



editorial

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Leadership development: more than on-the-job training

SUMMARY

The effective psychiatric leader in clinical administration must possess organisational knowledge, financial acumen, negotiation and conflict

resolution skills, and a broad knowledge of our field. Team building, motivating others, mentorship, and the ability to hire excellent colleagues are all important

attributes of leadership. It is opportune for our profession to promote training and skill acquisition in leadership development.

Leadership in academic medicine

In the corporate career environment, cultivating leadership skills among the workforce is a serious business.¹ People look towards career advancement. They have an expectation that their employer will do what is needed to nurture and develop their additional skills. Additionally, chief executive officers are expected to build leadership teams and to promote management development and succession planning throughout their organisation. The situation in academic medicine is at an altogether more rudimentary state of development. There is a focus on personal development, but it is more upon lifelong learning of medicine and the need to keep up with the pace of medical science. It is also more personalised and individually driven, rather than being promoted by the employer. And yet, the lay public expect that the doctor will be a leader and not just a competent physician. The lay public look to the physician for leadership, both within their organisation and also in the community. To a certain extent, the public already consider a physician a leader by virtue of their profession.

Definitions of leadership vary widely.² Some emphasise the ability of leaders to provide a vision, others highlight communication skills, and others still emphasise outcomes and problem management as the hallmarks of leadership.²

Developing leadership skills – benefits to psychiatrists

Having acquired skills as a trainee in psychiatric assessment and management that become the bedrock of competency early on in one's career as a consultant psychiatrist, it is still incumbent upon us to develop further our professional repertoire.³ Invariably, we end up working in teams where solutions to operational issues require vision, strategic analysis, and planning. Invariably, we are faced with financial considerations in either service development or service delivery. If your career

proceeds accordingly, you can find yourself as the psychiatric leader who is now negotiating with health officials, policy makers, and a whole host of administrative personnel, all of whom have been trained for their activities, whereas you are more likely to have had 'training on the job.'

Components of leadership skills

There are several areas of leadership development that one can seek out competency in,^{3–7} so that you can acquire and develop the skills that are necessary for effective leadership.

Financial competency

Financial competency is an obvious skills set. The ability to read a 'profit and loss' statement, to appreciate capital loss and depreciation costs, and to be able to develop a cogent budget are all skills that can be taught. Moreover, this is 'the language of administration' and so you must be proficient in these areas in order to succeed in healthcare administration. In the USA (where I practise), this also means that an academic leader must have a knowledge of the vagaries of healthcare and insurances, managed (mental health) care, professional billing, and contractual negotiations. With shifts in economic emphasis and recovery of national debt through healthcare restrictions, this economic 'weather forecasting' occurs in an ever-changing healthcare climate. The effective leader in clinical administration in psychiatry must therefore possess:

- organisational knowledge and tolerance for systems process
- sound financial stewardship
- ability to negotiate effectively
- conflict resolution skills
- broad knowledge base of medicine/psychiatry, inclusive of latest developments in the field.



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Media and communication skills

Media and communication skills are another, perhaps less obvious but certainly important, core competency. Parenthetically, our training and analytic approach runs counter to the style of media communications. We are prone to lengthy responses that often include a detailed exposition of the reasoning for our decision or clinical viewpoint. In media communications, it is all about the bullet point and 'staying on message'. It is a different approach and a different skill set.⁸ Acquiring formal training in media relations can be really useful and may even help avoid falling into nasty media 'pot holes' on camera or in print.

Team building

Leadership development also requires attention to other core competencies – the capacity to lead and build a team, to inspire others to set a vision, and to conduct strategic planning. Team leadership is a complex task in itself.⁹ It is evident that leadership styles differ: some leaders are 'led by example', other are 'do it my way or else' leaders, others still are 'consensus builders.' Much is written about leadership attributes.^{1,6,10} Whatever the style, a leader needs to be able to lay out a vision and to bring people along towards that vision. The ability to stay on task through the logical and sequenced implementation of a strategic plan is a key attribute. Key leadership attributes in this area of motivating and leading others include:

- ability to motivate others
- visionary attitude and ability to develop strategy
- team building.

Recruiting the people you want

'You are only as good as the people who work with you' is a phrase that is often quoted. Thus, the ability to recruit excellent colleagues is another hallmark of leadership. We get little guidance and training on how to recruit and yet recruitment is fundamental to our success as leaders. Convincing somebody to move their job and their family to come and work with you is a mighty task.¹¹ It requires a lot of pre-planning, a keen sense of optimism about the future of your organisation, and a 'third ear' listening to what the candidate is saying – and not saying – about how they are going to make their decision. Money matters, but in recruitment it is much more than money. The extent to which you 'connect' and engender excitement about a shared vision is a key determinant as to whether you can recruit the person that you want.

Mentoring

Once you have hired a colleague, the leader must commit to mentorship, another key component of team building. This encompasses a desire to see others succeed, to provide opportunities to others for professional growth, and providing feedback about the person's performance. A good mentor is somebody who is knowledgeable, inspirational, able to give feedback constructively, and has

both time and energy to commit (unselfishly) to advancing a junior colleague's career goals. Effective mentorship also includes the capacity to tolerate and learn from mistakes made by self and others.

Leadership training opportunities

Leadership development should not just be 'training on the job'. The Royal College of Psychiatrists appreciates this and has incorporated didactics on organisational development into higher training. Higher training posts provide exposure and additional teaching in service development. Brugha and colleagues³ published a multi-authored guide that lays out the landscape for management and leadership career development in psychiatry. Continuing professional development is another relevant initiative by the College and the personal development and management courses hosted by the College are another good source of training, addressing several aspects of leadership.

It makes better sense to explore these opportunities early on in one's career rather than to play 'catch up' on learning leadership principles later on in the midst of a demanding, new administrative position. The Tooke report on postgraduate training in England speaks to the role of the doctor in the contemporary healthcare team and the need for training in order to prepare for this role.¹² In the USA, the Accreditation Council on Graduate Medical Education has set core competencies for training, which include professionalism and system-based practice.¹³ Leadership development is implicit (but not explicit) in these directives.

Psychiatrists as natural born leaders

It is debatable whether psychiatrists are any better – or at least no worse – than any other specialists when it comes to administration.⁴ In support of our profession, Bickel has suggested that psychiatrists are 'natural born' leaders.¹⁴ Because effective communication is a basic tenet of leadership, Bickel concludes that our training and professional style as psychiatrists are assets in leadership. Robinowitz⁷ highlights how our training and understanding of human communication and behavioural styles (e.g. primary and secondary motivational gains, splitting, group process) can be put to good use in administration. He also emphasises that psychiatrists should have a better appreciation of the role of trust in human relationships and how this can influence management decisions. On the other hand, psychiatrists are not overrepresented in leadership positions overall and we are certainly prone to just the same administrative errors and oversights as anybody else. Be that as it may, there is still a need for our profession to promote training and skill acquisition in leadership development.

Declaration of interest

None.



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