

What next for medical leaders?

Dr. Simon Moralee, University of Manchester
Prof. Mark Exworthy, University of Birmingham

27 September 2018



Faculty of
**Medical Leadership
and Management**

GoToWebinar Interface

1. Viewer Window

2. Control Panel

The screenshot displays the GoToWebinar interface. The main window is titled "GoToWebinar Viewer" and contains the text "Todays webinar....." and "Webinar details". The details section includes audio instructions and contact information: "Audio: Use your microphone and speakers (VoIP) or c...", "United States: +1 516 453 0014", "Access Code: 403226806", and "Audio PIN: 59". A link "List Additional Conference Call Numbers" is also present. At the bottom of the viewer window is a navigation bar with icons for Screen, Audio, Chat, Questions, and Settings. The Questions icon is circled in blue. To the right is the "Control Panel" window, which has a menu bar (File, View, Help) and sections for Audio and Questions. The Audio section shows "Audio Mode" with radio buttons for "Use Telephone" and "Use Mic & Speakers", a "MUTED" status, and a volume slider. The Questions section has a text input field with the placeholder "[Enter a question for staff]" and a "Send" button. A red box highlights the Questions section in the control panel. A blue circle highlights the hand icon in the viewer window's toolbar. The Windows taskbar at the bottom shows the Start button, taskbar buttons for "Inbox - Microsoft Out..." and "GoToMeeting", and a system tray with various icons and the time "10:58 AM".



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Faculty of Medical Leadership and Management Webinar

Overview of webinar

6.30pm - Introduction, background and questions for the audience

6.40pm - Audience questions/comments

6.50pm - Dr. Daghni Rajasingam

7.00pm - Audience questions/comments

7.10pm - Prof. Ian Kirkpatrick

7.20pm - Final audience comments, next steps,

Leaders in Healthcare conference



Webinar presenters

Prof. Mark Exworthy
(Birmingham)



Dr. Simon Moralee
(Manchester)



Webinar contributors

Dr. Daghni Rajasingam is a consultant obstetrician at Guy's and St Thomas' Hospital Foundation Trust (GSTT). She is Head of Service for Obstetrics and Deputy Director for Postgraduate Medical Education.

Daghni has a Masters in leadership and management and is a certified and experienced mediator



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Prof. Ian Kirkpatrick is the Monash Warwick Professor of Healthcare Improvement & Implementation Science (Organisational Studies) at Warwick Business School.

Ian's research interests are in the management, organisation and performance of health services, both in the UK and internationally. Ian is also involved in research focusing on other professional services, including management consulting, law and professional and trade associations in the United States.



Policy Context: doctors 'involved' in but also 'impacted' by 'management'

The NHS is a 70 year old story, one recurring theme of which involves **'doctors'** and **'management'**, e.g.

- Griffiths Report (1983) & 'managerialism'
- Resource Management Initiative (1991)
- 'scandals' (Bristol, Alder Hey, Shipman, Ian Paterson)
- GMC guidance on revalidation & professionalism (2000s)
- Darzi (2008)

Images (clockwise): Telegraph / Wikipedia / birminghammail / gponline



The profession 'awakens' to leadership

- RCP (2005) report 'Doctors in Society': [clinical leadership essential](#) if doctors are to maintain and develop their sense of professionalism
- [Competency frameworks](#), e.g. MLCF/CLCF, NHS Leadership Framework, Healthcare Leadership Model
- Faculty of Medical Leadership and Management est. 2010
- Subsequent developments: short courses/qualifications, standards, fellowships



Intended research focus

- What is medical leadership?
 - No clear definition or whether it simply means ‘leadership for doctors’
- How is medical leadership practised?
 - How would we recognise it if we saw it?
- To what extent is medical leadership being professionalized?
 - For what means, purpose or intent?



The practice of medical leadership

- With its origins in audit and risk management, the practice of medical leadership is now often seen in cases of **discrete, temporal service or quality improvement (SI/QI) projects**

e.g. workshop in 2017 hosted by the FMLM, NHS Leadership Academy and Health Education England on medical leadership in the undergraduate curriculum showcased many projects of this type (FMLM, 2017a).

- **Preference for learning about medical leadership in the contextual environment of clinical practice**

(Varkey et al., 2009; Quince et al., 2014).



The practice of medical leadership

- **Practice theory** allows for some light to be shed on the everyday, embedded actions and practices of actors.

(Feldman and Orlikowski, 2012; Nicolini, 2012)

- Practices can be considered as more than describing what people do, as such they are “...**meaning-making, identity-forming and order-producing activities**”

(Nicolini, 2012: 7)

- An individual’s social and historical relation to the world means that... Practice is rooted in its common usage which... Creates the rules and meanings for customs and institutions

(Dreyfus, 1991; Wittgenstein, 1969; Heidegger, 1929/1996)



The practice of medical leadership

- Practice theory focusses on **the dynamics between practices, agents and the routines and processes** they negotiate and (re)produce and can therefore help in determining what constitutes medical leadership.
- If the actions of the FMLM and others to bring medical leadership out from the 'dark' and into the 'light' are to be understood better, **recognising, acknowledging and understanding the very practices that constitute medical leadership** may be helpful if medical leadership is becoming a mainstream rather than a fringe or 'add-on' activity.

(Spurgeon et al., 2011; FMLM, 2017b)



Questions for the audience

- With reference to the FMLM Leadership and Management Standards (self, team, corporate, system: n=48), how does a doctor practise these competencies?
- To what extent is the focus of these standards on an ‘individual leader’ and/or ‘leadership as a dynamic, collective, situated, negotiated activity’?



Audience Questions & Comments



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Final Audience Questions & Comments



In summary...

- This webinar has considered some of the pertinent issues in the development of medical leadership
- The focus has been on what medical leadership might look like, be like, feel like, in clinical practice
- Thank you to Daghni and Ian for their input and to you all for your contributions
- The next webinar is 25th October 6.30pm when we'll be looking at the impact of medical leadership on professionalism



Forthcoming events

- What next for medical leaders? Webinar, 25th October, 6.30pm:
<https://www.fmlm.ac.uk/events/what-next-for-medical-leaders>
- *Leaders in Healthcare*, Thursday 15th November 2018, 1045-1200:
panel session - What next for medical leaders? Current debates and future issues in the professionalization and practice of medical leadership
<https://www.leadersinhealthcare.com/speakers-programme/programme-day-2>
- Professionalization and Practice Of Medical Leadership Symposium, 6th December 2018, University of Manchester – call for abstracts open until 30th October 2018, please see:
<http://www.research.mbs.ac.uk/hsrc/Events> [details will be posted shortly]



Leaders in Healthcare 2018

- <https://www.leadersinhealthcare.com/>
- The UK's foremost healthcare leadership conference
- Birmingham 14-16 November
- Extended early bird discount to all webinar attendees – please email Event liaison representative Lisa Eastman (leastman@bmj.com)



Thank you!

We are grateful for any comments,
thoughts, questions as we continue
to develop these arguments

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