

## Leadership development for early career doctors



Cordelia E M Coltart, Ronny Cheung, Antonella Ardolino, Ben Bray, Brett Rocos, Alex Bailey, Rob Bethune, John Butler, Mary Docherty, Kate Drysdale, Alan Fayaz, Felix Greaves, Jonathan Hafferty, Aesha N J Malik, Ahmad Moolla, Louise Morganstein, Fiona Pathiraja, Aditi Shah, Graham Sleat, Vivian Tang, Iain Yardley, Liam Donaldson

Providing health care for populations from cradle to grave is complex and demanding. Health-care organisations need sound clinical leadership to optimise patient experience and outcomes. Clinical leadership is the core business of everyday medical care and public health, and should not be seen as a so called add-on.

The case for clinical leadership has been made persuasively in reports of high-performing health-care systems.<sup>1-4</sup> Organisations in which clinicians actively take part in financial, structural, and strategic decision making have greater staff engagement, better performance, and higher quality care with improved outcomes.<sup>1,4</sup> Beyond direct clinical care, clinical leadership has also been central to policy formation, advocacy, and research.

The National Health Service (NHS) in England is currently undergoing the most radical reforms since its inception in 1948, while at the same time making unprecedented efficiency savings. The success of both will be dependent on leadership from clinicians, but without adequate training, a crisis is imminent. Never before has the need for fluency and integration across the languages and cultures of both medicine and management been so apparent. Such fluency has not traditionally been emphasised in clinical training. Indeed, many doctors will have problems during their career because of lack of inadequate leadership rather than clinical skills, as exemplified by the crisis seen at Mid Staffordshire NHS Trust.<sup>5</sup> These governance failures are a consequence of inadequate training and poor leadership for which the health service should be held accountable.

So ubiquitous and de rigueur is the current narrative of clinical leadership in health care, to think of it as cutting-edge news is easy. However, the 1983 Griffiths report,<sup>6</sup> often viewed with retrospective suspicion by politicians and clinicians as signalling the birth of the NHS manager, also called for greater involvement of clinicians in NHS management. Despite this report, barriers still exist to doctors taking on formal management roles, especially Chief Executive Officer positions.<sup>7</sup> Clinical need drives system development, and poor communication between managers and clinicians can lead to inadequate patient care.<sup>8</sup> A détente in this conflict is needed if large-scale changes to health systems are to succeed.<sup>9</sup>

Although development of effective clinical leadership is essential for the future of the NHS, it is not an initiative specific to the UK. Clinical leadership is also required to maximise the delivery of high-quality care and build capacity for health-care systems globally. Changes in health policy require clinical participation and leadership to drive implementation.<sup>9</sup> WHO has identified deficiency in the management and leadership capacity of many developing

countries as a key reason for the seemingly inevitable failure to meet their Millennium Development Goals.<sup>10</sup>

The USA has pioneered clinician-management training, with doctors readily taking on health-system-management roles as physician executives.<sup>11</sup> Training starts at undergraduate level, with many universities (eg, Harvard, Stanford, and University of California, Los Angeles) offering special study modules in medical management and joint MD and MBA or Masters degrees in medical leadership.<sup>12</sup> For qualified physicians, the American College of Physician Executives and the Institute for Health Improvement contribute to physician leadership training and accreditation. Some health-care systems, such as Kaiser Permanente, which has been led by physicians since its founding in 1945, provide leadership training in-house.<sup>13</sup>

Many countries are trying to foster a leadership culture among their clinical workforce. Internationally, clinicians are working as health ministers, leaders of non-governmental organisations, and politicians. By adopting clinical leadership programmes, the international community can begin to shift the focus on high-quality care, rather than predominantly economically driven care. Furthermore, nations can benefit from high-quality clinical leadership and input in policy areas in which health care plays a pivotal part, such as international development, debt relief, and poverty alleviation.<sup>14</sup>

Against this background, clinical leadership development was a headline recommendation of the NHS Next Stage Review and in the current Health and Social Care Bill.<sup>15,16</sup> The focus of much of the leadership imperative in the NHS has been on developing high-calibre individuals to assume leadership roles at an organisational level, with less attention on training of the wider health-care workforce. This focus exists despite the proposed devolution of commissioning powers in the NHS in England, accelerating the need to equip doctors with the skills to deliver change and service improvement at all levels in the health system.<sup>16</sup> Fostering leadership skills in early career doctors is an essential part of shifting the focus away from grooming individuals for executive roles to a more holistic view of leadership that identifies leadership skills as core competencies of all clinicians. This core competency was a key theme in *The Lancet* commission on Medical Education,<sup>17,18</sup> which identified development of leadership attributes as the defining characteristic of a move to transformative learning, with the explicit aim of producing a workforce that is not only scientifically and clinically competent, but also engaged as agents of change. Similar models were also described in The King's Fund report on leadership and management

*Lancet* 2012; 379: 1847-49

Published Online

April 23, 2012

DOI:10.1016/S0140-

6736(12)60271-2

**CMO Clinical Advisor Alumni  
c/o Faculty of Medical  
Leadership and Management,  
London, UK** (C E M Coltart MRCP,  
R Cheung MBChB,  
A Ardolino MSc, B Bray MBChB,  
B Rocos MRCS, A Bailey MBChB,  
R Bethune MA, J Butler MRCP,  
M Docherty MRCP,  
K Drysdale MBChB, A Fayaz FRCA,  
F Greaves MBChB,  
J Hafferty MBChB,  
A N J Malik MRCP, A  
Moolla MBBS,  
L Morganstein MBChB,  
F Pathiraja MPH, A Shah MBChB,  
G Sleat MRCS, V Tang MBBS,  
I Yardley FRCS); and **Institute of  
Global Health and Innovation,  
Imperial College, St Mary's  
Hospital, London, UK**  
(Prof Liam Donaldson MD)

Correspondence to:

Dr Cordelia E M Coltart, Hospital  
for Tropical Disease, Mortimer  
Market Centre, Capper Street,  
London, UK

cordelia.coltart@ucl.nhs.uk

in the NHS, which advocated a model of distributed leadership<sup>19</sup> and in the Doctors in Society Medical Professionalism report by the Royal College of Physicians, which highlighted leadership as a core component of professionalism.<sup>20</sup>

If health-care leadership is to be practised by most doctors, then appropriate education and training opportunities will be required throughout medical careers; such training is likely to be difficult to deliver. Leadership development has not traditionally been given much time or resource in medical curricula. The nature of post-graduate medical training in the UK, with shift working and frequent rotations, means that providing a forum for development of these skills would be challenging. Explicit leadership roles are also unusual for early career doctors, since these roles tend to accompany progression into senior clinical positions. One solution might be to uncouple leadership and clinical development, and provide early career doctors with the opportunity to gain management and leadership experience earlier in their career. This Viewpoint considers the mechanisms for and relevance of such training, both nationally and internationally, using the Chief Medical Officer's Clinical Advisors Scheme as an example.

This scheme is a national example of an approach to specifically address the need for leadership training in early career doctors. So far, 50 junior doctors have taken part in the scheme, which is open to all grades of doctors in training. Shortlisted candidates undertake a three-stage selection process consisting of group problem-solving tasks, an analytical task, and an individual interview. Clinical advisers are seconded from their NHS clinical position to work for 1 year full-time in various high-level health organisations.

These clinical advisers work alongside senior professionals to develop a range of skills: policy development, project management, research, analytical evaluation, and team work. They gain the opportunity to see beyond individual patient care and understand the levers for change at the organisational and national level (appendix). The scheme also provides clinical advisers with experience of global health through projects and interactions with WHO. Advisers undergo a structured training programme of leadership and management skills, including opportunities to learn from organisations outside the health-care sector. The scheme has now been renamed the NHS Medical Director's Clinical Fellows scheme and adopted by the newly established Faculty of Medical Leadership and Management, the professional home for doctors in, or aspiring to achieve, leadership positions.

The scheme opens up a range of career options. Most alumni have returned to clinical roles, aiming to use their new skills to support the health-care organisation in which they work. Some have built on their policy experience by undertaking further research, or by pursuing careers in public health. Others have sought to

develop their management skills by completing an MBA or moving into medical-management roles.

Early career doctors are valuable resources in quality and service improvement roles. Through the rotational nature of training appointments in the UK, these doctors gain experience across a range of services, systems, and processes, placing them in an ideal position to identify successes and failures. For all their potential to contribute to change in health care, they often lack the skills, support, and resources to do so.

By tapping into the potential of early career doctors, leadership schemes can benefit not only those involved in such schemes, but also the wider health-care community. Individuals stand to learn skills and knowledge that are often difficult to obtain in traditional clinical training. Improved financial and strategic awareness will help to implement change, and understand the organisation and the pressures it faces. The wider health service will benefit from a clinical workforce that is fluent in the language of quality improvement, public health and policy, not to mention innovation, strategy, and change management.

Substantial challenges exist in implementation of this approach, especially in ensuring quality and cost-effectiveness of these dedicated leadership training schemes. The culture of participating organisations should also embrace the value of early career doctors at all levels of their management structures. In a period of global financial austerity, the imperative for a quick return on investment might make leadership training for early career doctors a much less attractive proposition. However, the experience from private-sector companies shows that for talent development to be cost effective, identification and development of those with leadership potential should start early, and be a career-long process.<sup>21,22</sup> Indeed, even during the global economic recession, internal talent management and staff-development programmes have remained a priority within the private sector.<sup>23</sup>

Feedback for the scheme, from hosts and participants, has been overwhelmingly positive. Short-term assessment of such an initiative cannot paint a full picture of their long-term value for health care in the UK. Nevertheless, a formal analysis of the scheme, in its previous and current incarnation, would be valuable. Assessment of other regional NHS leadership development schemes for early career doctors have shown tangible benefits for the individual, the host organisation, and in the shift in how a leadership development culture is viewed in the clinical environment.<sup>24</sup>

The CMO Clinical Advisors Scheme is one of many potential models for development of leadership skills in the next generation of doctors. The hope is that investment in such schemes will produce a workforce attuned to the wider context of health-care provision, with the skills and values to tackle the many challenges that health systems face—from unresolved health inequalities and economic constraints of today to the unknown challenges of tomorrow. Relying on a few motivated doctors trained in

See Online for appendix

For more on the Faculty of Medical Leadership and Management see <http://www.fmlm.nhs.uk>

leadership and management to disseminate their learning naturally over time is a luxury that health systems, both locally and globally, cannot afford. These early adopters must become an integral part of a coordinated system to ensure that we are not simply grooming an elite minority to lead from an executive suite, but, that through embracing a distributed model of leadership, we can produce a workforce of clinicians who engage with issues of quality, efficiency, innovation, and population health as a core professional responsibility.

Spearheaded by programmes such as the CMO Clinical Advisors Scheme, development of leadership skills in early career doctors is reaching a tipping point in the UK. The creation of the Faculty of Medical Leadership and Management heralds the acceptance of the need to develop a new type of clinician. This clinician will combine clinical expertise with a deeper understanding of the wider context in which they deliver care, and the skills to ensure their team is able to deliver optimum health care within those structures.

Many cultural and institutional barriers to leadership development for early career doctors exist. *The Lancet* commission into the future of health-care education has highlighted an absence of systems-based and population-based education in medical-professional and health-professional training worldwide, and points out the need for reform in education to address more explicitly the need for leadership skills in the future.<sup>18</sup> The strong challenge to the medical profession internationally is to move beyond traditional notions of hierarchy and leadership from an elite minority, and begin investing in the leadership attributes of all its future workforce.

#### Contributors

CEMC, RC, AA, BB, BR were involved in the primary research, writing, and editing of the article. All other authors contributed to the appendix and were asked to comment on the final draft of the Viewpoint.

#### Conflicts of interest

LD initiated and sponsored the CMO Clinical Advisors Scheme. All other authors are alumni of the scheme.

#### Acknowledgments

We thank Martin Else, Peter Lees, and Bruce Keogh for ensuring the continuation of the scheme under the auspices of the Faculty of Medical Leadership and Management; Richard Thompson, Sue Shepherd, Richard Horton, and the Royal College of Physicians for hosting and participating in an event to allow discussion and initiation of this Viewpoint; and all host organisations for their support of the CMO's Clinical Advisors Scheme: Bupa, UK Department of Health, National Institute for Health and Clinical Excellence, NHS Institute for Innovation and Improvement, NHS Kidney Care, NHS London, National Patient Safety Agency, Medicines and Healthcare products Regulatory Agency, Royal College of Physicians, South West Strategic Health Authority.

#### References

- 1 Ham C, Dickinson H. Engaging doctors in leadership: what can we learn from international experience and research evidence? UK: NHS Institute for Innovation and Improvement, 2008.
- 2 Mountford J, Webb C. When clinicians lead. [http://www.mckinseyquarterly.com/When\\_clinicians\\_lead\\_2293](http://www.mckinseyquarterly.com/When_clinicians_lead_2293) (accessed Oct 10, 2011).
- 3 Dorgan S, Layton D, Bloo N, Homkes R, Sadun R, Van Reenen J. Management in healthcare: why good practice really matters. [http://cep.lse.ac.uk/textonly/\\_new/research/productivity/management/pdf/management\\_in\\_Healthcare\\_Report.pdf](http://cep.lse.ac.uk/textonly/_new/research/productivity/management/pdf/management_in_Healthcare_Report.pdf) (accessed June 13, 2011).
- 4 Baker GR. The roles of leaders in high-performing healthcare systems. [www.kingsfund.org.uk/leadershipcommission](http://www.kingsfund.org.uk/leadershipcommission) (accessed June 13, 2011).
- 5 Francis R. Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005—March 2009. UK: Department of Health, 2010.
- 6 Griffiths R. NHS Management Inquiry. London: HM Stationery Office, 1983.
- 7 Ham C, Clark J, Spurgeon P, Dickinson H, Armit K. Medical chief executives in the NHS: facilitators and barriers to their career progress. <http://www.institute.nhs.uk/images/ResearchAndEvaluationReports/Chief%20Executives%20with%20a%20Medical%20Background%20-%20March%202010.pdf> (accessed Nov 23, 2011).
- 8 Davies HTO, Harrison S. Trends in doctor-manager relationships. *BMJ* 2003; **326**: 646–49.
- 9 Degeling P, Maxwell S, Kennedy J, Coyle B. Medicine, management, and modernisation: a "danse macabre"? *BMJ* 2003; **326**: 649–52.
- 10 WHO. Strengthening management in low-income countries: lessons from Uganda a case study on management of health services delivery. [http://www.who.int/workforcealliance/knowledge/resources/management\\_strengthening/en/](http://www.who.int/workforcealliance/knowledge/resources/management_strengthening/en/) (accessed June 21, 2011).
- 11 Smallwood KG, Wilson CN. Physician-executives past, present, and future. *South Med J* 1992; **85**: 840–44.
- 12 Association of MD/MBA Programs. <http://mdmbaprograms.com/1.html> (accessed Jan 13, 2012).
- 13 Crosson FJ. Improving the doctor-manager relationship. Kaiser Permanente: a propensity for partnership. *BMJ* 2003; **326**: 654.
- 14 Crisp N. Turning the world upside down: the search for global health in the 21<sup>st</sup> century. London, RSM Press, 2010.
- 15 Department of Health. High quality care for all: NHS next stage review final report. London: Stationery Office, 2008.
- 16 Department of Health. Equity and excellence: liberating the NHS. London: Stationery Office, 2008.
- 17 The Lancet. *The Lancet* commission on medical education. <http://www.thelancet.com/education-of-health-professionals> (accessed Nov 10, 2011).
- 18 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; **376**: 1923–58.
- 19 King's Fund. The future of leadership and management in the NHS: no more heroes. 2011. [www.kingsfund.org.uk/publications/nhs\\_leadership.html](http://www.kingsfund.org.uk/publications/nhs_leadership.html) (accessed June 27, 2011).
- 20 Royal College of Physicians. Doctors in society: medical professionalism in a changing world. <http://bookshop.rcplondon.ac.uk/contents/pub75-241bae2f-4b63-4ea9-8f63-99d67c573ca9.pdf> (accessed Nov 23, 2011).
- 21 Gandz J. Talent development: the architecture of a talent pipeline that works. <http://www.iveybusinessjournal.com/topics/innovation/talent-development-the-architecture-of-a-talent-pipeline-that-works> (accessed Oct 10, 2011).
- 22 Ford J, Harding N, Stoyanova D. Talent management and development: an overview of current theory and practice. <http://www.brad.ac.uk/acad/management/external/pdf/cme/talent-management-and-development-an-overview-of-current-theory-and-practice.pdf> (accessed Oct 10, 2011).
- 23 Mercer Global. Ready to rebound: getting your talent focused for growth. April 2010. <http://www.mercer.com/press-releases/1382875> (accessed March 21, 2012).
- 24 Stoll L, Foster-Turner J, Glenn M. Mind shift: an evaluation of the NHS London 'Darzi' fellowships in clinical leadership programme. London: Institute of Education, 2010.

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.