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Doctors leading from the frontline

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It is not only senior doctors who demonstrate leadership, say Alex Till and Judy McKimm, and by ignoring those at the start of their careers the NHS risks wasting talent

Medical leadership—that is “the proactive engagement of doctors in leading and improving health services”—is a critical and key characteristic of good healthcare organisations.^[1] Introduced in the 1983 Griffith report into NHS management, and reinforced in many more recent reports,^{[2] [3] [4] [5] [6]} the importance of medical leadership being fostered at every stage of a doctor’s career is now well established.

Leadership at every stage

In 2012 the General Medical Council replaced its guidance, *Management for Doctors*, with *Leadership and Management for all Doctors*.^[7] The change of title entrenched the view that being a good doctor meant more than simply being a good clinician. Every doctor, not just those in formal leadership positions, had a duty to provide leadership to colleagues, their organisation, and the profession.

Integrating the Medical Leadership Competency Framework (MLCF)^[8] into undergraduate and postgraduate training was a landmark step towards recognising the importance of developing leadership in medicine. This evidence based tool outlined the leadership competencies expected from doctors at three key career stages: undergraduate, postgraduate, and continuing practice. For the first time, doctors were given objective guidance on what constituted a good medical leader.

Despite these initiatives, however, a lack of leadership within the NHS has been highlighted by a series of reports revealing failings in even the basics of healthcare.^{[9] [10] [11]} In many respects NHS leadership is “in crisis.”^[12] One reason is our historically held—and flawed—understanding of what constitutes good leadership.

Collective leadership

From a position where heroic, autocratic leadership was vested in key individuals we now realise that a collective, collaborative, distributed, or shared approach is more relevant and effective in implementing change and development.^[1] Although the formal authority and power of hero leaders are still important sources of leadership, high quality healthcare is better achieved by flattening hierarchies and encouraging clinical leaders at every

level.[\[12\]](#) Good leadership improves care, and collective leadership is needed from both formal and informal leaders.[\[1\]](#) [\[13\]](#)

The NHS Healthcare Leadership Model,[\[14\]](#) which replaced the MLCF, moved away from the view that leadership competencies were attained through increasingly senior hierarchical positions. All healthcare professionals could and must display leadership behaviours, and should challenge the assumption that only senior clinicians could be good leaders.[\[15\]](#) The Faculty of Medical Leadership and Management has published further guidance on the leadership and management standards, values, and behaviours expected of all doctors.[\[16\]](#)

Leadership, management, followership

These shifts reflect the view that leadership is part of a triad of activities and approaches that also comprise management and followership (that is, the ability to claim or grant; defer or obey; resist, support, or negotiate a leader's wishes or actions).[\[17\]](#) [\[18\]](#) It is no longer acceptable to assume these skills will be acquired through exposure to senior clinicians. National and local organisations, as well as trainees, must recognise the leadership potential of doctors in training and develop systemic approaches to postgraduate leadership development.[\[10\]](#) [\[19\]](#) [\[20\]](#) Without allowing trainees to explore and develop their leadership skills, there are risks that trainees will not reach their potential and become a forgotten and underutilised cohort; experienced enough to function independently without constant supervision, yet seen as too inexperienced to lead health improvement activities as a routine part of their work.

With a collective leadership culture, trainees can develop as “active followers” and “small l' leaders”[\[21\]](#), where followership skills are valued and are viewed as ‘apprentice leaders’ rather than merely transient employees. Dispersed throughout informal networks within organisations,[\[12\]](#) [\[22\]](#) leadership can become a fluid and emergent property of trainees, who as a group, hold a unique perspective closest to frontline healthcare provision. Proactively nurtured, these leaders will not only benefit the NHS as a whole, but will also benefit individual organisations, as they become a more engaged and committed medical workforce.

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