MEDICAL LEADERSHIP AND MANAGEMENT IN THE UNITED KINGDOM

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Abstract

Objective: This article aims to outline the historical development of medical leadership in the United Kingdom (UK), present recent advances, discuss professional development and future prospects.

Conclusions: With increasing involvement of medical professionals in top managerial roles in the UK over the last 30 years, leadership development initiatives have been growing steadily and there is increasing recognition of the need for leadership and management skills for doctors. Such skills can help to greatly improve patient care as well as enhance organisational effectiveness and productivity. The central involvement of professional bodies such as the UK Faculty of Medical Leadership and Management, and the establishment of medical fellowship schemes, have provided a solid foundation for a new generation of aspiring medical leaders but there is still a long way to go to achieve a higher degree of professionalism for clinical leadership in the UK. The evidence base is weak such that integrated efforts by clinicians and management academics have much to offer in achieving the vision of socially responsible, clinically relevant and research-informed medical leadership training.

Keywords: leadership, management, UK, medical leadership

A Brief History of Medical Leadership in the UK

Doctors have played a leading role in healthcare for centuries. The early models are often described as medical dominance with acquiescent administrators and other professionals. This changed markedly in the UK with the 1983 Griffiths report to the Thatcher Conservative government, which heralded the introduction of general management. Even so, Griffiths singled out doctors to be prime decision-makers: "*The nearer the management processes get to the patient, the more important it is for doctors to be seen as the natural managers*"[1]. This message has been largely overlooked since.

Following Griffiths, statutory medical director roles were created and doctors took on a variety of other leadership positions, for example, heading up clinical units such as directorates or divisions. Resistance to medical management existed and still exists within the profession, where terms such as 'going over to the dark side' are often used to describe direct involvement in leadership and management. Against this background and in recognition of a lack of preparation for increasingly complex roles, the British Association of Medical Managers (BAMM) was established in the 1980s. BAMM offered valued networking and learning opportunities but ceased operating in 2010.

The medical royal colleges increasingly recognised the need to demonstrate that there are robust systems in place to ensure the competence of doctors in all aspects of their professional lives. In 2005, the Royal College of Physicians of London published *Doctors in Society: medical professionalism in a changing world*[2], which emphasised the importance of medical leadership also advocating that doctors are supported to take on leadership roles. The NHS Institute for

Innovation and Improvement partnered with the medical royal colleges and faculties shortly thereafter to develop a *Medical Leadership Competency Framework*[3], first published in 2008, which described the competences expected of medical students, doctors in training, early career consultants and GPs. These competences were subsequently recognised by the national regulators, the General Medical Council and (former) Postgraduate Medical Education and Training Board, and became integrated (to varying degrees) in national and local education and training curricula from 2009. The introduction of revalidation[4] in 2012 was a further move to give patients confidence that doctors were meeting the standards expected by the regulator, their college and employer. The revalidation process necessitates the engagement of all doctors in annual appraisal and recognises the leadership of senior doctors in the role of the Responsible Officer.

Around the same time, the devolved UK health departments and other national bodies were recognising the importance of doctors taking on leadership and management roles and increasingly championing this. During the mid-2000s, the Department of Health in England established a National Health Service (NHS) Medical Director role, as well as medical directors at regional (Strategic Health Authority) levels. Additionally, a limited number of doctors took up chief executive roles largely in hospital trusts. Clinical leadership was also given a boost in England in 2008, when Lord Darzi's *report*[5] promoted its importance and the engagement of clinicians in planning, improving and delivering health care services.

Increasingly, a desire for clinical leadership started to emerge. A number of educational programmes became available for doctors at all career stages, from medical schools, deaneries,

universities, royal colleges, NHS Trusts and charities, such as The King's Fund. Against this backdrop, the evidence base for engaging doctors in leadership and management started to grow modestly[6 7].

In 2011, following the demise of BAMM, the Faculty of Medical Leadership and Management (FMLM) was established by all 21 medical royal colleges in the UK and endorsed by the Academy of Medical Royal Colleges. With the stated aim of improving patient care through better medical leadership, it became the professional home of medical leadership and management.

After decades of under-investment, the NHS has established a number of organisations devoted to leadership development such as the current NHS Leadership Academy. In addition there are a number of fellowships available for clinicians-in-training, such as the Fellowship in Clinical Leadership ('Darzi' Fellowship)[8], the Collaboration for Leadership in Applied Health Research and Care Northwest London Fellowship[9], and the NHS England National Medical Director's Clinical Fellow Scheme[10]. Scotland, Wales and Northern Ireland now also have equivalent national fellowship schemes for doctors in postgraduate training. To date, there has been little analysis about how successful these initiatives have been[11].

The Current NHS Challenges and Continued Need for Medical Leadership

The UK's NHS is currently experiencing one of the most challenging periods in its history. A number of reports have highlighted leadership and management failures, amidst one of its tightest financial periods[12, 13]. Staff morale and engagement has declined[14], and an overwhelming

98% of 37,700 junior doctors have voted to strike against the introduction of new contracts[15]. Of the rising number of NHS Trusts in 'special measures', 17% of those hospitals have no permanent Chief Executive Officer according to 2014 figures and a third of all NHS providers have at least one board-level position not permanently filled[16].

Against this background, it is perhaps not surprising that doctors have been reluctant to step fully out of the security of their clinical roles, and only few have taken up chief executive posts. This may be an issue when considering Goodall[6]'s evidence and her 'theory of expert leadership (TEL)' (in this special issue). TEL suggests that leaders who are experts in the core business of the organisations they are to lead, are more likely to appear credible to the core workers, and create the optimal work environment leading to higher levels of job satisfaction[17, 18]. The challenge of engaging clinicians in senior leadership roles in the UK still remains.

The Work of FMLM

Since launching in 2011, FMLM has quickly established itself as the professional home for medical leadership, with a membership of over 2,200 individuals from all specialties, sectors and career stages, from medical students to the most senior medical leaders. FMLM is governed by a Board and is led by a Council constituted of medical leaders from the medical royal colleges senior medical leaders in the NHS, education and armed forces. As far as the authors are aware, FMLM is the second largest medical leadership professional body in the world in terms of its membership and it has made professional links with similar organisations (e.g. Royal Australasian College of Medical Administrators, American Association of Physician Leadership) through the World Federation of Medical Managers.

FMLM is pursuing its aim to improve patient care through better medical leadership via three routes. Firstly, by advocating research and developing the evidence base, on the associations between leadership and clinical outcomes, and effective leadership development[11]. Secondly, by promoting medical leadership professionalisation. After widespread consultation, FMLM has established the *Leadership and management standards for medical professionals*[19] and is creating a three level certification system for doctors at all career stages to be supported and recognised for their leadership and management capability and achievements. Thirdly, FMLM works closely with regulators, professional bodies, educators to establish a growing range of initiatives to enhance medical succession planning, talent management, recruitment and leadership.

This support is particularly important, as formal NHS medical leadership roles increasingly demand significant management skills. Statutory roles have become commonplace, while accountability for quality and the responsibilities for revalidation add great complexity. There are 210 medical director posts in acute (154) and mental health (56) trusts in England alone, with at least 10 vacant at any one time. At present, many of these roles are being temporarily covered, but with the number of NHS trusts in special measures or subject to improvement notices, the demand for skilled and experienced medical leaders is pressing. This need extends beyond secondary care organisations - skilled medical leaders are needed in over 200 clinical commissioning groups, community providers, GP practices and a range of profit and non-profit organisations. A major issue is that training and development have been *ad hoc* and have not kept pace with 'frontline' demands, while developing a body of knowledge has proven challenging.

Despite such challenges, it is encouraging to note the significant rise in interest in leadership and management among UK medical students and junior doctors. Over 1,000 have joined FMLM and there is increasing innovation in training curricula to support the acquisition of leadership and management skills for this vital next generation. Across England there are now over 100 national clinical fellowship alumni to promote the value and importance of early leadership and management development. The General Medical Council has also recently consulted on its development of generic professional capabilities[20] (of which leadership is a key component) and the prospect of a credential[21] in medical leadership and management.

A Vision for the Future of Medical Leadership Development in the UK

As outlined, a strong medical leadership 'movement' is being formulated in the UK, led by FMLM for the medical royal colleges and faculties, regulators and educational institutions. However, for doctors to influence the future of patient care there needs to be a 'cultural shift' towards embracing leadership and management qualities as an integral part of medical practice; such shift necessitates changing clinicians' professional identity and sense of purpose. Linking the practice of medical leadership to delivering high health care quality and value for patients, rather than solely focusing on cost containment and system targets, can help create a new professional attitude in the medical community. Leadership and managerial competence need to be celebrated by doctors as a core component of their clinical identity and essential, alongside clinical excellence to the delivery of high quality, safe patient care.

As management academics and clinical leads passionate about medical leadership, we share a desire to unlock doctors' potential, to improve health care and create social value for both patients and the NHS. We aim to further enhance the research evidence in this field and support doctors to improve their leadership and management skills through research-driven, physician-led innovative educational programmes. This will help develop a professionalised cohort of competent future medical leaders and managers.

Finally, thought needs to be given to career paths. Doctors in the UK and elsewhere have the privilege of well-structured career pathway and the opportunity to combine clinical practice with interests in education or research. However, similar career pathways for doctors wishing to pursue careers in medical leadership are largely *ad hoc* and there is no nationally agreed formal training route for potential medical leaders unlike, for example, the academic clinical fellowships for the research-minded. FMLM is in discussions to formulate such a system which will combine expert clinical knowledge, experiential learning with scientific leadership and management principles.

Conflict of Interest: None to declare

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