



Leadership and management

The topic of ineffective clinical leadership and/or the lack of good quality service management arose in 54 out of 100 reviews.

Conversely, it was sometimes the case that those who have been working hard to lead and manage surgical services had faced negative and disruptive behaviours from members of their team.

The following are ongoing issues that can affect the leadership and management of surgeons:

54%

A 'them and us' mentality

Clinicians and managers are perceived as operating in separate worlds, perpetuating a 'them and us' mentality, with the two groups apparently serving different priorities and unable to work together.

The 'reluctant leader'

The Clinical Lead or Clinical Director role is rotated among a group of 'reluctant leaders' who 'take their turn' but are not fully committed to the role. They do not enjoy the position or feel they have enough support to make a difference.

The 'overly dominant leader'

Although less frequent than the 'reluctant leader' there are examples of situations where a single, senior consultant remains the lead for too long in a highly autocratic manner and denies their colleagues the opportunity to lead (and in some cases modernise) their service.



The ‘unappreciated leader’

Too little dedicated, job-planned time is made available for important clinical leadership roles and the individual undertaking them has not been given appropriate training. There is a lack of appreciation from colleagues of the importance of these roles and it is perceived they are taken by individuals who are unenthusiastic about direct clinical care.

The ‘unsupported leader’

A lack of consistent and effective service management support can be inhibiting for clinicians trying to lead change. It can also be disruptive to efforts to try to improve standards.

Given the complexity of surgical services, it can often take time for a new manager to understand the service. Frequent changes to this position can significantly affect a surgical leader’s capacity to deliver high-quality care and achieve sustained service change.

The ‘leader without followers’

As highly-skilled autonomous clinical professionals, some consultant surgeons lack experience of being a follower rather than a leader. Consequently, decisions made by a Clinical Lead or Clinical Director are not always followed by the consultant surgeons within the team, or implemented within individual practice.

The impact

It is sometimes the case that when a particular scenario arises, a clinical leader is left with sole responsibility for managing the immediate response. However, they may have little access to other experienced personnel, who could provide guidance. The absence of experienced clinical leadership and effective service management can have a significant impact on the quality and safety of surgical care.

How to avoid these problems

- Our experience suggests that senior hospital managers need to retain a constant oversight of the experience levels, skills mix and training of those appointed to important surgical leadership positions.
- Early action is needed where senior managers are concerned that the right balance of skills and experience are not in place, before the quality of a surgical service deteriorates.

Resources

- GMC | *Leadership and management for all doctors (2012)*
- Royal College of Surgeons | *Leadership and Management of Surgical Teams*
- Faculty of Medical Leadership and Management | *How doctors can take steps into leadership and management*
- Health Careers | *Medical leadership*
- IHM | *Creating stronger relationships between managers and clinicians*
- Royal College of Surgeons | *Women in Surgery*

