



Faculty of
**Medical Leadership
and Management**



OPPORTUNITIES FOR SAS DOCTORS' DEVELOPMENT

15 May 2026

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Faculty of
**Medical Leadership
and Management**

Established 2011 by Medical
Royal Colleges, Faculties and
Specialist Associations

Endorsed by Academy of
Medical Royal Colleges

Endorsed by Academy of
Medical Royal Colleges and
Faculties in Scotland

UK's professional
home for clinical
leadership

Values-based charity

Membership organisation

Designated body

FMLM Applied Limited



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RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

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Leadership and Management Fellow Scheme

The Royal College of Psychiatrists Leadership and Management Fellow Scheme aims to develop and support a new cohort of emerging medical leaders within psychiatry.

Faculty of Medical Leadership and Management
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FMLM is proud to support the #SASsix campaign

SAS SIX – NATIONAL SUPPORT



Every early career SAS doctor should have access to an **educational supervisor**



All LE doctors employed for more than two years should be offered a SAS contract



Senior SAS doctors should be offered the opportunity to be **educators at every level**



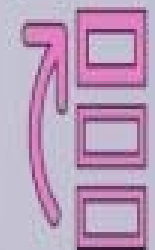
All SAS doctors should have equity of access to **professional development opportunities**



All extended roles in **leadership and management** should be open to SAS doctors



All Specialty Doctors who meet the specifications should have the **opportunity to become Specialists**





Victoria Zaslona

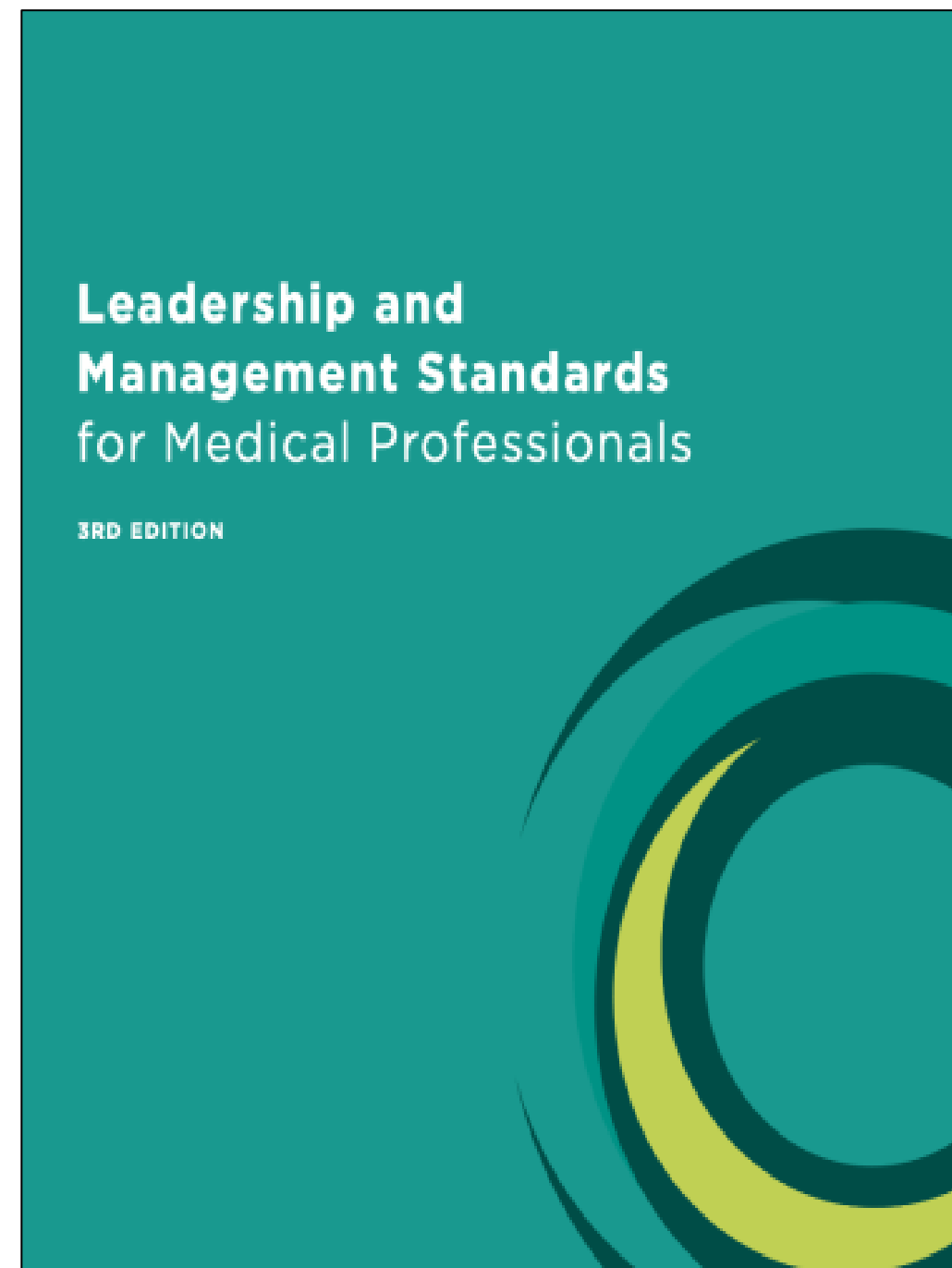
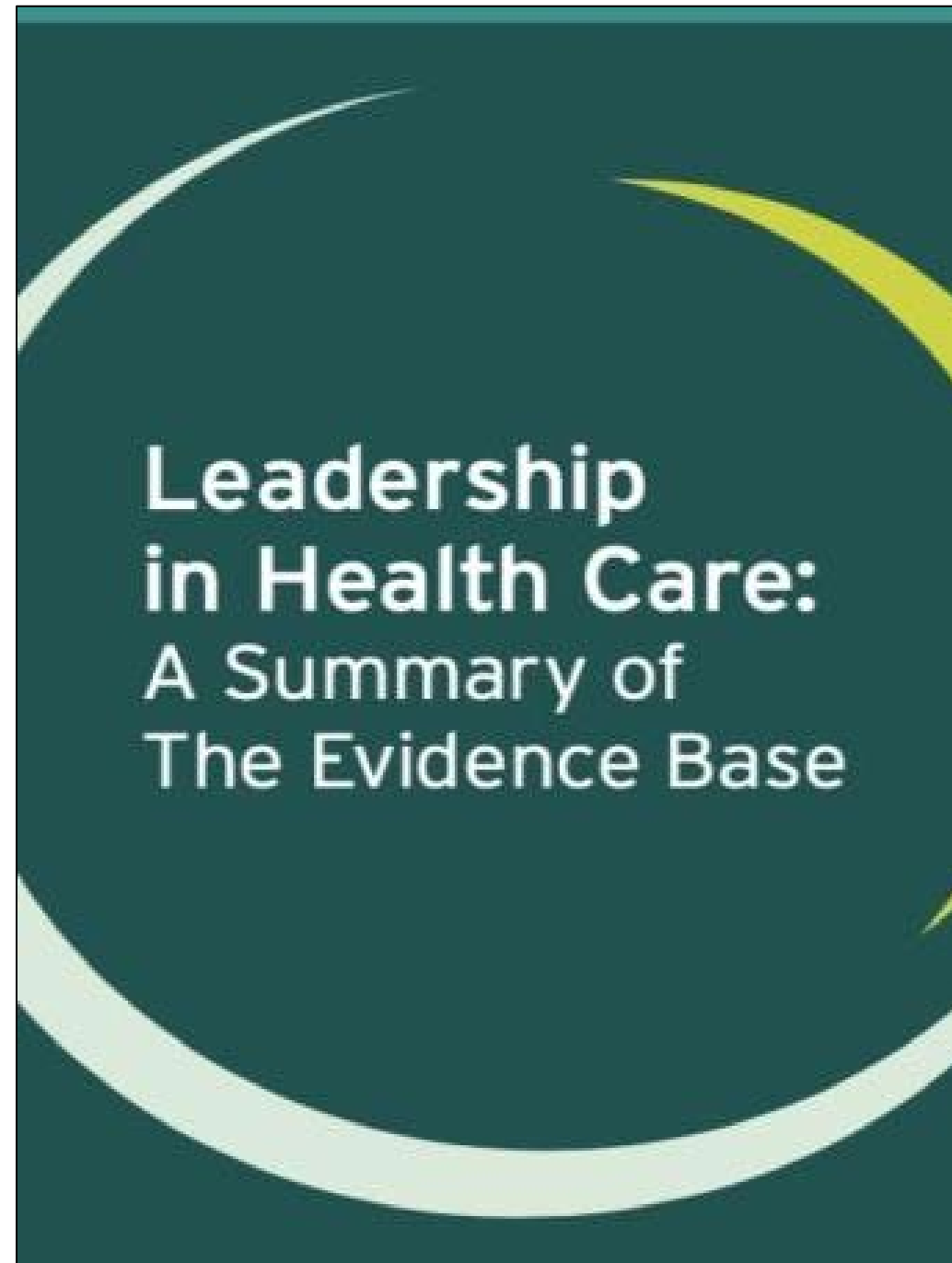


Julian Mark

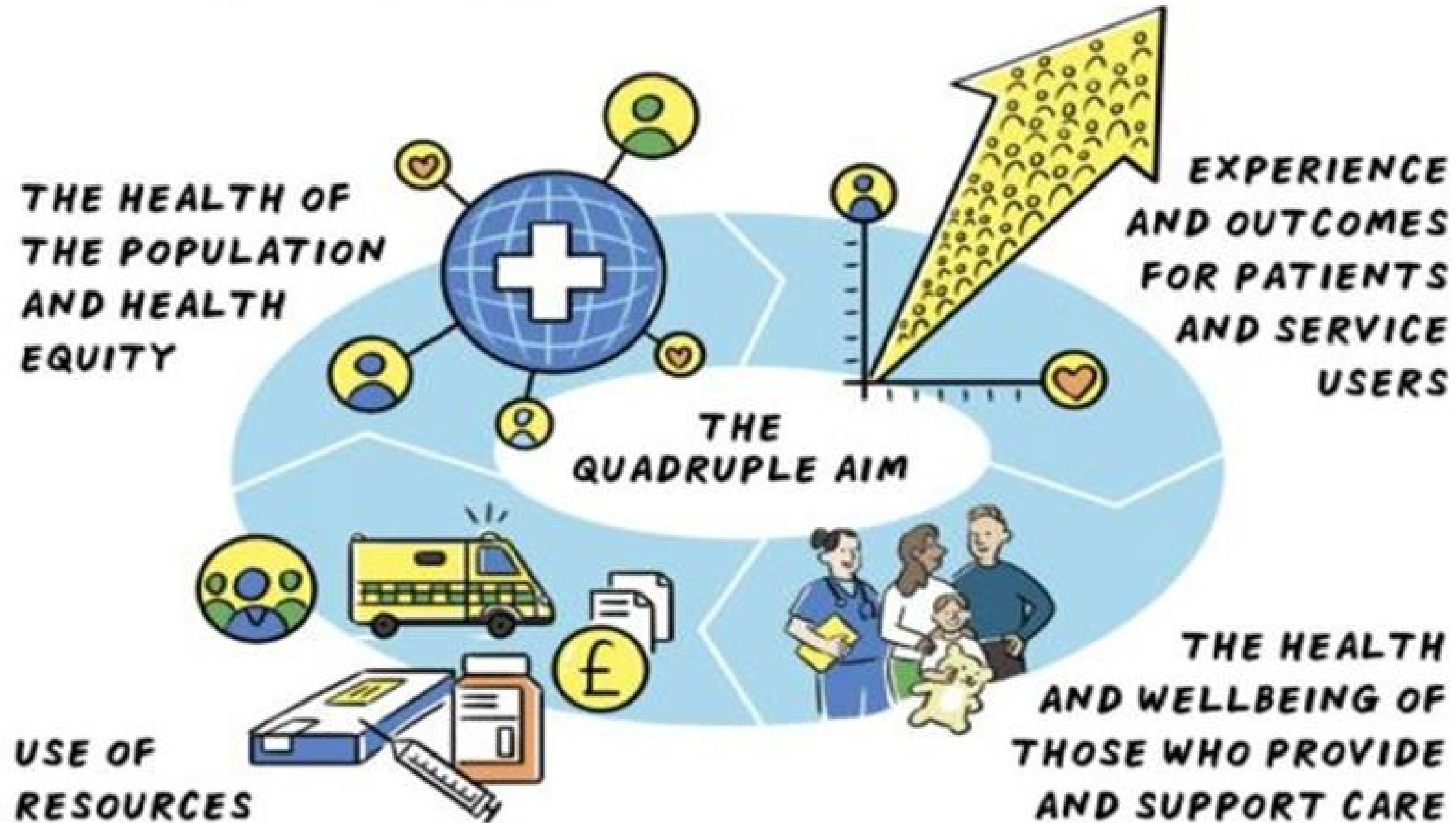
Jamie Read

Rob Fleming

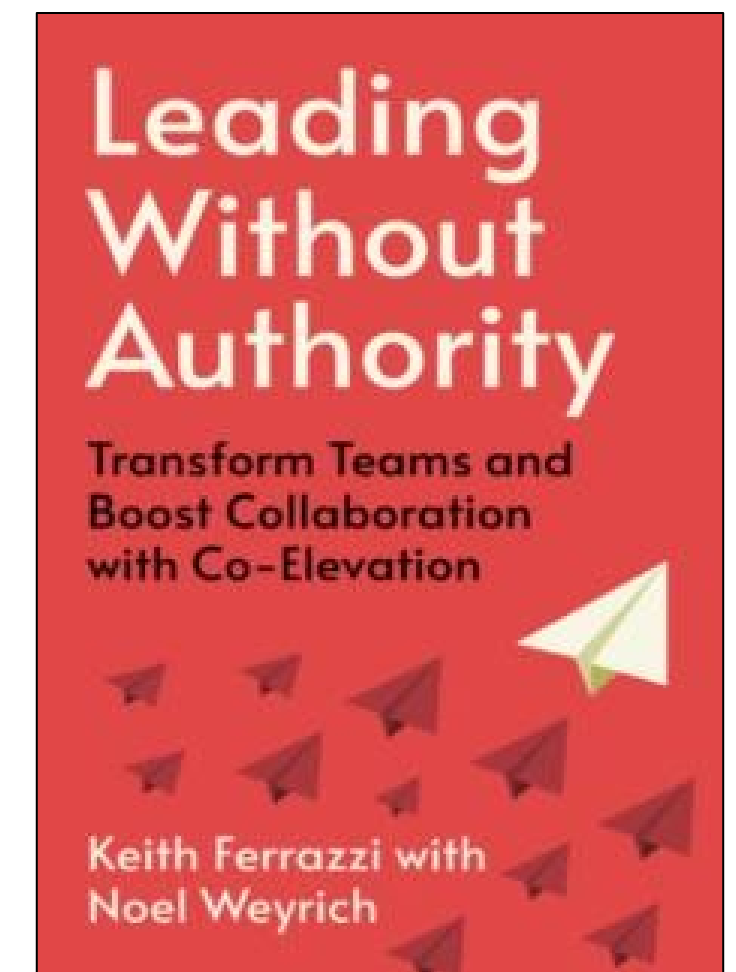
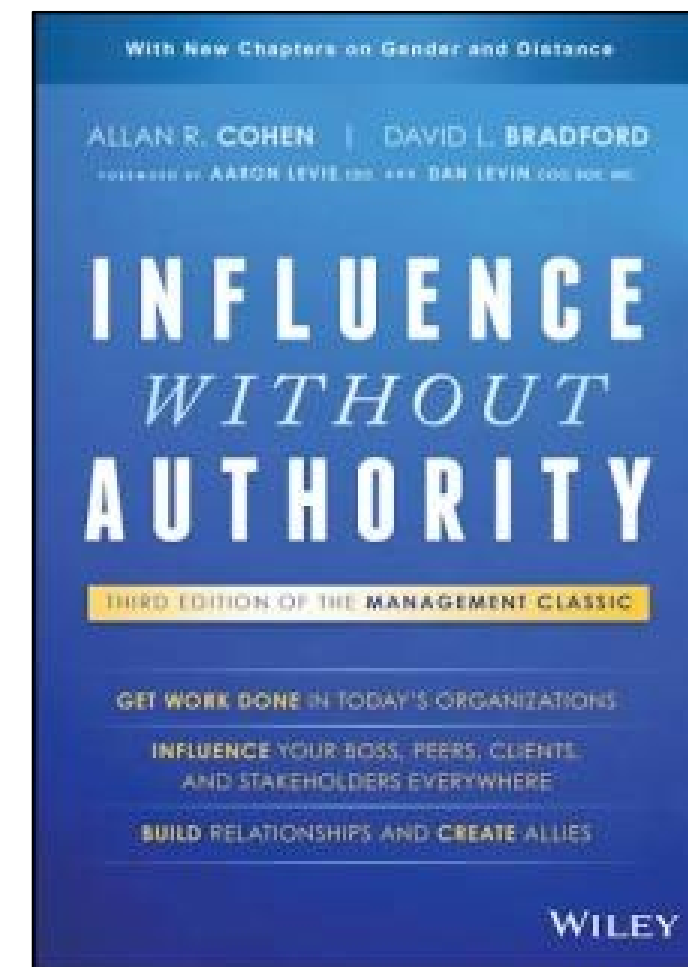
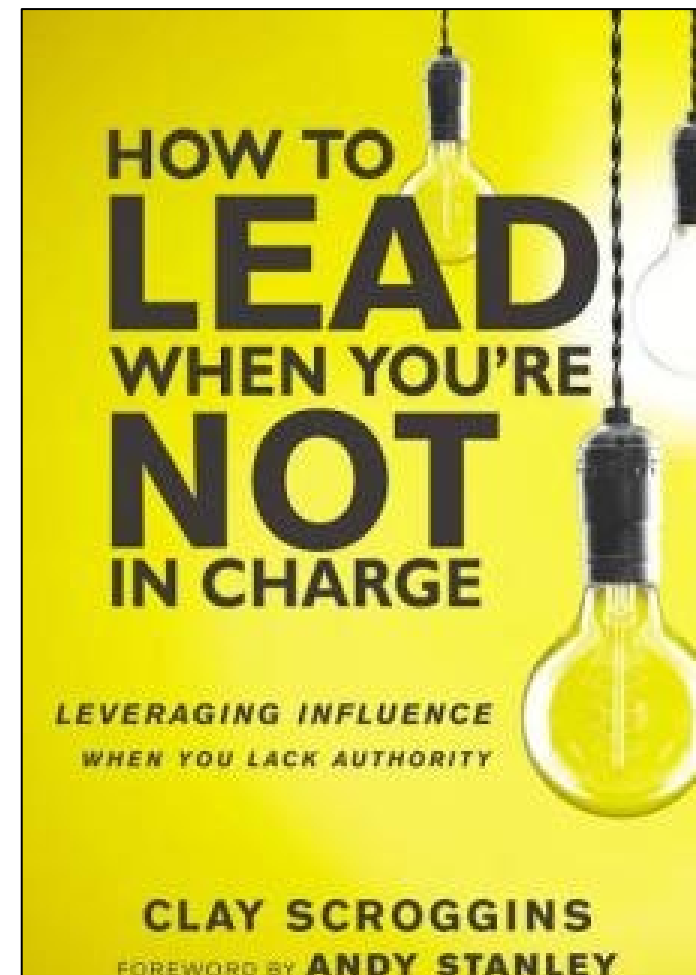
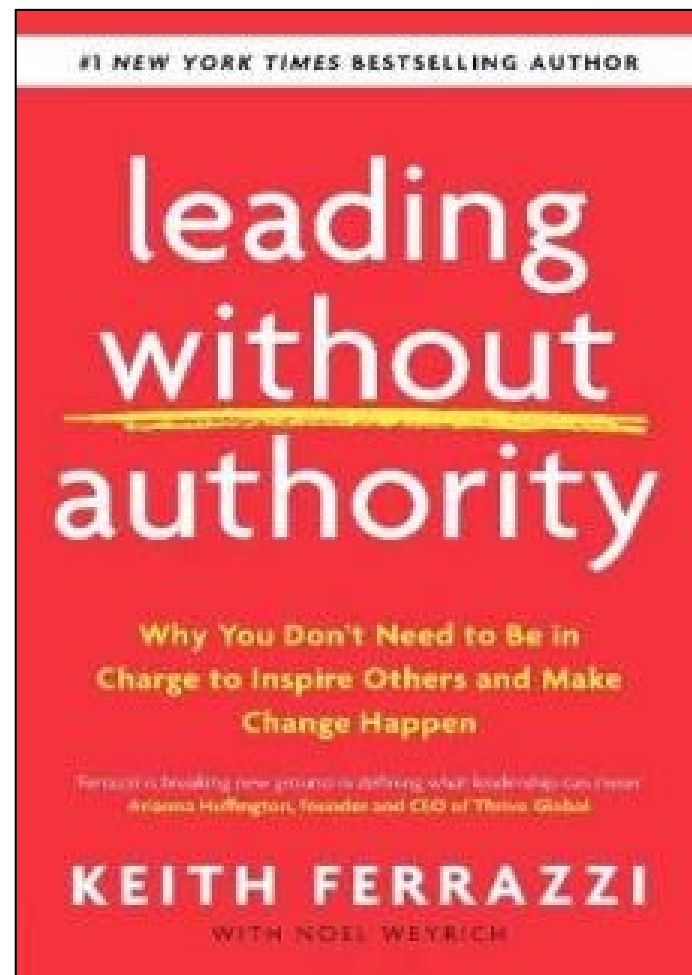
FMLM's points of difference



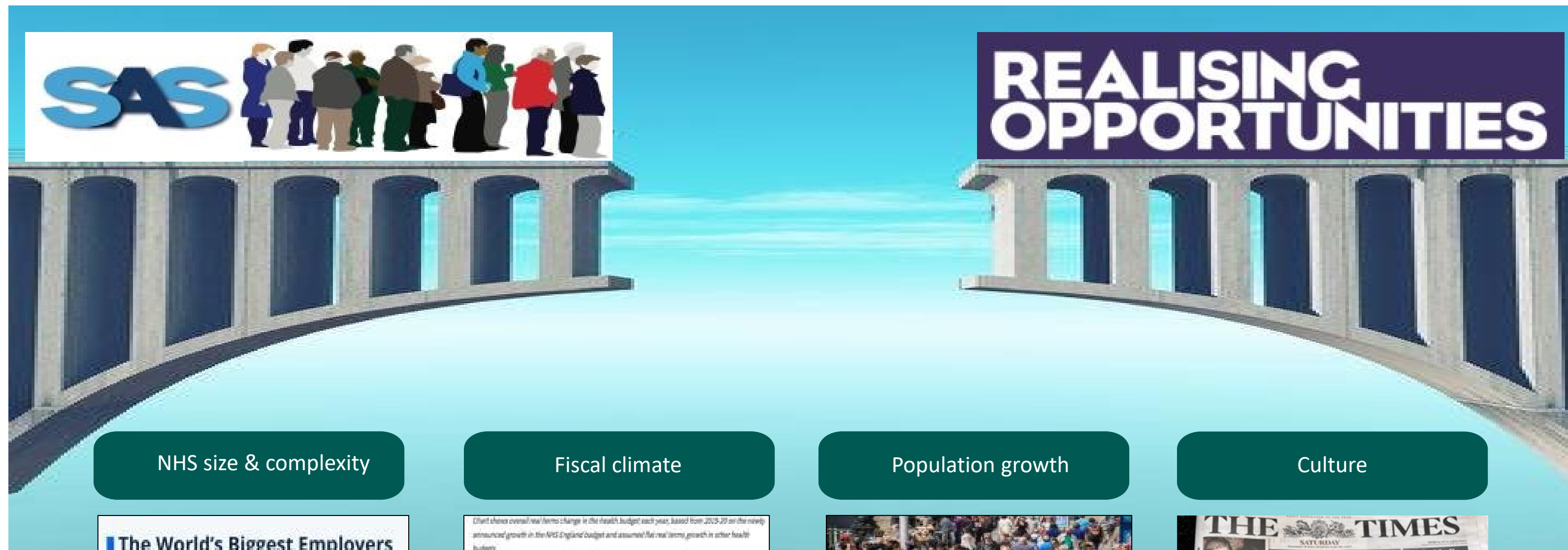
Good leadership improves...



Lots of differing advice, but...



NHS predicaments

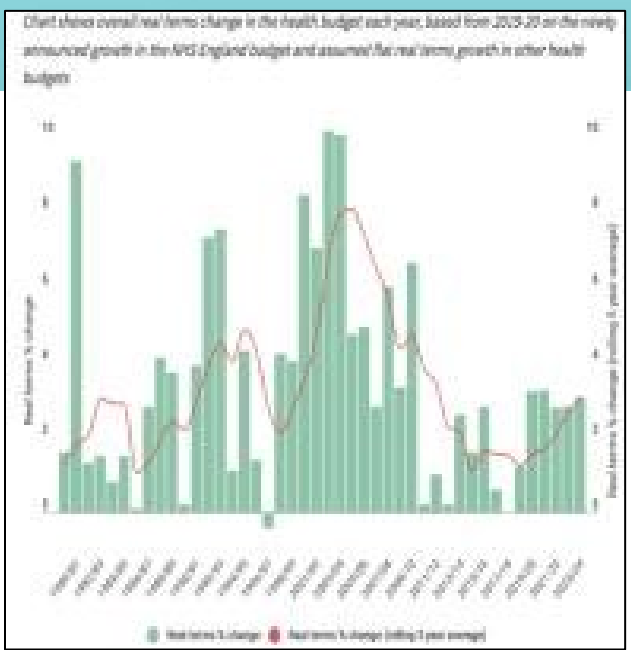
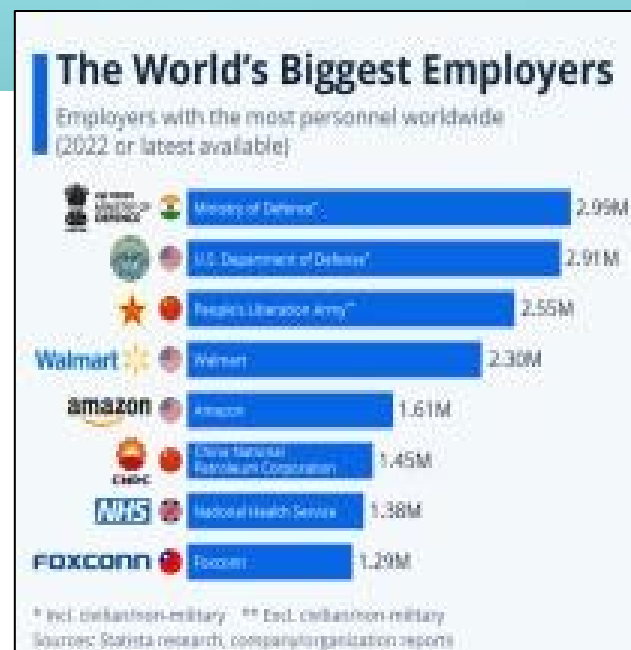



NHS size & complexity

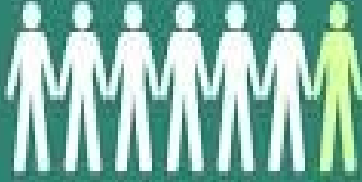
Fiscal climate

Population growth

Culture



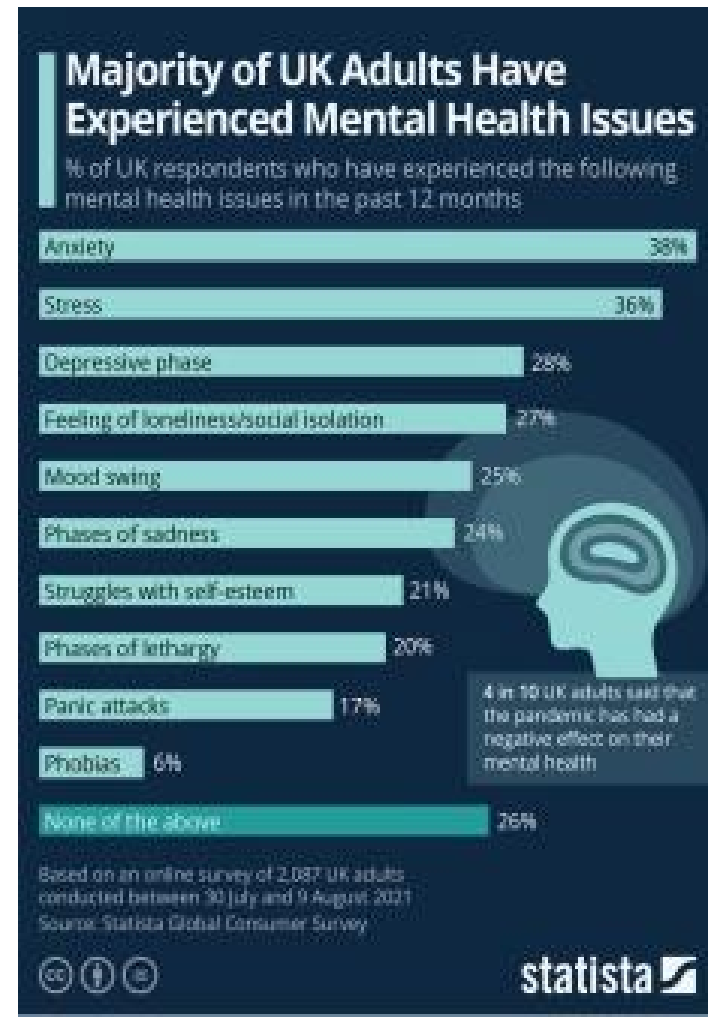
MENTAL HEALTH STATISTICS 



1 IN 7

More than 1 in 7 UK adults say their mental health is currently either bad, or the worst it's ever been.

Source: Forth With Life Mental Health Statistics UK 2018



Public Health England Health Values

Premature mortality is higher for people with severe mental illness (SMI)

Population aged under 75 in contact with secondary mental health services face a

3.7 times higher mortality rate than the general population

Data source: Forth With Life

Wes Streeting confirms mental health spending share will fall



Mental Health Support

Mental health makes up over 20% of the UK's disease burden but receives around 8% of NHS funding.

Mental health deserves the same priority as physical health.

Oxfordshire 



National Mental Health Alliance

MATERNAL MENTAL HEALTH STATISTICS



- 1 in 5** will experience a perinatal mental health problem
- 70%** will hide or underplay maternal mental health difficulties
- Suicide** is the leading cause of maternal death in the 1st postnatal year

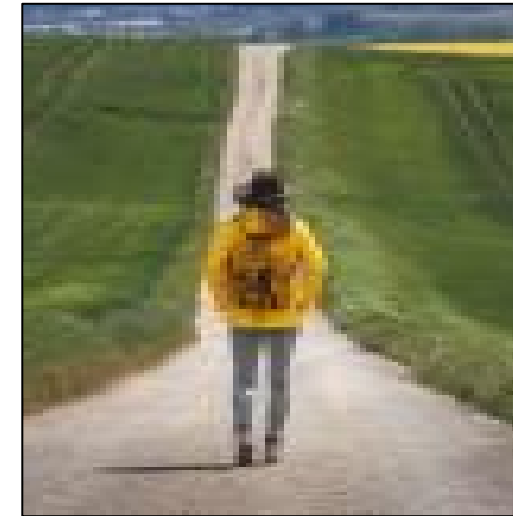
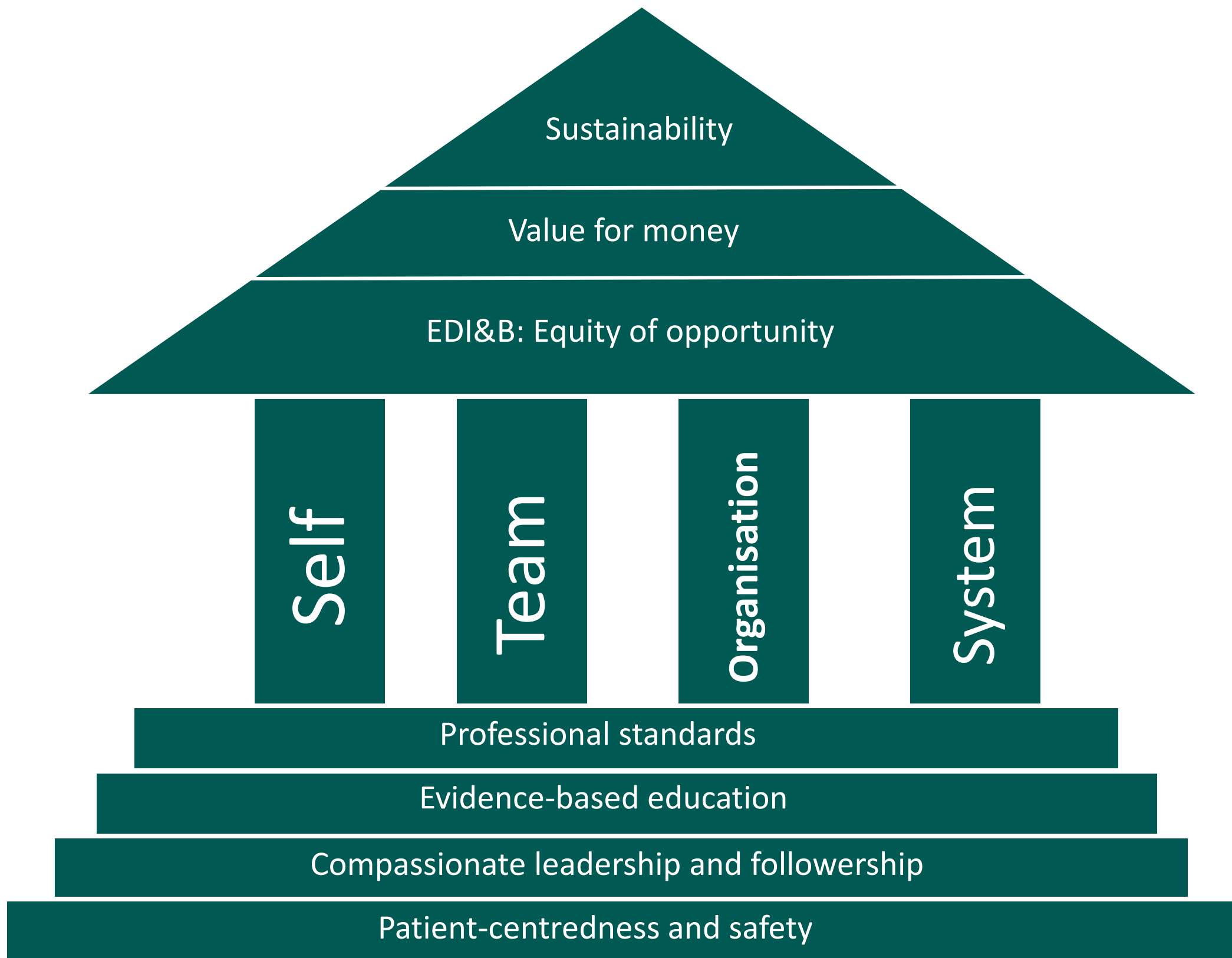
A bird is flying in a cloudy sky over a body of water. The text is overlaid on a dark background.

There is no ideal world for you to wait around for. The world is always just what it is now, and it's up to you how you respond to it.

Isaac Marion

“ quote fancy

FMLM developmental compass



Leadership development is a journey, not a destination

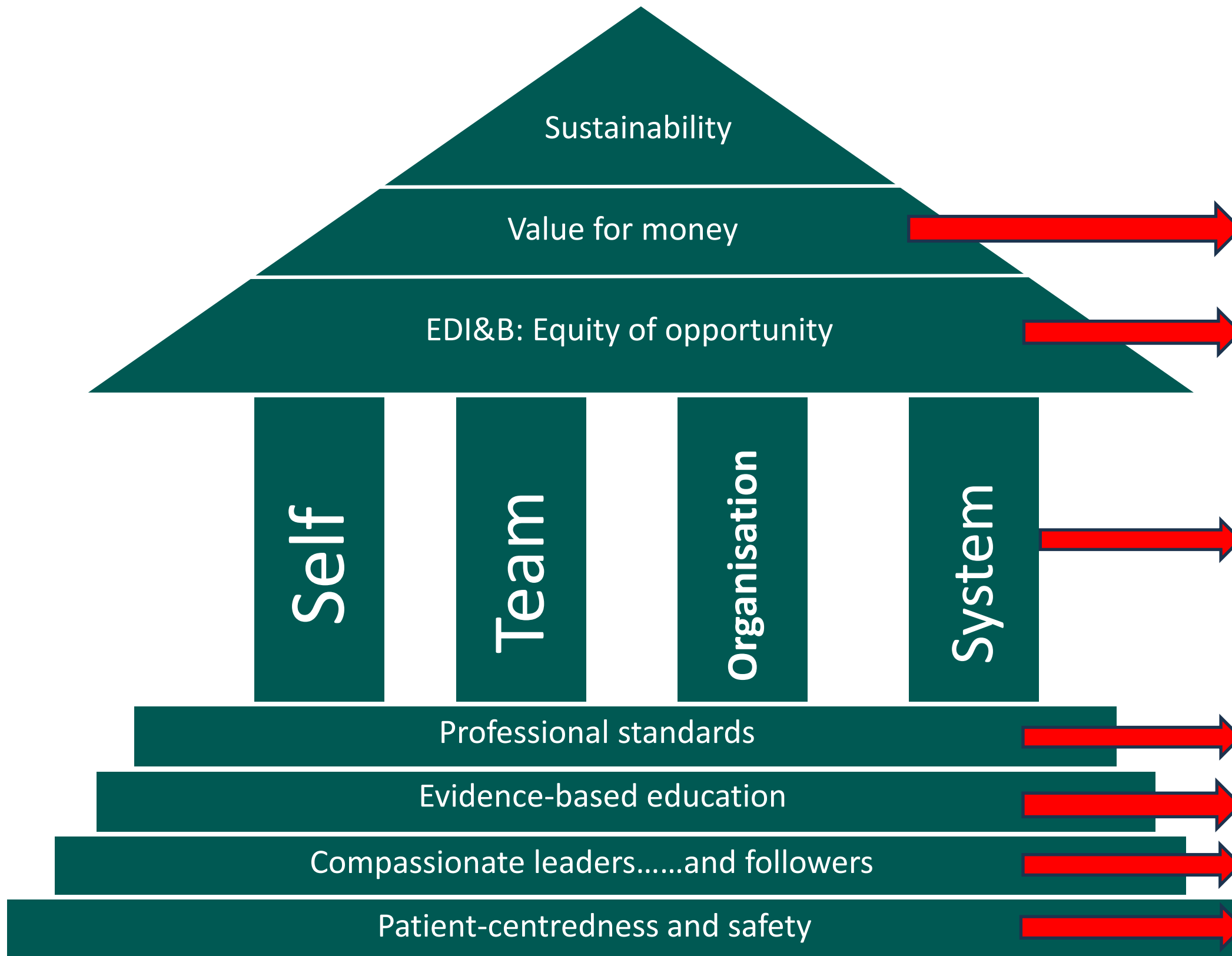


Collaboration, not competition



Build competence and confidence

...that works everywhere



Aligning financial flows with performance metrics

Narrowing of targets and reduced health inequality

Reduction in bureaucracy and more effective operational management

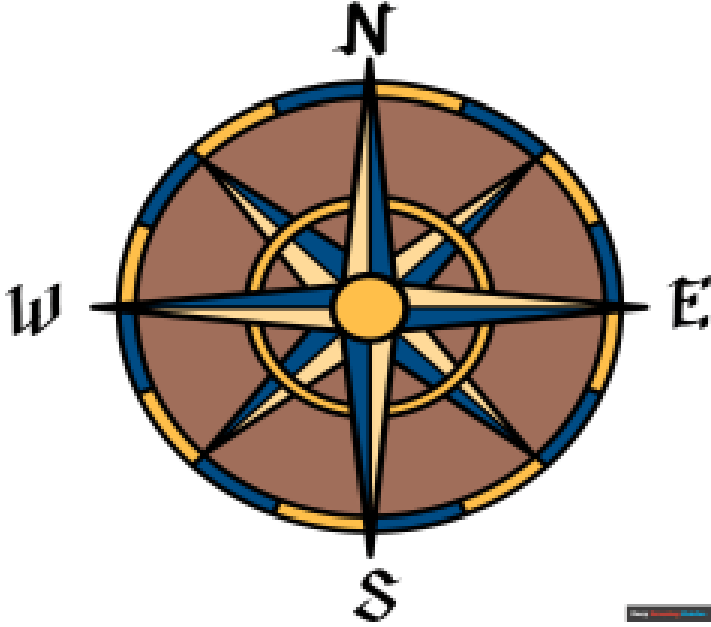
Transparency of data and “improving in public”

Focus on evidence-based standards; take out variation

Strong and empowered clinical leadership voice

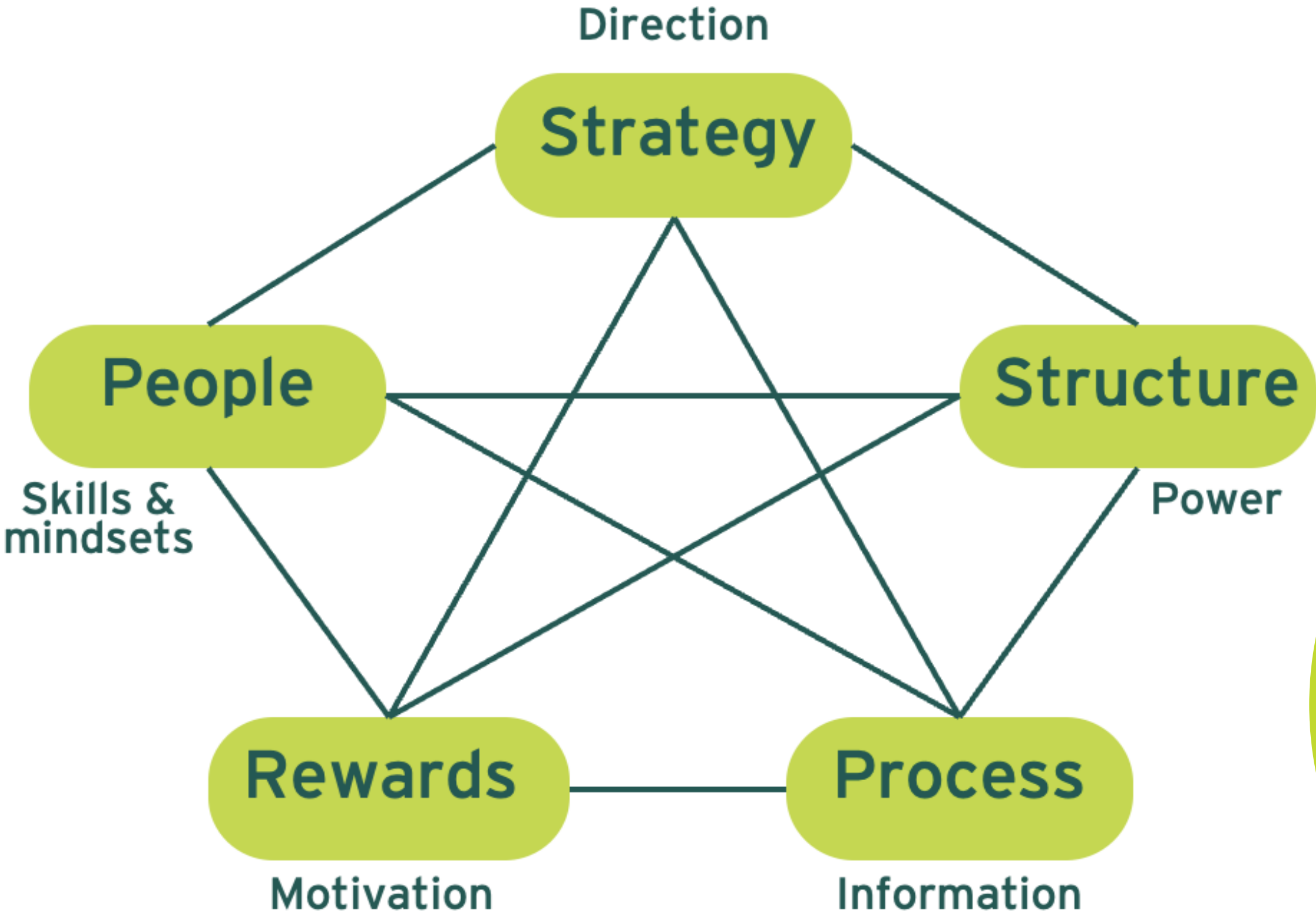
Sharper accountability and performance management

**TAKE
AWAY**



**Leadership
in Health Care:
A Summary of
The Evidence Base**

Galbraith's Star Model (2022)



“Clinical leadership is about creating the conditions for other individuals, teams, organisations and system to succeed.”

after Pendleton et al, 2021



Strategy

Leadership and management are

Governmental priorities

Strategic opportunities for change

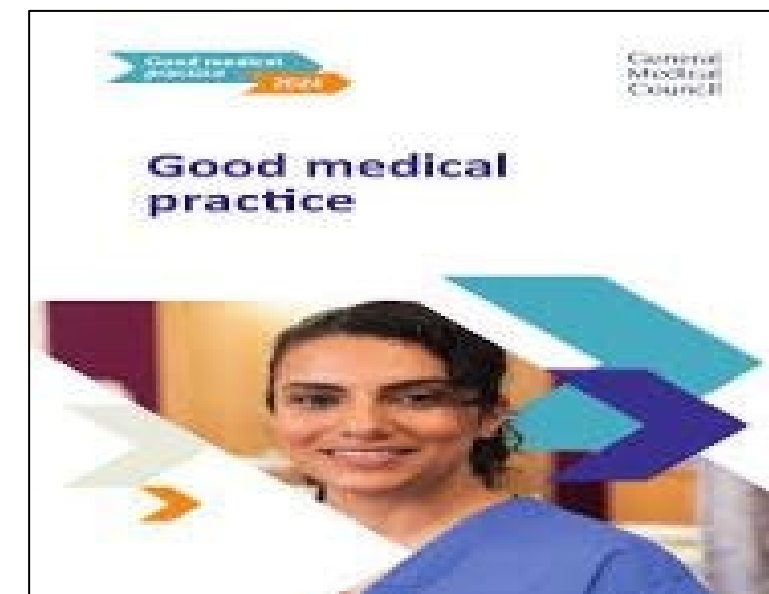
Health & Social Care Select Committee



Messenger Review



General Medical Council



Chief Medical Officers



10 Year Health Plan for England



Recognises need to improve clinical leadership

Accelerate delivery of Messenger's recommendations and **College of Executive and Clinical Leadership**

Long-term vision and stability

Provides strategic direction and avoids short-term, reactive policy changes.

Focus on prevention and early intervention

Includes tackling causes of ill health (obesity, smoking, mental health).

Integration of health and social care

Supports better coordination between NHS services, social care, and community providers.

Commitment to innovation, modernisation and digital transformation

Encourages investment in technology, digital health records, telemedicine and AI.

Workforce planning

Includes staff training, recruitment, and retention strategies.

Patient-centred care

Prioritises personalised care and shared decision-making.

Focus on health inequalities

Tries to reduce disparities in access and outcomes between different regions and populations.

Sustainability and efficiency

Promotes smarter use of resources and cost savings

Public accountability

Provides a framework for measuring performance and progress

Implementation gap

Lack detailed action plans and realistic timelines.

Underfunding risk

Ambitious goals may not be matched by sufficient funding or investment.

Political changes

Shifts in government or priorities can derail or dilute long-term commitments.

Workforce pressures

May underestimate how hard it is to recruit and retain enough staff.

Over-reliance on technology

Digital solutions can widen inequalities for people with low digital literacy or poor access. AI not a silver bullet!

Centralisation versus local needs

National plans for "Neighbourhood NHS" could still overlook unique local challenges and community voices.

Measurement difficulties

It can be hard to track progress on broad goals, especially prevention.

Slow impact

Benefits of prevention and system change may take years to appear, making it harder to sustain support.

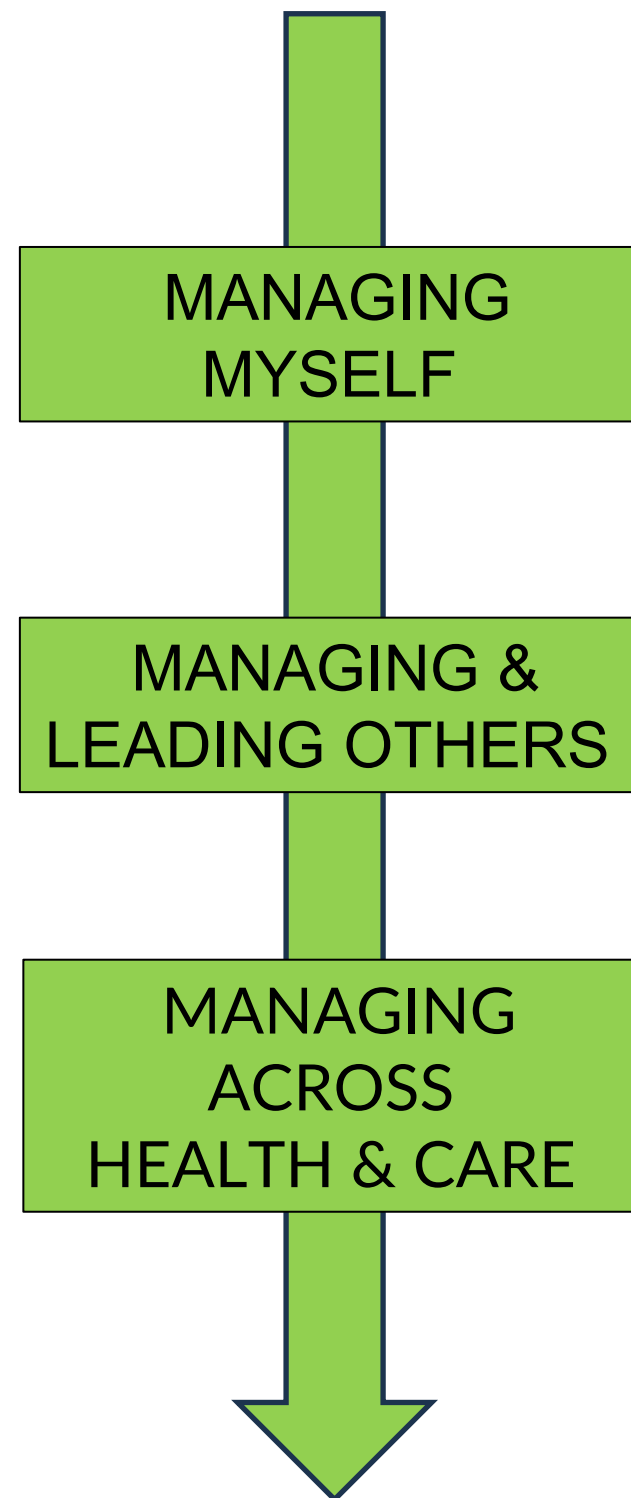
Social care under-resourced

Plans often promise better integration with social care but fail to solve its chronic funding issues.

Public and staff engagement

If it is to succeed, need to take front-line NHS staff and the public with the plan!

NHSE Management & Leadership Framework, Code and Standards



LEVEL	FOCUS
Self Effectiveness	Balancing safety, productivity and wellbeing
Self Effectiveness	Communicating and listening effectively
Self Effectiveness	Leading with integrity and accountability
Managing People and Resources	Creating a High-Performing Work Environment
Managing People and Resources	Managing Performance
Managing People and Resources	Maximising Resources & Efficiencies
Delivering Across Health and Care	Improving patient outcomes & experiences
Delivering Across Health and Care	Leading with a mindset of innovation & improvement
Delivering Across Health and Care	Working collaboratively to achieve results

Compassionate, inclusive, system-wide leadership



Structures

Leadership is a normal part of
everyday SAS practice

SAS Leadership bingo!

Communication	Patient Safety	MDT Working
Patient Advocacy	Service Efficiency	Training and Development
Compassionate Leadership	Quality Improvement	Conflict Resolution



Processes

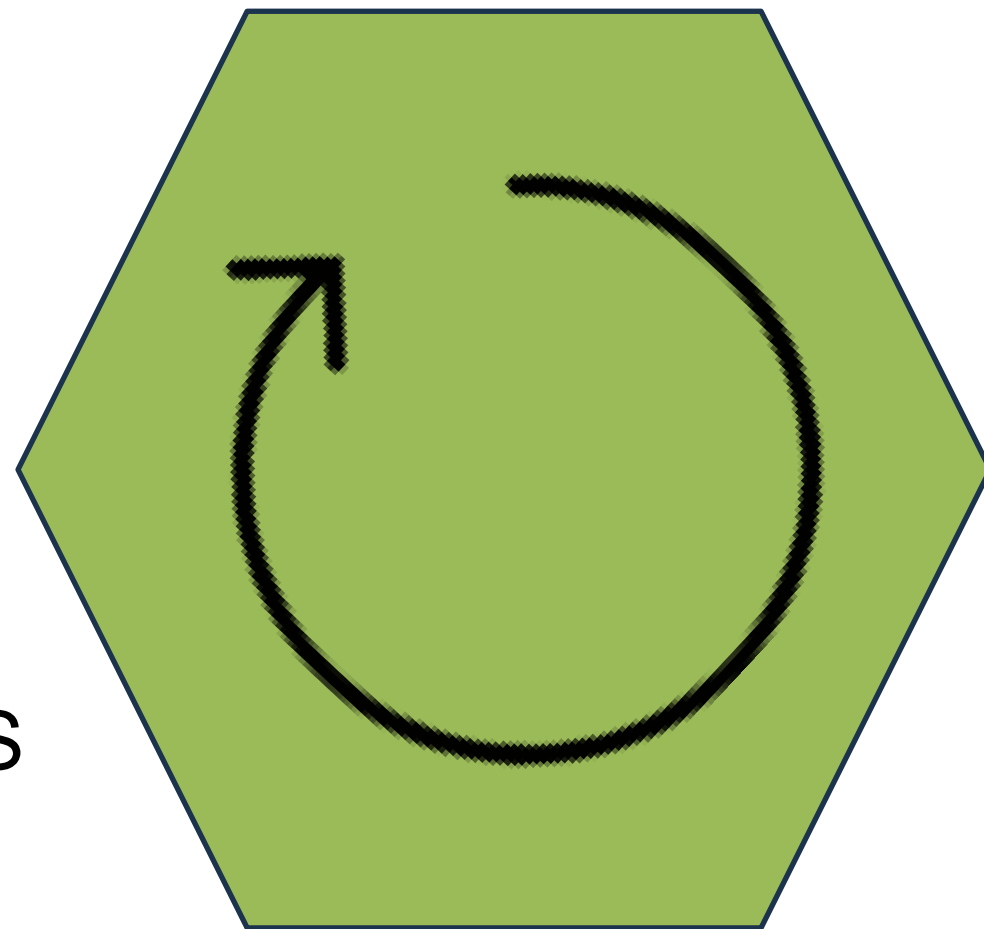
SAS colleagues influence across all
leadership competency domains

Leadership Competency Domains

HIGH **QUALITY**, SUSTAINABLE OUTCOMES

A **COMPASSIONATE**,
JUST & POSITIVE CULTURE

TRUST WITH
PATIENTS AND COLLEAGUES



INNOVATION STRATEGIES &
LONG-TERM TRANSFORMATION

INCLUSION & REDUCED
INEQUALITIES

CLINICAL **GOVERNANCE** & ASSURANCE

Objective setting for self and team



Remember clarity matters...

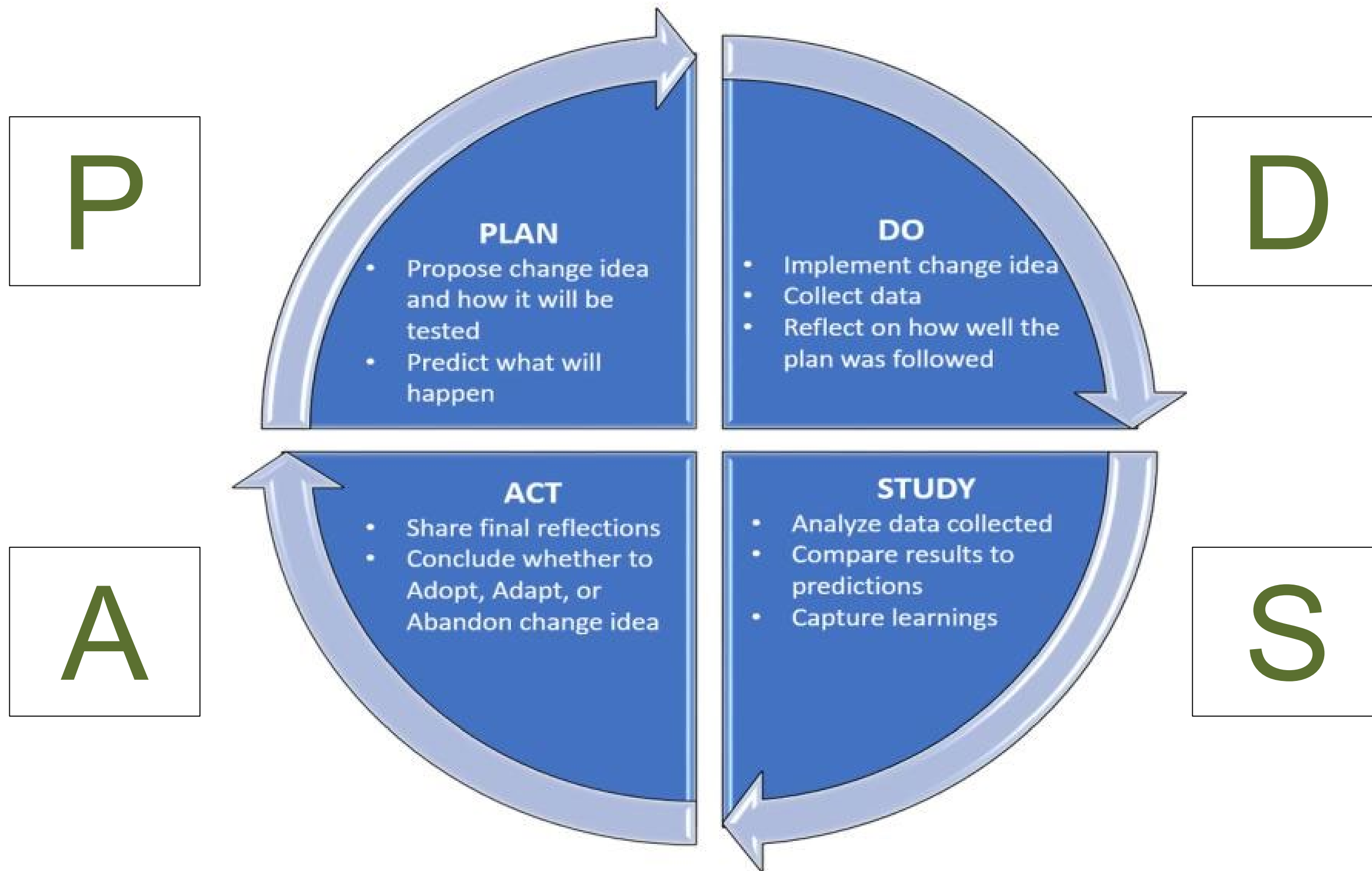
SMART Processes*

A	Aims
I	Intended outcomes
L	Lifecycle
M	Method
E	Evaluation
N	Notification of progress
T	Test and adjust
S	Summaries



* Educational contract utility too!

Have a plan and monitor its progress



TAKE
AWAY

People



- SAS doctors can never communicate too much!
- WHAT you say and HOW you say it are equally important
- Your goal is to strengthen a decision, or idea
- It's not about "winning" the argument

Structured Communication (SBAR)

S

SITUATION

What is happening
right now?

*Brief statement of
immediate issue*

BACKGROUND

What is the relevant
context?

*History, diagnosis, recent
changes, risk factors*

B

A

ASSESSMENT

What do **you** think is
going on?

*Your clinical impression
or analysis*

RECOMMENDATION

What do you **need** from the
person you are contacting?

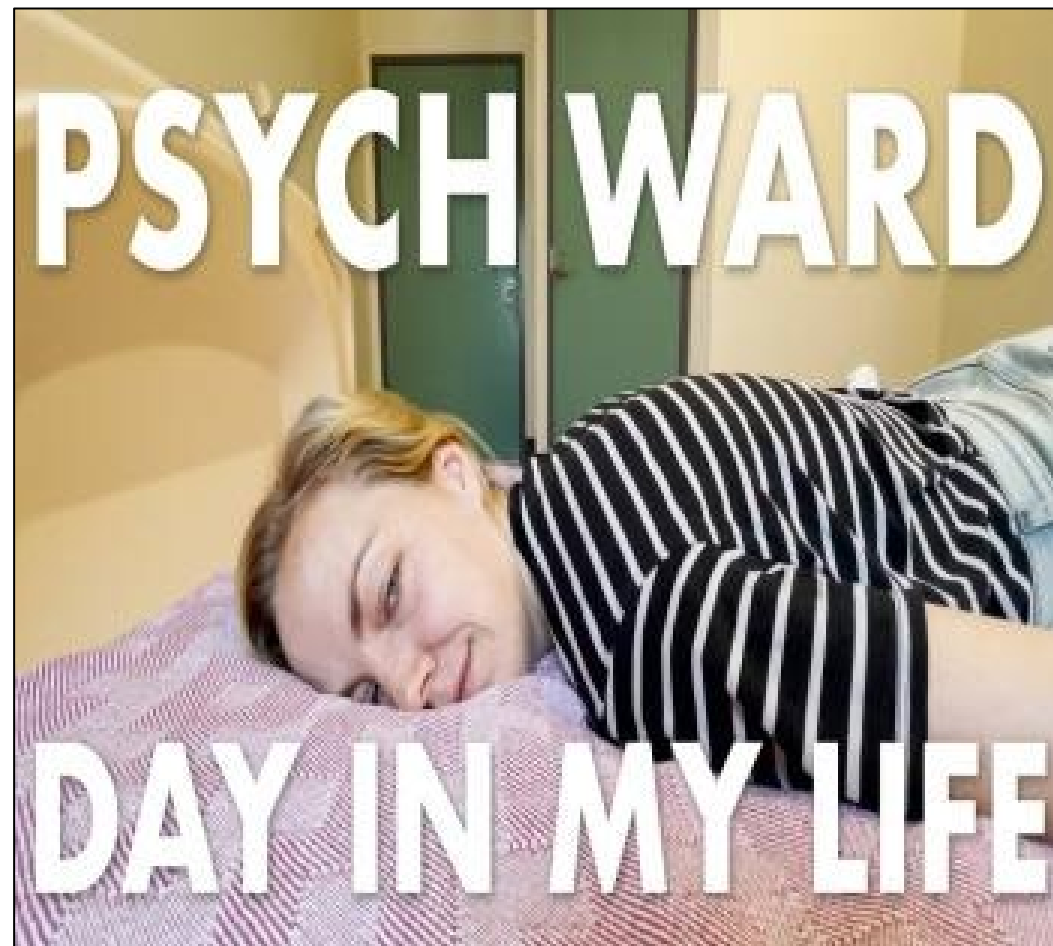
*A clear request – review,
advice, action, tests*

R



Hertfordshire
Partnership University
NHS Foundation
Trust

Example:



S – SITUATION:

“I’m calling about Mr Withnall, a 58-year-old man on the ward who has become increasingly agitated”

B – BACKGROUND:

“He has bipolar disorder, recent non-compliance with medication, and slept for only one-hour last night”

A – ASSESSMENT:

“He appears hypomanic and is at risk of escalating to aggression”

R – RECOMMENDATION:

“I recommend you review him in the next hour and considering adjusting his medication. If we don’t act now, I fear he’ll become a risk to the ward staff”

Feedback Skills

A

ACTION

What specific action did you see, hear, notice?

I

IMPACT

What impact did it have on you, others or performance?

D

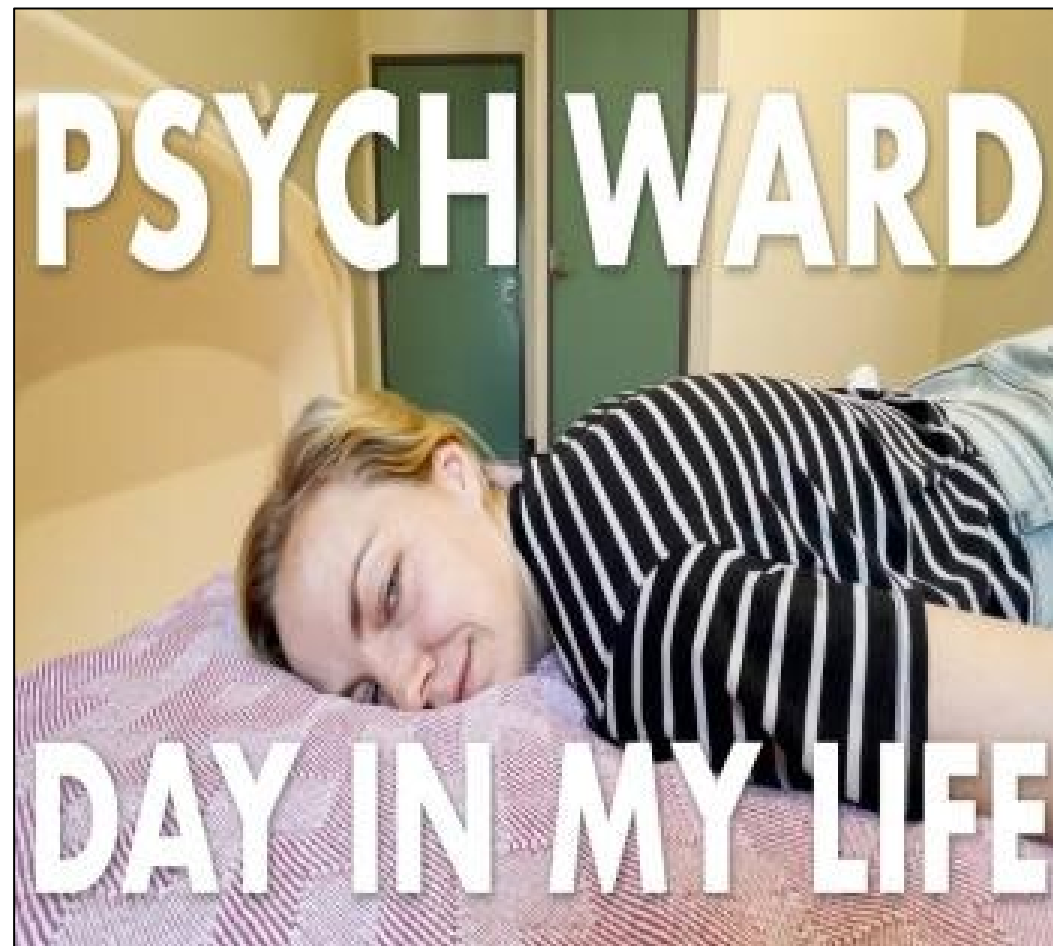
DO

As a result what would I like you to do more of? Less of?



Hertfordshire
Partnership University
NHS Foundation
Trust

Example:



A – ACTION

“During today’s MDT, you spoke over Rich, the CPN, several times whilst he was presenting.”

I – IMPACT

“This made it difficult for Rich to give a clear clinical picture, and the rest of the team became confused about the plan. It also seemed to knock his confidence.”

D – DO

“Please could you allow Rich to finish his presentation next time and then add your points afterwards? It will help the team follow the discussion and support Rich’s development.”

Constructive challenge

- Focus on the issue, not on the person
- Listen carefully
- Think before you respond
- Find common ground
- Back up your points with evidence
- Ask questions to encourage deeper thinking
- Propose alternative solutions



Rewards (you and your team)

- Influence
- Wellbeing
- Psychological safety
- Development

Influence



Demonstrate competence

Deliver **QUALITY** work

Be reliable

Offer solutions

Build relationships

Cultivate **TRUST**

Network strategically

Respect others

Inspire others

Communicate effectively

Share **INNOVATIVE** ideas

Align interests

Set a positive example

Spread positivity

Demonstrate commitment

INCLUDE others



Wellbeing



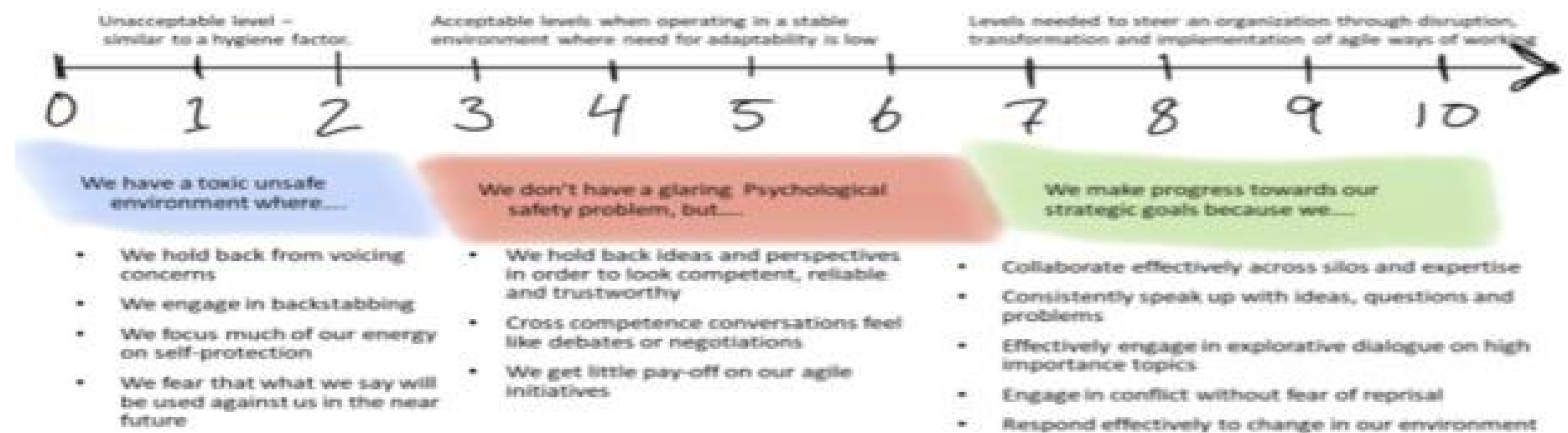


- A shared belief within a team or organisation that members can take interpersonal risks, express ideas, ask questions, and admit mistakes without fear of punishment, ridicule, or humiliation.
- Crucial for innovation, learning, and high-quality delivery.

1	If you make a mistake in this team, it is often held against you.	
7	Very inaccurate	MISTAKES
6	Inaccurate	
5	Moderately inaccurate	
4	Neither inaccurate nor accurate	
3	Moderately accurate	
2	Accurate	
1	Very accurate	
2	Members of this team are able to bring up problems and tough issues.	
1	Very inaccurate	PROBLEMS
2	Inaccurate	
3	Moderately inaccurate	
4	Neither inaccurate nor accurate	
5	Moderately accurate	
6	Accurate	
7	Very accurate	
3	People on this team sometimes reject others for being different.	
7	Very inaccurate	DIFFERENCES
6	Inaccurate	
5	Moderately inaccurate	
4	Neither inaccurate nor accurate	
3	Moderately accurate	
2	Accurate	
1	Very accurate	
4	It is safe to take a risk in this team.	
1	Very inaccurate	RISKS
2	Inaccurate	
3	Moderately inaccurate	
4	Neither inaccurate nor accurate	
5	Moderately accurate	
6	Accurate	
7	Very accurate	

5	It is difficult to ask other members of this team for help.	
7	Very inaccurate	HELP
6	Inaccurate	
5	Moderately inaccurate	
4	Neither inaccurate nor accurate	
3	Moderately accurate	
2	Accurate	
1	Very accurate	
6	No one on this team would deliberately act in a way that undermines my efforts.	
1	Very inaccurate	UNDERMINING
2	Inaccurate	
3	Moderately inaccurate	
4	Neither inaccurate nor accurate	
5	Moderately accurate	
6	Accurate	
7	Very accurate	
7	Working with members of this team, my unique skills and talents are valued and utilized.	
1	Very inaccurate	VALUE
2	Inaccurate	
3	Moderately inaccurate	
4	Neither inaccurate nor accurate	
5	Moderately accurate	
6	Accurate	
7	Very accurate	

Three Levels of Psychological Safety



Developer Reference: Amy Edmondson (1999). Psychological Safety and Learning Behavior in Work Teams. Administrative Science Quarterly, 44(2), 350-383. <https://doi.org/10.2307/2666999>

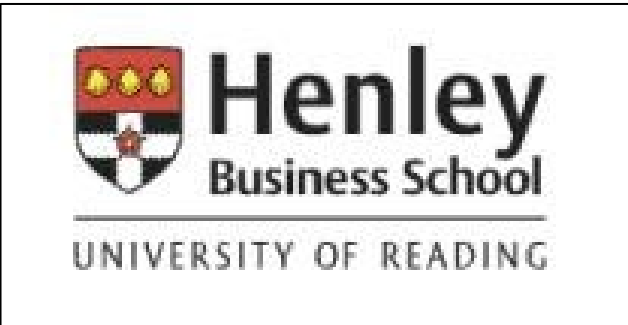
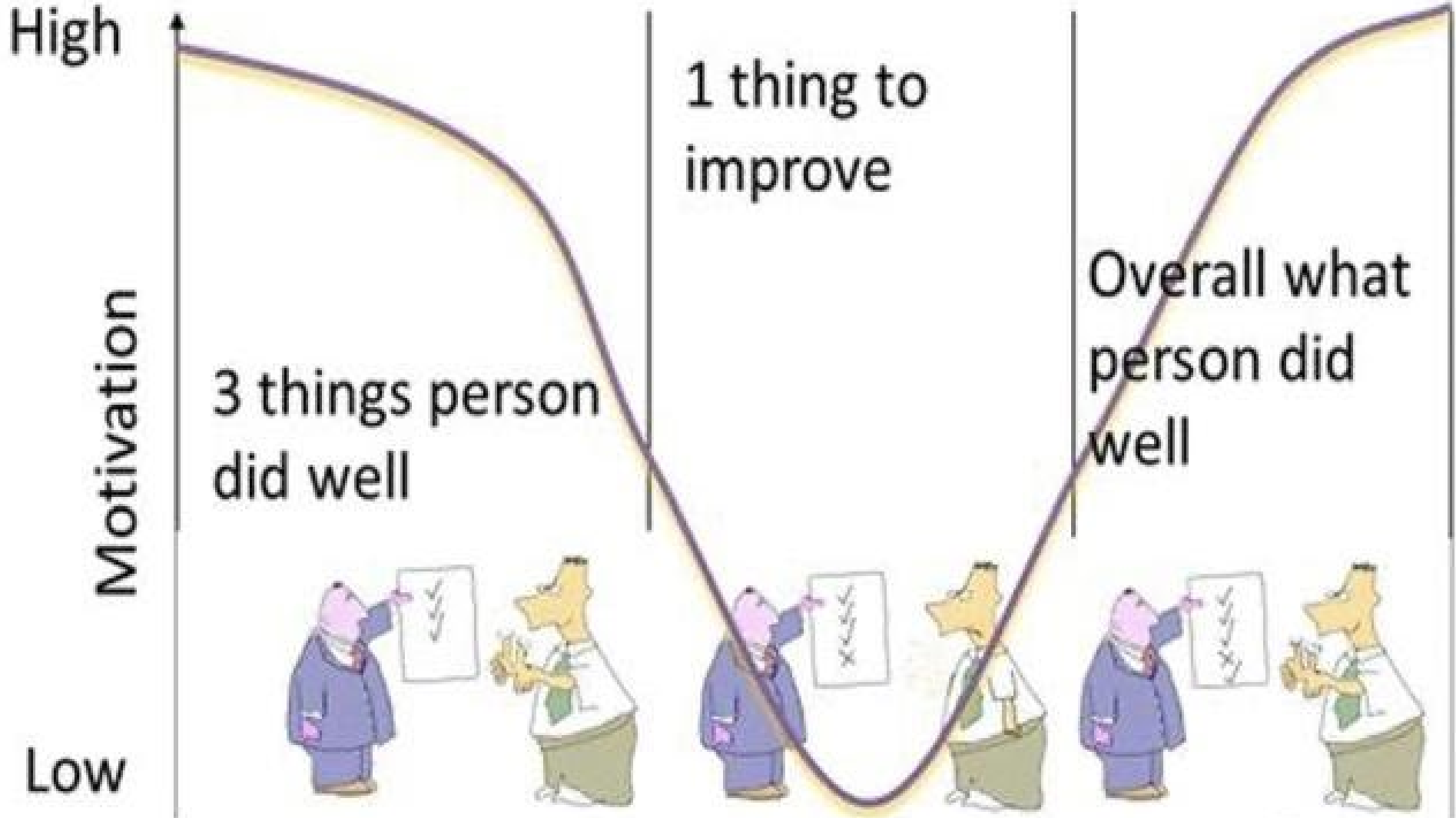
Development



Compliment →

Criticism →

Compliment →



Prof David Pendleton, High Performance Leadership

A serene sunset over a body of water. The sky is filled with soft, colorful clouds in shades of purple, pink, and orange. The water is calm, reflecting the colors of the sky. In the foreground, a small wooden boat with a blue tarp is visible, floating on the water. The overall mood is peaceful and contemplative.

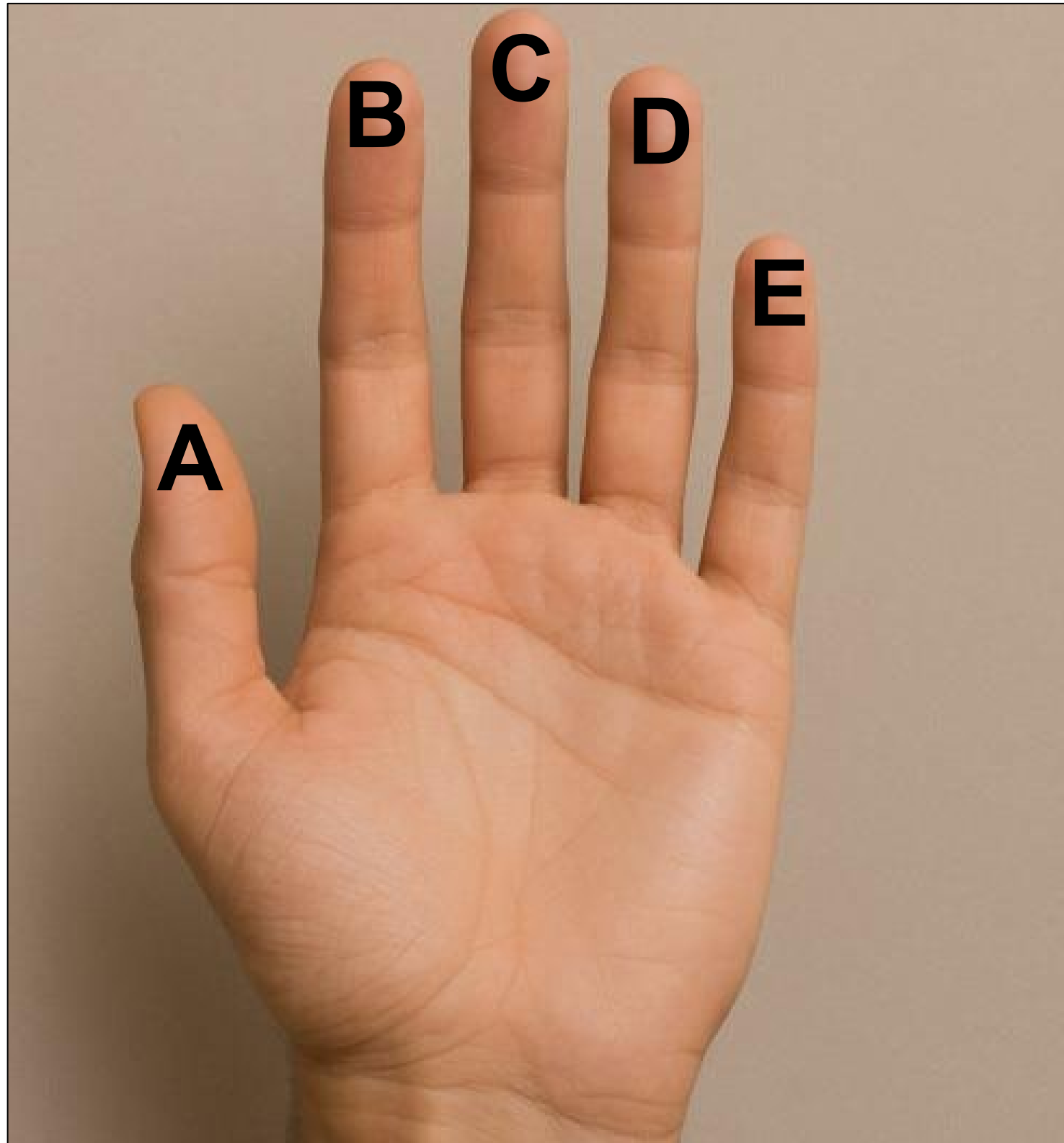
Leadership is a journey. Each
one of us has to take our own
path, and get there our own way.

David Gergen

TAKE AWAY

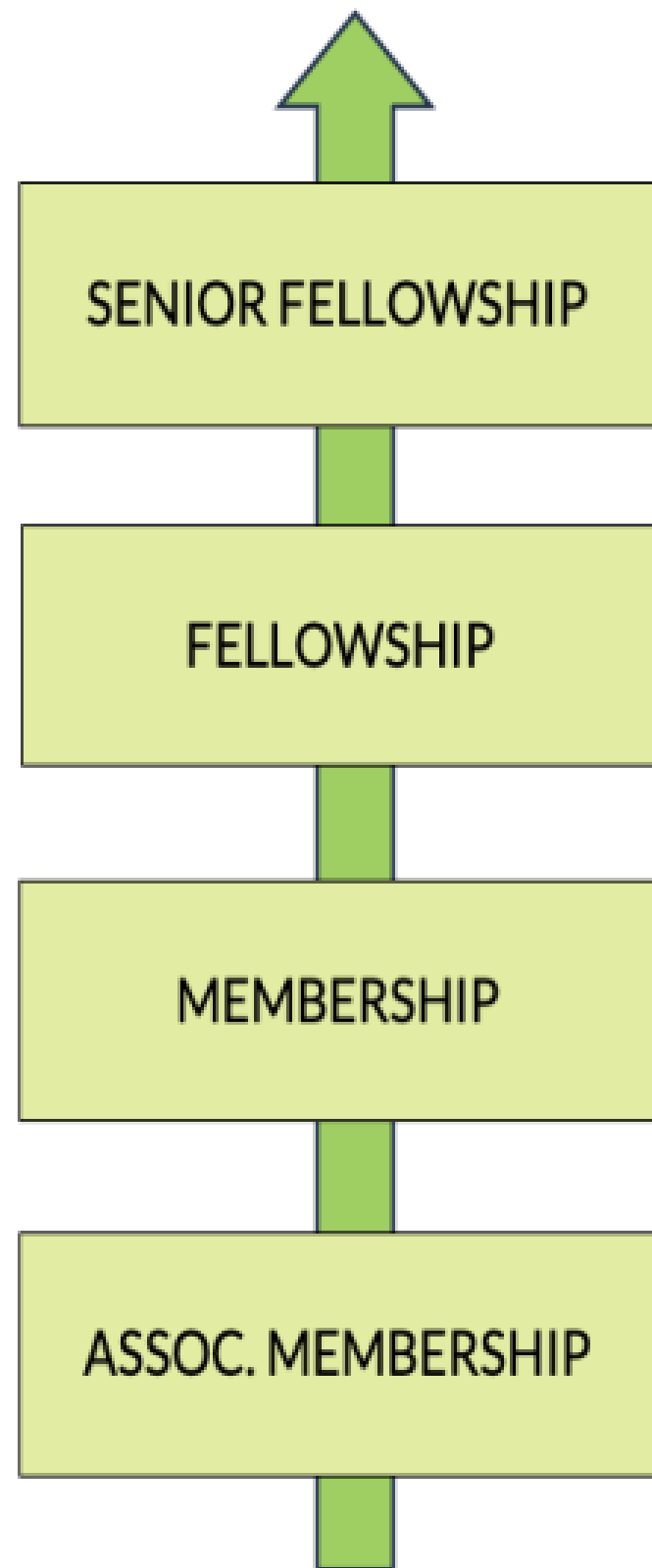
- *You are busy clinicians, so....*
- *Use frameworks to help you*
- *It doesn't matter which one – but finish it!*
- *Take other people with you*

Final “Top Tips” ...

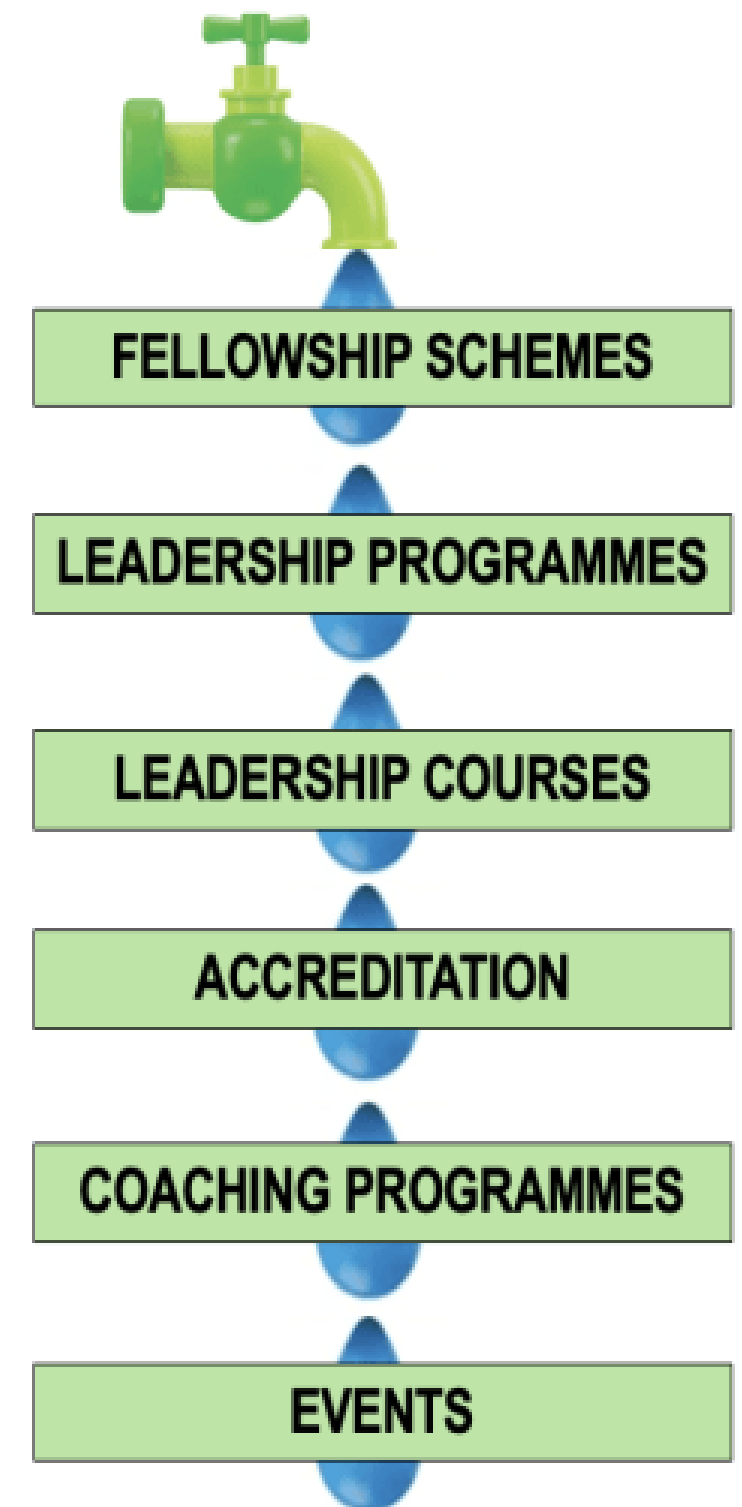


- **Accessible & approachable**
at the coalface
- **Behaviour-focused**
practice what you preach
- **Clear & concise**
for individuals, teams, orgs and system
- **Diverse & inclusive**
multidisciplinary; EDI&B
- **Evidence-based**
data; risk

Join us on the journey...



The screenshot shows the website for the Faculty of Medical Leadership and Management. The header includes the logo, a search bar, and a 'Join Us' button. The navigation menu has links for Membership & Fellowship, Professional Standards, Services & Programmes, Learning & Resources, News, and About Us. The main content area features a photograph of a diverse group of people in a circle, with their arms around each other's shoulders. Below the photo is a dark green banner with the word 'Fellowship' in white. The page title is 'Home / Membership & Fellowship / Fellowship'. The main heading is 'Why become a fellow?'. The text below discusses the importance of leadership in healthcare, citing reports like the Francis Inquiry and the Aldgate Report. It also mentions the Faculty's role in accrediting clinical leadership. A 'Benefits' section lists several advantages of becoming a fellow, such as recognition of leadership excellence, professional development opportunities, networking with peers, and influencing healthcare policy and practice.



Achieve your potential!



SAS



REALISING OPPORTUNITIES

Competence & Confidence

NHS size & complexity

Fiscal climate

Population growth

Culture



THANK YOU

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Faculty of medical leadership
and management



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