MEDICAL LEADERSHIP: AUSTRALIA

Paper prepared for the 10th International Medical Workforce Collaborative
Vancouver, March 2007

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This paper offers some Australian perspectives on leadership and medical leadership. The paper reviews recent contemporary Australian viewpoints on the role of medical leadership and highlights the leadership programs in place in NSW.

1. Definitions: Lead, Leadership, Leader

Lead: to guide in direction, course, action or opinion
to influence, to induce
to be at the head of, to command, or direct
to have the directing or principal part

Leadership: the ability to lead

Leader: one who or that which leads

(Source: Macquarie Dictionary)

I just started this paper with those definitions because I felt that with a topic like leadership it is always good to be clear about what is meant by leadership; given that leadership is a well used term.

2. Why is leadership important?

The importance of leadership lies in the role it plays in defining the character, values and direction of an organisation; and the link this has back to organisational performance.

Leadership is an accepted quality that must be embedded throughout an organisation for an organisation to be successful and meet its objectives; and this is the case for especially large complex organisations like health systems. This notion of leadership also highlights the importance of seeking people with leadership talent, developing potential and providing opportunities to lead.

3. What do leaders do ?

This is also an important point of clarity – what do leaders do and what are the qualities that are essential in today's leaders. Again, there are a range of perspectives.

Covey (2003) notes, the leadership skill set and focus is more about people than things; the long term rather than the short term; developing relationships rather than equipment; values and principles rather than activities; and mission, purpose and direction rather than methods, techniques and speed.

Zaleznic (1977) states that leaders adopt personal, active, attitudes towards goals.

Burns (2005) highlights that leaders define values that embrace the supreme and enduring principles of a people or organisation; where these values are the shaping ideas – the inspiration and the guide.

Clark (1997) suggests that leaders inspire a shared vision, enable others to act, whilst modelling the way.

Kotter (2001) notes the importance of direction, energy and visibility; and highlights the difference between leadership and management; noting that management is about coping with complexity and leadership is about coping with change.

Goffee and Jones (2005) stress that leadership demands expression of the authentic self.

Crisp (2003) defines leadership as setting direction, opening up possibilities, helping people achieve, communication, delivering and modelling behaviour.

The view from the business world can, perhaps be best summarised by Jack Welch, who notes that good business leaders create a vision, articulate the vision, passionately own the vision, and relentlessly drive it to completion.

And from all of this you begin to get a flavour of the successful leadership qualities and what leaders need to do:

- inspire and guide;
- set a vision and direction;
- articulate values;
- think strategically;
- build relationships;
- challenge thinking and seek ideas;
- drive improvement;
- develop, enable and encourage; and
- be self aware, visible and a communicator.

All of which is important for our topic because it is a useful lead into the discussion of leadership and the role of clinical leaders in the health system.

4. Leadership In Health

Health care organisations or systems are expected to deliver quality care, meet the health needs of the people they are caring for, and improve the health of their population / communities. This is a universal expectation of a health organisation – be it public or private; large or small; for everyone or for members; in a rich country or a poor country; in the city or in the country – and whilst ability to do so may differ and priorities may need to be set and be different, the expectation that a health organisation will care for people and improve health remains unchanged.

Of course most health systems are characterised by being large, complex, multidimensional and dynamic. An organisation like a state health system, or an Area Health Service, network or trust, or hospital, has to deal with competing needs, priorities and agendas within the context of established rules, expected behaviours, finite

resources, complex relationships and the unifying purpose of caring for people and improving health. To work well this requires, among other things, that there be in place things like values, directions, cultures, commitments, and priorities - that is to work well and perform well the health organisation or system requires leadership and leaders.

5. Teams

The other relevant issue with complex organisations is that invariably, because of their very complexity, they involve some concept of teams and teamwork – people who associate in some joint action.

And this is where the two concepts – leadership and teams – intersect: complex organisations like health organisations involve leaders and teams; and teams require leadership.

Teams are everywhere in health organisations – on the wards; in the emergency department; in the community health services; throughout the support services like human resources, engineering, cleaning; within the executive; in the clinical streams. Essentially they are defined by the place of work (emergency department, ward, pharmacy, etc), or the occupational grouping (surgeons, physicians, nurses, administrator etc), or the clinical stream (mental health, womens health, critical care, vascular etc).

Teams exist for a number of different reasons and purposes and they may or may not involve the same, or some of the same, individuals. Indeed in the health system it is possible to belong to several teams, depending upon organisational structure

So, generally all individuals (be they professional or non-professional) in a health organisation link into a larger grouping or team and have to function and act within a team situation. These teams are formed because they are people that have become associated by the need, or requirement, for collective action. To do their job to the highest quality, to maximum effect and to the best of their ability people have to work with others and so they team up.

The contention then is that teams are essential to the modern health system which, on one level, can in fact be defined as a collection of teams providing health care services and support to people within the overall goal of meeting health needs and improving health.

5. Do Teams Work?

Do teams work is a good question. And on one level the answer is immediately yes – care and services are provided; generally performance indicators are met; any adverse events are minimised; and all is done within the overarching goal of providing the best possible service.

The other relevant question always is could things be done better ? And here again the answer is generally yes – it is always possible to look for opportunities for improved performance. And in cases of obvious poor performance, it can relate back to the team not functioning well. This may be for any number of reasons including for example resourcing, ineffective communication and collaboration, skill shortages, lack of proper or timely processes to cope with a particular situation, failure to identify, or act upon, an impaired individual or process, or poor leadership.

In an sense, its not that you need evidence of effective team working and performance – its that when this does not exist, or breaks down, care can risk being compromised and performance diminished.

6. Doctors As Leaders

Health organisations, and the teams within the organisation, need leaders. Doctors do not necessarily make the best leaders, or better leaders – the people who make better leaders are good leaders – they may or may not be doctors. And what good leaders will be will be the people who best have leadership qualities and use these qualities to effectively lead a team or organisation. The skills and qualities of leadership are far more important than the occupation grouping or the individual.

Having said that, doctors continue to occupy important leadership positions within teams and health organisations – so medical leadership is an important issue. Doctors have traditionally been seen to have the leading role in health care of a particular patient/illness stream/team – and this reflects a combination of many things – skill, knowledge, role, position, ability, organisational structure, training and history, to highlight some relevant factors. So what is important in these situations is to have in place the opportunity and processes to develop and refine leadership talents.

Perhaps part of the issue around clinical leadership also arises if clinicians tend to identify themselves solely with their professional group as opposed to the team within which they are working or the organisation for which they work.

7. Recent Views On Medical Leadership

In Australia there have been very few papers on the issue of medical leadership. A literature review (see Downton below) or a google search throws up very little. However, there are several recent papers worth highlighting as they showcase current thinking and ideas on this topic.

Downton (2004) talks about new forms of leadership in medicine, key discussion points are:

- Leadership has received little attention in Australian peer reviewed journals. Over the past 30 years in 5 key journals barely 50 articles were found and very few dealt with leadership or leading in a substantive manner.

- Capable leaders are needed in medicine to shepherd and influence continued evolution of dynamic healthcare systems. Downton contends that for doctors the profession has changed from control by individuals to constraint by systems, from flexibility to rigidity of practice, from primacy of the individual lend of art with science to management by professional teams, and stability has been replaced by uncertainty and ambiguity.

- Clinical mastery or eminence in a discipline-specific research does not necessarily translate into an ability to lead.

- Leadership is a social function within an organisation or group. Leadership roles in a complex and dynamic environment like health should not be defined by hierachical management of reporting lines, but rather as overseeing components within a complex of related subsystems forming the wider healthcare business and social ecology.

- In new models of organising healthcare, medical leaders must help design and supervise the complicated networks within such systems. And the qualities required in such leaders are:
  - sensitivity to their environmental context (ie. the ability to learn and adapt);
  - a sense of cohesion and identity (ie the ability to build a community and a persona for the organisation)
  - tolerance and decentralisation (ie. the ability to build constructive relationshsips with other entities); and
  - fiscal conservatism (ie. the ability to govern growth and evolution).

In 2005 Professor John Horvath, Australia's Chief Medical Officer, in a presentation to the Australian Medical Students Association on Leadership Development, maintained that in order for doctors to provide future leadership in the provision of quality health services they would need to change the traditional way in which they functioned and to broaden their scope both in terms of skills in providing health care and in terms of the partnerships they established. Key discussion points were:

- Doctors need to focus on competency teamwork and multidisciplinary care rather than traditional boundaries….as leaders doctors need to engage with and assist in this process.

- Doctors need to keep pace with changing health care and be able to hand over tasks that have become routine so that they can focus on new skills which need to be developed.

- The changing pattern of disease (increased chronic disease management) and the changing way services are offered means that medical education needs to move away from the traditional teaching hospital system to incorporate more

comprehensive health care provision developing learning experiences and partnerships within the private sector and community health care.

- Doctors will need to play a leading role in a multidisciplinary context, within a variety of health care settings adopting a preventative perspective.

Mortimer et al (2004) state that good leadership is essential to improve clinical practice and that it should be a joint responsibility as opposed to a single individual's; suggesting that the success of clinical practice improvement is linked to working within a multidisciplinary team, and developing partnerships with consumers and health administrators.

Perhaps the other perspective on clinical leadership is offered by the New South Wales Independent Pricing and Regulatory Tribunal (IPART), which in a review of NSW health systems and processes, indicated it believed the success of any ongoing health reform agenda would depend on the involvement of clinicians, the community and the NSW Health managers working together effectively to lead and implement change (IPART 1998). This would be a view not dissimilar to those expressed in the United Kingdom, Canada or the United States on this topic. And again this brings up the notion of leadership and teamwork.

What each of these papers highlight is that the direction clinical leadership in Australia is taking is all about the clinician's ability to lead change, to develop partnerships and work collaboratively, think strategically, continually seek improvement and play a visible role in shaping the health system of the future. All of which are the qualities identified as being those of successful leaders.

8. Successful Leadership Development

The case for leadership mattering is well made; the idea of medical leadership being important and having a role to play in the future health system is highlighted in the discussion above; what is then interesting is to consider the process for successful leadership development.

Perhaps the best quick insight is offered by the recent survey of global companies undertaken by the Hay Group (2006). This survey focused on what do organisiations have to do to produce talented leaders for the future and came to down to six steps for organisations to follow:

- make leadership development the top priority;
- invest early in leadership development for programs;
- create leadership experiences;
- spot future stars early and support their progress;
- train the team; and
- make current leaders accountable for creating future leaders.

9. Leadership Development in NSW

In Australia, there are a number of attempts at a state and an organisational level to assist doctors to move from simply being leaders within a clinical field who identify purely with their professional group to being leaders of teams and services within the complex organisation that is a health system. All state health systems have some arrangements in place for developing leadership skills, as do a few of the specialist medical colleges.

In NSW Health, two key programs have been put in place in 2007:

Clinical Excellence Commission

The NSW Clinical Excellence Commission has developed a ten day Clinical Leadership Program for senior clinicians which it sees as being an important part of the CECs commitment to improving patient safety and quality. The program is being targeted at doctors in key leadership positions and it focuses on enhancing leadership skills, the role of clinician leaders in health systems, contemporary approaches to patient safety, personal insight and understanding the evolving health care environment.

Managing for Improved Clinical Outcomes

The NSW Department of Health has just developed a program for clinician managers. The aim of the program is to help clinician managers to understand their role in the future direction of health and to highlight that a balance between corporate and clinical responsibilities can lead to improved clinical outcomes. All clinician managers have been asked to attend. The program covers:

- mastering improved clinician performance;
- strategic financial management;
- managing clinicians;
- influencing outcomes; and
- networking and ongoing professional development.

In Sydney South West Area Health Service we have also put in place a number of initiatives to develop the organisational leadership required by clinicians and managers to help them to better lead their teams. These include leadership and management development programs, mentoring programs and tailored executive development for individuals and teams. These programs are for all staff in leadership positions and will in the future include a program for developing future leaders. Plans are also underway to offer a leadership program to our doctors in training. The focus with all of these programs and development opportunities is on building skills required in the organisation. The approach being taken is consistent with the six steps highlighted in the Hay Group survey.

10. Conclusion

Leadership in health is important. It is about defining character, values and direction in a complex organization. The complexity leadership qualities have to be embedded throughout the organisation. Leadership is also linked to organizational performance.

Clinicians and doctors clearly have a key role to play but this is not an exclusive role; others with leadership talents are also important. And these leadership qualities have to be developed and refined; they cannot be assumed to simply exist.

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