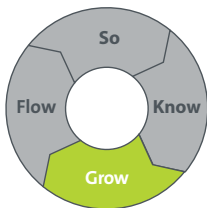




EPISODE THREE: GROW YOUR TALENT



GROW: HOW TO DEVELOP THE TALENT YOU NEED

With system changes in the NHS creating bigger and broader leadership roles for doctors, the focus has been on getting new medical leaders in these positions up to speed.

However, due to the short tenure of these roles and limited leadership development opportunities available for more junior doctors, many organisations are asking – where is the next generation of medical leaders coming from? This has prompted the need for new thinking about how the system ensures it grows the medical leaders needed for the future.

Grow is the third episode in our *Doctor who toolkit* – a four-part series based on the So-Know-Grow-Flow framework for talent management and succession planning. Informed by findings in our 2014 *Doctor who*

report, the toolkit provides practical recommendations to help the NHS respond to the challenges of attracting and developing medical leaders.

Grow specifically provides tips on where to focus time and energy to ‘grow’ the medical leaders you need, both for the short and long term.

NEW THINKING IS NEEDED ABOUT HOW THE SYSTEM ENSURES IT GROWS THE MEDICAL LEADERS NEEDED FOR THE FUTURE.

THE SUCCESSFUL TRANSITION FROM SENIOR PROFESSIONAL TO LEADER REQUIRES A PROFOUND SHIFT IN SELF-IMAGE AND SOCIAL ROLE.

MOVING INTO LEADERSHIP

We've all had times in our professional lives where we've faced a transition into a job that has highlighted a gap in our skills and knowledge. Times when progression to the next step didn't feel like so much of a step up, as a step into a totally different landscape.

This can leave us wondering why, suddenly, all the things that have helped us to be successful so far have stopped working. For doctors moving into medical leadership roles, this can very much be the experience.

So what is it that makes this transition challenging? Throughout their career, doctors work in an environment with a strong and necessary focus on their professional capability. When stepping into a formal leadership role, the things that make a doctor successful as a professional can actually get in the way. For example, the drive towards personal excellence and mastery can make it difficult to delegate, frustrating to explain their vision and painful to let other people make their own choices and mistakes.

At the same time the ambiguity, longer term focus and critical human factors in a leadership role can challenge the logical and academic

worldview that has underpinned their development. Indeed, when asked about what development they need, many new medical leaders will focus on the development of specific knowledge and skills, for example financial knowledge. Throughout their career, competence is associated with 'knowing things' and it can feel highly uncomfortable to operate in an area without high levels of professional expertise.

Finally, leadership roles can challenge the traditional autonomy of professional roles and the peer to peer relationship that is characteristic of professional identity, demanding that leaders 'interfere' in other people's work. Doctors can be comfortable as leaders but often in a collegiate, 'first among equals' style of leadership, causing problems when it comes to challenging performance, setting standards or setting direction. As such, the successful transition from senior professional to leader requires a profound shift in self-image and social role.

KEY TRANSITIONS FOR MEDICAL LEADERSHIP

This concept of transition points is a good starting point for thinking about how to develop your medical leaders. If we think about a medical *leadership* career, there are a number of key development transition points for doctors. Whilst the boundaries are permeable within these categories, broadly speaking we can summarise these as follows:

Fig 1. Medical leadership key transition points

Transition	Key questions for development
<p>Entering the workplace “I’m part of a team”</p>	<p>Do I understand the formal and informal processes and structures by which things get done on a daily basis?</p> <p>What makes me tick, how is this different from how others tick? In other words, my core emotional intelligence.</p> <p>How do I communicate and work well in a team?</p> <p>Can I manage conflict and disagreements effectively?</p> <p>How do I say difficult things when I know it’s right but it means challenging more senior people?</p>
<p>Informal leadership – joining an organisation newly qualified “I’m part of this organisation for the long term”</p>	<p>What’s my job as a member of this organisation, not just as a doctor? In other words, what is my 'informal' leadership role?</p> <p>How does this fit with my preferences and ways of working?</p> <p>How do things work around here – business cases, finances, commissioning, politics etc.?</p> <p>How does what I do fit in with and impact on what others do internally and externally?</p> <p>How do I influence and involve others so that I can turn good ideas into practice?</p> <p>What relationships do I have and what relationships do I need to deliver the best service for patients?</p> <p>How do I coach and develop others?</p>
<p>Stepping into a formal leadership role “I’m leading others and setting direction”</p>	<p>What is important in a leadership role – how does this fit with my self-image and values?</p> <p>How do I lead teams and networks to create consensus and engagement?</p> <p>How do I set direction, create clarity for others and maintain momentum for the long term?</p> <p>Who are my key stakeholders?</p> <p>How do I engage colleagues with new ways of working and make change happen?</p> <p>How do I set standards and have difficult conversations with colleagues?</p>

EFFECTIVE MEDICAL LEADERSHIP DEVELOPMENT SHOULD ENCOURAGE DOCTORS TO EXPLORE THE TRANSITION INTO LEADERSHIP AND HELP THEM TO UNDERSTAND WHY SOME AREAS MAY BE MORE OR LESS COMFORTABLE FOR THEM.

IMPLICATIONS FOR DEVELOPMENT

The key transitions we've identified demonstrate that different types of development are required for medical leaders throughout their leadership career.

Knowledge and skills

As doctors move into leadership roles, formal or informal, there are specific things they need to know. In particular, knowledge relating to finance, commissioning, the broader context and key organisational policies and approaches. In other words 'how things work around here'.

What it means to be a leader

Whilst some areas of technical knowledge are important to have, the level and type of knowledge required in these areas is very different from what you need as a doctor. As such, it's important to explore with medical leaders what they need to know and what they do not, particularly given their experience as academic or formal learners. Essentially this is about helping them consider their role. For example, it's unlikely you'll want your medical leaders to have a deep understanding of finances, but you

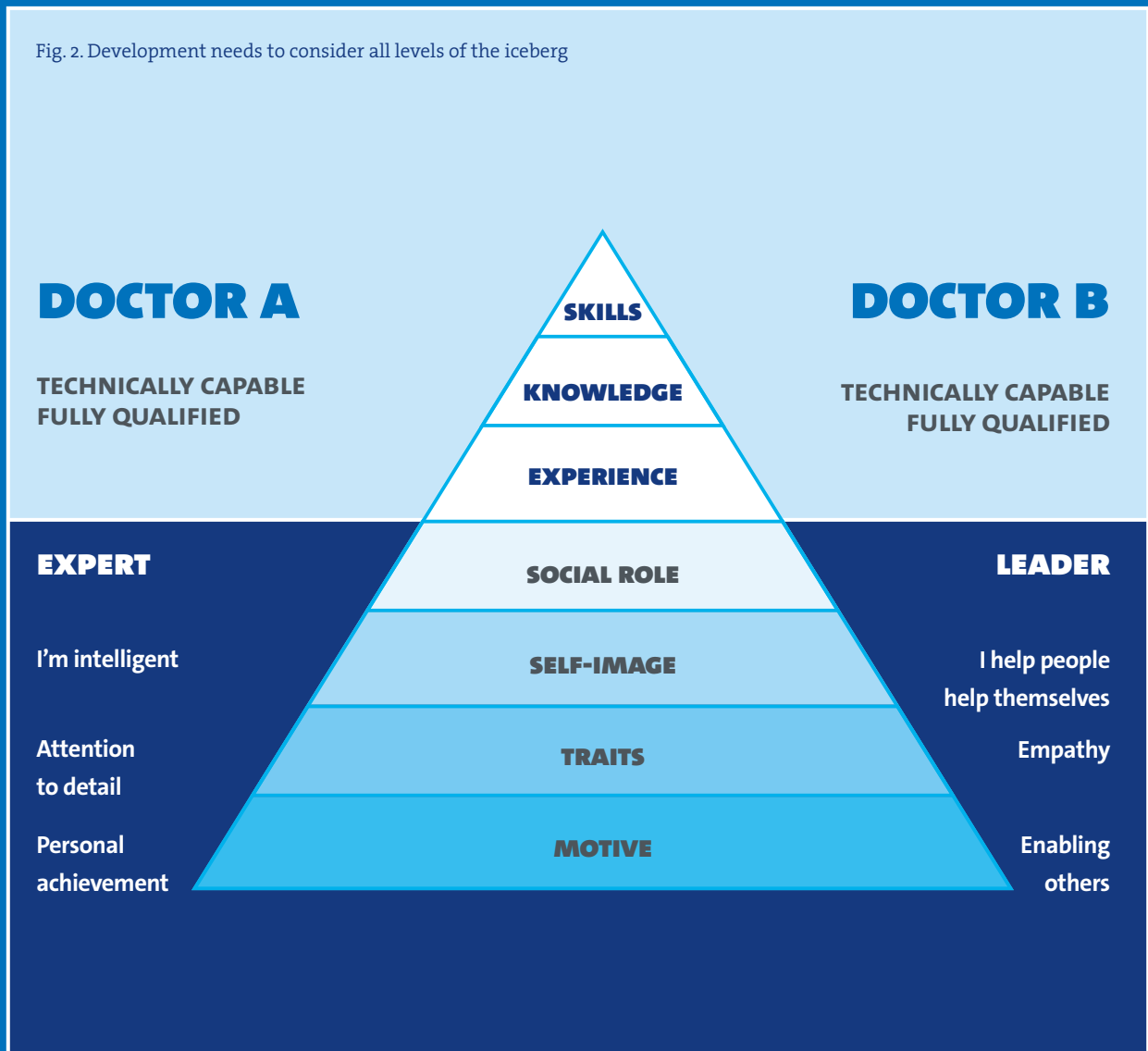
will need them to understand how NHS finances work at a macro level and to take account of the financial implications of their actions and proposals. Likewise at a more senior level, you'll want them to be able to ask the right questions of others and use the expertise around them. As one senior clinician, now a board director of an NHS Trust, commented, "it's difficult to challenge constructively in areas you specifically know little about".

If development doesn't encourage people to think about who they are and what assumptions they have about what's important and what's required in the new role; knowledge, skills and experience are unlikely to make a real difference. In other words, effective medical leadership development should encourage doctors to explore the transition into leadership and help them to understand why some areas may be more or less comfortable for them.

“IT’S DIFFICULT TO CHALLENGE CONSTRUCTIVELY IN AREAS YOU SPECIFICALLY KNOW LITTLE ABOUT.”

Senior clinician, now a board director of an NHS Trust

Fig. 2. Development needs to consider all levels of the iceberg



Supporting medical leadership development needs to move beyond the development of skills and knowledge and tap into deeper areas on the iceberg.

JOINT IMPROVEMENT PROJECTS OR STRUCTURED OPPORTUNITIES TO MEET AND EXPLORE ISSUES ALSO SUPPORT RELATIONSHIP BUILDING.

HOW TO LEAD THROUGH OTHERS

All development should focus on supporting medical leaders to understand how to work through and with others to influence and engage.

Our research¹ suggests medical leaders are likely to need particular support in considering how they:

- focus on leading rather than doing
- assert authority, manage performance and have difficult conversations
- set direction and create clarity for others
- influence using more than just logic and make change happen.

In essence, helping doctors think about the human and emotional factors at play in making things happen is critical.

Building relationships

Supporting medical leaders to build relationships and develop understanding beyond their professional area is fundamental to help them step into a broader informal

or formal leadership role. In this vein many organisations are now delivering joint CCG and acute trust programmes that help build understanding and relationships across the system. Joint improvement projects or structured opportunities to meet and explore issues such as consultant conferences or joint problem solving sessions also support this relationship building.

As an example, participants of a new consultants programme at Ashford and St Peter's Hospital highlighted that the most valuable element of their programme was getting to know people from within the trust to talk through local issues and approaches in the bigger context.



PROVIDING EXPOSURE AND ONGOING SUPPORT

When talking about leadership development, often the first thought that comes to mind is formal leadership programmes. While these programmes are valuable, consideration also needs to be given to the broader support, coaching, mentoring and experiences that help medical leaders to broaden their perspective and embed learning.

We know that leadership development is not effective enough on its own. The 70/20/10 formula² 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.

This is particularly important for newly qualified or training doctors. Giving individuals early access to opportunities to help them build the

skills identified as necessary for their career path will prepare them for more formal leadership roles later. It also supports them to consider their informal leadership role in the organisation early on.

Finally, we need to consider how to give busy people access to opportunities at the right time for them and in bite size and manageable chunks. This is why individual development planning and good coaching and mentoring conversations are so important. This is particularly pertinent in the CCG context where more formal 'management' structures don't exist and it can be challenging for doctors to get away from their desks.

²The 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.

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 can different work experiences help medical leaders develop

CONCLUSIONS

Let's talk about medical leadership roles in your organisation.

e kate.wilson@haygroup.com
t +44 (0) 20 7856 7240

e simon.bird@haygroup.com
t +44 (0) 20 7856 7305

Medical leadership development needs to address the shift in role from medic to leader, not just provide doctors with theory or technical knowledge.

Tackling key transition points can support organisations to take a longer term approach to addressing their medical leadership talent issues and ensuring they have the talent they need for the future.

At the same time, development needs to pay attention to how doctors are used to learning and to the nature of their working lives. This

means taking a flexible and personalised approach that combines more formal opportunities with experiences, on the job support and access to tools in their own time. On this basis, supporting existing medical leaders to coach and champion individuals as leaders as well as doctors, may be one of the most important areas to develop.

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