

Offline: Medical leadership—from inspection to inspiration



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A decade ago, the Royal College of Physicians published *Doctors in Society*, an attempt to renew the professional mission of medicine in the UK. Did the College succeed? The working party that produced this report, chaired by Baroness Julia Cumberlege, concluded, “While there are many leaders within medicine, there is little leadership of medicine as a whole.” The evidence in 2005 suggested that medical leadership was weak and dysfunctional. Yet the Cumberlege report argued that every doctor had the potential to lead—individually, as part of a clinical team, in their local health community, nationally, or even globally. It was through stronger leadership that doctors would translate public hopes for better health into tangible realities. Rereading *Doctors in Society* today, it’s clear that leadership was equated with professionalism, defined as “a set of values, behaviours, and relationships that underpins the trust the public has in doctors”. 10 years on, medicine’s leadership vacuum is still with us. Doctors feel impotent, attacked by a government presiding over a £30 billion deficit in the National Health Service budget, a recruitment crisis in general practice, unprecedented pressures on accident and emergency departments, demands for 7-day access to services, and a £200 million cut to the public health budget. Worldwide, doctors face different pressures, but pressures of comparable magnitude. The fact that medicine’s leadership seems unable to respond to these challenges should not be surprising. The idea that professionalism alone could be the solution to a leadership crisis was naive. And I should own up. I wrote the draft of *Doctors in Society*. The naivety was mine. If clinical leadership isn’t medical professionalism, what is it?



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Medicine today is increasingly subject to regimes of regulation and inspection. These instruments have their place. But alone they create a culture of suspicion and failure. The presumption is that, left to themselves, doctors will fall short of public expectations. Only by imposing strict rules and tough metrics will the performance of the profession be assured. That’s a sad perspective to promulgate, and it’s wrong. It ignores a sea change in the idea of leadership that has slowly washed over other parts of the public and private sectors. First, who is a leader? In health, it is every health professional—influencing others



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to achieve a common goal. In their interactions with patients, health workers are leaders every day. Whether in an operating room, an ambulatory care centre, or the community, health professionals will lead, together with others in the clinical team, collaborating to achieve shared objectives. So leadership matters. Doctors lead, and need to be led. But what is leadership? Perhaps the most important (and liberating) truth about leadership is that it isn’t about being perfect. Improving leadership is not about fixing weaknesses. It’s about building strengths. Great leaders do a few things exceptionally well. Think of a leader you have admired. Was that person perfect in every way? It’s unlikely. What made that person great was the presence of strengths, not the absence of weaknesses. A few exceptional strengths improve commitment, productivity, satisfaction, confidence, optimism, enthusiasm, resilience, hope, responsibility, and a sense of purpose. So how do you become a leader? Leadership is sometimes discussed as if it is a mystical, untouchable quality. Charisma, which some people have, while others don’t. That’s simply not true. Everyone can be a leader, and in medicine every member of the team will, at some point, need to step up to lead. What does it take? You have to know what you are good at. You have to know what you are passionate about. You need to know what your organisation needs from you. If your ability and passion perfectly align to meet the needs of your organisation, you have the opportunity to be a great leader. If these qualities don’t align, you at least have the means to develop your leadership abilities to meet those needs. One of the most important leadership attributes is the ability to inspire and motivate. This skill can be learned. It involves giving a clear vision and direction to your team, communicating that vision powerfully, working with your team to develop their skills to meet the goal that has been set, taking the initiative, being open to change, and, if you can, being likeable as well as demanding. Leadership in medicine matters. But our approach to clinical leadership has gone badly wrong. What defines a person as a leader is not their weaknesses. It is their strengths. By focusing on those strengths, the culture of medicine can change, fostering an era of inspiration, not inspection.

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