



Faculty of
**Medical Leadership
and Management**



Improvement

The medical director's role

A guide for aspiring medical leaders

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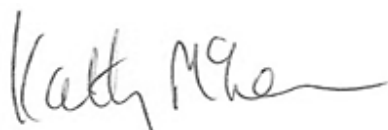
Foreword

We both remember when we first thought about taking up trust medical director roles. We were drawn to the opportunity to influence how our respective organisations would move forward and to drive improvements for our patients on a much larger scale. However, we also remember reaching for the manual on what to expect and searching for a course on how to prepare, only to find there weren't any.

The medical director's role has been a statutory trust board position for 30 years. It is fundamental to any organisation that has high value, high quality patient care at its heart. Yet preparation for the role is often minimal. So like many of our peers then and now, we improvised, learning along the way, but it often felt uncomfortable. Those taking on this role are highly engaged, dedicated and passionate leaders. We owe it to them, to the NHS and, most of all, to our patients to do better.

NHS Improvement and the Faculty of Medical Leadership and Management are committed to filling this knowledge gap. We are passionate about helping doctors to become better leaders. We want the next generation of medical directors to feel supported, to have access to appropriate development, mentoring and peer support opportunities, so they are prepared and have the very best chance of being successful in the role. The need for support is greater than ever before as medical directors face new challenges in providing clinical leadership across health and care systems and introducing new care models. For these reasons, we are delighted to bring you this guide for aspiring senior medical leaders who are interested in taking on one of the most important and most rewarding leadership jobs in our NHS: the medical director's role.

This is not a static document but one which will evolve with feedback so that we can bring greater clarity to medical leadership roles and greater expectations of the impact good medical leadership can have on the quality of patient care.



Dr Kathy McLean
Executive Medical Director
NHS Improvement



Mr Peter Lees
Chief Executive and Medical Director
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Introduction

“ If you think you have the skills to make a good medical director, you have a moral obligation to put them to use. You can make a huge difference, not just to one group of patients but to the entire population you serve ”

Medical director, West Midlands

This guide informs aspiring senior medical leaders about what the medical director’s role entails, what skills and experience will help them succeed, and offers support on how to develop.

NHS Improvement and the Faculty of Medical Leadership and Management (FMLM) believe more can be done to develop medical leaders and establish a clear path to becoming a medical director and beyond. We have listened carefully to established medical directors and others to get their advice on how best to prepare medical leaders for this important role.

This guide captures their advice, outlines the medical director’s role on the trust board and provides an example of a person specification to help support and direct you on your path to appointment.

Conversations with existing medical directors and reports from [NHS Improvement](#),¹ [FMLM](#) and [Hunter Healthcare](#),² the [Good Governance Institute](#)³ and the [King’s Fund](#)⁴ have highlighted three important observations:

- Many medical directors did not actively pursue the role but found themselves stepping in when a post became vacant.
- The medical director’s responsibilities are varied and broadly defined, which can make it challenging for a new medical director to understand their role and be effective from day one.

¹ <https://www.gov.uk/government/publications/supporting-the-role-of-the-medical-director>

² <https://www.fmlm.ac.uk/resources/medical-director-transition-guide>

³ <https://www.good-governance.org.uk/services/ggi-board-insights-paper-2-the-role-of-the-medical-director-in-the-nhs/>

⁴ https://shop.kingsfund.org.uk/products/leadership_needs_medical_clinical_directors

- Medical leadership is often learned by experience – there is no single pathway to becoming a medical director, so new medical directors' skills and knowledge will vary.

The medical director is a key board member. They do more than lend a clinical voice, but advocate for the patient at the organisation's highest level and are crucial to improving the quality and value of care. A medical director plays a vital role in shaping their organisation's culture and strategic vision and communicating this to staff on the front line.

As an executive member of the board, they share responsibility with other executive directors for decisions about the organisation and its services. It is a demanding but rewarding role, benefiting from solid medical management experience, strong leadership skills and resilience.

Leaders of organisations also need system leadership skills to build the local health and care systems of tomorrow. They need to build trusting relationships with peers to work on sustainability and transformation plans (STPs), lead collaborative change management and manage the inevitable conflicts between organisations competing for public resources, both money and people. Successfully reshaping local health systems depends heavily on the leadership of clinicians, working with partners in social care.

1. Why become a medical director?

“ Being the medical director gives you lots to do and lots to think about. No two days are the same. It’s challenging, yes. But it’s stimulating and really rewarding ”

“ It’s a complex job: in the same morning you are diving from managing large strategic problems to one individual with disciplinary issues. In all senses it’s hugely rewarding – to make decisions to better your organisation and the patients that depend on it ”

Medical directors, London

You are presumably reading this guide because you have asked yourself the question above. But before answering it, consider a few more.

What attracts you to the role? Do you understand what it entails and the associated opportunities and challenges? Are you keen to improve your organisation’s culture and the quality of care it offers patients? Are you ready to make an impact at a system level?

Do you have the right experience? Have you experienced a medical leadership role that you found challenging and rewarding and now wish to build on? Have you led quality improvement initiatives in your organisation? Do you have sufficient experience of personal leadership development and the responsibility of applying it? How would you assess your achievements in your current and previous roles? What would your peers say about your leadership in these roles?

Is now the right time? Have you accomplished all you can in your current clinical and leadership roles? Are you happy to relinquish some clinical time for more managerial and leadership responsibilities? Have you considered what might come after the medical director’s role? What might your next step be – a return to clinical practice or another leadership role?

Do you have support? We suggest that you don't make this decision in isolation. You need to be prepared for a shift in work-life balance and ensure you have the right support inside and outside your workplace. Consider what level of support you will need to do the role and how you might obtain this.

You may already have answers for some of these questions. You may find more answers by speaking to current medical directors or reflecting on previous experience with a coach or mentor. This guide, which collates the 'not in the textbook' wisdom of current medical directors, aims to provide you with others.

What the role involves

As a senior medical leader you will already have experience of working closely with individuals, leading teams, change management and service improvement. The next step is to consider how the medical director's role is different: for example, it involves board-level responsibilities; additional skills in operational management; wider system-level leadership skills including multiprofessional stakeholder engagement and strategic planning.

Figure 1 is a framework to help you consider what you may be looking for in furthering your career as a medical leader, with examples of opportunities in each of four categories. It is possible to have system-level leadership opportunities without being a medical director, but you will not have board-level opportunities without an executive position.

You may wish to consider how your current role maps to this. At which levels do your current responsibilities sit? At which levels would you like more challenge, variety and responsibility? Would the medical director's role fulfil this wish for further development and challenge?

Figure 1: Opportunities in the medical director's role



“ **Everyone has three jobs: to do their job, to constantly look to improve it and to influence the context in which it sits** ”

Associate medical director, London

A medical director's role will not be right for everyone, and is not the only path to leading change and improving care for patients. Should the answer to the original question be 'not just yet' or 'not at all', the principles and learning in this guide will still serve

you well on another path to developing yourself, helping you to lead well in your organisation, and to improving the quality and value of care for patients.

The board

Becoming a medical director brings a major change: taking on board responsibilities.

While trusts' internal management structures vary, they all have a board made up of executive directors and non-executive directors led by a chairman. The trust board will share overall responsibility for how the organisation is run. Below board level, the organisation may be divided into divisions or directorates led by a senior clinician (eg divisional director) or business manager, or both in partnership.

Non-executive directors bring subject matter experience (such as financial, legal, clinical and business) from both healthcare and other sectors, and provide

independent oversight of how the trust is run. They may lead in making senior executive appointments, and chair internal investigations or disciplinary proceedings. They hold executives to account and offer constructive scrutiny and challenge over board decisions and the trust board's development.

Executive directors have specific areas of responsibility within the organisation: for example, leading implementation of strategy and managing performance issues, engaging and supporting staff and improving quality of services. It is important that executive directors offer peer support and challenge to their colleagues and work on developing the executive group as a team.

The chairman is the senior non-executive director and provides overall leadership to the board to ensure the trust meets its obligations. The chief executive is the accountable officer. They are responsible for delivering high quality, safe patient care that complies with statutory, regulatory and financial duties, and for building strong relationships with other organisations.

Most organisations have a unitary board where executive and non-executive directors make decisions as a single group, sharing the same responsibility and accountability. Both executive and non-executive directors are expected to constructively challenge during board discussions, help guide development of values, standards and strategy, and oversee operational and risk management.

“ **Nursing and medical directors can bring different but complementary skills to their partnership. Whilst I enjoy excellent relationships with all my executive colleagues, the strongest and most important is with the medical director** ”

Nursing director, north of England

In addition to the medical director, most boards include a finance director, who holds responsibility for budgets, expenditure and negotiating contracts with external stakeholders, and a nursing director, who often leads in areas such as patient experience, safety and governance. Your relationship with the nursing director is particularly important as you will share similar

responsibilities and should aim to present one clinical view of the organisation.

You can read more about the structure, role and governance of NHS boards on the [NHS Leadership Academy's website](http://www.leadershipacademy.nhs.uk/resources/healthy-nhs-board/).⁵

⁵ <http://www.leadershipacademy.nhs.uk/resources/healthy-nhs-board/>

Medical director's roles and responsibilities

While a medical director's portfolio is large and varies from organisation to organisation, there are five broadly consistent key areas of responsibility, shown in Figure 2. In Section 3 we explore what you can do now to prepare for them.

Figure 2: Key areas of responsibility



Corporate responsibilities

Being a board member brings significant responsibility and accountability. All board members share responsibilities for developing and implementing their organisation's vision, values and strategic objectives as well as operational performance and safety. You will, of course, also provide advice and support on clinical matters, including developing services.

Medical directors also help build and maintain strong relationships with leaders in their local health economy. You will represent your organisation on clinical matters relating to external bodies including the media, clinical commissioning groups (CCGs), NHS arm's-length bodies, the Care Quality Commission (CQC), patient

groups and charities, academic institutions, academic health science networks and medical royal colleges.

Delivering high quality, high value care

With the nursing director, you will oversee delivery of high quality and high value care for patients at your organisation.

The medical director promotes organisational efficiency and clinical productivity, demonstrates cost-effectiveness and embeds a culture of value and return on investment. Quality improvement is a key part of the medical director's remit.

Clinical standards

You will help your organisation achieve high standards of clinical practice and governance. This includes ensuring it has policies to protect and safeguard vulnerable groups, manage medicines and controlled drugs safely and effectively, and maintain high standards of infection prevention and control.

The medical director guides their organisation in ensuring service and policy development keeps pace with statutory requirements, championing national health policy, focusing on effective prevention and early intervention and working with stakeholders to develop new integrated care models.

They also lead and promote a culture in which all staff regularly evaluate the quality of patient care and achieve high standards, while feeling confident and safe to challenge and raise concerns on practice that deviates from this.

Medical workforce

The medical director's role includes responsibility for ensuring appropriate skill-mix in the medical workforce and for ensuring patient safety by overseeing the organisation's ability to manage specific pathways effectively – for example, sepsis, critical illness or cancer.

The role also offers the opportunity to help develop all clinical staff in the organisation. You will work with consultants to manage a system for job planning⁶ linked to organisational priorities and clinical need, and complete annual appraisal for revalidation. You will support the director of medical education and guardian of safe working hours in ensuring that medical trainees' educational, pastoral and career-planning needs are met, that training programmes are reviewed and

⁶ <https://improvement.nhs.uk/resources/best-practice-guide-consultant-job-planning/>

improved where necessary and that medical rotas comply with the national terms and conditions of service.

Where concerns about clinical staff performance arise (including conduct, capability and health matters), the medical director works alongside the human resources director to ensure the trust has ways of addressing them.

Trusts often (but not always) appoint their medical director as responsible officer for medical revalidation. As such, you will ensure the organisation complies with organisational and governance requirements for revalidation and specifically, that doctors with a prescribed connection to the trust remain up to date and fit to practise. As medical director you will usually have board responsibility for medical governance and revalidation.

Medical leadership

The medical director must set an example of professional and compassionate leadership for clinical staff in line with FMLM's *Leadership and Management Standards for medical professionals*,⁷ the General Medical Council's *Good medical practice*⁸ and the national framework for action on improvement and leadership development in NHS-funded services, *Developing people – improving care*.⁹

The medical director and their board colleagues have a lead role in helping their staff develop a learning organisation with a culture of openness and transparency, where everyone strives to make improvements at individual, system and organisational level.

With the human resources director, you will shape the leadership development and recognition framework for senior medical staff. The medical director should support medical managers to play a full and effective role throughout the organisation.

You will also help develop effective clinical and research networks and alliances with other healthcare providers, CCGs and educational institutions including Health Education England (HEE) and local education and training boards. As medical director you will champion greater engagement of patients with research studies and programmes to deliver improved outcomes in patient care.

⁷ <https://www.fmlm.ac.uk/about-us/what-we-do/professionalising-medical-leadership-and-management/the-leadership-and>

⁸ http://www.gmc-uk.org/guidance/good_medical_practice.asp

⁹ <https://improvement.nhs.uk/resources/developing-people-improving-care/>

Dr Vincent Kirchner, Medical Director, Camden and Islington NHS Foundation Trust

I did not have a career plan to become a medical director. I assumed it was out of my reach so never gave it any thought. My predecessor was our medical director for 10 years and I could not imagine having the skills and confidence to do what she did. Many years ago, when the role of lead consultant for my service came up, colleagues asked me to apply and to my surprise I was appointed. A few years later the role of associate medical director came up and then the deputy medical director role. I found I enjoyed being at the centre of decision making and feeling empowered to make things better for service users and colleagues. It is enormously satisfying to see things change and to have had a hand in it.

The day came when my predecessor announced she was leaving. It was definitely an 'OMG' moment. Knowing I had her support and mentorship gave me the confidence to take on the challenge. Being an interim was both good and daunting: good because I could test whether I was able and wanted to be a medical director; daunting because I felt under constant scrutiny. I knew becoming a medical director would affect all aspects of my professional and personal life so I felt it was important to involve my partner and family in the decision. We agreed I should apply and I was appointed.

A few months before taking on the interim role, I had enrolled on the NHS Leadership Academy's Nye Bevan

programme. Despite the enormous effort and long hours, it gave me the opportunity to build up my leadership knowledge and skills and was transformational. My ongoing learning during the first two years of being a medical director has been exponential. I have learned a lot about services, systems and myself. This job needs resilience by the truckload.

It is essential to have the backing and support of my clinical colleagues. They are the bedrock of services and a fount of knowledge. Colleagues will respect you if you are honest and fair, even when the message is unpalatable. They will forgive mistakes if you are transparent. I have learned to know my emotions and needs and not let these impede the task. It does not matter if someone takes credit for my ideas or work, as long as we achieve a goal. If something goes wrong, learn from it and move on – don't blame anyone or yourself. Also push the boundaries with new ideas: people may not be ready and sometimes the most you can achieve is planting the idea. It is important to set your own priorities and focus on progressing these. You won't be remembered for replying to hundreds of emails, but you will be remembered for helping develop high quality services.

And never ever forget service users. Everything we do is all about them, so make sure you speak to them and involve them at every opportunity.

2. What skills and experience do I need?

“ It’s all about people and relationships, not about knowing specifics or being an expert ”

Medical director, north of England

“ Concentrate on the ‘soft’ stuff. People get focused on how to read a budget sheet and the finance. Whilst that is important, other board colleagues can help with that. You need to ask where you – as a doctor – add value. That’s in clinical governance, change management, dealing with difficult colleagues and demonstrating strong collegiate values ”

Medical director, London



We asked medical directors what skills and qualities they thought most important. ‘Soft’ skills such as interpersonal ones, emotional intelligence, compassion and resilience came top, along with influencing, networking, strategic thinking and honesty. Working as a medical director will bring you into a formal and informal network alongside colleagues who have different yet complementary skills. Understanding your place in this network will be key.

With a greater shift towards a systems approach to care delivery, you will need to influence beyond traditional boundaries of a single organisation and work with multiprofessional stakeholder groups. You will be a more effective medical director if you are aware of your own and others’ emotions, motivators and impact, knowing your own limitations and being able to turn failure into a learning opportunity.

It is important to understand and have skills in managing people, finance and the leadership of systems. When forging alliances or facing performance-management issues or conflict, using these skills to establish rapport and understand the person behind the role will be vital.

The person specification

A person specification for the medical director's role will vary depending on the specific post and the organisation's size. We designed this example to guide the personal and professional development of those aspiring to the role. It is not exhaustive, and meeting this specification should not be considered compulsory to be appointed as a medical director.

Experience

Applicants must have experience of:

Strategic development, planning and delivery or support of clinical service improvement

- Can you show you have led change and improvement projects that improved clinical care at scale?

A medical management and leadership role in a healthcare organisation

- Have you been a service or clinical lead working in a multidisciplinary, multi-agency health or social care environment?
- Have you had an education management role such as educational supervisor, college tutor or training programme director?

Leading job planning, appraisal and medical governance

- Do you have experience in appraisal and job planning?
- Have you been involved in medical governance processes, including the Maintaining High Professional Standards (MHPS) framework?

Working with patients, families, GPs and other stakeholders to improve clinical care

- Have you worked in partnership with patients and families, GPs, CCGs and/or colleagues from other organisations to improve clinical care at scale?
- Do you have a record of collaboration and building relationships to improve patient care?

Knowledge

Applicants must demonstrate satisfactory knowledge of:

Professional, educational and statutory requirements of medical and dental staff

Clinical and corporate governance frameworks

Current issues facing the NHS and social care

- Do you understand the national environment and are you able to interpret how this affects the organisation and local health and social care economy?

The clinical, performance and operational challenges facing the trust and an understanding of the complexity in providing secondary healthcare

- Do you understand both the opportunities and challenges facing the trust and your role in addressing them?

The trust's values and strategic aims

- As the medical director, you will be an ambassador for your organisation and will be expected to consistently demonstrate its values. What are your values and how do they relate to those of your organisation?

Skills and competencies

Applicants must demonstrate that they:

Are committed to patients and improving clinical care

Have a record of engaging and working with patients and with patients as partners

Can explain key clinical concepts to a lay audience, including the board and governors

Are a resilient and effective leader with skills in strategic thinking, problem analysis and negotiation

Can ensure the board prioritises quality in a constrained financial environment

- Do you have an example of where you prioritised quality in your current role?

Can act corporately and take corporate decisions – influencing, persuading and advising the board on medical and governance matters

- Do you sit on a trust management committee or hold an equivalent position?

Are capable of and committed to translating innovation, policy, oversight processes and analysis into practical actions to improve quality of care for patients

Have strong interpersonal, negotiating and influencing skills with the ability to shape development across the health and social care system, and can work with multiple stakeholders including non-clinicians

Can bring together multiple stakeholders and those with diverse views to improve patient care

- Do you have experience of working with external stakeholders across systems – for example, as a sustainability and transformation plan (STP) workstream lead or in a commissioning reference group?

Are committed to managing self, personal and professional development and reflection, eg with recent 360-feedback or multi-source feedback

Are supportive and approachable, inspiring confidence and encouraging potential while adopting a performance-management approach where necessary

Desirable criteria

Applicants should:

Be able to demonstrate practical application of formal training in leadership and management

Have evidence of continued professional development in leadership at senior level

Dr Karen Slade, Medical Director, Bridgewater Community Healthcare NHS Foundation Trust

Public health may not be the first place you'd look for an aspiring medical director, but this was my background and it has proved extremely useful and relevant in my role as medical director for a large NHS community services provider.

Throughout my career, I have been driven by a desire to improve healthcare quality. Impatient to be the puppeteer and not the puppet, I left clinical practice after three years to do higher specialist training in public health medicine. I practised as a consultant in public health medicine for seven years, improving quality through evidence-based practice and focusing commissioning decisions on better patient outcomes.

One of the biggest benefits of my public health background was the vast experience I gained through interface working – between primary care, secondary care and community care, between health and social care, voluntary and health sectors, managers and healthcare professionals and between the public and the NHS. This gave me insight

into different perspectives across the health and social care system, and enabled me to work with others to improve health outcomes.

Another useful experience was my role as a tribunalist for the Medical Professionals Tribunal Service. Taking part in hearings to determine fitness to practise and appropriate sanctions provided valuable background knowledge for the responsible officer role.

As a medical director, the challenges are relentless so a support network is vital. Mine consists of medical directors in other community trusts, medical directors from my local patch, the regional responsible officer network, trusted mentors, a great coach and a supportive family.

Despite its challenges (maybe because of them), this job is the most rewarding I have ever had. From giving clinicians a voice and putting patients first, to working collaboratively and innovatively to create a future sustainable health system, as a medical director you really can make a difference.

3. How do I prepare?

“ **The difference between a clinical director and medical director is not dissimilar to the jump from registrar to consultant. When you're a medical director, like with being a consultant, the buck stops with you – and that feels different** ”

Medical director, West Midlands

The step from senior medical leader to medical director is not to be underestimated. As a senior medical leader you will have experience of managing a department, performance issues and service improvement. But managing the medical director's wider portfolio, and sharing responsibility for executive decisions, will stretch you. Here we offer advice from our medical directors on how you might develop the skills and experiences to make the jump successfully.

Use resources around you

“ **The NHS is rich in experience and opportunity. There is a place for formal courses but some of the most valuable learning starts at home** ”

Medical director, London

Relevant experience coupled with guidance and support is a valuable factor in developing as a leader.¹⁰ As a senior medical leader you have an advantage. You don't currently bear the medical director's responsibility, but you can take on aspects of their

role through a rotating portfolio to move outside your comfort zone and gain experience.

Explain to your medical director that you are keen to shadow them to see the job in action. Attending board meetings and presenting papers will give you an insight into board-level accountability and governance frameworks.

Shadowing other executives will help you understand their roles. By sitting on board subcommittees you can further your understanding of specific areas like quality improvement. Chairing such committees is a useful way of refining skills in managing priorities, dealing with conflicting views, and decisiveness.

¹⁰ <https://www.kingsfund.org.uk/publications/leadership-and-leadership-development-health-care>

Ask to shadow your chief executive and chair. Enquire about what formal internal development opportunities or sponsorship for external programmes your organisation offers. Experience in operational management – for example, through managing a directorate or division – will offer further insight and credibility.

“ **It's okay to make mistakes and learn from them. It's better to do this now with a safety net** ”

Medical director, south of England

Seek out opportunities to deputise or represent your organisation externally – for example, by becoming the acute care representative on a neighbouring CCG governing body. This will allow

you to develop a relationship with external stakeholders such as commissioners, neighbouring trusts, academic institutions, politicians and the media.

Attending national conferences, such as ‘[Leaders in healthcare](#)’,¹¹ and regional and national meetings for medical directors will give you the opportunity to learn about and contribute to discussions on good practice, as well as discover emerging policy and comment on and potentially influence it. It will enable you to understand current issues and hot topics, exchange ideas with other medical directors and offer the opportunity to build useful relationships and networks.

Courses and tools

While there is no single best approach to leadership development, understanding individual development needs and analysing the gap between your current and desired leadership capacity are helpful. You can use several resources to help identify your strengths and areas for improvement. NHS Improvement does not endorse any particular development opportunity in this guide, commercial or otherwise, over others not mentioned.

360 feedback

A powerful tool to gather confidential feedback from those around you to help identify your leadership development needs. Both [FMLM](#)¹² and the [NHS Leadership Academy](#)¹³ offer 360 feedback tools.

¹¹ <http://www.leadersinhealthcare.com/>

¹² <https://www.fmlm.ac.uk/programme-services/individual-support/fmlm-360>

¹³ <http://www.leadershipacademy.nhs.uk/resources/healthcare-leadership-model/supporting-tools-resources/healthcare-leadership-model-360-degree-feedback-tool/>

Understanding self

A [personality-type](#) assessment¹⁴ will help you to understand how you think and work in relation to your colleagues, how you behave when stressed and what you can do to manage the impact on yourself and others.

Values and motivators

Your values influence your behaviour and the way you think. Understanding your values can help you become aware of your behaviour, particularly when managing conflict and understanding and influencing others. Doing this well makes for an effective medical director.

[MindTools](#)¹⁵ offers a useful tool to help you identify your values.

Having a mentor and/or a coach

“ **Being able to describe an issue, what you propose to do about it, and shaping that with someone who has been there and done it, was very helpful. We only met three or four times a year, but I knew I could always text or phone. They could also point out success when the external regulators were not convinced of the inputs, and gave me the confidence to stick to my plan when at times others were questioning it and me** ”

Medical director, East Midlands

Having a mentor, especially one who is or has been a medical director, will offer you a safe haven to explore professional development and work performance. They will be able to offer a sounding-board for difficult decisions, help you build confidence and be able to provide that ‘lived experience’.

Coaching helps to unlock your potential and maximise your own performance in attaining a specific goal. Coaches are useful in helping to extract development goals and learning from challenging situations, 360-feedback tools, personality-type

assessments and with writing personal development plans. FMLM has a bank of [coaches](#)¹⁶ and [mentors](#)¹⁷ available to work with you.

¹⁴ <https://www.fmlm.ac.uk/resources/understanding-personality-type-introducing-personality-type>

¹⁵ https://www.mindtools.com/pages/article/newTED_85.htm

Negotiating and influencing

You will need to be able to work collaboratively and balance often conflicting demands. You will need to influence outside your comfort zone, including external stakeholders of differing professional backgrounds. Having strong influencing and negotiating tools is crucial.

The [Chartered Management Institute](#)¹⁸ offers a course on improving negotiation skills. The [King's Fund](#)¹⁹ offers a programme to strengthen influencing skills.

Challenging conversations and conflict resolution

Every medical director we spoke to agreed that one of the most useful things they learned was having a challenging conversation with a colleague that had a constructive outcome. To be a strong medical director, you must use the same communication skills when managing colleagues as you do when dealing with complaints and supporting patients and families.

The [Medical Protection Society](#)²⁰ offers a workshop on mastering professional interactions. Courses and workshops will teach the skills and allow you to practise them in a safe environment with constructive feedback. You will only continue to learn by putting these skills into practice and reflecting on the experience, preferably with a coach or mentor.

¹⁶ <https://www.fmlm.ac.uk/programme-services/individual-support/coaching>

¹⁷ <https://www.fmlm.ac.uk/programme-services/individual-support/mentoring>

¹⁸ <http://www.managers.org.uk/events-and-courses/2017/april/the-art-of-negotiation>

¹⁹ <https://www.kingsfund.org.uk/leadership/building-your-authority>

²⁰ <http://www.medicalprotection.org/uk/education-and-events/workshops/communication-skills-workshops/mastering-professional-interactions-workshop>

Managing performance concerns

“ The MHPS course provides a really useful understanding of workplace regulation and dealing with doctors in difficulty – recommended for anyone considering the medical director role ”

Medical director, south of England

The [National Clinical Advisory Service](#)²¹ offers educational workshops for case investigators, case managers and board members to develop knowledge and skills to identify and manage performance concerns. It uses *Managing high professional standards in the modern NHS* and the trust's own policy. If you become a case

investigator before you become a medical director, you will gain valuable experience and ensure you are familiar with the process.

Resilience

“ You'll need resilience by the bucketload. You will definitely be criticised for decisions you make as the medical director, but in reality most colleagues know it's a challenging role and will respect you for taking it on ”

Medical director, West Midlands

Resilience is an ability to use personal qualities to manage and overcome adverse events without experiencing mental, emotional or physical stress, and using these experiences to grow and develop.

The medical director's role is not to represent clinicians or managers but the patient. You will provide your executive colleagues with a balanced

view through your clinical experience. However, this change can be challenging and isolating.

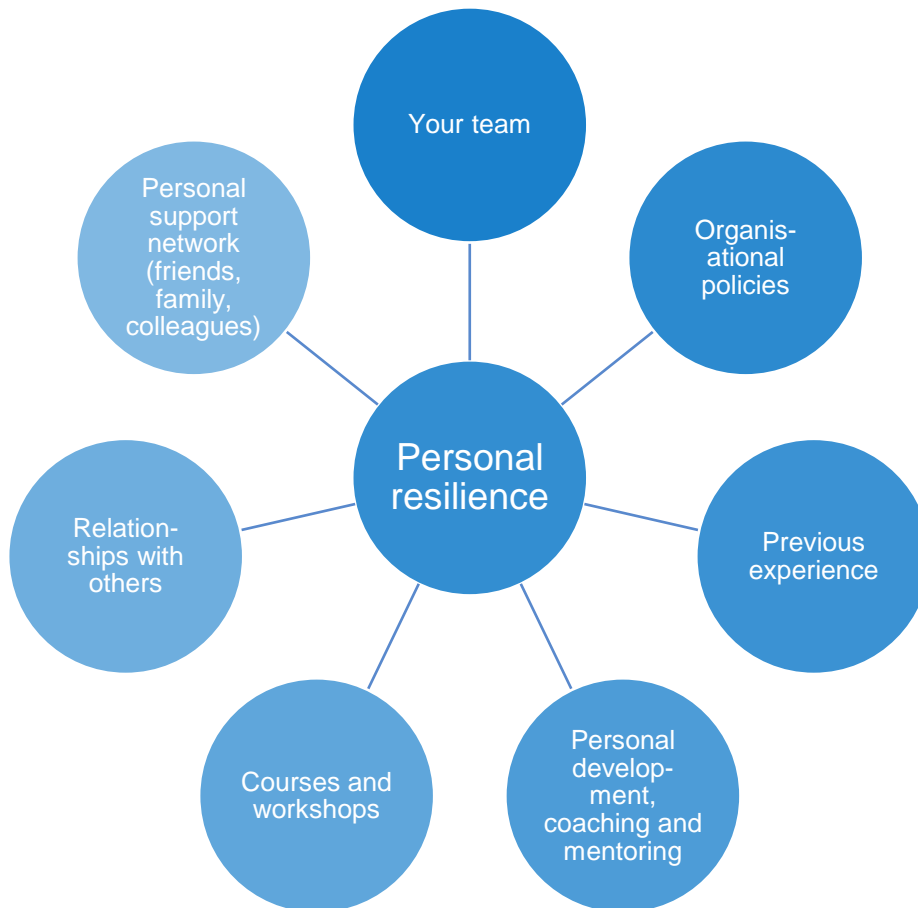
Your resilience depends on the factors shown in Figure 3 below, all of which can be refined and strengthened. Your ability to manage a challenging situation will partly depend on previous experience: your 100th on-call was far less anxiety-provoking than your first.

For help, look to your organisation's established guidance on how to deal with a specific challenge, to support from your immediate team, your personal support

²¹ <http://www.ncas.nhs.uk/events/workshops/>

network such as friends and family, and also to the nature and strength of relationships with others involved. You can further influence your resilience through courses and workshops such as that offered by the [Management Advisory Service](#).²²

Figure 3: Help for personal resilience



²² <http://www.orghealth.co.uk/resilience/resilience-training---public-workshops.html>

Taught programmes

“ The Nye Bevan programme has been the most definitive leg-up in stepping up to medical director. It has a real focus on NHS leadership, understanding yourself and where your deficits are. It’s experiential learning, tests resilience and provides a forum for discussing your development ”

Medical director, London

While every medical director we spoke to said their on-the-job experiences before appointment were most helpful, some mentioned specific leadership programmes they found useful in supplementing their development:

- [King’s Fund programmes](#)²³
- [the Health Foundation’s GenerationQ](#)²⁴
- [NHS Leadership Academy programmes](#).²⁵

²³ <https://www.kingsfund.org.uk/leadership/all-leadership-programmes>

²⁴ <http://www.health.org.uk/programmes/generationq>

²⁵ <http://www.leadershipacademy.nhs.uk/programmes/>

Development opportunities

“ **Going on courses will provide you with a toolkit. It’s then up to you to put these tools to use and really learn how to get the most from them** ”

Medical director, London

As well as attending courses you can do several things in your current capacity as a senior medical leader to gain valuable experience that will prime you for the medical director’s role. Some of these are outlined below.

Quality improvement

“ **My quality improvement knowledge has been very helpful to unlock stalemates in service change by encouraging parties to trial and assess. If it works, just keep doing it. But if it doesn’t, learn the lessons, tweak and keep going until you get the desired outcome** ”

Medical director, London

‘Quality improvement’ (QI) has many definitions centred on an underlying principle of continually evaluating and redesigning healthcare to achieve best value and excellent outcomes for patients. The most successful and sustainable improvements are led by frontline staff equipped with the right skills and supported by medical leaders who understand the value of QI.

High-performing NHS organisations build in-house quality improvement capability by adopting suitable QI methods, giving all staff the tools to deliver changes and empowering them to lead the changes effectively. QI in these organisations becomes integral to normal functioning rather than an add-on.

As a senior medical leader you will have led QI at a departmental level, and have experience in change management and influencing senior colleagues. The next step is to further your understanding of one or more QI methods and build on your experience to help embed QI capability throughout your organisation and create a culture for improvement.

You can read more about common QI approaches in these guides by the [Health Foundation](http://www.health.org.uk/publication/quality-improvement-made-simple)²⁶ and the [Healthcare Quality Improvement Partnership](http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/).²⁷ Organisations that have successfully embedded QI methodology include [East London NHS](#)

²⁶ <http://www.health.org.uk/publication/quality-improvement-made-simple>

²⁷ <http://www.hqip.org.uk/resources/guide-to-quality-improvement-methods/>

Value and finance

“ In the same way that, as a doctor in a multidisciplinary team (MDT), you can understand where therapy teams add value and bring that together with medical management for the benefit of the patient, as the medical director you need to be the link between finance and good clinical care ”

Medical director, London

Value in the NHS is increased by maximising patient outcomes from provider activity while minimising the costs. Tackling unwarranted variation (as identified in the [Carter review](#)³¹), reducing waste and implementing best practice are key to achieving this.³² The [Model Hospital](#)³³ was developed in response to the Carter review and enables providers to compare their productivity, quality and responsiveness to address variation.

You must understand value and finance to be an effective medical director and provide high quality patient care in the face of constraints. You will be expected to understand your organisation’s Model Hospital performance, explain why variation exists and have oversight of clinical and workforce service lines.

Speaking to your medical director and regularly meeting your finance director will familiarise you with the work they do, help you understand the productivity and finance challenges they face and help you to develop an effective and supportive working relationship with the finance team. The [Healthcare Financial Management Association](#)³⁴ offers courses, e-learning and qualifications for clinicians to better understand finance: for example, how budgets are applied, how to read a budget report and a ‘Healthcare costing for value’ programme.

²⁸ <https://qi.elft.nhs.uk/about-us/>

²⁹ <https://www.surreyandsussex.nhs.uk/about-us/about-the-trust/sash/>

³⁰ <https://www.northumbria.nhs.uk/quality-and-safety/continually-improving-services>

³¹ <https://www.gov.uk/government/news/review-shows-how-nhs-hospitals-can-save-money-and-improve-care>

³² <https://www.kingsfund.org.uk/publications/better-value-nhs>

³³ <https://improvement.nhs.uk/resources/model-hospital/>

³⁴ <https://www.hfma.org.uk/education-events>

Inspection

Being a [specialist advisor](#)³⁵ for CQC will help you understand its methodology and give you an insight into its inspectors' point of view: this is learning you can use to improve care in your organisation. It will also give you experience of working with colleagues from other parts of the healthcare system, including public and patient voice representatives.

Medical education

Medical education often falls under the medical director's remit, so it helps to have experience of delivering education – for example, as an educational supervisor. In addition, formal roles in the leadership structure of education – such as training programme director or college tutor – will give you leadership and management experience and help to establish useful relationships with external stakeholders such as medical royal colleges and HEE. Education roles also provide valuable opportunities to acquire interpersonal skills such as mentoring and performance management of trainees in difficulty.

Working with external stakeholders and system leadership

The Five Year Forward View seeks to tackle gaps in health and wellbeing, care and quality, and funding and efficiency by developing new care models. STPs are blueprints for how healthcare organisations will work together to develop and spread these new care models.

As a medical director, you will have a role in bringing clinical colleagues together across a local system and in engaging patients, local authorities and the third sector in developing new care models. Gaining experience outside your organisation in system-leadership roles will help you develop the skills to do this, give you a wider perspective and valuable experience of aligning priorities, influencing and managing teams. Speak to your STP lead to learn about opportunities or to arrange shadowing. Other avenues to develop system-leadership experience include cancer alliances and programmes linked to NHS England and NHS Improvement, outlined below.

³⁵ <https://www.cqc.org.uk/about-us/jobs/join-inspection-specialist-advisor>

“ My time as a cancer network lead introduced me to the governance of external regulation, including discussions with the strategic health authority as was then, the Department of Health and the national review team. I introduced the cancer MDT system to the region, piloted cancer accreditation and supervised the trust through two rounds of accreditation. This required the growth and development of a team and the integration of its work into the trust’s operational aspects. I also sat on the hospital management board, interacting with executive and board colleagues. The leadership development programmes I was able to tap into exposed me to external consultants and facilitated working across both disciplines and organisations. These contacts have been extremely valuable in the context of the STP and local vanguard ”

Medical director, East Midlands

NHS Improvement

Getting It Right First Time

The [Getting It Right First Time](#)³⁶ (GIRFT) programme is a clinically led initiative to improve clinical quality and efficiency by reducing unwarranted variations. Getting involved with GIRFT will help you understand procurement, negotiating with vendors, influencing service delivery and maximising workforce productivity. Shadowing a medical director who is a ‘GIRFT champion’ for their trust will give you insight into best practice and show you how to use trust data to influence change.

Seven Day Services

The [Seven Day Services](#) programme³⁷ will have a significant impact on urgent and emergency care. It involves the entire MDT and needs board-level support. It is an opportunity for senior medical managers aspiring to directors’ roles to form mutually beneficial networks and relationships with regional partners. It is also an opportunity to influence local STPs and get an in-depth understanding of job planning, service delivery, workforce management and diagnostics pathways. Contact the seven day services lead in your organisation to join a workstream. For example, organising networked services will involve building relationships with providers, commissioners and STP leads as well as engaging the clinical workforce. Other opportunities include working with consultants to transform a service or introducing new roles to support a service – for example, physician assistants.

³⁶ <https://improvement.nhs.uk/news-alerts/getting-it-right-first-time-recruits-new-clinical-leads/>

³⁷ <https://improvement.nhs.uk/resources/seven-day-services/>

Clinical senates

Clinical senates are a source of independent, strategic advice and guidance to commissioners and other stakeholders to assist them in making the best decisions about healthcare for the populations they represent: for example, providing a strategic overview of major service change. They comprise a core Clinical Senate Council and a wider multiprofessional Clinical Senate Forum, which provides access to experts from a broad range of health and care professions. Joining a senate will offer you the ability to advise on strategic developments in your region, learn about national and regional priorities and network with a diverse group of system leaders. Click [here](#)³⁸ to contact your local area team medical director and learn more.

Specialised services clinical reference groups

Specialised services that are commissioned by NHS England are categorised into six [National Programmes of Care](#),³⁹ each of which have several clinical reference groups (CRGs). These lead on developing clinical commissioning policies, service specifications and quality standards. They also provide advice on innovation, horizon scanning, service reviews and guide work to reduce variation and deliver increased value. CRGs, through their patient and public voice members, also help ensure that any changes to commissioning specialised services involve patients and the public. By [registering](#) your interest,⁴⁰ you can review and comment on clinical policies and service specifications at an early stage of development and be contacted to take part in a policy development working group where relevant.

³⁸ <https://www.england.nhs.uk/ourwork/part-rel/cs/get-involved/>

³⁹ <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/>

⁴⁰ <https://www.england.nhs.uk/commissioning/spec-services/get-involved/crg-stake-reg/>

Medical royal colleges and learned societies

“ **Working for a medical royal college has allowed me to understand how the health service in all its parts works in a way that leadership roles in my trust did not. You get to meet clinicians and non-clinicians from all walks of life and from all over the UK. If you get the chance it is well worth getting involved** ”

Senior college member

The medical royal colleges and learned societies are professional bodies committed to improving patient care through policy development and advocacy and by promoting high standards of education, training and assessment. They offer opportunities to contribute at a national level to committees and working parties relating to clinical practice and to postgraduate education. Clinicians working with these groups will gain

valuable experience in working across systems with external stakeholders from a variety of backgrounds, including national and local government and patient groups. There will also be opportunities to refine skills in chairing meetings, influencing and negotiating, budgeting and finance and building useful personal networks. You can approach your college or a learned society to explore both general and specialty-specific opportunities. The Academy of Medical Royal Colleges, which co-ordinates activities of all the colleges and faculties, also has committees and working groups.

Healthcare charities

“ **Healthcare charities don't have direct legislative power but aim to improve patient care through influence and culture change. This has been a place for me to develop the negotiation and influencing skills that are vital in NHS leadership roles** ”

Chief medical officer, healthcare charity

Healthcare charities are organisations that bring together stakeholders across systems to better patient care and experience. Working with organisations relating to your area of clinical expertise in an advisory capacity will allow you to influence, shape policy and advocate for patients at both a national and local health economy level. They present the chance to gain leadership experience outside

traditional NHS organisational hierarchies, working directly with patients, policy-makers and also across the primary and secondary care interface – developing skills and experiences that are highly relevant for the role of a medical director.

Professor Meghana Pandit, Chief Medical Officer and Deputy Chief Executive Officer, University Hospitals Coventry and Warwickshire NHS Trust

I was inspired to take on a medical leadership role in 2008 when I witnessed the adverse effects on a service that lacked credible leadership. It was apparent to me that the service could benefit from a change in culture and leadership that would improve structure, staffing, skills and the team's shared values. This was not happening and I wanted to step up to help deliver.

I began my journey through the King's Fund's 'How to be a clinical director' course. I used the skills I learned to lead a team to improve outcomes and organisational reputation over the next three years. This was so satisfying I decided to study for an MBA while working as a consultant (and by this stage, as a divisional director). The MBA was the most rewarding experience of my career. I learned about strategy, finance, marketing and management, in addition to expanding my leadership skills. This made me more determined to further my career as a medical leader and manager.

Many people have influenced me in my professional life. They are not medical managers as such but leaders in different fields of medicine – distinguished academics, college officers and national leaders. They were inspirational and serve as a constant reminder of the desired values and behaviour required from a medical leader – demonstrating

empathy, listening to staff and patients, remaining calm in the face of adversity and leading by example.

My support comes from my team and a network of medical directors. We meet regularly to discuss current topics and thorny issues in a supportive environment. Coaching has also been useful, especially when I started as chief medical officer.

Being chief medical officer and deputy CEO has many challenges, but it is my role as a 'problem solver' that is fascinating. Such challenges can include clinical safety issues, personnel problems, financial constraints or operational inefficiencies. I find it is most rewarding to impart learning to other team members by solving a problem because this empowers the team to overcome the challenge itself next time.

Improving systems and processes to enable staff to do their best for patients is important to me. I truly believe that a doctor's role is not limited to making a diagnosis or treating patients but extends to the entire healthcare pathway and sharing responsibility for systems and processes that underpin world-class healthcare. I enjoy my role as chief medical officer because I am able to drive excellent clinical, professional and educational standards and deliver compassionate, safe care for patients.

4. Conclusion

It is an exciting time to be a medical leader. NHS organisations are moving away from competition towards collaboration and system-working. To navigate this change successfully, they will require transformational and compassionate leaders who hold the patient at the heart of every decision and draw on a wealth of experience of working with others.

As a medical director, you will have the opportunity to lead your organisation through this change and work with neighbouring colleagues to deliver improved care and a better patient experience for your entire local health system. Over the next few years this will require skills in four key areas:

- promoting a culture of safety and quality – by developing a learning culture and improvement methodology in the organisation
- professional leadership – by ensuring medical staff are constantly aiming to improve the care they provide
- operational effectiveness – by using resources effectively, particularly medical staffing resource
- strategic planning – by leading the transformation and redesign of clinical services in a sustainability and transformation partnership.

This will be challenge for medical leaders but also an enormous opportunity to improve health services for a generation.

We hope this guide has highlighted important things to consider when deciding whether you wish to become a medical director, the steps to a successful appointment and the opportunities you can take now to develop the necessary skills to be the transformational and collaborative leader that the NHS needs.

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The Faculty of Medical Leadership and Management (FMLM) is the professional home for medical leadership in the UK, with a membership incorporating doctors and dentists from the most senior medical leaders to trainees and medical students. The primary objective of FMLM is to improve patient care by setting the leadership and management standards for medical professionals and supporting doctors to become better leaders.



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