Example leadership development programmes

2022
About FMLM

The Faculty of Medical Leadership and Management (FMLM) was established in 2011 by all of the UK medical royal colleges and faculties. It is a registered charity (no.1178741) and the professional home for medical leadership taking the broad view that all practicing doctors need leadership and management skills commensurate with the level at which they work. The fundamental objective of the organisation is to improve patient care through better medical leadership which is underpinned by the evidence which links leadership and team-working with improved quality and mortality (Shipton, Armstrong, West, Dawson, 2008; West, Borril, Dawson, Scully, Carter, Anelay, Patterson, Waring, 2002).

To meet its charitable aim, FMLM groups its activities under three headings:

- Professionalisation of medical and dental leadership
- Research and dissemination of evidence in relation to medical and dental leadership
- Leadership development support (often multiprofessional) to organisations and individuals

To underpin the professionalisation agenda, FMLM has defined the Leadership and management standards for medical professionals and offers a bespoke 360 degree feedback tool and certification process for individuals to be benchmarked against these standards leading to fellowship of FMLM.

Furthermore, FMLM offers healthcare organisations an opportunity to be recognised for their investment in medical leadership by becoming affiliated members. The aim of affiliated membership is to enhance the work the organisation is already doing by ensuring buy in and demonstrating a commitment to excellence. FMLM support provided through affiliated membership is bespoke to the organisation, but seeks to ensure that FMLM Standards are adopted by all doctors across the organisation with fellowship used as a benchmark to demonstrate both individual and organisational commitment to sustained leadership development. Additionally, organisations are expected to use the medical appraisal process to facilitate constructive medical leadership development as part of the individual’s scope of practice and personal development plan.

FMLM supports a growing collaboration of researchers in the field of healthcare leadership as well as leading some projects itself. It makes a major contribution to the promotion of research findings through its co-owned, international journal, BMJ Leader and international conference.

FMLM also offers niche leadership development for doctors in leadership and management roles, through its leadership development arm, FMLM Applied. The aim is to support healthcare teams, practices, organisations and systems to improve outcomes for patients and populations through effective leadership. FMLM Applied draws on research evidence and the FMLM Leadership and management standards for medical professionals to provide bespoke packages of support, tailored to the needs of clinical professionals within their teams and organisations.

FMLM Applied staff and Associates work in partnership with organisational sponsors to co-design programmes.

Faculty of Medical Leadership and Management
www.fmlm.ac.uk

©Faculty of Medical Leadership and Management
The approach is unique, in that programmes designed and delivered through a duality of senior medical leaders and leadership experts. Programmes are designed to be facilitative, challenging and seek to work on issues in the local context in which healthcare teams and networks operate.

**Participant support**

Most of our leadership programmes include membership for participants of FMLM for the duration of the programme with discounts if they continue their membership after the programme concludes. Membership provides participants with access to a range of services including:

- Priority access to [BMJ Leader](https://www.bmj.com/journals/bmj-leader) journal dedicated to medical leadership and management
- Access to the FMLM mentoring network
- Access to member only educational resources, articles and thought-leadership pieces
- Access to a supportive community of senior and aspiring clinical leaders
- Networking opportunities at member and invitation only events
- Opportunity to publish opinion or research work through the FMLM digital channels
- 20% discounted application fee for FMLM Fellowship (this offer lasts for two years from when individuals sign up for FMLM membership during the programme and currently, only applies to doctors)
- Discounts to CPD accredited courses and regional events
- Discounted registration to attend the FMLM international medical leadership conference which brings together a broad range of healthcare professionals including doctors from students to the national chief medical officers.
Example Programmes

The following are high-level summaries of some programmes we have designed for medical leaders and multi-professional groups. Similarities across the programmes reflect domains of the FMLM Leadership and management standards for medical professionals, i.e. self, team, organisation, system and our experience of the leadership development needs of doctors. FMLMs Associates adapt the content and approach according to the group with whom they are working.

Senior medical leadership team

Senior medical leaders increasingly lead in complex systems within and outside their organisations, this has significant implications for their leadership. This programme is designed to help senior medical leaders understand their own leadership and areas they may need to develop to lead through complexity. It will also give the participants invaluable insights into the challenges of moving from expert clinician to expert leader.

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Personal and organisational challenges and aspirations</strong>&lt;br&gt;Participants will reflect on the challenges faced by the trust and what that means for the senior medical leadership team.&lt;br&gt;<strong>Are we a team? Does it matter?</strong>&lt;br&gt;Exploring the balance between professional responsibility for patients and corporate responsibilities.&lt;br&gt;<strong>Leadership outcomes</strong>&lt;br&gt;Exploring the research evidence - the link between leadership, teamwork and clinical outcomes.</td>
<td>2 Days</td>
</tr>
<tr>
<td>2</td>
<td><strong>Leadership in an increasingly complex, ambiguous and fast-changing medical context</strong>&lt;br&gt;This session will exploring the demands of leading in a world that is increasingly volatile, uncertain, complex and ambiguous (VUCA).&lt;br&gt;The session is enhanced if participants undertake the Harthill LDF questionnaire and debrief to understand their ‘action logic’. See optional extras section below for more information. <strong>Negotiating and influencing; conversations we avoid</strong>&lt;br&gt;Leadership is about getting results with and through people ...no people no results. This session will explore a range of practices for improving personal effectiveness.</td>
<td>2 Days</td>
</tr>
<tr>
<td>3</td>
<td><strong>How the NHS fits together</strong>&lt;br&gt;Exploring the structure of the NHS, how policy is made and what this means for senior medical leaders.</td>
<td>1.5 Days</td>
</tr>
</tbody>
</table>
Power, politics and persuasion
Local and national politics and how individuals can play a greater part in influencing the political environment around them

4 Medical engagement
A look at the Medical Engagement Scale and its implications for the organisation and medical leaders.

5 Culture, leading in the future and testing readiness
What is the culture of the organisation and how do we change it?

Care Group/Triumvirate Programme
Implicit in the commissioning of a medical leadership development programme is the recognition of the crucial role of leadership to organisation performance and clinical outcomes. All triumvirate/care group leaders have a leadership role and this often evolves over time and in some cases, in an uncoordinated way. Clinicians often assume senior leadership roles having had minimal support and development along the way. In addition to how they conduct themselves, new challenges include building effective clinical teams, understanding how they and their service fit within the organisation and how to improve systems of care.

Such is the complexity of modern healthcare, team development is every bit as important as individual development. Programmes are designed to support and challenge the triumvirate/care group leadership teams to enhance individual, team and system leadership.

9-day programme

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Introduction</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>Identifying the challenges facing the group and understanding each other and each other’s perceptions. How can the team work more effectively together?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Leading in an increasingly complex environment</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>Exploring the demands of leading in a world that is increasingly volatile, uncertain, complex and ambiguous (VUCA).</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Collaborate, compete or compromise?</td>
<td>1 day</td>
</tr>
<tr>
<td></td>
<td>Participants will explore the different approaches to conflict, how to influence effectively and how to have honest(challenging) conversations.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Understanding local and national politics</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>These two days will challenge care group/triumvirate leaders to ask themselves if they could play a greater part in influencing the political environment around them? How to work with the media will also feature.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Our future</td>
<td>2 days</td>
</tr>
<tr>
<td></td>
<td>How to make change happen and consolidating and reflecting on the learning from the programme.</td>
<td></td>
</tr>
</tbody>
</table>
5-day programme

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 1      | Leadership and Team working  
Exploring the understanding of their own leadership styles and the challenges facing leaders in a volatile, uncertain, complex and ambiguous (VUCA) world. | 2 days |
| 2      | Influencing with integrity and working with perceptual positions  
Leadership is about *getting results with and through people* ...no people no results. This session will explore a range of practices for improving personal effectiveness. | 2 days |
| 3      | Changing culture and consolidating the learning  
This session will explore ways in which culture can evolve or be changed for the better. Delegates will reflect on their progress as individuals and as a team. | 1 day |

Clinical directors programme

This programme is designed to empower clinical directors to step up, engage the wider workforce and help to make the changes required to operate a safe, affordable and contemporary healthcare system. The approach is highly flexible and focused on real issues relevant to the group at the time bringing in a variety of tried and tested models to help the group to resolve challenges for themselves.

<table>
<thead>
<tr>
<th>Module</th>
<th>Description</th>
<th>Duration</th>
</tr>
</thead>
</table>
| 1      | Personal and organisational challenges and aspirations  
Participants will reflect on the challenges faced by the trust and what that means for clinical directors.  
*Are we a team?*  
The link between leadership, teamwork, clinical outcomes and performance. | 1 Day |
| 2      | Leadership, influencing and resilience in a VUCA world  
Exploring the demands of leading in a world that is increasingly volatile, uncertain, complex and ambiguous (VUCA). | 1 Day |
| 3      | How the NHS fits together  
Exploring the structure of the NHS and how policy is made.  
*Power, politics and persuasion*  
Local and national politics and how individuals can play a greater part in influencing the political environment around them. | 1.5 Days |
| 4      | Negotiating and influencing; conversations we avoid  
Leadership is about *getting results with and through people* ...no people no results. This session will explore a range of practices for improving personal effectiveness. | 1 Day |
| 5      | Leading the future and testing readiness  
What is the culture of the organisation and how do we change it? | 1 Day |
New Consultants programme

Leadership is recognised to be of critical importance in delivering high quality (including safe) care, and for establishing a working environment in which all staff contributing to the delivery of care feel, safe, valued and themselves cared for. Leadership development, it is hoped, will:

1. Enable doctors to take up their roles more effectively
2. Support doctors’ wellbeing and resilience
3. Help doctors to work more effectively with colleagues in delivering and improving services for patients
4. Develop a common language among clinicians to complement their shared desires to develop and deliver high quality services
5. Help the Trust, and the participants, identify those doctors with a particular interest in and flair for leadership, for their future role development.

FMLM exists to promote clinical (especially, but not exclusively, medical) leadership, which it does through its membership function, and through a range of activities including setting standards for medical leadership and management, organising educational events including an annual conference, co-ownership of the online leadership journal BMJ Leader, and providing leadership development opportunities via FMLM Applied.

The requirement for leadership skills is a universal one for clinicians, but the scale and scope of leadership activity varies according to the specific leadership role identified. Those doctors who progress as leaders will spend increasing proportions of their time engaged in leadership activities, often working at increasingly complex levels of organisation within a local Trust, regionally in a system, or nationally. The balance of required skills varies, in a way that is analogous to the changing balance of skills and activity as a medical career progresses.

This programme focuses on medical leadership at the “New Consultant” level. This is taken to mean doctors in the early years of their Consultant career or about to take up a Consultant position.

We propose that the programme will consist of:

1. A number of contact modules, each lasting for a half-day (three hours contact time, with a midway break in addition), delivered by FMLM Applied at approximately one-month intervals (it is possible there will one or more “recess” months to avoid clashes with major holiday periods). (In the example programme below, eight modules are proposed; we are happy to work with the Trust to tailor the length of the programme in line with the available resources).
2. A number of interspersed modules outlining core “management” skills for doctors at this level, to be delivered by Trust senior leaders and managers.
3. Work – some form of project linked to day-to-day clinical roles – to be undertaken by participants in between the contact modules. This work will be a stimulus for leadership learning and development, but will also be supported from the participation of the doctor in the programme. This is based on evidence that up to 70% of the benefit of leadership development comes from practical application of what is learned in a “classroom” type environment, leadership (like clinical medicine) being a practical skill, albeit informed by...
theory and knowledge. The definition of the “project” can be flexible; the key requirement is that is sufficiently defined and tangible to be held in mind during the programme. It might include quality improvement, service development, innovation or service reconfiguration.

Programme Summary
1. The programme will be interactive and based on adult learning methodology – leadership cannot be “taught”, though there is a wealth of useful theories that can be put into practice.
2. The participants are already leaders in some ways and in some situations. Reflection on this reality, under the spotlight provided by new challenges and the FMLM Leadership Standards, provides opportunity for application of existing skills and development of new or improved ones.
3. The programme will be co-owned and co-delivered by the Trust; the literature on leadership development shows much greater impact in organisations that are able to match external inputs with an internal faculty of some kind. This will include Trust organisation of the “management” modules and also the potential (if desired) for partnering in the delivery of parts of the “leadership” modules.
4. The programme will have a strong anchor point in the daily lived experience of the participants. This will be achieved in two ways; use of real-life challenges as starting points for reflection whenever elements of leadership theory and practice are discussed, and by the participants actively using the programme to help address a problem arising in their day-to-day work.
5. As a further anchor point, the Consultant’s colleagues will be aware of their participation in the programme and it is essential that the lead clinician is fully briefed and supportive (and if applicable, the Consultant’s mentor). This is made more likely if the Lead Clinician is actively involved in the selection of the work that the Consultant will bring to the programme.
6. If possible, there will be a senior leadership or management mentor for the project work, someone in a more senior leadership or management (including academic) position who is willing to meet the participant(s) occasionally either for a “check-in” conversation or to provide trouble-shooting assistance.
7. Finally, the programme will conclude with a presentation of work done during the programme – to senior leaders in the Trust – providing visibility and acknowledgement of their efforts.
<table>
<thead>
<tr>
<th>Module</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The who, why and what and how of leadership, management, and this leadership development programme. Who is on this course; why leadership matters; ideas about leadership; how we will work together. Discussion of projects.</td>
</tr>
<tr>
<td>2</td>
<td>Understanding and leading self; as person, as clinician, as leader. What do we need to know and do to improve as leaders? Leadership styles. Link to personal challenges of initiating project</td>
</tr>
<tr>
<td>3</td>
<td>Core management skills 2: eg Understanding job planning</td>
</tr>
<tr>
<td>4</td>
<td>Power, influencing, conflict, and conversations we avoid. An opportunity to practice challenging conversations in the safe space of the group, using simple frameworks to structure thinking.</td>
</tr>
<tr>
<td>5</td>
<td>Core management skills 3: eg Understanding quality improvement and safety culture</td>
</tr>
<tr>
<td>6</td>
<td>Core management skills 5: eg Understanding NHS finances</td>
</tr>
<tr>
<td>7</td>
<td>Understanding and leading change. Reflections on the experience of change, theories of change, and responses to change that leaders need to hold in mind.</td>
</tr>
<tr>
<td>8</td>
<td>Core management skills 6: eg Understanding Equality, Diversity and Inclusion</td>
</tr>
<tr>
<td>8</td>
<td>Core management skills 7: eg Understanding HR policies and procedures</td>
</tr>
<tr>
<td>8</td>
<td>Concluding session; final opportunity for integration of ideas and review of success and impact of projects. Discussion of thoughts for future development. Course evaluation.</td>
</tr>
</tbody>
</table>
While the leadership “curriculum” is not difficult to set out at a high level, the relative importance of the many skills involved in leadership can only be understood once work with the course participants has begun. Content of the leadership modules may vary from the above to meet the needs of the participants.

It is proposed that the three hours of contact time are broken up into two 90 minutes sections with a half hour break in the middle. Each 90 minutes will consist of a mixture of large-group (including some “lecturing”) and variably-sized small-group work.

Each participant will receive an FMLM 360 feedback report and 90 minute debrief session from an FMLM qualified coach. The FMLM 360 has been developed in partnership with psychologists and is based around the behaviours associated with effective leadership and management, as explained in the Leadership and management standards for medical professionals. This tool helps individuals to understand how others see them and helps them to identify their strengths and areas for development, and therefore how to become more effective as a leader. We will discuss with you where we think this tool would fit best within the programme.

Optional Extras

360-degree feedback report and coaching debrief
FMLM has developed a bespoke 360-degree feedback tool designed for doctors at different leadership career stages. This has been developed by occupational psychologists and informed by doctors. FMLM recommend that all doctors who complete the FMLM 360 use a qualified coach or person experienced in delivering 360 feedback to discuss the findings from the report and what this means for their personal and professional development.

FMLM has a bank of qualified and experienced coaches who are either doctors themselves or who have extensive experience of working with doctors. Several coaches have extensive experience working with the FMLM 360 and delivering coaching debrief sessions.

Coaching
Good coaching is effective at increasing the individual’s insight into self and improving awareness of others. It unlocks an individual’s potential to maximise their own performance and become more effective leaders and managers. Coaching offers a new style of deeply reflective learning. This is learning that is completely bespoke to each individual, challenging and action focused. The learning is also highly transferrable into the clinical, teaching and relationship-building of any project in a leader’s work life.

FMLM has an extensive coaching network of experienced and qualified coaches with clinical experience or significant experience of working with clinical professionals at all levels. Our coaches all understand the challenges faced within the NHS, they work in a reflective and reflexive way to help individuals through these challenges.
Coaching packages can be developed to support programme participants in their learning and reflection.

**Mentoring Training**

Mentoring training can be included in any programme as a way to teach the participants to become mentors and encourage future participation on the programme. This short one-day course is designed to:

- Strengthen awareness of what mentoring is and isn’t and how it differs to other kinds of relationships
- Be introduced to some standards and role competencies
- Understand the practicalities of establishing and maintaining a mentoring relationship
- Give participants the opportunity to explore the mentoring experience within the session

The course will give individuals the skills and confidence required to then mentor each other and colleagues.

The programme schedule is outlined below.

<table>
<thead>
<tr>
<th>Start</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Aims &amp; objectives of session</td>
</tr>
<tr>
<td>• Introductions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Understanding the power of mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reviewing what we mean by coaching and mentoring</td>
</tr>
<tr>
<td>• Models of mentoring</td>
</tr>
<tr>
<td>• Comparison of roles</td>
</tr>
<tr>
<td>• Developing listening &amp; thinking skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reviewing key skills, qualities and standards for mentoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Competences and skills of mentors and mentees</td>
</tr>
<tr>
<td>• Managing expectations</td>
</tr>
<tr>
<td>• Practicalities of mentoring</td>
</tr>
<tr>
<td>• Developing listening &amp; thinking skills</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planning for development</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Using the GROW model to identify awareness and understanding of aspirations, current situation and goals.</td>
</tr>
<tr>
<td>• Personal learning planning</td>
</tr>
</tbody>
</table>

This programme is best run with 14 people in order to best facilitate good discussions and learnings, we therefore recommend running this programme twice with half of the participants in each sitting.

**Medical Engagement Scale**

Medical engagement can be measured and the data show an association between it and the overall quality of care in an organisation. It is also powerful tool where medical staff morale may be an issue.
The science underpinning the Medical Engagement Scale (MES) will be discussed with the senior academic who developed the scale (subject to availability). The findings in the trust and their implications will be explored with a view to formulating appropriate action to address any issues.

Details may be found at http://www.medicalengagement.co.uk/ and a more detailed explanation of the scale at https://www.fmlm.ac.uk/resources/an-introduction-to-the-medical-engagement-scale.

**Action Logics**

The leadership development framework maps adult development in a different way from most psychometric tools. The LDF proposes nine distinct forms of meaning making on a continuous spectrum. Each form is called an ‘Action Logic’ and has specific opportunities and limitations. Action Logics form a framework for understanding how we make meaning of the world around us and how we develop more complex ways of understanding the world.

We recommend including action logics in the senior medical leadership and triumvirate/care group programmes. Further information is available:

https://hbr.org/2005/04/seven-transformations-of-leadership
https://bmjleader.bmj.com/content/2/1/3

**Example anticipated outcomes**

The following are some example outcomes FMLM hope to achieve from the programmes we design and deliver:

**For patients:**
- Improved quality of care through better medical leadership and team-working.
- Healthcare services and interventions that are designed and delivered by well-led and well-supported individuals.

**For individual participants:**
- A deeper insight into personal behaviours, leadership style and impact on others. Improved individual performance.
- A deeper understanding of the complexities of the modern context in which they operate and how they may continue to enhance their own leadership contribution.
- Heightened self-awareness and enhanced emotional intelligence.
- Information to support personal development planning.
- Greater understanding of the wider context in which individuals operate.
- Greater understanding of team-working and leadership.

**For the organisation:**
- A cohort of confident and competent medical leaders who understand each other (and themselves) and how they can and will work effectively together to deliver better services.
A cohort of medical leaders with a deeper understanding of the complexities of navigating the NHS in a fast-moving, volatile, complex and ambiguous environment with significant public and political interest.

A selection of doctors prepared to take on new leadership positions, supporting the organisational clinical and business objectives.

A demonstrated commitment to doctors in the organisation that leadership development is a priority, helping to attract doctors to consider leadership as an attractive career path.

**For the healthcare system:**

- Increased capacity and capability of the medical workforce within the local healthcare system to be able to work effectively with a range of stakeholders across the system.
- Increased capacity and capability of the medical workforce to ensure the best planning and deployment of services for patients across the system.

**Evaluation**

FMLM will undertake evaluation throughout the programme. We propose using Fitzpatrick’s model:

- **Reaction:** Capturing the immediate response and reactions to each individual intervention.
- **Learning:** Capturing what participants have learnt through reflective discussion at the beginning and end of each of the modules.
- **Behaviour:** Constantly monitor what has changed in their relationship and the work they are undertaking. Request evidence of the impact of their new approaches and behaviours.
- **Results:** We would look to invite participants to identify and report measurable differences.

**Bibliography**

