

# Doctor who?

The barriers and enablers to  
developing medical leadership talent



Medical leadership is at the heart of NHS reforms. With significant transformation to deliver – the engagement of this workforce is no longer a nice-to-have, but is critical in developing future service models and delivering safe, high quality and efficient services.

This paper draws on Hay Group's experience of working with healthcare leaders and findings from our recent survey into leadership in the NHS, to define the barriers and enablers to developing medical leadership talent. We suggest how these issues can be addressed – both nationally and locally – to develop the medical leadership talent needed for the future >>



# Contents

Introduction	2
The succession gap	4
What is putting people off leadership roles?	5
What would make medical leadership roles more attractive?	7
How to manage medical leadership talent	8
A framework for talent management	10
Case study: How Google made managers matter	17
Conclusion	18

## Introduction

*Over time, the role of doctors and providers of medical care has changed and so has what's expected of them. Today, clinical and medical leadership roles are right at the heart of NHS reforms – from clinical commissioning group (CCG) structures, through to bigger and broader leadership roles in trusts. With significant transformation to deliver, the engagement of the clinical workforce is no longer a nice-to-have, but is critical in developing future service models and delivering safe, high quality and efficient services.*

The biggest shift has been seen in medical leadership roles, where there is a greater focus than ever before on medical leadership through formal, weighty leadership roles. This has raised challenges for individuals and organisations in enabling medical leaders to take on new roles in the short term.

It has also prompted the need for new thinking about how the system ensures it grows the medical leaders needed for the future. This moves beyond the issue of how to develop individuals, to far broader questions of how to define and operate medical leadership roles. More specifically how to:

- manage the dual requirements of overseeing clinical work, leadership work and career progression

- take account of the particular cultural context and peer relationships that doctors operate within
- address the issues raised by the short term tenure of many medical leadership roles.

This paper draws on our experience and a national survey we carried out with medical and non-medical leaders to explore these issues in more detail. It builds on the results to explore:

- the size of the issue
- the barriers and enablers to developing medical leadership talent
- suggestions on how to address some of these issues, both nationally and locally.

## About the paper

Hay Group has been supporting healthcare organisations across the UK with organisational and individual development for over 50 years. At a national level we've worked with organisations such as the NHS Leadership Academy, providing support on a range of programmes including the Frontline programme for nurses and midwives, the Mary Seacole programme for developing leadership, and the Top Leaders programme.

This report is based on our experience and a national survey of 111 leaders, ranging from leaders in CCGs and local leadership academies to trusts. It explores how confident they are in their succession planning for medical

leaders and some of the key barriers and enablers to effective talent management. Respondents included chief executives, CCG chairs, directors, medical and clinical directors and specialty leads.

### Definitions

**Medical leadership.** We define medical leadership as leadership by doctors. We have focused on doctors rather than on broader clinical leadership roles as this is the area where the system has seen the most change in leadership roles.

**Non-medical leadership.** We define non-medical leadership as all those who responded to the survey who are not doctors, including other clinical groups.



## The succession gap

*We asked respondents about their plans to remain in leadership roles and how confident they are that they have successors in place for medical leadership roles.*

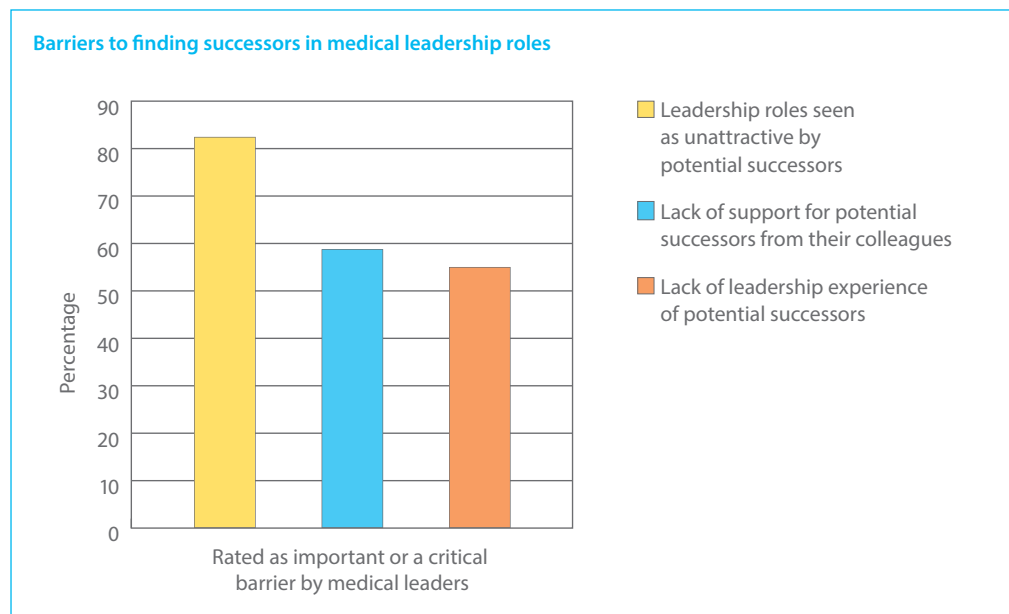
The results highlight a significant challenge:

- 45 per cent of medical leaders are uncertain about remaining in their leadership role for more than five years.
- 58 per cent of respondents have little or no confidence that they have successors in place for medical leadership roles.

So what is causing this concern? Is it just a case of needing to focus more strongly on

developing potential successors, or are there broader issues at play?

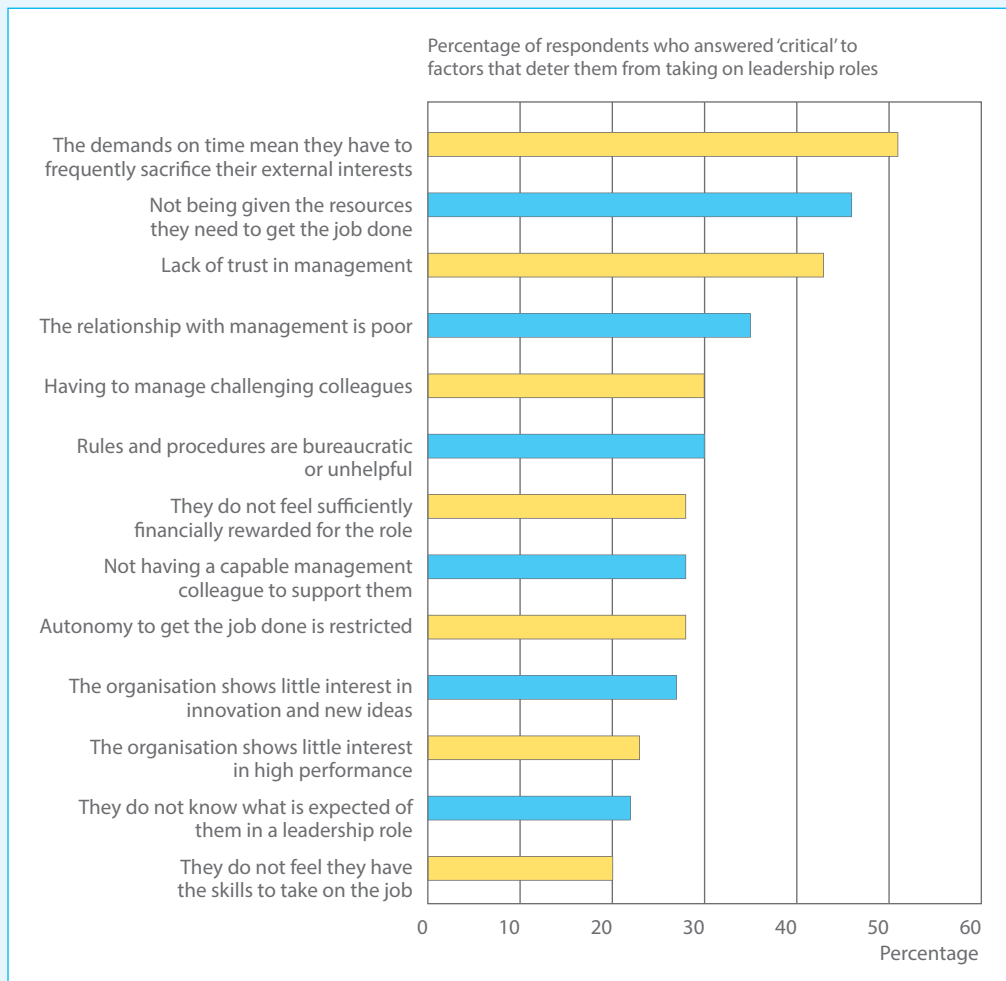
Whilst lack of leadership experience of potential successors is highlighted as an important issue, more fundamentally, medical leaders focus on roles being unattractive. The majority (82 per cent) rated unattractiveness of roles as the biggest barrier to succession planning.



## What is putting people off leadership roles?

Medical leaders operate in a very specific context. This context raises issues of time, relative status with clinical positions and relationships with managerial and medical colleagues.

So what is it that puts people off medical leadership roles? We asked leaders to rate a range of factors. The graph below highlights those seen as 'critical' by respondents.



The issues which make roles unattractive can be more broadly summarised in five categories:

### 1 Managing clinical work and leadership roles

Medical leaders focus strongly on: lack of time to do the role; flexibility to manage their clinical commitments; and opportunity to continue with clinical work as key detractors. The impact on their time is seen as the biggest disincentive with 90 per cent of medics highlighting this. This reflects the theme that most medical leaders want to continue with some clinical work.

### 2 Poor relationships

All respondents highlight managerial support as critical in terms of having good managerial support, good working relationships and the trust of the senior team.

### 3 Support from colleagues

Whilst non-medical leaders identify

managing challenging colleagues as a reason for why people are put-off roles, medical leaders express this differently. For them, this is a detractor, but not top of their list. The **support** of medical colleagues is more important. Comments also highlight the difficulty in holding colleagues (both medical and non-medical) to account and being enabled to have the impact they want.

### 4 Lack of resources

The lack of broader resources to get the job done is highlighted as an important detractor, in particular a lack of administrative and financial support.

### 5 Unequal status

Non-medical leaders and local leadership academies identify pay as an issue much more strongly than medical leaders do. For medical leaders, the key issue appears to be centred around equality and the value placed on the role, both perceived and as articulated through pay and career paths.

“The demands of the role can easily become all-consuming, raising a dilemma for clinicians. To be on equal footing with NHS career managers, really demands that this is a full time job.”

Medical director, Manchester



---

# What would make medical leadership roles more attractive?

With a range of factors deterring medics from leadership roles, what is most critical to make these roles more attractive? Three key themes emerge:

## 1 Look beyond development

Non-medical respondents focus strongly on training and development for medical leaders as a solution. This is still important for medical respondents, but their focus is broader, highlighting the importance of:

- clarity of what the role entails
- support to understand and develop towards leadership roles early in careers
- ongoing appraisal and on-the-job experience and career planning
- flexibility in career paths that helps individuals balance time between clinical and managerial work
- support in moving in and out of leadership/medical roles.

## 2 Status and positioning

The status of leadership roles is important and links clearly to the need for 'colleague support' when taking on roles. Positioning roles as being of equal value and status is crucial. This includes:

- developing and publicising role models
- publically demonstrating impact
- medical leaders themselves promoting the value of leadership roles.

Pay and reward is mentioned by clinicians, despite not being the most critical detractor. However the key here is 'fairness' and 'equality' with clinical work.

## 3 Support

A relationship with operational managers and support from managers is highlighted as important. Medical leadership may have been pushed to the fore by recent reforms, but our findings suggest that this needs to be as part of a team, not in isolation. Key support needed includes:

- being given the resources to do the job
- appropriate training and development to take on the role
- supportive and trusting relationships with managerial colleagues at senior and peer level.

In short, a focus on development alone is not enough to tackle the talent management and succession planning challenge for medical leadership roles.

The survey findings suggest the need for an equal focus on defining roles and flexible career paths that take account of the realities of medical leadership, as well as a more structured and long term approach to career management.

---

## How to manage medical leadership talent

We have identified some core principles to underpin approaches to managing medical leadership talent.

### Principles

- A leadership role has to be positioned as a positive career move for doctors. This means it needs to be valued by the medical community and not seen as impacting negatively on career progression or status.
- The real impact of medical leadership needs to be publicised and supported to promote the value of the role.
- Medical leadership jobs must be practical and in line with the realities of medical professional life.
- Development of leadership capabilities and conversations regarding the range of career paths must start early on in medical careers.
- The focus should be on all doctors as leaders, as well as formal leadership positions.

“ We need to develop a proper career path with training and development to complement traditional clinical paths starting at undergraduate level. Also, develop parity of esteem – these roles are critical but often seen as ‘the dark side’ and a less worthy use of skills and time. What is the the system looking for in transferable skills, for example, are we sure we know what makes a good medical manager? ”

CCG Chair

### How will this look at a national level?

A number of core challenges will need to be resolved at a national level. We suggest some solutions below.

- A clear articulation of medical career paths that takes account of medical leadership roles needs to be defined. This should be integrated into conversations from medical school onwards.
- A review of the terms and conditions that support a system where medical leaders are not disadvantaged by taking on medical leadership roles.
- Training and development starting at medical school, which focuses on building distributed leadership and developing core leadership behaviours and skills in all medics.
- Consideration of how the medical re-validation process will both maintain

clinical standards and build critical leadership behaviours.

- Work to celebrate, highlight and showcase the impact of medical leadership in practice.

### How will this look at a local level?

Whilst national changes will support more effective medical leadership development, what can be done locally to develop the medical leadership talent that you need in your context?

We suggest there is a lot that can be done – from a clear articulation of roles and possible career paths, to simply enabling medical leaders to have good talent management conversations. Using the popular So-Know-Grow-Flow as a framework for talent management, we've provided some practical recommendations and examples on the following pages.

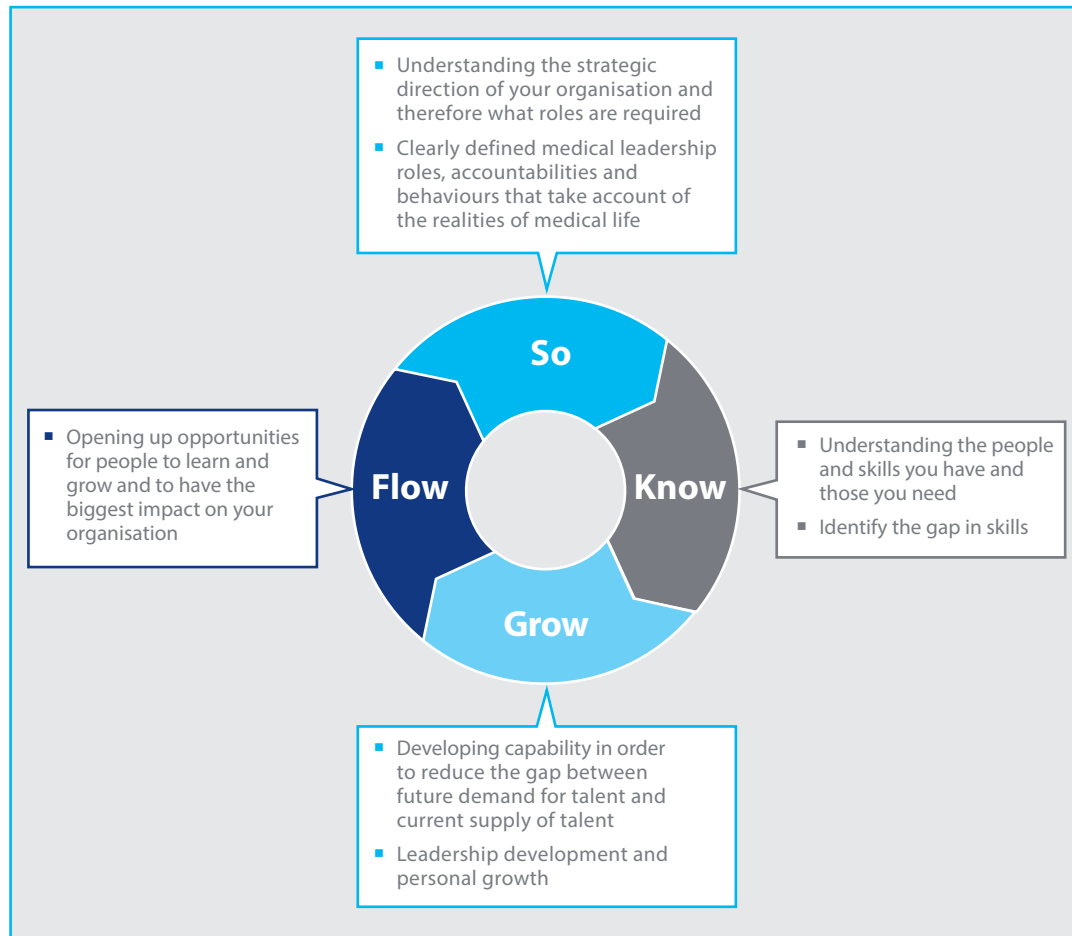
“ The ability to make a difference, at scale, to patient care needs to be publicised and these posts should be valued and aspirational as they are in many other countries. ”

CCG Accountable Officer

## A framework for talent management

### So-Know-Grow-Flow

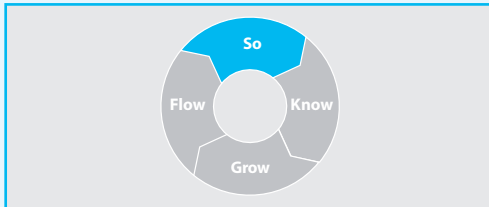
Talent management and succession planning of medical leaders requires the same systematic approach that all talent management involves, but tailored to the particular context of medical leadership.



“ We need the support of medical colleagues and managers, and the opportunity to drive changes in care. ”

Medical director, Manchester

## 1 So – strategic orientation



### Be clear on what roles look like and how to progress into them

Most doctors are likely to be clear on how to progress through their medical careers, what options are available to them and the skills they need to develop to progress to the next level. However, we don't believe that this clarity extends to leadership roles.

By clearly articulating the different leadership roles, their accountabilities, and the skills and behaviours required to be successful in them, it provides a sound starting point to:

- create clarity for individuals to help them understand the opportunities and what is required in different roles
- provide a framework to understand and map in a structured way where you have skill gaps and succession issues in the organisation, and to plan strategies that address those gaps
- provide the framework for long term career conversations and development for individual leaders, coaches or mentors on talent management programmes.

As part of this process it may be useful to:

- agree common principles for how you will manage the move in and out of clinical work as well as pay, status and value issues
- consider how you articulate and integrate the informal leadership roles expected from all doctors, and focus on distributed leadership as well as formal roles
- use it as the basis for thinking about other roles you will need around medical leadership roles in order for them to be successful (for example, do they have the administrative and financial support they need?)
- make sure that you are realistic about the time and capacity of leaders and create roles accordingly.

### Defining medical leadership roles

There are a range of medical leadership roles emerging in the system. These roles not only have different accountabilities, but they also require different skills and behaviours. For example, roles which have a more direct service or organisational leadership component, require a greater focus on leading, engaging, focusing on results and holding people to account. In system leadership roles on the other hand, there is a stronger need for influencing, relationship building and creating common agendas.

### Examples of different leadership role definitions

**Informal leadership** (consultant or general practitioner). Takes accountability for what they see, takes ownership for identifying improvements, acts on poor practice, contributes to improvement initiatives, clinical audits etc. Enables effective teamwork around the patient, and role models the expected ways of working.

**Project or issue leadership.** Leads clinical input into a working group, clinical audit committee or specific initiative/thematic area without management or service responsibility. These accountabilities may also fall under service leadership roles.

**Service or organisational leadership.** Leadership of a specific service line or area of work. Sets direction, manages clinical resources and ensures clinical services are delivered within the financial envelope, plans for the future and assures clinical standards and safety. This may also involve direct management of colleagues.

**System leadership.** Sets and promotes standards of practice or innovation across a region or nationally, including engaging clinical and non-clinical colleagues to develop new models of clinical care.

By creating a clear framework of roles, accountabilities, behaviours and performance – you can help doctors to understand what they need to develop and progress, and manage their transition into new roles.

**Example of a trust career path framework**

Acute trust medical leadership career path	Accountabilities	Knowledge, skills and experience	Critical performance measures /outcomes
Consultant			
Project or thematic lead			
Specialty lead			
Clinical director			
Medical director			

## 2 Know – understanding the gap



### Understand your talent

The lack of obvious successors and the focus on early development highlighted by the survey demonstrates that knowing who your potential medical leaders of the future are is essential. This will help you to understand the size of the issue and think flexibly about where you may find hidden talent.

Having a focused career conversation with a clear framework for what 'excellence' looks like is a great place to start. Equally critical, and often more challenging for organisations, is to think about how you measure potential as well as current performance.

### Identifying potential: Hay Group's growth factor index

We've identified four growth factors as the qualities that will enable people to take the best advantage of developmental opportunities.

- 1 Eagerness to learn:** willing to take a risk in learning something new
- 2 Breadth of perspective:** taking a wider view on issues, bringing in additional points of view
- 3 Understanding others:** accurate understanding of other people's thoughts and feelings
- 4 Personal maturity:** the ability to take feedback and difficulties as a chance to grow

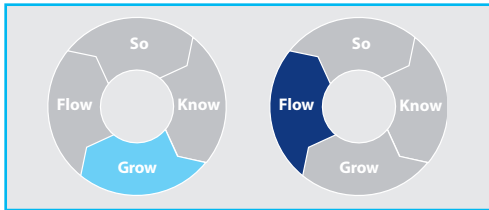
Most organisations hold a lot of information about the skills and performance of individuals. The difficulty is bringing this together in a systematic way that allows you to link it to what you need or where you need to focus time and attention on key people. Coming together to have collective conversations about talent can be very effective.

Talent forums can bring together leaders to discuss potential and future succession collectively, and have the benefit of building confidence and understanding of what 'good' looks like. They also help to identify gaps and opportunities across the organisation. These can be supported by in-depth diagnostics of individuals or simply a structured process which triangulates existing data from performance management systems.

For CCGs, knowing who your talent is poses particular problems and involves some more creative thinking. Options to consider are:

- incorporate broader questions within the re-validation processes to help you collect information about leadership aspirations and potential
- equip your existing CCG leaders, or those keen to be involved, with an understanding of what to look out for in terms of potential – and outline their role in recruiting for the future as well as bringing them together to have structured talent conversations
- provide early opportunities to bring together new and interested GPs to self-assess development areas and gaps, or to simply shadow and learn more about the broader context.

### 3 Grow and flow – development and opportunities



#### Enable developmental career conversations

Medical leaders highlight the impact of supportive career conversations to make roles more attractive. Confident medical leaders who are able to have long term, career-focused coaching conversations and can help individuals navigate the system are a must.

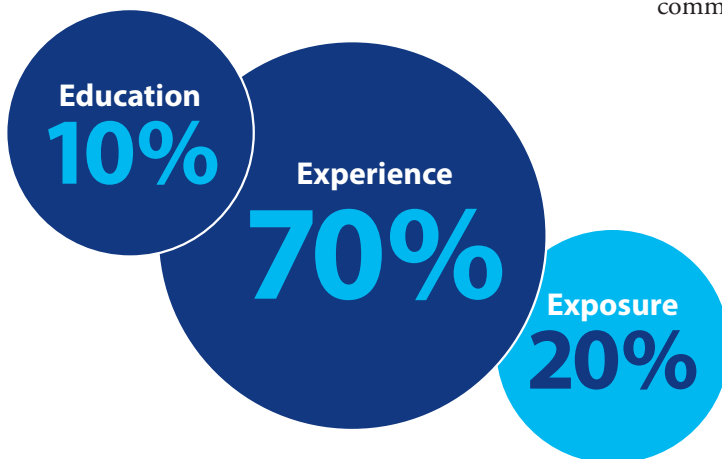
Alongside these conversations and ongoing coaching, more formal support can also help. For example, induction programmes for new GPs or consultants can help them to understand potential leadership roles and the broader context they are operating in, as well as identify opportunities to get involved.

#### Systematically plan how to provide opportunities for medics to develop the skills and behaviours they need

We know that leadership development is not effective enough on its own. The 70/20/10 formula<sup>1</sup> describes how individual development involves three key elements:

- 70 per cent from real life and on-the-job experiences, tasks and problem solving
- 20 per cent from feedback and from observing and working with role models
- 10 per cent from formal training.

In sectors where it is difficult to recruit external talent, the need to grow your own is high. This means a careful focus both on how jobs are designed and how people are given roles to build the necessary experience. We know trusts and CCGs are already thinking about this issue, examples of this range from development roles on trust clinical leadership forums, to involving more junior doctors in corporate projects, to the creation of specific roles in CCGs with the intention of building leadership experience amongst a broader community of GPs.



<sup>1</sup> The 70/20/10 learning concept was developed by Morgan McCall, Robert W. Eichinger and Michael M. Lombardo at the Center for Creative Leadership in North Carolina, and is specifically mentioned in *The Career Architect Development Planner*, 3rd edition, by Michael M. Lombardo and Robert W. Eichinger.



### **Provide mentors and enable networks**

Lining up junior talent with senior role models and mentors who can provide them with opportunities and practical guidance is another way of supporting the development process. This addresses not only development needs, but medical leaders' strong desire for support from colleagues. In practice, this can range from mentors for new consultants and GPs to providing opportunities for medical leaders to network and come together around issues that matter to them. This is particularly critical in the CCG context where formal management structures do not support access to leadership talent.

### **Support career transition**

From consultant, to clinical unit lead, to accountable officer – medics face major transitions as they move into different types of roles. The behaviours and skills that they need to be successful, as well as their perceptions about what is important, will need to evolve. Support for these transitions is critical to ensure they feel comfortable and supported to demonstrate that these roles are valuable and invested in.

Talent management programmes for high-potential individuals to help them understand how they can progress into roles and what these will look like can have a high impact. For example, at the Treasury – potential senior civil servants undergo a development programme focused on enabling them to understand the promotion and focus their development on the things that really matter.

Alongside the development of new leadership skills, there is significant input from those already in the senior civil service to provide practical advice and support.

### **Focus on teams alongside individual leadership development**

With such a strong focus on support and relationships with managers, it's worth thinking about building relationships across disciplinary groups too. This could include building a clear understanding of respective roles and helping teams to problem solve from diverse perspectives. With clear evidence that the increasing complexity of medical interventions requires excellent teambuilding, developing a team-based approach seems valuable on a range of levels.

### **Validate and value**

Finally, there is a clear focus on 'validating' medical leadership roles. This suggests the importance of celebrating and supporting positive role models of medical leadership and ensuring they not only have an impact, but are also **shown** as doing so. What opportunities can you use to showcase the work achieved by medical leadership and demonstrate the impact it has on decision making?

Focusing not only on formal leadership roles, but the positive leadership behaviours of those who are not in formal leadership roles too, may help to embed leadership as valued 'business as usual'. Engaging and involving existing medical leaders to develop future leaders and talk about what they have been able to achieve will support this process.



---

Specific talent management programmes, designed for high potential individuals to understand how they can progress into roles and what these roles look like, can have a high impact.

---

## Case study

### How Google made managers matter

As in the medical workforce, Google engineers have struggled to see the value of leadership and management roles. With a workforce made up of highly experienced and expert individuals in their field, there has been a long-held scepticism amongst Google engineers around the value of managers.

Harvard Business Review covered a story on Google which explored how Google 'sold' its engineers on management. First, they took a data-driven approach to leadership which focused on, measured and publicised the

impact. This included clearly defining the leadership behaviours that made a difference, and developing and defining leadership roles around them. Secondly, Google designed a flat leadership structure that emphasised individual accountability (or distributed leadership) and focused on leaders' roles as enabling and creating the climate for innovation and excellence. The results have increased perceptions of collaboration, innovation and risk taking.

David A. Garvin. (2013). *How Google Sold Its Engineers on Management*. Harvard Business Review.

---

By creating a clear framework of roles, accountabilities, behaviours and performance – you can help doctors to understand what they need to develop and progress, and manage their transition into new roles.

---

## Regenerating medical leadership roles

*Typically, at the end of a series of Doctor Who, the doctor would regenerate. As medical leadership embeds itself in the system, it's time to take stock and regenerate both the roles, and our approach to developing medical leaders for the future.*

Let's not pretend it's that easy though (and we don't have the luxury of a time-travelling space ship) – health organisations have a real challenge in developing medical leaders for the future. However, there's a lot that can be done at a local level to tackle this.

The starting point has to be engaging with the particular context of medical leadership now, at your local level, and developing roles that take account of those realities. This is critical if roles are going to be seen as more attractive by future generations.

At the same time, there is significant potential for helping future talent to understand how they can take on different roles, and engaging them early to build the necessary skills for future roles. In particular, through providing space for talent conversations, the frameworks for making these meaningful and focused, the structure for making good use of this information and the opportunities for individuals to understand their options and develop their skills early.



## 20 questions

*There's a lot to think about. So we've provided a starting point to help frame thinking on how to tackle the medical leadership talent management and succession planning challenge.*

### So – strategic orientation

- 1 What are the key medical leadership roles that you require in order to deliver now and in the future?
- 2 What are the accountabilities, skills, experience and behaviours required at each level?
- 3 How can you describe these clearly?
- 4 How will you manage pay, tenure, clinical workload and the move back into clinical work?
- 5 What support will you give to people moving back into clinical work?
- 6 Have you been realistic about workload and what is possible given the balance between clinical and non-clinical work when designing roles?
- 7 Have you considered what other roles will be needed to support medical leadership?

### Know – understanding the gap

- 8 Do you have a systematic means of understanding the medical leadership talent available to you against what you need?
- 9 Do you collect data that helps you to understand and track succession risks in the short and long term?
- 10 Do you have a process for providing opportunities and experiences to those identified as key talent for the future?

### Grow – development

- 11 How can you help both medical leaders, and all medics, to understand what good medical leadership looks like and the impact it has?
- 12 Do you promote distributed leadership and the role of all medics as leaders?
- 13 Are all medics having conversations that focus on long term development and include a consideration of leadership as well as medical careers?
- 14 Are all existing medical leaders able to have effective career and development coaching conversations?
- 15 Do you have an induction process for medical leaders that helps them to understand the different leadership options and how to access support or get involved?
- 16 Do you provide development opportunities that build strong relationships between medics, managers and the broader clinical community?

### Flow – opportunities

- 17 Do you use data to help you involve and engage future talent in projects, initiatives or experiences that will develop their potential?
- 18 What roles and processes do you need to provide opportunities for future talent and engage the broader medical workforce in leadership activity?
- 19 How do you position and promote the status of medical leaders and demonstrate their impact in the organisation and local area?
- 20 How do you support medical leaders in and out of medical leadership roles?

**If you'd like to talk through these questions with a consultant, or about any issues raised in this paper, please contact Kate Wilson or Lubna Haq.**

**e** [kate.wilson@haygroup.com](mailto:kate.wilson@haygroup.com)  
**t** +44 (0) 20 7856 7240

**e** [lubna.haq@haygroup.com](mailto:lubna.haq@haygroup.com)  
**t** +44 (0) 20 7856 7506

## Africa

Cape Town  
Johannesburg  
Pretoria

## Asia

Bangkok  
Beijing  
Ho Chi Minh City  
Hong Kong  
Jakarta  
Kuala Lumpur  
Mumbai  
New Delhi  
Seoul  
Shanghai  
Shenzhen  
Singapore  
Tokyo

## Europe

Amsterdam  
Athens  
Barcelona  
Berlin  
Bilbao  
Birmingham  
Bratislava  
Brussels  
Bucharest  
Budapest  
Dublin  
Edinburgh

Enschede  
Frankfurt  
Helsinki  
Istanbul  
Kiev  
Lille  
Lisbon  
London  
Madrid  
Manchester  
Milan  
Moscow  
Oslo  
Paris  
Prague  
Rome  
Stockholm  
Strasbourg  
Vienna  
Vilnius  
Warsaw  
Zeist  
Zurich

## Latin America

Bogotá  
Buenos Aires  
Caracas  
Lima  
Mexico City  
Rio de Janeiro  
San José  
Santiago  
São Paulo

## Middle East

Doha  
Dubai  
Riyadh

## North America

Atlanta  
Boston  
Calgary  
Chicago  
Dallas  
Edmonton  
Halifax  
Kansas City  
Los Angeles  
Montreal  
New York Metro  
Ottawa  
Philadelphia  
Regina  
San Francisco  
Toronto  
Vancouver  
Washington DC Metro

## Pacific

Auckland  
Brisbane  
Melbourne  
Perth  
Sydney  
Wellington

Hay Group works with leaders to transform strategy into reality. We develop talent, organise people to be more effective and motivate them to perform at their best. Our focus is on making change happen and helping people and organisations realise their potential.

Our clients are from the private, public and not-for-profit sectors, and represent diverse business challenges. For over 70 years, we have been renowned for the quality of our research and the intellectual rigour of our work. We give our clients breakthrough perspectives on their organisation, and we do it in a way which delivers results and real value. For more information please visit [www.haygroup-bigsqueeze.co.uk](http://www.haygroup-bigsqueeze.co.uk)