



ention the General Medical Council (GMC) and many doctors break into a sweat. The fear and mystique surrounding this organisation is something that its Chief Executive, Niall Dickson, is acutely aware of.

The GMC used to be little more than a file clerk keeping a list of doctors and a pompous committee sitting in judgement of erring doctors. When Niall Dickson took up his duties leading this now-vast organisation, the GMC was mired in controversy: revalidation; rising costs of regulation; standards of European doctors entering the UK; the perception within the profession that the GMC was an organisation touting for the general public and the polar perception among the public that the profession was a club for the medics. But this is a man who was no stranger to health and social care and came exceedingly well prepared.

Niall was born and educated in Scotland and always had a passion for the English language. He didn't have a life plan like he believes many surgeons do and he certainly never expected to be leading an organisation with more than 1,000 employees and one that is responsible for more than 236,000 licensed doctors.

At the age of 24, Niall started working for the National Corporation for the Care of Old People, followed by the charity Age Concern, where he later became Head of Publishing. In 1988, he joined the BBC as a health correspondent and went on to become Social Affairs Editor, where he was responsible for more than 80 producers and correspondents. Continuing his serendipitous career in health and social care, Niall joined the King's Fund in 2004 as Chief Executive,

leaving a legacy of high-profile research that had a direct impact on policy. 'Managing people and achieving ends within organisations is something I very much enjoy,' he says.

Then in January 2010 he joined the GMC to lead a reform programme that has transformed the operations and responsibilities of the organisation. He is not shy about discussing his influence in various spheres over the years: 'As a journalist, you do influence events; although it is hard to measure what those influences are. For the most part, you are influencing opinion in a wider sense. At the King's Fund, you move nearer such that a certain inquiry we did resulted in a specific change in government policy, whereas at the GMC you can look at very direct and tangible outcomes, such as getting a law changed.'

A quiet but informed and sharply intelligent man, Niall retains his authoritative cadence from his broadcasting days. He is clear that he does not want the regulator to be seen as a 'doctors' club', but rather as a safety organisation. Not afraid to criticise the government, he is no fan of central government control and welcomes an NHS with less bureaucracy.

Leadership for Niall has many facets and he has built on his experiences throughout the years. 'Appointing the right people into the job is the most important thing you can do, and not being afraid to admit it when you get it wrong,' he explains. Having a clear vision is of paramount importance, as is having values. Both staff and leaders of an organisation must understand and believe in these values, 'which are about personal behaviour and how you expect the whole

organisation to behave and these must be demonstrated at all times. I have seen these values pinned up on a board in hospitals and they are just curling at the edges and staff do not live by them'. At the GMC he gives the examples of honesty and transparency as values they aspire to.

His steely determination and visionary leadership style are obvious. 'People around me are well paid and should absolutely be focused. There must be a sense of joint purpose,' he says. Intolerant of drift away from the goal of the team, he is not keen to micro-manage people but is a firm believer in effective performance management against the values that have been set for the organisation. 'It is intolerable if staff do not live by values. These need to be reinforced as they are real.'

He admits that clinical disengagement is a huge problem for the profession, with 'doctors and nurses not feeling part of their hospital'. Niall believes this is a sign of an institution not performing effectively and is an area the GMC has significant concerns about. 'After all, professionalism in medical terms is about being engaged with that organisation.' This may in part be because 'medicine is still a tribe and people are brought into it and they become part of that tribe. It is very important that the tribe does not draw barriers around itself so that people start looking inwards rather than outwards'. He appreciates that most clinicians just want to do the best by their patients (however trite that may sound), giving managers a starting point to work with.

A staunch advocate of reflective practice for doctors, it is reassuring to know that Niall practises what he preaches. He reflects on how he was 'grilled in front of a select committee and cross-examined for four-and-a-half hours in front of the Mid Staffs enquiry. Each time I consider how well or how badly I performed and how I could improve in a constructive way,' he says. Perhaps this is why he believes that both managers and medics should reflect on their own behaviours to see how to move forward.

He is enormously proud of his staff in terms of their commitment and their beliefs. He hopes that his team see him as a leader who is easy to approach, energetic (although they may think he has too many ideas), supportive (even when things go wrong), and treats everyone in the organisation in the same way regardless of job, gender or background. As one would expect of a man with such extensive media experience, his communication skills are also second to none.

'Medicine sometimes looks too much into itself,' Niall says, and welcomes this healthy trajectory into leadership lessons from other professions: 'As a safety-critical industry, healthcare did not look early enough into other safety-critical industries, like the

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airline analogy.' He admits that the GMC should also be looking at other regulators to learn from what they have done well and perhaps what they have not done so well.

'Being a doctor can no longer be a master of a set of knowledge that was held and dispensed to a patient. Most of what most doctors do, most of the time, is about teamwork and being part of an organisation. This is the yin and yang of medicine.'

As Niall imminently leaves the GMC after seven years in the driving seat, there is no doubt he will continue his marriage with healthcare. He went to the BBC after receiving a phonecall, and then to the King's Fund after another phone call. Where will the next phone call take this inspiring leader?

Niall's 5 favourite things

- 1. My family, especially my new grandson
- 2. My work I'm a workaholic
- 3 Golf
- 4 Politics
- Healthcare

Niall's leadership skillset:

- Being open, accessible, and transparent.
- 2. 'Send a positive message about the organisation.'
- 3. 'Staff and leaders must live by the values that you set for the organisation.'
- 4. There must be a clear view of where the organisation is, and where it is heading in future. The single end-goal must be one that everyone shares.

Who do you think is an amazing leader and why?

Although the greatest influence in my life is my wife, I admire Richard Doll, whom I interviewed while at the BBC several times. He probably saved more lives because he managed the process of getting the link between smoking and cancer out there. He stuck to his guns in a tenacious way.

Coming next month... Vijaya Nath