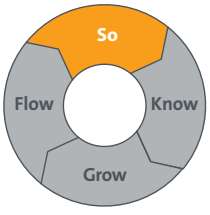
HayGroup®

THE DOCTOR WHO TOOLKIT

EPISODE ONE: STRATEGIC ORIENTATION



SO? HOW TO CREATE DOABLE ROLES ALIGNED WITH STRATEGY

The NHS faces a huge challenge to deliver transformation. At the same time, changing expectations of patients and employees are putting increasing pressure on the service. Therefore a crucial first step is to understand what roles you need to achieve your objectives and to make sure these are clear and doable, in order to attract the people you need for the future.

Medical leadership has a critical role to play in transforming the NHS, but these roles are fundamentally seen as unattractive by doctors. This was one of the key findings in our *Doctor who* report, with over 80 per cent of respondents to our survey into leadership in the NHS rating unattractiveness of roles as an important factor in their medical talent management challenge.

To begin addressing the challenge, we identified the need to rethink medical leadership roles to make these more attractive to doctors and ensure they support effective talent management.

We recommend the creation of clear and ***doable*** medical leadership roles with clearly defined career paths based on consideration of the:

- type of medical leadership roles needed to meet strategic objectives
- skills and behaviours required for these roles to be successful
- experiences that will prepare people for these roles.

The So-Know-Grow-Flow framework for talent management and succession planning is a useful tool to assist with this.

This paper focuses on the first of the four framework components **So – strategic orientation**. It provides practical tips for creating medical leadership roles and career paths that are aligned with your organisation's strategy and that take account of the realities of medical life.

"51 PER CENT OF RESPONDENTS TO OUR SURVEY INTO LEADERSHIP IN THE NHS CITED THE DEMANDS ON TIME AS A CRITICAL FACTOR IN PUTTING PEOPLE OFF MEDICAL LEADERSHIP ROLES."

2014 Hay Group report, *Doctor who? The barriers and enablers to developing medical leadership talent*

DEFINING DOABLE ROLES

Let's start by considering what we mean by a *doable* role. In a well organised work environment, the potential for success is built into every role and it is clear how they interlink with others.

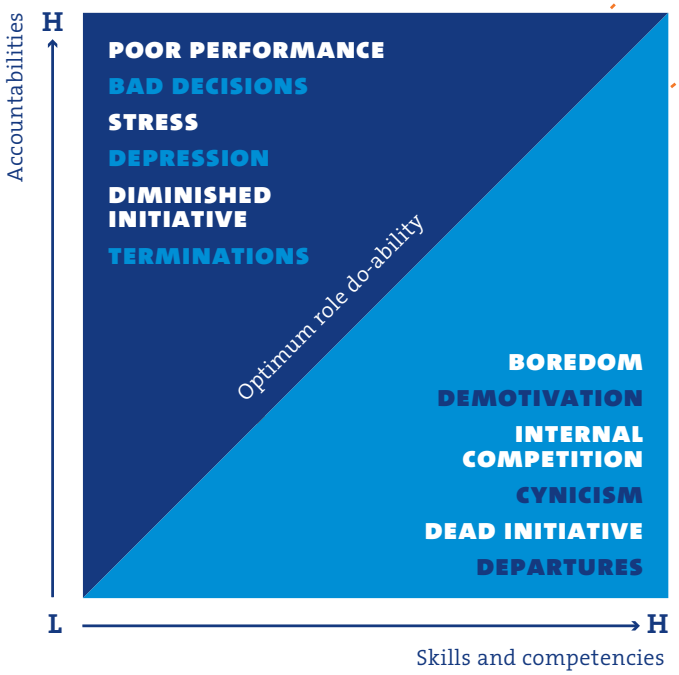


Fig 1: Role do-ability

Determining a role's do-ability is a function of understanding the role, the work, and the organisation's objectives. If a role is not doable then it is not designed correctly and will continue to invite failure after failure.

When thinking about role do-ability, it's important to take into account the following:

- **the size of the role** – does it stretch the role holder too thin?
- **the breadth of the role** – does it require a reasonable range of skills and competencies or is it so broad that it will be difficult to find one person who will be able to do it all?
- **the scope of the role** – does it provide a match between the level of knowledge required and the level of thinking or discretion it offers? Too little discretion with a high requirement for problem solving is likely to result in boredom and de-motivation.
- **the definition of the role** – does the role holder know what success in the role looks like?

CHANGING ROLES: THE CONTEXT FOR CREATING DOABLE ROLES

When we talk about medical leadership we're incorporating a broad range of roles with a variety of accountabilities. To make this even more complicated medical leaders often hold more than one role at a time. Despite this diversity, there is a general trend of these roles increasing in size and breadth and shifting in emphasis.

From	To
■ Leading on pathway design or clinical networks within their area of clinical expertise	■ Leading on service transformation, often beyond their own area of clinical expertise
■ Setting standards or defining projects	■ Creating direction and/or aligning others around it
■ Assuring clinical quality and safety and operating within budget constraints	■ Assuring performance and effective resource management
■ Influencing and engaging colleagues	■ Both influencing and engaging colleagues across a broader range of stakeholders and line managing colleagues directly and leading teams
■ Managing projects or governance processes	■ Managing services, teams or organisations (in the case of CCGs)
■ Sharing patients' views and needs	■ Systematically assuring that patients' views and needs are driving decision making

Fig 2: Changing roles

CREATING DOABLE ROLES ALIGNED WITH STRATEGY

We believe there are four core principles for creating doable medical leadership roles.

- Size up the role
- Focus on breadth
- Consider capability
- Establish career paths

1 Size up the role

It's the age old challenge of medical leadership – how do you combine clinical workloads with leadership accountabilities? With medical leadership roles bigger and broader than ever before, this is a significant challenge for medical leaders and their organisations.

At heart, a doable role ensures there is enough time for the accountabilities of the role to be carried out. Without careful consideration of time requirements, individuals will make their own choices about where to focus – inevitably on the urgent and not necessarily the important tasks. When time is critical, clear and focused accountabilities with agreed priorities are essential.

As a starting point this requires taking a step back and understanding what the key priorities are for medical leadership in general, followed by the role in question. Understanding how and where you see medical leaders adding distinct value will support you to define roles with a clear focus, as well as avoiding creating roles that are too large or not doable.

Defining the unique added value of medical leaders

We have identified some common accountabilities associated with medical leadership roles in the table below. These will vary per organisation in line with your particular strategic objectives.

Fig 3: The unique added value of medical leaders

Accountability	Description
Clinical expertise – to support ongoing improvement	Technical input and understanding of clinical areas that allows medical leaders to identify improvements and assure the safe delivery of care.
Clinical engagement	Ability to influence and engage peers to support change and improvement and mediate between clinical needs and resource requirements.
Patient focus	Understanding of patient perspective.
Difference	Capacity to see things differently and bring diversity and critical challenge to management decisions and traditions.

Considering the unique value of medical leadership roles will help you to think about how to divide leadership accountabilities across medical, clinical and management leadership roles to make best use of skills and time. Mapping the different areas of accountability to be covered and exploring specifically what each role will do in practice, and the interdependencies between them will help to set time requirements and build clarity. For example, as a clinical director, what does it mean to be accountable for assuring performance? What specific activities will the clinical director play versus the nurse, operational leader and support roles?

Mapping accountabilities and tasks will help you design doable roles and, importantly, help build clarity for role holders. Time issues can arise when broad accountabilities are interpreted as meaning medical leaders have to do everything personally – rather than assuring, overseeing and delegating to colleagues or peers.

Finally, with time at a premium, support roles around medical leaders can mean the difference between a doable role and non-doable one. Good administrative support, consistent management support and effective business partnerships with HR and finance are all critical factors in ensuring that roles are doable and make best use of limited time.

RACI example

Tools such as RACI can help in ensuring that different role holders are clear on who is accountable for what.

This is an example of a RACI grid below. Tasks are associated with roles across four levels of involvement:

- Accountable – the buck stops here/sign off
- Responsible – the 'doer'
- Consulted – views required
- Informed – needs to know

The position of tasks below has been provided as an example.

Fig 4: Example of a RACI grid

Accountability	Associated tasks	Clinical director	General manager	Speciality lead	Matron	Corporate strategy
Ensure medical staff are involved in service planning to support engagement and innovation in their service	Define the framework/process for engaging medical staff	A	R		C	C
	Carry out consultation activity in line with the framework	A		R		I
	Feedback decisions and progress/ respond to ideas from medical staff					
	Provide data and supporting materials to support consultation					

"RECOGNISE WHERE THE NATURAL ENERGY LIES AND HARNESS THAT THROUGH YOUR MEDICAL LEADERSHIP STRUCTURE."

2 Focus on breadth

New medical leadership roles are commonly broadly defined, which can lead to medical leaders trying to do it all. Many senior clinical leaders are attempting to balance both day-to-day fire fighting and broader accountabilities for engagement, improvement and direction setting – all alongside clinical workloads. This means constant shifting of focus and attention in terms of timeframes and activities.

In practice, a single individual is likely to find it a challenge to manage day-to-day logistics while developing the service for the future and building partner relationships in the system – of which is becoming increasingly important. Think about how you divide accountabilities between your medical leadership roles to ensure each one has a clear focus. Keep the range of activities and focus in terms of timeframe as narrow as you can (for example, operational versus innovation or strategy development, day-to-day versus long term planning etc.).

3 Consider capability

Many organisations are at the beginning of a journey to develop their medical leadership capability. Creating a medical leadership structure on paper is one challenge, ensuring you have the right people who can fill the roles is a second. Therefore, consider the talent that you have amongst your clinical leaders and what an achievable stretch would be. Focus your clinical leadership roles and structures accordingly whilst developing your medical leaders for the future. This is about looking at what development roles your organisation will need to help you do this.

Making the best use of the capability and motivation of your medical leaders is critical. It seems obvious, but using highly paid and intelligent individuals to undertake administrative or routine tasks is likely to lead to de-motivation and poor value for the organisation. Recognise where the natural energy lies and harness that through your medical leadership structure – whether that be through formal or more temporary roles and accountabilities.

4 Establish career paths

A career path is a set of roles or experiences – informal or formal – identified as 'must have' experiences for an individual to successfully step into a destination role, such as that of medical director or CCG chair. It maps out steps or stages to support individuals through their career journey. It can be as simple as a framework which describes critical medical leadership roles and lists the experience, skills and behaviours required to step into them. Whilst there may not be one single route to a role, it provides a framework for describing the experience, skills and behaviours that must be developed.

Once you've considered and described individual roles and requirements, take some time to consider the career paths for medical leaders within your organisation. This provides a useful opportunity both for you and your potential medical leaders of the future to understand how they can develop their experience and where you may need to provide additional opportunities. This framework can also support an individual and their manager to work through what an individual career path might look like for them if they wish to become a medical leader.

CASE STUDY

RE-DEFINING ROLES TO SUPPORT EFFECTIVE TALENT MANAGEMENT

Clinicians in the life sciences sector are facing similar challenges to those in the NHS, with leadership roles shifting and expanding in focus. The changing commercial dynamics of the life sciences sector – with greater emphasis on market access, scientific selling and long term perspective – has required a step-up in capability for chief scientific officers and medical directors.

Hay Group worked with a major pharmaceutical company to help them to clearly define what roles were required in line with the organisation's new requirements. This helped them to understand why their medical leaders were finding these roles challenging and to focus thinking on how to develop them. It was the first step in designing a programme which supported these medical leaders to re-define their understanding of their role, their self-image as medical leaders and to develop the required new ways of working.

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

THINGS TO THINK ABOUT

Building clear, coherent roles that are aligned with strategy and allow sufficient time and resource for role holders to fulfil their accountabilities, with the added value of clinical work is essential. When designing roles and considering how people move between them, ask yourself the following questions:

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

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

HayGroup®

To read more from the series or sign up to receive updates, please visit **www.haygroup.co.uk/medicalleadership**

Hay Group works with leaders to transform strategy into reality. We develop talent, organise people to be more effective and motivate them to perform at their best.

Our focus is on making change happen and helping people and organisations realise their potential.

Our clients are from the private, public and not-for-profit sectors, and represent diverse business challenges. For over 70 years, we have been renowned for the quality of our research and the intellectual rigour of our work.

We give our clients breakthrough perspectives on their organisation, and we do it in a way which delivers results and real value.

For more information please visit **www.haygroup.com/uk**