



Faculty of
**Medical Leadership
and Management**

Leadership and Management Standards for Medical Professionals

2ND EDITION





WHY WE NEED STANDARDS OF LEADERSHIP AND MANAGEMENT FOR MEDICAL PROFESSIONALS

The definition of the standards of medical leadership and management is long overdue, given the correlation between effective leadership and the quality of patient care. Currently, there is insufficient clarity regarding the expectations of doctors in leadership and management roles and no “gold standard” of achievement against which doctors can benchmark themselves and be measured.

This is particularly pertinent given the increasing accountability and responsibility that doctors have with respect to the effectiveness and efficiency of healthcare delivery and health advice, as well as safety and quality.

The UK medical profession has a distinguished international reputation for clinical standards; it needs to replicate this for leadership and management. This was emphasised in the 2012 *‘Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry’* which called for stronger healthcare leadership and “*the recognition that healthcare management and leadership is, or should be treated as a profession*”.



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Good medical leadership impacts positively at three levels: the patient, the organisation and the individual:

- **For patients**, there is a growing body of evidence linking good leadership to improved clinical outcomes. There is an inverse association between effective teamwork and in-hospital mortalityⁱⁱ and a positive association between leadership and the quality of patient experience in both primary and secondary care^{iii iv}. Hospitals which boast high medical engagement deliver, as adjudged by the Care Quality Commission (CQC), high quality care and the converse is equally true^v.
- **Healthcare organisations** clearly benefit from good leadership by having better patient outcomes and also increased productivity. In high performing organisations, the levels of team working and medical engagement will be high resulting in continuous improvement in the value (quality/cost) of care for patients.^{iv vi vii}
- **Individual doctors** also have responsibilities to themselves and to their teams for the reasons and evidence described above. Doctors, just like all members of multi-disciplinary teams, benefit from being well-led. Well-supported and empowered staff are more motivated and more productive, giving more discretionary effort and delivering a higher quality of care. All studies highlight the importance of development and leadership opportunities for doctors and effective selection and appointment processes for medical leadership and management positions.

WHAT IS A STANDARD?

We have chosen to use the definition of standards used by the Safe Effective Quality Occupational Health Service (SEQOHS) - "A standard is something considered by an authority or by general consensus as a basis of comparison in measuring or judging adequacy or quality."^{viii}

DEVELOPMENT OF THE STANDARDS

The FMLM standards are derived from, and build upon, earlier work including the General Medical Council's guidance, *Leadership and Management for all doctors*, UK national leadership frameworks and models, and research on medical leadership, management and engagement. The standards have also been informed by online and face-to-face consultation with over 600 individuals, groups and organisations and formal and informal discussions with a broad range of stakeholders.

WHO THE STANDARDS APPLY TO

The FMLM standards are designed specifically for medical professionals working in the UK, from all specialties, career stages and sectors including NHS, charities, private and independent companies, occupational health and pharmaceutical industry, armed forces, education and academia.

HOW THE STANDARDS CAN BE USED

Individual, organisation and group respondents to the consultation cited the following as some ways in which they would use the standards.

- Personal and professional development eg self-assessment, learning, reflection and 360 degree feedback, appraisal and revalidation
- Supporting, encouraging and coaching colleagues (including performance management)
- 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.

WHAT IS DIFFERENT IN THE OCTOBER 2016 VERSION OF THE STANDARDS

In 2016, FMLM has updated the standards in preparation for launching certification for medical leaders at team, operational and strategic level. An additional point (1g) has been added to the *Self-awareness and self-development* domain. Minor edits have been made to *Corporate culture, improvement and innovation* (3h). A new domain, *entitled System Leadership* has been added to highlight the particular skills associated with those who lead across systems.

THE LEADERSHIP AND MANAGEMENT STANDARDS FOR MEDICAL PROFESSIONALS

The standards are articulated as a set of core values and behaviors designed to work across all levels.

Building on suggestions from the consultation in 2014, FMLM has identified the core values and principles expected of doctors as leaders and reworded the behavioural statements to ensure they are observable, measurable, and assessable, while allowing scope for personal development.

FMLM has taken into account the tension between ensuring the standards are current and realistic as well as the value of them being aspirational and stretching.

FMLM believes an effective medical leader is defined by how and what they do under-pinned by why they do it. The 'why' is guided by the values espoused in the *7 Principles of Public Life*^{ix} and the General Medical Council's *Good Medical Practice*^x:

THE SEVEN PRINCIPLES OF PUBLIC LIFE:^{ix}

- 1. Selflessness** - Holders of public office should act solely in terms of the public interest.
- 2. Integrity** - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- 3. Objectivity** - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- 4. Accountability** - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- 5. Openness** - Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- 6. Honesty** - Holders of public office should be truthful.
- 7. Leadership** - Holders of public office should exhibit these principles in their own behaviour. They should actively promote and robustly support the principles and be willing to challenge poor behaviour wherever it occurs.

THE GMC GOOD MEDICAL PRACTICE:^x

Knowledge, skills and performance

- Make the care of your patient your first concern
- Provide a good standard of practice and care
- Keep your professional knowledge and skills up to date
- Recognise and work within the limits of your competence

Safety and quality

- Take prompt action if you think that patient safety, dignity or comfort is being compromised
- Protect and promote the health of patients and the public

Communication, partnership and teamwork

- Treat patients as individuals and respect their dignity
- Treat patients politely and considerately
- Respect patients' right to confidentiality

Work in partnership with patients

- Listen to, and respond to, their concerns and preferences
- Give patients the information they want or need in a way they can understand
- Respect patients' right to reach decisions with you about their treatment and care
- Support patients in caring for themselves to improve and maintain their health
- Work with colleagues in the ways that best serve patients' interests

Maintaining trust

- Be honest and open and act with integrity
- Never discriminate unfairly against patients or colleagues
- Never abuse your patients' trust in you or the public's trust in the profession

You are personally accountable for your professional practice and must always be prepared to justify your decisions and actions.

Medical leaders should also be aware of the GMC guidance, *Leadership and management for all doctors*^{xi}.

The 'how' and 'what' medical leaders do is set out below as behaviours which can be observed, measured and developed.

BEHAVIOURS

1. SELF

Doctors must know and understand themselves, their impact on others and be constantly striving to improve. They must be resilient and consistently demonstrate the energy, drive and motivation to lead and work with others for consistently high and improving standards, and thereby improved quality of care for patients in all its dimensions (experience, effectiveness, safety).

SELF-AWARENESS AND SELF-DEVELOPMENT

- a) Demonstrates a clear people and patient-centred approach, considering the impact of their style, decisions and actions on all those affected
- b) Manages own emotions and adapts leadership style to have the maximum positive impact on others
- c) Seeks and acts upon feedback from patients, colleagues and other professionals regarding own effectiveness and possible areas for development
- d) Commits time to professional development and keeps own skills and knowledge up to date
- e) Establishes and maintains strong professional and support networks
- f) Acknowledges own limitations and prepared to seek support from others in order to achieve the best outcomes
- g) Draws upon a range of leadership theories, principles and experiences to improve and innovate

PERSONAL RESILIENCE, DRIVE AND ENERGY

- h) Takes full accountability for actions and decisions within own areas of responsibility
- i) Remains calm and objective in situations of pressure or conflict
- j) Sustains personal levels of energy and remains enthusiastic and optimistic in the face of setbacks
- k) Has the courage to speak up and speak out when standards, quality or safety are threatened.
- l) Constructively challenges others when there is an opportunity for improvement
- m) Works to a high standard and earns the respect of colleagues.
- n) Manages own time effectively, and is trusted by others to deliver commitments and promises.

2. TEAM PLAYER / TEAM LEADER

The effective medical leader has a sophisticated knowledge of establishing and leading teams and how to get the best out of them. Equally they know when to lead and when to follow. They are robust defenders of fairness and justice and strive constantly to create to optimal environment for colleagues to give of their best in the drive for improved clinical care.

EFFECTIVE TEAMWORK

- a) Fully participates in multi-disciplinary teams in order to achieve the best possible outcomes for all those who use and deliver services
- b) Asks others for their opinions and ideas, actively listens and takes their views onboard in order to deliver the best outcomes for all
- c) Attracts and develops talent
- d) Coaches to develop individuals to reach their full potential
- e) Supports a diverse workforce and understands the value diversity brings to patient care
- f) Demonstrates trust and respect for colleagues and is seen as a role model for effective team-working
- g) Empowers and motivates others to deliver, improve and innovate
- h) Delegates effectively, sets clear objectives, provides feedback, and holds people to account
- i) Actively manages poor performance and behaviour
- j) Is supportive, available and approachable.
- k) Responds quickly and positively when asked for help
- l) Celebrates success

CROSS-TEAM COLLABORATIONS

- m) Identifies opportunities for collaboration and partnership, connecting people with diverse perspectives and interests
- n) Seeks out beyond the immediate team and professional area for new perspectives, ideas and experiences and shares best practice, incorporating this to enhance quality and delivery of services
- o) Engages the wider healthcare community in the teaching, training and support of own work and that of colleagues
- p) Openly shares own networks with colleagues and partners to improve information, influencing
- q) Connects individuals, teams and organisations for mutual benefit.

3. CORPORATE RESPONSIBILITY

The effective medical leader understands and contributes positively to the strategic direction and operational delivery of the organisation in which they work. They espouse and practice the seven Principles of Public Life^{ix} and Good Medical Practice^x. They can successfully navigate the competing demands between the needs of the individual and the needs of the population. Furthermore, they can successfully balance their role in day to day delivery with a focus on anticipating future challenges and future innovation.

CORPORATE TEAM PLAYER

- a) Ensures adherence to the principles of good corporate and clinical governance
- b) Understands the competing demands for resources and actively supports fair and appropriate allocation
- c) Makes clear, transparent evidence-based decisions even when faced with situations of ambiguity and uncertainty
- d) Considers, assesses and manages potential risks when making decisions that impact upon patients, colleagues and their organisation
- e) Participates in wider organisational initiatives that enable and promote excellence in healthcare
- f) Recognises and can navigate professional and political tensions

CORPORATE CULTURE, IMPROVEMENT AND INNOVATION

- g) Relentlessly identifies and supports opportunities for improvement
- h) Understands and successfully applies key concepts and principles underpinning the creation, validation, translation and dissemination of innovative ideas and practices
- i) Motivates and inspires others to achieve high standards and improve services
- j) Engenders and is a role model for an organisational culture that values diversity, learning, reflection and feedback, transparency, openness and candour
- k) Is forward thinking and helps the organisation to prepare for new challenges and innovate.

4. SYSTEM LEADERSHIP

The effective medical leader understands and contributes positively to the healthcare system. They are adept in dealing with complexity and ambiguity. They can translate policy into practice and negotiate effectively with organisations across the system to meet the needs of the population.

EFFECTIVE TEAMWORK

- a) Demonstrates effectiveness in contributing to and influencing policy development
- b) Seeks to positively influence strategy and culture
- c) Demonstrates ability to negotiate effectively
- d) Demonstrates appropriate situational awareness in the handling of complex, challenging or ambiguous circumstances
- e) Demonstrates appropriate sensitivity when working with a wide range of stakeholders
- f) Demonstrates assertive and respectful communication taking into account the perspectives, considerations and feedback of stakeholders when formulating strategy or policy.

SUPPORTING TOOLS AND GUIDANCE

In March 2016, FMLM launched a 360 feedback tool for individuals at team, operational and strategic levels. This is available on www.fmlm.ac.uk/FMLM360

FUTURE WORK

The FMLM will continue to work with stakeholders on other areas of support to implement the standards. In 2016, FMLM will launch a certification system where individuals can be assessed on their achievement against the standards and recognised accordingly. There will be guidance produced for organisations to help support and develop doctors as leaders at each level.

SUMMARY

These standards are not a static document. FMLM is committed to regularly reviewing and refining all aspects. The intention is to be aspirational and stimulate improvement and consistency in medical leadership; feedback from individuals and organisations has been constructive and supportive. However, no matter how erudite the end product is, it is what we all do with the standards that will make the difference.

FMLM is confident that this is an essential step towards professionalising medical leadership and management as recommended in the Francis Report. Furthermore, we are confident that enhanced medical leadership will improve the quality and outcome of patient care, improve organisational performance and play a major role in the relentless drive to make UK healthcare the best in the world.

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The Faculty of Medical Leadership and Management (FMLM) supports the delivery of better healthcare outcomes for patients in the UK by developing and promoting excellence in medical leadership and management through networks, resources and career opportunities for doctors of all grades and specialties.

FMLM has launched the leadership and management standards for medical professionals and supports a diverse and dynamic membership community and is the UK professional home for doctors and dentists who are both current and aspiring medical leaders and managers.

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