The Trainee Perspective
Leadership Development for Psychiatrists

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PRAXIS

Psychiatric leadership development in postgraduate medical education and training†

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Summary The value of strong, compassionate medical leadership in the delivery of high-quality care to patients within mental health services is clear. Leadership development, however, is far less well explored. This article is for psychiatric trainees, trainers and mental health organisations. It provides an introduction to the importance of leadership development within postgraduate medical training, the theory that should underpin its delivery, and the opportunities for both informal and formal leadership development within psychiatric training.

Keywords Leadership; management; education and training; postgraduate.

Doctors are frequently the head of healthcare teams,[1] with leadership an emergent theme within the skills, knowledge and behaviours required of our future doctors.[2] Leadership is the most influential factor in shaping organisational culture.[3] It must be compassionate to stimulate improvement and innovation,[4] and is the hallmark of high-quality care.[5]

Leadership can be conceptualised as 'a process that occurs in a group context, involving the influence of others towards the attainment of a common goal'.[6] Yet leadership is better conceptualised as a 'triad', whereby leadership, management and followership are distinct, but inextricably linked skills, and hereafter are considered as one.[7,8]

Leadership has been formally recognised as a responsibility for all doctors since 2012,[9] and is gradually being integrated into both undergraduate[10] and postgraduate medical curricula.[11] To help guide trainees' development within these domains, the Faculty of Medical Leadership and Management (FMLM) have produced standards for medical professionals[12] that clearly outline four key domains for doctors:

(1) A doctor's ability to know and understand themselves and their impact on others.

(2) A doctor's ability to know when to lead and follow, and how to establish and lead teams.

(3) A doctor's ability to understand and positively contribute to the strategic direction and operational delivery of their organisation.

(4) A doctor's ability to understand and positively contribute to the healthcare system.

Despite this initiative, the relevance and importance of leadership development is yet to be fully embraced by the medical profession. It is often still perceived as an 'optional extra' within medical training,[13] and an unpopular, unrewarding and risky 'add-on'.[14] This lack of external validation, and outdated traditional view of medical professionalism, compromises the development of so-called 'willing hybrids', and the integration of leadership and managerialism as a legitimate and essential aspect of medical professionalism.[15,16]

The argument for strong medical leadership within healthcare organisations is well defined.[17,18] Mental health services face unprecedented challenges on an almost daily basis. Doctors must be engaged in leadership[19] and with their organisations as a whole.[20] They must be capable of understanding and overcoming the volatile, uncertain, complex and ambiguous[21] nature of providing not only health, but also social care, within an increasingly integrated systems-based approach.

Leadership development, therefore, is crucial, yet far less well explored. There is little robust evidence for the effectiveness of specific leadership development programmes, with a proliferation of diverse interventions throughout medical training and healthcare as a whole.[3]

Bulletin

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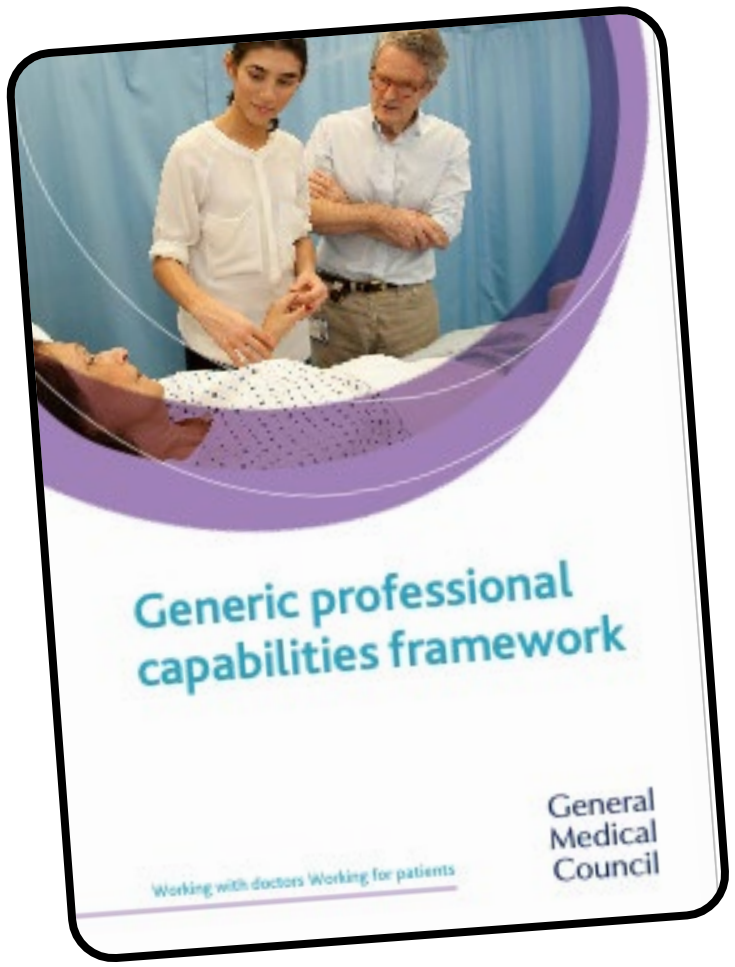

Domain 5: Capabilities in leadership and team working

Doctors in training must demonstrate that they can lead and work effectively in teams.

Faculty of Medical Leadership and Management

SELF

TEAM PLAYER/TEAM LEADER

ORGANISATIONAL RESPONSIBILITY

SYSTEM LEADERSHIP

Leadership and Management Standards for Medical Professionals

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	Dominant Developmental FMLM Domain
3. Nationally coordinated advanced fellowships and programmes: Aspiring organisational and system leaders	Organisation & System
2. Enhanced local and regional development: Future service and divisional leaders	Team & Organisation
1. Basic skills integrated within training programmes: Generic leadership competencies for all doctors	Self & Team

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Leadership development does not begin or end at any particular stage of training.

It is a developmental continuum where individuals should be nurtured from the earliest stages of their careers.

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Everyday leadership experiences are commonplace within psychiatric training.

Although often unrecognised and undervalued, they present opportune leadership development experiences.

It is important to name and make sense of these experiences through supervision and appreciate the value of ‘little l’ leadership.

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Table 1 Your guide to a Leadership and Management DONCS

DONCS domain	DONCS descriptor
Medical expert	As a medical expert, the psychiatric leader integrates the other six intrinsic roles (as below) to negotiate complexity, uncertainty and ambiguity, while contributing to continuous improvement and maintaining the highest standards of clinical knowledge, person-centred care and professional values.
Communicator	As communicators, psychiatric leaders will develop trusted interpersonal relationships with and between individuals. They will accurately elicit, synthesise and convey relevant information, in both oral and written form, to develop a shared understanding between stakeholders of the relevant issues, problems and plans at hand.
Collaborator	As collaborators, psychiatric leaders will work effectively in partnership with patients, carers and extended multidisciplinary teams of expert professionals. This will take place in multiple locations, within and across organisational boundaries, to deliver optimal patient care and prevent, negotiate and resolve interpersonal conflict.
Manager	As managers, psychiatric leaders will participate in the improvement of healthcare delivery, manage resources appropriately, develop competence in health informatics and contribute to the effectiveness of the team, organisation and system they work within.
Health advocate	As health advocates, psychiatric leaders will promote diversity and inclusion. They will utilise their expertise and influence to identify and advance the health and well-being of individual patients, communities and populations.
Scholar	As a scholar, the psychiatric leader pursues continuous personal and professional development. They will critically evaluate information, facilitate and create a safe space for the mentoring and learning of others, and contribute to the creation, dissemination and integration of evidence-based knowledge into practice.
Professional	As a professional, the psychiatric leader engages with healthcare regulation; maintains the highest standards of personal, professional and ethical behaviour; embraces a compassionate and inclusive approach and is committed to reflective practice. They support the well-being of both themselves and the staff around them.

DONCS, Direct Observation of Non-Clinical Skills.

	Dominant Developmental FMLM Domain
3. **Nationally coordinated advanced fellowships and programmes:** Aspiring organisational and system leaders	Organisation & System
2. **Enhanced local and regional development:** Future service and divisional leaders	Team & Organisation
1. **Basic skills integrated within training programmes:** Generic leadership competencies for all doctors	Self & Team

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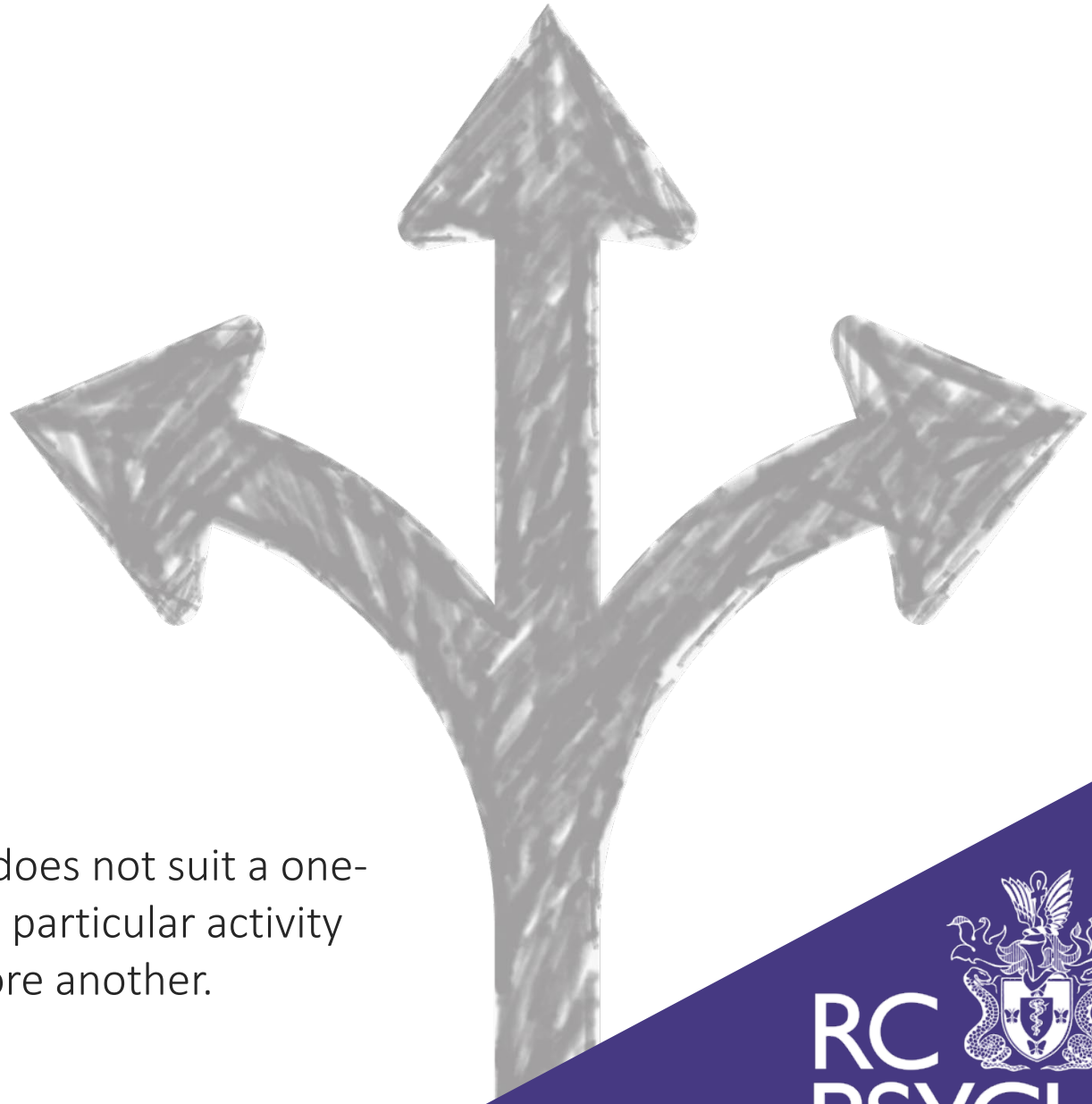
Little robust evidence for the effectiveness of specific leadership development programmes.

Proliferation of diverse interventions & a plethora of opportunities available.

Confusing for both trainees and trainers alike.

Leadership development does not suit a one-size-fits-all approach & no particular activity should be completed before another.



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Leadership and Management Training Availability to Psychiatric Trainees:

NHS Health Education England

GIG CYMRU NHS WALES | Addysg a Gwella Iechyd Cymru (AaGIC) Health Education and Improvement Wales (HEIW)

Northern Ireland mdta Medical & Dental Training Agency

NHS Education for Scotland

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Faculty of Medical Leadership and Management

Royal College of Physicians

NHS Leadership Academy

London South Bank University

Darzi Fellowship

MASTER'S DEGREES

... and many more!

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Up to 90% of learning occurs informally.

Formal leadership development can be transformational but is insufficient in isolation.

Leadership development is better attributed to engagement with inspirational role models, and through opportunistic experiences that emerging leaders seized because they could, and because they were motivated to make a difference.

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Must overcome the shortage of role models with protected characteristics.

Build diversity into our psychiatric leadership by adopting an inclusive approach.

Individuals should not feel like ‘outsiders’, emerging leaders need to be able to identify with existing leadership, see themselves as leaders, and feel empowered to seize opportunistic leadership experiences.

The view of leadership development being an optional extra within medicine, or a skill set to be developed later in a medical professional's career, is outdated.

Leadership and managerialism is a legitimate and essential aspect of medical professionalism.

Much more must be done to ensure equity of access to leadership development for all, and from the earliest of stages in a doctor's career.

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