

Clinical Leadership: Bridging the divide

Note

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Clinical Leadership

Bridging the divide

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There is nothing more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things. For the reformer has enemies all who profit by the old order, and only lukewarm defenders in all those who would profit by the new order. This lukewarmness arises partly from fear of their adversaries who have the law in their favour; and partly from the incredulity of mankind, who do not truly believe in anything new until they have had actual experience of it.

Niccolò Machiavelli

This book is dedicated to all aspiring clinical leaders and to those who support them in service of better patient care and population health.

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Foreword

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‘Why would you want to go over to the dark side?’

Since the introduction of formalised management roles within our hospitals, around 30 years ago, any clinician that has participated in the management and leadership of their healthcare organisation will in all likelihood have heard this slightly depressing refrain from their clinical colleagues. Furthermore, I am quite certain that this is frequently a mutually held opinion, with many managerial colleagues equally suspicious and mistrusting of clinicians, particularly doctors. There are many reasons for this unhelpful ‘us and them’ mindset between clinical and managerial staff, but key to nearly all of them is ignorance – of each other’s ways of working, each other’s languages and each other’s cultures, and ignorance of what motivates someone to become a dietician, a financial director, a surgeon or a chief executive. This ignorance has been propagated by education and training, which invariably has occurred in uni-professional ‘silos’ and has often reinforced misconception and prejudice. Healthcare delivery in the 21st century is a multiprofessional team game, and yet unlike nearly all other industries, we have frequently learnt, trained and practised away from the other professionals in our team. When we have learnt, we have frequently adopted radically different perspectives on how to deliver the same ‘product’ of high-quality care; clinicians have been trained to consider how best to meet the needs of the patient in front of them in the clinic, the emergency room or on the operating table and not to be concerned with a wider overview; managers have been instructed to care about financial prudence, organisational development, target achievement and business planning and not about clinical outcomes and patient experience.

Thankfully, there are positive signs that this is slowly changing, that these traditional barriers between clinical and managerial staff are being eroded. During the last three years I have been privileged to lead reviews of our healthcare system, firstly within London and subsequently within the rest of England, and what I have seen and heard has heartened me. Firstly, there is an

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increasing realisation by clinical staff that high-quality patient care cannot be achieved in the isolation of any individual practice but must be in the setting of a quality service, one with the patient at the very centre and with an organisational culture of perpetual improvement and patient safety. Secondly, clinical engagement is increasing and is genuine; clinical staff want not only to be involved but also to lead the teams, units, networks and organisations through which they deliver patient care. More and more managers and organisations are embracing this, by adopting managerial structures that make clinicians and managers jointly accountable for performance, necessitating cooperative working across professional domains. Thirdly, when empowered and released to do so, clinicians do not fear change but drive it, by contributing to or leading innovation, improvement and service redesign.

Despite these encouraging signs, much remains to be done if we are to create a healthcare system in which the divide between ‘us and them’ is bridged by clinicians and managers working together for the benefit of patients and public. The key to this paradigm shift is excellent leadership, which creates a vision that engages all staff, works across professional boundaries and ensures that patients and the public are truly involved in creating health. Throughout my period in public office, whenever I saw striking examples of innovation, significant quality improvement or outstanding clinical outcomes, it was accompanied by effective leadership. This was not only at the very top of large organisations; improvements in healthcare depend first and foremost on making a difference to the experience of patients and service users, which in turn hinges on changing the day-to-day decisions and behaviours of clinical staff. This can only occur through strong *clinical* leaders, working with patients and colleagues on the frontline.

Whilst many good clinical leaders do exist within our clinics, hospitals and communities, these individuals are at a premium, and will become increasingly so; rising public expectations, a global economic downturn, an ageing population and rapidly advancing technologies will result only in the pace of change within the NHS increasing further. If organisations are going to survive in this rapidly changing future environment, they will have to be able to adapt quickly whilst remaining focused on the NHS’s key aim, which is to improve the quality of care we deliver to our patients and public. This will require exceptional clinical leaders, able to take a macroscopic view on health systems and resource allocation and with an understanding of the political, economic, social and technological drivers for change that are going to influence healthcare provision throughout their careers. Aspiring clinical leaders, many of whom have been taught little of the organisational structure of healthcare, will need to learn about the funding, governance and management that are integral to the system; but simply having knowledge and information will not be enough. Future clinical leaders will require, and will need to utilise, a range of non-technical skills to allow them to manage and lead others, not just within

their specialty but also across all professional boundaries. These include creating vision and setting clear direction, together with skills in service redesign and quality improvement, adaptability, self-awareness and awareness of others, working collaboratively and networking. Furthermore, they must hold, voice and enact strong personal values and beliefs that impact positively on those around them and place the patient and public at the centre of decision-making. Finally, they will need to be supported by well-developed systems, clear lines of reporting and responsibility and by an organisational culture that provides good information and encourages its use as a vehicle for improvement of performance.

This book addresses many of these concepts. It details the knowledge, skills and behaviours required in clinical leaders, from the viewpoint of a group of exceptional junior doctors, aspiring clinical leaders and participants on NHS London's 'Prepare to Lead' scheme, of which I am very proud to be a sponsor. It is an exemplar of the benefits of multiprofessional working, with several chapters being co-produced by a doctor and a senior healthcare manager who have participated as mentees and mentors on the scheme, and this is evident in the balance, the perspective and the quality of the writing.

I am honoured to author this book's foreword; I believe it will become essential reading for any clinician who wishes to learn more about leading within the NHS and who no longer wants to work in a 'them and us' world, but rather aspires to bridge the divide and work with, alongside and through others to the benefit of us all: patients, public and staff.



Preface

When books are written, the editor generally has a well-formed idea of what he or she expects the end-product to look like. This book has had a rather different and evolutionary history. The end-product exceeds our expectations, which is entirely due to the talent and commitment of the individuals who have contributed. Great leadership rests on great passion. It is when individuals become advocates for their cause that many are spurred on to leadership. It is this commitment to a cause that allows leaders to drive change forward in spite of many ups and downs. This book is about exactly those enthusiasms; the topics for each of the following chapters have originated from the passions and interests of the authors themselves. Collectively, the chapters make up a ‘guided tour’ of the most important topics surrounding clinical leadership today.

This book aims to encourage and to inspire as well as to inform. It is not a textbook or an academic examination of clinical leadership. Rather, our intention is that the personal narratives of the emerging clinical leaders collected here provide support (maybe even inspiration) to others whose aim is to build an NHS which better unites clinicians’ skills and knowledge to those of general managers and others to create a system that delivers high-quality care to patients every time with minimal waste.

We advocate a new paradigm for clinical leadership, one where every clinician puts improving how care is organised at the heart of what they do day in, day out. We therefore advocate an additional dimension to clinicians’ professional identity: being a great clinician is also about making the organisation and the setup in which you work function better. How each clinician interprets this, of course, will depend on individual strengths and particular passions – there is no one right path or right way.

There is widespread agreement that the NHS requires outstanding leadership to continue to meet the growing healthcare needs of the population it serves. Clinicians, and therefore clinical leaders, are uniquely well placed to lead on many of these issues, because of their experience, knowledge and position. The present authors are a group of specialist registrars who were selected by NHS London to be developed through mentoring and regular workshops, with the long-term aim of creating future clinical leaders. The intention is that, through programmes such as this, the NHS in future will be ‘spoilt for choice’ when looking for clinical leaders.

Preface

The 'Prepare to Lead' scheme began in 2007 as a pilot for six Fellows from the Department of Biosurgery and Surgical Technology at Imperial College, London. The programme aims to develop leadership knowledge, skills and behaviours in junior doctors, and to do so alongside their clinical training. In 2008, 18 new recruits joined three of the original participants in the 'Prepare to Lead' mentoring scheme, and in 2009 a further 26 junior doctors were successfully matched with mentors. The authors of this book are from the 2008 'Prepare to Lead' cohort. Each trainee was allocated a mentor, who is a senior NHS manager and leader, from an NHS Trust, a PCT, the Department of Health or an arm's-length body. Mentors come from both clinical and non-clinical backgrounds. A number of chapters are co-authored by mentor and mentee.

This book is unique in that it is written by junior doctors who are all passionate to develop as leaders, in combination with senior leaders who have extensive experience of leadership. As Daniel Goleman (2004) puts it:

Leaders are made as they gradually acquire, in the course of their lives and careers, the competencies that make them effective. [These] competencies can be learned by any leader at any time.

It is hoped that by sharing the narrative of a group of junior doctors who are participating in and who appreciate the value of clinical leadership, this book will spark a sense of possibility in the reader.

This is the story of a cohort of junior doctors who are challenging traditional career paths and hierarchies and being encouraged and supported by 'the system' in the process. Each of them wants to share their expertise with others and to support others to become a leader. This book is one way of reinforcing their own development while also setting down some pointers for others who wish to turn themselves into clinical leaders. It seeks to inspire clinicians and managers from all disciplines to consider what clinical leadership means for them. The views shared in this book are those of the individual contributing authors; we do not seek to represent those of the authors' employing or sponsoring organisations. Being a leader means being brave enough to put your hand up and say what you believe. That is what each of the authors has done by offering their perspective in each chapter. Of course, this book is not complete, and some points covered are controversial. Despite all our best efforts, the book it is not perfect. Errors will remain (for which the editors take full responsibility). But leadership itself is never perfect or clear, and rarely is it uncontroversial. Leadership is rather about pursuing a direction which excites and which makes a difference, and being brave enough to go after things you are passionate about.

We have called this book 'bridging the divide'. As a group of junior doctors, we have risked failure by daring to reach out across hierarchies, specialities and traditional boundaries. When we have done so, we found almost

invariably that we have been welcomed on the other side. This book encourages other aspiring leaders to be bold enough to bridge the divide between ‘us and them’ in the hope that readers will similarly find a receptive environment that encourages them to obtain and deploy the knowledge and skills which are needed to lead transformational change in the NHS.

After an introduction which discusses what we mean by clinical leadership, the book is split into three parts. First (Part 1) there is an overview of the political and economic history of healthcare to better understand the origins of the current NHS setup and to provide an insight into the workings of the Department of Health. The book then shifts gear (Part 2) to explore the range of individual skills and behaviours required for effective clinical leadership, followed in Part 3 by a discussion of the practical ways in which these can be developed and deployed. The final chapter brings together the strands to focus on what clinical leadership really means for healthcare professionals and why there is good reason to believe that we are entering a ‘golden era’ for clinical leadership in the NHS.

This book is not just for doctors. It has applicability for clinicians of all disciplines and professional backgrounds, for healthcare managers and for policy leaders. But there is a particular focus on doctors and medical leadership. In part, this reflects the backgrounds of the authors as doctors. But also it is because doctors, in the main, are the frontline decision makers in healthcare. Often without realising it, doctors shape how resources are spent and the direction healthcare takes. Doctors are disproportionately powerful as instigators of or resisters of change.

This said, this book is relevant to all those who are passionate about what clinical leadership means for them and for the NHS. The purpose of the NHS is to deliver great care to patients. Clinical leadership is not an end in itself; it is important because it is a vital enabler of organising to deliver higher quality, more efficient care. And so we hope that patients too, as well as managers and clinicians of all backgrounds, will find light shed on many of the conundrums of the health service throughout this book.

Reference

Goleman, D. (2004) What makes a leader? *Harvard Business Review*, January.



Acknowledgements

Oliver Warren and Penny Humphris deserve recognition for their vision and commitment to setting up, growing and developing the ‘Prepare to Lead’ scheme. This book is just one of many outputs from the scheme, the success of which is evident in that it is an approach already being replicated in several other regions. Oliver is a truly inspirational role-model for many junior doctors and ‘leaders to be’ and has demonstrated exemplary peer-leadership.

We would like to thank Mark Allen for supporting the passion behind the initial book proposal and for agreeing to publish this book. Richard Myers was extremely generous with his time and creativity. Saatchi and Saatchi are to be thanked for inspiring us through their motto: ‘Nothing is impossible’.

We would also like to thank the Health Foundation, particularly Martin Marshall and Stephen Thornton, and the Nuffield Trust, particularly Jennifer Dixon and Jo Harper, for their ongoing advice and support, and specifically for helping so tangibly with the book’s launch.

Each of the following chapters is the consequence of dedicated thought and energy on the part of the contributing authors. We are grateful to each of you for what you have written and what you have taught us about what can be achieved through collaborative effort. Many of the mentees are no longer ‘preparing to lead’, but are now leading in their own right. We hope that we will continue to meet, support and inspire each other as we tackle challenges both in London and beyond.

The success of the scheme is dependent on the hard work of Hannah Reed, Judy Butler, Margaret Murphy and Ruth Carnall at NHS London and the many senior leaders throughout the NHS who generously commit to investing time in developing the leadership potential of junior doctors. We would like this book to be seen as a way of demonstrating and sharing what we have learnt from our mentors and to say ‘thank you’ for teaching, challenging and inspiring us – and most of all, for believing in us.

Each of us has been nurtured over the last year by extraordinary mentors. All three of us have often benefited from the guidance and support of senior medical leaders. Sir Liam Donaldson has championed clinical leadership through his own career path and through his creation of the Clinical Advisory Scheme, designed to give junior doctors valuable skills through apprentice-style learning. Our thanks go to him for being a powerful role-model and a wonderful mentor.

Acknowledgements

In 2008, we met with our retrospective mentors – Clare Chapman and Clare Panniker, for the first time. Each has given enormously of their time: Clare Chapman has committed to meeting regularly despite also having responsibility for the other 1.4 million members of the health and social care workforce; while Clare Panniker has done the same while managing a busy District General Hospital. Each has consistently listened and responded to every question that we asked, no matter how small. Both have taught us never to let work commitments compromise relationships with family and friends and to practice healthy leadership. We want to express our thanks to them for playing devil’s advocate when needed and for modelling what it means to be a great mentor as well as a successful leader, and for encouraging us to do what we enjoy and what matters.

Emma Stanton, Claire Lemer and James Mountford
London, October 2009



Participants at the NHS Prepare to Lead launch