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Challenges of Preparing Students For Careers in the NHS

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England's National Health Service (NHS) is facing significant challenges in finding and retaining senior resource. The average tenure of a trust CEO is just 2.5 years and almost one third of all trusts have at least one vacancy or an interim executive board member. So it's safe to say the NHS isn't 'spoilt for choice' when filling senior vacancies.

Delivering the transformation set out in the Five-Year Forward View (NHS England, 2014) successfully will require outstanding leadership at every level to create and support sustainable change. In the long-term, the NHS Leadership Academy's Graduate Management Training Scheme (GMTS) aims to give top graduate talent the opportunity to work towards a successful leadership career in the NHS . But competition is fierce, with over 17, 500 candidates applying for 100 jobs last year.

The following are what we'd consider to be the key determining factors in preparing our graduates for their NHS career.

Diversity

Diversity is important because it's linked to creativity and, as a result, innovation. That's going to be so critical if we're going to think of new ways in which to achieve the radical, transformational shift needed to deliver a sustainable NHS across our local communities.

We're also keen to be seen to reflect the diversity of the people we 'work for' if you like i.e. patients. We look at this in two ways:

- The communities we go into to recruit our talent from: if we're on a campus, for example, is it appropriate that we're represented by a white middle-aged man? We want to give our students something aspirational; someone they can relate to and look up to who has joined the scheme and established a successful career, whose footsteps they feel they can follow in;
- The actual community our placements are offered in: it's a fact that the more representative senior leaders are of the people they're serving, the better the quality of care our patients receive. And the better the health outcomes. For GMTS though, it's about far more than ethics; these quality groups are under-utilised and we can play a real role now in ensuring future leaders from these groups are allowed to thrive in the system.

Diversity is more than ethnicity and gender; it needs to address issues around disability, age and social mobility. Our scheme isn't just made up of 21-year olds straight out of university. One of the ways that we ensure this is the case is through blind screening. Our assessors in interviews do not know the background of the candidate apart from their name. They don't know what school or what university they have gone to and we don't take into account anything around their education such as giving an extra point for UCAS points, the grading system. Neither do we favour any particular university or anything on those lines. We accept a 2:2 or equivalent, so we're quite open in that respect.

We also go to less obvious universities like the London Met and Coventry and to assessment centres in Leeds and Derby rather than just London.

Finally, our screening processes aren't just focused on the typical competency-based approach, which would typically favour people w ho have got a top place at university. We try and dig a bit deeper and adopt an approach that covers strengths and values.

Bridging the Gap Between Study and Work

It's all very well being perfect in the classroom, but you need to be able to translate that learning to operate under the stressful realities of the NHS workplace. For us it's all about experiential learning rather than the traditional 'talk and chalk' approach. We do provide the theory, models and concepts, but we also provide the opportunity to put that into practice in the workplace. And not just any workplace – the NHS workplace.

We work really closely with education providers, so even things like formal qualifications are still rooted in the realities of working in the NHS . An important part of how we base the decision on who is going to deliver the professional qualifications on the scheme is how they can relate it back to the NHS environment. That's really important for us.

Everything our students do is put into practice first in a safe environment then the graduate puts it into practice in the 'real world.' That's why we do things like different placements; you wouldn't have the same richness of learning if you were in the same organisation for two years. We give graduates the opportunity to experience a full range of departmental settings.

It's also about being able to apply that knowledge in a way that's appropriate because one solution won't fix the whole of the NHS. It's got to be effective for your community, your particular organisation and your particular department. That's why we're keen to give that authentic experience, along with the tools and skills to handle it. We try and give as much preparation as possible around transferable skills and ability and awareness.

Finally, we're keen on testing the ability to self-reflect. Our graduates need to understand why they were successful or – just as importantly – unsuccessful, so they can repeat or adapt their approach to a range of situations.

Keeping the Quality of Work Placements Consistent

This can be a real challenge; but that's true for any graduate scheme. Not every trainee has the perfect placement but we try to be as flexible as possible and would look to make alternative arrangements for someone if we thought it was necessary.

The other challenge is around demand – there's such a huge demand from organisations for trainees and we can't possibly meet it.

The types of organisations that can bid for trainees has also become interesting; there are more commercial entities doing lots of NHS work, so the boundaries are blurring. Some of the less-typical organisations could probably bid because they could give a really good experience to a trainee. Then with the importance increasingly being placed on how social care interacts with health, it becomes even more diverse. The challenge for us is making sure we put people in the right placements; not just for now, but the next 10 to 15 years. Geography is a major factor; we need to put people right across the country and that can be challenging as well.

Some organisations are going through significant periods of stress at the moment. They would really benefit from having a trainee but some requests present a risk too. Can they give graduates the right level of care? Our aim is to consistently recruit outstanding people who share our values and want to help us ensure patients have a positive experience of the NHS .

About the NHS Leadership Academy

The NHS Leadership Academy was launched in April 2012. Its purpose is to develop outstanding leadership in health, in order to improve people's health and their experience of the NHS The Academy brings together for the first time all the national activity supporting leadership development in health and NHS funded services.

The Academy's four key areas of work are:

- Developing and embedding a common vision for health leadership: researching, creating, developing, refining, sharing and embedding tools, evidence and examples setting out what good leadership and good leadership development looks like in a health care context;

- Leading the way in leadership development for a new health system: equipping leaders to meet the current and future challenges of the changing system;
- Supporting local leadership development: working with Local Delivery Partners to embed a nationally consistent, professional approach to leadership development while meeting local needs;
- Raising the profile performance and impact of health care leaders: creating an environment in which leaders are required, and supported to, demonstrate proper readiness to fulfil their role.

Key Points

• The need for diversity.

• The balance between theory and practice.

• Issues associated with work placements.

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