Medical leadership: What is it and why is it important?

By Dr Emma Powell

Being at the centre of clinical service delivery, physicians are the ideal leaders for healthcare in the 21st century. Medical leadership is an area I have been interested in for some time and one that we as physicians receive very little exposure to as part of contemporary medical training. On trying to get involved at a local level, I was surprised to see how far removed from patient care delivery many people in senior management positions were, yet these are the people who are setting strategy and shaping major change. I started asking myself: ‘Why are doctors not more involved?’

Physicians are trained in the diagnostic, therapeutic and administrative aspects of patient care, but not in the theoretical and practical aspects of assuming and delivering leadership. Medical career progression has traditionally seen leadership lack importance in comparison with technical and academic ability. Yet, as doctors, we are uniquely placed to help the healthcare system overcome one of its greatest challenges—bridging the gap that exists between administration and clinicians, between the theoretical and the practical.
It is increasingly acknowledged that patient outcomes are no longer purely dependent on good clinical management at the individual clinician–patient level. There are now a multitude of supporting processes, organisations and systems that can determine the provision of good quality care, and clinicians have the ability to provide leadership at each of these levels.

At the strategic level, this allows clinicians to keep the focus on funding and delivering strategies that are directly responsive to the patients’ needs. At the service level, clinicians can influence and design processes to provide better overall organisational performance. If patient care is maintained as the focus—and clinicians and management work together instead of in isolation—cost saving, efficiency and improved patient outcomes will follow.

In my opinion, medical leadership is simply about ensuring that changes to our healthcare system will not only benefit those whom it works for but also those who work for it.

The best way to do this is to engage with and empower those on the shop floor. If you want to know what is wrong with the system, go to a ward and ask any junior doctor. Not only will they be able to tell you, but by involving them in the decision making, you serve to garner their interest in helping to facilitate change.
We need to encourage all doctors to be able to take a global view on the healthcare system they are involved with and to understand the political, economic, and social drivers for change that will influence this view throughout their careers. To do this we need to start by making it a priority in our medical school curriculums. We need them to understand that the healthcare system is not an entity from which they are excluded, and that no hospital can function effectively without buy-in from those who work tirelessly on the front line.

Those of us already working as clinicians assume positions of leadership every day, whether we like it or not. This may be in the form of managing a multidisciplinary team or simply managing a patient’s family. To do our role justice, we must value and hone the non-technical skills required of a good leader. These skills include the ability to create and communicate a plan, effective negotiation, awareness of both self and others and a collaborative approach to teamwork. We need access to a forum that allows expression of both our ideas and concerns and must be encouraged to be a part of policy and decision making. We also need to make more significant leadership roles attractive without the burden of added administrative work.

There is ample evidence for improved quality of care in organisations that encourage training and development of clinical leaders—but this will not happen by accident. There are many opportunities through local and national programmes to formally learn and develop leadership skills, including the Ministry of Health’s Public Health Leadership Programme, Auckland University’s Master of Health Leadership, and programmes offered by the Royal Australasian College of Medical Administrators. But you don’t need a piece of paper to take an interest, you don’t need a qualification to get involved and you don’t need permission to make a change!

References
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