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The Professionalization & Practice of Medical Leadership: Current Debates, Future Issues

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19th April 2018

Health Policy & Politics Network
Spring Conference
Birmingham, 2018

Overview of presentation

- Policy Context
- The case for medical leadership
- Intended research focus
- The professionalization of medical leadership?
- The practice of medical leadership
- Discussion & summary



Policy Context: doctors 'involved' in but also 'impacted' by management

The NHS is a 70 year old story, one recurring theme of which involves **'doctors'** and **'management'**, e.g.

- Griffiths Report (1983) & 'managerialism'
- Resource Management Initiative (1991)
- 'scandals' (Bristol, Alder Hey, Shipman, Ian Paterson)
- GMC guidance on revalidation & professionalism (2000s)
- Darzi (2008)

Images (clockwise): Telegraph / Wikipedia / birminghammail / gponline



The profession awakens to leadership

- RCP (2005) report 'Doctors in Society': **clinical leadership essential** if doctors are to maintain and develop their sense of professionalism
- **Competency frameworks**, e.g. MLCF/CLCF, NHS Leadership Framework, Healthcare Leadership Model
- Faculty of Medical Leadership and Management est. 2010
- Subsequent developments: short courses/qualifications, standards, fellowships



The case for medical leadership

- Arisen out of research into leadership and subsequently leadership in health care (e.g. West et al., 2015) – **higher quality outcomes arise when clinicians are engaged in leadership**
- Scoping review of national medical leadership developments by Keijser et al. (2017) – ML is:
 - Strongly related to ‘position’
 - Autonomy & independence
 - Development of managerial & administrative competencies
 - Shift towards distributed and more informal leadership
 - MLCF key in developing the term ‘ML’



The case for medical leadership

- Keijser et al. (2017) acknowledge that:
 - ML is a social/societal construct – linked to continuous improvement
 - the context for ML development faces the “myriad of perspectives that typify healthcare system transformation” (Keijser et al., 2017: 42)

“change towards physician leadership is being driven by research showing that leaders who are experts in the core business, such as doctors, are associated with improved organisational performance”

Goodall and Stoller (2017: 8)



Intended research focus

- What is medical leadership?
 - No clear definition or whether it simply means ‘leadership for doctors’
- How is medical leadership practised?
 - How would we recognise it if we saw it?
- To what extent is medical leadership being professionalized?
 - For what means, purpose or intent?



The professionalization of medical leadership?

- Attempts to formalise medical leadership in such a way could also be conceived of as a **professionalization project** (Freidson, 1984, Abbott, 1988; Bourdieu, 1994)
- **Legitimation of the role of the medical profession** as the foremost profession in health care, establishing the means for self-administration, self-recruitment and self-governing behaviour:

“...organizational form for institutionalizing the provision and evaluation of expert services.”

Reed (1996: 583)



The professionalization of medical leadership?

- In response to the **growth of market ideologies** (such as New Public Management) and **concerns over deprofessionalization** (Freidson, 1984; Leicht and Fennell, 2001), professionalism in general has faced challenges and disruptions to its traditional form.
- New professionalization projects - adopting more **hybrid professional roles** (Hodgson et al., 2015; McGivern et al., 2015), in the form of medical leadership and management roles - help to protect and maintain professionalism's foundations.
- **'Medical Leadership/Leader'** preferred to **'Medical Management/Manager'** (c.f. Martin and Learmonth, 2012)



The professionalization of medical leadership?

- Professionalization of ML might include:
 - Curricula:
 - HEE working group on UG curriculum on ML
 - Knowledge:
 - Evidence base
 - Dissemination via BMJ Leader
 - Career pathways:
 - Chief Registrar programme of the RCP
 - Professional bodies:
 - Faculty of Medical Leadership and Management (FMLM)
- Danger of presenting a 'traits approach' to such professionalization
 - So need to investigate empirical cases through (as examples) lens of institutional logics, practice theory (see next)

The practice of medical leadership

- With its origins in audit and risk management, the practice of medical leadership is now often seen in cases of **discrete, temporal service or quality improvement (SI/QI) projects**

e.g. workshop in 2017 hosted by the FMLM, NHS Leadership Academy and Health Education England on medical leadership in the undergraduate curriculum showcased many projects of this type (FMLM, 2017a).
- **Preference for learning about medical leadership in the contextual environment of clinical practice** (Varkey et al., 2009; Quince et al., 2014).



The practice of medical leadership

- **Practice theory** (Feldman and Orlikowski, 2012; Nicolini, 2012) allows for some light to be shed on the everyday, embedded actions and practices of actors.
- Practices can be considered as more than describing what people do, as such they are “...**meaning-making, identity-forming and order-producing activities**” (Nicolini, 2012: 7).
- Dreyfus (1991) - social and historical relation to the world
- Heidegger (1929/1996) - practice is rooted in its common usage
- Wittgenstein (1969) - creating the rules and meanings for customs and institutions



The practice of medical leadership

- Practice theory focusses on **the dynamics between practices, agents and the routines and processes** they negotiate and (re)produce and can therefore help in determining what constitutes medical leadership.
- If the actions of the FMLM and others to bring medical leadership out from the dark and into the light (Spurgeon et al., 2011; FMLM, 2017b) are to be understood better, **recognising, acknowledging and understanding the very practices that constitute medical leadership** may be helpful if medical leadership is becoming a mainstream rather than a fringe or ‘add-on’ activity.



Discussion & Summary

- Role of medical profession in management/leadership has been emblematic of dynamics of change in the NHS over 70 years
- Suite of current developments indicates that ML will shape the future direction and form of NHS in future
- Professionalization and practice of ML remain fertile areas of theoretical and empirical research



Thank you!

We are grateful for any comments,
thoughts, questions as we continue
to develop these arguments

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References and bibliography



- Abbott, A. (1988). *The System of Professions: An Essay on the Division of Expert Labor*. London: University of Chicago Press.
- Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement (2010). *Medical Leadership Competency Framework: Enhancing Engagement in Medical Leadership*. 3rd edition, Coventry: NHS Institute for Innovation and Improvement.
- Bourdieu, P. (1994). *Raisons pratiques. Sur la théorie de l'action*. Paris: Seuil.
- Department of Health and Social Security (1983). *NHS Management Inquiry (Griffiths Report)*, London: HMSO.
- Department of Health (2004). *Agenda for Change Final Agreement*. Gateway reference 3614, 22 December
- Department of Health (2008). *High Quality Care for All: NHS Next Stage Review Final Report*. (Darzi Report), CM 7432, June. TSO: Norwich.
- Dreyfus, H. (1991). *Being-in-the-World: A Commentary on Heidegger's Being and Time Division*. Cambridge, MA.: MIT Press.
- European Commission (2003). *Working Conditions – Working Time Directive*. 2003/88/EC
- Faculty of Medical Leadership and Management (2017a). *Tomorrow's leaders, today: Leadership and management in the undergraduate curriculum*. Symposium, 28 June, BMA House, London.
- Faculty of Medical Leadership and Management (2017b). *The Enlightened Side*, available from: <https://www.fmlm.ac.uk/the-enlightened-side>
- Farrar, S. (1993). *NHS reforms and resource management: whither the hospital?* *Health Policy*, 26 (2): 93-104.
- Feldman, M.S., Orlikowski, W.J. (2011). *Theorizing Practice and Practicing Theory*, *Organization Science*, 22 (5): 1240-1253.
- Freidson, E. (1984). *The Changing Nature of Professional Control*, *Annual Review of Sociology*, 10: 1-20.
- General Medical Council (2006a). *Good Medical Practice: guidance for doctors*. March. London: General Medical Council
- General Medical Council (2006b). *Management for Doctors*. London: General Medical Council.
- General Medical Council (2009). *Tomorrow's Doctors*. London: General Medical Council.
- Great Britain. Ministry of Health (1990) *National Health Service and Community Care Act*
- Goodall, A., Stoller, J. K. (2017). *The future of clinical leadership: evidence for physician leadership and the educational pathway for new leaders*, *BMJ Leader*, 1: 8-11
- Heidegger, M. (1929/1996). *Being and Time*. Albany: SUNY Press.
- Hodgson, D., Paton, S., Muzio, D. (2015). *Something Old, Something New?: Competing Logics and the Hybrid Nature of New Corporate Professions*, *British Journal of Management*, 26 (4): 745-759.
- Keijser, W., Poorthuis, M., Tweedie, J., Wilderom, C. (2017). *Review of determinants of national medical leadership development*, *BMJ Leader*, 1: 36-43
- Kennedy, I. (2001). *Learning from Bristol: the report of the public inquiry into children's heart surgery at the Bristol Royal Infirmary 1984 -1995*. CM 5207, Final Report: The Inquiry into the management of care of children receiving complex heart surgery at the Bristol Royal Infirmary

References and bibliography



- Kitchener, M. (2002) Mobilizing the logic of managerialism in professional fields: The case of academic health centre mergers, *Organization Studies*, 23 (3): 391-420.
- Leicht, K. T., Fennell, M. L. (2001). *Professional Work: A Sociological Approach*. Oxford: Blackwell.
- Levenson, R., Dewar, S., Shepherd, S. (2008). *Understanding Doctors: Harnessing professionalism*. London: King's Fund and Royal College of Physicians.
- Martin, G. P., Learmonth, M. (2012). A critical account of the rise and spread of 'leadership': The case of UK healthcare, *Social Science & Medicine*, 74: 281-288
- McGivern, G., Currie, G., Ferlie, E., Fitzgerald, L., Waring, J. (2015). Hybrid Manager-Professionals' Identity Work: The maintenance and hybridization of medical professionalism in managerial contexts, *Public Administration*, 93 (2): 412-432.
- MMC Inquiry. (2008). *Aspiring to Excellence: Final Report of the Independent Inquiry into Modernising Medical Careers*. (Tooke Report). London: Universities UK.
- National Institute for Health Research (2013). *New Evidence on Management and Leadership*. Health Services and Delivery Research Programme, December
- Nicolini, D. (2012). *Practice Theory, Work and Organization: An Introduction*. Oxford: Oxford University Press.
- Quince, T., Abbas, M., Murugesu, S., Crawley, F., Hyde, S., Wood, D., Benson, J. (2014). Leadership and management in the undergraduate medical curriculum: a qualitative study of students' attitudes and opinions at one UK medical school, *BMJ Open*, 4:e005353.doi:10.1136/bmjopen-2014-005353
- Reed, M. I. (1996). Expert Power and Control in Late Modernity: An Empirical Review and Theoretical Synthesis, *Organization Studies*, 17 (4): 573-597.
- Royal College of Physicians (2005). *Doctors in society: Medical professionalism in a changing world*. Report of a Working Party, December. London: RCP.
- *Royal Liverpool Children's Inquiry* (2001). Summary and Recommendations, London: TSO
- *Shipman Inquiry* (2002). Shipman: the first report: Volume 1: Death Disguised, COI Communications: Manchester, July.
- Spurgeon, P., Clark, J., Ham, C. (2011). *Medical Leadership: From Dark Side to Centre Stage*. London: Radcliffe.
- Varkey, P., Peloquin, J., Reed, D., Lindor, K., Harris, I. (2009). Leadership curriculum in undergraduate medical education: A study of student and faculty perspectives, *Medical Teacher*, 31: 244-250.
- Veronesi, G., Kirkpatrick, I., Vallascas, F. (2014). Does clinical management improve efficiency? Evidence from the English National Health Service, *Public Money & Management*, 34 (1): 35-42, DOI: 10.1080/09540962.2014.865932
- West, M., Loewenthal, L., Armit, K., Eckert, R., West, T., Lee, A. (2015). *Leadership and leadership development in health care: The evidence base*. London: Faculty of Medical Leadership and Management.
- Wittgenstein, L. (1969). *On certainty*. Oxford: Blackwell.