

**Evaluation of the Health Education  
England Yorkshire and the Humber (HEE  
Y&H) PGMDE Coaching Scheme.**

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## 1: Executive Summary

Health Education England in Yorkshire & the Humber (HEE Y&H) established a Postgraduate Medical and Dental Education (PGMDE) coaching scheme in 2012. Since then 62 educational supervisors have completed training in coaching skills, 265 coachees have received between 1 and 6 sessions of coaching and 373 trainees have applied for coaching. Applications for training in coaching skills has been over-subscribed each year and there is a waiting list for each new cohort.

This evaluation report details the results of interviews with seven coaches and seven coachees to assess the impact, quality and value of the HEE Y&H coaching scheme. Outputs suggest that:

- The programme is highly valued by both coaches and coachees;
- the programme has resulted in a number of coachees staying in training;
- the impact of coaching is significant and both coaches and coachees have benefitted from their experience of coaching in a way likely to positively impact on their contribution to the NHS;
- the quality of HEE Y&H coach training is high; and
- there is a continued demand for training and coaching via the scheme.

It further highlights a number of challenges to the successful continuation of the programme, including:

- The necessity to provide adequate administrative support to facilitate the day-to-day running of the programme, including recruitment of coaches and matching of coaches to coachees, management of waiting lists and collection of routine data to provide accurate quality and financial information; and
- the ability to expand and develop the existing programme to meet demand for the service.

The Training Programme Director of the HEE Y&H coaching scheme is motivated to continue to incorporate coaching in medical education in the region in adherence with recommendations described in the NHS Improvement Report 'Developing People, Improving Care' (NHS Improvement 2016). The report highlights the need to ensure 'There is sufficient training, coaching and organisation development capacity to meet development needs and support learning and improvement'.

## **2: Introduction and background to the HEE Y&H Coaching Scheme**

The HEE Y&H PGMDE Coaching Scheme offers coach training for educational supervisors (working in the Yorkshire and the Humber region) and following training, provides accredited coaches to work with doctors, dentists, public health registrars and leadership fellows in training. The scheme typically offers 4-6 free 60-90 minute sessions of coaching per trainee. Trainees are connected to coaches via a web portal and choose a coach from a series of profiles. Trainees are advised to pick a coach outside of their training specialty.

Dr Stirling introduced the coaching scheme to the region in 2012 as a result of experiencing extensive change in the NHS during her specialty training in public health, and her own experiences of coaching. She developed an interest and awareness of the importance of valuing staff in the change process and established an understanding of the impact of change on work place efficiency, outputs and culture within the healthcare system.

Dr Stirling trained as a coach whilst in the role of Training Programme Director at HEE Y&H where she was often required to sit in on meetings for trainees that were experiencing difficulties with their training. “It was obvious to me that a lot of trainees in these meetings didn’t need a massive intervention, what they needed was support. I observed that protected time to think, without judgement or criticism, could be very valuable. I became aware that coaching could make a sizeable difference to a trainees experience, addressing not only the support and retention side of training but also nurturing the potential of very talented trainees.”

Through this interest in coaching, Dr Stirling became aware of HEE London and South East (L&SE) Deanery Coaching and Mentoring Service, led by Dr Rebecca Viney, for medical trainees in the region. The L&SE Service launched in 2008 and an evaluation of experiences of mentors and mentees, ‘The First 500’, demonstrated its success (Viney and Paice 2010). Dr Stirling felt a similar scheme could be introduced in Yorkshire and the Humber, to contribute to the HEE Y&H vision “to achieve a healthcare workforce that has the right skills, behaviours and training and is available in the right numbers to deliver excellent healthcare and health improvement”.

A business case requesting financial support for a pilot coaching scheme was secured in 2012 enabling the first cohort of educational supervisors to be trained as coaches.

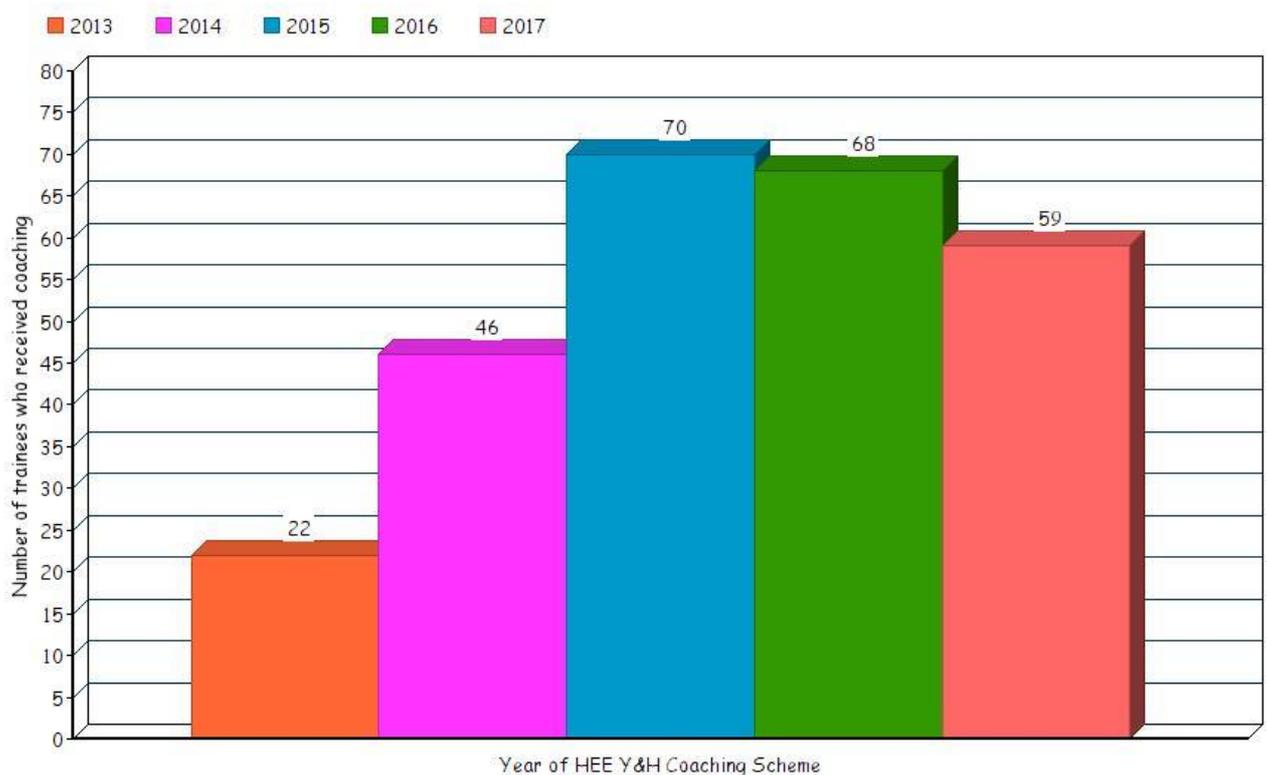
An evaluation of the pilot indicated the scheme was highly successful resulting in it being mainstreamed as an educational item within the Deanery. One coaching skills training course a year has been running for the last five years, for Educational Supervisors in Y&H.

### 3: Key Outputs of the HEE Y&H coaching scheme to date June 2012 - July 2017

- 62 educational supervisors have completed training in coaching skills.
- 265 coachees (trainees from across Yorkshire and the Humber) have received between 1 and 6 sessions of coaching (See Figure 1 for coachee numbers per year).
- 373 trainees have applied for coaching.
- Applications for training in coaching skills is over-subscribed at each entry and there is a waiting list for each new cohort.

**Figure 1: Number of trainees who have received coaching from HEE Y&H by year since 2013**

Source: HEE Y&H



**Note:**

- a) 2017 figures do not represent a full year.
- b) All figures are an underestimate as data capture methods have changed over the course of the scheme. Some data is derived from submitted invoices, but not all coaches submit invoices if coaching is carried out in work time.

c) The web platform was initially designed so that data could be retrieved electronically (no. of applicants accessing coaching, no. proceeding to coaching vs choosing not to proceed, no. of sessions completed, basic demographic data on coachees such as gender, specialty, year of training etc). The intention was that this would remove the need for manual data capture. A web platform would also provide an alternative to individual matching of coaching requests by phone via an administrator. Unfortunately the requested web design was hampered by several changes in the web support function at HEE and the data capture function has yet to be realised. Data is therefore incomplete.

**Figure 2: Cost of the coaching scheme 2016-17:**

Item	Cost for 2016 -17
<b>Staffing costs for 2016/17</b>	
2 sessions per week GP Educator Scale	£16,800
4 sessions week Grade 7 Administrator	£15,600
Coaching Sessions	£17,400
Training/CPD	£12,600
Advertising/printing	£1,700
Sundries	£5,900

Coaching is free of charge to the trainees accessing it, but attracts a fee of £100 per session, paid by the deanery, for the coach in recognition of it being a value-added activity, like GP appraisal, which requires planning and significant time. The fee also serves to support educational supervisors negotiate time in their job plan for this activity as it can be claimed on behalf of their Trust if carried out in work time. Not all coaches claim the fee.

## 4: Evaluation Method

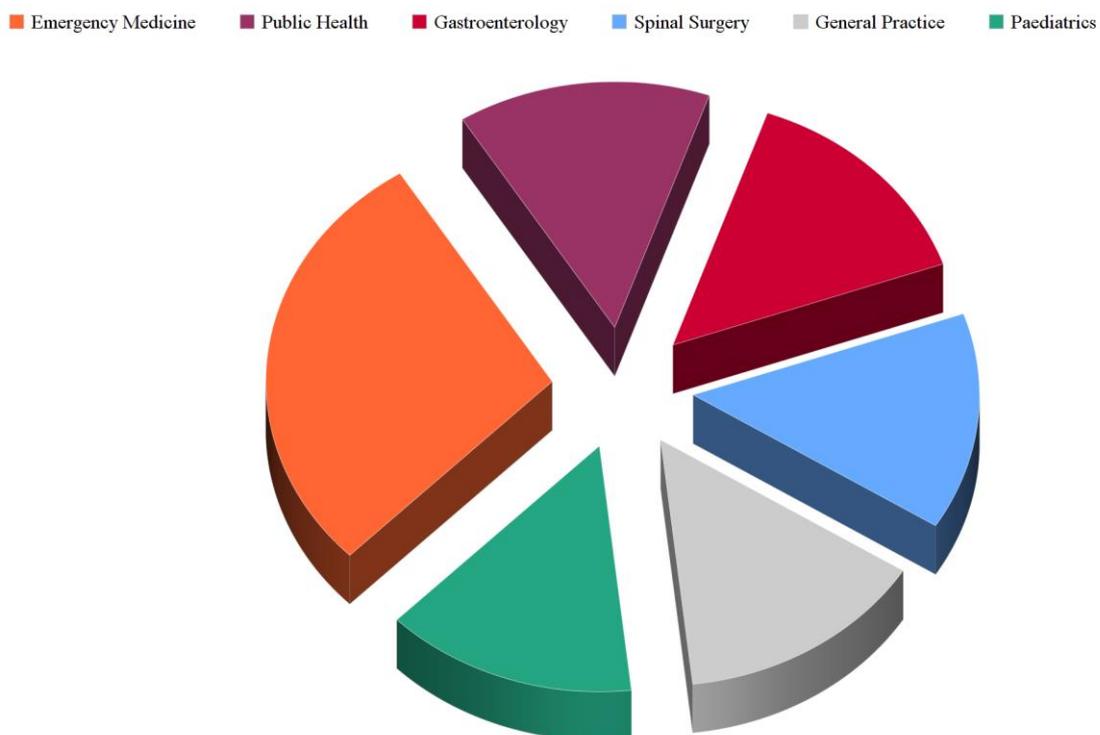
The evaluation uses qualitative analysis of a sample of fourteen interviewees, to provide insight of the impact, quality and value of the HEE Y&H coaching scheme. Information for the evaluation has been gathered from telephone interviews with coaches and coachees involved with the scheme and further data provided by the Deanery. Most of the coaches are educational supervisors who trained on the scheme and all are currently actively coaching medical trainees. All coachees requested coaching via HEE Y&H at some point since the scheme's fruition in 2012 and were medical trainees at the time.

Fourteen interviews took place; seven coaches and seven coachees, with an interview duration of about an hour. Interviewees were from a variety of medical specialties (See Figure 3 for coachee specialties).

For consistency, all coaches were asked the same set of questions, as were the coachees but each group had different questions. Across the interviews, the broad areas covered focussed on; training, impact, value, accessibility and quality.

All the questions asked in the phone interviews were co-designed and approved by Dr Susy Stirling.

**Figure 3: Coachees interviewed by specialty**



## 5: Evaluation outcomes

<b>Feedback from Coaches on the training</b>
“There was a huge value in having coaching training with other clinicians as we had similar experiences in the workplace and unique understanding of barriers and obstacles in the field.”
“It is a fantastic skillset. Useful for meetings, for difficult relationships, for home life, I use my coach training in most settings.”
“As a way of getting coaching into the medical profession I think it was done extremely well.”
“I have since developed my own coaching model that I use in my practice, a health coaching model and I’ve published a book about that and how train other clinicians to do health coaching for patients.”
“It was better than expected, certainly the personal impact on me was quite exceptional.”
“It is privilege to get on this scheme.”
“I would recommend the coaching scheme to people, even if they don’t want to do a lot of active coaching. If you deal with trainees and colleagues it gives you a different, more constructive way of relating to others and asking questions.”
“I use my coaching skills and things I have learnt in coaching every day in my work.”
“We have ongoing CPD (via the scheme) which is a really good opportunity to catch up with fellow trainers every few months to share stories, discuss issues and spend some time reflecting.”
“The trainers were excellent, really good.”
“I want the scheme to succeed and continue as it is a really valuable thing for the trainees.”
“A mixture of practical work and lots of different coaching techniques but it wasn’t too structured. It was sensible and pragmatic.”
“The scheme has been extremely well organised.”
“The training is great but I think you need the ongoing professional development to get into it more deeply.”
“There is no area of my work that hasn’t been touched by coaching and largely it is an ability to offer better quality listening and ask better quality questions.”
“I do more listening now, I have an array of challenging questions up my sleeve to use at ARCP meetings.”

## Feedback from Coaches on the impact of coaching

“It has kept some trainees in medicine, most definitely. A few coachees were at the end of their tether and were desperately looking for an answer.”

“It is an absolutely essential part of medical training, it is an absolutely essential part of what we do as doctors with our patients. We need to adopt a much more coaching approach to healthcare.”

“Coaching is grossly underestimated as a tool for helping trainees think independently about what they want to do in their lives and helping them find a way to do that.”

“it is valuable in helping international graduates understand the culture of medicine in the UK and giving them some tips to learn how to speak to people which can give them confidence so they feel like part of a department rather than an outsider. Understanding why their communication was a problem.”

“Coaching revolutionised the way I interact with people.”

“Coaching has had all kinds of impact on my coachees, some have stayed in medicine when they wouldn't have stayed, some have made a different career choice, some have made the same career choice but in a more informed way and some have gained enough confidence to get through their exams.”

“They (trainees) get a sense they are valued, if you listen to someone attentively for an hour they know that they matter, in my experience a lot of junior doctors doubt their value.”

“They all say that having the time to talk to someone who listens without passing comment is valuable.”

“I have seen people who wanted to leave training prior to coaching stay, I have seen people who weren't sure if they would make it, make it via the coaching process.”

“Medicine is great for attracting in high achievers but it isn't always great for building resilience and self-esteem in those individuals, so for me working with those people feels very important. A doctor that knows their professional worth has got to be better for the patient.”

“I've had a number of trainees query if they want to stay in medicine, and there is no one who has given it up as a result of exploring those questions.”

“You don't necessarily need a lot of coaching sessions to see a profound change in trainees.”

“Following coaching one trainee expressed a desire to become a coach and to get into medical education. They said they wanted to give back what they had received.”

## Feedback from Coachees on the impact of coaching

“It is the most valuable thing I have experienced in my career in terms of making me the clinician I am today.”

“I had failed an exam several times and only had one more attempt left. Via coaching I was able to prepare for the exam in a different way and manage time more effectively. I qualified as a GP and I think that happened as a direct result of coaching.”

“After 2 sessions of coaching I felt I had more courage to make difficult decisions about my training and career and to critically assess I really wanted to do. As a consequence I am pursuing the specialism I wanted. I’m hoping that will increase my job satisfaction.”

“Before coaching I thought about not being in medicine, the hours, the stress of thinking about making mistakes and being scared to ask for help, it takes its toll.”

“Professionally coaching probably resulted in me not giving up training in the speciality I was doing.”

“Coaching was valuable in the sense that I was having a difficult time in my life personally and professionally, it helped me to work through that and to develop greater understanding of myself and my motivations.”

“I think it has made me a better colleague. I am more present in my actions and I try to nurture a more honest and open environment.”

“Coaching is an evidence based practice with very effective methods bringing tangible positive results.”

“As a result of coaching I would like to train to be a coach myself and help others as I have been helped.”

“Coaching makes you feel like someone is interested in the details of your life and that those details matter. You feel valued and looked after.”

“It has made a massive difference to my wellbeing ”

“Coaching helped me take a more patient-centred and holistic approach in my practice. I’m much more aware of my impact on patients.”

“It is useful to speak to a coach who is senior medical professional who understands the healthcare environment.”

“One of the great things about coaching is that you can explore problems and be supported without the fear of being treated differently.”

## The impact of coaching as defined by respondents of the study

Both coaches and coachees were asked to rate the HEE Y&H coaching scheme based on their expectations (were these “not met” “met” or “exceeded”) All fourteen respondents stated that the scheme had exceeded their expectations.

All seven coachees described the impact of coaching as greater than anticipated. Some coachees expressed surprise that coaching had positively impacted their personal life and well-being and that the learning from sessions could be applied beyond the training environment. Positive impacts of coaching most commonly referred to were:

- Improvement in communication skills;
- feeling valued;
- better conflict management;
- better equipped to manage stress and pressure;
- more career-focussed;
- more confidence;
- improved self-esteem;
- better at decision making;
- more assertiveness;
- better work-life balance;
- more values driven;
- improved clarity of thinking;
- feeling more supported; and
- more awareness of the patient experience.

Both coaches and coachees often referred to the coaching experience as providing ‘tools’, ‘strategies’ or a set of ‘skills’ that were applicable to all aspects of life.

**“These are strategies for life”**

All interviewees were asked if they would recommend the coaching provided through the HEE Y&H scheme; the response was unanimously positive. Most interviewees had already recommended this approach and one coachee stated they had organised a talk to promote the merits of coaching to trainees in their specialty following their own experiences.

There is strong evidence to indicate that the HEE Y&H scheme is performing a role in retention of medical trainees. To illustrate this, three coachees interviewed suggested coaching had contributed directly to them remaining within the medical profession and all interviewees referred to a marked improvement in their circumstances following coaching. One coachee approached the service because they were “very unhappy” and “felt like a failure at home” due to the pressures of their training post. They described one of the impacts of the coaching experience was that “It freed my mind to not be negative about the challenges I was experiencing.” That trainee went on to thrive in their medical career and decided to train as a coach as a result of their own positive experience of coaching.

Four coaches interviewed also provided examples of coaching trainees who were very unhappy and may not have remained in post without coaching intervention. One coach suggested the scheme can provide a more creative approach to problem solving for trainees

experiencing difficulties and referred to a coachee who had been off work for some time and expressed a desire to leave medicine. They commented “via exploring a number of options the trainee felt able to remain within medicine and is now training part-time.”

**“I genuinely wouldn’t be in this position now without coaching. It was an amazing opportunity.”**

A common theme of all interviews was the suggestion that the coaching environment was important because it provided a ‘safe’ and ‘confidential’ space where trainees could share personal information without fear of ramifications. Most interviewees believed that meetings with supervisors, colleagues or other trainees associated with their training roles were not conducive in discussing personal matters. Some expressed concern that discussing personal challenges at work might be perceived as “weakness” and could negatively impact career progression. A consensus was that confidentiality was more readily assured by the HEE Y&H scheme due to connecting trainees with coaches from different specialties and organisations.

#### **Figure 4: Reasons coachees gave for applying for coaching**

- “In an ARCP (Annual Review of Competencies) meeting the benefits of coaching were highlighted to me and I thought it might be helpful. I was hoping to find someone to listen, someone who you can be more open with than supervisors.”
- “Coaching was on offer as part of the HEE Y&H Future Leaders Programme. A respected colleague was offering coaching and I wanted the opportunity to have time with them in particular.”
- “I was advised by my educational supervisor that coaching might help me to grow in confidence.”
- “I thought coaching could be helpful to try and work through some difficulties at work, I was curious.”
- “I was very stressed, I didn’t feel like I had time to do the things I had to do to pass my exams.”
- “I was having problems at work, not just clinical but in how I was interacting with other people. It was causing me a lot of stress, it was all I could think about.”
- “A mutual friend and trainee knew a coach in training who was looking for coachees for accreditation, something in the email about coaching appealed to me”.

It was emphasised by a number of coaches that trainees may be drawn to coaching because they were experiencing difficulties during the training process. However, this should not be viewed as a remedial development but rather as a valuable means of releasing potential of medical trainees and “protected time to think about the bigger picture.”

Figure 4 outlines the reasons coachees interviewed gave for applying to the HEE Y&H scheme in the first instance. All coachees described positive outcomes in relation to career progression, job satisfaction and a more focussed approach to training and career aspirations, even if that was not the primary reason they sought coaching in the first place. One trainee stated they had used coaching techniques to critically assess how they wanted to progress their medical career. Subsequently, they had secured a job in the specialty they wanted. “In the long-term that approach will make me more effective in medicine.”

**“It’s incredible to see how powerful using coaching methods in the workplace is.”**

All interviewees specified that exposure to coaching techniques had in some way improved the way they communicated with others in the workplace. Examples included promoting more confident and assertive communication techniques and learning new coaching techniques to provide strategies for addressing conflict.

One coach stated that medical trainees seeking coaching were often very talented but that issues arose in training because they lacked confidence in their abilities or perspective and direction. Coaching was a means of assisting them in getting back on track. One coach observed that female trainees were more likely to question their abilities as a trainee and “Imposter Syndrome” was not uncommon for women in medicine.

**“I think trainees get a sense of perspective, a sense of focus, a renewed sense of purpose”**

Coaches interviewed noted the benefits of coaching to medical trainees in addressing the following transitional questions during training:

- What are next steps in my career?
- What is the best use of training time before becoming a consultant?
- What needs to be done to make a career in medicine more sustainable?
- Should I move specialty?
- Should I seek a job away from where I’m training?
- Should I super specialise?

Several coaches suggested the coaching process was most effective when a trainee had chosen to apply to the scheme of their own volition rather than being sent by a supervisor. “Those who are sent for coaching need more input, direction and reassurance.”

## Coaching for international students

**“I think if I’d had coaching sooner I would have integrated better into training in the UK.”**

Two coachees and one coach interviewed referred specifically to the potential benefits of coaching for international medical graduates, particularly those for whom English was not their first language or who had come from areas of conflict. One coachee who was an international trainee explained that the UK healthcare system is quite different from systems abroad and can therefore be more challenging for trainees in terms of understanding cultural differences and appropriate language use in medical practice. They proposed that coaching would assist international trainees to prepare better for training and provide a smoother integration into the training system.

## Quality of HEE Y&H coach training

**“It has broadened my horizons about what coaching has to offer”**

All seven coaches described HEE Y&H coach training as valuable and that they would endorse the deanery coaching scheme to colleagues, many had done so already.

All coaches praised the quality of the training material and facilitators “The people who led the training were very competent, very skilled and very experienced.” “It was exciting and different from other training courses I had done around communication skills.”

Most coaches had some prior knowledge of coaching techniques before embarking on HEE Y&H training either via other training courses or from receiving coaching themselves, sometimes both. Three interviewees were trained coaches before their involvement with the scheme and two of those undertook HEE Y&H training to “achieve the deanery coaching accreditation” and “develop my coaching skills further.”

All coaches spoke in some capacity about the transformative and empowering effect the practice of coaching techniques had on their lives, as well as the lives of their coachees. Coach training was developmental on a personal level and had positively impacted their personal and professional lives. “There was a lot of value personally, having time and space to work through some issues even as part of the training.”

One coach recounted speaking at a conference about coaching, they stated that prior to using coaching techniques they did not possess the confidence to speak in front of groups of people.

Other positive impacts of coach training noted by coaches were:

- Being a more useful participant in meetings;
- being a better trainer of junior doctors;
- adopting a more person centred approach to patients;
- being a better parent and partner; and
- More awareness of job satisfaction within the team.

The seven coaches interviewed for the evaluation were multi-disciplinary, comprised of GPs or consultants and represented a range of specialties. One coach had retired from their consultant post but had continued to coach trainees. Several coaches noted that the opportunity to train with other educational supervisors from different specialties within medicine was a unique selling point of the scheme, and a good way to form networks with other health professionals. “It was really nice that attendees were multi-disciplinary, GPs, public health, anaesthetics.... So there were colleagues from different specialties and came with a different perspective of training junior doctors.”

All coaches referred to the value of Continuing Professional Development (CPD) sessions provided as part of the training programme, in addition to the seven days of initial coach training. CPD such as ‘Time to Think’ training was praised as a means of developing coaching techniques and exploring new perspectives whilst providing the opportunity to connect with other coaches to share their learning and experiences.

One coach suggested that HEE Y&H coach training could be utilised more widely if it offered ‘ILM 7’ (Institute of Leadership and Management) accreditation (HEE Y&H coaching skills training is currently not accredited, although some coaches have pursued additional training to reach ILM7 accreditation) “My e-coach training is happening within the NHS but to be eligible for that you need to have ‘ILM 7’ accreditation. It might help with the credibility of the scheme and it is a missed opportunity.”

## Matching coaches to coachees

The process of connecting coaches to coachees had changed during the life-span of the HEE Y&H scheme. During the pilot phase of the scheme, matching occurred manually by a full-time deanery administrator. When the administrator left the deanery there was no provision to appoint a replacement. The matching process has since been fully automated in order to cope with the growing numbers of coaches and coachees. Transitioning to a web-based portal has not been straightforward and has resulted in several versions of an electronic platform, as a result of wider changes to IT staff within HEE. Coachees can now choose their preferred coach from a set of profiles on the deanery portal and connect coaches directly. There is no administrative or IT support devoted to the scheme which has meant functional issues with the website have not always been addressed in a timely fashion. In addition data capture has not been possible resulting in service planning based on estimates.

Dr Stirling expressed frustration that the loss of administrative and IT support impacted directly on the quality of the coach and coachee experience, and that she could not develop the scheme as she might like to because of time and resource limitations.

When I asked coachees how easy it was to make initial contact with a coach via the HEE Y&H web portal the response varied. Five coachees described the process as straightforward

and easy. Two coachees, both using the web portal to find a coach, thought the matching process should have been easier, particularly at a time of crisis, and expressed they would rather have spoken to a person within the service that could match them manually.

Similarly, I asked coaches how easy it was to access coachees on the web portal. Most coaches were satisfied with the web portal as a means of accessing coachees although several noted that the crossover to the automated system was “glitchy” and there were still issues with functionality. Two coaches expressed a preference to return to the old system of manually matching coaches as this was “a better system” and might ensure a more even spread of coachees amongst the coaches.

Most coaches were satisfied with the number of coaches that contacted them via the scheme although one referred to a quiet period of 12 months with very few enquiries, “things have since picked up”. Dr Stirling confirmed that some coaches received more coachee enquiries than others. Reasons for this are unclear but might have something to do with presentation of profiles on the website.

**“You have to use your own time, coming in earlier, staying a bit later to give coaching”**

All interviewees were asked if there were any barriers to meeting up once initial contact had been made. Issues commonly noted in interview were as follows:

- **Time limitations:** Finding time to meet often required extensive negotiation, particularly if both coach and coachee were working in shifts. To be able to meet coachees in a timely fashion coaches were either working part-time or were seeing coaches in their own time outside working hours.
- **Release from duties:** One interviewee noted that she struggled to find time to coach others as “junior doctors and registrars can’t coach people in working hours as departments won’t release them from duties.” Two coaches stated that the NHS should make more time for coaching within working hours.
- **Cultural attitudes towards coaching:** One coach believed there was still more work to do to convince senior staff within the NHS of the benefits of coaching. It was suggested that an understanding of coaching was not yet embedded in medicine. There is also implied a stigma that trainees might not want to admit to having coaching within the workplace. “More representation is needed amongst coachees and peer promotion.”

On average coachees had between 4 and 6 coaching sessions which were enough to enact improvement in trainees` circumstances. One coachee felt that 2 sessions were enough to exact the changes they required and another had 8 sessions and desired to continue to have coaching to reinforce the techniques they had learned.

There was no formal process in place to gather feedback from coachees about their coaching experience or from coaches to gather feedback about the training. “It is frustrating that you don’t always get feedback about the outcomes of coaching.” This might be a useful to assess satisfaction levels of the scheme and to highlight potential areas for improvement.

There was an issue with getting hold of some data about the HEE Y&H coaching scheme such as financial information, numbers of coachees per coach, frequency of coaching sessions, gender and speciality of both coaches and coachees using the scheme. This information might provide more insight about the breadth and impact of the service. Dr Stirling explained that lack of an administrator meant there was no resource for gathering a record of some information.

## **Marketing the scheme to educational supervisors and trainees**

Interviewees became aware of the coaching scheme in a variety of ways, primarily:

- Word of mouth amongst trainees or medical colleagues;
- marketing materials from the deanery (emails, leaflets, posters); and
- from training supervisors.

Three coachees referred to a lack of information in health education generally about coaching and several interviewees made comment that many medical professionals don't know the difference between coaching and counselling and therefore the benefits of its application to medical education. Three interviewees stated they had never heard of the scheme during training until they were informed by a peer and it was suggested that more needed to be done to increase knowledge in the medical profession about coaching in general and the existence of the HEE Y&H scheme.

Recommendations from interviewees about how to further market the scheme are as follows:

- “More regional events to promote the service.”
- “More emails to trainees about the service as emails are easily missed.”
- “More talks about how it can help people and to take the stigma out of using the scheme.”
- “Encourage more peer promotion.”

Dr Stirling noted a number of ways she would like to develop and market the coaching scheme:

- Making use of social media;
- greater presence at training days, School events, Deanery conferences to showcase coaching;
- nomination of coaching scheme ‘champions’ to engage more with educational supervisors and trainees in the region; and
- creation of a coaching scheme ‘Steering Group’ of enthusiasts to float ideas about marketing.

## 6: Conclusion

The outcomes of this evaluation indicate that the deanery coaching scheme is extremely valuable and an essential development method in medical education. All fourteen interviewees stated that their experience of the scheme had exceeded expectations and described the impact of the scheme as powerful and transformative in some way.

There is evidence to suggest that coaching has contributed to the retention of a number of medical trainees within the profession. The impact of coaching on both coaches and coachees is very positive and provides techniques for them to make improvements in many aspects of life. There is evidence to indicate that these techniques could drive higher standards of communication, team working, patient care, workplace effectiveness and satisfaction in the NHS.

There is a waiting list for coaching skills training indicating that there is a case to support the expansion of the scheme. It is expected that demand for the coaching service will continue as personal recommendations spread the word. Regardless of demand for coaching, there is evidence that educational supervisors value coaching skills training as part of their own professional development.

Outcomes of coach interviews suggest the quality of the HEE Y&H coaching scheme training is high and the opportunity for educational supervisors to train with health professionals from a variety of specialties is seen as a unique benefit of the scheme. One criticism of the coach training is that the accreditation should be at a higher level (ILM7) to allow for wider application of this training within the NHS.

Outcomes of the evaluation suggest the HEE Y&H coaching scheme is currently under resourced and therefore not operating at its full potential. The scheme may struggle to keep up with demand for both coaching skills training and the coaching service without additional support to maintain the current system.

Many interviewed did not know exactly what coaching would entail prior to exposure to the HEE Y&H scheme which indicates that coaching is misunderstood within the medical profession and therefore requires further promotion.

## 7: Recommendations

- i: That the coaching scheme is supported to continue to enable current coaches to maintain their skills and offer high quality coaching to Y & H trainees.
- ii: That the Training Programme Director is maintained at the current level and that provision is made for an administrator to support the scheme. Additional support is necessary to enable the coaching scheme to continue operating efficiently and key administrative tasks include: recruitment of coachees; organisation of CPD and supervision; evaluation of the service; management of data; marketing and communication; and website development.
- iii: That one new cohort of educational supervisors per year should be trained in order to maintain a reasonable number of active coaches and reduce waiting lists for coaching and coach training.
- vii: That the HEE Y&H coaching scheme would benefit from a marketing and social media strategy and a ‘champion’ or ‘champions’ to promote the work of the scheme and increase understanding about what coaching entails and how it can benefit medical professionals.
- viii: To investigate the possibility of being able to offer a higher level of accreditation to graduates of coach training so they may exploit more opportunities to use their skills within the NHS.
- ix: To introduce a more formal process of collecting feedback about the coaching scheme in order to better monitor the impact of all activity.

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## Appendix 1

### What is coaching?

#### Definition of coaching

‘Coaching is a form of development in which a person called a coach supports a learner or client in achieving a specific personal or professional goal by providing training and guidance’ (Passmore 2016).

It is not uncommon for coaching to be mistaken for other development methods and practices. De Souza and Viney (2014) advise that ‘Coaching should be differentiated from other development roles, such as patronage, appraisal, educational supervision, and line management. Coaching and mentoring are not teaching, telling, advising, or instructing. Neither are they counselling or therapy, although the process of coaching and mentoring may identify the need for this.’

According to Health Education England London and South East (HEE L&SE 2017) the key feature of coaching is ‘That the individual is able to take charge of their own decisions and development to realise their full potential. The coach is there to facilitate this process through structured questioning, often challenging the status quo, helping the coachee to find their own solutions.’

#### Suggested benefits of coaching cited in a variety of literature include:

Development of managerial skills, such as strategic thinking, problem solving, and influencing skills, and how to apply these in the workplace.
More effective communication skills and an ability to work more productively with colleagues.
A focus on personal and professional development which contributes towards continuing professional development.
Greater self-confidence and motivation through self-reflection.
Greater responsibility and accountability for actions and commitments.

#### Suggested reasons a trainee might access coaching include: (HEE Y&H 2017)

There is something at stake, e.g. a challenge or development opportunity and you want to make the most of it.
You perceive a gap in your knowledge, skills, confidence or resources.
You want to achieve different outcomes, improve your performance, or improve your leadership or management skills.
You are experiencing a lack of clarity and have choices to make.
Your work and life are out of balance, and this is having an unwanted impact.
You have yet to identify your key strengths and how best to utilise them.

## **Coaching and medical education**

The mention of coaching in relation to the medical education agenda has become increasingly prevalent in recent years. Most medical schools, royal colleges and NHS trusts mention coaching in some context, as do the Department of Health, NHS Employers, the Chief Medical Officer and the British Medical Association in a variety of reports. The General Medical Council (GMC) states that ‘coaching and mentoring skills are important for ensuring doctors deliver safe, effective, and efficient care as soon as they start a new job’ (GMC 2012).

A report from The Nuffield Trust (2014) estimates that ‘the ageing and growing population alone could mean the NHS may need another 17,000 hospital beds by 2022. The number of doctors, nurses, other staff and equipment all have to meet that demand.’ It is well established that this ever-increasing demand for services and constrained funding means the NHS is facing unprecedented challenges over the next 5 years. It therefore requires strong medical leadership for managing systems which are increasingly complex in order to continue to deliver excellent patient care (Ojo 2015).

‘Developing People, Improving Care’ A recently developed national framework for action on improvement and leadership development in NHS-funded services highlights coaching as one of the essential ‘Support systems for learning at local, regional and national levels’ (NHS Improvement 2016).

Evaluation of organisational coaching schemes for doctors, such as the HEE L&SE and HEE Y&H coaching services, so far indicate the impact of coaching in medical education is positive and potentially very valuable to the NHS as ‘a method of developing an individual's capabilities in order to facilitate the achievement of organisational success’ (NHS Leadership Academy 2012).