Introduction

This case story from Leeds University Business School details Fellowships in Clinical Leadership for junior clinical leaders in the UK.

Challenges & Actions taken

The importance of clinical leadership in the development of health systems is being increasingly recognised across Europe. The Fellowships in Clinical Leadership are one-year initiatives funded by NHS London and the London Deanery.¹

This programme was inspired by Lord Darzi, a pre-eminent medical leader of his generation, who stated that, *The essence of clinical leadership is to motivate, to inspire, to promote the values of the NHS and to create a consistent focus on the needs of patients being served. Leadership is necessary not just to maintain high standards of care but to transform services to achieve even higher levels of excellence.*²

The aim of the programme is to enable aspiring clinical leaders to develop their leadership experience and change management skills in developing new ways of working in service delivery and commissioning.

The programme seeks to link the latest in academic leadership theory, advanced adult learning approaches and work based experience in which to practice and apply tools and techniques in delivery of a change project. The programme is set within a rapidly shifting policy context for leadership, including a shift in emphasis towards commissioning. Participants are drawn from the main clinical disciplines: medicine, nursing, dentistry and pharmacy. Although the majority are medical, usually in senior training positions or early career posts.

Participants are given the opportunity to work as a change leader for twelve months based in hospitals or primary care organisations. Mentored by an identified sponsor, fellows lead on a variety of priority service change projects. During the year, Fellows participate in a bespoke (university accredited)

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¹ From April 2013 the London Deanery, along with NHS London (London Strategic Health Authority), has been incorporated as part of the implementation of the Health and Social Care Act. The responsibilities of the London Deanery have been taken on by three Local Education Training Boards (LETBs) covering all of London, who are themselves part of Health Education England, the new national leadership organisation responsible for ensuring that education, training, and workforce development drive the highest possible standards of public health and patient outcomes. [http://www.londondeanery.ac.uk/](http://www.londondeanery.ac.uk/)

For 2013, the National Institute for Health and Care Excellence (NICE) has awarded ten Fellowships and ten Scholarships to professionals working in healthcare, local government and academia as part of its annual appointments. [http://www.nice.org.uk/newsroom/pressreleases/NICEAnnouncesNewFellowsScholars.jsp](http://www.nice.org.uk/newsroom/pressreleases/NICEAnnouncesNewFellowsScholars.jsp)

leadership development programme that aims to support the organisational and leadership skills necessary for their future roles as clinical leaders. The programme delivery includes formal taught modules including academic modules, and the fellows graduate with a PG Cert (postgraduate certificate) *Leading in a Clinical Context* from Leeds University Business School; action learning; coaching; group-based learning; and design surgery support for live projects within their NHS Trust or Clinical Commissioning Group.

The programme delivers results that provide fellows with insights into the realities of clinical leadership, into key ways in which the health economy is changing, and into leadership capabilities demanded by these realities and changes. They include an appreciation of change management, designing Interventions, cross-team working, organisational development, leading projects, and specific leadership styles and approaches. In addition, consideration is also given to the practical skills needed to get their projects delivered, including managing projects, assessing risk, negotiating with stakeholders, influencing peers and resolving conflict.

Some of the main challenges the programme has faced have been around ensuring a consistent quality of work-based learning opportunities and support. There have also been tensions between the delivery and learning outcomes of projects. Refinements to the design of the programme have been made to ensure greater ownership and engagement of sponsors.

**Results**

The impact of the programme hinges on the future ability of participants to lead change. Evaluation indicates that a sound basis has been made to achieve this. An example of individual feedback:

“[The programme has] stretched and challenged our perspectives and views on organisations, questioned our assumptions and promoted new approaches for us to tackle complex issues. They have fostered a culture shift and succeeded in having a huge impact in shaping our attitudes, beliefs, approaches and ultimately, we believe, our behaviour and impact, much of which is not readily measurable or demonstrable at this stage. They have encouraged and nurtured critical thinking and fostered a safe environment in which we can experiment with our new techniques and applied thinking.”

Furthermore, independent evaluation undertaken by the Institute of Education (IoE) for the first Darzi cohort endorsed the impact that the programme has had on the Fellows, their trusts, and healthcare outcomes:

“Impact on Fellows has generally been far reaching and, in many cases, profound. Six areas of impact have been identified: growth in self-understanding and personal skills; increased knowledge and understanding of the organisation and system context of change; enhanced understanding and skills in working with others; change management, service improvement and capacity building knowledge, understanding and skills; changed beliefs and values; and some revised career aspirations. Personal change has been significant, with a ‘mind shift’ in the way most Fellows view clinicians’ role in service change. A group of young leaders has been equipped with knowledge and understanding of the NHS, complex organisations and themselves, and
personal, interpersonal, quality improvement and change skills to support and sometimes lead service change, improvement and leadership capacity building projects.

Impact on Trusts is evident both in the extent of application of Fellows’ learning and in a range of outcomes of that applied learning...The inclusive, creative and tenacious ways Fellows have applied their learning has resulted in or contributed to many projects that have been successfully developed and implemented, including some roll outs in Fellows’ own Trusts and other Trusts, leadership development programmes designed for other trainees, and processes, tools and prototypes that provide concrete legacies for Trusts that can be used and adapted to suit other situations. Outcomes have also been demonstrated, with a range of indicators of improved healthcare outcomes, as well as enhanced leadership development capacity as evidenced by other colleagues in Fellows’ Trusts who have become engaged in service change and quality or safety improvement projects. Examples of culture change can also be found among stakeholders in many of the Trusts.”

The role of PRME/sustainability principles

PRME categories of impact principles that have informed the design and evaluation of this programme:

- P3 – Method – Programme designed using theory to help leaders understand their current work and leadership differently/more deeply; to understand the link between individual management and leadership, and organisational culture and context, and how that relates to strategy and service change. Use of personal development to generate self-efficacy, and to enable the leader to exercise choice in terms of personal behaviours to maximise their impact.

- P5 – Partnership – A core theme of our programmes is ‘leading as peers’ in partnership. The sorts of challenges facing leaders are rarely ones they can do on their own in isolation from other leaders and other organisations. Being able to lead together is critical for leading into the future.

- P6 – Dialogue – Participants bring their own work challenges into all the learning activity and commit to working on these in the programme. Much of the delivery is in the form of action learning and small group work, applying theory to participants’ real practice in working with others. Programme focus on co-production with users and the full spectrum of providers (including the voluntary sector and community organisations) in managing the delivery of services.