LEADERSHIP IN PRACTICE | MODULE 01

Leadership before the title

Recognise the leadership already present in clinical decisions, teamwork, teaching and service improvement.

- ✓ 12 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

Leadership begins when your judgement influences what happens next. You do not need a management title to make work safer, help a colleague think clearly or turn a recurring problem into improvement.

Three next actions

- Notice one decision this week where other people depend on your judgement.
- Write down the purpose, the people affected and the result you want.
- Ask one colleague what helped—or hindered—them when you led that moment.

Learning objectives

- Recognise leadership in ordinary clinical and professional work.
- Distinguish helpful activity, expertise, management and leadership.
- Turn an informal contribution into evidence that can support a legitimate role.

Why this matters

Many doctors imagine leadership as something that begins after appointment to a named role. In practice, services often depend on doctors who coordinate uncertainty, notice recurrent risk, influence colleagues, preserve continuity and improve how work is done. The absence of a title does not make that contribution less real. It may, however, make the contribution less visible, less supported and harder to sustain.

For SAS and locally employed doctors, this distinction is especially important. A doctor may have extensive clinical knowledge and be the person whom colleagues approach when a service is under pressure, yet still be excluded from meetings where priorities, resources or roles are decided. Recognising leadership before the title is therefore not about flattering people. It is about seeing where responsibility already sits and deciding whether authority, time and accountability are properly aligned.

Start with the work before the identity

A useful starting question is not 'Am I a leader?' but 'What work is happening here?' Describe the situation in observable terms. Perhaps a ward repeatedly loses important information at transfer, junior doctors are uncertain about escalation, a clinic has an avoidable delay, or different professional groups understand the same plan differently. Then identify who is helping the team understand the problem and organise a response.

This approach prevents leadership from becoming a personality label. A quiet doctor can lead. A person with a forceful presence may fail to lead if others become less able to contribute or if decisions are not converted into safe action. The relevant evidence is the relationship between purpose, contribution and consequence: what needed to change, what the person did, how others were involved and what happened afterwards.

Where ordinary leadership appears

Clinical work contains frequent leadership moments. These include setting priorities during deterioration, making uncertainty explicit, coordinating a multidisciplinary response, explaining a difficult decision to a patient or family, supporting a colleague after an incident, and deciding that a familiar process is no longer safe enough. Teaching, supervision, job planning, rota design and improvement work also contain leadership when they change how other people understand or carry out the work.

Not every useful act needs to become a project. The senior doctor who creates a reliable weekend handover may have produced more practical benefit than someone who attends a prominent committee without changing a decision. Equally, repeated rescue work can conceal a poorly designed system. The leadership task may be to stop relying on personal availability and create an arrangement that remains safe when that individual is absent.

Helpful, expert, managerial or leading?

Helpful work supports another person in completing an existing task. Expertise contributes specialist knowledge. Management organises resources, roles and processes. Leadership helps people understand purpose, make a judgement and move towards a different or more reliable future. These categories overlap, and one is not automatically superior to another. The distinction matters because each requires different authority, evidence and support.

For example, repeatedly correcting an incomplete discharge document is helpful. Explaining the clinical information that must be present is expertise. Redesigning who completes and checks the document is management. Bringing the relevant teams together, agreeing why the current process creates harm, testing a new approach and reviewing its effect contains leadership. Naming the contribution accurately prevents both inflation and disappearance.

Build an evidence habit

Leadership evidence is stronger when it records an episode rather than an adjective. 'Good communicator' is a claim. A brief account showing how a doctor brought two teams to a shared understanding, clarified a decision, secured an owner and checked the result is evidence. Useful records include the initial problem, the doctor's actual role, evidence considered, people involved, decision made, result observed and learning carried forward.

Evidence should be proportionate. A short note, meeting record, audit result, feedback email or reflective account may be enough. Do not include patient-identifiable information in an unsecured portfolio. Do not claim sole credit for collective work. Attribution becomes more credible when it names both the individual's contribution and the contribution of others.

The risk of invisible reliability

Organisations often reward the visible project while depending on invisible reliability. The doctor who quietly absorbs gaps, answers every telephone call and prevents problems from reaching senior attention may be described as dependable. Over time, that reliability can become a reason not to redesign the service, allocate development time or broaden the doctor's authority. The person becomes essential to the weakness of the system.

A responsible leader makes this pattern discussable. Instead of saying only 'I am overloaded', describe what work is being absorbed, what risk is being contained, what would happen during absence and which part requires a system response. This is not withdrawal of goodwill. It is the conversion of hidden work into information that the organisation can govern.

The SAS and LED perspective

SAS and locally employed doctors should not have to imitate a consultant identity to show leadership. Their value may arise from continuity, detailed knowledge of the service, cross-boundary relationships, education, patient understanding or experience accumulated outside a conventional training pathway. These are legitimate sources of contribution, but they still require evidence and appropriate governance.

Where an informal leadership function is recurrent, ask whether it needs recognition in the job plan, an agreed objective, protected time, access to information, a reporting route or a named role. Not every contribution should become a formal post. The key test is whether the current arrangement allows the work to remain safe, fair and sustainable.

A one-week practice exercise

For seven days, notice one moment each day when your judgement affects what happens next. Record the purpose, who depended on the decision, what you actually did and what followed. Include small moments: an escalation, a teaching conversation, a challenged assumption or a decision to pause. At the end of the week, look for a pattern rather than selecting only the most impressive example.

Choose one behaviour to test during the following week. You might state the purpose before offering the solution, invite a quieter colleague first, make the decision owner explicit or return later to check the effect. Ask one colleague a specific feedback question. This turns leadership development from a statement of aspiration into a small experiment with observable evidence.

- What problem or uncertainty was present?
- What changed because of your contribution?
- What authority or support was missing?

- What should become a reliable team process rather than personal rescue work?

Common mistake

Avoid this	Waiting for formal permission to contribute, or assuming that having a title automatically makes every decision good.

Pause and reflect

Where are people already relying on your judgement, even though nobody calls it leadership?

Takeaways

- Leadership is behaviour before it is position.
- Purpose creates direction.
- Everyday examples can become credible evidence.

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. A specialty doctor repeatedly corrects unsafe weekend handovers before leaving. What is the strongest next leadership step?

A. Describe the recurring risk, involve the teams and test a reliable process

B. Continue correcting them quietly

C. Send a general reminder that handovers must improve

D. Ask to be called the handover lead

2. Which is the best evidence of leadership?

A. Attendance at several committees

B. A named management title

C. A documented contribution linking a problem, action, people, result and learning

D. A statement that colleagues see you as inspiring

3. What is the most useful first question when considering whether leadership is happening?

A. Who speaks most confidently?

B. Who has the most senior title?

C. What work and influence are present?

D. Who has completed leadership training?

4. A doctor provides specialist advice within an unchanged process. Which description is most accurate?

A. It is expertise and may contribute to leadership

B. It is management because advice organises work

C. It is automatically transformational leadership

D. It cannot be leadership without a title

5. When should an informal contribution be considered for formal recognition?

A. Whenever the doctor would like a more impressive title

B. Never, because informal leadership should remain voluntary

C. Only after the doctor becomes a consultant

D. When it is recurrent and needs authority, time, information or accountability

6. What makes the one-week exercise useful?

A. It replaces feedback from colleagues

B. It identifies a fixed personal leadership style

C. It gathers ordinary examples and tests one observable behaviour

D. It proves readiness for a formal post

Answers and explanations

1. A — Describe the recurring risk, involve the teams and test a reliable process

Leadership goes beyond repeated rescue. It makes the purpose and risk visible, involves the people doing the work and checks whether a changed process is reliable.

Revisit 'The risk of invisible reliability' and identify how hidden rescue work can delay system improvement.

2. C — A documented contribution linking a problem, action, people, result and learning

An episode with traceable purpose, contribution, outcome and learning is stronger than an adjective, title or attendance record.

Review 'Build an evidence habit' and use the Leadership Impact Page to record one real episode.

3. C — What work and influence are present?

Starting with the work reveals contribution and consequence without turning leadership into a status or personality label.

Return to 'Start with the work before the identity' and practise describing the situation in observable terms.

4. A — It is expertise and may contribute to leadership

Expertise is valuable and can support leadership, but it is not automatically the same as helping people change direction or create a more reliable future.

Review the distinction between helpful, expert, managerial and leading contributions.

5. D — When it is recurrent and needs authority, time, information or accountability

Recurrent work may need job-planned time, authority and governance so that it is safe and sustainable.

Revisit 'The SAS and LED perspective' and map the support required by one recurring responsibility.

6. C — It gathers ordinary examples and tests one observable behaviour

The exercise develops awareness through real episodes and a small test. It is not a credential or personality assessment.

Read 'A one-week practice exercise' and download the accompanying map.

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/

NHS Leadership Academy: Our Leadership Way
England · https://www.leadershipacademy.nhs.uk/organisational-resources/our-leadership-way/

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