



## Into uncharted territory

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# Into uncharted territory - supporting GPs to lead in the new Consortia

*The emerging agenda for commissioning of patient care by GP Consortia is posing significant challenges for GPs and other clinicians. In this article **Dr Jenny King** discusses the challenges and the type of support that will be required to thrive.*

GPs are no strangers to change - many having seen the transition from PCGs to PCTs and the purchaser-provider split introduced in the 1980's. However, the recent NHS Reforms are likely to make unprecedented demands on individual GPs and their practices. The agenda is unclear, the landscape uncharted, the reforms controversial, the sums of money alarming, and the scale of change potentially overwhelming. Individual GPs and practices are likely to need a great deal of support to make sense of the complexities and - in particular - of the likely impact on them and their patients.

Complex skills will be needed, spanning a vast range of areas including legal, financial, innovation and improvement methodology, quality and safety, high level negotiating and influencing, change management, performance management and delivering results through other people.

Amidst all of this, GPs must stay focused on the day job - keeping the clinical work going amidst the uncertainty, maintaining the standards of patient care as well as staff morale. Many will be wondering what the changes will mean for them personally as well as professionally. GPs have traditionally been independent practitioners, often resistant to hierarchical structures and assuming positions of authority over their peers. The commissioning agenda will require leadership at all levels. So, whilst not all GPs will necessarily choose, or be suited to, become leaders OF the Consortia, all will be required to lead IN the Consortia. Much of the development funding currently is being directed at the Consortia top teams - vast budgets will be poured into large consulting organisations many of whom may identify only remotely with the values and concerns of most GPs. Whilst there is undoubtedly a place for expertise in the wider organisational development work, there is a risk that GPs at local level may be neglected



in their development needs. Yet if the initiative is to succeed, it must emerge from the grass roots up rather than being prescribed from the top down. Most importantly, the patients' needs must be kept at the centre of the spyglass.

With this in mind, Edgecumbe is developing an introductory programme to help GPs (including GP educators) at a local level, to consider the leadership challenges within their local context, against the backdrop of the national agenda. They will be given an opportunity to examine the possible implications (the "known unknown") of the reforms, but most importantly to consider what they could bring to the leadership role as the commissioning agenda unfolds. The purpose of the programme is not only to develop some further insights in these respects but to map out an emerging development plan for individual GPs as well as for their practices or regional educational teams.

*'Edgecumbe's expertise lies in bringing their wide experience of Leadership in general, and particularly in healthcare, into the primary care setting. Now more than ever before GPs need to focus on Leadership as a fundamental element of their work.'*

**Dr Dominic Horne, Lead GP, Worcester Walk-in Health Centre Project Lead, RCGP Midland Faculty Leadership Development Programme**

Dr David Burch, Director of Medical Education at Morecambe Bay NHS Trust is launching a programme in his region in March 2011 to develop a cohort of educational leaders within Morecambe Bay. The cohort will include Clinical Tutors, Foundation Programme Directors, Education Managers and the Director and Deputy Directors of Medical Education. Edgecumbe has been invited to develop and deliver the programme, working closely with Professor Anne Garden who is Head of the Division of Medicine and Director of the Centre for Medical Education, School of Health and Medicine at Lancaster University. Dr Burch's aims for the programme include:

- Supporting the participants to build credibility and impact as educational leaders
- Understanding what they bring to the leadership role (through measures of leadership and communication styles)
- Developing effective influencing skills for working with Trust management
- Defining educational leadership: models of leadership, evidence and best practice

The programme elements will include:

- What makes an effective leader? - the development of personal qualities for successful leadership
- Building, communicating and implementing a vision for medical education locally
- Personality and leadership: understanding oneself as a future leader
- Influencing and engaging others
- Leading change and handling conflicts

A similar leadership event for GPs in Gloucestershire is being undertaken by Dr Wendy Peek, from Gloucester Hospital NHS Trust. The event is aimed specifically at GPs who might already consider themselves as a current or future leader. Wendy Peek says: "The commissioning agenda will require leadership at all levels down to how we see our roles within our individual practices." As well as covering selected leadership theory and the individual characteristics of leaders, we will focus on how GPs can lead teams effectively, including performance management (an aspect of commissioning that many GPs may find especially difficult) and how to address some of the common issues of dysfunctionality in teams.

*"I am hoping that all GPs attending will learn some skills that will be useful in whatever their leadership position eg. negotiation, communication, giving feedback etc. I chose Edgecumbe to run this course for me because I know they have had longstanding involvement in the medical world and have been successfully teaching*

*our colleagues in hospital medicine for many years."*

**Dr Wendy Peek, GP and Chair of the Gloucestershire GP Education Trust (GGPET) steering committee**

One of the greatest challenges for a GP is navigating a broad range of complex relationships with individuals and organisations ranging from clinicians in secondary care, directors of social care organisations, the voluntary sector, political and government agencies and of course, the patients. Being able to do this successfully will require high level negotiating skills and political astuteness as well as some fundamental skills of mediating between parties where interests may conflict. Much attention is being focused on bringing GP leaders up to speed with the strategic and operational elements of setting up Consortia. But equal attention to the interpersonal elements is crucial to success.

Edgecumbe has had the privilege to work for many years with many thousands of GPs through our work in medical appraisal, the consultation (through our Chairman Dr David Pendleton), leadership training, practice facilitation and mediation work. We see a huge need to support GPs - not only those who want to become "top leaders" but those who will continue to work at the coal-face of general practice and want, at this stage, to get a better handle on what demands may be made of them as leaders. We are shaping our work to reflect the national agenda as it is being shaped.

**If you are interested in programmes similar to those we have described, please contact us**

**Dr Jenny King 0117 925 8822 or email [jenny.king@edgecumbe.co.uk](mailto:jenny.king@edgecumbe.co.uk)**

*We welcome the opportunity to partner with other interested organisations to enhance what we offer. If you would like to work with Edgecumbe to provide programmes to support GPs, we would be pleased to hear from you.*

# Encouraging results from the EDGE CUMBE DOCTOR 360° user survey

This Autumn we sent out an email to all doctors who have used or are still using the Doctor 360° system for their 360 degree feedback reports asking them to complete a user survey about the questionnaire, online system and reports. **Sarah George**, who manages the Edgcumbe Doctor 360° service, describes the feedback we have had from the survey and our plans for further enhancements to the Doctor 360° system and reports to ensure that it remains the best available.

## Feedback from the User Survey

We were delighted to receive over 330 responses from clinicians to the survey with extremely positive feedback so far.

Highlights from the survey were:

- 88% doctors agree that the online tool was easy to navigate.
- Over 80% doctors agree that the questionnaires are relevant.
- Over 65% doctors completed the questionnaire in less than 15 minutes.
- 69% doctors completed the 360° process and received their report in less than 6 weeks.
- Over 80% doctors said that the report provided useful information for their appraisal.

This confirms that our questionnaires, process and online system are working well for the vast majority, and leading to “useful” and “constructive” feedback reports for doctors.

Areas which scored less well were:

- Accessing the reports online - 20% doctors had difficulty with this.

- Around 10% had difficulty following the online instructions.
- 17% had difficulty with the process for nominating and inviting colleagues to give feedback.

The comments left in the survey mirrored the above results in terms of praise and suggestions for the future.

## Our development plans for Edgcumbe Doctor 360°

We have reviewed all of the above results as well as all comments made by those who completed the survey and have identified several areas where we will make enhancements to the online 360 system.

Areas we have identified for enhancement include:

- The user experience of the online tool, e.g. nomination of colleagues, accessing reports and general navigation.
- The layout of our reports.
- The level of communication with doctors during the process, including status update emails.

We expect to complete all the enhancements by the end of January.

If you would like to see the User Survey results in more detail please send an email to [sarah.george@edgcumbe.co.uk](mailto:sarah.george@edgcumbe.co.uk)

## Now is a great time to order Edgcumbe Doctor 360°: Beat the price increase

It has always been our policy to keep the price of Edgcumbe Doctor 360 as affordable as possible. We pride ourselves in offering the best product at the lowest price. Unfortunately due to rising costs we will be increasing the cost of Doctor 360° with effect from **Monday 31st January 2011**. The new price for 100 colleague reports will be £3500 plus vat. The price for reports containing colleague and patient feedback (if patient feedback is done on paper) will rise to £5200 plus vat. To see the full price list, including prices when ordering smaller quantities, and for more information visit [www.doctor360.co.uk](http://www.doctor360.co.uk)

**So whether you are an existing client or are new to Doctor 360° make sure your order is received by Friday 28th January 2011.**

# Resilience.

The current environment in the NHS is a challenging one – as it has been for some years now. The constant reminder in the media of the impending cuts and forecasts of doom and gloom and the actual day-to-day challenges of doing more with less provide a demanding context. The pressure seems to be relentless.

## *How do you deal with this adversity? Do you flourish or flounder; cope or collapse?*

Do you have the resources to cope with the day to day and focus in the face of these potential threats? What is the difference between the person who seems to cope and take it all in their stride and indeed to thrive while others lose focus and energy and experience extended periods of low moods? The difference between these individuals is more than the difference between being an optimist and a pessimist although that certainly has an impact. The difference is often down to resilience.

Some of us are naturally more resilient than others – we were born that way; others have learned through experience (sometimes bitter) to 'toughen up'; others have very low thresholds for tolerating pressure and stress. Susan Kobasa's important research conducted in 1985 found that those who were more resilient – better able to cope with pressure and stress – possessed what she called hardiness.

Those who were more hardy had developed a pattern of behaviour and

attitudes which helped them to see stress as a normal part of life and therefore to cope more easily. The features of these coping behaviours were based on differences in attitudes to challenge, control and commitment.

**Challenge:** those who viewed the stresses and demands as a challenge and as something to work on and engage with rather than something to surrender to, coped better. Taking the attitude that this was a challenge to be managed enabled them to feel stimulated rather than overwhelmed. It energised rather than drained them.

**Commitment:** those who remained involved, engaged and connected with others rather than withdrawing and becoming isolated found life easier to cope with. Focusing on commitment enabled them to feel supported rather than alone. It helped them to understand and get perspective.

**Control:** those who tried to find aspects of the situation they could control, who continued to try to influence events and

did not waste mental and physical effort on those aspects that were outside their control, did better. Feeling in control empowered them rather than feeling hopeless and helpless.

We can learn to be hardy. Each of us needs to find the right balance between too little or too much commitment, control and challenge. Finding the right balance for yourself may help you to understand better what is going on around you and to reflect on what you might or might not be doing which could make your personal situation better or worse. You will develop hardiness to resist panic and find opportunities or understanding that leaves you feeling calm, capable and competent.

This is not to say that if you are hardy that you will enjoy the pressure and stress or that you will never find it difficult, annoying or become down hearted. Instead you are likely to manage it rather than let it manage you. You are more likely to be mindful of how it is impacting you and take action if that impact is something that you don't like. You will be better able to resist doing or saying the first thing that comes to mind which you might regret later. You will be easier to live and work with because you will be able to empathise with others and not focus only on your own needs – you will get support. Your approach to problem-solving is likely to be focused and realistic rather than scatter-gunned. In short, you will feel that you are coping rather than crashing!



# Choosing the right consultant



The challenge of recruiting a consultant to complement the skills, behaviours and attitudes of the current consultant team is sometimes quite complex. How do you find the person with the right balance of the necessary clinical/medical expertise and the desired attitude and behavioural profile to complement the current team?

Edgecumbe's Senior Health Consultant

**Megan Joffe** writes about our experience.

Edgecumbe has been increasingly engaged with a number of hospital Trusts in refining their consultant selection processes to bring these into line with best practice. Our involvement has ranged from helping the consultants, with HR's support, to define exactly what it is they are looking for in recruiting a new colleague. We do this by defining the competences the Trust requires from consultants who work in their Trust. We work to shape this competence profile to meet the needs of the consultant team so that their new colleague will be the right person to work with them and to complement their current skills. Sometimes the team is seeking an individual who will develop into a lead role or perhaps the focus is on teaching and research; alternatively the competence required might be for someone who is good at negotiating and collaborating with commissioners etc. We will work with you to unpick exactly what it is you are looking for - and this is more than is simply stated in the job description and person specification. It is also about best fit with the needs of the team and its future.

Our involvement has ranged from being engaged at the start of the process right

through to the selection event itself. We work with you and your consultants to design what is best for you rather than tell you what to do - we will help you mould best practice to suit your needs. We have, for example, designed a set of competences and then trained the interviewers (executives, consultants, managers) how to use these in selection interviewing. This is a skill which with training allows interviewers to get behind the prepared, pat answers that some candidates offer. We have helped the consultants design simulation exercises to test candidates ability to cope with pressure, work with juniors, negotiate with managers, lead a team etc. We often suggest "real life" multi-disciplinary team (MDT) exercises so that members of the real MDT have an opportunity to test the potential recruit too. In this way not only the consultants but all those who have a stake in the new appointment are engaged in selecting their new colleague.

We advocate the use of psychometrics not as an end in itself, but to triangulate other data you may have about the candidate. Some Trusts have asked us simply to analyse a set of psychometrics and write "blind reports" - i.e. using a set of Trust consultant competences,

we analyse the psychometrics without meeting the individuals. In these reports we suggest a set of questions in order for the panel to triangulate interview information with what the psychometrics suggest. Based on the psychometrics we indicate what the candidate says are their strengths. We then suggest questions for you to ask at the interview panel which will confirm that their subjective belief about themselves aligns with the data you elicit during the interview and selection process. We also point out how their personality might hinder their success in terms of the necessary competences. In this way psychometrics can help you probe in to work related behaviour in greater depth. With some Trusts we have done none of the above but simply sat with the interview panel before, during and after the process to bring perspective, knowledge and robustness to the process.

**If you are interested in discussing how we might best support you please contact Dr Megan Joffe on 0117 925 8822 or email [megan.joffe@edgecumbe.co.uk](mailto:megan.joffe@edgecumbe.co.uk)**



# Does investment in assessing participants in leadership programmes pay back?

When Elaine Readhead, the Director of the North East Leadership Academy, was in the process of putting together a Leadership Development programme for a new cohort of Clinical Fellows, she received applications from 17 senior clinicians from the 16 NHS organisations the Academy serves. With only 12 places available her mind was made up. She needed to have a robust process to select the best 12 applicants. Two other factors influenced her. Firstly the programme was a big investment absorbing a significant chunk of her budget, and secondly there is a very clear need for truly effective Clinical Leaders to lead the North East's NHS organisations.

*"At first it was all about justifying why some were selected and others were not. I needed to ensure there was a reliable and robust process," explained Elaine, "but I also realised that here was an opportunity to identify those clinicians with the greatest potential to really make a difference in a leadership role and generate the best return on the investment."*

Candidates were asked to complete psychometric questionnaires before attending an assessment centre, devised and run by Edgumbe. All 17 candidates attended. It was based around key identified competencies that had been agreed beforehand. The centre included a series of activities and exercises. Following the centre each candidate received detailed one-to-one feedback from an Edgumbe consultant. Edgumbe also wrote a report on each candidate which formed the basis of selection.

Elaine was more than satisfied with the outcome. "We absolutely got what we needed from the assessment process and the reports. The decision making process was made easy by the precision of the assessments. The decisions were not questioned and there were no appeals. I agreed entirely with the recommendations put forward." Elaine was also impressed by the value the participants derived from the process. "Everyone found the assessment process itself to be a very valuable

learning experience. The most commonly used word used by candidates to describe the experience was challenging. But it provided them with so much insight into themselves and what they needed to do to become effective leaders."

This is confirmed by Karen Picking who, with her associates, led the Leadership Development programme.

*"The development centre enabled all leaders to begin their development with comprehensive, valid and focused diagnostic information. The experience was challenging and revealing with key learning for all. Having such clarity of leadership strengths and development needs was a great start and set the stretching and professional tone for the whole programme."*

Elaine also went on to describe other benefits from the process expressed by the candidates themselves. Some had spoken to her of their satisfaction and confidence from having been selected for the programme through such a robust and rigorous process. "They were pleased to be there on merit and not for any other reason."

Although the programme is still running these comments are borne out by feedback from the candidates themselves. One candidate summed up the experience thus: "Whilst it was challenging from a personal level - exposing areas I could improve - I really feel fortunate for being on the programme and thought the two days were handled very well and were of very high quality."

**If you would like to know more about our work in assessing clinical leadership potential please contact Dr Jenny King on 0117 925 8822 or email [jenny.king@edgumbe.co.uk](mailto:jenny.king@edgumbe.co.uk)**

# Appraisal and Revalidation in a Nutshell!



In this edition of our newsletter is a free wallet sized quick guide to appraisal called *appraisal in a nutshell*. The guide will serve as a reminder of all the things you need to remember as an appraiser or appraisee.

We are now approaching a key stage in the introduction of revalidation as we work towards a fully live date of 2013, with the first doctors being revalidated within 12-18 months of the live date. Whilst some aspects slowly become clearer, other aspects are still being worked on. The pathfinder pilots continue and their final report will be released in April 2011. Hopefully they will provide some of the answers that are still sought. The main concerns are now in the area of quality, consistency and reliability.

The current big event is of course the position of Responsible Officer which comes into effect in January 2011.

The GMC have now confirmed the Four Domains structure for appraisal, but there is still work being done by Specialties around the framework. It is anticipated that there will be a core set of supporting information. Included within this will be multi-source feedback (MSF) which is being recognised for its developmental capability as there is evidence that it can lead to behaviour change. There are, however, still concerns about patient involvement in the process that have not yet been fully addressed.

**The next Strengthened Appraisal & Revalidation Conference** by Healthcare Events is on 13th January in London and

there is also a conference on the 17th February on developing the Role of the Responsible Officer. Edgumbe will be attending both conferences and we hope to see you there.

If you plan to attend either event and would like to receive a 25% discount of the registration fee please contact [caroline.taplin@edgumbe.co.uk](mailto:caroline.taplin@edgumbe.co.uk) who will be pleased to arrange this for you as a guest of Edgumbe. Discounted places are limited to 5!



**Dr Jenny King**  
- Leader of the Edgumbe Health practice - has recently published a new chapter entitled Personality and Leadership, in the ABC of Clinical Leadership, edited by Tim Swanwick and Judy McKimm published by Blackwell Publishing, 2011

Below are just some of the organisations for whom Jenny will be leading sessions and programmes on this topic over the coming months:

- **Morecambe Bay NHS Trust**
- **North East Leadership Academy - Leadership Development programme for Aspirant and Emerging Leaders (see article on page 7 of this newsletter)**
- **London Deanery**
- **ASME Annual Educational Leadership Programme**