Leadership and Management Standards for Medical Professionals

Frequently Asked Questions (FAQs)

1. Why do we need standards of leadership and management for medical professionals?

The definition of the standards of medical leadership and management is long overdue, given the correlation between effective leadership and the quality of patient care. Currently, there is insufficient clarity regarding the expectations of doctors in leadership and management roles and no "gold standard" of achievement against which doctors can benchmark themselves and be measured. This is particularly pertinent given the increasing accountability and responsibility that doctors have with respect to the effectiveness and efficiency of healthcare delivery and health advice, as well as safety and quality.

The UK medical profession has a distinguished international reputation for clinical standards; it needs to replicate this for leadership and management. This was emphasised in the 2012 ‘Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry’ which called for stronger healthcare leadership and “the recognition that healthcare management and leadership is, or should be treated as a profession”.

Good medical leadership impacts positively at three levels: the patient, the organisation and the individual:

- **For patients**, there is a growing body of evidence linking good leadership to improved clinical outcomes. There is an inverse association between effective teamwork and in-hospital mortality and a positive association between leadership and the quality of patient experience in both primary and secondary care. Hospitals which boast high medical engagement deliver, as adjudged by the Care Quality Commission (CQC), high quality care and the converse is equally true.

- **Healthcare organisations** clearly benefit from good leadership by having better patient outcomes and also increased productivity. In high performing organisations, the levels of team working and medical engagement will be high resulting in continuous improvement in the value (quality/cost) of care for patients.

- **Individual doctors** also have responsibilities to themselves and to their teams for the reasons and evidence described above. Doctors, just like all members of multi-disciplinary teams, benefit from being well-led. Well-supported and empowered staff are more motivated and more productive, giving more discretionary effort and delivering a higher quality of care. All studies highlight the importance of development and leadership opportunities for doctors and effective selection and appointment processes for medical leadership and management positions.

2. What is a standard?

We have chosen to use the definition of standards used by the Safe Effective Quality Occupational Health Service (SEQOHS) - “A standard is something considered by an authority or by general consensus as a basis of comparison in measuring or judging adequacy or quality.”
3. How were the standards developed?
The FMLM standards are derived from, and build upon, earlier work including the General Medical Council’s guidance, *Leadership and Management for all doctors*, UK national leadership frameworks and models, and research on medical leadership, management and engagement. The standards have also been informed by online and face-to-face consultation with over 600 individuals, groups and organisations and formal and informal discussions with a broad range of stakeholders.

4. Should leadership and management be separated?
Our view, supported by the advice of the FMLM Council and those with whom we have consulted is that both are required to be effective. Therefore, they have not been regarded separately.

5. Who do the standards apply to?
The FMLM standards are designed specifically for medical professionals working in the UK, from all specialties, career stages and sectors including NHS, charities, private and independent companies, occupational health and pharmaceutical industry, armed forces, education and academia.

6. How can the standards can be used?
Individual, organisation and group respondents to the consultation cited the following as some ways in which they would use the standards.

- Personal and professional development e.g. self-assessment, learning, reflection and 360 degree feedback, appraisal and revalidation
- Supporting, encouraging and coaching colleagues (including performance management)
- Driving conversations with groups of medical leaders about what the standards mean in practice and establishing a common language/expectation
- Recruitment e.g. job descriptions, interview assessment, selection, induction
- Commissioning and guiding leadership development
- Informing education and training interventions including curricula development and courses
- Organisational development and as core principles for setting up and running services.

7. How will achievement against the standards be evidenced and measured?
We anticipate using a portfolio approach to assessing an individual’s achievement against the leadership and management standards for medical professionals. This will, in essence, be in three parts: a portfolio of evidence demonstrating effectiveness in leadership and management with practical examples if having made a significant difference; evidence of a knowledge of leadership and management theory; evidence of reflective practice through appraisal, including multi-source feedback.
8. **What are the next steps?**

The *Leadership and management standards for medical professionals*, launched at the national conference in February 2015 is the first phase of our work on standards. This is not a static document and FMLM is committed to regularly reviewing and refining all aspects. The intention is to be aspirational and stimulate improvement and consistency in medical leadership; feedback from individuals and organisations has been constructive and supportive and we welcome further suggestions for improvement. No matter how erudite the end product is, it is what we all do with the standards that will make the difference. To that end the next phases will focus on the measurement of individual performance and the crucial link to appraisal and revalidation.

In 2015, we will take the standards to the next level where we define in more detail the expectations of medical leaders at team, operational and strategic level. This will provide an opportunity to give greater emphasis to particular leadership behaviours and knowledge expectations for those in formal leadership roles. In addition, supporting guidance and tools e.g. 360 feedback, for individuals at each level will be produced in consultation with members. A process for credentialing or accreditation against the standards will also be developed in 2015.

There will also be guidance produced for organisations to help support and develop doctors as leaders at each level. Finally, mapping to key guidance and frameworks will be completed and shared in 2015. The FMLM will continue to work with stakeholders and patient groups on other areas of support to implement the standards.


