Making sense of medical leadership roles

How to create doable roles that deliver

I took on my new clinical director role earlier this year. But I’m struggling with the amount of time I have to do my job – even just getting to all the meetings I need to be at can be a challenge and I’m finding it impossible to get out of fire-fighting mode.

Sound familiar? As medical leadership roles grow in size and accountability, many people in post are struggling to find the time and space to take on these challenging new roles. Personal development has a part to play – but there is a more fundamental question regarding the roles themselves – are they ‘doable’, or are we simply turning our doctors into bad managers?

Within this article we discuss: what makes a job doable; what the common pitfalls are when creating medical leadership roles; how you can make sure they add distinctive value; and suggest some critical questions to ask when designing these jobs.

What is a doable job?

Let’s start by considering what we mean by a ‘doable job’.

In a well organised work environment the potential for success is built into every job. Determining if a job is doable is a function of understanding the role, the work, and the organisation’s objectives.

If a job is undoable it is incorrectly designed and it will continue to invite failure for job holder after job holder.

When thinking about jobs, it’s important to take into account the following.

<table>
<thead>
<tr>
<th>The size</th>
<th>Does it stretch the job holder too thin?</th>
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</thead>
<tbody>
<tr>
<td>The breadth</td>
<td>Does it require a reasonable range of skills and competencies or is it so broad that it will be difficult to find one person who will be able to do it all?</td>
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<tr>
<td>The scope</td>
<td>Does it provide a suitable match between levels of knowledge needed and the level of thinking or discretion it gives? (Too little discretion but a high requirement for problem solving are likely to result in boredom and de-motivation.)</td>
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<tr>
<td>The definition</td>
<td>Would the job holder know what success looked like?</td>
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Changing roles: The context

Medical leadership includes a broad spectrum of different roles, with a range of different accountabilities. Furthermore, medical leaders often hold a range of these roles at once, continually putting many different hats on. However, overall these are increasing in size and breadth and shifting in emphasis – see fig 2.

It is in this context that we can identify common pitfalls and crucial questions to ask, to create doable medical leadership roles.
Creating doable jobs – the pitfalls

Pitfall 1 – Creating a job that is too big

It’s the age old challenge of leadership within medical roles – how do you combine clinical workloads with leadership accountabilities? With bigger, broader roles being created, this is a real challenge for medical leaders and their organisations.

At their heart, doable jobs ensure the time given is sufficient for the accountabilities to be undertaken. Without careful consideration of time requirements, individuals will make their own choices about where to focus: inevitably on the urgent and not necessarily on the important! When time is tight – clear, focused accountabilities and agreed priorities are all the more critical.

As a starting point, this requires a step back to understand what the key priorities are for medical leadership in general – and the role in question in particular. Understanding how and where you see medical leaders adding distinct value can support you to define roles which really focus where it counts, and avoid them becoming too big.

Fig 3 provides some common areas where medical leaders are regularly seen as adding distinct value. Planning out the different areas of accountability to be covered and exploring specifically what each role will do in practice, and inter-dependencies between them, helps to test out time requirements and build clarity. For example, in clinical director roles – what does it mean to be accountable for assuring performance? What specific activities does the clinical director play versus the nurse and operational leader and support roles?

Mapping accountabilities and tasks helps to design doable roles and, as importantly, it will help to build clarity for post holders.

Time issues can arise when broad accountabilities are interpreted as ‘medical leaders have to do everything personally’ – rather than assuring, overseeing and delegating to colleagues or peers.

Finally, with time at a premium, support roles around medical leaders can mean the difference between a doable and undoable role. Good quality administrative support, consistent management support and effective business partnership from HR and Finance are all critical factors in ensuring that roles are doable and make best use of limited time.

<table>
<thead>
<tr>
<th>Description</th>
<th>Clinical expertise – to support ongoing improvement</th>
<th>Technical input and understanding of clinical areas to allow identification of improvements and to assure the safe delivery of care.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Clinical engagement</td>
<td>Ability to influence and engage peers to support change and improvement and mediate between clinical needs and resource requirements.</td>
</tr>
<tr>
<td>Description</td>
<td>Patient focus</td>
<td>Understanding of the patient perspective.</td>
</tr>
<tr>
<td>Description</td>
<td>Difference</td>
<td>Capacity to see things differently, bringing diversity to management decisions and traditions.</td>
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</tbody>
</table>

Pitfall 2 – Creating a job that is too broad

It is common for new medical leadership roles to be very broadly defined – which can lead to medical leaders trying to do everything. Many senior clinical leaders are attempting to balance both day to day fire-fighting and broader accountabilities for engagement, improvement and direction setting and, clinical work. This means continuously shifting focus, time and attention.

In practice, a single individual is likely to find it a challenge to both manage the day to day logistics and develop the service for the future or build the partnership relationships in the system that are increasingly important.

Dividing accountabilities between medical leadership roles will ensure that the focus that is needed across roles is built in. Keeping the range of activities and focus in terms of timeframe as narrow as possible (day to day versus longer term planning, operational versus innovation or strategy development etc.) will also increase the job holder’s focus.
Pitfall 3 – Not making the most of current capability

Many organisations are at the beginning of the journey in developing their medical leadership capability. Creating a medical leadership structure on paper is the first challenge; but ensuring you have the right people who want to fill the roles is another. Therefore, consider the talents that exist amongst your clinical leaders and what an achievable stretch would be. Focus clinical leadership roles and structures accordingly whilst developing your medical leaders for the future. Making the best use of the capability and motivation of your medical leaders is critical. It seems obvious, but using highly paid and intelligent individuals to undertake administrative or routine tasks is likely to lead to de-motivation and poor value for the organisation. Recognise where the natural energy lies and harness that through your medical leadership structure – whether that is through formal or more temporary roles and accountabilities.

How doable are your medical leadership roles?

Critical questions to ask...

In summary, building clear, coherent roles that have sufficient time and resource to fulfil their accountabilities, and that make use of ‘the value add of medical leadership’ – is essential. When designing roles, think about following.

The big picture
- Have you considered your critical priorities – what is it that medical leadership needs to deliver in the short and medium term?
- Ask yourself – where will medical leadership roles add distinct value from managerial and broader clinical leadership roles?

Design of each job
- Have you clearly defined accountabilities and explored what they look like in practice?
- Have you mapped activities to ensure they’re doable in the time available?
- Ask yourself – does each job add distinct value?

Crystal clear inter-dependencies
- Have you defined accountabilities and inter-dependencies across roles?
- Have you worked through what each accountability looks like in practice for different roles to build understanding and check assumptions?
- Have you considered the administrative, data and management support needed to allow medical leadership roles to focus where they add most value?

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About Hay Group

Hay Group works with leaders to transform strategy into reality. We develop talent, organise people to be more effective and motivate them to perform at their best. Our focus is on making change happen and helping people and organisations realise their potential. We are currently helping a range of organisations develop their medical leaders, embed new divisional structures and develop their new consultants.

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