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Lessons in leadership from women clinical commissioners

Practical guidance to support the next
generation of women clinical leaders



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Introduction

Gender inequality in the NHS is a persistent problem. Despite women making up 77 per cent of the healthcare workforce, women continue to be under represented in senior level positions of the NHS.¹ Only 37 per cent of clinical commissioning group (CCG) leadership on governing bodies are women,² and in the case of trusts, women make up just 28 per cent of chair positions.³ NHS Clinical Commissioners' (NHSCC) report last year, *Women in clinical commissioning leadership: A case for change*, explored some of the potential root causes of gender inequality and the actions that CCGs, NHSCC, NHS England and the wider health system can take to improve gender balance.

In that report, we pledged to develop some top tips and practical guidance from women CCG leaders to support women at all stages of their career to reach their full potential. This document builds on the transition guide for female medical leaders that the Faculty of Medical Leadership and Management (FMLM) developed in 2012, and provides a refreshed and updated list of top tips for empowering women in clinical leadership based on wisdom from women clinical commissioners at the top of their careers.

NHSCC recognises that actions from women alone will not overcome the structural and cultural forces that drive gender inequality, and that increasing the number of women in senior clinical roles requires collective, systemic change. This document provides advice for women from their peers and highlights the important contribution that women make to clinical leadership. It also contains practical examples from women on the skills, values and behaviours that helped them to succeed in their own roles. As the NHS continues to face unprecedented challenge, it is timely and important to reflect on the importance of diverse leadership and the value that women bring to ensure that the health service can address and respond to future challenges in the best way possible.

“The more senior I've become, the more likely it is that I'm the only woman in the room.”

Common response among interviewees

BEHAVIOURS AND VALUES

1 Recognise the qualities that make you a strong leader rather than adjust to traditionally male models of leadership

Men and women often have different leadership approaches, and many women feel that being a leader means adopting a more authoritative and assertive style that may not always come naturally to them.⁴ But many of the characteristics commonly associated with women are the very attributes that make them effective leaders. Many of the women interviewed said that it is their communication skills, inclusiveness, strategic thinking, emotional intelligence and ability to work collaboratively that has led them to succeed in the role.

Following announcements of plans for the NHS to introduce 50-50 gender quotas on the boards of NHS trusts in August 2016, NHS Improvement stated that among others, the ‘collaborative leadership’ style that many women bring is needed to improve the quality of decision-making and tackle the pressures currently facing the health service.⁵

Not all women embody these characteristics and these traits are valued in all leaders irrespective of gender. However, recent survey data from over 7,000 leaders suggests that women outperform their male counterparts on most leadership competencies, even those typically considered ‘male traits’, like strategic leadership, taking initiative and driving for results.⁶

Regardless, it’s important that women are recognised for the unique qualities that they individually bring to leadership rather than adjust to a leadership culture that has traditionally been male-dominated.⁷

“Being a leader doesn’t mean changing who you are. My abilities to collaborate, listen effectively and practice empathy are what make me a strong leader.”

Dr Caroline Dollery,
Clinical Chair,
NHS Mid Essex CCG

2 Relationships matter – seek mentorship and support from peers, whether formally or informally

Many of the women interviewed noted the importance of relationships, both in and outside of healthcare, in supporting their path to leadership. Some women had established formal individual relationships with mentors or were members of professional networks, whereas others relied on informal support from colleagues. In either case, all agreed that having a network of peers with whom to work through difficult decisions and discuss complex problems was invaluable to their professional development. Mentors and colleagues can also be important advocates in recognising achievements, particularly when promotions are being awarded.

Maggie Maclsaac, chief officer at North East Hampshire and Farnham CCG, started her career in the NHS as a graduate nurse and was quickly drawn to management and how she could make the system better, so completed the national graduate training scheme. Whilst on the graduate scheme, Maggie met her mentor, one of the few women chief executives at a teaching hospital at the time: “Finding this relationship early in my career exposed me to opportunities I would not ordinarily have access to and crystallised my own ambitions.”

Others cited programmes like the NHS East of England senior clinical leaders programme, RCGP leadership programmes, and BMA leadership and development programme as useful opportunities to build skills and a network to understand the roles that women clinical peers carry in their own organisations.

3 Know what’s important to you and your own value set

Identifying and committing to your own personal set of values is a key aspect of leadership. The women interviewed noted the importance of defining their own value base early on, and having those beliefs drive their behaviours and decisions throughout their career as essential to the path to leadership. This includes knowing your personal and professional priorities and when one may need to take precedence over the other, understanding what motivates you professionally, and only taking on issues and challenges that align with the values and mission of the organisation.

4 Consciously put yourself forward for new opportunities

The cumulative effects of organisational and cultural biases mean that female clinicians, as in many other professions, are less likely to put themselves forward for leadership positions.⁸ Many of the women interviewed mentioned that they did not start their careers aspiring to be clinical leaders, but instead achieved their positions by taking on a diverse set of roles that developed their leadership and clinical skills whilst providing them with a deep understanding of their locality and patients to support local transformation.

Being a strong clinical commissioning leader requires a profound understanding of patient experiences and services, as well as frontline experience of working with and leading other clinicians.⁹ By having a broad set of experiences and perspectives, this has enabled the women interviewed to take on the complexities of clinical commissioning and confidently put themselves forward for leadership positions.

“It’s important to be able to articulate what matters to you and why this makes you good at your job. Part of being a strong leader is the ability to unite people around common values.”

**Dr Nikki Kanani,
Clinical Chair,
NHS Bexley CCG**

“The key thing is not to underestimate yourself. Put yourself forward and take on new opportunities, but all the same be willing to say what you can’t do.”

**Dr Amanda Doyle,
Chief Clinical Officer,
NHS Blackpool CCG,
and Co-chair, NHSCC**

TIME MANAGEMENT AND BALANCING COMPETING PRIORITIES

5 Taking on leadership roles often affords greater flexibility, not less

Women get stuck in middle management and clinical roles for a number of reasons. One common concern is that taking on more responsibility will result in longer and less flexible hours that make balancing family and other professional commitments challenging.

Early experience of CCGs found that women were reluctant to put themselves forward for senior leadership positions despite significant experience due to fears that the role would leave little room for other responsibilities.¹⁰ But for the women interviewed, becoming a leader in their CCG has often afforded greater professional autonomy and flexibility. Diaries and meetings are scheduled around the person that has to be there to make a decision, so women found that once working at the senior leadership level they had greater flexibility to arrange their calendar and block off time around personal responsibilities, such as school pick-ups or clinic days.

6 It's ok for your career to come in stages

Women doctors who have families are often confronted with balancing professional and personal demands. Career breaks and working part-time can have a negative impact on women's career progression in terms of seniority and pay grade.¹¹ Many of the women interviewed had entered general practice because of the greater flexibility in hours and the ability to have children without taking a break in their careers. Women underscored the difficulty of striking a balance between work and family commitments, particularly when children are young, but emphasised that careers come in stages and that having children does not mean having to give up on taking future roles in leadership.

The period of time in which women may want to take time out from their careers is relatively short compared to the span of their career, and should not preclude future career progression. Many of the women interviewed accelerated their careers at later stages when their children were older and more independent. Return-to-work schemes that support temporary exit and reentry to post are therefore important for men and women alike to foster future leadership and retain existing talent.¹²

“The more senior you are, the more flexibility you have.

When you're the person making the decisions, meetings are scheduled around you.”

Dr Claire Fuller,
Clinical Chair,
NHS Surrey Downs CCG

“The period in time in which children are young is relatively short compared to your whole career.

Having a family might mean the path to leadership takes longer, but it doesn't mean it can't happen at all.”

Dr Debbie Frost,
Clinical Chair,
NHS Barnet CCG

7 Delegation, organisation, and support systems are essential

Women are still more likely than men to bear the responsibility of balancing work and family life. Women clinical commissioners interviewed agreed unanimously that relying on colleagues, close friends and family for support is essential for managing workloads and personal responsibilities. Women interviewed also noted the importance of having a robust support network at home to help share responsibilities as an important enabler. Especially for women with children, delegating tasks both at work and home have helped achieve more balance in their professional and personal lives.

In addition to delegation, women clinical commissioner leaders also noted that being disciplined about compartmentalising days can be useful to avoid getting hindered by certain tasks. For example, Dr Amanda Doyle, chief clinical officer at NHS Blackpool CCG and NHSCC co-chair, balances the demands of a busy GP practice with her role as commissioner by keeping clinical days distinct from her days at the CCG, and avoiding splitting days or squeezing in meetings to days when she is with patients. This helps maintain clarity and focus and makes it easier to organise her schedule around competing priorities.

Dr Barbara King, clinical accountable officer at NHS Birmingham CrossCity CCG, describes drawing clear boundaries between work and personal responsibilities, keeping early evenings and weekends free from work to maximise time with family and help achieve balance: “This may mean doing emails and catching up on work later in the evenings after my children are asleep, but it’s important that I carve out designated non-work time.”



SUPPORTING THE PIPELINE OF FUTURE WOMEN CLINICAL LEADERS

8 Actively encourage women colleagues to apply for leadership roles

The more women there are in clinical leadership positions, the better it is for everyone, especially other women. As such, the women interviewed emphasised how important it is to actively support and encourage women within the CCG to apply for open leadership positions.¹³ The absence of other female clinical leader role models has been cited as a reason why many women do not actively seek leadership positions. Many women interviewed said that the support of their predecessor and other women colleagues who encouraged them to go forward for their current role made a big difference in putting themselves forward for the position. It is particularly important that women currently in senior leadership positions foster that peer support and help shape the next generation of women leaders.

For example, Dr Debbie Frost, clinical chair of NHS Barnet CCG, also actively looks to women coming up the pipeline in her organisation to create opportunities for experiential learning, including attending conferences together and where appropriate, encouraging women to attend meetings and deputise on her behalf. Doing so not only also helps build confidence and leadership expertise among female colleagues but supports the CCG's succession planning.

9 Use wording in job adverts that encourages more female applicants

Research suggests that women are less likely than men to apply for positions unless they are confident they meet all of the requirements specified.¹⁴ Some CCGs have therefore revised their own organisation's job postings to ensure that they are not actively discouraging women from applying. For example, NHS Surrey Downs CCG has substituted language that suggests certain skills are 'required' or 'mandatory' for 'desirable' and makes it clear that ongoing support and development will be provided for the right candidate to ensure they can fully carry out the functions of the post. This has helped support more female salaried clinical GP leads within the CCG as more women have put themselves forward for senior level positions following the revised wording in job postings.

“As a leader I have a role to play in encouraging the next generation of female clinical leaders. It's important to nurture colleagues by presenting opportunities and encouraging more women to put themselves forward for positions – even if they can't do it now, to have in mind for the future.”

Dr Barbara King,
Clinical Accountable Officer,
NHS Birmingham
CrossCity CCG

10 Lead by example and be a role model for the change you want to see in leadership

Women doctors have a role to play in inspiring the next generation of women clinical leaders. The women interviewed noted the attitudes and culture they've had to overcome in healthcare in their path to commissioning leadership, which has motivated many to actively work and support their women colleagues to recognise the value they bring to the organisation. For example, women interviewed noted instances of being looked over for certain roles or positions because it was assumed they were less ambitious or would not want to take on more responsibility while having young children. Interviewees also recalled being expected to make coffee or carry out administrative tasks for meetings as the only woman in the room, regardless of being at an equal or more senior level in the organisation.

Part of being a role model means acting with integrity and confidence and using leadership to change perceptions and bring about a positive culture within the organisation that supports the career path of future clinical leaders. For example, Dr Nikki Kanani, GP and clinical chair at Bexley CCG, says that she's made a conscious effort to be open about when family commitments must take priority and build a culture where it is acceptable for family life to come first and where performance is judged by quality of work, not hours spent in the office. By doing so, Dr Kanani hopes that individuals earlier in their clinical careers will see her as an example of an effective leader who delivers enduring and meaningful change whilst prioritising family life.



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- Dr Debbie Frost, Clinical Chair, NHS Barnet CCG
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- Dr Nikki Kanani, Clinical Chair, NHS Bexley CCG and FMLM Quality Lead
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Notes

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