EXPERT VIEW/REVIEW PAPER

Importance of Medical Leadership Development: A Global Perspective with Special Reference to the Indian Healthcare System

[1]Kamal Gulati, [2]Shakti K Gupta, [3]Vikas Madhukar, [4]Chitra Sarkar

ABSTRACT

Medical leadership has in the last decade assumed great importance globally. The reason for this is the proven link between effectiveness of leadership and improved clinical outcomes. With increasing demands for delivering high quality patient care at lower cost, physicians are expected to embrace leadership roles. Traditionally, medical schools do not teach leadership either at undergraduate or postgraduate levels. Also efforts to develop leadership skills among 'in service' professionals are minuscule and not very effective due to lack of structured leadership development programmes. This causes a significant "leadership gap" in medicine across a wide range of organizations. In order to bridge this gap, many countries viz. UK, USA, Canada etc. have designed specific leadership models and are conducting leadership development programs at various career stages of doctors to address the needs of the changing healthcare systems. However, not much work has been done in India in this direction. It is high time that medical schools and organizations in India begin to formalize leadership training at all stages of medical education and career. It will be prudent to design a leadership development programme targeting the needs of Indian doctors with special reference to the rapidly expanding Indian healthcare sector. This will help to create more doctors who are not only skilled as "competent physicians" but also as "competent physician-leaders". This article analyzes the leadership competencies critical for medical doctors and methods to develop them as well as reviews the important medical leadership models and programmes available globally.

Keywords: Canmeds, Competencies, Leadership, Leadership models/frameworks, Management, National Health Service, The Health Care Leadership Alliance, Training and development, UK-Faculty of Medical Leadership and Management.

[1]Consultant, [2]Medical Superintendent, [3]Professor and Deputy Director, [4]Dean, Researcher and Professor

[1]Clinical Epidemiology Unit, All India Institute of Medical Sciences, New Delhi, India

[2]All India Institute of Medical Sciences, Dr. R P Centre for Ophthalmic Sciences, New Delhi, India

[3]Department of Management, Amity Business School, Amity University, Gurugram, Haryana, India

[4]Department of Pathology, All India Institute of Medical Sciences New Delhi, India

Corresponding Author: Kamal Gulati, Consultant, Clinical Epidemiology Unit, All India Institute of Medical Sciences, New Delhi, India, e-mail: kamalgulati.09@gmail.com

INTRODUCTION

Leadership competencies and management abilities play a pivotal role in health care organizations for delivery of high-quality cost-efficient care. Effective clinical leadership improves hospital governance as well as patient care, patient safety, service quality, and hence, clinical outcomes. It also enables innovation with continuous development of newer health technology designs, methods, and skills. Further, cost containment with utilization of the available resources efficiently and ethically is another important outcome of effective leadership. Hence, in the last decade, medical leadership and management have received a lot of attention in many countries, especially because of modern challenges in quality, safety, and cost of health care. A lot of global efforts are being made to develop leadership competencies and management skills of medical professionals across their careers.[1-3]

LEADERSHIP *vs* MANAGEMENT

American College of Health Care Executives defines leadership as "ability to inspire individual and organizational excellence, create a shared vision, and successfully manage change to attain the organization's strategic ends and successful performance." John Kotter of Harvard Business School defines leadership "by what leaders really do: They cope with change, they set direction, they align people to participate in that new direction, and they motivate people."[4] Leadership essentially involves vision, strategic thinking, defining purpose, setting a mission or goal, and motivating others through passion and team work to achieve the goal. It also involves strategic insights, innovation, creativity, planning change, taking calculated risks, and facing up to challenges in order to ensure organizational development. Leadership requires talented people but talent must be accompanied by passion, attitude, relationship skills, right work ethics, work skills, and strong peer networks.

Medical leadership is essentially "a physician's ability to serve both as a manager and a leader of diverse teams in pursuit of maximally effective patient care."[5] However, the concept still remains ill-defined and it means different things to different people in different scenarios. Thus, some experts consider medical leadership to be the formal management and administrative roles performed by physicians, while others refer to it as a part and parcel of the daily work of all medical professionals, which include organization of their clinical work, interdepartmental coordination, and delivery of high-quality patient care services.[1,6]

In contrast to leadership roles, management actions involve execution and implementation of the vision, policy, and plans of the organization to achieve specific goals. The main job of a manager is monitoring and controlling organizational activities, processes, and systems on a day-to-day basis, thus maintaining organizational stability and delivering results.[1-3] However, the distinction between leadership and management still remains a grey area. They are often referred to as being mutually exclusive but actually they are complimentary and synergistic. Both components are essential for the accomplishment of the strategic objectives of all organizations, and separation of the two will actually affect the success of any organization.[1] Collins-Nakai[7] and Noren and Kinding[8] best define the two terms as follows: "Leadership is not charisma, nor is it the same as management, though both may contribute to leadership practice. Management and leadership have two distinct roles and both are essential to the success of any enterprise. Management means coping with complex organizations and ensuring that things run well, that everyday problems are dealt with, and that there is a steady and continuous performance of the whole. Leadership, on the contrary, involves visioning and motivating others to achieve a preferred vision. It requires dealing with change, often unanticipated, unplanned change—whether it comes from external forces, such as government, or from internal forces, such as new medical technologies and the resultant but unanticipated ethical dilemmas."

Classical teaching mentions that "Management is about coping with complexity," while "Leadership is about coping with change."[2] It describes management as an attribute of the mind and a matter of accurate calculations; however, its practice is science. Whereas leadership is a combination of personality and vision, its practice is an art. "Leadership styles can be considered to be 'transformational' while managerial actions are largely 'transactional.'

TYPES OF LEADERS

Three different types of leaders have been reported in health care sector.[2]
1. Institutional leaders—CEOs, Directors, etc.
2. Service leader—Heads of Departments, Chiefs of centers.

3. Frontline leader—Primarily caters patient care services.

Berghout et al[6] identified medical leaders of two types:
1. Type I leaders represent doctors who work as physician managers responsible for management and/or executive functions in hospitals. The nature of the management position is either (a) Full time—the physician to carry out clinical tasks or (b) part time—where management roles are performed in addition to clinical practice. Thus, type I leaders represent doctors working in formal leadership roles which are akin to institutional and service leaders.
2. Type II leaders in contrast include doctors working in informal leadership roles, e.g., doctors working as leaders in their clinical practice. They are akin to the frontline leaders described by Blumenthal et al.[2]

Though in any organization, "institutional or service leaders" perform an important role in managing and planning the mechanisms of health care delivery, it is the frontline leaders who are largely responsible for the clinical outcome and the organizational performance because of their direct patient interaction.

COMPETENCIES NEEDED TO BE AN EFFECTIVE MEDICAL LEADER

Leadership competencies are mainly described as "the technical and behavioral characteristics that leaders must possess to be successful in positions of leadership across the health professions – administrative, medical and nursing."

An effective medical leader should possess the following competencies[2,6,9]:
- *Innovativeness*—should have creativity to plan, change, and enhance efficiency of health care delivery and increase financial viability.
- *Creditability*—related to clinical excellence and commitment leading to respect and trust by peers. This puts a person in a strong position as a leader and is critical for getting things done to improve organizational performance.
- *Knowledge of health care systems*—health care insurance, medico-legal issues, accreditation, quality control, quality assurance, right to information, consumer protection act, public/private partnership, etc.
- *Technical knowledge*—operations, finance, information technology, systems, human resources, strategies, legal and policy making in health care, etc.
- *Technical skills*—communication skills, administration, skills, collaborative skills, strategic skills, team skills, skills to resolve conflicts and negotiating, networking, and ability to carry out a vision.

- *Problem-solving ability*—organizational strategy and project management.
- *Risk tolerance*—to try new and novel approaches and innovations.
- *Ethical*—adherence to high ethical values central to health care.
- *Personal attitude or traits/emotional intelligence*—motivation, assertiveness, integrity, result driven, honest, innovative, team player, self-confident, quality driver, forward thinking.
- *Experience*—people who lack experience feel insecure when they get leadership roles.

LEADERSHIP GAP IN MEDICINE

Though there are adequate evidence that supports a positive link between leadership and improved clinical outcomes, still a significant "leadership gap" exists in health care across a wide range of organizations at different geographical settings. Reasons for these are many[2]:

- A physician-leader worries that his/her primary responsibility to provide patient care will be affected if he/she indulges in administrative commitments. These responsibilities, being overly time-consuming, will prevent him/her from the opportunity to improve his/her clinical expertise and achieve better clinical outcomes.
- Secondly, in most health care organizations, individual accomplishments related to academic achievements are generally rewarded and recognized rather than joint successes, leadership capabilities, or quality results. The academic success is mainly recognized by number and quality of publications, while administrators rarely get a chance to publish articles related to successes in leadership roles.
- Most physicians value autonomy and are skeptical about collaboration and view it as a threat to their independence.
- Majority of medical schools and teaching programs throughout the world do not provide structured leadership and management training. Hence, most professionals learn these important skills through experiences thrust upon them because of their seniority or rotation in the organization. Hence, many physician-leaders feel themselves to be "accidental leaders."
- Finally, allocating time for leadership training and education in the already tight medical curricula causes a challenge for delivering leadership training and education to medical students.
- Medical leadership is not recognized as a specialty in the medical curriculum. So, there is lack of a clear concept of where a medical leadership career will lead to. Hence, there is an unwillingness to take this field as a full-time career.

Thus, it is evident that there is significant shortage of leaders in medicine who have the ability to develop innovative ideas in clinical practice as well as education. Thirty five percent of US hospitals had doctors as their CEOs in 1935.[10,11] Whereas, in 2008, 6500 US hospitals (approx. 4%) were led by clinicians reporting a decline of 90%.[10,11]

METHODS TO DEVELOP MEDICAL LEADERSHIP

In order to bridge the leadership gap in medicine, many countries around the world are developing and conducting programs for strengthening leadership skills in medical professionals. Fortunately, "leadership can be taught and developed with time through training and hardwork."[12]

To this effect, several medical leadership frameworks and models have been designed, which are discussed in detail later. Some of the universities conducting leadership development programs include: Harvard Medical School, USA; Oxford University, UK; University of Calgary, Canada; Albany Medical College and Union College, USA; John Hopkins, USA; University of Queensland, Australia, etc.

The methodologies used for leadership development programs are numerous, such as[13]:
- Attending leadership courses
- Mentoring
- Action learning
- Seminars
- Self-directed learning
- Multisource (360° feedback via questionnaire)
- Developmental assessment centers
- Developmental assignments
- Coaching
- Networking
- Experiential learning

MEDICAL LEADERSHIP DEVELOPMENT FRAMEWORKS/MODELS

According to a study of Leadership Best Practices, "An effective leadership development programme has broad organizational reach, touching both employees and affiliated professionals and spanning the organization. With this reach, leadership development programmes can be used to help new and established leaders, as well as those in administrative and clinical roles, to improve their leadership skills and ability to perform their job functions."

Medical Leadership Competency Framework of NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, UK

The Medical Leadership Competency Framework (MLCF)[14] is built on the concept of shared/collective

leadership. This means that leadership is not confined to people with designated leadership positions. Instead, there is a shared sense of responsibility based on the concept that all people working in the organization have potential to develop as leaders. Hence, it is a collaborative achievement of the organizational goals.

The MLCF[14] applies to all medical students, qualified doctors, and dental surgeons. Three main career stages have been identified:

- Stage I: up to the end of undergraduate training.
- Stage II: up to the end of postgraduate training.
- Stage III: up to 5 years or equivalent continuing practice.

Five main domains are highlighted in the MLCF.[14] Within each domain, there are four elements and each of these elements is further divided into four competency outcomes. Two other domains, viz., creating the vision and delivering the strategy have been added, which focus more on the role and contribution of individual leaders.

- Demonstrating personal qualities: Developing self-awareness, managing yourself, continuing personal development, and acting with integrity.
- Working with others: Developing networks, building and maintaining relationships, encouraging contribution, and working within teams.
- Managing services: Planning, managing resources, managing people, and managing performance.
- Improving services: Ensuring patient safety, critically evaluating, encouraging improvement and innovation, and facilitating transformation.
- Setting direction: Identifying the contexts for change, applying knowledge and evidence, making decisions, and evaluating impact.

Based on the MLCF, a self-assessment tool has been developed that aims to help professionals to manage their own learning and development by allowing him/her to reflect on which area/areas of leadership framework that he/she would like to enhance further.

National Center for Health Care Leadership Health Leadership Competency Model

The National Center for Health Care Leadership Health Leadership Competency Model[15] was created by the Hay Group with practicing health leaders from administrative, nursing, and clinical backgrounds in early, mid, and advanced career stages. It contains three domains with 26 competencies, which are as follows:

1. Transformation refers to "Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of health care and wellness." Leadership competencies listed are: "Achievement orientation, analytical thinking, community orientation, financial skills, information seeking, innovative thinking, strategic orientation."
2. Execution pertains to "Translating vision and strategy into optimal organizational performance." This includes following leadership competencies "Accountability, change leadership, collaboration, communication skills, impact and influence, information technology management, initiative, organizational awareness, performance management, process management/organizational design, project management."
3. People: It includes "Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them." Further, it refers to leader's duty to recognize his/her impact on target people and to further develop his/her ability, and the capabilities of others. Leadership competencies mentioned under this segment are: "Human resource management, interpersonal understanding, professionalism, relationship building, self-confidence, self-development, talent development, team leadership."

This leadership competency model provides the basis for necessary management training and leadership development initiatives critical for medical practitioners at all levels of their education and careers.

NHS Health Care Leadership Model: The Nine Dimensions of Leadership Behavior

The NHS Health Care Leadership Model[16] is organized in such a way that it helps all professionals to develop as better leaders. The model comprises nine dimensions of leadership competencies, viz.: "Inspiring shared purpose, leading with care, evaluating information, connecting our service, sharing the vision, engaging the team, holding to account, developing capability, influencing for results."

For each dimension, leadership behaviors are depicted on a four-part scale, which ranges from "essential" through "proficient" and "strong" to "exemplary." Although the complexity and sophistication of the behaviors increase as one moves up the scale, the scale is not tied to particular job roles or levels. For example, one may be mostly "strong" in a few dimensions, "exemplary" in one, and "essential" or "proficient" in others.

The CanMEDS Physician Competency Framework

The Royal College of Physicians and Surgeons of Canada developed the CanMEDS leadership framework[17] in 1996 and further modified it several times subsequently. In 2015, the word manager was replaced with leader. The framework explains the talent that physicians must

possess in order to effectively cater the health care needs, which are grouped under seven roles. These roles include: "Medical Expert (central role in the framework), Communicator, Collaborator, Leader, Health Advocate, Scholar, and Professional." The CanMEDS model is widely accepted and recognized for its applicability as a physician competency framework across the globe.

The Health Care Leadership Alliance

The Health Care Leadership Alliance Model[18] is very exhaustive and recommends 300 competencies in five domains with seven domain subsets.

1. Communication and relationship management (26 competencies)
2. Leadership (24 competencies)
3. Professionalism (24 competencies)
4. Knowledge of the health care environment (22 competencies)
5. Business knowledge and skills (36 competencies)
    (i) Financial management (35 competencies)
    (ii) Human resources (24 competencies)
    (iii) Organizational dynamics and governance (18 competencies)
    (iv) Strategic planning and marketing (21 competencies)
    (v) Information management (36 competencies)
    (vi) Risk management (18 competencies)
    (vii) Quality improvement (17 competencies)

In addition to these, "emotional intelligence—self-awareness, self-management, social awareness, and relationship management," are also quoted widely as critical competencies required for doctors in leadership roles.

USIHI: High Impact Leadership

The USIHI model[19] includes "mental models, behaviors, and domains" that should be aimed to achieve what IHI refers to as "triple aim," i.e., "improving patient experience of care, improving the health of population, and reducing the cost of care." This is highly acknowledged in the US and considered critical to develop leadership behaviors.

UK Faculty of Medical Leadership and Management (FMLM)

The FMLM[20] has published gold standards for leadership. These standards should apply to all physicians working in the UK and at all levels of the health care organizations. These standards primarily include "core values and behaviors," viz., "self-awareness and self-development; personal resilience drive and energy; effective team work and cross team collaborations; corporate team player; culture and innovation."

LEADERSHIP LACUNAE AND NEED FOR LEADERSHIP DEVELOPMENT IN INDIA

Traditionally, medical leadership in India has been hierarchical. Both in the public and private sector organizations, seniority is the sole criterion for promotions. Medical professionals assume leadership roles as they acquire higher positions either by virtue of their seniority or by rotation. Thus, leadership role for them is "accidental" or by chance.[21]

Like many other countries across the world, medical curriculum (both at undergraduate and postgraduate levels) in Indian universities does not comprise of structured leadership development. There is no or very little in-service leadership development for faculty/consultants. Thus, once the leadership responsibilities are thrust upon medical professionals, they start acquiring the necessary skills and competencies by one or other of the following approaches:

- Trial and error
- Observations
- Self-learning
- Attending management development courses, if available

This develops a huge leadership gap among the medical doctors in the country as they attain leadership roles in their organizations.[21,22] A study done by Patnaik et al[23] reported gaps in perceived "existing competency" and "required competency" levels in select leadership traits of health care leaders in India. There is, thus, a need for imparting training in areas of leadership development to bridge this "leadership competency gap" among Indian health care leaders. It is, therefore, important for Govt. of India to develop a comprehensive approach to strengthen medical leadership skills for health professionals at all levels of their education and career in the following ways:

- To include leadership and management development training in undergraduate and postgraduate medical curriculum.
- Provide in-service training courses for consultants/ faculty at regular intervals throughout their career.
- Setup an expert group to monitor and advice regarding development of medical leadership programs in the country.

To date, there is no structured model/framework of medical leadership development in India. Some efforts in this direction have been started by institutes, such as: National Institute of Health and Family Welfare, New Delhi; Indian Institute of Public Health; Institute of Health Management Research; South Asia Public Health Leadership Institute; International Clinical Epidemiological Network Trust. These organizations provide training to working professionals with funding

from Government of India, World Health Organization, or self-payment basis. However, the efforts are miniscule and need to be strengthened at both education and service levels. Further, professional associations, societies, and national establishments, i.e., Medical Council of India, National Board of Examinations, and Indian Council of Medical Research should also encourage research in the area of medical leadership and organize these programs across the country.

CONCLUSION

The key challenge to the Indian health sector today is to nurture culture that ensures delivery of high quality, safe, and affordable health care. For this, effective medical leadership is extremely critical. Hence, it is becoming imperative to make leadership development a critical component of medical education and training of health professionals at different hierarchical levels and career stages. In the rapidly changing Indian health sector environment, doctors must not only be academically and clinically strong in their respective disciplines but also develop leadership and management skills to ensure delivery of better health care services as well as organizational development.

It is high time that Government of India through its various apex institutions, medical, and research bodies takes a serious note of this leadership gap in the Indian medical education and training and starts working in this direction to bridge this gap. Development of leadership competencies for doctors should not be taken as a distraction or compromise to patient care but an additional method for delivery of safe and better care to their patients. Like in many universities abroad, leadership development should be included as a core element of clinical training, which rather being done in isolation should be incorporated into the medical curricula and service.

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