I welcome the growing recognition of the importance of medical leadership for quality services for patients. Still, serial critics question medical leaders’ visibility, approaches, and independence. During the current contract dispute, for example, aggrieved junior doctors have castigated those in senior roles for being too timid or status conscious to risk speaking out.

Senior medical leaders themselves have joined in. Mark Newbold criticised what he considered a failure of collective, constructive leadership. Peter Lees highlighted a tendency to “pitch professional against politician” and of doctors not to engage with the wider picture. Both leaders have executive level experience and contribute to the Faculty of Medical Leadership and Management, a doctor led organisation promoting good leadership.

While chair of the Care Quality Commission, David Prior unhelpfully attacked doctors for a “deafening silence” over care quality, saying that they “just bitch from the sidelines.” I challenged this nonsense at the time.

But which doctors do critics think are failing to lead? Is it those developing individual services, driving local quality improvement or redesign? Is it clinical or divisional directors, working more hours than officially recognised? Or is it board level medical directors, with hugely demanding cross organisational leadership roles?

Is it perhaps the doctors leading royal colleges or specialty societies? The previous and current chairs of the Royal College of General Practitioners or the current presidents of the colleges for physicians or emergency medicine, however, are determined advocates for patients and doctors. The King’s Fund’s Chris Ham called for them to show “statesmanship” in resolving the junior doctors’ contract stand-off. They were doing so before and after his intervention, but they’ve been publicly rebuffed for “deafening silence” over care quality, saying that they “just bitch from the sidelines.” I challenged this nonsense at the time.

In my view, these doctors are doing exactly what independent experts believe is required. They are leading the way, not just speaking up. They are the ones who can help resolve the current impasse.

Inspiring leaders are also fearless doctors who are ready to highlight inconsistencies, policies with no evidence, and government hypocrisy. Ben Goldacre, Margaret McCartney, Martin McKee, and Phil Hammond are but four of many.

Finally, I can see no finer example of doctors as leaders than those junior doctors who have, outside any BMA aegis, used social and mainstream media to organise so concertedly against Jeremy Hunt’s escalation of an avoidable industrial dispute and against the Department of Health’s political spin.

Everywhere, in many different forms and roles, I see high quality medical leadership. I know that there’s room to make it more skilled, systematic, and joined up. But let’s celebrate it, not denigrate it.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors/david-oliver.

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

2 Royal College of Physicians. Medical leadership: e-learning and courses. www.rcplondon.ac.uk/education-practice/courses/topic/leadership?gclid=ClyO7FaP MILcOFdpagCgoHkAFg.
8 Oliver D. Clinicians aren’t “silent” over care quality—we’re leading change. Health Serv J 2013. www.hsj.co.uk/comment/clinicians-arent-silent-over-care-quality-we-are-leading-change/5065096.article.

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