ABSTRACT

A MEDICAL LEADERSHIP COMPETENCY FRAMEWORK FOR SRI LANKA

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Medical Leadership ML) is: (a) a process, (b) involves influencing others, (c) occurs within the context of a social group in the health care industry, (d) involves goal attainment, and (e) goals are shared by leaders and their followers.

Sri Lankan health care industry is experiencing a gap in quality and productivity in the backdrop of Non Communicable Diseases, ageing population, increasing demand/expectations, technology driven costs and competition. Unlike in the West, where most Medical Leadership positions are held by non-doctors (non-clinical leaders), almost all positions in Sri Lanka are held by doctors (clinical leaders).

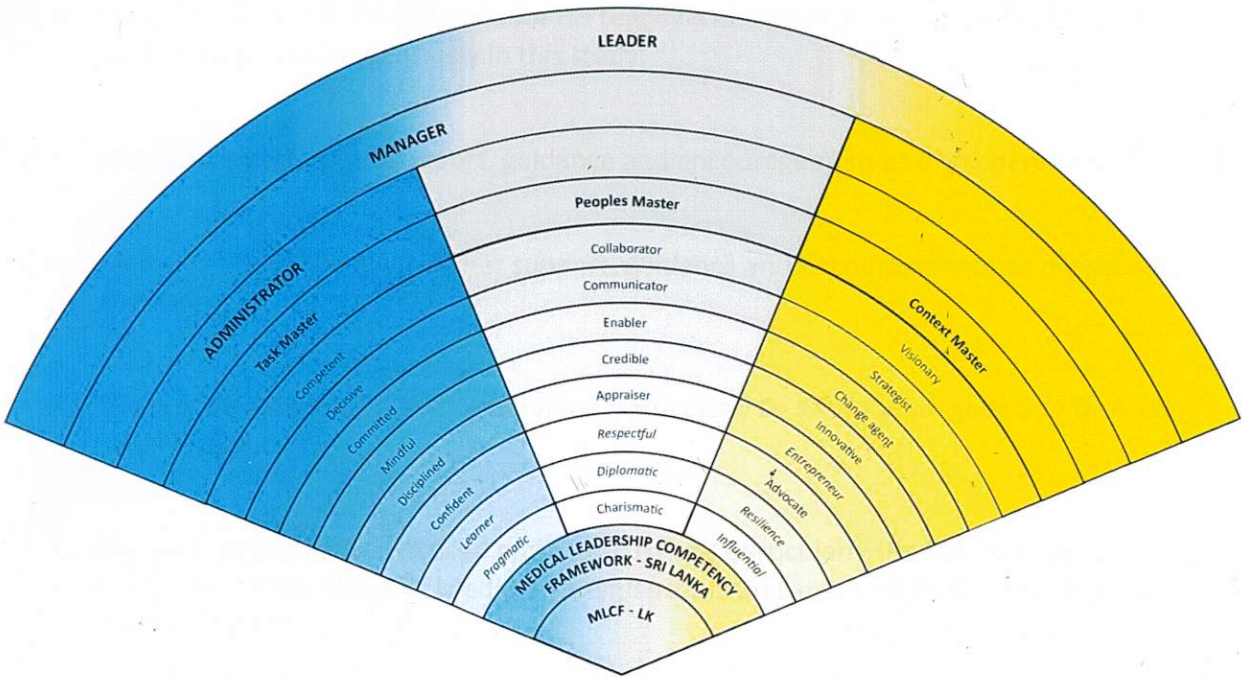
Inquiries into hospital performance issues have repeatedly highlighted organizational deficiencies in leadership. The main problem appears to be that doctors rise to leadership positions based on their seniority and clinical knowledge, without adequate training and experience in management as leadership skills have traditionally not been prominent in either the curricula or the appraisal systems of courses for medical undergraduate and post graduate students. The inaugural "BMJ Leader" justifying its launch in 2017 states: "evidence is accumulating that the most successful healthcare systems are those with the strongest clinical leadership irrespective of their basic structure, financing, or whether they are public or private, for profit or not for profit". In this backdrop, there is a growing consensus for better ML development, although there is much less agreement on the specific competencies required to improve performance. What is even more lacking in most situations is a framework consisting of the critical competencies presented in a form that can easily be comprehended and remembered. Over the past decade research into ML has been extensive, particularly in developed countries as evidenced by the vast number of articles and **Competency Frameworks** published, but here in Sri Lanka such efforts have been observed to be scanty.

Hence, the overall objective of this study was to identify the competency profile common to medical leaders in Sri Lanka based on their experiences, current competencies, future development needs and global trends. The specific objectives include identify: taxonomy of Administrator, Manager, Leader (**AML**); Global Medical Leadership Competencies (**GMLC's**); Domains related to the identified GMLC's; relationship between GMLC's and AML; Local Medical Leadership Competencies (**LMLC's**); a **Medical Leadership Competency Framework for Sri Lanka (MLCF-LK)**.

The study was conducted in two phases using a **phenomenological cross sectional approach** employing purposeful stratified sampling to select medical leaders (clinical and non-clinical) with over one year of experience holding permanent appointment in Sri Lankan health care industry covering delivery, administrative, professional and academic organizations, both public and private. A formal qualitative technique "**Content Analysis**" consisting of cyclical coding,

summarizing and categorizing was used in both phases. This study observed and evaluated **431 competencies** related to ML, including synonyms and sub competencies detailed in Annexure 6.

The initial Phase–I using document based research identified **eighteen competencies** in three domains applicable **globally**. The subsequent Phase-II used parallel focused group discussions and in-depth interviews and identified **twenty four (*including six new*) competencies** in the same domains applicable **locally**. The finding that eighteen of the global competencies were the same locally shows that leadership competencies are universal to a significant extent of 75%, while the six new local competencies reflect the Sri Lankan culture.



The first domain **Task Master** constitutes competencies related to the leader himself: Competent, Decisive, Committed, Mindful, Disciplined, Confident, *Learner* and *Pragmatic*.The second domain **Peoples Master** constitutes competencies related to building relationships with followers: Collaborator, Communicator, Enabler, Credible, Appraiser, *Respectful*, *Diplomatic* and Charismatic. The third domain **Context Master** constitutes competencies related to the environment: Visionary, Strategist, Change Agent, Innovative, Opportunist/*Entrepreneur*, Advocate, *Resilience* and *Influential*. The findings also identified that the domains and competencies are closely related to the concepts of AML observed to be operating in the lower, mid and top level of the organization respectively. The identified competencies related domains and their applicability in positions of AML at various levels of a health care organization locally constitutes the MLCF-LK. The domains and their relationship to the concepts of AML are simple, yet unique and are **not reported elsewhere in the literature**.

The MLCF-LK could be used recruit persons with soft skills that are difficult to develop and train them for the hard skills; develop local medical leaders using dedicated resources and the application of a variety of different learning methodologies such as mentoring, coaching, problem/action based learning and networking.

KEYWORDS: medical leader; manager; administrator; competency frameworks; capabilities