# Are We There Yet? Models of Medical Leadership and their effectiveness: An Exploratory Study

Helen Dickinson,[1] Chris Ham,[2] Iain Snelling,[3] and Peter Spurgeon[4]

[1] Health Services Management Centre, University of Birmingham
[2] The King's Fund
[3] Health Services Management Centre, University of Birmingham
[4] Institute for Clinical Leadership Warwick Medical School

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**Address for correspondence:**

Dr Helen Dickinson
Health Services Management Centre
University of Birmingham
Park House
40 Edgbaston Park Road
Birmingham B15 2RT

Email: H.E.Dickinson@bham.ac.uk

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**Author contributions**

Helen Dickinson was involved in the design of the study, the collection of data in phase one and two, data analysis and contributing to the final report writing.
Chris Ham was the principal investigator, designing the research project, analysing data, contributing to the writing of the final report, and acting as the editor of the report.
Iain Snelling was involved in phase two of the research, collecting and analysing data and contributing to the final report writing.
Peter Spurgeon was involved in the design of the research project, took overall responsibility for the performance analysis phase of data collection, undertook data analysis and contributed to the final report writing.

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National Institute for Health Research
Evaluation, Trials and Studies Coordinating Centre
University of Southampton
Alpha House, Enterprise Road
Southampton SO16 7NS

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# *Executive Summary*

## Background

Medical leadership in the NHS has attracted increasing attention among politicians of all parties. Previous studies have analysed the evolution of medical leadership, particularly since the Griffiths report of 1983, but there is no comprehensive and up to date picture of how doctors are currently involved in leadership roles. This study therefore fills a gap in knowledge in an important area of health policy.

## Aims

The main aims of the study are to provide an up to date picture of the nature and range of medical leadership structures in NHS trusts in England; to analyse how different structures operate in practice and the processes at work within these structures, for example between doctors, nurses and managers; and to relate evidence on structures and processes to available data on organisational performance.

## Methods

The study uses a mixed method approach involving a questionnaire survey of NHS trusts in England; case studies of nine NHS trusts that responded to the survey; and the use of the Medical Engagement Scale in these case studies to establish the extent to which doctors feel engaged in the work of their organisations. The results of the Medical Engagement Scale are related to available data on organisational performance.

## Results

A wide variety of structures are identified including divisions, directorates and service line approaches, sometimes in combination. Most of the case study sites report themselves to be medically or clinically led with doctors holding leadership roles at three or four levels. Triumvirates exist on paper in most sites but in reality the duality of medical leader and general manager is perceived to be more important. An engagement gap between medical leaders and their colleagues is commonly reported, though this is seen to be part of the journey trusts are on. There are variations both between and within trusts in the extent to which doctors feel engaged in the work of their organisations. Trusts with high levels of engagement perform better on available measures of organisational performance than trusts with low levels of engagement.

## Conclusions

Progress has been made in involving doctors in leadership roles in NHS trusts but the journey that started with the Griffiths report of 1983 is by no means complete. Recognising the existence of variations between trusts, it is clear that medical leaders face many challenges and occupy a relatively precarious middle ground between senior managers and their medical colleagues. There are many barriers to involving doctors effectively in leadership roles, and in most organisations a step change is needed to overcome these barriers. This includes increasing the time commitment of medical leaders and the proportion of doctors in formal leadership roles and developing the culture of engagement we found in those trusts that had progressed furthest on this journey. Further research is needed in trusts that are recognised to be at the leading edge of performance, as well as to understand the perspective of doctors who are not in leadership roles.