Leadership: Lessons from poorly performing teams

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RCS invited reviews

• 104 reviews in last four years
• Patient safety concerns
• Service delivery
• Some very serious issues
• Lessons apply across medicine
Poor performance & leadership

We reviewed 30 reviews 2010-12:

- Team working a problem 75% (leadership and behaviours)
- Individual behaviour of surgeons 50%
- Poor senior leadership 25%
Individual behaviour

• Lack of insight
• Defensive / avoiding response to complications
• Blaming “others”
• Challenging when concerns raised
• “Unacceptable” day to day behaviours- Bullying harassment etc
Standard of clinical leadership

• Clarity of “team leadership”
• Clarity of clinical leadership roles (“reluctant leaders”)
• Training & time
• Surgeons not “followers” or accepting majority decisions
Working relationships and team working

• Poor team behaviours & communication
• Lack of colleague respect
Key lessons for culture & leadership

- Agree behaviour standards ([Good Surgical Practice](http://www.rcseng.ac.uk/publications/docs/improving-surgical-practice))
- Identify & support clinical leaders
- Robust review of team clinical performance
- Deal with concerns
- Address the gender imbalance?

Further reading:
http://www.rcseng.ac.uk/publications/docs/improving-surgical-practice
Women can change culture

Women half as likely to receive GMC sanction or warning.

**Harvard Business Review:**
Women score more highly in 12 out of 16 leadership competencies.
Representation

Women constitute:

- 54% of medical students
- 49% of GPs
- 45% of doctors aged 30-50
- 32% of specialists
Specialty differences

<table>
<thead>
<tr>
<th>SPECIALTY GROUP</th>
<th>% of doctors Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Medicine</td>
<td>68%</td>
</tr>
<tr>
<td>Surgery</td>
<td>90%</td>
</tr>
<tr>
<td>Anaesthetics and intensive care</td>
<td>68%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>59%</td>
</tr>
<tr>
<td>Radiology</td>
<td>65%</td>
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<tr>
<td>Paediatrics</td>
<td>50%</td>
</tr>
<tr>
<td>Obstetrics and gynaecology</td>
<td>54%</td>
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<tr>
<td>Pathology</td>
<td>57%</td>
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<tr>
<td>Ophthalmology</td>
<td>74%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>70%</td>
</tr>
<tr>
<td>Public health</td>
<td>50%</td>
</tr>
<tr>
<td>Occupational medicine</td>
<td>70%</td>
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<tr>
<td>Total*</td>
<td>68%</td>
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</tbody>
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Between 2010-13:
- Female surgeons increased by 42% (12% rise in male surgeons)
- But from low base
Women under represented

- 77% of employees in the NHS
- 24% of Medical Directors
- 37% of FT Directors

Not limited to medicine: Only 30% women MPs
How can we change this?

- Rarely formal barriers to women
- 2% NHS staff report gender discrimination
- Support & sponsorship from colleagues
- Visible role models
- No all-male panels
In our drive to achieve high quality compassionate clinical care

• Addressing the gender imbalance might impact on the availability of Leadership skills and improve behaviours

• It may allow a culture which enables a more diverse group to achieve their full potential