Leadership in primary care

Leadership is an important concept for GPs and has its own topic guide in the MRCGP curriculum. Simply put, leadership is about influencing others to take action for change. You may like to start this article by thinking of a few public figures you know, and what makes you think they are 'good leaders' – or not. This often highlights the fact that 'good' is defined both by how effective leaders are (..*"he really changed the practice"*…); and whether they lead people into actions that help or harm (…"*pay went up, but care got worse*…"). As GPs, we need to recognise and develop our own leadership skills and be able to help others to do what is needed for effective patient care. This starts with having some definitions and building up through 'knowing about' and 'knowing how', towards understanding and applying our skills in practice. Leadership can also need action, beyond our own practice and that of our team, to the wider setting of the community, other parts of the workforce, and in the wider 'macro' sphere of changing the systems of care. This article will give you a framework for this learning. The article highlights some of the core capabilities of GPs, why you need them, and how you can develop them, linking this in with MRCGP Workplace Based Assessment (WPBA) requirements. It also aims to show the links between 'knowing yourself' and 'working in organisations' - as GP leadership is needed at many levels.

Clinical case scenario 1

Dr Tonya A is a very conscientious trainee who aims at high quality practice. She gets good feedback for her polite and friendly manner, and patients are asking to see her again because she is so kind and helpful. She is also an AiT representative. Her peers find her highly approachable and she works hard for them. However, she feels rather overwhelmed by her current commitments. She is worried that the demands of clinical training and her additional roles are beginning to impinge on her personal life and study time, but also fears looking like a 'failure'. What are the leadership opportunities here?

- Reflect and take stock. It is a core leadership skill to recognise that something is out of balance and may need to change. Listening to her own concerns and recognising any recurrent issues raised by self or others, is a really important trigger.
- Be brave enough to ask for help from trusted others. This could include a life partner or close friend, some of her peers on the VTS or her educational supervisor. Once Tonya is clearer about what she might be able to change, she could go for new strategies – such as asking others on the AiT scheme to do some of the work for the next session!
- Read some relevant literature. This might be on managing boundaries, some psychological coaching literature about balancing perfectionism with reality, or how to avoid burnout. Literature sits outside our personal experience and can give new objective insights, for example, on how busy people manage multiple expectations.

To start, it is helpful to have a framework to think about leadership skills – one cited in the MRCGP topic guide on leadership and management (RCGP Professional Topic Guide: Leadership and Management, 2021) is the Medical Leadership Competency Framework (MLCF, see figure 1 from the NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010). This has a manageable focus which links self-awareness, relationship building, and teamwork with managing and improving practice – all in the context of service delivery. The RCGP has made its own translation of the MLCF (RCGP Leadership Capabilities Framework), which also defines some dimensions of leadership - including the ability to facilitate and support others as well as ourselves; no one in healthcare can achieve substantive change alone. Putting this into practice, the MRCGP professional development leadership and management module addresses both your own leadership potential, and the reasons we need to set direction and lead change (RCGP Curriculum, Capabilities

in Practice). This emphasises the importance of developing effective relationships and networks so that others are willing to collaborate with you to effect change. But being good with people is not enough – leaders need to be good at getting relevant evidence and analysis, which inform plans for change and its evaluation. There are also times when leaders may need to change style - being directive, persistent, and advocatory, in order to maintain momentum. What is effective as a leader will also depend on the context and culture – authoritarian leaders are rarely welcome in general practice (Khan et al., 2015)!

Leadership can be learnt. Just as we have to listen to lots of lungs to learn to distinguish consolidation from crepitation, we need to watch and think consciously about leadership in lots of settings in order to develop our own skills for practice. During your training you will hopefully get the chance to observe people leading change, not only in your training practice, but also in local NHS settings (such as Primary Care Networks); educational settings (your own training schemes); professional organisations such as the British Medical Association (BMA) and RCGP; or other settings (sports, charities, faith-based groups, orchestras….??). Box 1 shows some of the settings where GPs can act as leaders. The case studies give some examples of situations in practice where leadership competencies could be developed from real life situations. This article will give you a framework for this learning. It highlights some of the core capabilities of GPs, why you need them, and how you can develop them, linking this in with the MRCGP Workplace Based Assessment (WPBA) requirements (RCGP, 2021). It also aims to show the links between 'knowing yourself' and 'working in organisations' - as GP leadership is needed at many levels.

Box 1 here

Clinical case scenario 2.
Dr. Daniel O was an active student representative while at medical school and is keen to continue his professional leadership development while in training. What kinds of things could Daniel try to set up as he starts ST1, and what may he need to recognise about these choices?
Examples:

- Reflect early on experiences to date, and any gaps to fill
- Speak to some of the AiT representatives in later years to understand what their roles involve
- Make contact with relevant groups such as the Local Medical Committee (BMA), and RCGP Faculty. Ask to attend as an observer to learn what they do and how members are selected
- Reflect over time on what parts of leadership he finds most interesting
- Consider finding a mentor. A mentor can be invaluable in helping navigate the various leadership bodies and to identify those most relevant to the mentee
- Danial may need to pace himself, as he will have other learning needs. Sometimes our own preferences can lead us to neglect areas where we are performing less strongly
- Observing others is one way of learning but doing in-depth tasks can teach us new skills. Moving on from observation to analysis and action will help Daniel to build his repertoire of skills over time.

How can I develop leadership skills?
So how can you develop yourself as a leader during GP training? And how can you be confident that you have achieved the capabilities you need by the end of the training period? In some ways, developing professional capabilities touches more on personal development than areas of clinical

knowledge or skills – just as learning how we can use language and emotions to match different patients' backgrounds and needs in the consultation, our instrument for leadership is our self. We are all different, and bring different strengths and development needs to each stage of our career. So self- awareness and situational awareness are the starting points.

From the start, you should try to think consciously about yourself as a potential leader. GP trainees will already have had a long journey to this point and you will have some sense of your own strengths and weaknesses. You will have at least four sources of feedback on this: Your own reflections, your clinical and educational supervisors, your peers in training, and others from your broader networks (family, friends, professional networks e.g. RCGP, other...). People vary in their levels of comfort in both receiving and giving feedback; this in itself is an important professional skill to learn but you can use supervision and mentorship slots (formal and informal) to reflect on this aspect and set new goals. One way to start is by bringing an analysis of your organisational and leadership skills and previous experiences to a supervision, and agreeing with your trainer how to extend your previous experiences and work on these competencies. Details from this can then be entered into your WPBA Leadership log!

Many opportunities to learn to lead exist during training and the curriculum sets out some of these. For example, setting up and delivering quality improvement projects, or carrying out a significant event analysis. There are also the 'routine' opportunities when debriefing or contributing to a peer training session. Time permitting, trainees can and should take opportunities to watch other leaders at work by attending partnership business meetings, local Primary Care Network board meetings, or RCGP faculty sessions. This may help you to start more conversations about what it means to lead as a GP in different settings and to consider what this means for you at your stage of training. It is worth consciously trying to experience a breadth of settings, including local and national, different NHS sectors, and to map a variety of types of activity. For example, if you have done a lot of chairing and facilitating meetings and educational events, make a conscious switch to learning about how the practice is run, for example with respect to employment, financing, budgets, regulatory requirements and new developments.

Clinical case scenario 3.
Dr. Enya N is a GP trainee who qualified in the U.K. and whose parents are of Afro-Caribbean descent. She moves to a new region for her training, and her first general practice placement is in an area where there is a relatively low ethnic mix. The practice itself has staff from different ethnic backgrounds, and the community is generally safe and positive, but there have been occasional instances of racist statements from patients directed at non-white staff. Where does the practice need to show leadership to ensure Dr. EN has a positive experience?

Although there is an emphasis on mandatory training for all NHS staff on equality diversity and inclusivity, it is easy for this to be a 'tickbox' exercise – and issues that make us uncomfortable may lead to people avoiding clear preventive activity.

Good practice, led by the GPs and managers, should include:

- Practice policies that highlight inclusivity and address racism. All staff should be aware of these. Creating such policies and making them effective takes leadership – this may come from the GPs, practice managers, local PCN directors, and professional organisations such as the BMA (BMA, 2021).
- Training scheme inductions. These should flag the risk of negative experiences during training and make clear how support can be sought in a safe way.

- Practice inductions. The trainer should do the same in the practice induction and have trained themselves to ask culturally appropriate questions of their trainees and patients. Raising issues proactively and getting to know people's backgrounds in a positive way, shows an openness to such discussions that can encourage speaking up if it is needed later. This is a type of role modelling, which is also an expression of personal leadership.
- Each new member of staff, including trainees, being invited to give a bit of personal background in an introductory email sent by the practice manager to staff. This allows people to give an accurate summary of themselves in a way that is under their control and allows people to get to know them more quickly.
- Modelling inclusivity and respect in all staff interactions, especially in public spaces such as waiting areas. As Gandhi is reputed to have said, "Be the change you want to see". We can lead others to act properly by doing so ourselves.
- Finally, taking people's concerns seriously if they express concerns. A good leader does not sweep problems under the carpet because they are difficult or uncomfortable emotionally.

Clinical case scenario 4.

Dr Billy G needs to do his QI Project soon. He has been hearing lots of discussions about whether the new 'digital first' systems of patient contact are working well or not, and for whom. There is also concern in the practice about unmet social and psychological needs. Billy G knows there are new people in the workforce, but is a bit confused about their roles and how to refer patients to them. While these two areas are in his mind, he sees a female patient who has just come out of a women's refuge and remains traumatised by her experience of abuse. Billy is shocked to find that she concealed this from the practice and others for almost 2 years before things escalated and she sought refuge. He wonders if there are other patients being overlooked and whether more staff training is needed.

How will Billy choose his project? How will this choice involve leadership skills?

A competent leader who wants to influence others to make effective change will need to consider:

- Where is the greatest need?
- How have we decided that? (data, opinion, timeliness, other…?)
- What resources have I/we got to tackle this issue right now?
- Have I got the right skills?

Billy could do a quick appraisal of the topics and discuss these with his trainer. Has this area already been audited? Are others already working on it? What do we already know? What would the practice prefer? Is it feasible for me to tackle this topic as an AiT?

Having the discipline to do this will develop insights into the choices GPs have to make all the time about which issue to address next. Billy has sensibly used his trainer as a sounding board. During this 'shortlsting', his own interests and preferences may also develop. Being motivated is an important component for busy people and can provide the stamina to work through a project. Few leaders succeed when they work on issues they are not very interested in. The competencies of recognising and evaluating need, relevance, and opportunity are all pertinent here.

Conclusions

All GPs need some leadership competencies to ensure that we can create change to improve practice when needed, and to assure high quality care is given to all. Some GPs need to play specific leadership roles on behalf of the system, including systems leadership such as commissioning; political leadership – for example, to represent and advocate to funders and government bodies; educational leadership, in undergraduate, postgraduate and CPD settings; and in clinical special interest areas, for example palliative care or prison health. You may or may not take some of these roles later in your career, but as AITs it is a good time to start developing yourself for leadership in the future.

Developing leadership skills during GP training involves:

- Knowing about the key domains of leadership and why this is needed for professional practice, by reading up some of the core literature and observing leaders in action
- Being able to analyse our own strengths and weaknesses, using feedback from others as well as self (this is formally assessed in multisource feedback exercises, but is valuable throughout)
- Setting up different activities that help us to learn about leadership – in teams, in service improvements, in organisations, and in decision making bodies
- Using opportunities such as quality improvement projects and significant event analyses to practise taking responsibility for leading change
- Consciously experimenting with different leadership styles and having open learning conversations with others about what works and why.

Logging these activities throughout your training will enable you to track progress, and to fulfil the WPBA requirements. This will also provide the necessary record to identify your gaps and learning needs.

Good luck on your leadership journey – and be clear that this is only one stage. Life teaches us all many lessons on leadership over time!

Key points

- No one is born a leader
- We all have different backgrounds and GP training is a chance to strengthen capabilities and add to previous experiences
- All GPs need leadership capabilities whether to make changes with patients, within teams, in services, or in the way the system works; every day will present you with leadership challenges
- Learning more about being a leader requires knowledge (reading, understanding evidence, sharing ideas etc), practical skills (communication, managing change, getting and handling data etc) and professionalism (insight into self and others, prioritising needs, making decision etc)
- During your training you will have great opportunities to develop as a leader through trying out different roles, getting feedback, and undertaking projects
- Getting advice from GPs and others further on in their careers about their roles and their development as leaders can be a good way of learning

References and further information

BMA (2021). Advice and support; Discrimination and harassment. Available at www.bma.org.uk/advice-and-support/discrimination-and-harassment (accessed 30 April 2021).

Khan MS, Khan I, Qureshi Q, et al (2015). The Styles of Leadership: A Critical Review. Public Policy and Administration Research, 5(3). Available at: www.iiste.org/Journals/index.php/PPAR/article/viewFile/20878/21131. (accessed 20 July 2021).

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010). Medical Leadership Competency Framework Enhancing Engagement in Medical Leadership. Third Edition. Available at www.leadershipacademy.nhs.uk/wp-content/uploads/2012/11/NHSLeadership-Leadership-Framework-Medical-Leadership-Competency-Framework-3rd-ed.pdf (accessed 30 April 2021).

RCGP. Curriculum. Capabilities in Practice. Available at www.rcgp.org.uk/training-exams/training/gp-curriculum-new/being-a-general-practitioner/how-the-curriculum-is-structured.aspx (accessed 30 April 2021).

RCGP. Leadership Capabilities Framework. Available at ww.rcgp.org.uk/training-exams/discover-general-practice/leadership-and-management/rcgp-leadership-capabilities-framework.aspxm (accessed 30 April 2021).

RCGP. Professional Topic Guide; Equality, Diversity and Inclusion. Available at www.rcgp.org.uk/training-exams/training/gp-curriculum-new/professional-topic-guides/equality-diversity-and-inclusion.aspx (accessed 30 April 2021).

RCGP. Professional Topic Guide; Leadership and Management. Available at www.rcgp.org.uk/training-exams/training/gp-curriculum-new/professional-topic-guides/leadership-and-management.aspx (accessed 30 April 2021).

RCGP (2021). Workplace Based Assessment: Leadership Activity and MSF. Available at www.rcgp.org.uk/training-exams/training/new-wpba/leadership-activity-and-msf.aspx (accessed 30 April 2021.)

Figure 1. Medical Leadership Competency Framework

© NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges 2010

Box 1. Ways to show leadership as a GP

- With individual patients – engaging them to make changes to improve selfcare in health and illness.
- With practice colleagues – analysing areas where improvement is needed; prioritising which to tackle by doing something that matters to the team; doing it in a way that works for them, but is effective, and produces results that they buy into and act on.
- With other sectors – advocating for your patients and needs, based on having made good relationships and having enough information and understanding to give an informed view
- In the local community – GPs can have significant impact by helping to build resources that improve health and reduce risks
- By training others – educational leadership is a direct way to change the competencies an awareness of other people
- In any setting where you have a special interest- making sure people know and use the findings of your new research, helping the local school to get more children interested in doing medicine….
- In formal representative settings (BMA, RCGP…)
- When ethical dilemmas arise… and someone needs to speak out.