Medical Leadership
Revalidation &
‘Good to Great’
Faculty of Medical Leadership and 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
The many challenges for medical leadership

• Lack of clarity e.g. expectations/standards
• Basic lack of knowledge
• Poor preparation
  • Sporadic development
  • Starts late if at all
• Reasonable appraisals, lousy PDPs
• Little competition/succession planning/career mapping & advice
• Roles variably resourced ?set up to fail
• Cinderella profession
Medical leadership

Amateur Sport or Profession?
Time to professionalise medical leadership?
1. Fundamental standards and measures of compliance
2. Statutory requirement for openness, transparency and candour
3. Compassionate, caring, committed nursing
4. Stronger healthcare leadership
The recognition that healthcare management and leadership is, or should be treated as a profession, is important. The concept carries with it a need for members of that profession to commit to a professional code of ethics, conduct and standards relevant to their work, separate from any such commitment they have by reason of other professions. It puts all professionals in the health service on an equal footing.
The recognition that healthcare management and leadership is, or should be treated as a profession, is important. **The concept carries with it a need for members of that profession to commit to a professional code of ethics, conduct and standards relevant to their work, separate from any such commitment they have by reason of other professions.** It puts all professionals in the health service on an equal footing............
The development of this concept
• is likely to contribute to the willingness of suitable candidates to come forward,
• will encourage the integration of a common culture,
• and offers the possibility of providing assurance to the public about the competence and suitability of those appointed as senior managers and leaders.
Robert Francis

Much effort is being put into increasing the availability of management and leadership training at all levels, and this is clearly a positive development to be encouraged. The medical profession is making its contribution with the establishment of the Faculty of Medical Leadership, which is seeking to integrate the development of managerial and leadership skills into the work of its members, and to enhance the professional status of healthcare management.
FMLM
Standards of Medical Leadership

1. Values, behaviours and competencies
2. Accreditation:
   - Career routes
   - ‘Training’
   - ? Three levels
3. Measurement & maintenance of performance; appraisal & revalidation
4. Define organisational ‘support’
FMLM Consultation

‘How would you use the standards?’

- Personal and professional development e.g. self-assessment, learning, reflection and 360° feedback, appraisal and revalidation
  - Supporting, encouraging and coaching colleagues
  - Driving conversations with groups of medical leaders about what the standards mean in practice and establishing a common language/expectation
  - Recruitment eg job descriptions, interview assessment, selection, induction
  - Commissioning and guiding leadership development
  - Informing education and training interventions including curricula development and courses
  - Organisational development and as core principles for setting up and running services.
Supporting appraisal for medical managers/leaders

FMLM specialty guidance on appraisal:
https://www.fmlm.ac.uk/leadership-landscape/challenges-ahead/revalidation/revalidation-guidance

New revision will be for all doctors with any leadership and management role.

Should it be for all doctors?
Revalidation 2015
Are we capitalising on its full potential?
Mandating the inclusion of quality improvement information has been especially helpful, stimulating doctors and organisations to undertake audit and other QI activity.
Should we go further and build into appraisal, non-clinical skills which we know make a difference to patient outcome?
e.g. we know:

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
....and we know:

• 1 sd improvement in appraisal associated with a reduction of 12.3% of the number of deaths after hip fracture

• 25% more staff working in teams associated with 275 fewer deaths per 100,000 following emergency surgery or 7.1% of the total number of deaths following emergency surgery

West et al, 2001 International Journal of HRM
West, Guthrie, Dawson, 2006 Journal of Organizational Behavior
Primary Healthcare Team functioning & patient satisfaction

- Clarity of objectives
- Reflexivity
- Support for innovation

Team functioning:
- Low
- Moderate
- High
• Should every doctor be appraised on their team working skills?
• Should many doctors be appraised on their team building skills?
Other topics?

• Leadership?
• Bullying?
• Diversity?
Time to take Revalidation to the next level?

- Capitalise on greater value of stimulating professional development?
- Focus appraisal on successful behaviours?
- Continue to drive up quality of appraisal and increase sophistication of PDPs?
- Cultural shift from passing ‘acceptable’ threshold?
- Moving the focus from identifying poorly performing "tail" to stimulating good to great
Ongoing discussions

- Joint NHS England South/FMLM project
- Design workshops with MD/ROs
- Expert input e.g. Michael West
- Develop tools e.g. mini 360s
Revalidation and the future

• Will it/has it become a tick-box exercise?
• Stimulate professional development?
• The joint prize of:
  • Sorting under-performance
  • Retrieving those on the slippery slope
  • Helping the majority ‘good’ become great
• Will it improve quality
• Confidence in the pilot
Time to move from good to great?

Standard of practice (illustrative figures and standards only)
(1 = substandard, 2 = acceptable, 3 = good, 4 = great, 5 = outstanding)
from avoidance to action
How are we going to achieve this?

Ensure consistent quality through **clear, concise guidance and training** for all doctors so that preparation for their appraisal is optimal.

Support doctors with their appraisal through effective leadership by ROs, and effective infrastructure.

Select, **train and support a cadre of committed, effective appraisers**; this promotes a more effective appraisal process and greater value-outcome*.

Exploit the link from appraisal to **coaching and mentoring** in order to support development of professional skills and behaviours.

*Evidence includes FMLM study in 2014 for NHS England (South) and NHSE (London) at:
Implementation of the professional standards for medical leadership and management

Three pillars to credentialing:

- Experience and Impact
- Knowledge appropriate to this aspect of practice
- Personal qualities and reflection, including 360 degree MSF and annual appraisal
Time to take Revalidation to the next level?

• Tendency since introduction to focus on summative purpose to appraisal
• ? greater value to stimulate professional development.
• The output of appraisal that creates most value is the personal development plan (PDP).
Achieving this is dependent on four main factors:

Firstly, to ensure consistent quality of appraisal through clear, concise guidance and training for doctors so that their preparation is optimal.
Secondly, to support doctors with their appraisal through effective leadership by Responsible Officers, and effective infrastructure.
Thirdly, the selection, training and ongoing support for a cadre of committed, effective appraisers; we know that this promotes a more effective appraisal process and greater value in terms of outcome.
Fourthly, to exploit the link from appraisal to coaching and mentoring in supporting the development of professional skills and behaviours.
## Personal Development Plan - example

<table>
<thead>
<tr>
<th>Learning / development needs</th>
<th>Agreed action or goal</th>
<th>Date this will be achieved by</th>
<th>How will you know your need has been addressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintain an appropriate knowledge of Occupational Medicine theory and practice</td>
<td>Meet minimum requirement for CPD, including attendance at Annual Scientific Meeting July 2014, and regional meetings</td>
<td>November 2015</td>
<td>Records of CPD undertaken, and reflection on learning and changes in practice, reviewed at next appraisal</td>
</tr>
<tr>
<td>Continue to build knowledge in leadership and management roles</td>
<td>Undertake CPD related to management, focusing on communication skills: attendance at regional and national FMLM meetings</td>
<td>November 2015</td>
<td>Attendance certificates and reflection, at next appraisal</td>
</tr>
<tr>
<td>Continue to build effectiveness in leadership and management roles</td>
<td>Identify and engage personal coach</td>
<td>November 2015</td>
<td>Reflection on impact, and informal feedback from key colleagues, at next appraisal</td>
</tr>
<tr>
<td>Further develop knowledge of Board level working, in order to position for possible Director/ NED roles in future</td>
<td>Scope the value of membership of IoD and undertaking IoD course</td>
<td>November 2015</td>
<td>Review at next appraisal</td>
</tr>
<tr>
<td>Remain fully fit for purpose as appraiser and in FMLM role (supporting RO)</td>
<td>Ensure CPD includes attendance at minimum of 3 RO networks</td>
<td>November 2015</td>
<td>Review at next appraisal</td>
</tr>
</tbody>
</table>

Ensure Occupational Health and Safety and management