

## **Dr Oliver Rintoul-Hoad**

### **Transformation 2022-23**

#### **(Aspiring Leaders Fellowship - Coventry & Warwickshire )**

Doctors are, almost by default, aspirational. To get through university application process, the hoops and hurdles of med school, foundation year training, specialist applications and completion of core training, one needs to be motivated to achieve an end goal.

When one is aspirational by nature and achieves an end goal, very often the reaction is not, “ok, well, that’s that done”, but, “ok, so what now”. The number of post-nominal letters on some practitioners is testament to that, and there are obvious avenues to gain experience in certain clinical areas, gain more qualifications and sub specialise.

However, the avenues for practitioners whose aspirations are not just for increasing clinical aptitude but management and leadership positions are not always quite so clear. There is a winding road that is becoming increasingly less organic to being a salaried GP to a partner, and then to place or system positions, and knowing what training to do or how to start that journey.

After completion of training, I felt like I had the confidence (arrogance?) to believe I was untapped potential. Having held previous management positions with a finance qualification, I was hoping becoming a GP would allow me to merge the two careers. However, from the salaried GP position I was struggling to formulate a plan to allow me to create a trajectory towards doing so, which is why I was delighted to hear about the Aspiring Leaders Fellowship

I genuinely believe that if it was not for the ALF, not only would my aspirations be unfulfilled, they would be set very much lower. When applying, I believed a realistic expectation would be that I might be in a better position to apply for a partnership position and maybe learn about a bit commissioning. Whilst these outcomes have undoubtedly been met, I have also managed to secure a leadership position at place level, set in motion projects to implement system wide change, and created a network of local leaders.

Soon after applying and being offered the fellowship, the dividends became immediately obvious. It signposted to others even before starting that I was interested in leadership roles, and that I was willing to step outside my comfort zone and dedicate real time to pursuing my ambitions.

As a result of this, I was offered the opportunity to apply for a position on the Board of SWGP and was fortunate enough to be offered the position. This has been a steep learning curve and has involved brushing off old skills from a previous career, both of which challenges were eased with the knowledge that I had time, and a training budget, to call on as part of the fellowship.

I feel I have been gifted the time to seize opportunities I might otherwise have had to think twice about committing to. Early in the fellowship, I attended a 3 day “Leaders in Personalised Care” course, out of which grew two working groups: implementing and supporting the ICBs commitment to personalised care. These themselves are producing their own spinoff projects which I am in a position to support thanks to the fellowship.

These spinoff projects have possibly surpassed the original activity. With another member of the working group we have been able to win funding to identify and fill gaps in education for the current and future workforce in the ReSPECT process and looking at new ways that general practice additional roles staff may be beneficial in assisting GPs in proactively reviewing the wishes and consideration of their patients when it comes to serious illness and end of life care. I have also had the opportunity to reform local processes surrounding end of life anticipatory medication at a place level, with the view to potentially expand to other areas of palliative care through applications to be a GP lead on palliative care through IPC.

To further benefit my leadership skills, I was fortunate enough to have been given the opportunity to be mentors to medical students who are hoping to work on their own leadership projects at university. I have provided support to 6 students from different years of medical school, and have been able to set aside an hour a week to make myself available to them and provide support as needed.

As briefly touched on previously, I was interested in commissioning, and as part of the ALF I was able to assist in the tender process for the new system-wide community dermatology contract. This was made possible through the opportunity to network with senior leaders within the ICB including 1:1 sessions with the CMO.

All roles have their challenges, and whilst these were kept to a minimum by the flexibility of the fellowship, there will always be time where one has to manage their commitments. As a result, despite being keen to input in a CORE20+5 project regarding reduction of cardiovascular risk in the system, clashes meant that I was unable to commit to this as fully as I was meant to. However, I will be certainly recommending that a future fellow can take this role forward, highlighting the advantage of an ongoing program of fellows.

Early on in the fellowship, we were implored to “keep doors open behind us”, and I fully intend to do this by finding ways to use future fellows as part of upcoming projects.

The last weeks of my fellowship was spent looking to make the most of the opportunity to use the generous CPD budget made available to us. I didn’t want to squander the opportunity to provide a lasting impact on my career in leadership, and therefore I used the time to prepare and interview for a place on an MBA course. I was lucky enough to be offered a scholarship at an international business school which I have no doubt was made possible by the time the fellowship offered me as well as the recent experiences I had been given. These experiences, together with a new leadership role and a widely recognised qualification ensure that the investment in us as fellows will provide lasting value to myself as an individual and, in doing so, will hopefully provide lasting value to the system and the region as I continue my career. With the increasing focus on working at scale, I am left in a strong position to be able to support the system in finding economies of scale through SWGP, IPC or otherwise. I intend to apply for roles that can either create or transform services that support GP services, and am early in the process of working with SWFT to move towards a community cardiology solution. The Community Diagnostic Centers are also an area I would like to contribute towards, and will be looking at ways I might be able to do so going forward – a task made far easier by the network and experience I have gained as part of the fellowship.