

FMLM Tomorrow's Strategic Leader Development Programme 2017-19

Final Evaluation Report – Executive Summary

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Introduction

“The demand for leadership development featured highly in a recent junior surgeon survey conducted by the Royal College of Surgeons of England (RCS). The growing evidence base demonstrating a positive association between leadership, team work, and clinical outcomes including mortality suggests that it is important to heed this call. In response, RCS and the inter-collegiate Faculty of Medical Leadership and Management (FMLM) have agreed a partnership to address the needs of trainees for leadership development. Subsequently, the Royal Colleges of Anaesthetists, Obstetricians and Gynaecologists, Emergency Medicine and Physicians have lent willing support to the concept” (FMLM 2017, see Annex 1).

The ‘Tomorrow’s Strategic Leader Programme’ (TSL) was therefore developed to give support to doctors who are aspiring to senior clinical leadership roles early in their careers. The programme is designed for new consultants and exceptional senior trainees who hold the ambition to undertake significant leadership roles alongside their clinical practice (see Annex 1). Some participants are self-funded and self-nominated, others have been nominated and/or funded by their organisations. The programme is run by the Faculty of Medical Leadership and Management (FMLM) and sponsored by the Royal Colleges of Surgeons of England. Funding has generously been provided by the Dinwoodie Charitable Company and the Royal College of Surgeons and this has undoubtedly had a positive impact on the programme and the participants’ achievement and development.

This report incorporates the findings of Stages 1 and 2 of the evaluation. Please note that all information that could identify a specific individual has been removed and therefore some of the reporting is necessarily generic.

Executive summary

Background and context

1. The ‘Tomorrow’s Strategic Leader Programme’ (TSL) was developed to give support to new consultants and exceptional senior trainees aspiring to senior clinical leadership roles early in their careers.
2. The programme was run by the Faculty of Medical Leadership and Management (FMLM) and sponsored by the Royal Colleges of Surgeons of England.

3. Funding was generously provided by the Dinwoodie Charitable Company and the Royal College of Surgeons and this has undoubtedly had a positive impact on the programme and the participants' achievement and development.
4. The programme aims to provide "a deep personal understanding of ... essential facets of leadership and management ...helping participants to understand themselves ... leadership styles ...how they function in teams ... cope with ... complexities and ambiguities ... how to handle difficult conversations and 'influence with integrity' ... [and] hands-on experience of how organisations, systems and politics function and ... impact on the front-line delivery of healthcare". (FMLM 2017)
5. The programme comprises 12 contact days over around 18 months (November 2017 – March 2019) and a follow up day. It takes an experiential learning approach incorporating action learning trios, exploring key leadership topics, self-development activities and visits to organisations. It is supported by a resident coach facilitator, the FMLM team, external experts and key clinical leaders. There is purposely no formal assessment of the programme.
6. On the first iteration of the programme, fourteen participants were recruited, comprising 8 women and 6 men, twelve were consultants and two were in the late stages of training. In terms of Colleges and clinical specialities, six participants were surgeons; three were anaesthetists; two were from each of obstetrics & gynaecology and general practice, and one was a physician.

The evaluation

7. This independent evaluation aimed to explore whether and how the programme has met its intended objectives and ascertain the impact of the programme, identify critical success factors and areas for improvement or development.
8. Evaluation was carried out through structured, in-depth telephone interviews with all programme participants (one at the start and one at the end of the programme) and with seven stakeholders at the start of the programme, and from evaluation questionnaires completed for each of the contact days.
9. The first interview with participants aimed to elicit their 'hopes, fears and expectations' about their own leadership, the programme and their organisations. The final interview revisited these areas and explored whether and how the programme had impacted on their leadership perspectives and approaches.

Endorsement of the Programme

10. All participants are overwhelmingly positive about the programme, all would recommend it to a colleague (and many already had) and many suggest that it should be mandatory for new consultants.
11. The programme has clearly met its objectives and aspirations.

12. The structure (longitudinal with blocks of contact days), mix of interactive and individual activities, the experiential, person-centred and pragmatic approach and, in particular, the coaching and supportive approach of the facilitator and FMLM team and the inputs of the carefully selected external experts and senior leaders has contributed immensely to this achievement.
13. The Action Logics self-development activity at the start was highly praised, providing the participants with a 'leadership language' and a framework to build on throughout the programme. The follow up will be interesting to measure tangible changes.
14. Participants reported that the programme was enjoyable, interesting, worthwhile, varied, and useful, that they have learned a lot about thinking, leadership, communication, and teamwork and they very much enjoyed meeting and working with others, and having a chance to discuss, reflect and share ideas.
15. The different focus of each of the contact days was very well-received, with particular highlights mentioned being the case scenario and role play, the visit to Westminster to meet politicians, and meeting and hearing from senior leaders such as Sir Muir Gray and Dame Clare Marx.
16. Participants described the programme as 'transformational', that it had 'raised aspirations', 'opened their eyes' to the wide range of senior leadership possibilities and empowered them to believe they could 'take on and enjoy strategic roles'.
17. The coaching approach has helped the group develop their reflective, active listening and observational skills in relation to other group members, the speakers and faculty, so individuals are really learning from others and refining their skills in a purposeful, leadership-oriented way. Many of the new skills and perspectives described were about teamworking and group dynamics.
18. All highly valued the inter-specialty mix of participants and felt that the level of very senior trainee/new consultant was 'perfect'.
19. All the participants feel that the programme will have a long lasting legacy on their own patterns and ways of thinking, on their behaviours, and on their impact and influence on others. Some of this learning is overt whereas others describe 'subliminal learning' and more subtle shifts in their knowledge and skills as well as 'learning new ways of thinking which is deeper and more fundamental than facts'. The speakers' inspiring stories were mentioned by many as one area that will have a long legacy.

Impact

20. The programme has had huge positive impact on the participants' own professional and leadership development, and on their leadership roles and activities in their organisations.

The participants themselves

21. The participants described how they would like to be by the end of the programme in terms of understanding themselves better; being more confident and effective as a leader; being more aware of career options; having a better understanding of the NHS structures and funding, and a greater understanding of what leadership entails. Stakeholders' aspirations echoed these.
22. By the end of the programme, most said their aspirations had been met and they had moved forward and changed positively. It was clear that they have grown and developed in terms of their leadership perspectives and approaches, with a tangible and very obvious positive mood shift, growth in confidence and mindset change from when they started.
23. At the start of the programme, most described themselves as good clinical or team leaders within a defined scope, project or department, many felt they were 'imposters' or would be found wanting. By the end, they were much more knowledgeable about and aware of strategic issues and priorities, the wider health and social care environment and their potential leadership roles within this broader landscape.
24. Participants have gained a huge amount from the speakers and faculty as 'exemplary role models' and learned to take different perspectives, 'think strategically' and 'politically', 'take the long game' and try out new ways of approaching issues or problems. This has very much contributed to their growth and mindset shift and the way they interact with others and tackle difficult situations in a pragmatic day-to-day sense.
25. Through a range of self-development activities, they have learned to understand and utilise their strengths and compensate for weaknesses, learned 'active listening skills' and 'passionate detachment', addressed many issues and gaps in their development and have clearly grown into their own ways of leadership.
26. By the end of the programme, participants were more aware of doctors' special status and power in society and healthcare and how this can be used to influence and improve care, but also that doctors need to be trained for these roles and to 'look up' from their own micro-environments to impact more widely.
27. The programme has definitely raised the participants' awareness of choices and options regarding the variety of leadership roles available other than traditional routes 'up the hospital ladder'.
28. For most participants, the programme had strengthened their ambitions towards senior leadership, even though this might be some years hence or through clinical activities rather than a managerial role. Two participants were less positive, still feeling that they were not ready or capable.

The participants' organisations and their impact within them

29. At the start of the programme, participants described their organisations, their position within it and challenges encountered.
30. Challenges described were cultural (e.g. 'blame culture' or 'lack of support'); structural/financial e.g. financial austerity, in special measures or in 'turmoil' and relating to the position or role of the participant.
31. The cultural aspects of an organization (which includes the senior leadership) had the most impact on the feelings, abilities and enthusiasm of the participants to get engaged in projects and take up leadership roles.
32. Whilst some organisations are struggling financially or with staff changes, if the prevailing culture is positive and seniors (at both top level and their line managers) are supportive of the difference good medical leadership can bring, then these new consultants can flourish and thrive.
33. When the culture is reactive, apathetic or negative about medical leadership, then this leads to frustrations and feelings that they don't want to work in such organisations, as the barriers are too great, especially at more junior level.
34. At the end of the programme, the 'mood' and emotional tone of the responses are very different indeed from the previous year. The programme has clearly helped respondents both shift their ways of thinking and mindset and deal with practical and specific challenges that have come up in their existing or new roles (working with people, funding, persuading and influencing people).
35. Most respondents feel they have made an impact on their organisation, even if it is small, and whilst some have not had significant challenges over the last year, they still feel more confident and positive and able to cope with challenges as they arise.
36. The workplace projects carried out by the participants were described at the start as being about patient safety, quality and service improvement and organizational reform. Many expressed frustration and a lack of support. At the end whilst some projects had been modified or stalled, these were described in terms of developing new pathways, streamlining processes and services and working on patient safety or patient flow initiatives and participants felt they had learned that they could persevere even if the project had stalled.
37. As with their views on the organisation, the shift in perspective and confidence is very apparent and the respondents are much more pragmatic and sanguine about their projects and leadership in general, rather than expressing the frustration and anger they did at the start of the programme.

38. They also feel that the programme has given them more skills and tools to work on their projects, such as empathy, better emotional intelligence and have capitalised on skills learned on the programme to help make their project a success, e.g. delegating, running a team and dealing with criticism.
39. Most participants had not taken on any new leadership roles during the programme, either because it was not appropriate, they wanted to stay in their current leadership position, they had other commitments or they were pursuing other interests stimulated by the programme. Three participants had taken on new leadership roles spurred on by the programme, including service or quality improvement projects, educational roles or Trust wide initiatives.
40. All participants feel they are having more impact and influence in their organisations as a result of the programme, such as engaging more with others coming to them for advice or to discuss leadership, although for some this is fairly limited because of their position.
41. Many report that participating in the programme and learning more about themselves has increased their levels of confidence and this is why they are making more of an impact. They feel as if they are able to stand up for themselves more, speak up for others around them, and challenge the status quo.

Areas for improvement

42. Some relatively minor points for improvement were mentioned around marketing and relating to the early stages of the course, which were addressed by the team.
43. The Action Learning Trios were the only aspect of the course that was not very well liked by many participants, they were seen as variable and not particularly helpful.

Recommendations

44. Based on the evaluation, the programme has been very successful and achieved its aims and objectives and I would highly recommend that the programme continues in its current form.
45. The approach and structure has been highly appropriate and clearly contributed to the positive endorsement from participants. I would suggest no major changes other than that the format, composition and purpose of the Action Learning Trios needs to be reviewed.
46. I feel that re-measuring Action Logics at the follow up day or beyond will help to provide a tangible measure of individual development.
47. The mix of specialties (including hospital, primary care and public health) and the relatively small numbers are a strength of this and similar programmes, however if this is to run again, numbers could probably be increased (e.g. to 20-24) without detriment.
48. Participants appear to gain the most when they are just about to become consultants or are one or two years into the role.

49. The selection process needs to take into account readiness for a potentially strategic, senior role.

50. To evaluate long term impact, another evaluation of this group after 2-3 years would be useful and evaluation of other groups should include some organisational sponsor interviews, so as it is not just based on self-reporting.