

A photograph of a man in a blue and white striped shirt holding a white document, standing in front of a bulletin board with various papers pinned to it.

# 2009 HOPE EXCHANGE PROGRAMME

## HEALTH PROFESSIONALS IN EUROPE: NEW ROLES, NEW SKILLS

### MANAGEMENT AND LEADERSHIP SKILLS: Should they be compulsory for all health professionals?

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A photograph showing two people in a professional setting. A woman in a green shirt is looking towards a man in a dark blue shirt, who is looking slightly away from the camera.

## Themes

- NHS Institute for Innovation and Improvement
- Global challenges facing health system leaders
- What are we seeking?
- Healthcare organisations as professional bureaucracies
- Changing nature of the medical profession
- Enhancing Engagement in Medical Leadership Project
- Medical Leadership Competency Framework
- Transfer to all health professions
- Discussion

# **NHS Institute for Innovation and Improvement**

## **MISSION**

The NHS Institute for Innovation and Improvement supports the National Health Service to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership

[www.institute.nhs.uk](http://www.institute.nhs.uk)

## Global Challenges facing health system leaders

- Spiraling costs of health care
- New technologies & new models of care
- Ageing population
- Increased choice & services that are responsive to the individual
- Increased productivity & efficiency
- Focus on health improvements
- Improved patient safety
- Care outside traditional hospital settings

## What are we seeking?

A community with no needless.....

- Deaths
- Pain
- Delays
- Helplessness
- Waste

*(Institute for Healthcare Improvement)*

# Healthcare organisations as professional bureaucracies

Mintzberg, H. (1979) *The Structuring of Organisations: a synthesis of the research*

- **Characteristics of Professional Bureaucracies**
  - Frontline staff have large measure of control over content of work due to specialist knowledge and training
  - Hierarchical directives have limited impact
  - Horizontal processes have more impact
  - Inverted power structure
  - Organisational leaders negotiate rather than impose

## Healthcare organisations as professional bureaucracies

- Organisational Implications
  - Orientation to stability not change
  - Professionals identify more strongly with their part of the organisation
  - Collections of ‘microsystems’ (Batalden, 2003)
- Leadership Implications
  - Professionals play key leadership roles (informally and formally)
  - Dispersed or distributed leadership
  - Importance of collective leadership
    - Leadership teams V charismatic individuals
    - “constellations of leaders at different levels” for major change (Denis et al, 2001)

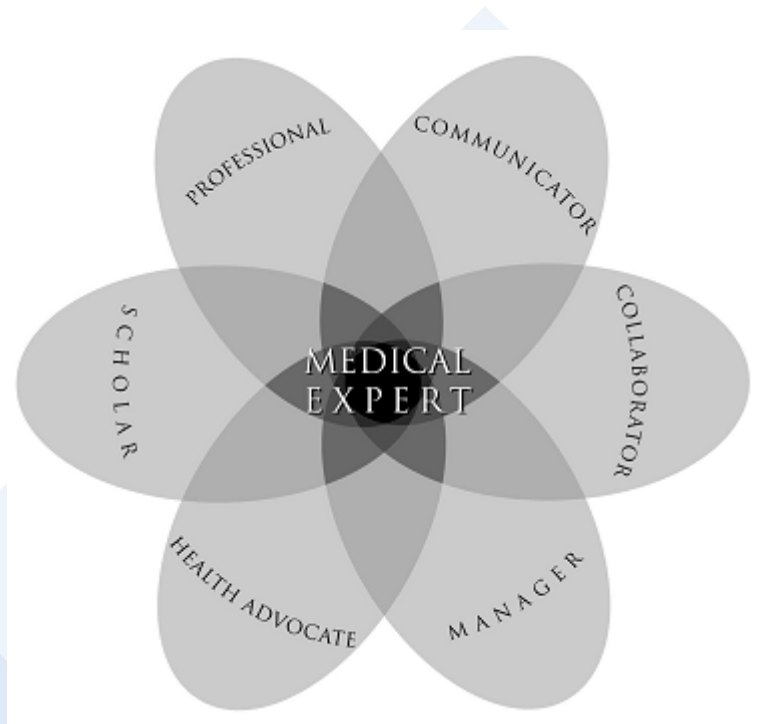
## Changing nature of the Medical Profession

2005 Doctors in Society: medical professionalism in a changing world (RCP, London)

- “the complementary skills of leadership and followership need to be carefully documented and incorporated into a doctor’s training to support professionalism. These skills argue strongly for managerial competences among doctors. An individual doctor’s decision has both clinical and managerial elements. There are signs that management skills will gradually be incorporated into fitness to practice requirements” (para 3.6)

## Changing nature of the Medical Profession

CanMEDS Roles Framework (Frank 2005)



## Changing nature of the Medical Profession

- High Quality Care For All: NHS Next Stage Review Final Report (Darzi, 2008)
- Clinicians as:
  - Practitioner
  - Partner
  - Leader
- “Making change happen requires leadership. It is central to our expectations of the healthcare professionals of tomorrow. There are many routes to excellent leadership and we don’t claim to have all the answers” (5.31)

The background features a collage of images. On the left, a man in a striped shirt holds a document. On the right, a woman in a green shirt and a man in a dark shirt are engaged in conversation. A large blue triangle is overlaid on the left side of the page, containing the title and URL.

# Enhancing Engagement in Medical Leadership Project

[www.institute.nhs.uk/medicalleadership](http://www.institute.nhs.uk/medicalleadership)

# Medical Leadership Competency Framework



## Application

The application of the MLCF will differ according to the career stage of the doctor and the type of role they fulfill. The following graphics show the emphasis that is likely to be given to the domains at each stage:



Undergraduate



Postgraduate



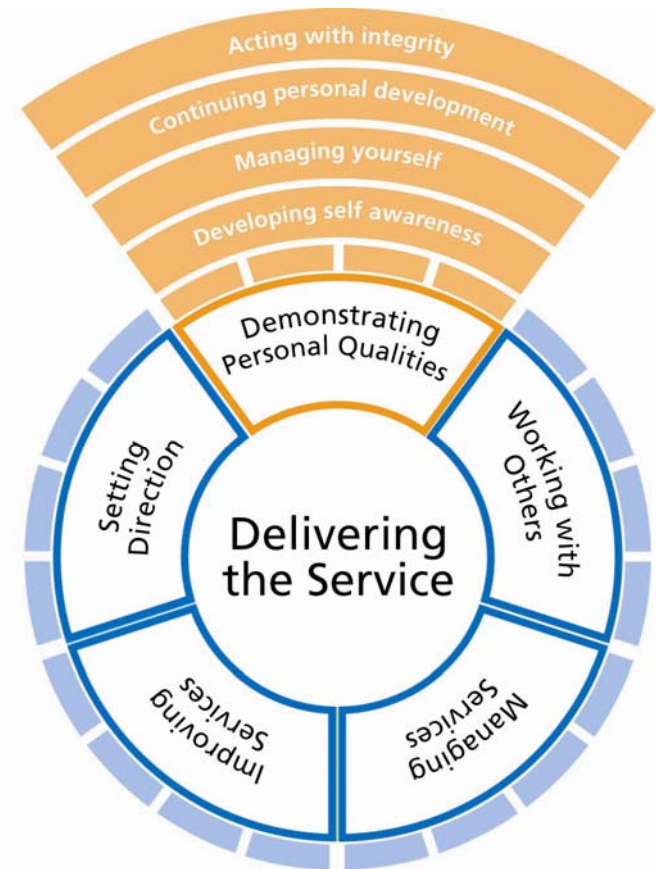
Continuing Practice

Key	
<span style="display: inline-block; width: 10px; height: 10px; background-color: #d9e1f2; border: 1px solid #000;"></span>	has limited opportunities to show competence in all elements of the domain
<span style="display: inline-block; width: 10px; height: 10px; background-color: #4f81bd; border: 1px solid #000;"></span>	has greater opportunities to show competence in all elements of the domain
<span style="display: inline-block; width: 10px; height: 10px; background-color: #0056b3; border: 1px solid #000;"></span>	has frequent opportunities to show competence in all elements of the domain.

## Demonstrating Personal Qualities

Doctors showing effective leadership need to draw upon their values, strengths and abilities to deliver high standards of care.

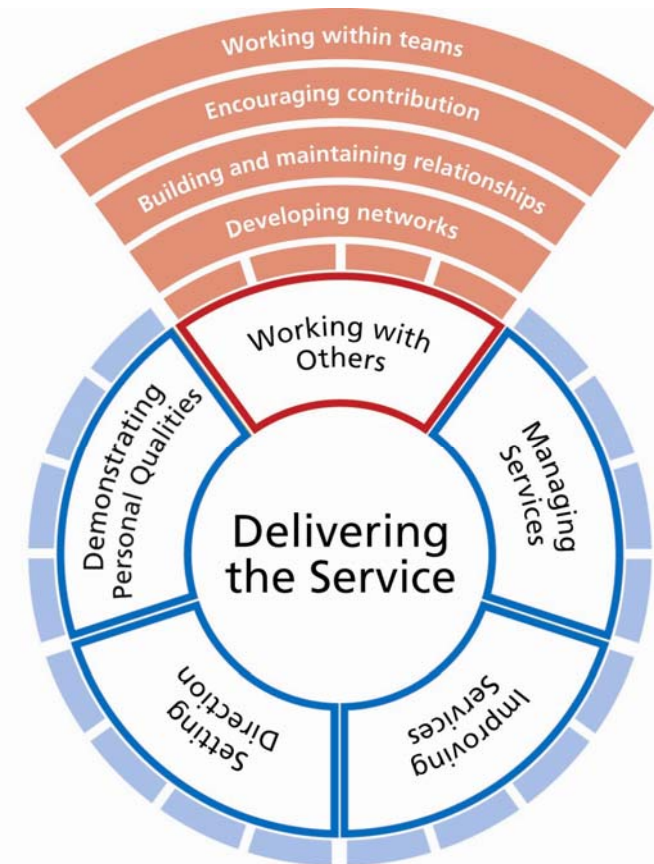
- **Developing self awareness:** being aware of their own values, principles and assumptions and by being able to learn from experiences
- **Managing yourself:** organising and managing themselves while taking account of the needs and priorities of others
- **Continuing personal development:** learning through participating in continuing professional development and from experience and feedback
- **Acting with integrity:** behaving in an open, honest and ethical manner.



## Working with Others

Doctors show leadership by working with others in teams and networks to deliver and improve services.

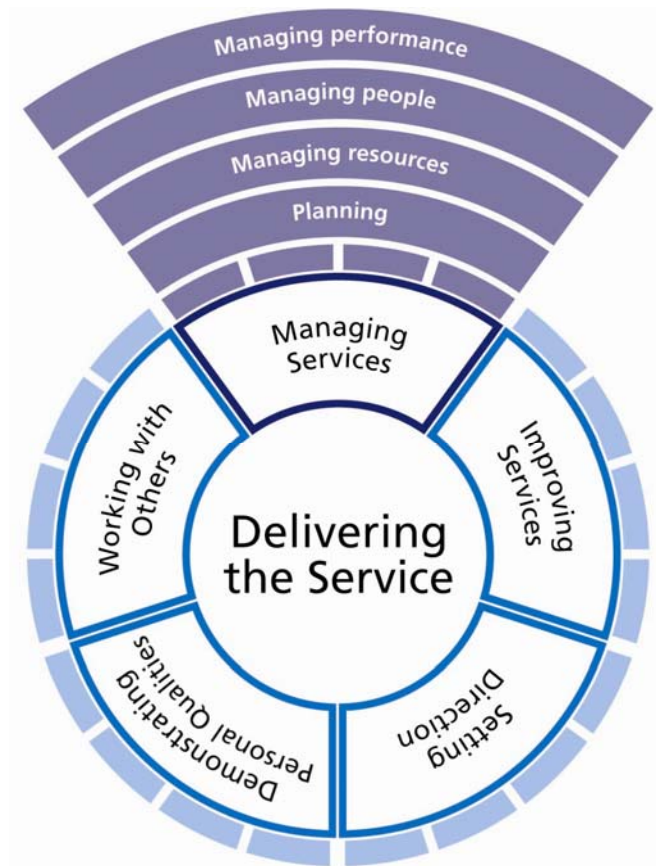
- **Developing networks:** working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services
- **Building and maintaining relationships:** listening, supporting others, gaining trust and showing understanding
- **Encouraging contribution:** creating an environment where others have the opportunity to contribute
- **Working within teams:** to deliver and improve services.



# Managing Services

Doctors showing effective leadership are focused on the success of the organisation(s) in which they work.

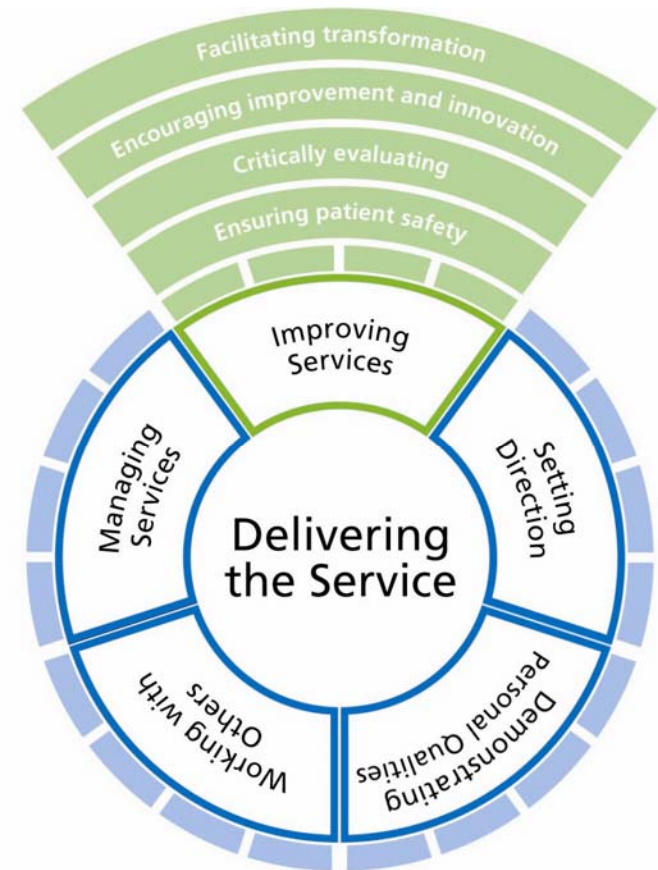
- **Planning:** actively contributing to plans to achieve service goals
- **Managing resources:** knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs
- **Managing people:** providing direction, reviewing performance, motivating others and promoting equality and diversity
- **Managing performance:** holding themselves and others accountable for service outcomes



## Improving Services

Doctors showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to service.

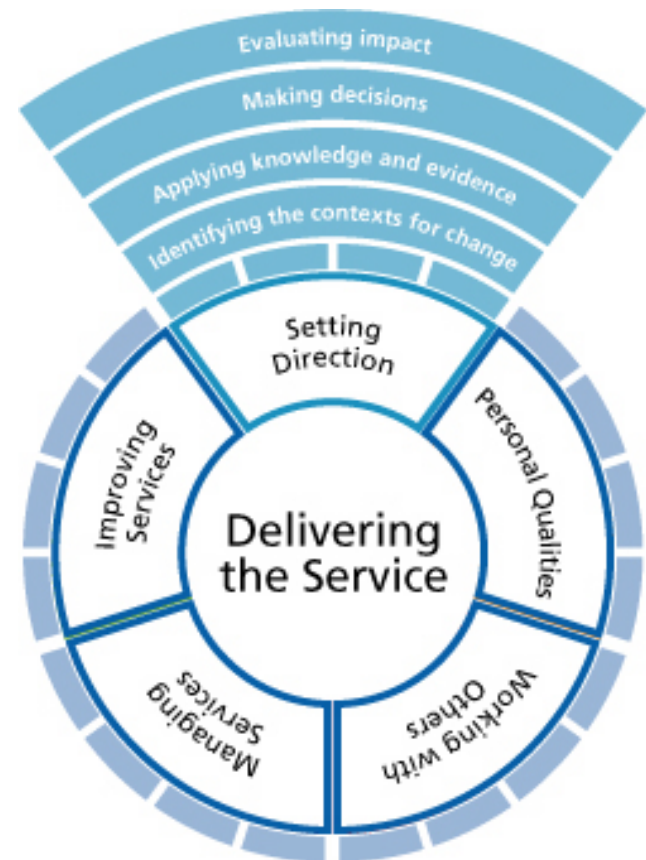
- **Ensuring patient safety:** assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety
- **Critically evaluating:** being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team
- **Encouraging improvement and innovation:** creating a climate of continuous service improvement
- **Facilitating transformation:** actively contributing to change processes that lead to improving healthcare



## Setting Direction

Doctors showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.

- **Identifying the contexts for change:** being aware of the range of factors to be taken into account
- **Applying knowledge and evidence:** gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements
- **Making decisions:** using their values, and the evidence, to make good decisions
- **Evaluating Impact:** measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions



## Current Status

- Approved by all the medical regulatory and professional bodies
- Incorporation into curricula at undergraduate, postgraduate and continuing practice
- Compulsory
- Mix of learning approaches but integrated into education and practice
- Development of learning materials
- Training of clinical tutors
- Creation of Clinical Fellowships

## Transfer to all health professionals

- Model to be applied to all health professionals in the NHS
- Increasing interest internationally
- Increased opportunities for multi-professional leadership development
- European Study (Hilary Watkins)
- Impact on future style of leadership and leaders
- New definitions of health professionalism (Modernising Medical/ Allied Health/ Nurses/ Scientists etc Careers)
- Raison d'être of health leadership

# Discussion

