

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:

Field, H.S. and Harris, S.G. (1991) Entry level, fast-track management development programs: developmental tactics and perceived program effectiveness. Human Resource Planning. 14 (4) 261-273.

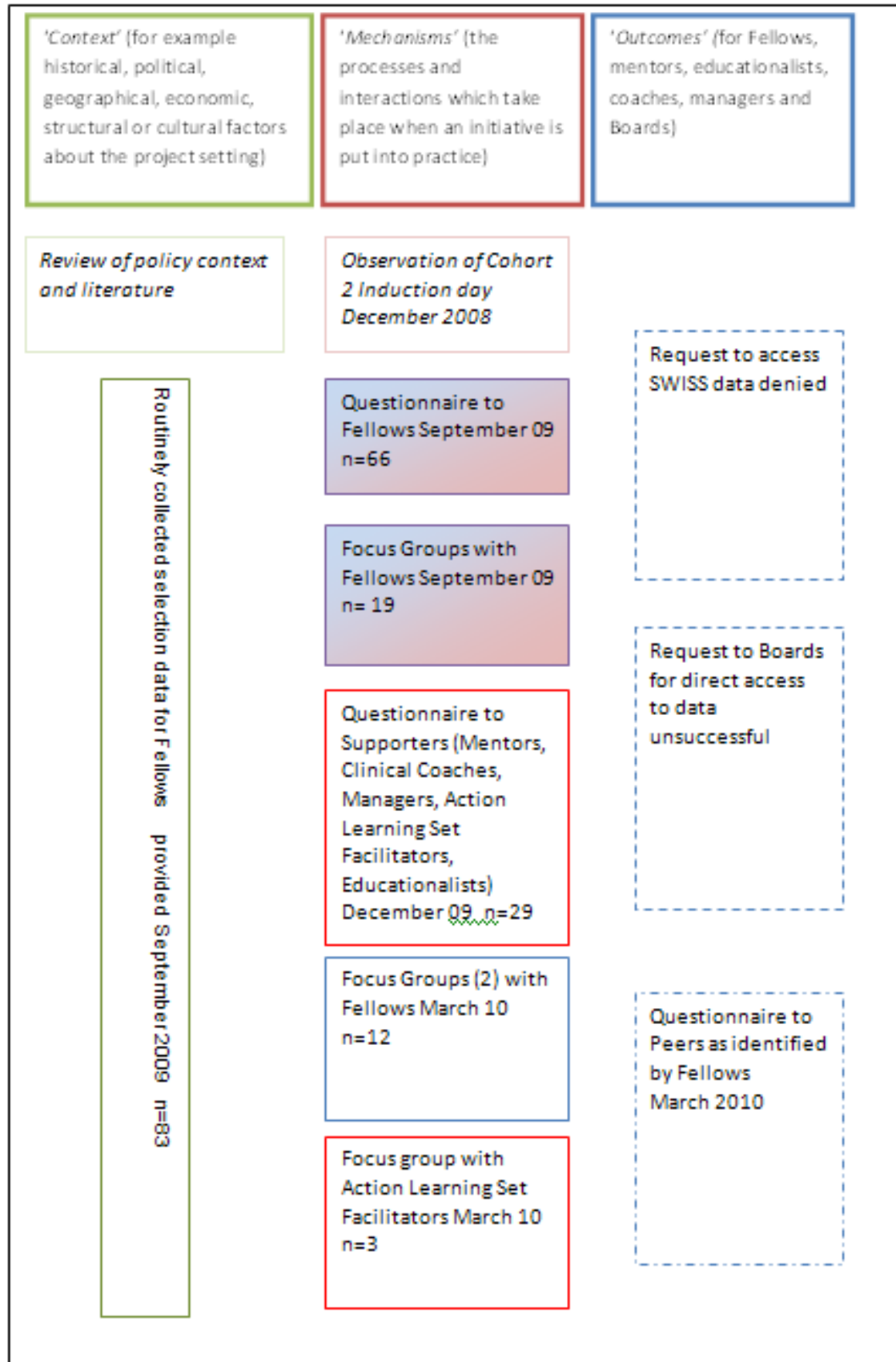
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Figure 1 Research design overview



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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