



Faculty of
**Medical Leadership
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HUNTER CLINICAL
Experts in clinical talent management

What makes a top Clinical Director?

2017

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Introduction

The role of a clinical director can be a pivotal one. They are a vital bridge between clinical and medical teams, patients and the board. Uniquely placed to act as an instrumental link that can make or break a new strategy or improvement plan.

Despite the value and skills that they can bring to an organisation, the role is often seen as a negative one. A confusing merger of clinical and managerial responsibilities, that don't always allow enough time to do either role justice.

In a recent Hunter Clinical survey, three quarters of clinical directors said their biggest challenge was balancing clinical practice and management roles.

The post expects the individual to be able to navigate challenging situations, often without robust management training, or operational understanding and is frequently viewed with suspicion by clinical colleagues. Without a focussed support structure in place from the organisation, the role of clinical director runs the risk of becoming a disillusioned 'Jack of all trades'. Requiring not only clinical skill, but also an understanding of HR and finance.

Several high-profile inquiries such as Francis¹, Darzi² and Keogh³ have linked good quality clinical leadership with high-quality care. Clinical leaders should be at the forefront of any change particularly as organisations strive to provide top quality patient care on ever-restrictive budgets. Their credibility amongst clinical colleagues enables them to bring others on board to new ideas, strategies and change.

A successful clinical director brings with them a frontline knowledge of how the hospital delivers care, allowing them to align clinical and financial decisions and outcomes. They are one of the best placed individuals to bring about improvements that take into consideration clinical quality, patient safety and experience.

Despite the importance of the role, not many organisations have in place a clear picture of what the role should look like or a well-developed leadership structure to support those in appointment. The expectations of the individual in post tends to vary massively from organisation to organisation.

In some organisations, clinical directors are accountable for the line management of the general manager and head of nursing, in other trusts the general manager is responsible for line managing the clinical director. A third structure sees clinical director and general managers working side by side and reporting to a senior divisional or medical director⁴.

This report seeks to identify and investigate the skills and qualities that successful clinical directors need to possess, alongside exploring how organisations can best support their leaders to utilise these skills to the best of their ability. We explore leadership models, job descriptions, a review of the challenges facing clinical directors and how time commitments should be balanced, all of which culminate in shaping a top clinical director.



Clinician or Manager?

There is still a degree of uncertainty as to whether the clinical leadership role is best carried out by a clinician or manager. It is often recognised that a clinician is best placed for the role, but it is also acknowledged that it is a leadership role and does require some management skills.

To enable the clinician in post to successfully bring value to the position, top organisations need a detailed leadership model and a job description in place. Such a model seeks to protect the clinicians' time, enabling them to focus on their areas of expertise and interest rather than taking on the minutiae of a management role. Current workforce pressures to have fully staffed clinical rotas can often create a tension between the two roles, often resulting in the delivery of clinical care taking precedent.

Staff, patients and the board

Good clinical directors should be enabled to successfully bridge the gap between management, staff and patients.

By being able to engage at a management level, clinical directors who have a clinical background can play a part in influencing strategy with a sound knowledge of what is a priority for high quality patient care. However, they can also enable strategy and are incredibly valuable in being able to engage their colleagues, bringing them on board with change and new ways of working.

A credible clinical director will be able to ensure doctors understand and are bought into why certain changes and improvement needs to be made and highlight why it is vital to gain their support.

Dr Timothy Ho is Medical Director at Frimley Health NHS Foundation Trust. He says: "Communication and explaining things properly are so important because no-one likes change. You have to have a clear strategy so that people can align and that strategy has to fit people's ambitions.

Most clinicians want more scope and opportunity to do the high-end stuff, so you need to convince them that what you are doing contributes towards that. Be plausible and don't talk like a politician."

Some view doctors as being difficult to manage and there is sometimes a mistrust of management teams and their motives, so a clinician is often better placed to be able to engage effectively with colleagues. The Hunter Clinical survey revealed the importance of cultivating good relationships, with 48 per cent of clinical directors placing positive working relationships with clinical peers as adding the most value to the role, as well as engagement from senior staff (38 per cent).

Dr Elizabeth Loney is a Care Group Director at County Durham and Darlington NHS Foundation Trust and is a former clinical director. She says: "It's difficult to manage doctors if you are not a doctor. There might be a feeling that you don't understand the issues that they face and there is often a mistrust of management by doctors.

"You have to accept that when you become a medical manager you are not doing it to make friends. You go from being one of them to being something indeterminate. They are not sure what you are. Are you a management puppet? Will you still stick up for them and have their backs? If you come from outside they may be suspicious of your motives – are you power-hungry or do you really want to make things better?"



Some clinicians can be brilliant doctors but don't have good leadership skills. They struggle to bring their colleagues along with them which makes the job much harder. Good clinical leaders will be able to take a perspective beyond their clinical area. Dr Tim Ojo is a consultant psychiatrist and coaching and mentoring lead for Faculty of Medical Leadership and Management (FMLM), who has worked in clinical management for over 12 years. He believes clinicians are good at influencing, encouraging and energising people to change and improve, but says they must harness the benefits of having a positional role-based power with how they influence their colleagues and learn how to balance the two opposing things.

He says: "Your colleagues have to respect that you have an abiding commitment to the same things they do. They can see you as an ally if they know you can interpret all the factors - that can make or break a plan in terms of finance and governance. The trick is to know the rules, know the policy and have some understanding of how it all works. You can use this to make persuasive arguments with your colleagues."

Successful healthcare organisations ensure they have both good clinical leaders and good managers so clinical leadership doesn't have to become about building a knowledge of management skills and instead can focus on helping to create strategy and opportunities for success. Both sides need to work well together to bring the best outcome to the trust. However, the reality can be quite different. A survey by The Nuffield Trust⁵ found that only 44 per cent of clinicians think the balance of power and influence between management and medical staff is about right, compared to 70 per cent of CEOs.

In the same way that the clinical director has to translate the board's vision and strategy for fellow clinicians, it is vital that frontline clinicians feel engaged with managers. However, the Nuffield Trust survey also found that only 46 per cent of doctors have sufficient influence on hospital managers, compared to 81 per cent of directorate managers and chief executives. In addition, just 43 per cent believe managers put clinical priorities ahead of financial ones, compared with 96 per cent of chief executives. According to the survey, some also believed that clinical and management teams work to different agendas.

Maintaining a clinical rota is one way that good clinical directors can ensure they keep clinical colleagues on side. Dr Rodney Kersh, Clinical Director, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, says: "It's too easy to become one of the management. Clinical involvement is key instead of a clinical director who doesn't do much clinical work. You need to understand what is happening and the needs of the clinicians, it is important to do both. There are very few roles which have those demands on them."

Finance vs. quality

The NHS is working through an incredibly challenging financial climate. It is widely publicised and with much criticism from all quarters, including patients, the media and politicians. In addition, quality of care and patient safety is also at the top of the agenda, meaning a finely balanced approach is needed to be successful.

Clinicians are in prime position to see what is needed at ground level to keep patients safe and to see where efficiencies can safely be made. A good clinical director requires a good working relationship with the finance director who should value the clinical director's input in order to successfully influence financial decisions.

Good decisions based on sound knowledge about treatment and care can greatly determine the costs borne by organisations, yet vary greatly across trusts. Successful clinical leadership can help to align clinical and financial responsibility.

Dr Kate Langford, Deputy Medical Director, Guy's & St Thomas' NHS Foundation Trust, was the Clinical Director for Women's Services between 2011-2014. She says: "You need to be able to understand the strategy of the organisation and that there are delivery expectations. Having a vision for the service is important but so is the understanding of where this fits into the wider organisation strategy and how you can support it."



“The intense pressures on organisations to have appropriate levels of staffing, amidst a national shortfall of clinical talent, makes it difficult for clinical leaders to protect the management time that they can dedicate to developing strategy and improving the patient experience.”

Rebecca Bridger, Founder and Managing Director, Hunter Clinical, 2017

“If you don't show awareness of the organisation's direction of travel and you are repeatedly battling for something fairly unrealistic for your area, for example building a new wing when it's not on the organisation's agenda, you will lose credibility and will not achieve more realistic goals for the service. You need to take other services into account and assess what is our service contribution and where we fit into it overall, rather than taking a narrow-minded view.”

Despite this, the Kings Fund⁶ has found that clinicians do not get the support they need to work effectively with senior managers. It suggests this is particularly true with clinical directors who have received no support to develop their financial and planning skills to take evidence-based decisions. They often lack clear lines of communication with senior management and believe they are marginalised in the decision-making structure. Good trusts will provide clinical directors with the support they need to develop their financial and planning skills to make evidence-based decisions and encourage clear lines of communication with senior management.

There is also evidence to suggest that allowing clinicians to assign costs to their actions results in a reduction of unnecessary tests and interventions. Researchers from Reform⁷ looked at 126 UK hospitals and found that those with greater levels of clinical leadership scored 50 per cent higher in lean management and performance management scores, showing that good clinical leadership can improve overall best practice management.

The study highlights the fact that clinicians have significant purchasing power and must be placed at the centre of the value agenda. The NHS currently spends £3bn on products and consumables selected by clinicians but with variation in outcomes and costs. Effective clinical leadership is required to reduce waste and to address the growing challenge of over diagnosis.

Some argue there is merit in exposing trainee and junior doctors to aspects of NHS finance during training and in their daily work so that they appreciate fully why certain decisions are made. It shouldn't be left until they get to the level of clinical leader for clinicians and nursing staff to understand the financial implications of clinical decisions.

Dr Mark Newbold is a histopathologist by background and a former NHS chief executive. He is now leading a GP super partnership in Birmingham and says: “Doctors tend to focus on the needs of the patient in front of them, while the manager has to focus on the whole cohort of people who come through the doors. There is a very different sense of perspective. Managers are much more accountable for resources.

“Some understanding of how things get done in the workplace would be useful, an understanding of how you access resources would be really useful as people would have a better understanding of how decisions are taken. It would help them develop their own services when the time comes, and perhaps manage their career better too.”

Successful clinical directors will therefore set the direction for services using information about resources which affect the quality of care. Knowing that such decisions are being made with a clinical angle is likely to ensure colleague engagement. According to Reform, the development of service-line management in NHS hospitals has been most successful where boards have devolved responsibility to the front line, supporting the judgement of clinicians whilst holding them to account.⁷



The top five most important elements of the role:

- 1. Increasing quality of patient care**
- 2. Driving transformation or change**
- 3. Supporting/inspiring colleagues in their development**
- 4. Safeguarding/providing a voice against poor quality**
- 5. Providing examples of good practice/positive culture**

High quality patient care and high quality clinical leadership

Several independent inquiries following revelations of poor and unsafe care in recent years have highlighted the link between clinical leadership and quality of care. Reports by Francis¹, Keogh³ and Darzi² all identified a link between failure of leadership and engagement with doctors as a contributing factor to poor quality care.

A growing body of evidence links leadership with clinical outcomes. High-performing organisations should be looking to their clinicians and managers to forge close relationships and good channels of communication with senior leadership team members. Many clinical directors see their separation from decision making as a lost opportunity because they believe they are best placed to understand how to bring about improvements in both clinical quality and patient experience. The Hunter Clinical survey revealed that clinical leaders feel the most important factor of their role is to increase the quality of patient care, followed by driving transformation and change and supporting colleagues in their development. They are closest to patients and operational environments and understand the opportunities and constraints of their local in situ work settings; despite this, clinical directors often become divorced from the decision-making process.

Sir Bruce Keogh³ says: "Too often aspiring clinical leaders feel unsupported in their pursuit of reforming the way we deliver care. This is in part due to our failure to disseminate evidence that having clinicians in leadership roles is as important to patient care as being a professor in medicine, surgery or primary care."

The Hunter Clinical survey revealed that 51 per cent of clinical directors felt generally supported and 20 per cent completely supported. A further 25 per cent felt either sometimes supported or generally unsupported. Just 22 per cent said they felt most supported by executive/board level colleagues and 34 per cent from medical management colleagues.

Dr Patricia Fisher, Clinical Director of Specialised Cancer Services, Sheffield Teaching Hospitals NHS Foundation Trusts, says: "Clinical directors are crucial to shaping the vision of the area they work in, in association with others in the triumvirate.

In large organisations, it is more difficult to appreciate the impact on the larger scale and to see how they influence the bigger picture, but they need to start by making positive changes within the department."

Dr Fisher cites the 'You said, we did' campaign which helped staff to see the changes they had made and encouraged others to get involved. It helped to engage staff and helped them see that their ideas were acted upon and that things were changing for the better.

Dr Mark Newbold says: "An effective clinical director can provide a link between a service department and the board, ensuring good, two-way understanding that can greatly aid the work of the departmental leadership team. They need to be able to lead the creation of strategy and be able to put clinical vision into an implementation plan, while engaging their colleagues and getting support.

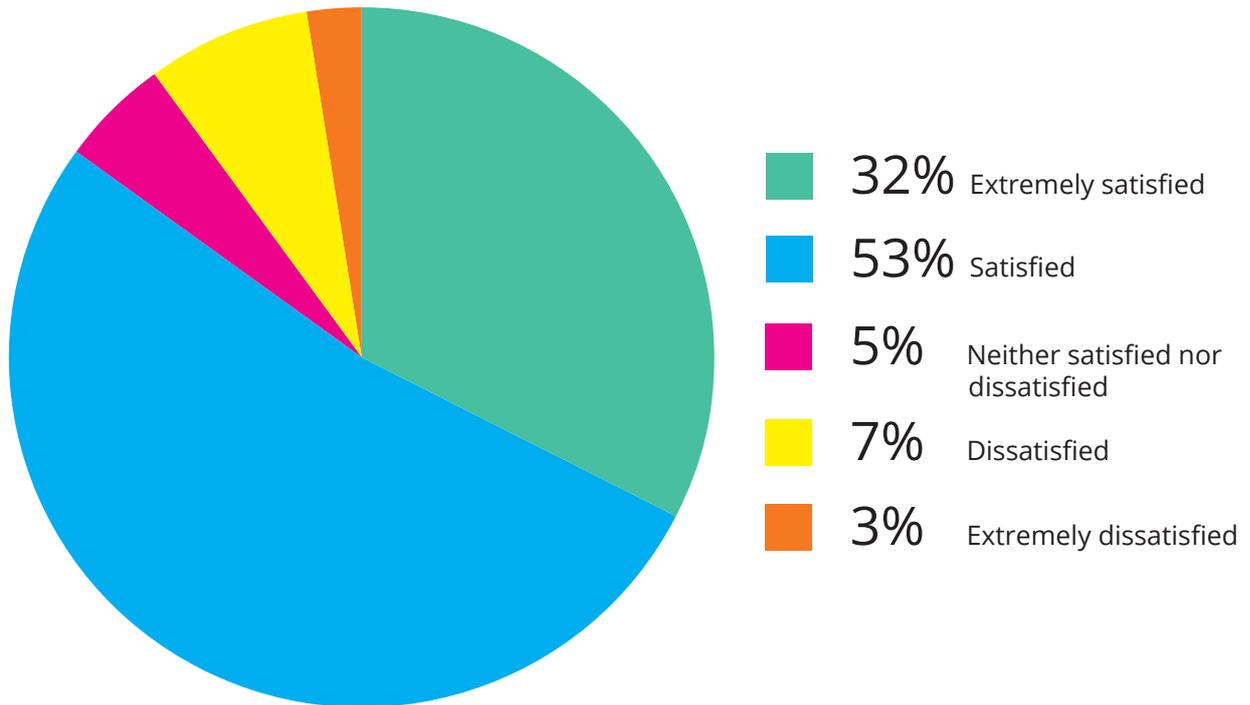
The detailed implementation needs to be done by someone with those skills, usually a general manager - the clinician/manager partnership can then be a very effective one that is built on the complementary skills of both the clinical director and the manager."

Clinical directors and managers have the same end goal: to provide the best quality care within constrained resources. They need to work together and use one another's skills. Clinical directors need to know how managers think and make the decisions needed to move away from clinical work and engage collaboratively with colleagues such as finance directors.



Job satisfaction

Survey interviewees were asked to give a mark out of 10



Top five factors that most influence the job satisfaction of clinical directors?

1. Organisation culture
2. Executive/board support
3. Training or support
4. Multidisciplinary team support
5. Number of dedicated PAs



Qualities and skills for success

There are significant demands placed on clinical directors both internally and externally, ranging from smaller staffing issues, to dealing with a serious untoward incident. In some cases, they can be dealing with a large workforce with competing interests and demands without the management experience or skills to help them deal with such challenges.

Communication skills

Good communication skills are vital, especially when it comes to persuading colleagues to embrace change and improvement. Being able to communicate both to colleagues and upwards to the board requires communications skills that are founded on patience and understanding. It is a difficult balance, but 90 per cent of clinical leaders surveyed by Hunter Clinical said they had positive or very positive relationships across the organisation.

The dilemma is neatly summarised by Dr Stephen Powis, Group Chief Medical Officer at the Royal Free London NHS Foundation Trust and Professor of Renal Medicine at University College London. His career in clinical leadership began in the late 1990s. He says: "You have a professional role to support your clinical staff but you are not working as their representative in management.

"If you are part of the management team then you work out what your decisions are and you stick to that. That can lead to difficult situations. Your decisions may be unpopular with clinicians but you have to get them to see the bigger picture. Sometimes that might involve making decisions that you are not entirely comfortable with, but you can't undermine your colleagues in leadership by saying one thing in public and another in private."

Good communication is also vital in challenging situations such as disciplinary action or crisis resolution. Dr Juliane Kause, Care Group Clinical Lead and Consultant in Emergency Care, University Hospitals Southampton NHS Foundation Trust says: "Clinical leaders need the ability to facilitate people to find their own solution. I have a health and wellbeing questionnaire with a personal letter from me, encouraging people to come and talk to me if they have a problem.

When someone isn't coping, you can take them away from the situation or responsibility and offer additional support, either from the learning and development team or your own resources."

A clinical director with good communication skills can be the mediator between two sides with possibly opposing views. Dr Ojo says: "Everyone is aligned with the same thing, they want to provide high-quality, affordable care. The problem is that everyone has a different vision of how that can be achieved."

In 2010, The Kings Fund conducted a survey⁶ to find out what skills clinical and medical directors believe they need to face these challenging times. Amongst them was being able to empower and motivate individuals while being able to communicate and collaborate across organisational, disciplinary and functional boundaries.

Dr Jane Povey, Deputy Medical Director, FMLM says: "You can only get things done through understanding yourself and understanding others. That's one thing clinicians don't get in their training. We don't get any Myers-Briggs Type Indicator understanding of ourselves and you can get quite a long way through a medical career without knowing why you get so frustrated by some people.

"It's more than empathy it's about understanding how and why other people are behaving. And then gradually you can build the skills in communication, relationships, negotiating, facilitating."



Understanding of management

The temptation for many doctors is to work extra hours to maintain their clinical skills, but the best clinical directors are able to combine clinical work with their leadership role. They are good at prioritising and taking a step back to see what is most important.

On the managerial side, in order to be able to create change and design effective systems of care, clinicians will need to combine their clinical skills with managerial capabilities such as quality assurance, evaluation and building systems of support.

Mr Peter Lees is Chief Executive and Medical Director at FMLM. He says a good clinical director will need to understand management. He says: "They have to be able to work with a senior team within the directorate. They have to be able to convince and persuade many different professions within the directorate to help the directorate forward with its strategy."

Honesty, integrity & resilience

A clinical director should ideally be a role model for other clinicians and that means acting with integrity, being open and honest. The 2010 King's Fund survey found being trustworthy, open, honest and having integrity were in the list of skills and qualities.⁶

According to the NHS Leadership Academy's Clinical Leadership Competency Framework, acting with integrity and being ethically minded means upholding personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals. It also requires an appreciation of social, cultural, religious and ethnic backgrounds and their age, gender and abilities while valuing, respecting and promoting equality and diversity.⁸

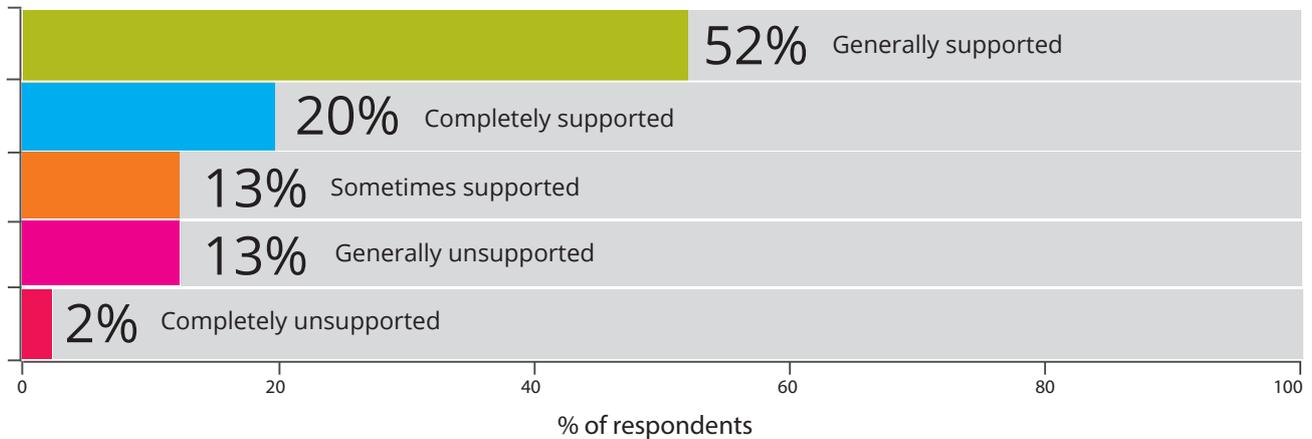


This compassionate style of leadership is required at every level of the system. Bullying at senior levels, as we know, can be replicated up to five levels down in organisations. So compassion will similarly be replicated if it is established as the dominant style of interaction. Of course there are tough situations to face alongside financial pressures, but then all the more reason for listening, understanding, empathising and taking intelligent action to help at every level"

Professor Michael West, Head of Thought Leadership, The Kings Fund



How supported do clinical directors feel?



The top five challenges faced when moving from a consultant to a clinical director?

1. Balancing clinical practice and management responsibilities
2. Increased responsibility
3. Engaging with management colleagues
4. Re-establishing relationships with clinical peers
5. Incorporating management into job plan



The challenges facing clinical leaders

The challenges facing clinical leaders in today's healthcare system are numerous and in some organisations, exacerbated by low staff morale and dysfunctional relationships with management and clinical colleagues. This can be difficult to overcome, particularly when an organisation is under pressure from the regulators and safety campaigners.

Being in special measures is one such situation and it can be easy for the organisation to focus on pulling itself out by any means, instead of focussing on improving staff engagement and morale.

Training and support

It is now becoming widely recognised that coaching and mentoring of clinical directors is vital to ensuring their success. There are calls for more role-models in the NHS to inspire clinical leadership and demonstrate to doctors in training that becoming a leader is an attractive and rewarding option.

More clinicians should be involved in leadership roles through mentoring, tailored support, training and financial reward, to foster a culture that nurtures clinical leadership. Dr Newbold suggests that in-role development is a fundamental aspect of training and gives doctors the chance to deal with real-time issues in a supported way.

He says: "It's really effective as it offers a safe place to assess solutions to real challenges that they have, such as managing difficult colleagues, how to react to a serious whistle-blowing complaint. It's the day-to-day difficulties that are really difficult to explore."

Confident clinical directors will often have had access to courses to back up their management skills. Courses and mentoring can help to guide clinical directors in an area where, up to this point, they are unlikely to have had much formal experience. Just 40 per cent of clinical leaders surveyed by Hunter Clinical had undertaken an NHS training course, 34 per cent had a professional mentor, while 51 per cent relied on their own personal networks for training and support.

Not all courses are necessarily relevant to the role. Dr Ho says: "There are courses, but most don't tell you how to do it. The King's Fund helps you with relationship building, but the best thing you need is a mentor in a professional management line to learn from and confide in and talk strategy with, perhaps a senior clinical director or even a chief executive. Common sense is essential."

There is an awareness emerging in the NHS that change is needed and all GMC registered doctors are now required to possess leadership skills. Over the last decade, other developments have included:

- The Medical Leadership Competency Framework was incorporated into both undergraduate and post-graduate curricula in 2009 and 10. It sets out leadership competencies that doctors need to be more actively involved in the planning, delivery and transformation of health services. In 2011, the Faculty of Medical Leadership and Management was established to take forward this agenda
- Since 2012 all GMC registered doctors are required to possess leadership skills. In the same year the GMC published Leadership and Management for all doctors, reaffirming the need for all doctors to recognise their responsibility for leadership in the clinical environment
- NHS Leadership Academy was formed in 2012, with the aim of delivering national leadership programmes to develop leaders, including clinical leaders to improve outcomes, patient experience and value for money. It oversaw the creation of the Clinical Leadership Competency Framework ⁷



The NHS Leadership Academy believes that good leaders need confidence and to gain this they need the right skills, experience, expertise and support. It suggests that good leaders need the right behaviours to build relationships with a wide range of professionals and across organisational boundaries and should also be able to engage and empower those working with them, rather than using the old-style command and control behaviour.

Good organisations now need to ensure that their clinical directors are able to easily access such courses and information to help build their role and empower them to work with confidence across multiple platforms.

Clinical Leadership Competency Framework

The Clinical Leadership Competency Framework was created following the success of the Medical Leadership Competency Framework as a basis for leadership development, jointly developed by the Academy of Medical Royal Colleges and the former NHS Institute for Innovation and Improvement. It describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of healthcare services.

While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is vitally important that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and therefore have an intrinsic leadership role within healthcare services. They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. The development of leadership competence needs to be an integral part of a doctor's training and learning. The framework is intended as an aid and driver for this and to enable a doctor in the NHS to be a practitioner, a partner and a leader.

Juggling multiple responsibilities

Some doctors feel that they are expected to do two jobs at once, with little consideration given to the time it takes to attend meetings and carry out a management role while also maintaining their clinical work.

A common complaint amongst clinical directors is that they are not given enough time to properly do the job. In the Hunter Clinical survey, 77 per cent said that balancing clinical practice and management responsibilities is one of their key challenges.

Good trusts who want top clinical directors will provide full guidance on what they expect from the role and ensure that enough time is made available. Dr Powis says: "You should never take on the position until you know what is being asked of you. If there is no job description it suggests that the organisation doesn't know exactly what it wants from you."

"If you don't have protected time you really do risk being set up to fail. It tells you something about whether the organisation thinks it's a valuable job or not. If it is a valuable job you need to be given dedicated time. To be a successful clinical director you need to find time to do the job. You will almost certainly have to drop something, perhaps a clinical session."

The 2010 King's Fund survey⁶ highlights the issue of time management. Clinical leaders need to keep up their clinical work, but in order to engage properly with other teams, they also need to be at meetings. The survey findings suggest that clinical directors are not given clear guidance on how much time to devote to different parts of their workload.

Dr Ojo says: "In some cases being a clinical director can be almost a full-time role, but it helps to have some hands on clinical commitments too. Time is always a problem within the NHS. The higher up the food chain you go, the more time you spend in meetings. You go from meeting to meeting but you're not able to keep up with your in-tray."

"As a clinical director you have to prioritise what you are going to focus on. There is an aspect of leadership within the NHS that might always be reactive. Some of the more skillful clinical directors have had project management roles attached to them."



But Dr Ojo points out that not everyone is good at everything and likens achieving highly effective leadership to competing in an athletic event like a heptathlon. He says: "You can't be good at everything. You have favourite events and you have events where you just score enough points to get through and bide your time."

"There are people who are ruthless with time management, but might focus on the wrong things, or there might be people who are very good at managing sums of money. No one person is good at everything."

Dr Loney points out that she and her colleagues prefer to work extended hours some days in order to have a day off in the week, enabling them to balance clinical responsibilities, leadership roles and family life. She believes clinicians can feel like they have been set up to fail because they are not allocated adequate time in their job plans to do the management component properly.

She says: "The expectations and demands of the job are massive but the time the trust gives you to do it is inadequate. When you are a consultant you still have a clinical commitments. You are not a full-time manager. You may be operationally responsible on a day to day basis for your service but you can't be expected to come out of an ultra sound or operating list to deal with any problems. That's why you have departmental managers. If you are going to be a clinical director, there needs to be a realistic expectation of what you can do in the time you have. You need to rearrange your job plan so that you can go to important meetings. There is a lot of criticism of doctors regarding lack of clinical engagement in management activities, but the reality is they often can't make meetings because they are in the middle of a list of patients. I am fortunate as radiologist to be able to reorganise my job so that I do clinical work into the evenings, to allow me to attend meetings during the day. Having a day off in the week helps me spend more time with my family."

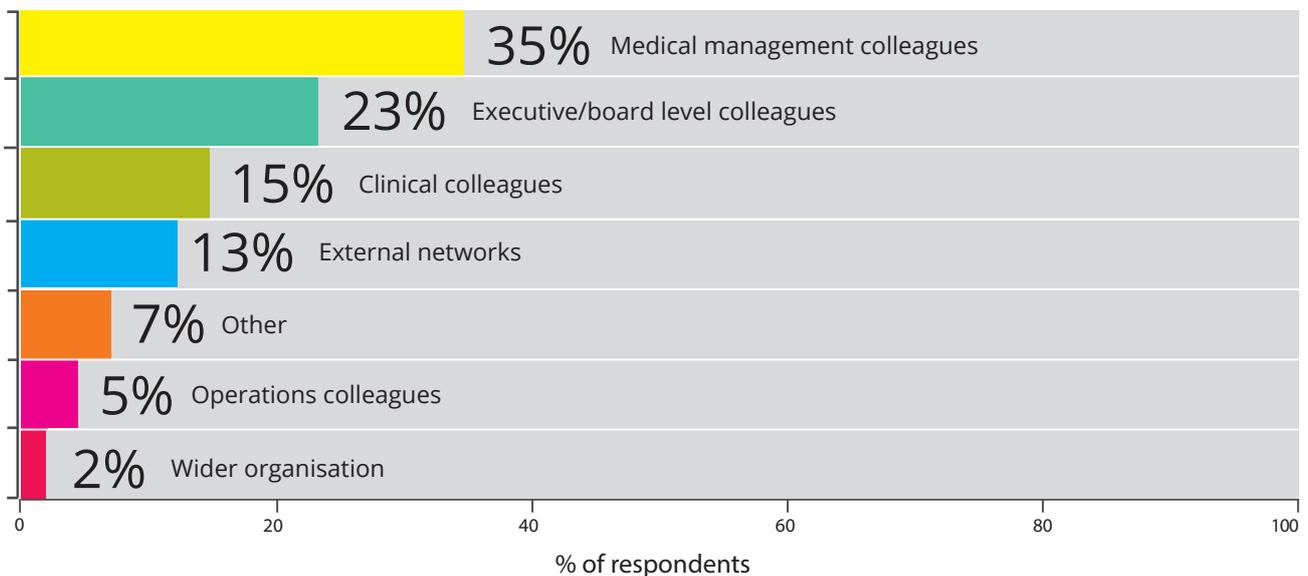
Organisations that support their clinical directors will take into account the time it takes to carry out the work. Dr Loney says: "Look at the number of meetings you expect the clinical director to attend and calculate how many hours this totals per annum. Then add time to read and answer emails and perform any tasks arising from those meetings. I'm sure most would be shocked at the amount of time this all takes. We're often given two sessions (one day) to do the work of a full-time manager."



What training/coaching is received en route to becoming a clinical director?

1. Personal networks
2. Independent training course (i.e. FMLM)
3. NHS training course (i.e. HEE, Leadership Academy)
4. Professional mentor
5. In-house and on the job training

Where is the most support received from in the clinical director role?



Building the next generation of clinical leaders

Leadership is currently the domain of older and more experienced doctors and consultants. Most agree that the younger generation has much to learn before it can be expected to take on a leadership role where they will be trying to influence and engage with colleagues who have many more years experience than them.

Despite this, a generation of junior doctors and undergraduates are emerging who are passionate about creating change. Dr Powis says: "Whenever I go to leadership conferences such as the Faculty of Medical Leadership and Management annual meeting, I am always struck by the amount of passionate and enthusiastic junior doctors who are there."

A culture change is needed along with new ways of working and there are indications that there could be moves to incorporate some form of management skills within future curriculums, helping to highlight leadership as a possible career option.

There is a concern that bringing younger doctors into the mix as managers too soon could mean that they don't have the credibility or gravitas that is needed to do the job successfully. Dr Loney says: "If it becomes too academic and you pull them out at F1/F2 level you run the risk of junior doctors managing mature staff who have a huge amount of experience and have seen it all before. You need a degree of gravitas to get that respect from colleagues. Perhaps at registrar level, if you wanted to do something within the management sphere there could be more opportunities including learning how to write a business case, understand finance and implement HR processes."

And while there is currently a range of support that colleges can provide in terms of education, mentoring schemes and clinical fellowships, some believe we need a longer-term culture change moving away from the idea that leadership is an add-on rather than a training priority.

Professor Jane Dacre, President of Royal College of Physicians, suggests that all trainees are afforded the opportunity to reduce their NHS clinical work, enabling them to focus on a project or area of work that supports their leadership development, whether through the development of leadership skills or via quality improvement, audit, research, education and patient safety initiatives.

She says: "Being provided with protected time to focus on these opportunities, alongside the continuation of medical practice, trainees would then be empowered in their evolution as leaders in parallel with their clinical work. This alone would serve to reduce the pressure of relentless clinical work while also supporting trusts."¹⁰

A credible career choice

Clinicians now need to consider the needs of the wider population and take the decisions that deliver high clinical quality but also make the best use of resources. They should be major players in helping to create change and improvement at ground level.

The role is not always treated with the importance it deserves. Not every trust has a proper leadership structure in place to give guidance to the clinical director about what is wanted or expected from them. Often there is no proper recruitment process to offer those who might want to do the job the opportunity and it falls to who's ever turn it happens to be.



This kind of situation is unlikely to provide the ideal circumstances for the clinical director to fulfil the role to their full potential. It creates a negative image of "The job that no-one wants to do". Creating the role as a career option for trainee doctors and putting a formal structure in place to aspire to could help to change the image and make the job a more attractive prospect.

There are suggestions that it would be beneficial to expose all doctors to the way of the working world from the very beginning of their training. This way they would understand more about resources, budgets and how much things cost.

Dr Daniel Saunders is a Consultant Clinical Oncologist at The Christie NHS Foundation Trust. He says: "The NHS is not good at developing leadership skills beyond the medical leadership model. It needs to grab hold of clinicians interested in taking on those roles and support them into becoming the medical leaders of the future. Mentoring can be great, it's not all about the courses."

Implementing a clinical director development programme within trusts could help to provide clinicians with the skills they need so they feel comfortable applying for the role. Dr Kate Langford says: "A clinical director development programme should be implemented in trusts as it would provide prospective clinical directors with the skills they need so that they would feel comfortable applying. It would likely also encourage a different range of candidates to apply. For example, there is often an imbalance of male to female clinical directors. Greater preparation and support could help this gender imbalance and increase diversity."

Current clinical directors can also help to train and encourage the clinical directors of the future. Dr Patricia Fisher says: "It's important to identify people with the skills and help them acquire the experience appropriately."

In her directorate at Sheffield Teaching Hospitals NHS Foundation Trust, they are setting up a new structure of five teams of clinicians, each with a team lead with three deputies, all feeding into one clinical director.

She says: "We're giving staff more opportunity to develop leadership skills early on and be better prepared for senior positions if that is where they want to go. We're making them desirable leadership positions that people will want to get involved with."

In a review by Professor David Greenaway into the training for clinicians¹¹, he suggests that doctors are trained to care for patients, but patients' needs have changed, are now more complex and that the training of doctors needs to change to reflect that.

He suggests that medicine has to be a sustainable career with opportunities for doctors to change roles and specialties throughout their career. In his review he recommends that doctors should be given opportunities to spend up to a year working in a related specialty or undertaking education, leadership or management work, allowing them to gain wider experiences that will help them become more rounded professionals.



“To ensure a good legacy of clinical leadership you need to develop lots of people, spot them early and get them involved. Give them a grounding and show them the techniques and principles they will need. Good organisations have good ways of doing this and the culture spreads throughout the organisation as a result.”

**Dr Timothy Ho, Medical Director,
Frimley Health NHS Foundation Trust**

Championing clinical leaders

Clinical engagement and leadership are a key route to building a culture of compassionate and safe care. Both the Francis¹ and Berwick⁹ reviews called for organisational leaders to build a culture of quality and safety of care as a matter of urgency. Keogh also recommended tapping into the latent energy of junior doctors who move between organisations and can be a powerful agent for change.³

For this to happen, trusts need to ensure that clinical leaders are given the opportunity to influence. Clinicians are a key part of the workforce. A good clinical director will have an insight into the day to day working of care and will be passionate about contributing to leadership and system change.

Successful clinical directors are interested in the job and keen to make improvements, but to do this they need to have a clear route of communication and influence with the board and other decision makers.

A culture change is starting to take place, with the role of clinical director becoming less negative and more of a career option. But for clinical leadership to fully emerge as a role that is aspired to, future applicants need to know that they will be given the support to deliver their objectives.

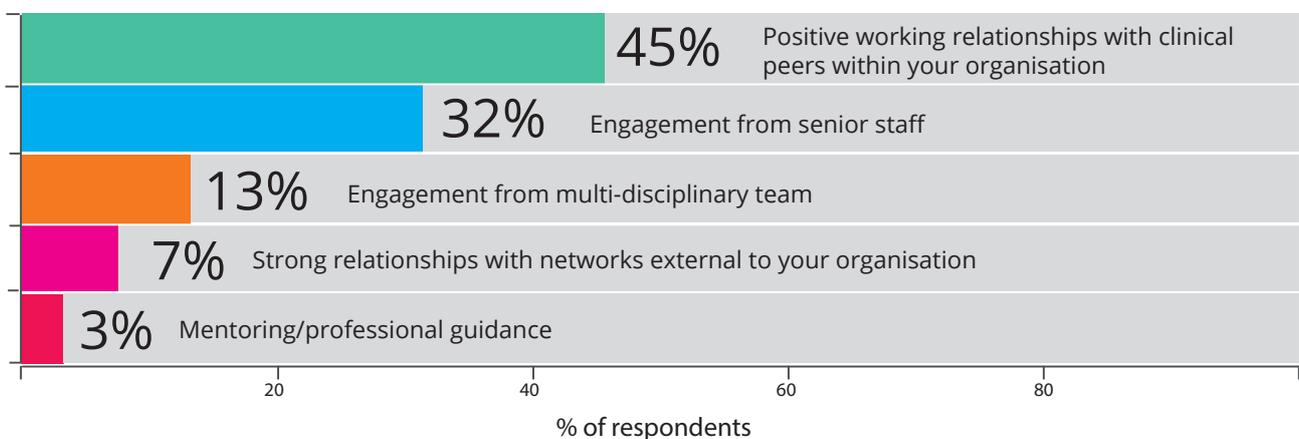
The Hunter Clinical survey revealed that when clinical directors are considering a new role, the most important thing they look for within the organisation is a positive culture, strong leadership and opportunities for progression and supportive development.

Junior doctors tend to rotate through different hospitals and are exposed to many different ways of working. With this knowledge they are ideally suited to be able to contribute to leadership and system change – but only if empowered to do so.

A survey⁷ of junior doctors within the Oxford Deanery found that 85 per cent of respondents had seen better ways of working in a previous job/hospital including better clinical ways of working (71 per cent), rota design (58 per cent) and time management (35 per cent). Although 65 per cent said they had tried to use their experience to improve their current job, the reception of these ideas was mixed, being met with indifference or polite interest with no follow up action.

Dr Timothy Ho suggests an open-door policy up and down the line. He says: “You need good relationships and you need to have executives involved. At Frimley we have a large directorate system so they need peer consensus, communication and to help each other.”

What support is valued in the role?



Conclusion



A successful clinical director will have access to all areas and be able to bridge the divide between staff, patients and the board. Good clinical directors will be persuasive, trustworthy, and have integrity. They will know that some decisions they must make will not be liked but will understand that they are working for the good of the organisation and its patients.

They will have resilience and empathy, supporting colleagues in their work while also being able to prioritise their own workload – juggling clinical lists with management meetings while also creating a work/life balance.

They will also be innovative and knowledgeable with the ability to find solutions to difficult problems. But, to be able to create this perfect balance, the clinical director will need a supportive trust which recognises the immense value of the role and will have a proper leadership structure in place, identifying exactly what they expect from the clinical director and ensuring that they are given the appropriate amount of time to carry out the role successfully.

Trusts should invest in their clinical directors and see them as a long-term prospect, enabling them to plan for the future and instead of just dealing with the day to day. Training and mentorship are essential for clinicians crossing the divide into a world of management they have not experienced before in their career.

To create leaders of the future, the NHS must invest in its newest recruits, giving them the opportunity to learn about leadership and start to develop skills before they are needed in the workplace.

Without all these elements of support and opportunities for training in place - regardless of the personal qualities that the clinical director may have - a trust is setting the clinician up to fail, and in turn risks the failure of its own vision for change and improvement.

Key recommendations

- Ensure there is a good structure and support in place to enable the clinical leader to do their job properly
- Understand what is wanted from the clinical director and be able to illustrate that in a clear and concise job description
- Make it a career option – move away from forcing clinicians to take their turn in a job they may not be suited to
- Create a formal application process to encourage those to come forward who do want the job and would be well suited to it
- Create mentoring and in-house training to help clinicians deal with challenging situations while in post
- Introduce leadership skills and elements of budgets and finance to post-graduate study to give student doctors a fully rounded view of how the system works

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