**Background**

Leadership is one of the GMC’s generic professional capabilities for all UK medical specialties, but engagement in practical leadership activities is not currently routinely built into GP training. A recent study on leadership training indicated that, for GP trainees, this was largely a classroom exercise.

The proposed new Scottish GP contract emphasises the leadership role of the GP, and the Healthcare Quality Strategy for NHSScotland stresses that achieving change and real improvement of this scale requires leadership at all levels, and most importantly from health professionals delivering direct care to patients.

**Aims**

- To find out if 1st year GP trainees could do a leadership activity in their practice placement, using minimal additional resources
- To find out who could provide the support for this
- To identify any barriers
- To learn generic lessons to inform practical leadership training for others in the surgery workplace

**GPC Domain 5: Capabilities in leadership and team working**

Doctors in training must demonstrate that they can lead and work effectively in teams by:

- demonstrating an understanding of why leadership and team-working is important in their role as a clinician
- showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- demonstrating an understanding of a range of leadership principles, approaches and techniques and applying them in practice
- demonstrating appropriate leadership behaviour and an ability to adapt their leadership behaviour to improve engagement and outcomes
- appreciating their leadership style and its impact on others
- actively participating and contributing to the work and success of a team (appropriate followership)
- thinking critically about decision making, reflecting on decision-making processes and explaining those decisions to others in an honest and transparent way
- promoting and effectively participating in multidisciplinary and inter-professional team-working
- appreciating the roles of all members of the multidisciplinary team
- promoting a just, open and transparent culture.

**Methods**

First year GP trainees took part in a voluntary pilot on leadership activities. GP educational supervisors were asked to support the pilot. Trainees were offered a menu of activities that could be done in a GP surgery setting. Trainees and supervisors were surveyed through an electronic survey before and after their six-month GP placement.

**Results: Educational Supervisor (ES) views post-activity questionnaire (response rate 83/191 = 43%)**

- 45% of ESs did not recall seeing the guidance that was sent out about the leadership activities.
- 77% of ESs said that they supervised their trainee’s leadership activity; for 32% of trainees another doctor supervised this.
- 58% said they had given specific written formative feedback on their trainee's performance; 28% said they had given verbal feedback only.
- 98% of ESs felt developing leadership skills was important for a trainee’s future career.

**Results: Trainees views post-activity questionnaire (response rate 57/89 = 64%)**

- 83% completed the project; most chose an educational leadership activity or a quality improvement project. Educational Supervisors were judged best to teach practical leadership skills.
- Perceived benefits included feeling more involved in the practice than they would have done had they not done one, learning more about the practical aspects of leadership, learning more about team roles and team-working, learning more about the practice, and learning more about creating shared goals.
- With respect to receiving. 71% said they had only received verbal feedback on their performance after they had completed their leadership activity and 24%, of respondents said they had received both written and verbal feedback.
- Perceived barriers included lack of protected time, other training priorities, not feeling empowered, and personal issues.

**Conclusions**

Most trainees undertook a quality improvement project, and felt well supported by supervisors and other practice team members. Not all trainees engaged with the process. Perceived barriers included lack of protected time, other training priorities, not feeling empowered, and personal issues.

Supervisors and trainees felt that leadership skills were important, but supervisors placed more emphasis on this than trainees. More work needs to be done to explore how participation in practical leadership activities could be enhanced as a learning experience.