Imagine what healthcare would be like if we could help every clinician to be a better leader?
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 2,200
- Designated body

- Annual conference (international)
- Standards
- Fellowship (x3)
- Member services
- BMJ Leader

8 UK Regions
Leadership

- Why?
- What?
- How?
Leadership

...are we sure what it is?

His men will follow him anywhere ... if only out of a sense of curiosity!
We confuse leadership with fancy titles

\[ n_L \text{ vs } n_L \]

£Development vs £Development
Change will not come if we wait for some other person or if we wait for some other time. We are the ones we’ve been waiting for. We are the change that we seek.

*President Obama 2008*
Leadership

... getting results with & through people

... no people, no results!
Leadership

How does it work?
How would you do it better?
Leaders create not followers but partners in a common enterprise.

*John Adair*
How well do we understand the Modern Context?

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Volatile:</strong></td>
<td>change happens rapidly and on a large scale</td>
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How well do we understand the Modern Context?

Most CEOs seriously doubt their ability to cope with rapidly escalating complexity.

80% expect level of complexity to increase. ...never faced a learning curve so steep.

Prepared? .... some-guardedly optimistic .....others admit not ready for the challenge

Most looking backward, wishing it was still like it always was

IBM Study of 1500 CEOs
Leadership

- Why?
- What?
- How?
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.
....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 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 & Professionalising Medical Leadership

- Leadership & Management Standards  
  - Self
  - Team Player / Team Leader
  - Corporate Responsibility
  - Systems Leadership
  
- 4 level 360 feedback tool
  
- Fellowship at 3 levels
Leadership and management standards for medical professionals

- An effective medical leader is defined by how and what they do, underpinned by why they do it.
- Standards take into account tension between ensuring standards are current, realistic, aspirational and stretching.

**CORE VALUES**

**The seven principles of public life**

**GMC Good Medical Practice**

**BEHAVIOUR SET 1**

**Self**

**BEHAVIOUR SET 2**

**Team player/team leader**

**BEHAVIOUR SET 3**

**Corporate responsibility**

**BEHAVIOUR SET 4**

**System leadership**
## Use of the standards

<table>
<thead>
<tr>
<th><strong>Individuals</strong></th>
<th><strong>Organisations</strong></th>
</tr>
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<tbody>
<tr>
<td>Support continued improvement in individual practice</td>
<td>Personal and professional development</td>
</tr>
<tr>
<td>Support applying for medical leadership and management roles</td>
<td>Supporting, encouraging and coaching colleagues</td>
</tr>
<tr>
<td>To help understanding the skills already mastered</td>
<td>Recruitment</td>
</tr>
<tr>
<td>Identify the skills they might usefully develop for such roles</td>
<td>Commissioning and guiding leadership development</td>
</tr>
<tr>
<td>Be recognised for achievement in this area</td>
<td>Informing education and training</td>
</tr>
<tr>
<td></td>
<td>Organisational development</td>
</tr>
</tbody>
</table>

**Faculty of Medical Leadership and Management**
Certification

- Open to all UK-based members
- **By portfolio** – application form and evidence to support eg 360 degree feedback, appraisal, references
- Assessment is made by doctors holding fellowship. Assessment includes a review of:
  - Behaviours
  - Knowledge
  - Experience and impact
## Certification – levels of Fellowship

<table>
<thead>
<tr>
<th>Certification</th>
<th>Senior Fellowship</th>
<th>Fellowship</th>
<th>Associate Fellowship</th>
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</table>
| **Experience** | • Established leaders  
• Significant contribution to leadership and management in the health sector  
• At least 2 years Board or system level | • Leading multiple or very large teams at organisational level | • Usually at least 2 years leadership experience |
| **Competence against standards** | All domains | First 3 domains | First 2 domains |
| **Post-nominal recognition** | SFFMLM | FFMLM | AFFMLM |

### CORE VALUES

- The seven principles of public life
- GMC Good Medical Practice
- BEHAVIOUR SET 1: Self
- BEHAVIOUR SET 2: Team player/team leader
- BEHAVIOUR SET 3: Corporate responsibility
- BEHAVIOUR SET 4: System leadership
Conclusion

Leadership is a professional duty
Leadership

- Why?
- What?
- How?
What development?

Good leaders create followers
Great leaders create leaders
Leadership development
*Horizontal vs Vertical*

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

**Vertical Development**
- $\alpha$ increased effectiveness
- 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

Faculty of Medical Leadership and Management
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 & react when power or safety is challenged

• ... and you can improve

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

- Alchemist: 1%
- Strategist: 4%
- Individualist: 10%
- Achiever: 30%
- Expert: 38%
- Diplomat: 12%
- Opportunist: 5%

15% !!

55%
The Expert

• 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 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
‘Elevated’ leadership is essential for the modern world ......and VUCA

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

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

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Leadership

- Why?
- What?
- How?
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 good return on investment.

• Mostly, learning doesn’t lead to better organizational performance, because people soon revert to their old ways of doing things.

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
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

Nick Petrie
Center for Creative Leadership
Vertical Leadership Development

Treat development as intellectual exercise

Colliding Perspectives

Elevated Sense-making

Nick Petrie
Center for Creative Leadership
Leadership is an immense subject ... Nowhere is it more important than to teach it than at Sandhurst and in our universities; in fact to youth, since it falls on dead ground with the older generation.

Field Marshall Montgomery
Challenges for clinical leadership development .....discuss!

• When to start?
• For all or the chosen few?
• The challenge of scale
• Integrate – how?
• What development?
• Measuring success?
FMLM/RCS Intercollegiate Leadership Programme

3 Levels:

1. Taster
2. Competent Leader – trainees (5 days)
3. Expert Leader – new consultants (12+ days)

- Individual focus - personal progress measured
- Management skills
- Leadership
- Political context
- Coaching/mentoring
Summary

- Leadership saves lives
- Needs to be valued and respected
- Needs to be professionalised
- Development:
  - For all
  - Start early and raise expectations
  - More focus on:
    - Self development
    - Vertical development
  - Are we (still) training too many ‘experts’
- We all do it, we all need to teach it