

Executive education

How the coronavirus pandemic has tested UK doctors' leadership skills

Clinicians with business school training are using their expertise to better manage staff and processes



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Amanda Goodall MAY 20 2020

We know that hospitals perform better, on average, when they are led by doctors. But being a great clinician is not sufficient. Doctors also need leadership development, which until recently has been unavailable. With the formation of a professional body, the Faculty of Medical Leadership and Management, and access to apprenticeship levy funds (a UK government tax on employers [to fund training](#)) things are starting to change.

At Cass Business School we run a leadership and management masters degree designed for medical doctors. The degree grew out of [my research](#) into clinical leadership in hospitals – the coronavirus crisis offers the chance to find out how our frontline students are using their skills.

Sanjiv Sharma, medical director of Great Ormond Street Hospital for Children, says the pandemic has tested the UK healthcare system as never before. He believes it is right that medical leaders have been at the centre of the response.

“We have all seen good and bad examples of leadership over the past few weeks. Clinically led decision-making will need to continue when we switch services back to a new ‘steady state’ in potentially resource-limited, Covid-19 affected environments,” says Dr Sharma.

We introduced the medics to techniques such as individual and group coaching. These were particularly helpful to Adrian Cree, a consultant forensic psychiatrist. At the start of the pandemic he was promoted from medical director to group medical director at the [Priory Group](#), the UK's largest mental healthcare provider.

“The coaching and action learning provided a safe space for me to be challenged, to reflect and work through important issues,” he says. “Improved communication skills, problem solving, resilience, implementing change, and leadership style also helped me to hit the floor running.”



Hanieh Asadi, an intensive care doctor, highlights that open and honest communication is needed when leading a medical team © Handout

Our research shows that being a competent leader positively affects [employee morale](#) and consequently [productivity](#). Hanieh Asadi, an intensive care doctor, highlights the leadership skills that are needed: “open and honest communication, to practise active listening, provide clarity around roles, lead by example, empower people, and realise the importance of non-verbal communication”.

During the months before the onset of the pandemic, Hsien Chew, head of medical services, joint ventures at HCA Healthcare UK, a private healthcare group, had already put into place several interventions learnt from the course. He believes this trust and good will “[was] a necessary ballast against the impending anxiety, particularly during the choppy first wave of the pandemic”.

Dr Chew says his own mental health has been helped as he developed understanding about his own strengths and weaknesses. He was also “able to share experiences with other members of my cohort with whom I have a rare professional honesty”.

In hospitals, the strain has been compounded by the acute emotional distress of caring for high volumes of critically ill patients coupled with high mortality rates, no family to support patients, and the difficulty of communicating through the barrier of hot and restrictive personal protective equipment.

To cope with these factors, Nick Prince, consultant paediatric intensivist at London’s St George’s Hospital has immersed his team in the theory of emotional intelligence: they consciously practise techniques to encourage empathy and self-awareness.

While the coronavirus has been all consuming, Russell Durkin, consultant in emergency medicine at the Royal Free Hospital in north London, believes it has also revitalised the NHS.

“Covid-19 has been the greatest example of change management that the NHS has seen since its formation. Barriers to change have been rapidly removed; organisations or departments have remodelled almost overnight; new ways for working have been trialled and tested; interdisciplinary speciality collaboration has emerged effortlessly.”



Kirsty Gillgrass, GP and clinical director in charge of Covid at Sheffield Clinical Commissioning Group © Handout

There has also been rapid change within the wider health service. Kirsty Gillgrass, GP and clinical director in charge of Covid-19 at the Sheffield Clinical Commissioning Group, believes her knowledge of transformational change theory has helped develop teams and structures. She has overseen new ways of working for the city, ensuring emergency care continues and deciding which services can be safely paused.

Looking beyond the acute phase of the pandemic, the medical profession faces the worry of a large patient backlog. The highest number of outpatients in the NHS are in ophthalmology departments that deal with diseases of the eye, with 9m appointments a year. Bansri Lakhani, ophthalmology resident at Nottingham University Hospitals, has already designed, costed and gained board approval to implement a virtual clinic for glaucoma patients to substantially increase outpatient capacity.

It is just one of many transformational healthcare ideas that will come from skilled clinical leaders as the world emerges from the crisis.

Cass Medical Leaders Network is a [LinkedIn group](#) to support all doctors and medical leaders during coronavirus, offering free resilience coaching and other resources.

The author is associate professor at Cass Business School and course director for Executive Masters in Medical Leadership.

Medics' tips for effective crisis leadership

1. Ensure experts are at the frontline with enhanced powers and responsibilities
2. Loosen bureaucratic constraints to enable processes to flow more easily
3. Allow spontaneity in the system and seek entrepreneurial and creative solutions — some of them might stick
4. Reduce hierarchy in meetings and encourage everyone to contribute ideas
5. Consider strategies from multiple perspectives — what might the unintended consequences be?
6. See connections — what works locally could work at scale
7. Manage uncertainty as much as possible — your own and others'
8. Communicate regularly, be consistent, and if you don't know, say so
9. Look after your own mental health and wellbeing
10. This is a huge learning opportunity. Keep a daily journal to reflect on how you have responded as a leader

Source: Amanda Goodall/Cass

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