LEADERSHIP IN PRACTICE | MODULE 12

First 90 days, portfolio and sustainable leadership

Enter leadership deliberately, demonstrate impact honestly and build a way of working you can sustain.

✓ 17 min reading

✓ Full teaching, practical next steps and reflection

✓ Six practice questions with answers and explanations

✓ Complete source list and jurisdiction notes

Prepared for SAS, locally employed and other UK doctors

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Using this module

Independent education

This is general professional information, not individual clinical, legal, employment, immigration, regulatory, tax or pensions advice. Current official instructions and the circumstances of the individual case remain controlling. Practice scores do not establish professional competence or accreditation.

The short answer

Use the first 90 days to listen, map relationships and risks, agree a small number of priorities and establish how decisions will be reviewed. Build evidence as you work, while protecting recovery and boundaries.

Three next actions

- Map the people, formal authority, informal influence and immediate safety risks around the role.
- Agree three outcomes for 30, 60 and 90 days with your accountable manager.
- Start an impact record and schedule protected review and recovery time.

Learning objectives

- Use the first 90 days to understand mandate, relationships, risk and early priorities.
- Build a leadership portfolio that demonstrates contribution without inflating attribution.
- Treat recovery, boundaries, succession and distributed capability as governance requirements.

Why this matters

A new leadership role creates pressure to show visible change. Acting too quickly can damage working strengths, repeat an abandoned idea or make promises beyond the role's authority. The first task is to understand the mandate, present risk, people, history and conditions for delivery. Listening is evidence gathering, not a request for universal approval.

Leadership also needs to remain sustainable beyond the first months. Evidence of impact should be gathered as work occurs, and the role should not depend on permanent availability or personal rescue. The work left behind is part of the leader's outcome.

Day one begins with the mandate

Clarify why the role exists, what outcomes are expected, what authority is delegated, what remains elsewhere and how success will be judged. Identify protected time, administrative or analytical support, budget access, line management and escalation. A prestigious title with an impossible remit is not a development opportunity; it is a governance risk.

Discuss inherited decisions and the predecessor's position without turning the transition into blame. Some constraints may be contractual or statutory. Others may be habits. Record uncertainties and agree who can resolve them.

Listen for structure, not approval

Meet patients, frontline staff, professional leads, administrators, analysts, finance colleagues and neighbouring services. Ask what works, where risk accumulates, what people have stopped reporting and what must not be lost. Compare accounts with data and observe ordinary work.

Do not promise every person their preferred solution. Look for patterns, interfaces and assumptions. Pay attention to who is absent from the conversation and whether grade or status affects whose knowledge reaches you. Return to people with what you understood and what you cannot yet decide.

Use a 30-60-90 map

During the first 30 days, establish immediate safety, relationships, data and decision routes. By 60 days, agree a small number of priorities, measures and responsibilities. By 90 days, review early tests, unresolved barriers, role design and the next period. These are review points, not universal deadlines for transformation.

Each priority should identify purpose, evidence, owner, authority, resource and review. Avoid carrying a long list of inherited ambitions without deciding what will pause or stop. Communicate the early role story honestly: what you have learnt, what action is beginning and what remains uncertain.

Build a portfolio from episodes, not adjectives

Exposure is not contribution. Attendance at a meeting or course may provide context, but a portfolio should show what the doctor did and what changed. Select episodes that reveal judgement: a service decision, team conflict, improvement test, patient partnership, unsuccessful proposal or response to risk.

For each episode, record the problem, your role, evidence, people involved, options, decision, result, feedback and learning. Map it to the requirements of the role or standard for which it is being used. One well-evidenced account can be stronger than many unsupported claims.

Attribution without inflation or disappearance

Leadership is collective, but individual contribution can still be described. State what you initiated, influenced, decided or delivered and what others contributed. Avoid claiming that your action alone caused a complex outcome. Equally, do not disappear behind 'we' when the evidence needs to assess your judgement.

Use verification such as data, minutes, outputs, feedback or a supervisor's account. Obtain consent where identifiable colleague feedback is included and follow confidentiality requirements. Record negative or mixed results; the response to failure may provide important evidence of leadership.

Heroism can conceal unsafe design

Working late, remaining permanently contactable and personally rescuing every failure can look committed. It may also conceal inadequate staffing, weak escalation or poor distribution of knowledge. A service that is safe only when one leader is present is not resilient.

Monitor workload, sleep, moral distress, decision quality and the effect on relationships. Individual wellbeing support may help, but it cannot repair an impossible remit. Escalate structural conditions with evidence and explain what work must reduce, transfer or stop.

Boundaries need system consequences

A boundary is not simply saying no. It requires a plan for what happens to the work. Clarify cover, handover, delegation and escalation before absence. If no safe alternative exists, that is information for the accountable organisation rather than a reason for the leader never to recover.

Use peer support, supervision and reflective space before strain becomes crisis. Recovery supports judgement. It should not be framed as a private reward after all work is complete, because clinical systems can always generate more work.

Succession and the work left behind

Succession is not finding a similar person shortly before departure. It is distributing knowledge, developing capability, documenting decisions and creating fair access to future roles. Identify who can act during absence and what still depends on personal relationships. Share opportunity before succession becomes urgent.

Review sustainability at five levels: the patient, the team, the organisation, the wider system and the leader. An apparent success at one level may create hidden cost elsewhere. Stewardship asks whether the work remains safe, fair and capable after the current leader steps away.

- Clarify mandate and authority.
- Listen across formal and informal systems.
- Agree a small number of 30-60-90 outcomes.
- Record episodes, evidence and learning as work occurs.
- Design recovery, cover and succession into the role.

Common mistake

Avoid this	Trying to prove value through immediate visible change before understanding the people, history, risks and constraints.

Pause and reflect

What boundary or support would make your leadership more reliable six months from now?

Takeaways

- Listen before declaring the solution.
- Record impact and learning as work happens.
- Sustainability is a governance issue, not a luxury.

Knowledge check

Choose one best answer. These practice questions support reflection; they do not assess a real case or confer accreditation. Answer positions match the browser edition.

1. What is the most important first step in a new leadership role?

A. Announce a major restructure

B. Demonstrate certainty

C. Replace inherited priorities immediately

D. Clarify mandate, authority, support, risk and expected outcomes

2. What is the purpose of listening during the first 90 days?

A. To identify who supports the leader personally

B. To postpone all decisions

C. To gather evidence about work, relationships, interfaces, risk and strengths

D. To gain universal approval

3. Which is the strongest portfolio evidence?

A. A senior title alone

B. A documented episode showing role, reasoning, contribution, outcome, feedback and learning

C. A list of meetings attended

D. A statement that you are strategic

4. How should an individual describe collective leadership work?

A. Avoid recording the work

B. Use only 'we' and omit personal contribution

C. State personal contribution, acknowledge others and avoid exaggerated causation

D. Claim the whole outcome

5. Why can constant personal rescue be unsafe?

A. It guarantees succession

B. It can hide system weakness and make safety depend on one person

C. Leaders should never help

D. It always reduces workload

6. What is the strongest approach to succession?

A. Keep key relationships personal

B. Wait until departure is confirmed

C. Choose a replacement who is most similar to the current leader

D. Distribute knowledge, develop capability, document decisions and provide fair opportunity early

Answers and explanations

1. D — Clarify mandate, authority, support, risk and expected outcomes

Role clarity is necessary before the leader can make credible promises or accept accountability.

Review 'Day one begins with the mandate' and complete the Authority-Responsibility Map.

2. C — To gather evidence about work, relationships, interfaces, risk and strengths

Listening should reveal the structure and reality of the service rather than function as a popularity exercise.

Return to 'Listen for structure, not approval' and widen the group from whom you are learning.

3. B — A documented episode showing role, reasoning, contribution, outcome, feedback and learning

A specific episode allows contribution and judgement to be assessed.

Review 'Build a portfolio from episodes, not adjectives' and complete a Leadership Impact Page.

4. C — State personal contribution, acknowledge others and avoid exaggerated causation

Credible attribution neither inflates the individual nor makes their judgement invisible.

Review 'Attribution without inflation or disappearance'.

5. B — It can hide system weakness and make safety depend on one person

Heroic reliability may prevent structural risk from becoming visible and leaves the service fragile during absence.

Return to 'Heroism can conceal unsafe design' and identify work that depends on your availability.

6. D — Distribute knowledge, develop capability, document decisions and provide fair opportunity early

Succession is a capability and stewardship process, not a last-minute replacement exercise.

Review 'Succession and the work left behind' and identify one capability that needs wider distribution.

Official and professional sources

Confirm the current source version and applicable nation, contract, scheme or specialty. A source list is not a statement that every rule applies to every reader.

GMC: Leadership and management guidance
UK · https://www.gmc-uk.org/professional-standards/the-professional-standards/leadership-and-management/about-this-guidance

NHS Leadership and Management Framework
England and Wales · https://www.england.nhs.uk/leaders/nhs-leadership-and-management-framework/

HSC Leadership Centre
Northern Ireland · https://leadership.hscni.net/

FMLM: Leadership and management standards
UK · https://www.fmlm.ac.uk/professional-standards/leadership-and-management-standards-medical-professionals

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