

This special issue is the third in a series to spotlight medical leadership and management. The series is an initiative of the World Federation of Medical Managers and is supported by the Emerald Publishing Group.

In this third issue, we present papers from Canada, Wales, The Netherlands, Australia and the USA. Physician leadership in context is the strongest theme in papers exploring health reform, i.e. leadership development within medical disciplines, in multidisciplinary health-care teams and through international collaborations. Shared leadership, both in the context of intra-organization and inter-organizational activities, and the effective application of frameworks for developing leadership are strong supporting themes.

Turner *et al.* explored the literature about discipline-specific curricula for leadership within medical specialty training programs. The author suggests that “evaluation to assess the impact of discipline-tailored curricula over more generic learning statements and programmes is required”. Turner qualifies that statement, arguing that this evaluation should include examination of the effects of leadership training interventions on patient-focused outcomes.

Busari *et al.* examined leadership in the context of interprofessional teams. Busari’s use of focus groups and interviews to conclude leadership is shared and adaptive to fit team membership and circumstances. The author proposes a collaborative understanding of clinical leadership and advocates stronger leadership skills development among resident physicians in preparation for reform impact. Supporting this professional development theme, Dickson and Van Aerde described the development of the *LEADS in a Caring Environment Capabilities Framework*, developed and used in Canada, to stimulate system-wide leadership development. Many Canadian health organizations have endorsed *LEADS* as providing a common language and a set of standards for leadership.

Examining the *LEADS in a Caring Environment Framework* is the subject of a further paper by Crawford *et al.* in which, it is identified through analysis of physician’s self-reporting that they want more of the skills in the Canadian *LEADS* capabilities of *Engage Others and Lead Self*. They also identify the emergent capability titled *Business Skills – management skills*; capabilities are articulated in greater detail in other frameworks.

Insights into development of physician leadership capability are provided by Porter *et al.* who sought to investigate and understand how the Cleveland Clinic’s Leading in Health-care (LHC) program aims to develop physician teamwork skills. Interviews support observations by others that there is a lack of formal physician education in teamwork during undergraduate and resident training; just as there is a growing trend to inter-disciplinary teams in the health-care setting. This finding validates the teamwork content of the Cleveland Clinic program.

From Wales, is the paper by Phillips *et al.* exploring the features of a leadership training program delivered to encourage skill acquisition in early medical career development. The authors discuss initiation of the Welsh Clinical Leadership Fellowship (WCLF) program, informed by the Medical Leadership Competency Framework domains (i.e. developed by the NHS Institute for Innovation and Improvement) with the aim to equip aspiring medical leaders to build and lead improvements in healthcare delivery.

Saxena *et al.* continued the theme of shared leadership by exploring the structural aspects (roles, responsibilities and reporting) of dyad leadership in one health-care organization. The authors examined the perceptions of physician leaders at different



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organizational levels and identified that mutuality in shared leadership and accountability belie the formal division of specific management responsibilities in operational activities.

Finally, Busari *et al.* described the evolution of *Sanokondu*, a multinational community of practice dedicated to fostering health-care leadership education worldwide, highlighting the rationale, achievements and lessons learnt from this initiative.

Ever-present in all these papers is the tension between leadership and management. When, who and what to lead; how and where and who to manage. Two capabilities not interchangeable but simultaneously inextricably linked. The word management may not be a “fashionable” one for physicians. The doctors’ place in the world signifies them as leaders and not managers. Despite this and as previous authors have identified, for health-care services and systems reform physicians increasingly are called upon to integrate clinical and operational leadership and management.

Globally, educational frameworks and programs continue to evolve and re-organize to incorporate competencies to fill the perceived current void in medical education programs. The inter-organizational/international membership of communities of practice such as the World Federation of Medical Managers and *Sanokondu* spawn the type of leadership collaboration necessary to support stronger physician preparation for the leadership and management that will reform our health care to be the best it can be for all patients.

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