



## VIEWS AND REVIEWS

## NO HOLDS BARRED

## Margaret McCartney: Troubling leadership

Margaret McCartney, general practitioner

Glasgow

Keith McNeil resigned as chief executive of Addenbrooke's Hospital in 2015 shortly before the Care Quality Commission rated it inadequate.<sup>1</sup> He was popular and highly regarded. But, like many other chief executives before him, he resigned after a short tenure, having found nurse recruitment expensive and difficult and in "challenging" financial circumstances.<sup>2,3</sup> His colleagues wanted him to stay. If the NHS is so toxic that the leaders who are wanted can't stay, we have a problem.

Calls to be a "leader" are endemic in the service. The NHS and a plethora of private providers run many courses aimed at clinicians and health service managers. Some are costly. Some promise career advancement.

I know many NHS staff with "leader" in their job title who are kind, clever, and fantastic at their job. But what I find troubling is not just the lack of evidence for meaningful outcomes in such courses but also the concept and practice of "leadership" in the first place.

The NHS supposedly has a shortage of leaders and has created a Leadership Academy. A tension exists, however, between leaders with an agenda based on evidence, professionalism, and experience, and "leaders" with tasks to implement, whether or not this is the best thing for patients and staff.

Broadly, leadership courses seem to say little about how to evaluate the evidence for the changes that are being implemented. Many contain pseudoscience. Not long ago, I discussed the evidence for a service re-organisation with a "leader for change management." I explained how this intervention had been tried before, had made things worse, and had eventually been changed back. But it was clear that her job

was to enforce the change—not to decide whether it was worth making.

The people who have led me to think better and more clearly—or, uncomfortably, about what I'm doing and why—have held several roles, and many have been at odds with the establishment.

The author Samuel Shem explained hospital medicine to me when I was a junior and still has much to say about the goodness of general practice ("Connection heals. Even in dying").<sup>4</sup> In his 1978 novel *The House of God* he explained that compassionate care involves breaking senseless rules: "The delivery of good medical care is to do as much nothing as possible."

Shem is an inspirational doctor, but he was initially shunned by a medical establishment disgusted at the curtains being lifted on greedy, hypocritical healthcare. Unpopularity in some quarters may be a sign of someone who, if not defined by the NHS as a leader, should be.

Competing interests: See [www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney](http://www.bmj.com/about-bmj/freelance-contributors/margaret-mccartney).

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Addenbrooke's Hospital ex-chief says CQC assessment "wrong." *BBC News* 18 Sep 2015. [www.bbc.co.uk/news/uk-england-cambridgeshire-34292835](http://www.bbc.co.uk/news/uk-england-cambridgeshire-34292835).
- 2 Dreaper J. Recruiting foreign nurses "frustrating and expensive." *BBC News* 28 Jul 2015. [www.bbc.co.uk/news/health-33678773](http://www.bbc.co.uk/news/health-33678773).
- 3 Vize R. What went wrong at Addenbrooke's? *BMJ* 2015;351:h5278. doi:10.1136/bmj.h5278 pmid:26432754.
- 4 Shem S. *The spirit of the place*. Berkley, 2008.

Published by the BMJ Publishing Group Limited. For permission to use (where not already granted under a licence) please go to <http://group.bmj.com/group/rights-licensing/permissions>