

Medical leadership and management for military clinicians

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Abstract

The development of medical leadership and management skills is an essential requirement for the progression of Defence Medical Services personnel in both military and medical training. This review will summarise how military experience can contribute to achieving medical leadership and management competencies and will signpost further opportunities and resources available. While it specifically focuses on doctors, this article has relevance to all Defence Healthcare Professionals.

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Introduction

The United Kingdom (UK) Armed Forces have high expectations of how their personnel develop professionally and advance in leadership and management skills. For doctors, further responsibility is placed by the General Medical Council (GMC), which states ‘Doctors must demonstrate effective team working and leadership’.¹ The UK Foundation programme and many Royal Colleges detail team-work, leadership and management sections in their curricula, requiring demonstration and evidence of competency for progression.²

This is no longer viewed as an optional extra; the body of evidence is growing regarding the benefit and importance of participation by doctors, alongside other healthcare professionals, in medical leadership. Positive impacts have been reported on patient mortality, satisfaction, financial performance and staff well-being, in trusts where doctors are actively engaged in leadership.³ In order to deliver safe, high-quality and effective healthcare, organisations have to create conducive, open environments to allow continuous improvement.⁴ Leadership is the most influential factor in shaping this organisational culture.

Defence Medical Services (DMS) doctors gain unique military experience in leadership and management roles but may spend the majority of their training applying those skills in a civilian setting. The rigors of basic training and deployments stretch individuals, providing the opportunity to confront and reflect on personal strengths and weaknesses. Adventurous training and exposure to operations in austere environments are also recognised as contributing to competent team working and leadership.⁵ DMS doctors are therefore ideally placed to lead by example in the National Health Service (NHS) when it comes to development and competency in medical leadership and management, and are often looked on to do so.

The aim of this paper is two-fold; to highlight the parallels of military experience to recognised medical leadership and management competencies, and to signpost the rapidly increasing opportunities and resources available in this area. Although the focus is primarily on doctors and particularly on those in training, this topic will be relevant to many members of the DMS.

Military leadership and management

The UK Armed Forces provide important transferable leadership and management skills for Medical Officers commencing foundation or specialist training. Completion of the Professionally Qualified Officer Course at the Royal Military Academy, Sandhurst or Initial Officer Training at either Britannia Royal Naval College or Royal Air Force College Cranwell puts DMS doctors in the privileged position of having received dedicated tuition on leadership and management as compared to many of their civilian counterparts. This time in military training and practical experience during General Duties instils the professionalism, values and ethos reflected in the GMC’s ‘Duties of a Doctor’.^{6,7}

Whilst variations exist between different single Service Medical Officer training, all have a strong focus on command and leadership using theoretical models, classroom-based discussions and practical exercises to prepare for future challenges. The taught values are reflective of the nine dimensions of the Healthcare Leadership Model (see Table 1), providing a strong foundation for future personal development.⁸ Reflecting on and documenting this time, alongside future professional courses such as the Divisional Officer and other staff courses, can provide a wealth of evidence towards competency achievement. Tools such as the free self-assessment tool or the leadership-focused 360-degree feedback tool, both found on the NHS Leadership Academy website, can be helpful methods of documenting this achievement.⁹

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- Inspiring shared purpose
 - Leading with care
 - Evaluating information
 - Connecting our service
 - Sharing the vision
 - Engaging the team
 - Holding to account
 - Developing capability
 - Influencing for results
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Table 1: The nine dimensions of the Healthcare Leadership Model.⁸

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- Adaptability and Initiative
 - Awareness and Understanding
 - Breath of Perspective
 - Communication and Influence
 - Delivering Results
 - Leadership
 - Physical and Mental Resilience
 - Problem Solving and Decision Making
 - Teamwork and Collaboration
 - Values and Standards
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Table 2: Officer Joint Appraisal Reports sections.¹⁰

Participation in medical leadership and management not only provides personal benefits but is a fundamental component of the Officer Joint Appraisal Report (OJAR).¹⁰ Ten attributes are assessed (see Table 2), one being leadership, the other nine all key factors in overall leadership ability. The opportunities described in this paper will provide practical and academic evidence for showcasing these attributes. Many tasks mandated to trainees, such as quality improvement projects and education, also assist in demonstrating competence in these areas.

Individuals may have difficulty understanding how to transfer military experience to fulfil medical training requirements such as specialty interview boards and Annual Review of Competence Progression (ARCP). Furthermore, many trainees take on additional roles and responsibilities, both military and medical, which demonstrate expertise or experience in leadership that should be captured. One method of doing this is to align with one of the leadership competency frameworks

available, such as the Faculty of Medical Leadership and Management (FMLM) Leadership and Management Standards for Medical Professions, or the NHS Healthcare Leadership Model.^{8,11} The following section will focus on the FMLM standards, as a recently produced Leadership Development Passport simplifies capturing evidence using this method.¹²

Faculty of Medical Leadership and Management Standards for Medical Professions

The Faculty of Medical Leadership and Management (FMLM), established in 2011, is the professional home for medical leadership in the UK, stating a primary objective to ‘raise the standard of patient care by improving medical leadership’.¹³ The framework of the Leadership and Management Standards for Medical Professions was produced as one of its first key outputs.⁸

Reflective practice is an important tool through which to demonstrate leadership development but often documenting this type of experience, especially when gained from a military context, can be challenging. Utilising a framework allows for a focus on personal attributes and skills within a situation as opposed to specified learning events, and can better demonstrate progression.

The framework categorises desired personal skills under the headings of; self, team player or team leader, corporate responsibility and system leadership. Whilst the FMLM framework is not the only structure available, the clear similarities with the NHS Healthcare Leadership Model (Table 1) and GMC Good Medical Practice make it a useful overall structure for encapsulating all aspects of medical leadership.^{1,8}

Each heading will be discussed in turn alongside additional examples of opportunities available to DMS personnel to guide professional development in these areas.

Self

This standard is based on the concept that a leader must focus on themselves in order to perform for others. They should be able to acknowledge the importance of their own emotional wellbeing and need for support networks, have insight into their limitations, weaknesses and areas that require personal and professional development.

Military personnel have the opportunity from the start of their training to get formal recognition of self-development gained on mandatory military courses through qualification for civilian accreditation via institutes such as the Chartered Management Institute (CMI).¹⁴ There is clear progression commencing with medical students in university military units qualifying for a CMI Level 5 Certificate in Management and Leadership, through Junior Officer courses to completion of Intermediate Staff and Command Courses achieving a CMI Level 7 Diploma in Strategic Management and Leadership.

The Institute of Leadership and Management (ILM) has additionally mapped military ranks to membership grades, with the rank of Army Captain qualifying for Member level, recognising the skills that the military develops within its individuals.

Continuous development underpins this standard. Whilst the level of commitment will take a different form for each individual, it is important to note that all doctors play an important role within the team in which they work and therefore have a responsibility as a minimum to understand how their own personal behaviours and attributes interact with those of others. Additional qualities in this standard include personal resilience, courage to take accountability, time-management, enthusiasm, optimism and ability to remain calm under pressure.⁸ Many of these personal attributes will be displayed or challenged during General Duties or within clinical roles and therefore it is important to include the leadership aspect when reflecting on such situations.

Those with a keen interest in developing further competency in command and leadership should seek to attend the Intermediate Command and Staff Course (ICSC) at the Defence Academy, Shrivenham.¹⁵ Responsible for Defence postgraduate education and the majority of command, staff and leadership training, the Joint Staff and Command College provides high-level academic training for future leadership roles and career progression. Alongside selection requirements, it is unfortunately acknowledged that clinical commitments will mean attendance may not be achievable for all Medical Officers whilst in training. However, attendance on Divisional Officer courses, military analysis courses, human factors training, coaching and mentoring courses can all provide further civilian accreditation or evidence of commitment to professional development in this area.

Civilian one-day courses can provide a time-efficient alternative with the opportunity to update skills without significant commitment. The British Medical Association (BMA) runs a series of courses themed on practical skills, including time management and wellbeing in the workplace and a specific Leadership and Management for Doctors course.¹⁶

The overarching NHS organisation responsible for leadership is the NHS Leadership Academy, which exists to develop skills within the NHS workforce and train leaders of the future.⁸ Aimed at all leaders working within the NHS, there are some noteworthy courses with short to medium time commitment which could be suitable for trainees. The Edward Jenner Programme is a free six-week, online, entry-level leadership course, followed by the Mary Seacole Programme, a six-month online and face-to-face course aimed at professionals moving into leadership roles in healthcare. Ten regional leadership academies additionally provide local programmes, events, resources and tools that can be accessed by all.

There is a wide range of opportunities available to demonstrate the standard of 'self' but many of the skills

described will already be developing through military and clinical roles. Use of a framework will guide evidence collection and allow for identification of areas which require further input.

Team player or team leader

Effective leaders know how to lead a team but have the intelligence to know when it is more appropriate to follow. They put the provision of the best outcome for the service or service user above their personal agendas and work well within the team to achieve this. As well as contributing to discussions, they can encourage others to speak up and will take these ideas and opinions on board. This standard also encourages leaders to take up a coaching role, to be approachable and to engage with other teams within the wider healthcare community, all important skills required for the DMS.¹¹

Adventurous training (AT) opportunities within the Armed Forces are vast. The aim of AT is to provide the opportunity to "develop leadership, teamwork, physical fitness, moral and physical courage, among other personal attributes and skills vital to operational capability";¹⁷ participation in these opportunities is evidence of active engagement with this second leadership standard.

Most Royal Colleges, the Royal Society of Medicine and BMA have positions for volunteers to be active team members in their committees.^{18,19} Local, student or trainee branches are open to all, providing experience and exposure. Evidence of coaching experience can be obtained from volunteering on local workplace schemes or from specific courses, for example, the Doctors as Educators workshops, offered by the Royal College of Physicians or the Introduction to Medical Education 2-day course offered by DMS Whittington.²⁰ As a developing area, many universities now offer part or full-time certificates, diplomas and Masters level degrees in medical education.

Corporate responsibility

As well as their immediate team members and service users, an effective leader must remain engaged with the more abstract, broader picture of healthcare provision, requiring involvement in long term strategic planning and being thoughtful about the future direction and challenges. To do this, a good knowledge of clinical governance is required, alongside the confidence to make the difficult choices about resource allocation and skills to use evidence and risk analysis for decision making. Overall, this requires innovative and forward thinking and use of these qualities to inspire others to work with a similar level of innovation and promote an open and honest workplace.¹¹

The Tri-Service University Short Course Programme (USCP) offers a series of residential courses at participating UK universities in command, leadership and management (CLM), all of which emphasise the discussion of change,

innovation and strategy within the field of leadership. They are available to all ranks and rates; details are located on the DMS section of Defence Gateway and applications can be made through service education centres.²¹ These fully-funded courses provide postgraduate level exposure to leadership and management topics within a military context. Several courses, on completion of a post-course assignment, are accredited for the Credit Accumulation Transfer Scheme for contribution to a further qualification.

The increasing importance of medical leadership is highlighted each year at the three-day Leaders in Healthcare conference providing the opportunity to present work, attend sessions and listen to experts. Furthermore, many additional leadership-themed events take place nationally and locally. One example is the Royal Society of Medicine (RSM), which is a leader in this field, and provides specific 'trainee as leaders' workshops and a two-day course in healthcare exploring innovation, economic aspects, strategy and managing change. For military context, the RSM Military Medicine Section events allow aspiring leaders to hear high-profile speakers exemplifying military leadership.

Health Education England (HEE) deaneries offer local programmes which can greatly assist in supporting Higher Specialty trainees in their training programmes. For example, Plymouth University, HEE and Bristol University offer a Professional and Generic Skills Programme for ST3-ST8 doctors, requiring a commitment of seven days' attendance in a year with flexible e-learning and the opportunity to continue onto a Master's degree. Topics include patient safety, medical ethics and NHS structure and funding.

System leadership

The final standard explores how leaders deal with policy and how they incorporate it into their workplace. It requires evidence of active participation in influencing policy, ability to interpret complex policy and appreciation of different perspectives in policy formation. This involves a range of communication skills to negotiate effectively with policy makers and sensitively manage multiple, often differing, opinions.¹¹

Quality improvement projects are a good starting point to develop this skill. Local hospital charities, quality improvement networks and deaneries can occasionally provide financial grants, particularly where there is an important patient safety element. Quality improvement project training is often provided locally or can be completed online. Involvement in hospital committees and the (now mandated) Junior Doctors Forums all provide trainees with roles to influence change and work on multi-disciplinary projects to gain experience.

To demonstrate direct involvement in policy making, attendance at events such as the Junior Members Forum, BMA Armed Forces Conference and local regional BMA training workshops covering topics on engagement and negotiation

can provide demonstrable evidence of development. If looking to become more involved, all branches of practice and geographical locations have a representative committee and provide support to new members through leadership and mentoring programmes.

Recognising the increasing role that research is playing in this field, *BMJ Leader*, a quarterly peer-reviewed journal, was launched in April 2017. The FMLM medical student and trainee steering group also engages with members through focused resources, events and networking opportunities, and the FMLM has recognised the contribution of the Armed Forces through the establishment of its own network.

Combination

Many opportunities for leadership development will demonstrate a mix of all four FMLM standards. The FMLM website provides resources, articles, e-learning, an online book club and workshops aimed at clinicians at all career stages. The National Medical Directors Clinical Fellow scheme, managed by FMLM, is a 12-month out-of-programme scheme open to doctors in training. Currently two DMS doctors have undertaken this scheme. Embedded in a national healthcare-affiliated organisation, clinical fellows have the opportunity to work with senior leaders and fast-track their leadership skills. For aspiring or senior leaders, a portfolio of evidence can be submitted for application to become an FMLM Fellow.

Postgraduate qualifications in medical leadership and management are well established and offered by many universities. Spanning stand-alone modules to specific healthcare MBAs, a broad range is available in terms of delivery method, time commitment and cost. Many offer courses in conjunction with organisations such as the Royal College of Physicians or Birkbeck University. It is of note that Standard Learning Credits and Enhanced Learning Credits can both be used for self-development in leadership and management skills. In 2017, Newton and Bricknell identified strong support for a military postgraduate healthcare qualification, and though not currently available, this could be the future mechanism for pursuing integrated military and civilian career learning.²²

Conclusion

DMS personnel are ideally placed, by the nature of military experience and clinical rotations, to develop and demonstrate leadership and management acumen. Evidence of professional development in this area is mandated for both training progression and annual military reporting.

Recognising the importance being placed on this skill set in healthcare, this paper has identified tools through which to gain and document competence in this important field. With increasing resources and opportunities, both military and civilian, it has highlighted those most accessible and relevant for medical leadership and management development.

Conflicts of interest

LC is a member of the Faculty of Medical Leadership and Management Trainee Steering Group and the British Medical Association Armed Forces Committee. LC has a Master of Science degree in Leadership for the Health Professions from Swansea University.

EF participated in the FMLM National Medical Director's Clinical Fellow Scheme 2017/2018.

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