

# Developing and assessing medical leadership

It is probably safe to say that the case for all doctors, not just those in formal leadership roles, to be trained in leadership and management competencies has now been made. The real issue is how to achieve demonstrable improvement in these attributes, competencies and skills to improve patient safety, patient outcomes and improve outcomes for organizations.

## Developing leadership

The NHS National Leadership Academy is playing an increasingly influential role in this development and has recently announced the launch of a self-assessment tool to help individuals to review their leadership skills and create an action plan for ongoing improvement. The tool is based on the competencies outlined in the Medical Leadership Competency Framework (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010), first published in 2010 and since expanded to include a general clinical leadership framework.

The Medical Leadership Competency Framework is a particularly useful concept because it acknowledges the fact that developing leadership is a continuum from undergraduate medical education to senior roles. Many professional standards, outcomes and competency framework now include leadership and management (Swanwick and McKimm, 2011).

Important work has been done in undergraduate medical education to embed opportunities to develop relevant competencies from the Framework (O'Sullivan and McKimm, 2011a), and leadership and followership were included in the outcomes that all UK medical undergraduates must achieve set out by the General Medical Council in the latest version of *Tomorrow's Doctors* (General Medical Council, 2009).

The Foundation Curriculum and all specialty training curricula now include the requirement for the trainees to develop as leaders. For doctors who want to learn

and study in more depth, one strand of the academic Foundation Programme focuses on clinical leadership and management, the NHS National Leadership Academy offers places on the Clinical Leadership Fellowship scheme for clinicians who have been qualified for 4 years or more and an increasing number of relevant and credible in-house leadership development schemes and postgraduate programmes are available that prepare doctors for more senior leadership and service improvement roles.

## Assessing leadership

Of course assessing leadership is a crucial part of developing leadership. Without robust and meaningful assessments, it is impossible to tell if students and trainees are really achieving these competencies and difficult to plan for improvement. Well-established ways to assess leadership include self assessment and multisource or 360 feedback which have been adapted from concepts developed in the general leadership literature.

The new tool launched by the NHS National Leadership Academy (2012) is an example of a self-assessment instrument in which participants work through a series of statements and rate themselves against these statements. At the end of the assessment there is the opportunity to build a personal action plan.

Self awareness is one of the key tenets of being a professional (Hilton and Slotnick, 2005) and being able to reflect, identify gaps in knowledge and skills and develop ways to address these are fundamental parts of the learning cycle. And of course a self-assessment tool is very useful when a large system such as the NHS is attempting to develop clinical leadership on a huge scale. However, there is a wealth of empirical evidence that demonstrates that self assessment is not very reliable (Eva and Regehr, 2011) and so any self-assessment tool needs to be used as part of a range of pieces of evidence about leadership skills and/or performance.

Evidence from the generic leadership development literature suggests that some of the most helpful assessments of leadership competencies, skills and attributes come from a combination of self-assessment; multisource feedback or 360 appraisal and objective assessment tools that use simulation, observed performance in the 'real world' context coupled with debrief, feedback and professional conversation.

As with assessing any aspect of clinical performance, we need to first agree and define what we are trying to measure, then design the tool to measure that. Because leadership, like professionalism (O'Sullivan and McKimm, 2011b), is complex and multi-layered and changes over time, we need multiple, coordinated and longitudinal ways of assessment. Some assessments (such as the team assessment of behaviour) in the Foundation Programme assess skills of teamwork and communication, and could potentially form part of a leadership assessment around 'working with others'. LeAD, to which all doctors have access ([www.e-lfh.org.uk/projects/lead/register.html](http://www.e-lfh.org.uk/projects/lead/register.html)), includes self assessments about some leadership theories and concepts. So LeAD, team assessment of behaviour, Medical Leadership Competency Framework, Clinical Leadership Framework and associated tools (which include multisource feedback) provide part of the answer, but it is how these are administered and inform leadership development that is the real challenge.

The future roles of clinicians will need to be oriented towards the delivery of systems of health care within finite resources, doctors will need to practice in very different ways, responding to increased complexity, demographic change, technological advances, global economic trends and increased patient involvement and accountability (Levenson et al, 2010). In 2010, a Royal College of Physicians (UK) working party also identified that doctors need to act to enhance public understand-

ing of difficult or contentious issues, and to be innovators and integrators of new knowledge and change processes (Royal College of Physicians, 2010). Two recent reports by the King's Fund (King's Fund, 2011, 2012) highlight the importance of developing clinical leaders who are not individual 'heroes', but instead perform 'engaging leadership': leadership that engages with patients, colleagues and communities to improve health care. This can only be truly measured over the long term using observational tools. If clinical leadership is primarily about health-care innovation, patient safety and health improvements, then these collaborative efforts need different tools to measure the impact of leaders' (individual and group) endeavours and success.

## Conclusions

So what does this mean for doctors working in today's health services who want to enhance their understanding and skills in clinical leadership and management? Appraisal and revalidation may hold part of the key to solving this problem. Thinking about all aspects of clinical leadership, be that at the frontline – at the bedside, in clinic or theatre – or in a more clearly defined management position, provide multiple opportunities for doctors to collect evidence about their leadership skills.

Using the Medical Leadership Competency Framework as a framework, thus casting a 'leadership lens' on daily activities, doctors can identify and accumulate 'evidence' of their leadership development, influence and impact over the longer term. The annual appraisal gives a good opportunity to take stock and set goals, including training and development. Using established tools as described above will give doctors insight into teamwork, communication skills and leadership style.

Seizing opportunities for engaging in specific leadership or management study (through workshops or e-learning), offering to lead or get involved in health innovation projects, reading about some of the theory and practice of leadership (in books, articles or reports) and finding a good mentor, coach or trusted colleague to provide honest and constructive feedback, will help all doctors to develop as leaders and make a difference in improving health care.

And for those who want to 'specialize' in leadership, national initiatives (such as the Clinical Leadership Academy and the Faculty for medical leadership and management), regional deaneries, Royal colleges and universities provide multiple opportunities to take it further. **BJHM**

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## KEY POINTS

- Developing leadership skills and competencies is now an accepted part of a doctor's training.
- The NHS National Leadership Academy is taking a role in providing development opportunities and assessment methods based around the Medical Leadership Competency Framework and the Clinical Leadership Competency Framework.
- The most robust approach to assessing leadership will involve using a range of different tools including multisource feedback, self-assessment and objective measures.



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