

Medical leadership: development and practice edition two

To us – as editors – this special edition is even more special! This second journal edition dedicated to medical leadership highlights a strong movement, world-wide, to explore, investigate, and improve the role of the medical profession in shaping health reform – and what needs to be done in order to prepare members of the profession for an enhanced role in that regard.

Regardless of whether a doctor is in residence, beginning their career in a community or hospital, or well along in their clinical journey, there is a growing expectation that they will become involved – or as some of the literature says, engaged – in improvement, reform, or innovation of health service delivery. Government efforts to reform health care ultimately creates expectations that health regions, hospitals, primary care offices, and all the supporting casts, will change aspects of what they are doing to accommodate those “patient-centred” policy shifts. To do so means that all doctors, whether in clinical roles or administrative ones, will be affected.

Many authors from the very countries represented by the articles in this special edition, have presented compelling arguments, accompanied by research, to validate the importance of engaging physicians in health reform. Some of the most compelling arguments have been found in earlier editions of the *Leadership in Health Services* journal.

Most suggest that for physicians to become more actively involved in organizational decision making, they must develop leadership skills. These skills – regardless of whether they are for a CEO with a medical background, a doctor in a rural community, a specialist working in a hospital setting, or a salaried doctor in a hospital – position the physician to be most effective at ensuring good medical practice is imbued in service delivery changes. Or, for that matter, in the design of new capital projects dedicated to improved patient care.

The articles in this special “special edition” highlight key efforts that are being made to grow and develop leadership within the medical community. Anne Matlow, Ming-Ka Chan and Jamiu Busari are part of an international team that is aiming at developing new leadership curriculum for residents in training. Anne outlines the international effort – called the Toronto Summit for Leadership Education for Physicians (TISLEP) – where it came from, what it is doing, and how it is doing it.

Ming-Ka Chan’s article describes the rationale for the competency-based approach for this initiative: essentially spurred on by a major change in the Can Meds framework (used by 26 countries to guide medical education). In this change, the competency of “manager” is replaced by the competency of “leader”. As a consequence, these three articles grapple with the changes required in resident education to embody developmental opportunities in leadership competency development. Jamui Busari’s article, for example, explores the challenges in assessing leadership growth and development.

Six other articles explore the challenges of growing leadership capability after medical school graduation. Colleen Grady examines the phenomenon of complexity and its implications for physician leaders – a valuable perspective for anyone seeking to

make change in national health systems; and for those trying to generate innovation and reform in the hospitals and institutions that make up those larger systems.

The Snell *et al.* article describes the first ever study in Canada by the Canadian Medical Association and the Canadian Society of Physician Leaders to document mechanisms of how formal and informal leadership by physicians are organized and conducted. In so doing, they describe the organizational conditions that enhance physician leadership potential or the purposes of change and reform.

Scott Comber's article entitled, *Developing Canadian physicians: The quest for leadership effectiveness*, explores the political skills of doctors at various stages of their career. It documents the differences in development and highlights the importance of effective political skills for success when engaging in organizational change.

Two articles explore the role of culture and effective leadership. Dawn Bowden's article highlights the centrality of physicians being active proponents of culture change in hospitals, to strengthen the care components of healthcare during change and reform. Somewhat related and of interest because of its exploration of the internal physician culture, Erwin Loh's article entitled *Shining the light on the dark side of medical leadership* provides us with a view on the depth and difficulty of culture change – and demonstrates how culture change is unique in healthcare. It also supports the case made by the other authors that conceptually, moving into a leadership role is a positive thing for the health system.

Finally, Wouter Keijser's paper on e-health provides an excellent case study to document the role of physicians in health care reform – in this case, e-health. He determines that such studies are important because the physician's role in most reforms is rarely studied. His paper raises the essential questions that must be answered about all aspects of health reform: are physicians adequately involved; and how can they best be involved to ensure that the resulting service is in fact optimally developed for care to patients, and for efficiency purposes?

We, the editors, find this special edition fascinating, and very worthy of the title, "special". Not just because of the quality of content, but because of the message it reinforces: unless physicians are involved in health reform, are engaged in helping to lead it, and have the skills to do so, health reform will not maximize its benefits. In the absence of physician involvement the process of change will likely short change patients – and in the process, disenfranchise the most important advocate for those patients – the doctor.

Graham Dickson

*Centre for Health Leadership and Research,
Royal Roads University, Victoria, Canada, and*

Karen Owen

The Royal Australasian College of Medical Administrators, Malvern, Australia