



Blackpool Teaching Hospitals
NHS Foundation Trust



UNIVERSITY OF
LIVERPOOL

Leadership is.....

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Leadership is.....

.....not the same as
management

“Managers are people who do
things right....

Leaders are people who do the right
thing”

Manager

- Functions
- Particular role or title
- Planning
- Organising, co-ordinating
- Command or control
- Take corrective action

- Existing paradigm

Leader

- Influence
- Guide others to pursue particular objectives and visions
- Motivate followers
- Satisfy unmet needs

- Create new paradigm

Leadership is a social construct, and
a product of popular pre-
occupations of the time and place.

Leadership history

- Early 20th century “great man”
- “born leader”
- Intelligence, energy, dominance

- 1950s-80s behaviours and “styles”
- Impacts
- “task-focused” vs “people –focused”
- Situational leadership (adapt to followers)

Leadership history

- 1980s, 90s- continuous change
- Transformational leadership
- Social influence

- 1990s- charismatic leadership
- Clearly articulated ideology, confidence
- Ultimately, hubris in some cases

Leadership today

- Thoughtful, values-led
- Needs of followers
- Distributed, collaborative
- Learning orientated leadership

Healthcare organisations

- “professional bureaucracies”
- Evolving expertise of skilled and knowledgeable workers who exercise a degree of control of delivery of service
- Workers’ autonomy regulated by external professional organisations
- cf “machine bureaucracy”

3 implications of “professional bueaucracy”

- Key leadership roles are played by professionals
- Leadership is dispersed and distributed (not just those in management roles)
- Requires collective leadership with teams at different levels

In context of UK healthcare

- Darzi (2008) *“High quality care for all”*
- Strong clinical leadership
- Culture of continuous quality improvement
- Change should be: *locally led; patient centred; clinically driven*

“.... greater freedom, enhanced accountability, and empowering staff are necessary, but not sufficient in the pursuit of quality care. Making change happen also takes leadership. It is central to our expectation of the healthcare professionals of tomorrow”

Darzi 2008

NHS Leadership academy

- Founded 2011
- Clinical leadership competency framework
- “develop outstanding leadership in health, in order to improve people’s health and their experiences in the NHS”
- Consistent approach for all staff irrespective of role, discipline or seniority

What can go wrong?

- *“Francis” report “Mid-Staffs NHSFT public enquiry” 2013*
- “learned helplessness” among medical and nursing staff
- Disengagement of health professionals from management
- Other reviews of NHS organisations-similar problems with focus on targets and efficiency, losing sight of patient

What is the aim of postgraduate
medical training?

“... to ensure that specialised doctors completely address the medical needs of the community”

GMC/“Francis”

Leadership

- GMC *“Generic capabilities”* 2017
- Greenaway *“Shape of training “* review 2015
- To be embedded in all postgraduate curricula
- RCR 2015, RCPCH 2016, RCGP 2016, UKFPO 2016

So what has been done so far?

- Talent management
- Various “initiatives”
- Shared learning
- Secondments and fellowships
- Quality improvement projects

Principles (Swanwick, Mckimm)

- Practical
- Work-orientated
- Project
- Support for individual development (coaching, mentoring , 360 etc)
- Link theory to practice
- Include networking through action learning, coaching and (social) networking

Interventions

- Courses, seminars and workshops
- Action learning
- Simulation
- E-learning
- Psychometric tools
- Caching and mentoring
- MSF
- Quality improvement/business development projects
- Structured workplace experiences

So what do we know so far?

- Systematic review 2017
- UK, postgraduate , doctor in training, medical leadership interventions (not just QI), post – Darzi
- 15 published studies
- Wide range of numbers involved , length of programme, grade of doctor involved, some mixed some did not specify

results

- Single intervention/assessment to 1 year full-time or 4 year part-time masters level courses
- Few papers describe content
- Very few described resources/costs
- Select or not?
- Only one was multi-disciplinary
- Outcomes mainly level 1 (participation and learners views) or level 2 (modification of skills or behaviours)

results

- Strong theme- trainees felt unprepared initially
- In those that asked- increase in self-reported leadership competencies after intervention

results

- In a number of the high quality (methodologically) studies, some negative indicators noted
- “dark side” ??? hidden curriculum
- Senior psychotherapy trainees – initial negative response but different view after 9 months reflection
- Early career doctors – small changes /conflicting evidence – does “one size fit all” at this stage

What we do in Blackpool with FY2

- 1 year funded PGCert in Clinical leadership
- Externally delivered on-site by local university since 2007
- Includes QI project (higher level than F2)
- Formerly compulsory, now “opt-in” by competitive interview
- Requires some significant self-study
- Other LEDs in group (consultants for first time this year)
- Funded through combination of study leave / education budget/trust funding
- Other cohort of FY2 , do separate bespoke leadership training
- Feedback and presentation to both cohorts with senior Trust team in attendance
- Quality improvement awards open to all doctors in training including LEDs- high senior profile
- Educational QI lead and deputy(SAS)

What we found, so far

“... I will never again sit back and moan about something I see without first asking myself what I can do to improve the situation, and discussing with someone who will help empower me to make change”


Blackpool FY2 doctor to medical director 2017

Please consider your own leadership
development.....

nact.org.uk



nact.org.uk

The logo for NACTUK features the letters 'N', 'A', 'C', and 'T' stacked vertically in a red bar on the left, with 'UK' to the right. The text 'Supporting Excellence in Medical Education' is centered in a serif font, flanked by horizontal lines.

*Supporting Excellence
in Medical Education*

- Independent Organisation – registered charity
- Membership body
- Aims are
 - to support, inform and develop those with a leadership role in medical education
 - to represent the views of members on committees – GMC, HEE, ‘Deans’, Colleges etc
 - provide guidance & materials for faculty development