Building and enabling medical leadership career pathways – the story

By Jane Povey

For the last three years at FMLM, we have worked to build a leadership development framework for GPs, something we've never had before. We think this model can be used in primary care across the UK. In fact, it probably applies to any doctor who recognises that leadership is about enabling yourself and others, resulting in better care for patients and more sustainable and rewarding careers for doctors.

Doctors are well trained in their clinical field, but traditionally the leadership and management side of our working lives has received little attention or support. FMLM realises that this aspect of medicine needs to be professionalised, given the climate we are working in today.

It's important to stress that we are talking about leadership going hand-in-hand with clinical practice. We are not about pulling doctors away from the day job. We view leadership within the context of working with patients, within teams and across the wider communities and systems within which doctors work.

We hope that the ‘evolving’ career map we developed over the last three years, through interactive workshops with a range of stakeholders, will support GPs navigate the leadership environment at different stages in their working lives.

To bring this to life a little, we’ve identified three typical GP characters that you might recognise in order to show you how relevant this map is at any stage in your career.

Let’s start with Zac. He’s just finishing his GP training and trying to work out what he wants to do next.

Does he want to go for a partnership? Should he go off to Australia? Should he take the money as a locum and avoid too much responsibility? Or given the uncertain climate in general practice, does he need to completely re-train in something else? Ideally he wants to be a GP but the reality seems very daunting and uncertain at the moment. Plus, he’s overwhelmed by the requirements for completing his e-portfolio while coming to terms with the idea that he’ll soon be a grown-up GP, no longer under the wing of his mothering trainer.

Next we have an exhausted partner called Felicity.

She's been a partner for ten years. It was her training practice and she remembers the time when her trainer took her out for leisurely lunches and she could get home at a reasonable time to go to the gym before meeting up with friends for the evening.

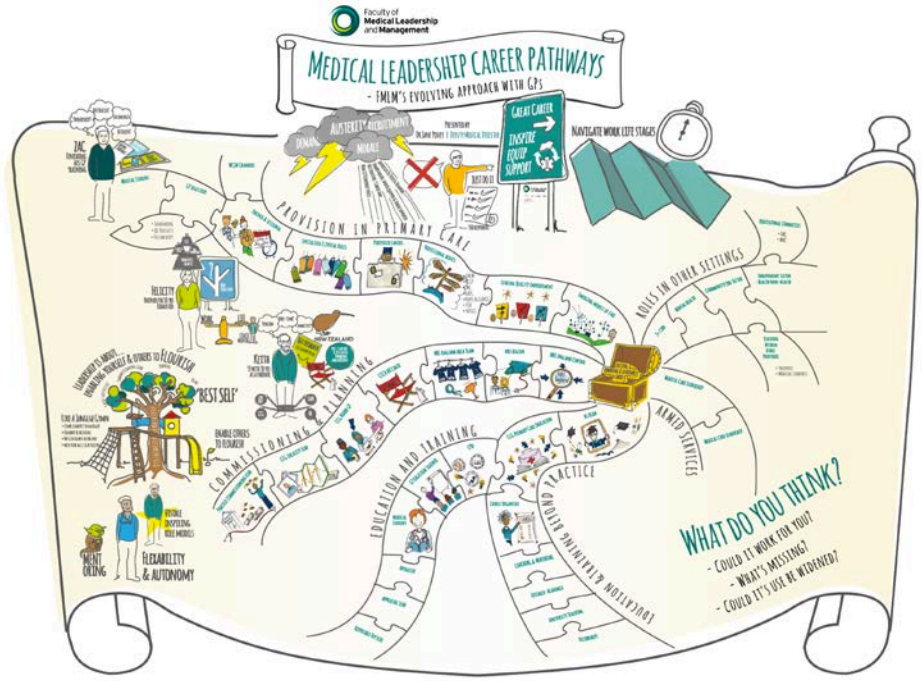
However, now she's always the first to drop off her children at the local school's breakfast club and the childminder puts them to bed on the days she works. The senior partner has just announced his retirement and the practice manager wants her to take over his commissioning role within the practice. Another partner is off on maternity leave and CQC have just announced they are coming to inspect the practice in two weeks' time, so she's had to cancel her week off with the children at half-term.

Finally I'd like to introduce Keith.

Keith is a GP in Wales. He's 59, so looking forward to collecting his NHS pension next year. He has been a partner in his practice for 30 years and when he started, he worked one in two weekends and his patients were his responsibility 24 hours a day. Despite that, the job was quite manageable and he was able to tend to his extensive garden. Now he's fed up with 12-hour days.

The practice can't recruit enough doctors and the ones they've got only want to work part-time. As senior partner, his inbox is continually jammed with missives from the Health Board and he's got another appraisal to prepare for, which is a complete waste of time, in his opinion. He's wondering whether to jack it all in, take his pension and then come back as a part-time partner, letting the more junior partners see what hard work is really like! Or perhaps he should get a cushy job on a committee or two, although to be honest, he's so fed up with the NHS at the moment that the only reason he doesn't think he can retire completely is because he'd get under his wife's feet.

Now we have our three characters, let's introduce the map.



The map describes visually all the possible routes through which GPs might explore and develop exciting, rewardable and sustainable careers, using leadership as an enabler. We broke this down into three broad categories – working within primary care commissioning or planning (depending on which country you are in), education, and training.

In addition, we realised there are also opportunities to work with providers other than primary care, professional bodies, regulatory bodies, armed forces, clinical networks, research and academia, appraisal and revalidation roles and consultancy and coaching.

What this map illustrates is the sheer variety of opportunity and routes available, but also how they interlink. The skills we develop in one field are often transferable into other areas.

I wonder if Zach realises the opportunities that are out there. He's moving from being a GP registrar to an independent contractor in general practice. He needs to decide initially whether he wants to work as a locum or whether he should seek a salaried job or partnership.

He may be considering a portfolio career where he could also get a role within the new GP federation or the CCG. Perhaps he likes the idea of getting involved with the local medical school teaching students?

So having looked at our map of opportunities let's see how our evolving GP career framework works. We've called it GP Horizons. A good place to start is to define what we mean by leadership in the context of GP careers.

Leadership is about enabling yourself and others to flourish. It's not all about having a position or role with a fancy title.

Distributed leadership enables everyone in the team to play a part in working 'on' as well as 'in' the system, to benefit patients and also to enable an individual to be their 'best self'.

Another aspect to embracing this model is that leaders create an environment in which other leaders can flourish to enable succession planning and create a legacy.

Whilst designing our framework we had some entertaining discussions about what it might look like. It is a tree? Is it a climbing frame? Snakes and ladders seemed a little negative. In the end we quite liked the idea of a jungle gym.

We're navigating complicated systems. There's quite a complex set of routes, which are not linear but they do interlink. We need to be strong, agile and resilient to get to the interesting spots.

As we reflected on our map and discussed the framework, some key themes emerged. These were things that really mattered to GPs. They included flexibility and autonomy.

There were also approaches to leadership development and support that felt preferable to GPs.

Rather than just concentrating on courses and working towards qualifications in leadership, GPs were saying that they valued visible and inspiring role models.

They felt mentoring, coaching and peer support were important in identifying opportunities and tackling challenges along the way. What we also realised

was that, whereas a newly appointed consultant in a trust might well be encouraged to undertake leadership roles right from the start, for example, organising rotas, teaching students and then given opportunities to further develop through the medical leadership structures in the organisation, this is largely absent in general practice.

Going back to Zach, he has been used to having the support of his trainer but from the day he completes his GP training he is an independent contractor entirely responsible for his own CPD and career development.

In the past there have been local GP tutors supporting ongoing CPD for GPs but this is a rarity now. Educational opportunities tend to be provided by clinicians or commissioners keen to equip GPs in best clinical practice. The one point of contact through which career development and leadership development might be explored is through the appraisal process but often appraisals focus purely on keeping up to date with clinical skills and knowledge.

We identified that FMLM, as the professional home for the leadership aspects of GP careers, can help with navigating opportunities, identifying and at times providing or signposting leadership development and support including mentoring and coaching and connecting like-minded peers.

There are all sorts of times in a GP career that individuals might want to reflect on where they are and whether they want to change direction, using this framework. Let's take Felicity as an example.

She really wants to improve her work/life balance and feels her resilience is slipping. She needs to explore better coping mechanisms and different ways of working. In her recent appraisal she tried to bring this up but her appraiser seemed more interested in counting her CPD points. Her new GP registrar showed her FMLM's new framework during a recent tutorial and she was intrigued.

She is not sure whether she needs a completely new direction – she wants to see if she can find a way of juggling her work life balance more effectively so she can stay in the partnership – she really likes her patients and colleagues and just wants to feel less overwhelmed by it all.

Looking at GP Horizons, she thinks it would be worth finding a mentor or coach to help her explore the way forward.

Keith has been prompted to have a think about his future having had his 360 feedback from colleagues ready for his appraisal. Several of them say they would like him to be less grumpy. He didn't used to have a reputation for being a miserable so and so and knows all his colleagues are doing their best in what are increasingly difficult circumstances, so feels it is time to reflect on his future. As I said before, he is not really wanting to fully retire next year but really doesn't know what the alternatives are. Taking a look at the FMLM framework he notices a few ideas he is interested in and discusses them with his appraiser.

He finds the discussion really helpful and goes away to talk to his wife about whether he could take a sabbatical when he takes his pension next year, enjoying a trip to New Zealand, something they have always fancied doing.

He is also going to talk to the Local Health Board Chair to see if there might be part time role for him, so he can reduce his commitment to the practice after his sabbatical, enjoy part time General Practice, a role at the Health Board where he could put his longstanding knowledge and experience in action in helping them solve some of their urgent care problems- and you never know , perhaps work a way of having a 3 day weekend each week?! He feels very positive about having these options and thinks that if he gets a job with the CCG, he will have a look into FMLM a bit more – the framework has proved really helpful!

So having sorted out Zach, Felicity and Geoff, what I'd like to do now is hear from you.

What do you think of this map and framework? Could it work for you? What's missing and do you think it could be broadened out to facilitate doctors in other specialities? I would be happy to hear your thoughts at primarycare@fmlm.ac.uk.