

Beyond credentials: examining the potential of MBA training to cultivate clinical leadership

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The NHS Long Term Plan, published in 2019, set out the pathway for a new service model fit for the 21st century¹. It highlighted the importance of visible senior clinical leadership in enabling and assuring the delivery of high-quality care, both within organisations and the wider system. In a linked report by NHS Improvement, current chair Dido Harding highlighted the importance of providing the right support to ensure clinicians are able to realise their potential as senior leaders². The historical reluctance for UK doctors to get involved in leadership roles has been driven both by a discouraging professional culture, and a lack of training. If we are to aspire to maintain and enhance our NHS, we need training solutions that will help to prepare high quality clinical leaders.

The Master of Business Administration (MBA) degree is a long established postgraduate programme designed to provide candidates with the necessary skills to take senior leadership and management roles within organisations. Although historically it has been considered a route into the business world, in recent years there has been a greater recognition that these skills are necessary in a wide range of industries and sectors, leading to the development of specialised MBA degrees in areas such as finance, marketing, human resources, information systems, and law³. A number of different types of MBA programmes exist, including those with full time study on campus, those completed exclusively online, and those with distinct 'Executive' streams designed for those already in senior roles. Further information about different course structures and methods is updated and published annually.

Healthcare organisations and systems rely on effective leadership. Policymakers around the world are increasingly recognising the importance of engaging clinicians into leadership positions, and there is a body of theoretical and empirical evidence supporting this movement^{4,5}. The knowledge, skills, and attitudes needed to be an effective leader can be developed⁶, and leadership learning is now widely integrated into undergraduate and postgraduate medical curricula, as well as into the professional standards of doctors and other healthcare workers⁷.

There is, however, no consensus on the best route by which leadership training should be delivered to clinicians. A number of higher education programmes dedicated to healthcare leadership have emerged, as well as a suite of training packages from the NHS Leadership Academy⁸. Other training opportunities have been more applied and immersive, such as fellowship schemes provided by individual institutions⁹, those available to clinicians in a single region such as the Darzi fellowship scheme in London¹⁰, and national fellowship programmes such as those offered by the Faculty of Medical Leadership and Management¹¹. Given that leadership development is typically a very personal journey, and that individuals vary so widely in their learning styles, this diversity of options seems fitting.

The MBA is a well-established and authenticated means of leadership training for professionals, with empirical research demonstrating that alumni acquire tools which help them contribute deeply toward the success of their organizations^{12, 13}. Despite this, it has been a relatively poorly trodden path for clinicians. Although a number of doctors have reflected positively about their personal experiences of completing MBAs¹⁴, they remain an exceptional minority. This is all the more surprising when considering the popularity of postgraduate study for clinicians in medical education, the medical sciences and clinical research. This may partly relate to the fast paced and intense delivery of many MBA programmes, as well as the need for regular campus attendance, which may be challenging for those working clinical rotas. It could also relate to the fact that MBA content has traditionally been disconnected from the workplace and sector of clinicians. Restrictively high tuition fees could also be an explanatory factor.

We have encountered opinions in some parts of the healthcare professions that frame the MBA as a self-indulgent degree; which simply provides credentials to support personal career advancement. There has, in the past, been a degree of mistrust between clinicians and managers¹⁵, which may partly explain the scepticism about the MBA from some clinicians. In recent years, healthcare governance systems have better integrated clinical and managerial roles, and there has been a growing recognition from clinicians that they need to be involved in designing, evaluating, managing, and leading healthcare pathways, departments, organisation, and systems¹⁶.

Clearly, the MBA degree is not for everyone. Those at the very beginning of their careers are unlikely to have the necessary experience to contextualise the theoretical elements of the programme with real healthcare scenarios, and those in the latter stages of their careers are unlikely to radically restructure approaches that have become habit over many decades. Senior trainees and those in the early and middle stages of their professional careers are more likely to benefit from the opportunity to reflect and learn about management theory and other business topics as they take on their first and subsequent leadership roles. Table 1 outlines some positive and negative aspects of completing an MBA as a clinician.

Healthcare leaders often argue that leadership training should be 'on the job' and that these skills can only be gained through experience. There is undoubtedly much benefit from experiential learning of this kind and it has to form at least part of an individual's leadership development journey. Indeed, a rule of thumb that has emerged from the corporate world is the '70-20-10 rule' that suggests that 70% of leadership development should be experiential, 20% should be from informal learning and mentoring, and only 10% should be from formal study¹⁷. We cannot, though, assume that clinical training itself automatically prepares for leadership roles. When clinicians move

into senior roles in education or research, they are expected to complete dedicated study and gain appropriate qualifications in order for them to understand the principles, procedures, language, and values of that world. The same should apply for leadership and management.

Completing an MBA is not a small undertaking. Candidates must complete many hundreds of hours of study, become accustomed to disciplines that many clinicians will be encountering for the very first time in their lives, such as economics and accounting, and complete a series of assignments, projects, and exams. It does, however, mean spending a dedicated period of time on your own personal development, including considering your own leadership style, thinking about your own strengths and weaknesses, and contemplating your own approaches to current and future workplace challenges. This personal reflection is crucial to leadership development, and doing so in a structured, rigorous, and disciplined way is likely to have considerable benefits. Having a cohort of other professionals to share ideas with is also important, both to help make sense of your own personal journey, but also to form a network of peers who are likely to be on similar leadership journeys. Box 1 summarises the experiences of a mid-career medical professional who recently completed an MBA.

All clinicians need some leadership training and only a small proportion of them are likely to need to, or want to, complete an MBA. There is, though, a clear role for training pathways that suit individuals with different learning needs, styles, and preferences if the professionalisation of healthcare leadership and management is to continue. We feel that the MBA degree is an under-utilised tool in this development toolbox. As more study options continue to emerge, that are increasingly flexible in their approach and health-focused in their content, it could become one important part of the training landscape that is needed in order to support the next generation of clinical leaders.

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Table 1: Positive and negative aspects of MBA study for clinicians	
Positive aspects	Negative aspects
Provision of a credential that demonstrates a sound understanding of the theoretical basis for management and leadership	Possibility of overreliance on theoretical rather than experiential learning
Demonstration of a commitment to pursuing a career in management and leadership	Relative lack of weighting for MBA compared to other degrees (E.g. PhD/MD) in clinical recruitment
Prospect of gaining networks and mentors from inside and outside the healthcare sector	High workload may be incompatible with clinical commitments
Opportunity to engage in self-reflection and critical self-study, with a focus on personality and leadership	Challenges of navigating multiple disciplinary areas of study, which may contrast with biomedical outlooks
Potential to pursue further study at doctorate level if desired	Potential lack of relevance of some content to healthcare sector
Advent of flexible and more affordable learning options included online and blended study	High tuition fee cost, particularly for face-to-face and Executive pathway options

Box 1: Experiences of a doctor currently enrolled on an MBA

Learning about finance, processes and systems and how organisations work or don't work at a macro level, has stimulated a lot of thought and enhanced my Clinical Lead role. As someone with a predominantly clinical training, formal management, leadership and financial knowledge, has given me the tools and the confidence to go toe to toe with senior leaders in my organisation. The application of theories into my workplace has made this more than just an academic exercise