

## A leadership programme

**Authors:** Isobel Gowan

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**Isobel Gowan** describes a pilot course set up at University College London Hospital to nurture leadership skills in specialty trainees on the brink of becoming consultants

A fundamental challenge exists in the call made by Lord Darzi and others for an increase in the quantity, quality, and capability of clinical leaders—how can we bridge the gap between clinical training in the present and developing clinical leadership capacity for the future? This article outlines an innovative pilot programme commissioned by the director of postgraduate medical education at University College London Hospital (UCLH) that aims to bridge this gap via a cohort of specialty trainees on the brink of taking up consultant posts.

### Why was the programme necessary?

“Increasingly I noticed that specialty trainees exist in a training ‘bubble,’” says Lesley Bromley, director of postgraduate medical education at UCLH. “They push themselves very hard to reach the peak represented by their first consultant post, only to find that they do not understand what they can create beyond it.” This perception of a “dead end” can have negative consequences: “As a result they sometimes become arrogant and insular, regarding leadership as something managers alone can do,” says Dr Bromley. “This is not a good landscape in which to practise and is a waste of talented people. Additionally, I believe that trusts need to focus and motivate their workforces so that the individuals get what they want out of their careers and at the same time deliver what the trust wants for optimum patient care.”

To address these very issues, in autumn 2008 Dr Bromley commissioned a pilot programme for 12 specialty trainees and newly qualified consultants within the UCLH foundation trust. The programme was to be delivered by a small team of external facilitators and coaches. Its objective was to help the enrolled doctors take responsibility for managing their careers. Specifically, the course was designed to assist these doctors in better understanding current and emerging medical career pathways and shaping their future progression by identifying and evaluating their options, from which point they would be able create their own career plan. Individuals would be guided in:

- Understanding their own motivations and needs, and how to meet them
- Understanding how they can make better use of their strengths

- Understanding the context in which they are working and how they can manage it
- Becoming more fulfilled
- Achieving and maintaining a sense of direction and focus on an ongoing basis.

The intention extended to providing benefit not only at a personal level, but also at an organisational level. Raising the quality of the doctors' leadership would improve their ability to motivate, inspire, and help grow those around them, and would also, in due course, stem the flow of early retirements and support the trust's succession planning. The consequence of this approach would be a better match between the strategy of the organisation, which will have invested heavily in the doctors, and the doctors' own aspirations and potential.

## **The objectives and the target group**

The problem in helping these doctors become clinical leaders appeared to entail fundamental questions that doctors rarely seem invited to explore for themselves but that underlie how successful they are. "Who am I?" "What makes me tick?" "What do I need in order to be fulfilled?" "What does that mean about the choices I make now—and how can I make the right choices in the future?" "What can I do to influence the development of my service in the complex political world of the NHS?" "How can I become the kind of leader that I'm expected to be or indeed want to be?" "How can I prepare for my next move?" "How can I plan further into the future?"

Dr Bromley believed that the solution did not lie in the didactic approach to learning that characterises many of the training programmes doctors attend. Rather, it lay in experiential and reflective learning to enable doctors on the cusp of becoming consultants broaden their horizons and manage their circumstances (both personal and professional) more effectively. This meant helping them to understand their own individual needs, strengths, and development areas, and to grasp with greater insight the system in which they work. The aim of the pilot course was to equip the doctors to:

- Make career choices on the basis of better self awareness and awareness of the healthcare system
- Build their capability to make well founded career decisions
- Run relationships more effectively within their teams and beyond
- Give their trusts and the NHS a better return on their investment.

## **What was the programme?**

The programme consisted of five one day modules delivered over an eight month period. The programme was delivered by three highly experienced coaches and facilitators who have deep knowledge of the NHS and the challenges of clinical leadership. Modules combined specialist input, development of self awareness, distribution of knowledge, and focused action planning. The modules were supported by the administration and use of the Myers-Briggs type indicator, a 360° feedback tool, the strengths finder,<sup>[1]</sup> and, critically, three individual coaching sessions for each participant at approximately six to eight week intervals. The five modules were:

introductory session, including NHS context and Myers-Briggs type indicator; personal career development, including consideration of leadership styles and attributes; service development; effective teams; and optimising relationships.

## **What are the outcomes and lessons?**

Feedback from participants has been overwhelmingly positive and coupled with a strong sense of realisation that this programme is a really important intervention for their future careers. Participants have reported deeper self confidence, heightened self awareness, a greater ability to take control of career choices, and a real shock over how much they learnt about both themselves and the wider NHS they are committing to. Some have clearly stated their desire and intention to work towards clinical leadership roles in the future.

The lessons for facilitators are:

- That a greater understanding of NHS context and structures is critical for trainees
- That programme design needs to be flexible to keep up with a very intelligent and sharp pool of participants
- That the Myers-Briggs type indicator was the right psychometric tool to use
- That eight months was too long for the programme, given that participants were applying successfully for locum and substantive consultant posts at the same time
- That the 360° feedback tool was particularly disliked by participants, dismissed by many of the assessors, and did not add any value to the process.

## **Comments from participants**

“I know much better now how to approach applying for jobs”

“I know much more clearly where I want to be . . . I am more focused and much more confident. The next question is how to become a clinical director”

“It was great to have the time and freedom to focus on myself”

“I had real ‘lightbulb’ moments of clarification about myself, about those I work with, [and] about the NHS”

“It was really important to know the NHS is investing in me”

“The combination of personal development and knowledge sharing was really excellent”

“I was naive about what a consultant post entailed . . . this showed me what to do and helped me prepare by learning to see how others regard me.”

## **Conclusions**

The leadership programme has been a successful intervention and worthwhile investment of both time and finance. UCLH is commissioning a revised version of the programme for two larger cohorts of doctors and preceding it with a broader introductory programme called “Getting to Grips with the NHS.” Individual participants are committing to new roles with more clarity about their strengths, more confidence at working in teams, and much greater leadership capacity. Going forward, participants will be provided with ongoing support, updates on context and policy, and additional tools and techniques, through half yearly alumni events.

Dr Bromley says, “I am delighted with the outcomes and am reinforced in my conviction that this kind of programme is critical for doctors to emerge from training as rounded individuals capable of taking on important leadership roles in the future.”

Competing interests: IG is a leadership coach from A New Kind of Leadership. IG and her colleagues from A New Kind of Leadership were paid by University College London Hospital NHS foundation trust to deliver the programme described.

## **References**

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**Isobel Gowan** *leadership coach* A New Kind of Leadership, Kent

[isobel.gowan@btinternet.com](mailto:isobel.gowan@btinternet.com)