

Clinical leadership: the challenge for senior leaders

Doctors in senior positions in health care and health-care education organizations are increasingly required to take wider management and leadership responsibilities. A range of development programmes are available to support these leaders at local, regional, national and UK levels.

Most developed health systems across the world have in the past few years advocated the increasing engagement and participation of clinicians in the management and leadership of their organizations. Although the challenges are slightly different for each country common themes emerge which are underpinned by:

1. The recognition that service improvements sought by governments can be blocked or frustrated by powerful clinical groups unless clinicians feel directly involved in the design and planning of these changes
2. The financial pressures facing most governments require innovation and radical change that will need to be driven by committed and positively engaged clinicians.

This represents a cultural shift with all clinicians beginning to recognize their wider role in supporting the goals of the organization. In the UK, this objective has been approached through the establishment of the Enhancing Engagement in Medical Leadership Project, run jointly by the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges. This project,

running over the past 5 years, has produced two key products:

1. The Medical Engagement Scale – a measure of how involved doctors are in the wider performance goals of their organization (Spurgeon et al, 2011)
2. The Medical Leadership Competency Framework (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010).

The five basic domains of the Medical Leadership Competency Framework are listed in *Table 1*.

The Medical Leadership Competency Framework is specifically designed for the medical profession and has been incorporated into the education and training of all doctors in the UK through inclusion

in professional standards and outcomes statements. At undergraduate level, this is through its inclusion in *Tomorrow's Doctors* (General Medical Council, 2009), which specifies the outcomes of undergraduate curricula (O'Sullivan and McKimm, 2011).

At postgraduate level, the Medical Leadership Competency Framework has been integrated into the Foundation Programme Curriculum (General Medical Council, 2010; UK Foundation Programme Office, 2010) and the 2010 specialty training curricula of each medical Royal college (see McKimm et al, 2011 for a more detailed discussion). While the Medical Leadership Competency Framework does not prescribe how the competencies are delivered, it is under-

Table 1. The five basic domains of the Medical Leadership Competency Framework

1. Demonstrating personal qualities	Developing self-awareness
	Managing yourself
	Continuing personal development
	Acting with integrity
2. Working with others	Developing networks
	Building and maintaining relationships
	Encouraging contribution
	Working within teams
3. Managing services	Planning
	Managing resources
	Managing people
	Managing performance
4. Improving services	Ensuring patient safety
	Critically evaluating
	Encouraging improvement and innovation
	Facilitating transformation
5. Setting direction	Identifying the contexts for change
	Applying knowledge and evidence
	Making decisions
	Evaluating impact

Professor Judy McKimm is Dean of Medical Education, College of Medicine, Swansea University, Swansea, **Professor Peter Spurgeon** is Director of the Institute of Clinical Leadership, Warwick Medical School, The University of Warwick, **Professor Gillian Needham** is Postgraduate Medical Dean and Leadership and Management Programme Lead for NHS Education for Scotland NES Medical Directorate, NES North Deanery, Aberdeen, and **Dr Helen O'Sullivan** is Director of the Centre for Excellence in Evidence Based Learning and Teaching, Faculty of Health and Life Sciences, The University of Liverpool, Liverpool L69 3BX

Correspondence to: Dr H O'Sullivan
(H.M.Osullivan@liverpool.ac.uk)

stood that the 'medical model' of post-graduate training is workplace based and implementation of this curricular component is thus mostly purposively experiential through learning on the job linked to workplace-based assessments and structured learning events.

The Medical Leadership Competency Framework formed the basis of the Clinical Leadership Competency Framework (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2011) which is likely to be adopted as core content for training in management and leadership for all clinical professions at both undergraduate, pre- and post-registration levels. The Medical Leadership Competency Framework has subsequently been further adapted by the addition of two further domains for the most senior leaders: 'Creating the vision' and 'Delivering the strategy' (National Leadership Council, 2011b).

Although medical training throughout the UK is regulated by the General Medical Council, different countries and regions have taken their own approach to leadership development. For example, Scotland has its own strategic approach to senior leadership development for the Scottish NHS (NHS Scotland, 2009) which was published by the Scottish Government in 2009 and implementation has been led by the National Leadership Unit, part of NHS Education for Scotland, and governed by the National Leadership Board.

As each devolved authority of the UK develops its distinct approach to health-care service design and delivery so the workforce development needs around delivery will require some bespoke arrangements around the leadership and management development of trained staff. For Scotland the focus is currently on the implementation of its quality strategy (NHS Scotland, 2010) and (senior) leadership development is closely aligned with this strategy to assure intended outcomes.

Such policy and strategic developments represent major advances in the preparation of clinicians in management and leadership and put the UK at the forefront internationally. In terms of the Medical Leadership Competency Framework, for senior medical leaders, although 'working with others' and 'demonstrating personal

qualities' remain important, they will increasingly be required to demonstrate strategic and high level leadership and management skills, many of which cannot be acquired by experience alone.

The Medical Leadership Competency Framework and Clinical Leadership Competency Framework provide specific guidance which supports and acknowledges clinicians' greater involvement in leading and managing their organizations in the longer term. These frameworks are part of facilitating a long-term cultural change which will ultimately see all clinicians acquire competencies in management and leadership as a routine part of their training (Spurgeon et al, 2011). But the competencies will only be explicitly required of those medical trainees following the 2010 curricula, leaving several further years of graduate specialty trainees with a need for alternative routes to gaining required competencies, and a 'lost generation' of trained doctors and other health-care professionals with development needs.

At the most senior level of clinical staff it has always been recognized that specific training and development opportunities are needed to tackle the demands and challenges of health systems. A range of development opportunities exist at organizational, national and UK levels for such leaders. The problem still remains regarding the timescale and back-log whereby senior clinicians in current roles may well not have received any training in clinical leadership and management. This poses challenges both for the clinicians themselves and the organizations in which they work. National strategies, such as that described above in Scotland, must ensure that staff at every level who need leadership development have a route to achieve it. Leadership development activities, accessed through whatever routes are available, must be affordable and aligned to the planned needs of health services.

Senior clinical leaders

The common domains of the Medical Leadership Competency Framework and Clinical Leadership Competency Framework are both built upon an approach to leadership that may be described as shared or distributed ('leadership at all levels'). In this sense it seeks to

emphasize that each individual is able to make a contribution to the leadership process as and when his/her particular set of skills and qualities are appropriate. In this way the model is universal and inclusive rather than focussing on the rare and largely unrealistic notion of charismatic or hero leaders.

Nonetheless, it is acknowledged that a relatively small group of senior leaders are in designated, positional leadership roles where authority and influence is vested in the role, usually through hierarchy, positional power and status. Clinicians in such roles are often asked to accept roles in leading major innovations or change programmes, for example in England leading the Quality, Innovation and Productivity and Prevention programmes aimed at securing very significant reduction in overall costs while maintaining or indeed improving service quality. Although clinicians have usually achieved success and recognition in their own field, many have had very little training in the change managerial and leadership skills required. Provision to support the development of these clinical leaders has taken a variety of forms and these are discussed in turn.

The Leadership Framework

The Leadership Framework (*Figure 1*) has been developed recently through the National Leadership Council (of NHS England). It builds upon the Medical Leadership Competency Framework and Clinical Leadership Competency Framework described previously by incorporating as its basis the five core domains of these frameworks. The Leadership Framework is intended to address the training and development needs of all types of staff, clinical and non-clinical. The learning scenarios and examples described in the guidance relating to the framework have therefore been broadened to incorporate situations and contexts relevant to non-clinical staff.

More specifically two additional domains have been added ('Delivering the strategy' and 'Creating the vision', see below) and these are aimed particularly at senior leaders in hierarchical or positional roles.

The two additional domains each comprise four elements in a similar way to the five core domains listed in *Table 1*:

1. Creating the vision
 - Developing the vision for the organization
 - Influencing the vision of the wider health-care system
 - Communicating the vision
 - Embodying the vision.
2. Delivering the strategy
 - Framing the strategy
 - Developing the strategy
 - Implementing the strategy
 - Embedding the strategy.

If we take as an example 'Delivering the strategy', this will involve positional leaders in a range of tasks such as:

- Engaging with key individuals and groups to formulate strategic plans to meet the vision
- Striving to understand others' agendas, motivations and drivers in order to develop strategy which is sustainable
- Creating strategic plans which are challenging yet realistic and achievable
- Identifying and mitigating uncertainties and risks associate with strategic choices.

Each of the skills associated with the two extra domains is described in more detail in the Leadership Framework (National Leadership Council, 2011b). This now provides the basis for developing senior clinicians who have moved into these senior, positional roles. A new 360° development tool is being developed to support individuals in identifying their relative

strengths and weaknesses and then specifying training plans to acquire the competences identified (National Leadership Council, 2011a).

With the introduction of the Leadership Framework, more structured and targeted leadership and management development programmes for clinicians in senior roles will be required. Just as leadership and management elements are being introduced in undergraduate programmes, and foundation and specialty training programmes offer specific opportunities for trainees to develop and formalize their leadership and management competencies, so too we are starting to see more widespread formalized provision for senior clinicians in leadership roles. It is at the 'trained doctor' stage that the devolved authorities vary in their approaches to leadership development as part of continuing professional development in order to best align doctors' continuing professional development with service strategies and government policy agendas.

Leadership development initiatives

Top Leaders programme

The Leadership Framework is designed to address the needs of all staff in England and Wales but a further programme has been devised for a small group (approximately 250) of top leaders in the England and Wales NHS, both clinical and non-

clinical. The 'Top Leaders' programme complements the Leadership Framework by defining a set of skills that have been identified as being important to the most senior leaders and health-care organizations which have been incorporated into a development programme (National Leadership Council, 2011b).

The key skills that participants in the programme work on are: influencing, partnership working, resilience, strategic thinking, entrepreneurial leadership, passionate about patient care, inclusivity and leadership essence.

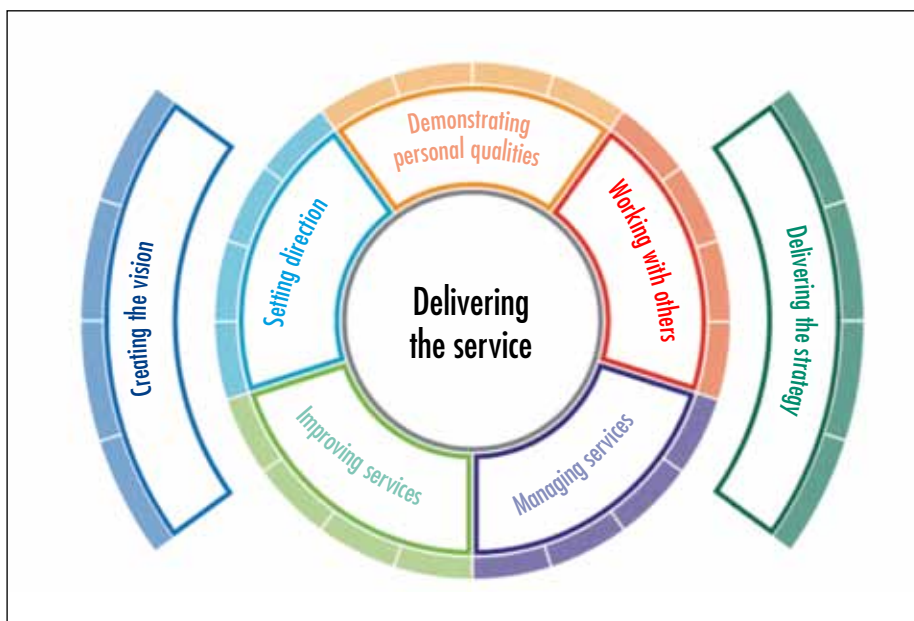
This list reinforces an earlier point, certainly to those with a more technical understanding of the concept of leadership, that this is not so much a competence framework as a set of areas top leaders must address and develop. 'Leadership essence' basically says that such people have something about them which makes them a leader. This reflects the influence of leadership theories based on personality, trait theory, emotional intelligence and transformational leadership. Influencing, negotiation and conflict resolution are all vital skills for leaders who are working across organizational and professional boundaries and who are responsible for engaging in political decision-making.

Other initiatives

For many years, a range of postgraduate qualifications (e.g. Postgraduate Certificate, Diploma, Masters and other relevant higher education courses) have been available to medical leaders, as well as short courses (commercial and in-house designed and delivered) that do not lead to a formal qualification but allow individuals to support their own development as leaders. Despite the high quality of many of these programmes (e.g. MBAs at Cranfield, London Business School) there has been a view that the content has not always been appropriately oriented to the needs of the NHS or its clinicians.

Some recent innovative programmes have sought to provide more specifically for the increasing number of clinicians taking up leadership roles. The King's Fund in London provides a range of development opportunities for clinicians with varying length and focus, e.g. programmes for clinical directors and leads, medical directors and a top management programme

Figure 1. The NHS Leadership Framework. From National Leadership Council (2011b).



(www.kingsfund.org.uk/leadership/leadership_programmes/index.html). Birkbeck College, London School of Hygiene and Tropical Medicine and the Royal College of Physicians of London run a medical leadership Masters programme for medical directors and aspiring chief executives. This programme is specifically designed for doctors and covers issues such as change and change management, managing human resources in the health services, selection and assessment as well as personal development and career management (Royal College of Physicians, 2011).

The Medical School at the University of Warwick has a new Masters programme in medical leadership (www2.warwick.ac.uk/fac/med/study/cpd/subject_index/slm/b91g/) which has attracted a number of senior medical leaders. This programme, covering topics such as leadership, organizational behaviour, patient safety and improvement methodologies, also includes a comparative module where participants are invited to study another health-care system in some depth. Projects are expected to focus on service improvement. Other regional or national initiatives in which senior clinical leaders can engage include:

- For several years the Health Foundation has offered leadership fellowships to health-care professionals, including the prestigious Harkness Scholarships (see www.health.org.uk/areas-of-work/topics/leadership/)
- NHS London offer a range of 'Leading for Health' programmes at all levels including fellowships in clinical leadership (formerly Darzi fellows) for aspiring clinical leaders offered with the London Deanery); NHS Mentoring; coaching and development programmes for senior leaders and Next Generation Directors and Chief Executives programmes (see www.london.nhs.uk/leading-for-health/programmes)
- The NHS North West Leadership Academy – 'a members led organisation for senior NHS leaders in the region' (see www.nwacademy.nhs.uk)
- Scotland has a bespoke programme for potential new leaders which is designed and delivered by the National Leadership Unit (see www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/leadership-and-management.aspx)

- The Faculty of Medical Leadership and Management, endorsed by the Academy of Medical Royal Colleges, 'is a new UK-wide organisation that aims to promote the advancement of medical leadership, management and quality improvement at all stages of the medical career for the benefit of patients' (www.fmlm.ac.uk).

Conclusions

The last 5 years has seen considerable effort to ensure that health-care professionals gain competence in management and leadership. The Medical Leadership Competency Framework is embedded in undergraduate and postgraduate medical education and training across the UK and will ensure a level of competence is achieved by all doctors at UK specialist or GP registration. Thereafter, as is evident in the different devolved authorities' approaches to onward and top team leadership development, strategies need to be more closely aligned to nations' health-care policy and strategies. But that should not deter ambitious potential leaders of health care who will continue to pursue high quality, relevant leadership development that best suits their learning styles and other needs. Postgraduate qualifications (to Masters level and beyond) will sit alongside other development routes such as action learning sets, mentoring programmes and coaching provision to meet the needs of senior clinicians moving into leadership roles. **BJHM**

Conflict of interest: none.

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KEY POINTS

- Doctors are being encouraged and supported to take on senior leadership and management positions, their engagement makes a valuable contribution to improving health-care management and delivery.
- A substantial number of clinicians in senior leadership positions have to date received little or no formal leadership and management development.
- A range of opportunities exist for senior clinical leaders to engage in formal leadership development opportunities.
- Development opportunities include local or regional training programmes, postgraduate qualifications and coaching and mentoring schemes.
- Although there is some consistency in approach to leadership development through the use of the Medical Leadership Competencies Framework, deaneries, NHS trusts and the devolved countries have developed their own strategies for implementing leadership training.