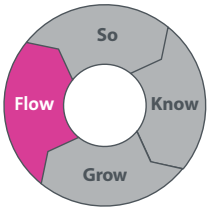
HayGroup®

THE DOCTOR WHO TOOLKIT

EPISODE FOUR: OPPORTUNITIES FOR DEVELOPMENT



FLOW: HOW DIFFERENT WORK EXPERIENCES CAN HELP MEDICAL LEADERS DEVELOP

For the final episode in our *Doctor who toolkit* – a four-part series based on the So-Know-Grow-Flow framework for talent management, we spoke with four senior medical leaders about their careers.

We explored what had motivated them to take on a medical leadership role, what had helped them along the way, and their advice for supporting the development of the medical leaders of the future. We were particularly interested in the experiences they felt had helped them to progress and develop, and what this could tell us about how organisations can support the development of strong medical leaders. After all, we know that experience and exposure is where we get most of our learning.

We spoke with medical leaders from different backgrounds who, between them, have worked as clinical directors and medical directors within trusts – regionally and nationally, directors of operations, chief executives and medical officers in multinational companies. We would like to thank the following interviewees for their time and sharing their experiences with us:

- Mr Peter Lees – Chief executive and medical director of the Faculty of Medical Leadership and Management
- Dr Celia Ingham Clark – National director for reducing premature mortality for NHS England
- Prof. Hugo Mascie-Taylor – Medical director and executive director for patient and clinical engagement at Monitor
- Dr Richard Heron – Vice president Health BP and president of the Faculty of Occupational Medicine.

WE GET MOST OF OUR LEARNING FROM EXPERIENCE AND EXPOSURE[1]

WHAT MOTIVATES MEDICAL LEADERS?

What was striking in all our interviewees was a strong motivation to make things better and have a positive impact on patients. They stepped into the ring because they were frustrated, they wanted to impact more broadly, they had a curiosity about how things worked and a view about how they should be done.

They also believed they *could* have an impact as medical leaders, and held this belief from early on in their careers. This belief was supported by their experiences as junior doctors where they had seen senior colleagues make change happen or noticed the impact of process and working practices on patients or people. Peter talked about the 'exhilaration' of witnessing the transformation of care as a junior doctor in a high performing unit that was implementing new ways of working. Celia reflected on her early experience as a member of the British Medical Association Junior Doctor Committee where she saw role models of effective medical leadership and felt listened to despite her junior role. While Hugo spoke of his early experience as mess president where he realised he could influence.

In turn, all of our medical leaders talked about their role as senior medical leaders in enabling other doctors to make a difference, and the importance of rewarding and recognising the impact they had. For Hugo, a lot of his time as medical director was spent facilitating doctors who wanted to change the nature of their service.

Our interviewees talked about the importance of recruiting the right people – not on the basis of the sophistication of their leadership skills, but rather, their values and attitudes. In their own recruiting they looked for doctors who were driven by making things better for patients and who were prepared to put patient needs above those of their colleagues.

Recommendations

- Think carefully about values and motivations when you recruit, not just medical capability.
- Seek out and tap into the natural motivation of your junior doctors who want to make a difference and are curious about how things work.
- Support small projects that allow people to take action on the things that frustrate them and show they can have an impact.
- Support medical leaders to recognise that they do leadership – all the time. It's not something they take on with a role.

[1] 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.

"OFTEN WHEN I GO OUT TO TALK TO JUNIOR DOCTORS, I SAY TO THEM 'RECOGNISE YOU'RE LEADING NOW. REGISTRARS PRACTICALLY LEAD THE HOSPITAL AT NIGHT – YOU ARE LEADING NOW'. HOW MANY OF YOU AT THE BEGINNING OF THE EVENING SIT THE TEAM DOWN AND SAY 'IF YOU SEE SOMETHING DANGEROUS, I WANT YOU TO COME AND TELL ME'?"

Peter Lees

CHOICES, CHOICES, CHOICES

The medical leaders we spoke with talked about moments in which they had stopped and thought 'what do I want to be?' or in fact, 'what *don't* I want to be?'.

For example, Hugo reflected on a colleague taking him to one side after he became a consultant and laying out the range of options available to him: "It had never really occurred to me there were different job options. It had been about learning to be a professional versus thinking about how I could have an impact on the system". This did not mean following a carefully mapped out career path, as much as being made aware of options and then grabbing opportunities that were of interest. Quite often this involved being 'spotted' and encouraged or asked to go for roles.

For several of our interviewees this meant consciously taking risks with their careers and going against the established wisdom on what a good medical career looked like. Pushing themselves out of their comfort zone was a common theme.

Likewise, our medical leaders were clear in their message to junior doctors at the beginning of their careers, Richard advising them to "take accountability for your own career and your development". This means not only thinking about roles but reflecting on your values, the type of organisation you want to be part of and, according to Peter, "how you want to be". This sense of purpose is important as it's what prompted our medical leaders into medical leadership roles in the first place.

Recommendations

- Support doctors to understand the different options available to them and try out different types of roles and experiences.
- As a junior doctor explore what you enjoy, speak to people in different types of roles, and think broadly about your options.

"GIVE INCREASING RESPONSIBILITY TO PEOPLE AND BUILD IN TIME FOR REFLECTION. AS YOU DO IN CREATING A GREAT CLINICIAN, PROVIDE SPACE FOR RIGOROUS EXPLORING AND QUESTIONING OF WHAT THEY'RE THINKING AND DOING."

Hugo Mascie-Taylor

BREADTH AND EXPOSURE

Breadth of experience and exposure to senior leaders and perspectives were common themes for our medical leaders. This was reflected in a number of ways.

First, they spoke about learning from observing other medical leaders and managers around them. In particular, watching how others dealt with challenging colleagues or engaging others. This learning was both positive and negative – they took note of the ways in which they did not want to do things, as well as the things they wanted to take forward themselves. They also reflected on the importance of being role models.

Secondly, they spoke about exposure to senior leaders or leadership roles early in their careers through roles such as mess president, or professional leadership or representational roles as junior doctors. Most had taken on some form of leadership role early in their career.

Thirdly, they spoke about the importance of exposure to different perspectives, combined with a willingness to put themselves in other people's shoes. For example, Celia reflected on how much she had learnt from her time as a National Clinical Assessment Service assessor working across different organisations and the different perspectives she gained from stepping into the director of operations role. Richard started his career as a medical officer in Imperial Chemical Industries by working on the 'shop floor' to really understand what was driving individual behaviour and how people were doing things in practice. Richard recommended "involving managers in doctors' experiences and vice versa as experience of each other's world is key". Our interviewees emphasised how as leaders themselves, they encouraged their teams to look beyond their own team or professional boundaries.

Recommendations

- Create opportunities for senior level exposure.
- Support doctors to broaden their exposure through peer reviews, networking or joint learning and problem solving opportunities.
- Build opportunities for working across professional boundaries.
- Support reflection, not only about medical practice but ways of working.

MENTOR AND SUPPORT

One of the key things that our medical leaders highlighted was mentors – people who had helped them reflect on what they wanted, who stretched them, gave them feedback or who they learnt from.

For example, Celia talked about how valuable it was having a supportive chief executive in a stable team in her first medical director role. Others talked about less formal relationships with colleagues. This mentoring extended to learning from peers and colleagues in the same situation.

It was notable that all of our interviewees reflected on the transition in their own leadership journey to focusing on enabling others, rather than doing things themselves.

Recommendations

- Encourage and support mentoring that helps doctors to reflect, learn and develop beyond their medical practice.
- See modelling and developing the next generation of medical leadership talent as a critical element of senior medical leadership roles.

"MENTORSHIP IS POWERFUL. LOOKING BACK, THEY REALLY MAKE YOU THINK ABOUT WHAT'S IMPORTANT TO YOU AND BE MINDFUL ABOUT WHAT YOU'RE DOING."

Richard Heron

CONCLUSIONS

We began this series with a stark statistic: 82 per cent of respondents to our survey into medical leadership in the NHS rated 'unattractiveness of roles' as an important barrier to finding successors for medical leadership roles.

At a time when the NHS faces a huge challenge to deliver transformation amidst changing expectations of patients and employees, this highlighted a significant challenge.

Over the course of the series, we've looked at how the system can start to address the issue, beginning with rethinking medical leadership roles to make them clearer and more doable. We explored how to identify potential future leaders through understanding and accessing a broader pool of talent, moving on to how to develop these leaders with a particular focus on key transition points. Finally, we spoke with medical leaders to learn more about what experiences over the course of their career had helped them to develop as leaders.

The medical leaders we interviewed suggest a more positive picture is possible. They spoke of the challenging but rich, interesting and impactful careers they have enjoyed as medical leaders. They talked about their fascination with how things work, their enjoyment of developing colleagues and making a difference and their optimism in making change happen. They are themselves, inspiring role models for medical leadership.

CONTRIBUTORS

MR PETER LEES

Peter is the chief executive and medical director of the Faculty of Medical Leadership and Management. He also serves on the Clinical Governing Body of West Hampshire Clinical Commissioning Group, the General Advisory Council of the King's Fund and the NHS Leadership Academy Steering Group.

Over 20 years, he combined a career in neurosurgery with senior roles in operational management and leadership development. This included experience at local, regional and national levels and in global health.

DR CELIA INGHAM CLARK

Celia is the NHS England director for reducing premature mortality. She qualified at Cambridge and the Middlesex universities, then trained as a general surgeon and was a consultant and medical director at the Whittington Hospital in north London. Her interest in health policy began as a member of the British Medical Association's Junior Doctors Committee in the 1980s, and her focus is on improving the quality of patient care. In 2013 she was awarded an MBE for services to the NHS.

PROF. HUGO MASCIE-TAYLOR

Hugo has a strong clinical background, having worked in the NHS as a clinical director, medical director and a director of commissioning.

He is currently the medical director at Monitor and the executive director of patient and clinical engagement. His previous roles include executive medical director of Leeds Teaching Hospitals Trust, including periods acting as chief executive, and medical director at the NHS Confederation.

DR RICHARD HERON

Richard is vice president health and chief medical officer at BP, and is responsible for strategic development of the group's health agenda, including employee wellbeing, occupational health and hygiene, and community and public health in the locations where BP operates.

He joined BP in 2006 from AstraZeneca, where he was head of global safety, health and risk management. He trained in internal medicine in the UK and New Zealand before specialising in occupational medicine.

Doctor who series

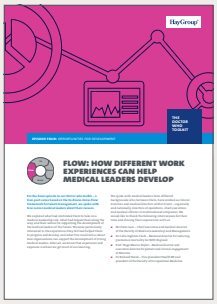
Doctor who?
The barriers and enablers to developing medical leadership talent

The Doctor who toolkit:

Episode one
So? How to create doable roles aligned with strategy

Episode two
Know: how to identify who you have and who you need

Episode three
Grow: how to develop the talent you need



Episode four
Flow: how different work experiences can help medical leaders develop

WANT TO KNOW MORE?

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