



European Junior Doctors
Association



Clinical leadership

The perspective of the Junior Doctors generation

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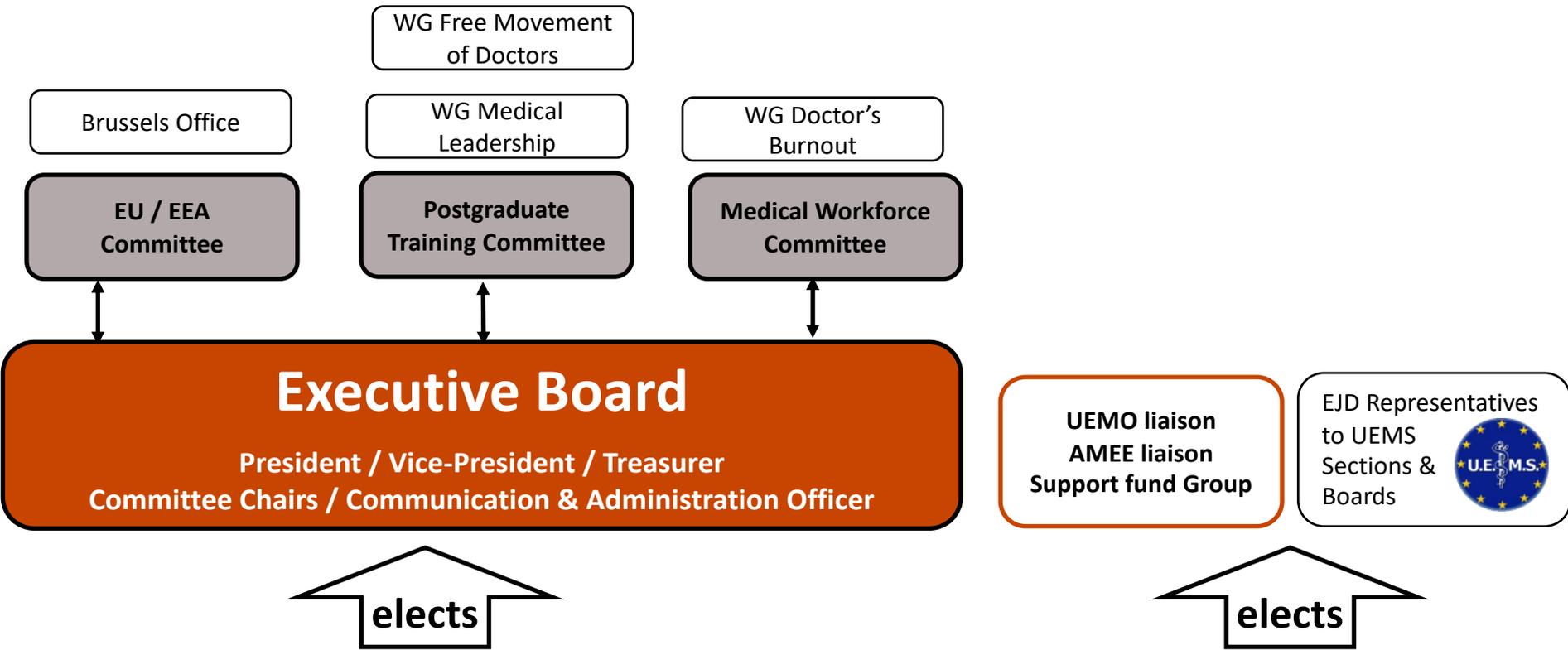
AEMH Conference 2019

“Clinical Leadership – an European Project”

- Represents 300,000 junior doctors around Europe
- Founded in 1976
- 21 Full members, 1 Associate member

- Non-governmental (NGO), independent and non-profit organisation registered under Belgian law
- Registered office in Brussels

EJD Structure



General Assembly



Member Countries

- **Austria**
- **Croatia**
- **Czech Republic**
- **Estonia**
- **Finland**
- **France**
- **Germany**
- **Greece**
- **Hungary**
- **Ireland**
- **Italy**
- **Latvia**
- **Lithuania**
- **Malta**
- **Netherlands**
- **Norway**
- **Portugal**
- **Slovenia**
- **Spain**
- **Sweden**
- **Turkey**
- **United Kingdom**

- Represent and promote the interests of JD in Europe
- Exchange information and develop a common approach, and formulate common views on relevant topics e.g. the European medical workforce, postgraduate medical training and working conditions
- Improve and develop relations between JD in European countries
- Protect and improve standards of healthcare in Europe

What did we do – “history” ?

- PWG Policy on Management and Leadership (December 2009)
- 2013 new WG
- 2014 – 2015: Survey to assess the situation in member countries
- May 2015: AEMH Conference 2015, “Clinical Leadership”
- October 2015: EJD Policy paper on management and leadership training
- December 2016: Medical leadership Workshop
- May 2017: WG restarted

We believe

management and leadership (M&L) skills are an essential part of every doctor's competences.

We think

M&L training is a part of post-graduate medical education and even basic medical education in several countries.

We wanted to know

Our first aim was to find out what the situation is in European countries.

Why? What?

Our goal

to raise awareness to eventually have a structured training program for M&L in every European country.

We need skilful and enthusiastic doctors to lead healthcare in the present and in the future.

on Management and Leadership Training

- In 2014 (- 2015)
- Surveyed EJD delegations about management and leadership training in PGT(and undergraduate)
- Answers from 13/19 member countries (68%)

List of member countries in 2014:

- **Austria**
- **Croatia**
- **Czech Republic**
- **Estonia**
- **Finland**
- **France**
- **Germany**
- **Hungary**
- **Ireland**
- **Italy**
- **Latvia**
- **Lithuania**
- **Malta**
- **Netherlands**
- **Norway**
- **Portugal**
- **Slovenia**
- **Spain**
- **Sweden**

1. Is there any training on management and leadership for junior doctors in postgraduate medical training? Yes/No/Other

1a. If not, do you think that this type of training should be provided? Yes/No

1b. Do you think that the training should be compulsory or optional?
Compulsory/Optional/Other

2. Is there any training on management and leadership for medical students in basic medical education?

Yes/No/Other

2a. If not, do you think that the training should be provided?

Yes/No

2b. Do you think that the training should be compulsory or optional?

Compulsory/Optional/Other

3. What is the extent (in ECTS/hours) and the duration of the training?

4. Who provides the training?

e.g. university, hospital, private companies

5. Who pays for the training?

e.g. you as a trainee, university, employer

6. What are the training methods?

e.g. lectures, seminars, workshops, portfolio, exam, leading a project

7. What topics are covered in the curriculum of the training?

8. Do you get a separate diploma or a certificate upon completion of the training?

9. What level of leadership is the training supposed to prepare you for?

e.g. becoming a team leader or a department leader or just personal growth

10. Has the training programme been evaluated?

What were the methods and the results? Did they share the results with you?

11. In your opinion, what does the training improve?

- personal management and leadership skills
- communication and interpersonal skills
- understanding of the health care system
- quality of care
- cost-effectiveness of care
- employment and career
- Other:

- **12. Any other comments or suggestions? Any good examples?**

If you have your whole curriculum, please copy it here:

- Only **5 countries** had M&L training in PGT
 - Yet, **all (100%) who replied** thought training should be provided and 76% thought it should be compulsory
- The extent of training varied from a 6-hour seminar to 30 ECTS (up to 900 hours) of blended learning
- In some countries, physicians had to pay for the training themselves

*ECTS(European Credit Transfer System)

Is there any training on management and leadership for medical students in **basic medical education**?

- **Yes (Lithuania, Sweden, Norway*, Germany*)**
- **No**
- **Partially (Latvia)** – ethics, psychology, deontology

- 5 countries with M&L PGT:
- Hungary
- Sweden
- Finland
- Norway
- The Netherlands

- 30-hour compulsory, free training and optional additional courses (**Hungary**)
- Competence-based, compulsory training paid by the employer (**Sweden**)
- Up to 30 ECTS of compulsory, free training provided by the universities (**Finland**)

- University facilitated 30-hour compulsory training for all JD, paid by the employer.
(**Norway**)
- Optional training (6h), but JD organization created a training for a group of 20-30 junior doctors lasting a couple months (**Netherlands**).

- **Norway**
 - Law, conflict management, economics
- **Sweden**
 - Leadership, communication, organization, teaching/supervising others in the clinical situation.

- Hungary

- legislation of healthcare in Hungary: structure of healthcare system, levels of the treatment, healthcare budget system, incomes, insurance system, patient documentation - systems, legislation, challenges and practice; authorities in the healthcare; quality in healthcare; healthcare industry, research and development; healthcare grants; health politics

- **Finland**

- Basics of organisations, management and leadership; Social welfare and health care system; Managing human resources and competence; Interpersonal skills and organisational communication; Operational control and evaluation.

- **Netherlands-**

- personal management and leadership skills, understanding of the health care system; management once a specialist

What does the training improve?

- I. Personal management and leadership skills
- II. Understanding of the health care system
- III. Communication and interpersonal skills
- IV. Quality of care
- V. Employment and career
- VI. Cost-effectiveness of care

- Finland
 - Lectures, portfolio, own projects, self-reflection, book reading
- Netherlands
 - lectures, seminars, workshops
- Hungary-
 - mostly lectures
- Sweden-
 - Varying, but should be practically oriented.
- Norway-
 - Lectures, seminars and workshops

- October 2015
- **Goal: Structured & free M&L training for all junior doctors in Europe**
- Update
- Dissemination

CONCLUSIONS:

- Introductory level M&L training should start during undergraduate medical education to prepare students for work in healthcare.
- Subjects in basic medical education could include: structure of the healthcare system, legislation, basics of finances and quality in healthcare.

- In postgraduate medical education, more advanced topics should be covered, and could include:
 - personal leadership and time management, operational control and evaluation
 - communication skills
 - conflict management and
 - human resources management.

To ensure the future supply of qualified medical leaders:

1. management and leadership skills must be seen as a core competence for all physicians;
2. training in management and leadership should start already during basic medical education and be provided for all junior doctors as a part of postgraduate training;
3. the training should cover at least the basics of organisations, management and leadership, social welfare and health care system, managing human resources, managing competence, interpersonal skills, communication, operational control, and operational evaluation.
4. the training should be compulsory and free; and
5. the training programs should be evaluated regularly.

- Structured management and leadership training in PGT is still rare in Europe
- To ensure future supply of qualified physician leaders, training must be started during undergraduate education and continued during PGT
- Leadership training is a continuous process that should involve different stakeholders



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