

How do doctors evaluate a bespoke Medical Leadership program in the remote and rural context?

Background

More than ever the capabilities for effective management and leadership are required from doctors in contemporary practice, although postgraduate curricula can vary and gaps occur in said capabilities. Where doctors work and learn in remote and rural settings access to programs is often challenging.

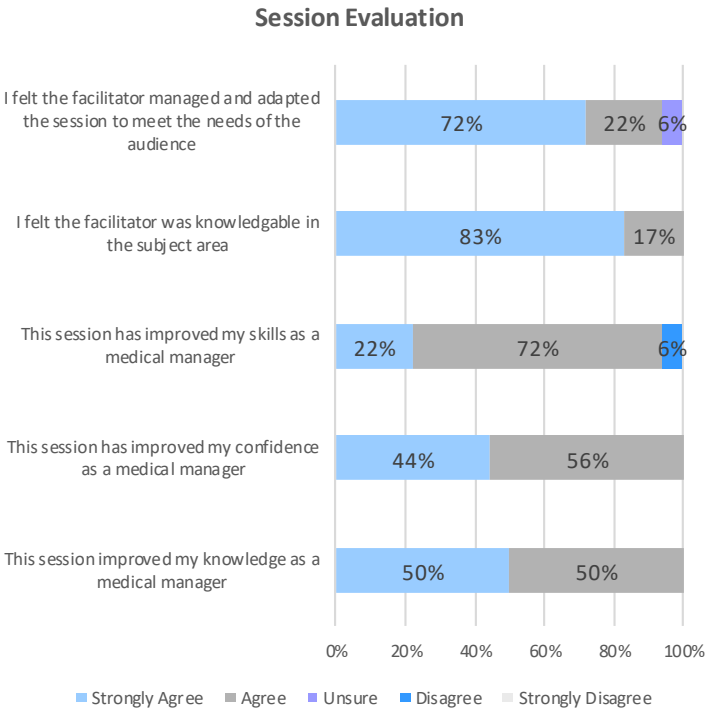
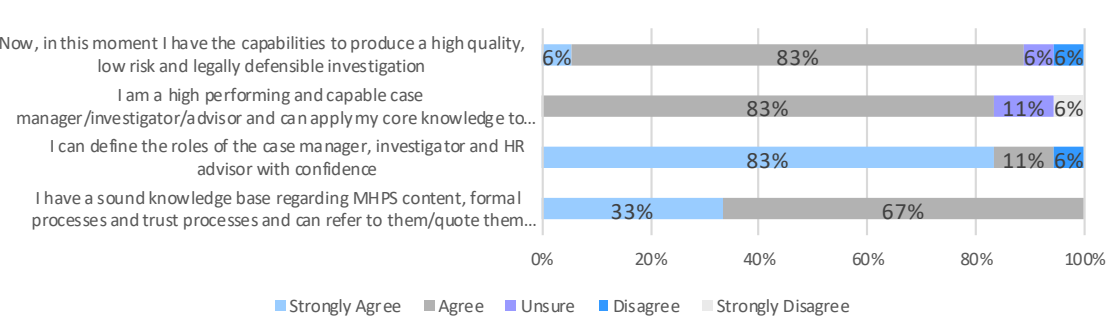
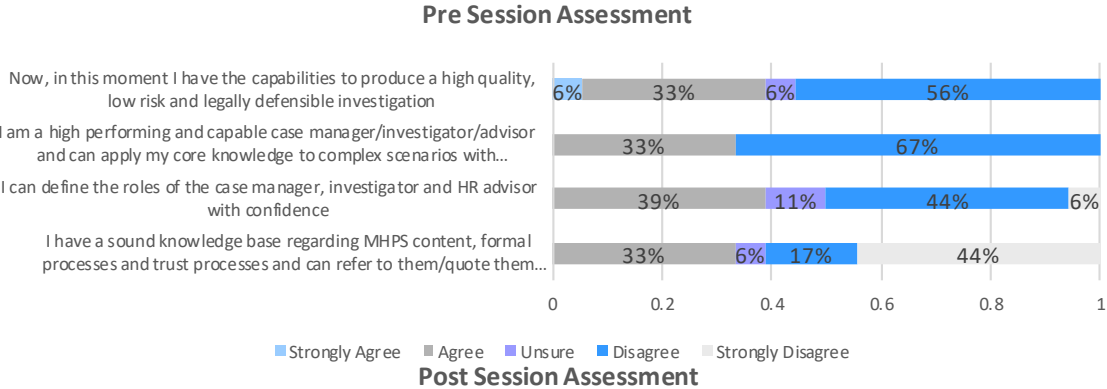
Results

NCIC launched its Clinical Director Development program in 2021 and has now run two full cycles with the planned data collection. Over this time we have provided 80 program placement capacity and circa 250 attendances. All modules show a learner “right shift” of self-evaluated core knowledge and capabilities into confidence and effectiveness on a typical range of 60-100% using focused Likert scales, on a baseline of 40-50%. The program improved my knowledge as a medical manager 95%.

Methods

Thus NCIC designed and implemented a bespoke 12 month developmental program for existing, new and aspiring medical leaders delivered close to home enabling participation and engagement for all grades of doctors with the following specific objectives:

- Be based on what evidence of need we have
- Be based on what NCIC expects from its Clinical Directors Produce data, regarding the capabilities of our Clinical Directors and positive shift as a result of the learning.
- Be educationally literate with a curriculum, learning outcomes and engaging approach to teaching.
- Describe the resources and costs required to deliver a program at this scale
- To be available to aspiring medical managers and leaders as a part of our support to doctors, succession planning and service sustainability.



Learning

Within our rural context, results demonstrate that a bespoke, locally delivered medical leadership program, using technological enhancement, results in greater self-evaluation of effectiveness and core knowledge acquisition for doctors who may not otherwise access such development. We have been able to produce a model that is scalable and reproducible across the NHS.