



Faculty of
**Medical Leadership
and Management**



HUNTER

Executive talent for the healthcare sector

WHAT MAKES A TOP MEDICAL DIRECTOR?

/ 2016

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/ Introduction

The role of NHS medical director became a statutory board position nearly 30 years ago, since when it has become highly complex, challenging and crucial to the continuing drive to improve the quality of care offered to patients. This report is a timely review of how the role has evolved and offers a template for the further development of this important position

The 2013 Francis Report¹ called for healthcare management and leadership to be treated as a profession, citing among the benefits enhanced recruitment and public assurance. The report commended the establishment of the Faculty of Medical Leadership and Management, which has done much to professionalise medical leadership and has addressed a recommendation of the 2015 *Report of the Morecambe Bay Investigation*², by developing clear national standards that set out the professional duties and expectations of clinical leads at all levels. Recent research suggests that greater medical involvement at board level is associated with higher quality, which underlines the importance of medical directors.

As roles evolve, it is important that the system takes time to reflect on progress and makes necessary improvements to enable optimal effectiveness. This report is a valuable part of that process and, while its findings are largely reassuring, the positive messages should not obscure the identified issues that may be impeding the work of many medical directors. It is pleasing to see that the average time spent in post is relatively high, given that performance and quality are helped by longevity in leadership.

The *HSJ* and Hunter Healthcare survey shows encouragingly high levels of enthusiasm for the role but workload, regulatory burden and political interference rank highest among the negatives – maybe it is time to do something about them? Competition remains low for medical leadership posts and there is a constant threat that directors might simply return to a clinical life if these concerns are ignored.

In short, medical directors, suitably equipped, are an essential part of a health service aspiring continuously to improve value and quality of care. This report indicates that the NHS is fortunate in having a highly engaged and positive cohort of medical directors. It also suggests that the NHS must back its repeated affirmation of the value of clinical leadership with action to allow medical directors to maximise their effectiveness.

Peter Lees, chief executive and medical director, Faculty of Medical Leadership Management



/ Executive summary



The medical director role is one of the most varied in NHS management and reflects the breadth of organisational structures across the health sector. It is also of great significance for the NHS as it looks towards its next generation of leaders

This report combines the results of a joint *HSJ* Hunter Healthcare survey of medical directors, including more than 50 conversations with medical directors working across acute, community and mental health organisations of varying size throughout the UK. Our focus was to begin to understand the common elements that make a top medical director, to gain insight into the everyday pressures these individuals face and ask how we might support the next generation of medical leaders.

We found the role is often shaped by the demands of the organisation. A medical director is much more than just a clinically informed voice on the board, whose role is to bring the front line of healthcare service into the boardroom. They provide key pointers for the strategic direction of the trust, particularly with regard to clinical practice, while communicating the strategic vision to frontline staff.

The best medical directors combine several qualities – personal resilience, integrity, honesty, openness and the ability to communicate effectively with a wide range of people from staff to patients and the public. They use these qualities to ensure that staff are engaged in the organisation’s vision and are able to create a culture of improvement.

However, given the importance of the role, there are impediments to the development of the next generation of medical directors. The majority of the medical directors we spoke to had set out on their careers with the aim of developing their clinical expertise. They become consultants within a given specialty, and often find themselves on the path towards becoming a medical director without having deliberately taken it. The route to being appointed on the board is not always actively pursued, with many of those interviewed commenting that opportunities simply arose or even that they fell into a particular role having being asked to help out.

Our survey found that 42 per cent of medical directors are in the job for between five and 10 years; 46 per cent last between two and five years. Although these figures could be seen as encouraging, more can be done to ensure the next generation of medical directors is primed to step into the role and prepared to stay there.



/ Medical director – clinician or manager?

Today’s medical directors must decide whether or not to continue with clinical practice alongside their board responsibilities and the decision is often influenced by many factors

Today’s medical directors face numerous challenges which, as Stephen Kratz points out in *The Changing Role of Medical Directors*³, is because they have an extensive range of responsibilities and a greater external focus with substantial involvement in strategic issues.

Far from simply representing a clinical voice on the board, the role is pivotal in engaging frontline clinicians to help create a culture of change. However, this inevitably means having a foot in both camps; being a credible clinician and at the same time dealing with numerous management challenges each day. Dr Barbara Buckley, medical director of The Ipswich Hospital NHS Trust, who has held medical directorships across acute and community providers, says no two days are the same and directors must be prepared to expect the unexpected.

Furthermore, many medical directors who responded to our joint survey with the *HSJ* described their role as being subject to the intricacies of the local health economy. They feel the role is shaped far more directly by the demands of the environment than is the case with any other executive position. In addition, the requirements of the role vary with circumstance, which has led to a lack of clarity for stakeholders across NHS organisations and uncertainty as to what to expect from their medical director.

This uncertainty can be mirrored by medical directors themselves with some being unsure of their role and what is expected of them. The biggest questions for many are whether they should maintain their clinical practice and what their priorities are. Our interviews found that there isn’t necessarily a right answer and there are pros and cons for maintaining clinical practice. Most of the medical directors we spoke to still practise, but this comes down to a personal decision influenced by a range of factors.

One disadvantage of maintaining a clinical role alongside a board level position is that it can lead to a fragmented working experience. Dr John Lowes, medical director of Torbay and South Devon NHS Foundation Trust says he regularly feels torn between the two, while Dr Steve Evans, medical director at Aintree University Hospitals NHS Foundation Trust, describes being “pulled in different directions”.

While many medical directors see maintaining clinical practice as the only way to remain credible among fellow clinicians and to keep up to date with patient care, others perceive juggling clinical work and leadership as a barrier to being able to give the board role their full attention. Some argue that clinical practice is simply a “comfort blanket”, representing familiar territory in contrast to the uncertainties of the board.

Writing in the *HSJ*⁴, Dr Oliver Warren and Dr Emma Stanton say: “We have had concerns for a while that there is an increasing shift to ‘do’ leadership by moving away from clinical work. This is clearly nonsense, with leadership being a set of skills, behaviours and values, not a job description. While you can, and perhaps should, take time away from clinical work to learn more about policy, strategy, management and business administration, these roles bring with them no more leadership challenge than clinical work does. We are wary of any suggestion that the way to improve healthcare in the UK is by moving driven and engaged doctors into full-time non-clinical work.”

Maintaining clinical practice

Most medical directors we spoke to are still directly engaged in patient care. Maintaining clinical work is a central part of their career; it is something they find enjoyable and intensely rewarding. Dr Clive Meux, medical director at Oxford Health NHS Foundation Trust, describes his clinical work as the “highlight of the week” as it provides a chance to work at the front line. Dr Meux says: “For me, maintaining one day a week of clinical practice is very important. It is of both a strategic and practical benefit. It gives you much better credibility and a stronger voice.”

Some 82 per cent of respondents said that a factor in improving job satisfaction was that they found the role of medical director interesting, with 64 per cent reporting that the work is challenging and rewarding.

Many medical directors expressed the view that a clinical focus keeps them balanced. Professor Kevin Hardy, medical director at St Helens and Knowsley Teaching Hospitals NHS Trust, notes that medical directors begin their careers because they want to practise medicine and that a certain level of clinical practice is



All high profile leadership roles are at times challenging, lonely and scary. Medical directors are, by definition, experienced clinicians, and accustomed to being quick problem solvers. There are many issues in leadership and management which do not lend themselves to quick solutions and you sometimes have to go to bed at night knowing that you have left a less than perfect situation which cannot be resolved as quickly as you would like. Furthermore, you bear the responsibility for the judgement call.

Faculty of Medical Leadership Management, Transitions, 2012

required to stay grounded and retain trust among colleagues at board level and throughout the organisation.

Dr Kanchan Rege, medical director at Peterborough and Stamford Hospitals NHS Foundation Trust, believes it is important to maintain first-hand experience of the front line to understand the issues facing the trust and provide some answers as to how they might be tackled. However, medical director at Rotherham NHS Foundation Trust, Dr Conrad Wareham, suggests medical directors should not practise just to keep up appearances, warning that trying to manage a clinical practice for which you have to constantly rearrange appointments around other commitments can be more damaging than suspending clinical activity.

So, medical directors can look to build credibility through effective communication. Dr Barbara Buckley observes that 90 per cent of the role involves talking to people, thus medical directors can retain a presence at the front line by spending time listening to their colleagues' concerns and seeking input.

Effective workforce relationships

Effective relationships with the workforce are a vital part of the role of medical director. Dr Peter Maskell, medical director at Kent Community Hospitals Trust says some doctors perceive the role as that of a trade union-style representative to argue the case for clinicians to the board. This is echoed by Dr Tony Berendt, medical director, Oxford University Hospitals NHS Trust. At times, even within his own team, he has felt like a "poster boy" for clinicians. The Faculty of Medical Leadership Management warns that it is not unusual for colleagues to see the medical director as their representative and, as such, accountable to them. "You are not but, neither will you last long if you do not command the respect of the medical body," the faculty says.

Dr Berendt believes such perceptions can be a symptomatic of a failing system rather than misconceptions by the doctors. He notes that an effective organisation should not have clinicians feeling sufficiently hard done by that they need a spokesman.

The survey showed many respondents feel maintaining clinical practice is more important for understanding the patient perspective. Dr Des Holden, medical director at Surrey and Sussex Healthcare NHS Trust, believes medical directors can be "powerful patient advocates". The ability to make a difference to patients featured strongly as a positive factor among respondents.

Keeping in touch with patients was one of the strongest arguments given for ongoing clinical work as the ability to cite personal conversations with patients will carry weight at board level. And being a patient advocate means medical directors play an important part in patient safety and creating a culture of zero harm. Dr Colette Marshall, medical director at Bedford Hospital NHS Trust insists that there should be a zero tolerance policy on harm and Dr Umesh Prabhu, who holds the role at Wrightington, Wigan and Leigh NHS Foundation Trust agrees that "safety is at

the heart of everything". The survey found the majority of medical directors (86 per cent) thought the most important focus for any NHS organisation board was achieving the delivery of safe care.

The Faculty of Medical Leadership Management is clear about the role of medical director in relation to patient safety.⁵ It says medical directors should recognise they are "the medical advisor to the board and accountable for patient safety and quality". The *Medical Leadership Competency Framework*⁶ says: "It is vitally important fact that doctors have a direct and far-reaching impact on patient experience and outcomes."

The faculty's *Leadership and Management Standards for Medical Professionals*⁷ articulates a set of core values and behaviours and says medical directors must motivate and inspire others to achieve high standards and improve services. The faculty is to launch certification of medical leaders this summer, allowing them to gain a qualification and benchmark themselves against approved standards.

Dr Steve Evans points out that clinical practice allows medical directors to maintain high clinical governance standards and also spend time working with the board and management teams to monitor standards of safety across the organisation.

Different organisations, different challenges

The opportunity to continue practising can depend on the scale of the organisation. Dr Andrew Catto, medical director at Heart of England Foundation Trust, previously held the role at the much smaller Airedale NHS Foundation Trust. He is well placed to reflect on the different opportunities in these contrasting environments. At Airedale, he was able to practise as a stroke consultant, build relationships with each of the 95 consultants in his charge and engage with stakeholders beyond the organisation.

But his move to a larger trust brought different challenges, since the Heart of England has three hospital sites, a community centre and a chest clinic and is staffed by more than 600 consultants. It would be a near-impossible task to meet each of those consultants personally, and effective oversight of the clinical delivery across such an organisation leaves insufficient time for direct involvement in patient care.

Local factors can also have a significant impact on the potential to continue practising alongside a medical directorship. As Dr Philip Mitchell at Lincolnshire Community Health NHS Trust says: "You have to think: what's in the best interest of the role?" and step outside to see the bigger picture. Helping one patient is rewarding, he says, but the medical director can help the whole patient population.

Dr Julie Hankin, a former psychiatrist, is medical director at Nottingham Healthcare NHS Foundation Trust. For the past two years she has also been national advisor for mental health at the Care Quality Commission. She feels this has changed her thought



processes and says: "I feel maintaining clinical practice would be an over-commitment. I don't feel removed from practice or out of clinical work. I believe being a medical director should be an end in itself and more support should be given to help prepare people for the post."

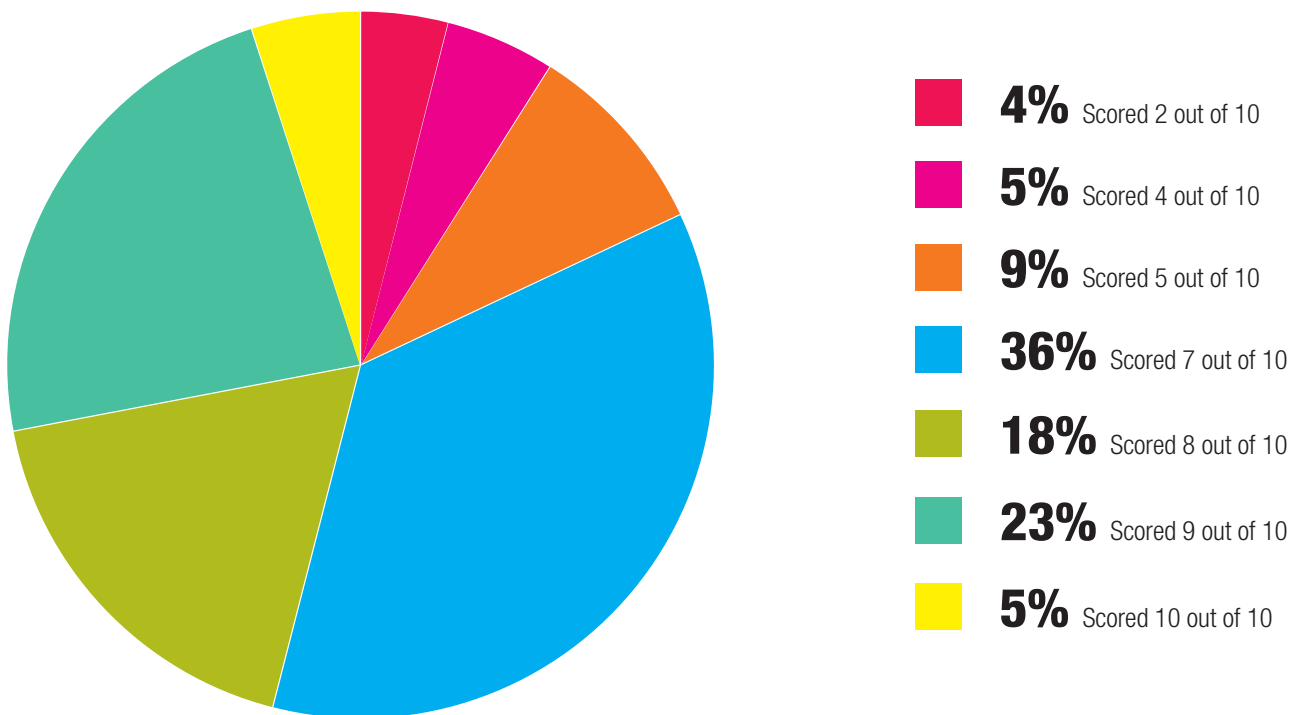
There are other aspects to maintaining clinical work that were mentioned by our interviewees. Some felt it helped them build external networks to enhance their footprint and influence over a particular health economy. In the academic field and in education, which can make up a significant part of a portfolio within university and teaching hospitals, both Dr Clive Meux and Dr Yvette Oade chief medical officer at The Leeds Teaching Hospital NHS Trust, believe that such factors are important to help establish credibility across a wider group of stakeholders.

Insight

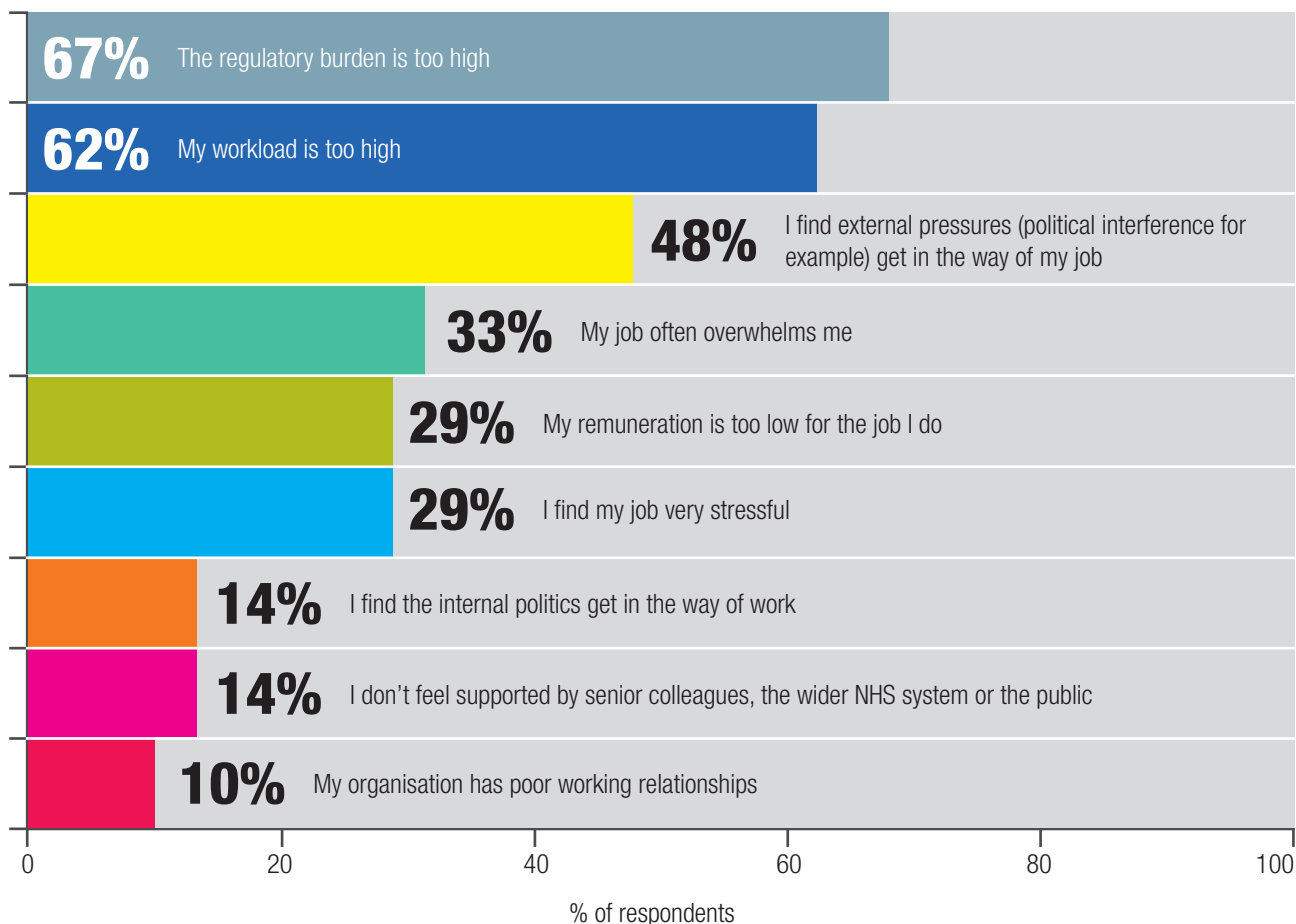
The decision about whether to maintain clinical practice is usually based on a number of factors, from personal preference to things that are outside a medical director's control, such as the size of the organisation. There are drawbacks in terms of being able to commit time and energy given the day-to-day demands of a board level position, and medical directors who still practise talk of being pulled in two different directions. However, the benefits are clear in terms of maintaining a link with the front line and being able to understand and promote the patient perspective.

Job satisfaction

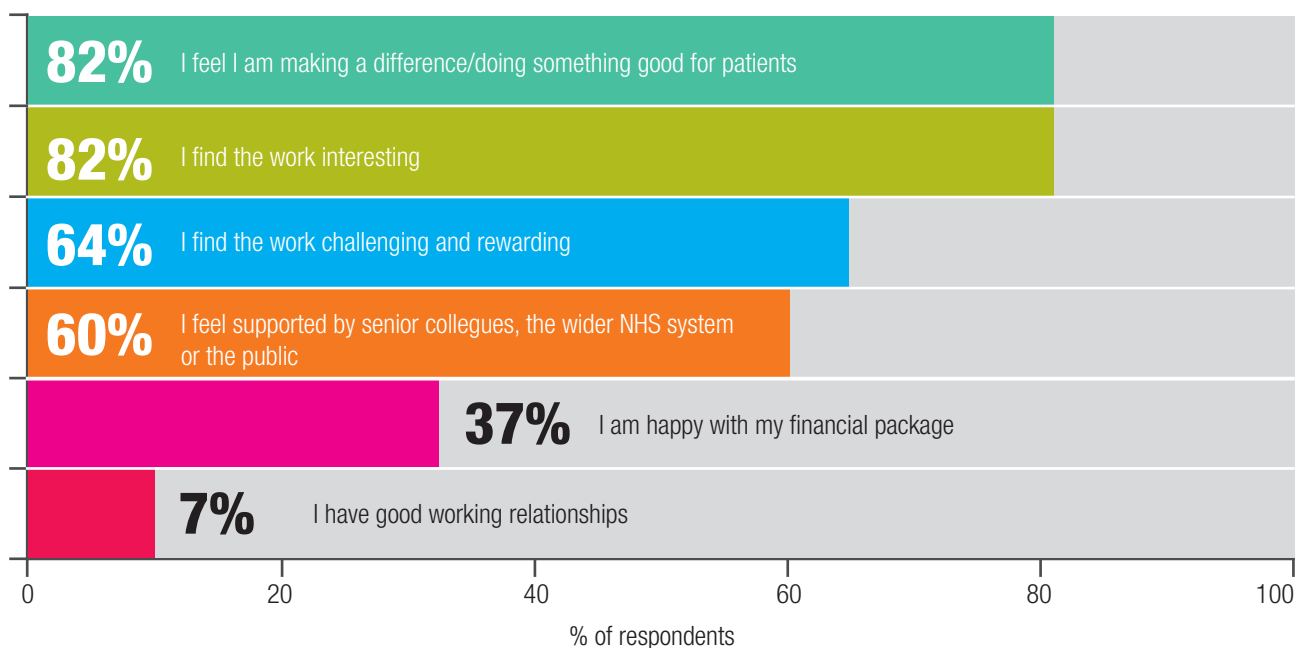
Survey interviewees were asked to give a mark out of 10



Which factors pull the job satisfaction rating down?



Which factors increase the job satisfaction rating?



/ Top medical directors – behaviours and qualities

The role of medical director is a complex and difficult one that isn't suited to everyone. The Faculty of Medical Leadership Management warns that all high-profile leadership roles are at times challenging and lonely.⁵ Medical directors therefore need a combination of qualities to be able to address and deal with problem as they arise

Personal resilience

Many in the job talk of the need for resilience because the role can lead to feelings of isolation and being pulled between factions – the board, staff and patients. Coping with long hours and a high workload inevitably take a toll and medical directors need resilience to make tough decisions, yet still remain respected in their role. However, being resilient is often not as simple as it sounds.

Aintree University Hospitals' Dr Steve Evans has been in medical director roles for about 10 years and says resilience also means having the ability to deal with complexity and to simplify situations. He says: "You need to have good resilience and not take things personally. Your experience is key to being effective. You need to have credibility with consultant colleagues – they have to understand that you have done it yourself and know where they are coming from."

In the *HSJ/Hunter Healthcare* survey, personal resilience came joint highest on the list of qualities needed to be a medical director. Almost half of respondents (48 per cent) said it was an important quality for the job they do. Dr Simon Constable, medical director and deputy chief executive at Warrington and Halton Hospitals NHS Foundation Trust believes patients need clinicians to be resilient, so patients can keep going and bounce back themselves. In terms of his own resilience he relies on family, friends and colleagues who he can have the genuinely honest conversation and not worry about what they think of you.

But some medical directors have few people to turn to for support or help in developing resilience. This is one area highlighted by Monitor and the Trust Development Authority in the 2014 report *Supporting the role of the medical director*.⁹ The report quotes one medical director who says: "Who can you turn to for support as medical director? I will be in the trust for many years to come and will still have to work with my clinical colleagues, who are impacted by every decision I make, come what may, whereas my director colleagues will move on."

Integrity

Other qualities, such as integrity, are exhibited by top medical directors. This means behaving in an open, honest and ethical manner. According to the Medical Leadership Competency Framework, doctors show leadership by acting with integrity. Upholding personal and professional ethics and values while taking into account the values of the organisation and respecting the culture, beliefs and abilities of colleagues are all important in this. The Faculty of Medical Leadership Management advises that qualities like integrity have to be worked on. "Leaders are constantly on show and success or failure depends on how others see you. Many of the essential prerequisites such as integrity, trust, respect are hard won, take time and are much easier and quicker to lose."

Honesty and openness

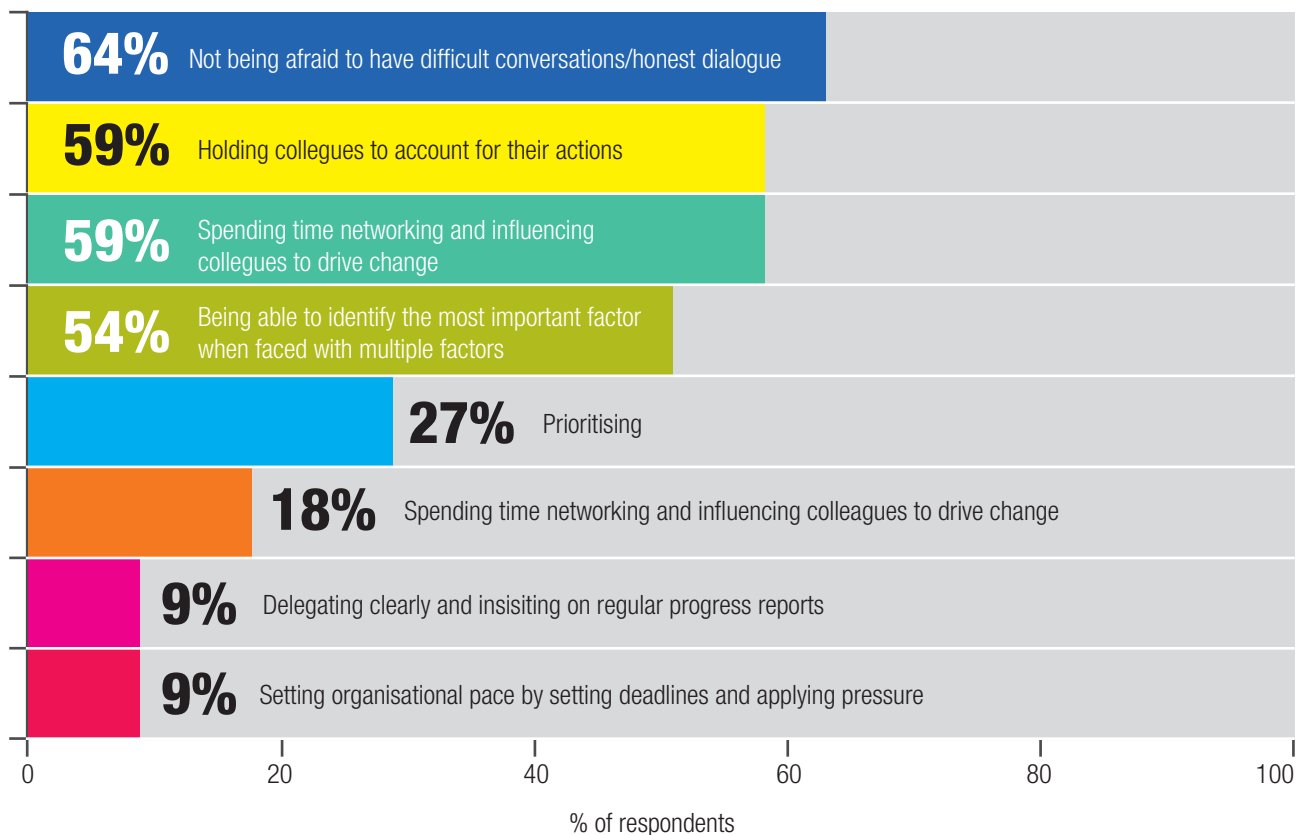
The need for openness and honesty was mentioned by many of the medical directors we interviewed. They recognise the importance of the medical director gaining trust of the staff by being honest. Dr Clive Meux says: "When you meet colleagues you're a bit of a grey man, calm, statesman like, important, collaborative and positive. You take fire from emails or comments and show the highest possible level of moral behaviour. You need to be honest at stakeholder meetings and presentations. Sometimes, though, honesty doesn't go down too well."

Communication skills

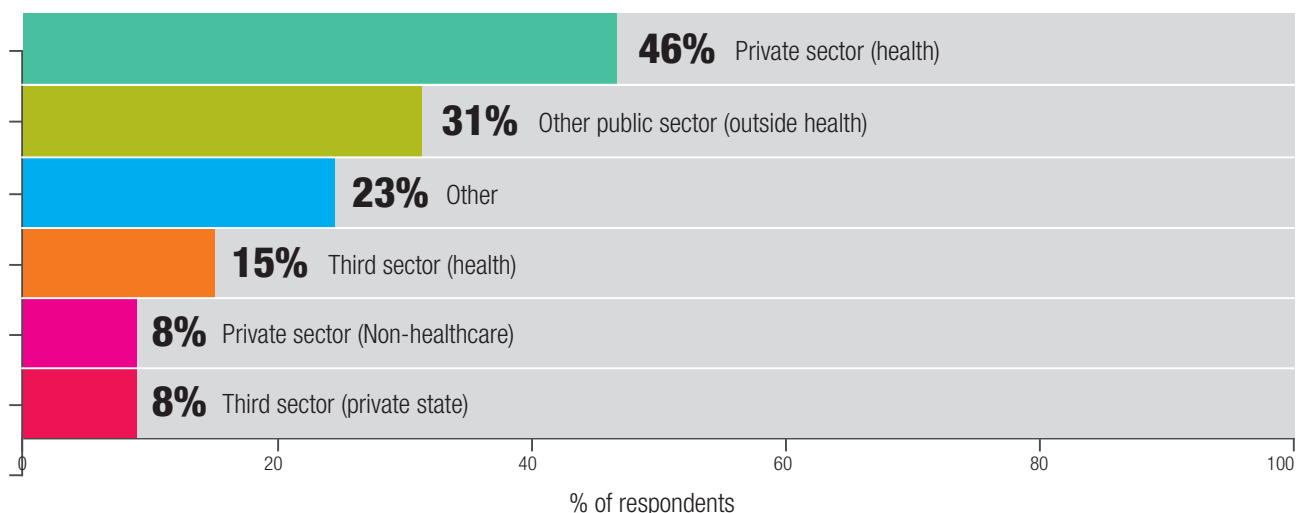
Being a good communicator is an important trait of a top medical director. One in five respondents to the survey identified this as an important quality. Medical directors are integral to communicating the trust's vision. According to the NHS Leadership Framework, leaders such as medical directors must communicate their ideas and enthusiasm about the future of the organisation and its services confidently and in a way that engages and inspires others. Inspiring others was the joint-highest quality needed for a medical director according to the survey. "I can inspire others" was chosen by 48 per cent of respondents.



Identify the management approaches you consider most important for the job



Have your previous roles included any of the following sectors?



Dr Robert Talbot, medical director at Poole Hospital NHS Foundation Trust, agrees that being a good communicator is a critical quality. He says: “You have to be able to communicate well with people, be open to listening. I sometimes have to make decisions that make me unpopular.”

Bedford Hospital’s Dr Colette Marshall adds a further dimension to the challenge when she talks of the public-facing part of the role. “This is a relatively new aspect of the job that we are having to get used to because many of us haven’t had much experience communicating performance to the public,” she says. Dr Peter Maskell of Kent Community Hospitals Trust agrees, saying the external-facing role is crucial when getting patients and the public to buy into a future vision.

An example highlighted by the Leadership Framework is an associate medical director who had to rely on his communications skills to ensure colleagues were implementing basic procedures such as World Health Organization checklists. The existing climate was one where staff failed to recognise the importance of the issue. The associate medical director used meetings to reinforce the message, at which real stories could be shared to highlight the impact of non-compliance on patients. The approach resonated with the target audience and contributed to improved compliance data, with 95 per cent of WHO checklists being used effectively by staff.

Listening well, is part of the communications process. Dr Christine Blanchard, medical director at Salisbury NHS Foundation Trust, says: “You’ve got to be a good listener and take on ideas even if you don’t agree.” Professor Kevin Hardy at St Helens and Knowsley Teaching Hospitals, says: “You need to be able to listen. People will only get on board with a broader vision if they feel as though they are being listened to and are an active voice in the process.”

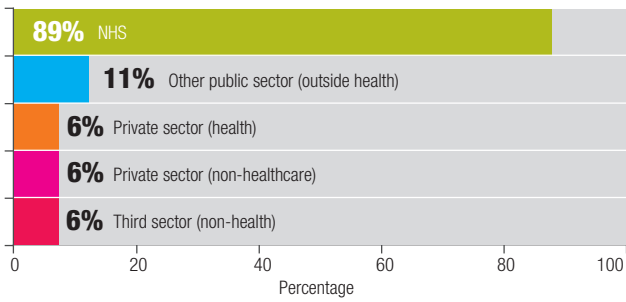
Compassion

Compassion was also identified as fundamental leadership quality by many of those we interviewed. Dr Umesh Prabhu at Warrington, Wigan and Leigh talks specifically about kindness and compassion as a way to engage more broadly with staff. “Staff really want to do their best. You need an organisation that has a values-based staff body, which means that as a medical director you also need to be close to staff, praising them and acting with kindness and compassion.” Other medical directors talk of empathising with staff and patients and how this is now becoming the driving force for change and transformation within the NHS.

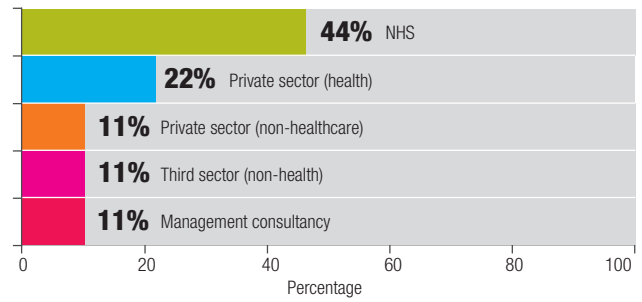
In *Building and Strengthening Leadership – Leading with Compassion*⁹ NHS England says: “A leader displaying compassion will win the respect of staff and allow them to deliver good-quality care and feel more aligned with the organisation’s objectives. The leader will be more credible, more authentic and more likely to be followed.” It calls for leaders not to sit back but to take personal action to push compassionate leadership beyond being merely a worthy idea.



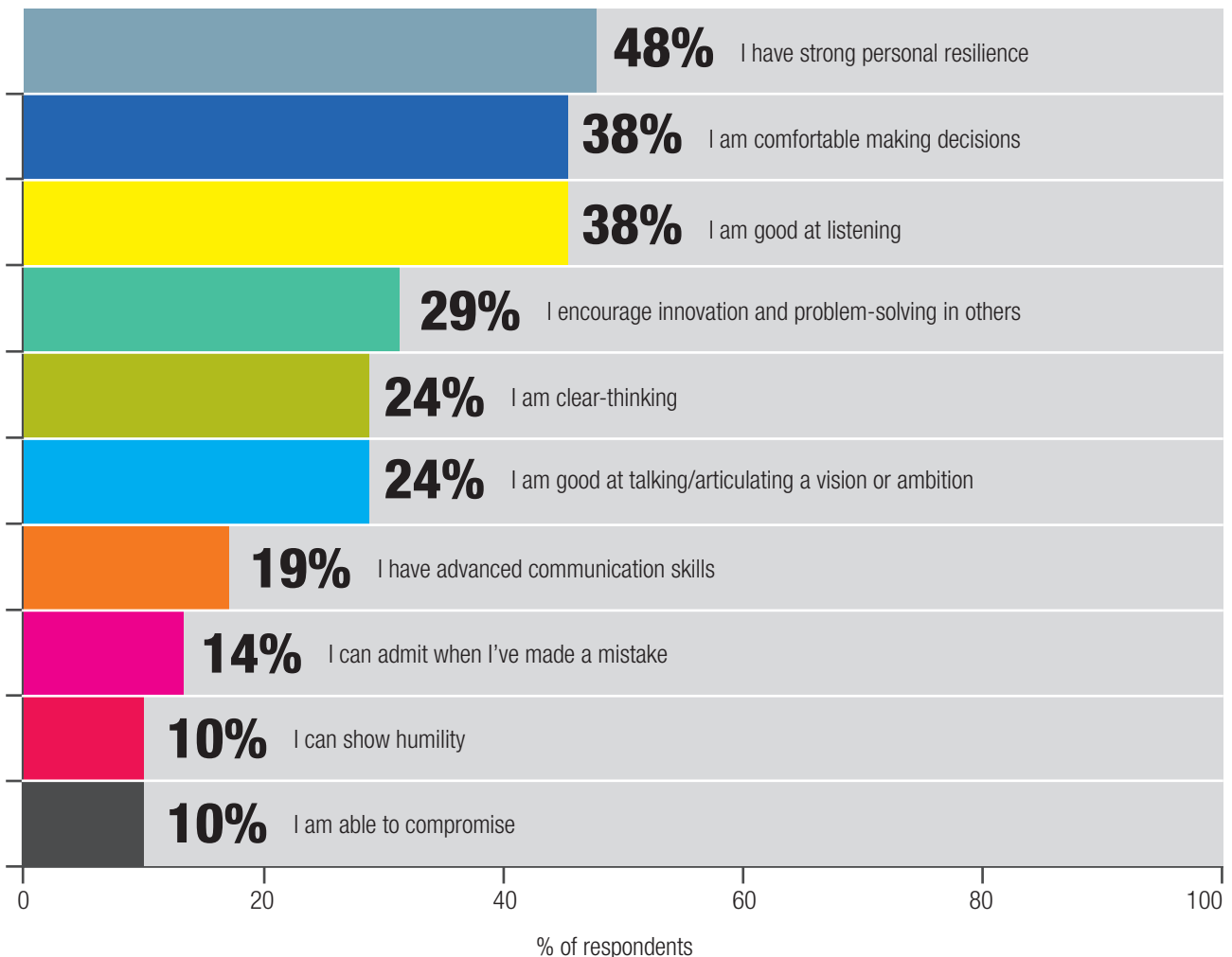
Which sector have you found most enjoyable to work in?



Which sector have you found least enjoyable to work in?



Identify those qualities you consider make you most suitable for your job



/ Using qualities and skills to create an improvement culture

Research suggests that doctors have the most influence when it comes to implementing operational changes that can lead to improved performance

In *Engaging Doctors, Can doctors influence organisational performance?*¹⁰ the authors suggests failures in care are often blamed on inadequate medical leadership, poor communication, disempowerment of staff and patients and a disconnection between doctors and managers. Without doctors, attempts at radical, large-scale change are doomed to fail. Lord Darzi's 2008 review of the health system in England, *High Quality Care for All*¹¹, makes the case for clinicians, particularly doctors, being more engaged in leading service improvement.

Being able to engage others in service development means relying on finely tuned communications skills and being able to inspire staff, whether this is by displaying integrity, honesty and openness or by showing compassion. However, the results of the joint *HSJ* Hunter Healthcare Survey show that medical directors still have some way to go to understand their impact in this respect. Just 18 per cent of respondents said that they believed spending time networking and influencing external contacts to drive change was an important management approach for their job. This may be because it is perceived as a one-way process and rather than expecting doctors to step up, the senior executive team should be providing opportunities for doctors to play this important role in engagement.

Writing in the *HSJ*, the King's Fund's Vijaya Nath and John Clark say: "Medical engagement should be about changing the culture of a practice, department, service, hospital or system, so that doctors are actively involved in management and leadership, and executives genuinely encourage doctors to lead improvement initiatives. Essentially, it is about getting doctors to become more like shareholders than stakeholders."

This, in turn, means they are also on a sound footing at management level and not just seen as a staff representative on the board, as suggested by some of the medical directors we interviewed. Far from leadership and the improvement of health care being led just from the top and the trust board, the Medical Leadership Competency Framework indicates that doctors need to become more actively involved in the planning, delivery and transformation of health services as a normal part of their role in today's healthcare.

Such engagement is relatively new for many healthcare trusts and needs constant reinforcement and support so that trusts do not simply slip back into their old ways. It is here that the medical director can really help to drive improvements and culture change, by gaining the respect of the staff and ensuring they are actively involved in any transformation.

Simon Holmes is medical director at Portsmouth Hospitals NHS Trust. He says: "I think that people now recognise that the best changes are clinically led because you won't make any changes without clinical buy-in. In this hospital we set up a development program for young consultants, which goes on for about six months. The program develops young consultants in management techniques, and gives them more knowledge on management roles."

The Faculty of Medical Leadership Management has stressed the importance of good communications skills when it comes to creating a culture of improvement. It calls on medical directors to be true leaders and show the leadership that patients deserve, the organisation needs and the profession expects. "Communicate, communicate, communicate. Never underestimate the power of talking to people."

Dr Peter Maskell says it is vital to be as responsive as possible. He says: "You need to make it obvious why you make decisions and communicate as much as possible." Dr Maskell does this by meeting teams regularly, writing a blog and going to departmental meetings whenever he can. He feels that in some ways medical directors are so bogged down dealing with internal firefighting that they don't have time for the bigger picture. He says: "Bring it back to the patient and make it clinically focused, it's as simple as that. If you put the patient first and actually mean it then people will take it."

Good communication skills are useful in many respects, but particularly when it comes to ensuring the board is aware of poor performance issues without creating a stir or a panic. This can be a two-way challenge, with medical directors often being the first port of call when the board has a specific concern. Being able to interpret data and explain them in a way that is meaningful is therefore important. This is not always straightforward because it



means exercising judgement in areas where the medical director may not have expertise, but they still have to gain the confidence of the board and the consultant body.

Cultural legacy

The Medical Leadership Competency Framework (see box) aims to ensure doctors become more involved in the planning, delivery and transformation of health services as a normal part of their role. The aim of the framework is to change the culture of medical engagement and influence the next generation of doctors to view engagement and leadership as part of their working lives.

In common with this, the medical directors we spoke to hope to leave a culture of improvement within the NHS. This means that well as ensuring they leave a legacy of safe and improved patient care, they want to see doctors speaking about working for a given organisation, retaining a sense of pride in where they work and the role they have there. Dr Philip Mitchell wants to leave his organisation in a better state than he found it as one that is open to learning.

Through this cultural transformation we should see doctors more engaged in the running of their organisations and therefore enabled to innovate and deliver the highest quality of care possible. Dr Steve Evans says that as well as leaving behind something that is tangible and measurable, he would like to see a culture that will allow this to carry on. He says: "I want to leave behind a system with plenty of clinical engagement, getting doctors involved – it is really important that this continues."

Dr David Fearnley is medical director at Mersey Care NHS Trust. He leads on innovation work and has tried to build global partnerships on innovation. He wants to bring in clinicians on exciting programmes and to give people opportunities to do something different. He is keen to leave this as a legacy and is would like it to be carried on after he leaves.

“ I would like to lead by example. I would like to encourage people to follow and build on the things I’ve built up. I want someone to succeed me and advance my progress

Dr David Fearnley, medical director, Mersey Care NHS Trust

The Medical Leadership Competency Framework

The Medical Leadership Competency Framework was jointly developed by the Academy of Medical Royal Colleges and the former NHS Institute for Innovation and Improvement, in conjunction with a wide range of stakeholders. It describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of healthcare services.

While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is vitally important that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and therefore have an intrinsic leadership role within healthcare services. They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. The development of leadership competence needs to be an integral part of a doctor’s training and learning. The framework is intended as an aid and driver for this and to enable a doctor in the NHS to be a practitioner, a partner and a leader.



/ Engaging staff in the strategic vision

The key to being a successful medical director and being able to drive change lies in building successful relationships with staff

Research has found clear links between performance and good medical engagement. Poorly performing trusts report significantly lower levels of engagement.

The Kings Fund has found that the most important determinant of an organisation's culture is current and future leadership.¹² A collective leadership is crucial and everyone must take responsibility for the future of the organisation. Staff engagement is critical to this and can be established with high levels of debate, discussion and dialogue to ensure that everyone understands and can commit to improving healthcare. The Kings Fund has also found growing evidence to show that there is a direct correlation between medical engagement and clinical performance.¹³

The amount of effort needed to engage with medical colleagues and other staff will vary between trusts and often depends on whether the director is an internal or external appointment and also on the size of the trust.

Being visible and available for staff are two very important areas to the directors we spoke to, yet if the director's trust operates over several different sites, this poses a bigger challenge than for a medical director in a smaller, single-site trust.

For a medical director who has been externally appointed, there is extra work to do to gain the trust of staff. Dr John Lowes at Torbay and South Devon says: "Some of my colleagues would view someone coming from the outside with a high level of suspicion. Consultants generally see professional medical leaders as a necessary evil."

He says an externally appointed medical director will need to rely on a different skillset, needing to be more charismatic in order to attract and encourage followers without prior relationships. But while internal candidates may not necessarily need to win people over, it is easier to develop collaborative leadership. The flipside of that, however, is that you have come out of the consultant body and it will be seen that you owe an allegiance to that body.

Coming in to an organisation as an externally appointed candidate can present some significant engagement challenges. Dr Celia Skinner observes that coming into any trust is not a blank slate and there is often a series of difficult decisions required, including sackings and other organisational reshuffles that are always unpopular – these decisions rarely leave anyone feeling engaged. Added to this, the expectations of the board about what needs to be done can often be at odds with what a medical director wants to do.

Most of the medical directors we spoke with mentioned that credibility with clinical colleagues was underpinned by visibility and being accessible and approachable. Dr Tony Berendt echoes this point, pointing out that you can't achieve assurance through reports and audits but through "physical presence and trust".

Dr Christine Blanshard at Salisbury seeks to improve engagement within her team through combined walkabouts with the chief nurse in particular, demonstrating both a unified executive team and also an approachable model for leadership. Initiatives like this are mirrored by other medical directors we spoke to, each arguing that communicating and engaging with staff was more effective for establishing credible leadership over a clinical practice.

However, this physical visibility is not always possible, particularly in larger organisations. Dr Celia Skinner reflects on her experience as deputy medical director at Barts Health NHS Trust. She says: "How can you really display effective, visible leadership across seven sites?" Dr Andrew Catto, believes the only way to establish credible leadership across multiple sites is to delegate responsibility to others effectively. "You don't know what you don't know and you need to be comfortable with the unknown and trust the team," he says.

The most important element of delegating leadership is the sharing of values. A medical director can be equally as visible through the establishment of a collective set of values as they can through their physical presence.



One of the principal concerns throughout our interviews was the impact of negative culture across NHS organisations in recent years, leading to problems with staff engagement and creating more risks of harm. Many of the medical directors we spoke to insist the system – in its present incarnation – is restrictive with regard to the development of doctors. This system-wide malaise has, as Dr Conrad Wareham notes, caused a weariness within organisations whereby the staff retreat from engagement and are more liable to resist possible changes. To tackle this, he argues, requires great persistence and resilience to reassure the workforce and get them on side.

According to the latest NHS Staff Survey, levels of staff engagement have increased, but it's not all good news – 41 per cent would still not recommend their trust as a good place to work and 57 per cent say they are unable to meet the conflicting demands on them at work. Bullying is also still a factor, with 13 per cent of staff feeling that they have been bullied by their managers this year, while only 56 per cent say they feel that they have been able to contribute to improvements at their trust.

Professor Michael West, head of thought leadership at The Kings Fund, says in his blog: "Leaders play a powerful role in shaping cultures and when their behaviour is less than

“ This compassionate style of leadership is required at every level of the system. Bullying at senior levels, as we know, can be replicated up to five levels down in organisations. So compassion will similarly be replicated if it is established as the dominant style of interaction. Of course there are tough situations to face alongside financial pressures, but then all the more reason for listening, understanding, empathising and taking intelligent action to help at every level”

Professor Michael West, head of thought leadership, The Kings Fund

compassionate they contribute to a drift in culture that produces the disheartening results in the NHS staff survey.

Workload can be a limiting factor when it comes to fulfilling the duties of the medical director, especially in terms of staff engagement. In the *HSJ* Hunter Healthcare survey, 62 per cent of medical directors found workload to be a negative aspect of the job. The endless list of items that require attention takes away from the time to commit to the wider networks and engaging staff.

Engaging the clinical workforce can also be hampered by dealing with difficult and sensitive cases and maintaining sufficient engagement with junior colleagues to be in position to nurture the next generation of leaders. This engagement is often made more difficult as some clinicians struggle to see the bigger picture. Dr Robert Talbot observes how delivering high-quality care needs the clinicians to be engaged in quality governance. Some medical directors have tried other ways to engage staff, such as getting the more junior clinicians involved in serious incident reviews to give them greater insight into the wider challenges.

Case study - Heart of England NHS Foundation Trust

Dr Andrew Catto sees getting clinicians and staff onside as crucial – and also one of the biggest challenges. At the Heart of England NHS Foundation Trust he ran a “Back to the Floor” initiative, with executives spending some time doing the jobs of porters and domestics. Although there were concerns that staff would think it was just a stunt, the project was successful. By getting back to the floor, executives got a sense of the procedures that staff had to follow and also the standards of training.

Staff listening events also took place for medical staff. No doctors turned up to the first one and it was difficult to get them engaged, but gradually the word spread and the second event attracted around 130 of them. The events covered what they liked and didn't like about working at the trust and what they would do differently if they were in charge.

He has also put a medical leadership programme in place.



Supporting the next generation of medical directors

While the leadership culture is gradually changing within NHS trusts and clinicians are coming to the fore as managers, it is still apparent that there is not enough support for, or clear definition of, the role of medical director to encourage the next generation to take up the challenge

Medical directors are often expected to take on a management role without the necessary tools, such as proper management training, to do the job effectively and with confidence. Being a good clinician doesn't necessarily mean you will be a great manager.

Doctors moving into leadership need to be given the same development opportunities and management training as their management counterparts – for example, around self-awareness, communicating with and leading with others, understanding their impact on others, working within teams and understanding systems and processes in the context of the NHS.

Many of the medical directors we spoke to describe an initial lack of confidence when taking on the role, as well as difficulty in knowing how to resolve conflict. Despite the role of medical director being a pivotal one for every trust – ensuring engagement between staff and the board to create a culture of improvement – the majority describe their experience as having learned on the job. In terms of training, Dr Clive Meux says he didn't really have any coaching and, although he had a range of mentors, there was no leadership training so he "picked it up as he went along".

Some medical directors did have mentors or coaches, but many felt isolated, unsure how they were supposed to carry out their job. Others felt they needed lessons in teamwork or how to challenge board members successfully. HR issues too involve specific protocols and guidelines, so the help of relevant professionals is needed.

Dr Des Holden at Surrey and Sussex Healthcare NHS Trust says most aspects of the role are pretty intuitive, apart from those relating to HR. He says: "I had difficulty with some HR issues because lots of HR processes didn't appear to be intuitive. You need to make sure you have access to a good HR director. HR problems are the hardest to get right. They are the most energy sapping and challenging, and can last years."

One medical director says that while she knew her competencies as a clinician, when it came to taking up the role of medical

director she had doubts about her legitimacy. She says: "It took me a while to realise that there wasn't someone saying you can and you can't, and that I could just get on with things. I was constantly wondering if I was allowed to. Giving myself permission to do that was an important step forward for me."

Monitor⁸ suggests that those in the post of medical director come to it to drive improvement to services and patient care on a larger scale and to ensure a stronger clinical voice on the board across organisations and in local health economies. But for some, building that stronger voice can pose a challenge, when even the corporate or management language of the board poses a barrier. Miss Jane Wilson, medical director of Kingston Hospital NHS Foundation Trust, says there is a lot of management language where you can understand the word but not necessarily the context, which can be an obstacle.

Dr Julie Hankin at Nottingham says: "More support should be given to prepare people for the post. How do you constructively challenge each other as executives while maintaining the feeling that you're still a team?" Her own experience was that it wasn't immediately obvious how to do that.

According to the NHS Confederation¹⁴ new approaches are needed to ensure that the role of medical director becomes a viable career. It suggests that if doctors are to be attracted to senior management roles, more effort should be made to communicate the positive aspects of the role to junior doctors – for example, highlighting to junior doctors that becoming a medical director would give them the opportunity to shape organisational strategy and improve patient care.

While the job can be stressful with a high workload, medical directors believe that they can and do make a difference to patient care. So why is it so difficult to encourage junior doctors on to the board? Dr Christopher Burton, medical director at North Bristol NHS Trust, believes the problem lies within the system.

Dr Philip Mitchell believes that in order to have effective recruitment you need to build the right jobs for talented people



We need to encourage people to do the job. Doctors have protected jobs for life. I hear this conversation and an anxiety that medical directors have. Being a doctor at senior level doesn't give you skillsets to be a director of a large company

Dr Christopher Burton, medical director, North Bristol NHS Trust

to flourish in, with effective coaching – not just for the executive team but for people in all different levels of leadership. His community hospital is in a rural area and he says there is no significant pool of candidates because of the low number of doctors. “Currently there is no obvious framework for support into the medical director role. We need effective deputisation but this needs time dedicated to development and will detract from key clinical time.”

The NHS Confederation has found that the role of the medical director is extensive and in some cases could be too much for one person. It suggests that the level of support provided is crucial to determining effectiveness, including everything from high-level support from other managers and associate directors to basic back-office and admin support. However, little has changed since the NHS Confederation published its findings in 2009.

The findings of the *HSJ* Hunter Healthcare survey back up the assertion made by these medical directors about the lack of support. While 59 per cent of medical directors surveyed say they felt supported by colleagues and the wider system, 14 per cent feel they get no support at all.

“ Compared with many other executives, you don’t have a huge team working for you. The chief operating officer, director of nursing and HR all have big teams, whereas I have four part-time associate directors. Producing the work for the board is difficult and it’s really hard to feed the beast. Ideally, I need more people reporting to me

Dr John Lowes, medical director, Torbay and South Devon NHS Foundation Trust

According to Monitor the role of medical director is critical to delivery of a revamped, effective and responsive healthcare and will gain more importance in the years ahead. It suggests that those entering the role will need increasing support and development as it continues to change.

This need for support has not been entirely ignored and it seems measures are being put in place in many trusts now to ensure medical directors no longer feel alone or isolated in their post. Many of the interviewees spoke of nurturing and mentoring clinicians to ensure they are there to provide support and ready to take over in the role.

One medical director says: “I am interested in nurturing clinical colleagues because I’m struck by the fact that at the trust where I work in, three of my predecessors were external. It makes me worry that we’re not developing medical directors in our own organisation. I do think there are people within the organisation who need the development to become our leaders of the future.” She says the trust has introduced active recruitment for medical directors whereas previously they were simply appointed.

Dr Clive Meux also says that his trust focuses on nurturing leadership with succession planning with a deputy. “You need to put effort and energy into that deputy as they will be appointed your successor. I have someone younger than me who I have mentored and who wants to be chief executive. We have appointed three associate clinical directors and clinical associate medical directors alongside associate medical directors. It helps with succession and if they want to step up.”

Dr Robert Talbot says that while there was no coaching or mentoring for him in the early days, the trust now looks out for people who are potential leaders and sends all clinical directors onto the organised Kings Fund training programme. Dr Andrew Catto thinks it is vital that doctors secure management qualifications at an early stage, which so far isn’t covered in normal training.

At his trust Dr Andrew Catto has put in place a medical leadership programme and has set up a collaboration with Warwick Business School. Currently there are 140 staff on the course, not just junior doctors but also more senior leaders, including himself. He has also expanded his leadership team and currently has three deputy medical directors and five associate medical directors. He says: “It



is a big medical leadership structure but it needs to be in such a large trust. There is plenty of deputisation.”

But there are those who feel that, although change is being made, it’s not happening quickly enough and more needs to be done. Dr Celia Skinner feels a more systematic approach is needed. She says: “We need a process and a job description. There isn’t enough management in the curriculum for SPR training and there is pretty much none in undergraduate training. Given there is likely to be a leadership involved in these roles it is important that training starts early, which it currently doesn’t.”

Dr Umesh Prabhu believes proper leadership skills are vital and wishes he had had more advice and training before taking on the medical director role. He would have liked to have more support in how to be a team worker and inspire others. He now offers eight-day training courses for his staff.

He says: “Fundamentally we appoint leaders because they come forward but we need to support leadership training and feedback. We also need better role models – at the moment people look up and think ‘I’m not like that’. The cultural barrier needs to be overcome and we need to break down that medical-management divide.”

He adds: “We are appointing for technical skills not for values and leadership skills. Consultants who are leaders often don’t want to be leaders. There aren’t enough medical directors being nurtured into their role.”

It has been suggested that the UK can become an exemplar in medical leadership and development, with international research showing that few countries have made more progress than the UK. However, Dr Conrad Wareham says he found a vast difference in the approach to leadership training during a four-year stint in Australia.

As medical director of a network of hospitals in Adelaide, he was provided with a leadership training programme by the Royal College of Medical Administrators. He says: “In Australia there is a specialist register for those who enrolled in the Royal College of Medical Administrators. I had a college-appointed mentor and a personal mentor and both were quite truly inspirational in me developing my style of delivery.”

The underlying message is that medical directors are creating opportunities to engage clinicians and get them involved in innovation and change. The challenge in this regard is creating a space for leadership training into the job portfolios while balancing out an already-stretched roster. The challenge for the medical director is to ensure the organisation can fulfil its duty of care to the patients while keeping an eye on future care delivery by investing time and resources on the next generation of clinical leaders.

It is no surprise that given the pressures of the job in terms of workload and ensuring patient safety, some medical directors feel their only legacy could be to get out unharmed or to make sure that the organisation didn’t hit the buffers on their watch. Part of the legacy also looks towards future appointments. Dr Umesh Prabhu wants to see greater focus on more qualitative skills more than purely technical abilities. This process would be more effective in bringing in clinicians who are more in line with the values of the organisation overall but also to offer a better means of identifying future leaders. As Dr Prabhu says: “The best leaders don’t always want to be leaders.”



/ Conclusion



Our interviews and the results of the *HSJ* Hunter Healthcare survey have sought to establish what makes a top medical director. We have found that the role is unlike any other within the NHS and varies from one organisation to another. However, that hasn't prevented us from finding common qualities, behaviours and skills exhibited by the best medical directors

We know that qualities such as personal resilience, integrity, honesty, openness and the ability to communicate effectively are all important, but it is how these different ingredients are brought together by successful medical directors that makes the difference.

Top medical directors are able to engage staff, the board and patients by taking them on an improvement journey that more often than not leads to a cultural change within the organisation. This improvement culture is sustainable and reaches every layer of the organisation.

However, we also know that even the best medical directors need support and that the next generation needs to be encouraged and nurtured. Medical directors have told us about the mistakes of the past, which have included a lack of support and being appointed simply because they are considered bright.

There is plenty we can do to support our medical directors. We have to create a situation where the roles are considered credible career routes with a future that is inspiring enough to attract new talent. The role is too critical for the future of the NHS for this call to be ignored any longer.



/ References

- 1/ *Final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry.* Francis R, 2013
- 2/ *Report of the Morecambe Bay Investigation.* Kirkup, B, 2015
- 3/ *The Changing Roles of Medical Directors.* Kratz, S, American College of Physician Executives, 2007
- 4/ *The seven habits of emerging medical leaders.* Warren, O and Stanton, E, 2012
- 5/ Faculty of Medical Leadership and Management: Transitions – Medical Director, 2012
- 6/ *Medical Leadership Competency Framework.* Academy of Royal Medical Colleges and NHS Institute for Improvement and Innovation, 2010
- 7/ *Leadership and Management Standards for Medical Professionals.* Faculty of Medical Leadership and Management, 2015
- 8/ *Supporting the role of the medical director.* Monitor, 2014
- 9/ *Building and Strengthening Leadership – Leading with Compassion.* NHS England, 2014
- 10/ *Engaging doctors. Can doctors influence organisational performance? Enhancing engagement in medical leadership.* Hamilton, P, Spurgeon, P et al, 2008
- 11/ *High Quality Care for All.* Darzi, A. 2008
- 12/ *Developing collective leadership for health care.* The King's Fund, 2014
- 13/ *Medical engagement – a journey not an event.* The King's Fund, 2014
- 14/ *The Future of Leadership: the role of the trust medical director.* NHS Confederation, 2009



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