LEADERSHIP IN PRACTICE | MODULE 04

Power, credibility and decisions under uncertainty

Use professional power carefully and make decisions that remain understandable when the facts are incomplete.

✓ 15 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

Responsible power makes challenge safer and reasoning visible. Under uncertainty, state what is known, what is assumed, what could cause harm and when the decision will be reviewed.

Three next actions

- Name the sources of power present in one current decision.
- Record fact, assumption, risk and review point separately.
- Invite the person least likely to agree to test your reasoning.

Learning objectives

- Recognise formal and informal sources of power in clinical organisations.
- Make decisions under uncertainty without hiding assumptions or residual risk.
- Use credibility, dissent and correction as safeguards rather than performances of certainty.

Why this matters

Clinical leaders rarely decide with complete information. They work with time pressure, incomplete evidence, competing duties and consequences that fall differently on patients and staff. In these conditions, power affects which facts reach the discussion, whose uncertainty is tolerated and which option is presented as realistic. Good decision-making therefore requires attention to both reasoning and the conditions in which reasoning occurs.

Credibility is not the appearance of knowing everything. It is the ability to make a proportionate judgement, explain how it was reached, communicate what remains uncertain and return when reality disagrees. This approach is safer than either false confidence or endless delay.

Power is already in the room

Power comes from more than job title. Expertise, control of information, access to senior leaders, influence over rotas, professional reputation, confidence with organisational language and the ability to delay a decision can all shape an outcome. A patient, junior doctor or SAS representative may hold important knowledge while having little power to make the group attend to it.

Ethical leadership does not pretend these differences have disappeared. It asks who can speak, who will be believed, who bears the consequence and what route exists when the formal discussion excludes relevant evidence. The aim is not to make every participant equally accountable; it is to ensure authority does not make important information easier to ignore.

Credibility is specific

A person may be highly credible in clinical assessment and less credible in finance, employment law or digital safety. General seniority does not remove the need for domain expertise. Before relying on an opinion, ask what experience and evidence make the person credible for this particular question and what interests or limitations should be understood.

This protects SAS and locally employed doctors from two opposite errors. Their service knowledge should not be dismissed because of grade, and it should not be stretched beyond its evidence because they are the most experienced person available. Credibility grows when people state both what they know and where another source of advice is required.

Separate fact, inference, interpretation and recommendation

A fact is supported by available evidence. An inference is a conclusion drawn from facts. An interpretation explains what those facts may mean in context. A recommendation proposes what should happen. Meetings often move between these stages without noticing, allowing a confident recommendation to be repeated later as if it were an established fact.

Write the four categories separately when a decision is important. Add assumptions that must be true for the option to work. This makes disagreement more precise: colleagues can agree on the facts while testing the interpretation, or accept the interpretation while preferring a different response to risk.

Understand the uncertainty

Uncertainty may come from missing information, genuine unpredictability, disagreement about values or unclear authority. These require different responses. Missing information may justify obtaining data.

Unpredictability may require safeguards and review. A values conflict needs transparent reasoning. Unclear authority needs escalation rather than further technical analysis.

Name the uncertainty instead of using a general phrase such as 'more work is needed'. Then decide whether delay is safer than action. In urgent situations, a temporary decision with explicit limits and a review point may be more responsible than waiting for certainty that cannot arrive in time.

Invite dissent before commitment

A pre-mortem asks the group to imagine that the decision failed and identify plausible reasons. This creates permission to discuss risk without requiring a colleague to oppose the leader personally. A named dissenting view can serve a similar function, provided the person is not punished for performing it.

The quality of dissent depends on response. If challenge is invited and then treated as disloyalty, future silence becomes rational. Thank the contributor, test the evidence and record what changed or why the original decision remained proportionate. Consultation does not remove the leader's duty to decide.

Decide, safeguard and communicate residual risk

A decision record should state the purpose, options, evidence, assumptions, material risks, decision owner and review trigger. It should also identify who must implement the decision and whether they have the capacity and authority to do so. A choice that cannot be implemented is not yet an operational decision.

Communicate what remains uncertain and what will happen if the risk materialises. Avoid language that offers false reassurance. People affected by the decision need to know what is being monitored, who to contact and when the position will be reconsidered.

Correct when reality disagrees

Outcome luck can make a weak decision look good or a defensible decision look bad. Review the quality of the reasoning as well as the outcome. Ask whether the evidence was used properly, assumptions were visible, relevant people were involved and safeguards were proportionate at the time.

When new evidence changes the balance, correct the decision without humiliating the person who made it. Explain what has changed and preserve the learning. Leaders who can revise openly make it easier for colleagues to bring emerging evidence before harm grows.

- What was known at the time?
- Which assumption proved wrong?
- Was the review trigger reached and noticed?
- What should change in the decision process, not only the outcome?

Influence without manipulation

Sponsorship, advocacy and coalition-building can help a good proposal reach the place where it can be decided. They become unsafe when evidence is hidden, conflicts of interest are concealed or access is used to prevent other perspectives being heard. Ethical influence makes purpose, evidence and interests visible.

For a doctor without line authority, influence often follows a sequence: understand the decision route, establish relevant credibility, build a coalition around the service need, present a workable recommendation and ask for a specific decision. If influence fails, identify whether the barrier is evidence,

authority, resource, timing or interest before simply repeating the same argument more forcefully.

Common mistake

Avoid this	Using confidence as a substitute for evidence, or delaying every decision until certainty becomes impossible.

Pause and reflect

Who bears the consequence if your current assumption proves wrong?

Takeaways

- Power affects whose evidence is heard.
- Uncertainty should be documented, not hidden.
- Correction strengthens credibility.

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 meeting repeats a recommendation as though it were proven evidence. What is the best corrective step?

A. Separate the facts, inference, interpretation and recommendation

B. Support it if the speaker is senior

C. Delay every decision until complete certainty

D. Ask for a vote before reviewing evidence

2. Which is an example of informal power?

A. Only a statutory accountability

B. Control of information and access to decision-makers

C. A patient's diagnosis

D. A written clinical guideline

3. The evidence is incomplete, but delay could expose patients to harm. What is usually the most defensible approach?

A. Pretend certainty

B. Transfer the decision to the least senior person

C. Avoid recording assumptions

D. Take a temporary proportionate decision with safeguards and a review point

4. Why can a pre-mortem improve a decision?

A. It creates a structured way to identify plausible failure before commitment

B. It guarantees the decision will succeed

C. It proves dissent is unnecessary

D. It replaces accountable judgement

5. What should be included when communicating residual risk?

A. Only reassurance

B. A promise that no harm will occur

C. The leader's personal confidence

D. What remains uncertain, what is monitored, who owns action and when review will occur

6. A proportionate decision later produces a poor outcome. What should review examine?

A. Whether the result can be kept confidential

B. Reasoning quality, available evidence, safeguards and the outcome

C. Outcome alone

D. Whether the decision-maker can be blamed

Answers and explanations

1. A — Separate the facts, inference, interpretation and recommendation

Separating the stages of reasoning shows exactly where disagreement or uncertainty sits.

Review the four reasoning categories and apply them to the decision record.

2. B — Control of information and access to decision-makers

Information, networks and the ability to frame or delay a discussion can influence outcomes even without a formal title.

Revisit 'Power is already in the room' and map who can influence your current decision.

3. D — Take a temporary proportionate decision with safeguards and a review point

Urgent uncertainty may require bounded action, explicit limits and timely review rather than paralysis or false confidence.

Review the different sources of uncertainty and decide which response fits each.

4. A — It creates a structured way to identify plausible failure before commitment

Imagining failure gives participants permission to surface assumptions and risks before the group becomes committed.

Review 'Invite dissent before commitment' and write one pre-mortem question for your next proposal.

5. D — What remains uncertain, what is monitored, who owns action and when review will occur

People need an honest account of remaining uncertainty and a practical route if the risk emerges.

Return to 'Decide, safeguard and communicate residual risk'.

6. B — Reasoning quality, available evidence, safeguards and the outcome

Decision quality and outcome luck are different. Review should examine what was reasonable at the time and what new learning changes.

Review 'Correct when reality disagrees' and distinguish decision process from outcome.

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/

The Seven Principles of Public Life
UK public services · https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2

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