CLINICAL LEADERSHIP
What is it, why is it important and how do we learn to lead?

Professor Tim Swanwick
Dean of Postgraduate Medical Education
Health Education North Central and East London

www.hee.nhs.uk
www.ncel.hee.nhs.uk
UK debt growing at £5169 per second

There is no ‘them’. There’s only ‘us’
CLINICAL LEADERSHIP

What is it, why is it important and how do we learn to lead?

Professor Tim Swanwick
Dean of Postgraduate Medical Education
Health Education North Central and East London

LEADERSHIP

A process whereby an individual influences a group of individuals to achieve a common goal. Northouse, 2004

www.ncel.hee.nhs.uk
Accepting responsibility for enabling others to achieve shared purpose, in the face of uncertainty.

Marshall Ganz,
Kennedy School of Government
Harvard

SURFACING ASSUMPTIONS

- Leadership is about individuals
- Leadership is about systems
- Leadership and management are different, distinct and tied to positions
- Leadership is for those at the top
- Leadership is at ‘all levels’
- Leadership is about command and control
- Leadership is about collaboration and participation
There is nothing so practical as a good theory
*Kurt Lewin, 1951*

---

**LEADERSHIP THEORIES, CONCEPTS AND MODELS**

<table>
<thead>
<tr>
<th>Adaptive leadership</th>
<th>Engaging leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affective leadership</td>
<td>Leader-member-exchange (LMX) theory</td>
</tr>
<tr>
<td>Authentic leadership</td>
<td>Ontological leadership</td>
</tr>
<tr>
<td>Charismatic leadership, narcissistic</td>
<td>Phenomenological leadership</td>
</tr>
<tr>
<td>Complex adaptive leadership</td>
<td>Relational leadership</td>
</tr>
<tr>
<td>Collaborative leadership</td>
<td>Servant leadership</td>
</tr>
<tr>
<td>Contingency theories</td>
<td>Situational leadership</td>
</tr>
<tr>
<td>Dialogic leadership</td>
<td>Trait or ‘Great Man’ theory</td>
</tr>
<tr>
<td>Distributed, dispersed (shared) leadership</td>
<td>Transactional leadership</td>
</tr>
<tr>
<td>Eco-leadership</td>
<td>Transformational leadership</td>
</tr>
<tr>
<td>Emotional intelligence (EI)</td>
<td>Value-led, moral leadership</td>
</tr>
</tbody>
</table>
MAKING SENSE OF LEADERSHIP THEORY

1. Theories that focus on the personal qualities or personality of the leader as an individual
2. Theories relating to the interaction of the leader with others
3. Theories which seek to explain leadership behaviours in relation to the environment or system

1. Personal qualities/personality
   - ‘Great man’ theories
     - position, heredity, religion
     - ‘heroic leader’
   - Trait theory, emotional intelligence
   - Personal qualities of a leader
   - Personality
   - Authentic, fallible, value-led, affective (emotional labour)
   - Wise leader
2. Interaction of leader with others

- Transactional leadership
- Leadership styles
- Situational leadership
- Transformational leadership
- Relational, dialogical
- Followership
- Power relations, authority and control
- Servant leadership

3. Leading systems

- Adaptive leadership
- Metaphors or ‘frames’
- Complexity and systems theories
- Leaders as change agents
- Building social capital
- Shared, distributed, dispersed, collaborative
- Eco-leadership
CLINICAL LEADERSHIP
What is it, why is it important and how do we learn to lead?

Professor Tim Swanwick
Dean of Postgraduate Medical Education
Health Education North Central and East London
Employee engagement and NHS performance
Michael A West, Lancaster University and Jeremy F Dawson, University of Sheffield, The King’s Fund 2012

www.nceat.hee.nhs.uk

Figure 1: Patient mortality by engagement

Source: West (2012/11)
Figure 2: Absenteeism by engagement

Overall engagement by Annual Health Check performance
CLINICAL LEADERSHIP

Greater freedom, enhanced accountability and empowering staff are necessary but not sufficient in the pursuit of high quality care. Making change actually happen takes leadership. It is central to our expectations of the healthcare professionals of tomorrow.

*High Quality Care for All, 2008*

www.ncel.hee.nhs.uk

---

CLINICAL LEADERSHIP

We will empower health professionals. Doctors and nurses must to be able to use their professional judgement about what is right for patients. We will support this by giving frontline staff more control. Healthcare will be run from the bottom up, with ownership and decision-making in the hands of professionals and patients.

*Equity and Excellence, May 2010*

www.ncel.hee.nhs.uk
The NHS and all who work for it must adopt and demonstrate a shared culture in which the patient is the priority in everything done. This requires: A common set of core values and standards shared throughout the system; leadership at all levels from ward to the top of the Department of Health, committed to and capable of involving all staff with those values and standards...

Recommendation 2 - Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry February 2013

The health and care system must change. We cannot merely tinker around the edges – we need a radical overhaul with high quality care and compassion at its heart.

Government Response to Francis DH 3rd April 2013
CLINICAL LEADERSHIP
What is it, why is it important and how do we learn to lead?

Professor Tim Swanwick
Dean of Postgraduate Medical Education
Health Education North Central and East London
PREVAILING THEMES

Evolution in thinking about:

- The educational approach
  - from training to development
- Where learning is situated
  - from the classroom to the workplace
- How career development is considered
  - balancing organisational and individual needs
1. From ‘training’ to ‘development’

‘The transformation paradigm...emphasizes co-creation, interpretation, discovery, experimentation and a critical perspective. Rather than learning leadership as it is known by others, learners make sense of their own experiences, discover and nurture leadership in themselves and in each other, not in isolation but in community’


2. From the classroom to the workplace

- Project work: 70%
- Learning about self from others: 20%
- Courses: 10%
TRENDS IN LEADERSHIP COURSE DEVELOPMENT
West and Jackson, 2002

One-off event  Longitudinal programme
Theoretical course  Theory applied to practice
Lectures  Participation
Individuals  A group with a purpose
Supplier  Co-designer

3. Balancing organisational with individual needs

<table>
<thead>
<tr>
<th>Who?</th>
<th>Leadership development targeted at individuals</th>
<th>Leadership development offered across the organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individualized content</td>
<td>High performing individuals are nurtured through tailored programmes</td>
</tr>
<tr>
<td></td>
<td>Consistent content</td>
<td>Planned activities for specific groups are driven by the needs of the organisation</td>
</tr>
</tbody>
</table>
WHAT INTERVENTIONS WORK?

<table>
<thead>
<tr>
<th>Courses, seminars, workshops</th>
<th>Action learning</th>
<th>Multi-source feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simulation</td>
<td>Psychometric tools</td>
<td>Structured workplace experiences</td>
</tr>
<tr>
<td>E-learning</td>
<td>Coaching and mentoring</td>
<td>Project work</td>
</tr>
</tbody>
</table>

An effective leadership development programme should...

- Enable personal development
- Build networks
- Be work and action orientated
- Link theory to practice
- Develop practical skills

[www.ncel.hee.nhs.uk](http://www.ncel.hee.nhs.uk)
FMLM provides a professional home for doctors and dentists from all career stages and specialities with an interest in leadership and management. Through this we sustain a vibrant community that supports members in their aspirations to develop and enhance their leadership, management and team working skills and networks. FMLM aims to promote and support excellence in medical leadership and management and influence health policy for the benefit of patients and the population through advocacy; by developing professional standards; and by giving members access to key resources.
Vision To be a centre of excellence and beacon of best practice on leadership development, owned by the NHS and working for all those involved in NHS funded care.

Mission To develop outstanding leadership in health in order to improve people’s health and their experience of the NHS.

- 1.3M NHS staff
- 700,000 clinical professionals
- 146,000 doctors
- 50,000 doctors in training
TAKE-HOME MESSAGES

• Healthcare is delivered by teams and systems, not by clinicians working in isolation
• The purpose of clinical leadership is to sustain and improve the quality of patient care
• Doctors have a unique leadership role to play
• Leadership is everyone’s responsibility
• Opportunities for development are everywhere

www.ncel.hee.nhs.uk