment, some areas were very supportive - valuing the rich resource the process could bring for making service improvements to care. In other areas the experience was not so positive. Travelling, especially from remote and rural areas, and staff shortages, created problems for some Fellows. Almost one in five Fellows thought they would still be in the same Board in ten years time, and one in four believed they would still be in clinical practice. Most Fellows hoped to be agents of change in the clinical setting.

References:


Figure 1 Research design overview

- **Context** (for example historical, political, geographical, economic, structural or cultural factors about the project setting)

- **Mechanisms** (the processes and interactions which take place when an initiative is put into practice)

- **Outcomes** (for Fellows, mentors, educationalists, coaches, managers and Boards)

**Review of policy context and literature**

**Observation of Cohort 2 Induction day December 2008**

- Questionnaire to Fellows September 09 n=66
- Focus Groups with Fellows September 09 n=19
- Questionnaire to Supporters (Mentors, Clinical Coaches, Managers, Action Learning Set Facilitators, Educationalists) December 09 n=29
- Focus Groups (2) with Fellows March 10 n=12
- Focus group with Action Learning Set Facilitators March 10 n=3

- Request to access SWISS data denied
- Request to Boards for direct access to data unsuccessful

**Questionnaire to Peers as identified by Fellows March 2010**
Recommendations

The study recommendations were:

1. Greater clarity on the status of ECCF as a programme or of the Fellowship as a transitional role needs to be established
2. Pre programme preparation for all involved, in relation to roles and expectations, building on developments already made by the ECCF project team
3. Opportunities for support and professional development offered by the Action Learning Sets should be built upon
4. Frame the ALS and Master classes as interprofessional learning opportunities
5. Build up more focused support and information for supporters, particularly greater clarity about their role and responsibilities, and what is expected of the relationship with the Fellow
6. Supporter roles might be streamlined
7. In the recruitment and selection of supporters to the Fellows, the benefits to staff of being involved should be made more explicit
8. A board level champion in each NHS Board would help in ensuring provision of essential organisational support
9. Fellows need to be supported to take responsibility and commit to their own learning, using resources available to find ways of managing time for study and consolidation of learning, in a way that does not compromise their practice role and its development
10. There needs to be an effective administration and information sharing system
11. Career guidance for Fellows should be explicit and targeted
12. The programme has had many successes, but further research is needed, both longer term follow up and comparison with peers
13. The programme should be mainstreamed throughout Scotland and consideration given to its transferability to the wider UK context

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