Imagine what healthcare would be like if we could help every doctor to be a better leader?
Bringing leadership to an everyday conversation

Important challenges:

• Debunking the mythology
• Amateur sport or profession?
• The enlightened side?
• Why?
• How?
• What?
My leadership challenges

- Lack of clarity: expectations/standards
- Basic lack of knowledge
- Poor preparation/career planning/advice
- Little competition
- Respect within the profession *aka* the dark side
- The size of the canvas
The Toronto Statement

October 22, 2014

1. All physicians are expected to be leaders within their clinical practice environment;
2. Leadership (in healthcare) is a people business so it must be taught and learned around the people with whom leaders will need to work;
3. Leadership training tailored to the clinical or system level should be guided by a framework that pays attention to competency, character, and managerial skills;
4. Because of the importance of the character traits needed by leaders, training should be grounded in situations and experiences that reflect the challenges that physicians will face;
5. Leadership training goals should ultimately focus on better health system performance.
Faculty of Medical Leadership & Management

Vision:
To inspire and promote excellence in medical leadership to drive continuous improvement in health and healthcare in the UK.

www.fmlm.ac.uk
Faculty of Medical Leadership & Management

- Estd 2011 by medical royal colleges
- Membership 2,300
  - 50% senior, 40% junior, 10% student
  - All sectors
- Board & council
- Designated body (medical revalidation)
- Annual conference (international)
- Standards and certification
- Member services
- BMJ Leader

8 UK Regions
Are you a leader?

We have all been leading for years so why the mystique?
We confuse leadership with fancy titles

Small ‘l’ leadership

versus

Big ‘L’ leadership
...and a warning

..among doctors the notion of leadership is responded to more favourably than management

... seen as more strategic, visionary and political than management

... can often be conflated with excellence at the professional practice rather than a more overarching view of an organisation

... can also be conflated with personal characteristics ranging from the mysterious charisma to the straightforward good listening and communication skills.

Fox et al

Council for Excellence in Management & Leadership
Medical Leadership

Amateur sport or profession?
....healthcare management and leadership should be treated as a profession

Robert Francis February 2013

Clear national standards should be drawn up setting out the professional duties and expectations of clinical leads at all levels......

The Report of the Morecambe Bay Investigation

Dr Bill Kirkup CBE

March 2016
The RCoA is committed to setting the highest standards for anaesthesia services and patient care, and providing the guidance anaesthetists need to meet these standards.

Where would clinical medicine be without standards?
FMLM and Professionalising Medical Leadership

- Values, behaviours & competencies: Feb 15
- Appraisal & revalidation guidance: Feb 15
- 4 level 360 feedback tool: Jan 16
- Certification at 3 levels: Sep 16
- Define organisational ‘support’: in progress
UK Standards of Medical Leadership

Behaviours

- Self
- Team Player / Team Leader
- Corporate Responsibility
- Systems Leadership

Consulted >600 organisations and individuals
Certification Domains

- Assessment of portfolio of relevant educational activities
- Behaviours (standards)
- Knowledge
- Experience and impact
- Assessment of behaviours supported by record of appraisals in line with FMLM guidance
- Assessment of portfolio of evidence of effectiveness in leadership and management activities
Why?

Leadership Saves Lives
Team working and patient mortality

The link between the Management of People & Patient Mortality in Acute Hospitals

West M et al. Int J HR Mgt 2002 13:8 1299-1310
The impact of leadership and quality climate on hospital performance.
## Levels of Medical Engagement

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Enriching Engagement in Medical Leadership: A Focus on Medical Engagement

Peter Spurgeon
What development?
Do we know what we are preparing ‘them’ for?
Do ‘they’ know what they are preparing for?

**VUCA and the new environment?**

**Volatile:** change happens rapidly and on a large scale

**Uncertain:** the future cannot be predicted with any precision

**Complex:** challenges complicated by many factors - few single causes or solutions

**Ambiguous:** little clarity on what events mean & what effect they may have
Leadership development

*Horizontal vs Vertical*

**Horizontal Development**
- More information, skills, competencies
- Better able to function at current level

**Vertical Development**
- More complex and sophisticated ways of thinking
- Better able to rise to higher level
- Better able to cope with VUCA

Nick Petrie
Center for Creative Leadership
Kegan’s Adult Levels of Development

3. Socialized mind: shaped by expectations of those around us. What we think and say is strongly influenced by what we think others want to hear.

4. Self-authoring mind: have developed own ideology or internal compass to guide us. Sense of self aligned with own belief system, personal code, and values. Can take stands, set limits on behalf of our own internal “voice.”

5. Self-transforming mind: have own ideology, but can step back from that ideology and see it as limited or partial. Can hold more contradiction and oppositeness in our thinking and no longer feel the need to gravitate towards polarized thinking.
Vertical leadership development

Stage of Vertical Development

Level of Development

- Dependent—Conformer
  - Team player
  - Faithful follower
  - Reliant on authority
  - Seeks direction
  - Aligns with others

- Independent—Achiever
  - Independent thinker
  - Self-directed
  - Drives an agenda
  - Takes a stand for what they believe
  - Guided by internal compass

- Interdependent—Collaborator
  - Interdependent thinker
  - Sees systems, patterns, and connections
  - Longer-term thinker
  - Holds multiframe perspectives
  - Holds contradictions

15% Time 7%

*This model combines the thinking of Harvard’s Kegan and Lahey with CCL’s McGuire and Rhodes.*

Ability to cope with VUCA

Nick Petrie
Center for Creative Leadership
Seven Transformations of Leadership

What differentiates leaders:

• Less their philosophy of leadership, personality, or style of management

• ...more their internal “action logic”—how they interpret their surroundings and react when their power or safety is challenged

• ... leaders who try to understand their action logic can improve their ability to lead

• ... first it is important to understand what kind of leader you already are

David Rooke and William R. Torbert
Harvard Business Review, April 2005
7 developmental action logics

Alchemist
Strategist
Individualist

Achiever

Expert
Diplomat
Opportunist
The Opportunist

- mistrust, egocentric, manipulative
- **focus on personal wins** and see the world and other people as opportunities to be exploited
- reaction to event depends primarily on whether or not they think they can direct the outcome
- treat other people as objects or as competitors who are also out for themselves
- regard their bad behaviour as legitimate in the cut and thrust of an eye-for-an-eye world
- reject feedback, externalize blame, and retaliate harshly.
- often don’t last long ...but longer than they should

Rooke & Torbert HBR April 2005
The Diplomat

- seeks to please higher-status colleagues while avoiding conflict
- focused on gaining control of one’s own behaviour—more than on gaining control of external events or other people.
- think leaders gain more enduring acceptance & influence by cooperating with group norms & by performing daily roles well.
- in support roles or team context, have much to offer - provide social glue to colleagues & ensure that attention paid to needs of others
- ~80% work at the most junior rungs of management
- more problematic in top leadership roles:
  - avoid conflict
  - struggle giving feedback

Rooke & Torbert HBR April 2005
The Expert (38%)

• try to **exercise control by perfecting knowledge** in professional and personal lives.
• **watertight thinking** extremely important
• **secure in their expertise** ... present hard data and logic in efforts to gain consensus and buy-in for proposals
• **great individual contributors** because of pursuit of continuous improvement, efficiency, and perfection
• **as managers can be problematic** because so completely sure they are right
• treat opinion of people less expert with contempt
• emotional intelligence neither desired nor appreciated

Accountants, investment analysts, marketing researchers, software engineers and consultants
The Achiever (30%)

• create positive work environment
• focus efforts on deliverables
• style often inhibits thinking outside the box.
• more complex & integrated understanding of world
• open to feedback
• realise many ambiguities & conflicts due to differences in interpretation & ways of relating.
• Know that transforming/resolving clashes requires sensitivity to relationships & ability to influence others in positive ways
• can reliably lead a team to implement new strategies, balancing immediate and long-term objectives

Rooke & Torbert HBR April 2005
Origin of the dark side?

“....the eternal lament of engineers, lawyers, etc. whose Expert success has saddled them with managerial duties, only to estrange them from the work they love.”

Experts find Achievers hard to take because they cannot deny their success but they feel superior!

Rooke & Torbert HBR April 2005
The Individualist

- recognises that no action logic is “natural” - all are constructs of oneself and the world

- ...able to contribute unique practical value to organisation:
  - Put personalities and ways of relating into perspective
  - communicate well with people with other action logics.

- set apart (from Achievers) by awareness of:
  - possible conflict between their principles and their actions
  - possible conflict between the organization’s values & their implementation

- tend to ignore rules they regard as irrelevant - often makes them a source of irritation to colleagues & bosses

Rooke & Torbert HBR April 2005
The Strategist

- focus on organizational constraints and perceptions, which they treat as discussable and transformable.
- masters second-order organisational impact of actions and agreements
- adept at creating shared visions across different action logics—visions that encourage both personal and organizational transformations.
- see organisational and social change is an iterative developmental process that requires awareness and close leadership attention.
- deal with conflict more comfortably
- better at handling people’s instinctive resistance to change & consequently - highly effective change agents
- fascinated with 3 distinct levels of social interplay: personal relationships, organisational relations, and national and international developments.
The Alchemist

- able to renew/reinvent themselves & organisations in historically significant ways.
- extraordinary capacity to deal simultaneously with many situations at multiple levels.
- can talk with both kings and commoners.
- can deal with immediate priorities yet never lose sight of long-term goals.
- engaged in multiple organisations but find time to deal with issues raised by each. ...but not in a constant rush—nor did they devote hours on end to a single activity.
- typically charismatic / very aware / live by high moral standards.
- able to catch unique moments in history of organisations, creating symbols & metaphors that speak to hearts & minds.

Rooke & Torbert HBR April 2005
How to develop medical leaders?
Why many leadership programmes do not work

Wrong focus - delivery of information, skills versus personal development

Disconnect from leader’s actual work

Leader isolated from key stakeholders

Too short to embed & support new behaviours

Nick Petrie
Center for Creative Leadership
‘Corporations are victims of the great training robbery’

• Spend on employee training and education in 2015:
  • $160 billion - US
  • $356 billion - globally
• ...not getting a good return on investment.
• Mostly, learning doesn’t lead to better organizational performance, because people soon revert to their old ways of doing things.

6 step approach to talent development:

1. Senior team defines values & inspiring strategic direction.
2. Gather candid, anonymous observations and insights from managers and employees then:
   - diagnose barriers to strategy execution and learning
   - redesign organization’s roles, responsibilities & relationships to overcome barriers & motivate change.
3. Day-to-day coaching and process consultation help people become more effective in new design.
4. Organization adds training where needed.
6. Talent management adjusted to reflect & sustain changes in organizational behaviour.

Challenges for medical leadership development .....discuss!

• When to start?
• For all or the chosen few?
• The challenge of scale
• What development?
• Measuring success?

UK 4 nations clinical fellows 2016/17
East Midlands Leadership & Management Programme

Integrates trainees (>800) with a local faculty of leadership educators (n~60)

**Course delivery:**
- Real life case discussions, interactive role play, practical skills for everyday clinical practice

**Course content:**
- Personal qualities
- Team working
- Understanding the NHS
- Introduction to quality improvement
4 Trends for the Future of Leadership Development

• More focus on **vertical** development
• Transfer of greater developmental ownership to the individual
• Greater focus on collective vs individual leadership
• Much greater focus on innovation in leadership development methods

Nick Petrie
Center for Creative Leadership
Vertical Leadership Development

Heat Experiences
- Out of comfort zone
- Open your mind
- Have to be creative/learn
- CFS

Colliding Perspectives
- Polarity thinking
- Different perspectives - curious
- Organisational raids
- Systems perspective

Elevated Sense-making
- Knowledge of levels, insight, show progress
- Coach/mentor to make sense
- Aid reflection

Nick Petrie
Center for Creative Leadership

Faculty of Medical Leadership and Management
Vertical Leadership Development

Heat Experiences  Colliding Perspectives

Tend to revert to old ways
Vertical Leadership Development

Heat Experiences

Elevated Sense-making

Difficult to move forwards without exposure to different perspectives
Vertical Leadership Development

Treat development as intellectual exercise

Colliding Perspectives

Elevated Sense-making

Nick Petrie
Center for Creative Leadership
Summary

• Leadership saves lives
• Needs to be valued and respected
• Needs to be professionalised
• Development:
  • For all
  • Start early
  • More focus on:
    • Self development
    • Vertical development
• We all do it, we all need to teach it