HayGroup®

THE DOCTOR WHO TOOLKIT

EPISODE TWO: UNDERSTAND THE GAP

KNOW: HOW TO IDENTIFY WHO YOU HAVE AND WHO YOU NEED

When it comes to 'knowing' who your potential future leaders are, medical leadership poses some specific problems.

First, access to people. Without traditional line management structures, it's far harder to create a systematic picture of who's interested in these roles and where their skill gaps lie. Secondly, the lack of a medical leadership development tradition. Quite simply, it's not the norm for existing medical leaders (formal or informal) to have conversations with trainee doctors, new consultants or GPs to consider whether they would be interested in a leadership role and what it might mean for them.

Existing medical leaders are busy people and it's tricky for them to really invest the time needed here amongst multiple urgent priorities. Others, while very clear on what excellent medical practice looks like, may find it harder to identify and assess leadership potential. Where this does happen, our clients tell us few have collective conversations with colleagues about what this means in practice for managing succession risks.

This results in two things:

1. It makes long term planning tricky. This feels risky given the size and importance of medical leadership roles (clinical engagement is going to be critical in delivering the transformation the NHS is grappling with).
2. Focus tends to be on those who put themselves forward or are in direct line of sight. You could, therefore, be missing real potential and in particular, real potential that looks a bit different from the traditional.

In this, the second episode in our *Doctor who toolkit*, we focus on the second component in the So-Know-Grow-Flow framework for talent management and succession planning. **Know – understand the gap** addresses how you can identify potential future medical leaders and their development needs in a way that allows you to plan for the future.

IDENTIFYING THE GAPS: WHAT DO WE ALREADY KNOW?

We're not starting from scratch here. We have a wealth of data to help us think about what great medical leaders do and where those new to medical leadership tend to struggle.

This includes data from the NHS Leadership Academy's Top Leaders diagnostic and CCG Accountable Officer and Chair assessment processes, alongside our experience of working with medical leaders and in particular new doctors. While this is no substitute for local analysis, it provides us with a good starting point for thinking about potential talent gaps.

From our analysis of this data we found that medical leaders tend to be:

- intellectually robust and have a strong intellectual understanding of the broad policy context they are working in
- enthusiastic and resilient
- focussed on results, keen to get things done and often challenging the 'system', bringing a different perspective
- notably stronger than their non-clinical counterparts in their focus on patients and capacity to take complex managerial situations back down to the level of patient impact.

At the same time, we found some common development areas for medical leaders:

Understanding of how to 'get things done'

Medical leaders tend to be limited in their thinking around how to 'get things done' within organisations and systems without doing it themselves. This ranges from the practical tasks – how to structure and plan activity, run meetings and manage governance and financial processes – to the behavioural: understanding the political and human dynamics of change.

Focus on doing rather than leading

Medical leaders tend to be narrow in their use of different leadership styles. As we just mentioned, they often rely on doing things themselves or leading by example. This means they focus on getting the job done, rather than on influencing or working through others. Therefore their approach to influencing, building teams, inspiring others or managing conflict tends to be less developed. By contrast, the best medical leaders from our research use a range of different leadership styles. Specifically, they demonstrate that they are visionary and collaborative leaders. They're able to engage others around a common purpose, facilitate them to give their views and get involved and build effective relationships with their peers.

Knowing the strengths and weaknesses of a typical medical leader provides a useful starting point. It provides you with some of the broad categories to assess when considering who could be in your succession pipeline or indeed, how big a gap you have between what you have and what you need. In particular, it highlights the need to consider experience, skills and behaviours.

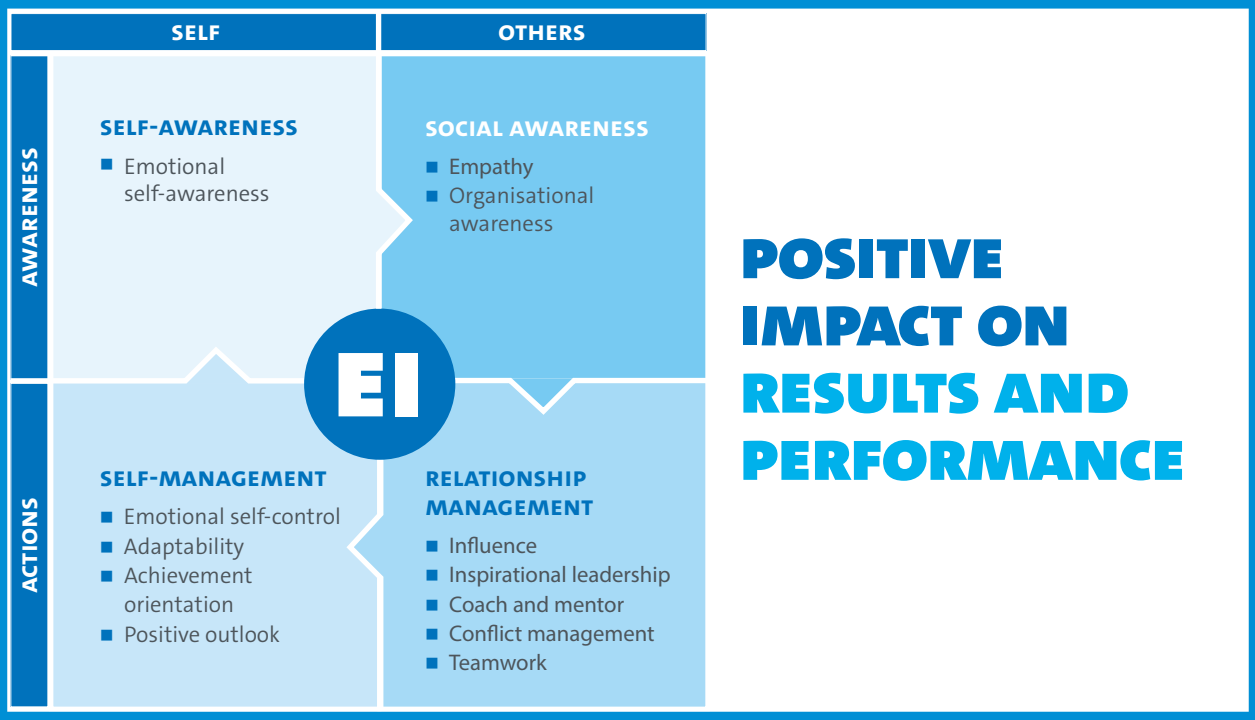
When starting conversations about talent, proxies such as 'who's been involved in projects or existing leadership roles?' can give you a sense of how many people you have with any experience. However, measuring the behavioural side and spotting potential in those you have no knowledge of is a greater challenge.

HOW DO YOU BEGIN TO ASSESS BEHAVIOURAL ELEMENTS OF GOOD MEDICAL LEADERSHIP?

In the context of medical leadership, assessing behaviours and providing feedback may not be the norm. Development conversations are typically more about technical skills, and how to progress towards the next stage of a medical career – certainly for those aspiring to be consultants. And yet when asked, most people within a practice or a broader organisation would be able to point you towards someone who they identify as 'good with people', whether they be patients or colleagues. So, what can you do to turn some of this know-how into useful data?

The starting point is a clear and relevant framework for assessing behaviours and a structured approach for considering individuals against it. When assessing relatively junior talent who may have limited leadership experience, frameworks such as Daniel Goleman's emotional intelligence model (see Fig. 1) can be useful. It's likely that many medical leaders will not have had a chance to demonstrate more sophisticated leadership behaviours, but core emotional intelligence gives you an idea of who may have potential to go further.

Fig 1: Daniel Goleman's emotional intelligence model



NEW LEADERSHIP AND MANAGEMENT STANDARDS FOR MEDICAL PROFESSIONALS SET BY THE FACULTY OF MEDICAL LEADERSHIP AND MANAGEMENT ALSO PROVIDE A WAY INTO THESE CONVERSATIONS.

Next, start effective development conversations. In an ideal world these occur through a performance management process which allows you to easily pull together data on people interests, potential, performance and experience. This can support you to understand the potential talent you have and the talent you need. However, we know this has inherent challenges within medical leadership, particularly for CCGs.

Focussing time on developing and encouraging existing medical leaders to have good conversations is certainly an excellent investment of time in terms of tackling the challenges of medical leadership talent management. The NHS Leadership Academy's new talent management work provides great resources for supporting effective coaching conversations and positioning individuals against the talent grid[1]. However, there are also a range of other approaches available either to support or supplement these conversations. Psychometrics, 360 feedback processes or assessment centres to recruit or develop individuals provide another access point for consideration of behavioural elements. We'll talk more about this in a moment.

Finally, even if you have limited data, a structured, collective conversation between existing medical and non-medical managers can help you to gain further insight. This conversation should aim to identify and periodically re-visit:

- critical roles you need to fill – both in the short and long term
- who you have in your potential 'pool' to fill them e.g. where there are specific technical skills required the pool may be smaller
- how much experience and what type of experience your people have
- the behaviours that potential future leaders demonstrate and where the gaps are.

The medical world is a highly networked environment so there are multiple points in which your existing medical leaders will see colleagues at work or have opportunities for conversations. Having these collective conversations can help you highlight where you need to gather more information and support individuals to build their confidence in thinking about how they spot and assess future potential medical leaders. With the right structure and chairing they also allow you to challenge pre-conceptions about what 'good' looks like and broaden thinking.

[1] www.leadershipacademy.nhs.uk/resources/talent-management-hub/

WHAT CAN YOU DO TO UNDERSTAND AND ACCESS A BROADER POOL OF POTENTIAL FUTURE LEADERS?

While there are methods to get under the skin of some of the trickier indicators of potential, we all know one of the key challenges of medical leadership talent management is access to your potential talent pool. Here's where multiple techniques can come into play. We categorise these broadly into two camps: push and pull techniques (see Fig. 2 on the next page).

For those in CCGs, we know that access to people is a particular issue. For you, 'pull' techniques are likely to be critical in ensuring you are accessing the full range of potential talent. In either case, ensuring you don't simply draw on the same most visible individuals is key – both to stop you missing out on the contribution of excellent people and for the sake of fairness and equity.

FOR THOSE IN CCGs, 'PULL' TECHNIQUES ARE LIKELY TO BE CRITICAL IN ENSURING YOU ARE ACCESSING THE FULL RANGE OF POTENTIAL TALENT.

A centralised collection of data – whether it's development plans for those who've expressed an interest, or a record of talent forums – is critical for both push and pull techniques.

Fig 2: Example of push and pull techniques

	TECHNIQUES		
	Push (where you have access to individuals)	**Both push and pull**	**Pull (where you need people to show interest in roles)**
WHO	Individuals already involved in leadership roles, projects or 'corporate' work, or where you have an existing line management structure.	Individuals already involved in leadership roles, projects or 'corporate' work, or where you have an existing line management structure. Individuals not on the radar but who may have an interest and potential for leadership roles.	Individuals not on the radar but who may have an interest and potential for leadership roles.
WHAT	Offer one-to-one development conversations with a manager or mentor as part of re-validation.	Introduce a leadership induction process within the organisation (or flag those already offered) to individuals who want to access them e.g. for new GPs.	Set up introduction to leadership sessions or give input at existing networks that highlight opportunities for roles and development.
	Introduce performance management processes including 360 feedback or self-assessment against behaviours as well as performance.	Set up a mentor network amongst the existing medical leadership population.	Provide opportunities to access online self-assessment tools, assessment centres, mentors or coaches to explore potential for leadership roles and plan development.
	Implement recruitment processes that explore behaviours as well as skills and interest in leadership roles.	Create talent forums (collective conversations between existing leaders) that map out the succession risks you have, pool collective knowledge about short term and long term potentials and explore skill gaps.	Create structured set-up or de-brief process at the beginning or end of projects to explore their development needs, identify leadership appetite and arrange mentors.
			Publicise the impact of existing medical leadership roles to your organisation.

CASE STUDY

Talent pools

So you have identified who you need and how to access them, but how do you manage them? When planning to fill critical roles, many organisations use the concept of a 'talent pool'. This allows them to structure and keep track of an individual's development against organisational needs and review the succession risks on an ongoing basis. While many organisations link these pools to their performance appraisal process, others use different tactics which focus more strongly on 'pull' techniques in attracting and supporting people to think about different roles.

A KEY PART OF 'KNOWING' WHAT TALENT YOU HAVE IS HELPING PEOPLE TO STEP FORWARD AND CONSIDER HOW OR WHAT TYPE OF LEADERSHIP ROLE THEY CAN PLAY.

TALENT MANAGEMENT IN ACTION

Council X wanted to make sure all employees felt their talent was recognised and to check and challenge whether there was untapped potential in the organisation. They didn't trust that their performance management process was doing this successfully. In order to do this they invited employees to put themselves forward for two talent pools at different levels. As part of the process, individuals were asked to complete an assessment against a competency framework and growth factors and to undertake a trait diagnostic. The results brought forward some exciting new talent from roles such as refuse collectors and others that had been previously overlooked. These individuals were then supported through a talent development process to develop their potential.

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

The Doctor who toolkit

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

The Doctor who toolkit

Episode three
Grow: how to develop talent to suit future demand

The Doctor who toolkit

Episode four
Flow: how to open opportunities for your people for the biggest impact on the NHS

CONCLUSIONS

In the medical leadership context, 'pull' techniques are particularly important. A key part of 'knowing' what talent you have is helping people to step forward and consider how or what type of leadership roles they can play. In other words, a real focus on developing a pool of those who are interested. This really highlights the need to help individuals think about their development early on and to think long term about developing the talent you need for the future.

While talent management in the medical context can feel like a challenge and many of the things we have focussed on take some time and real energy to put in place, there are some relatively simple places to start. Most organisations hold more knowledge than they know or use when it comes to understanding the skills of their workforce. At the heart of ensuring you 'know' what you have and what you need is a real focus on helping people bring that information together in a structured way. Starting a collective conversation about this at a strategic level can be a powerful tool for beginning to fill in the gaps – both now and in the future – and the starting point for a broader approach.

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

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