

## **Consultation on FMLM Professional Standards for Medical Leadership**

FMLM is conducting a consultation on the first part of the Professional Standards of Medical Leadership and Management.

We would like to receive feedback from individuals, organisations and interest groups involved or with an interest in medical leadership across the UK. A parallel consultation with patient and lay groups and organisations across the UK is being developed although we would be delighted to receive input to this version if preferred.

This feedback will help FMLM produce comprehensive, high quality, aspirational standards of medical leadership that will contribute significantly to the enhancement of patient care.

The consultation questions should only take 15-30 minutes depending how in-depth you would like to comment on the standards.

The consultation will close on 5 December. Questions marked with an asterisk (\*) are required.

If you have any questions about the consultation, please email us:

[medicalleadershipstandards@fmlm.ac.uk](mailto:medicalleadershipstandards@fmlm.ac.uk)

We really appreciate your input!

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### **Your details**

We would like to collect information about those who are responding to this consultation to support later analysis.

1. Please advise if you are responding to this consultation as an individual, organisation or group.

[Organisation.](#)

- Individuals should now progress to question 6
- Organisations or groups should go to question 2

### **Details about your organisation or group**

Please tell us more about your organisation or group.

2. What is the name of your organisation or group?

[Royal College of Physicians of Edinburgh.](#)

## Consultation on FMLM Professional Standards for Medical Leadership

3. Which category would best describe the area in which your organisation or group operates?

- NHS
- Other public sector
- Private
- Independent
- Voluntary or charity
- Academic institution
- Armed forces

OTHER – Medical Royal College

4. As you are responding on behalf of an organisation or group, it would be helpful to have contact details for an individual if we wish to follow up with further questions.

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|----------------|--|
| ▪ Name         | Dr A D Dwarakanath FRCP Edin                                     |
| ▪ Job title    | Secretary  |
| ▪ Organisation | Royal College of Physicians of Edinburgh                         |
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5. Please add further information about your organisation or group if you think it will be helpful.

The College represents Fellows and Members across the UK, with around 50% of our UK membership working in the NHS in England.

## Questions about the standards

The following questions relate to the standards documents published on the FMLM website (<https://www.fmlm.ac.uk/leadership-and-management-standards-for-medical-professionals>). Please respond to any questions that are most relevant or of interest to you.

**6. Do the standards for individuals cover the areas you would expect? Please indicate if you think there are statements that are unnecessary or missing.**

Yes, the College feels the standards are generally comprehensive. The leadership agenda is correctly being targeted at individual consultants and it may be that additional thought is required over how these leadership skills will be acquired. It would be helpful to include reference to measurable outcomes in the standards to enable progress to be assessed.

Section 1: being an effective medical leader includes categories such as knowledge of self; personal resilience; improving effectiveness and impact on others. All of these seem very appropriate to include in the standards. The standards reflect the requirement to seek feedback formally and informally, and the College welcomes the emphasis on the importance of reflection on an individual's potential impact on others and the importance of self-awareness and personal resilience.

Section 2: team building team and working. The importance of building teams is emphasised as is the importance of the team environment in terms of allowing team to perform to its optimum ability. The College notes that coaching is also mentioned here, which is an important inclusion in terms of ensuring that an individual gets the most out of the team.

Section 3: strategy and strategic direction. The College welcomes the mention of the seven principles of public life, which are important principles all medical leaders should aspire to. The sections on strategy and the context of strategy and understanding of the organisational climate are particularly pertinent in allowing clinicians to work to the best of their ability as a medical leader. Finally, governance and delivery are mentioned, and these are clearly key in ensuring safety and quality of care and ensuring that any changes are deliverable.

**7. Is the language of the standards clear?**

The language of the standards is appropriate and clear, without excessive "technical" vocabulary to make the standards relevant to all.

**8. Are the standards meaningful, applicable, achievable and realistic in your opinion?**

Generally, yes. The College suggests some of the standards are more challenging than others; however they are all aims that any medical doctor should strive to achieve. The standards are meaningful in the sense that adhering to them will be beneficial for self, colleagues and patients and they are applicable in a variety of contexts. However, many of the standards will be difficult to measure and the College suggests further thought be given to this aspect, so that progress can be assessed.

**9. How would you use the standards in your role, organisation or group?**

The College believes that all medical leaders and medical organisations would support these standards. It may be necessary to establish a tool to provide a baseline against which progress can be measured and evidence added as required. Changes in leadership styles and behaviours are not rapid, and improvement will take a minimum of two years to show upon any feedback scale. On this basis, these standards could be used to provide learning, support and coaching within and outside organisations.

A clear link to revalidation would also be helpful, and it would be beneficial to integrate the standards into working life by, for example, requiring to see evidence of the standards in an individual's appraisal. At present many clinicians are appraised on their leadership role. However, no specific criteria are used, and the standards would introduce a framework for that.

**10. Do you envisage any challenges in the standards being implemented? If so, how do you think FMLM can provide support?**

Medical leaders will need time available in their contract to promote and achieve the standards, through development, coaching and training. There are always challenges in implementing anything new, and it will be incumbent upon senior figures within organisations to ensure that the standards are adhered to and, in particular, that an individual is appraised against them.

Many of the challenges in implementing the standards are cultural. Some organisations and employers highly value leadership skills, but others do not necessarily understand the link between good clinical leadership and patient experience and outcomes. It may be helpful to include other organisations in the process of integrating the standards, for example, if the GMC approved them as the means of revalidation for those in leadership positions, and as part of their portfolio of evidence. A significant number of medical leaders with formal roles are part-time clinical directors who should revalidate in their clinical and leader/manager roles. This move will help embed formal leadership as a real medical career choice and with real professional accountabilities. The task will be to bring standards together and to find common tools and sets of evidence that can be used across different roles. Without formal GMC/revalidation support, these standards would be unlikely to carry the same weight. There should, however, be no suggestion that Government enforces mandatory use of the standards, as this would remove the initiative and leadership from clinicians.

FMLM may consider collaborative work with others (education, GMC) in future on bringing different standards into a common framework. The tools for assessment and gathering evidence of progress should be similar, if necessarily different in limited respects, so that doctors are not faced with a bureaucratic burden. FMLM could develop criteria for awarding Fellowship or similar recognition to members who meet the standards at a certain level and in a formal role, and perhaps graded classes for those in less formal positions to encourage progress (a 3 step programme?).

**11. Do you have any other comments on the standards?**

No specific comment.

Thank you for completing this survey on the draft standards. If you think of anything else you would like to add later please email [medicalleadershipstandards@fmlm.ac.uk](mailto:medicalleadershipstandards@fmlm.ac.uk).

**12. Please enter your name and contact details if you are happy to be contacted following this consultation.**

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