

# Clinical leadership and management: the 'Darzi' experience

BY NATALIE BOHM

The Fellowship in Clinical Leadership programme, more commonly known as the 'Darzi Fellowship,' commenced in 2009. It was designed to provide junior doctors at the registrar level with postgraduate training in clinical leadership and change management in order to develop future leaders of change in the health service.

As a member of the third cohort of Darzi Fellows I found this an aspirational remit, but also one that was daunting. The problem with 'clinical leadership' is that it is a laden term. Despite the many models of leadership that are now recognised and taught, the word still carries images of heroic figures leading from the front.

The reality of any sort of leadership, be it clinical or otherwise, is of course very different. It is quite often messy and confusing, with even the most confident appearing individuals hiding uncertainty over their roles and abilities. When the leadership takes place in a complex system such as healthcare, which is filled with bright, driven and ambitious colleagues, this confusion is exacerbated. With increasingly junior professionals

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also encouraged to adopt leadership roles, the whole definition and way leadership is viewed is in a state of evolution. Leadership has become increasingly situational and devolved, moving away from the traditional view of a power-based transactional system to one that involves more use of influence and the so-called 'softer skills'.

My experience as a Darzi Fellow reflected a lot of this uncertainty, but also provided unexpected opportunities and lessons in adaptability. As an ENT registrar my training, and therefore my professional role, is clearly structured and hierarchical. My role as a Darzi Fellow was not. My brief for the fellowship was to explore the decommissioning of ineffective ENT procedures with the local primary care trust and relevant stakeholders. Formal training in healthcare management and organisational change was provided through the programme, which proved useful in developing the necessary language and skill set needed for interacting with healthcare managers and a variety of different stakeholders. Even more invaluable was the provision of personal coaching sessions with an executive coach, which allowed for greater exploration of personal strengths and weaknesses.

Despite formal training the Fellowship was essentially about experiential development. This meant that although there were defined objectives for the role, how you developed your project and created your professional identity in the fellowship were up to you. This lack of structure was challenging and often felt less like leadership than trying to find definition for what you were doing. Ultimately my project resulted in agreed local commissioning pathways for common ENT conditions and converged with a larger national

project developing commissioning guidance in these areas. My role in the larger project was not about a visible leadership position; there were established leaders of the project with prominent national roles and positions. It required some reflection to understand that my role in the national project was about distributed leadership guided by senior figures: the very model of top-down and bottom-up leadership that has notable academic support [1].

As part of this article I was asked to give three top tips for success in clinical leadership and management. This clearly raises the question of what is meant by success. In a management role metrics are clearly defined to measure progress and provide stimulus for improvement or adaptation if they are not being achieved. My project resulted in a visible output in line with the objectives that were set for the role. To that extent it could be deemed a success. However the Darzi remit was wider than this, with the expectation that Fellows, in a leadership capacity, would enact cultural and organisational change. With this lens could the project be called a success?

The concept of success in leadership as an agent of change is harder to quantify than success in management; even if you fulfill your aim and reach your metric targets this does not mean that you have enacted deep-seated cultural change. With this in mind, my first tip for success is about understanding that leadership is a personal journey as well as a potential professional role.

## Tip one

A commitment to personal and professional development is key to understanding and delivering successful leadership. The concept that leaders are born, not made, is outdated. Understanding different

models of leadership and accessing resources to develop skills is vital. Several different schemes are available for this, and there are excellent online resources available through the King's Fund [2].

Leadership is also about personal development: understanding your strengths and utilising them and acknowledging areas where you require growth. The latter can be especially challenging to intelligent, driven professionals who can view these as areas of failure. A key reference for me in developing my own ability to grow and learn, and promoting this development in others was Professor Chris Argyris' article 'Teaching smart people how to learn' [3]. One of many salient points he raises is that intelligent people are often very poor learners as they may not see failure as an opportunity to grow.

### Tip two

Cultivate your emotional intelligence and develop emotional competence. In the late 1990s Daniel Goleman, a psychologist and science writer, published a series of books on emotional intelligence. He maintained that while traditional leadership

qualities such as intelligence and vision are part of a successful leader, they alone are not enough. Truly effective leaders also cultivate emotional intelligence and competence, and he is careful to differentiate between the two. He defines emotional competence as a learned ability based on emotional intelligence; emotional intelligence is the potential, but not the guarantee, of competence [4]. Goleman found direct ties between these 'soft' qualities and measureable business results.

### Tip three

Learn to network effectively. This is especially important when you are not in a visible position of power and so are relying more on influence than authority. Effective networking is not about collecting business cards at cocktail parties and extolling your own virtues. It is a two-way street: it is as much about understanding how you can benefit your network as it is about it helping you. In an effective network you are a valuable resource no matter what your actual position.

There are many factors that lead to successful, effective leadership, and these may vary with individuals

and situations. Clinical leadership, like most of healthcare training, is an apprenticeship. After acquiring knowledge of what these factors are, it is only through experience and practice that understanding of how and when to apply them is reached.

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### Natalie Bohm,

ENT Registrar North Thames Rotation, Clinical Academic Lecturer UCL, evidENT at the Royal National Throat Nose and Ear Hospital, 330 Gray's Inn Road, London, WC1X 8DA, UK.

**E: n.bohm@ucl.ac.uk**

**Declaration of Competing Interests**  
None declared.