



Healthcare leadership: learning from evaluation

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Abstract

Purpose – The purpose of this paper is to review eight major evaluations of leadership and management development programmes in parts of the UK National Health Service and also to identify learning from these as a basis for an evaluation framework which focuses on impact within healthcare organisations.

Design/methodology/approach – Eight evaluations conducted over a 13-year period are reviewed in terms of the staff groups covered, numbers involved, duration, programme elements, evaluation approach adopted and key learning points. General conclusions are derived from this review.

Findings – Although each evaluation relates to a unique context or setting, there are clear common messages running across all those studied which are of wider interest and concern.

Practical implications – The framework developed from the review may be useful to those commissioning, designing, delivering and evaluating leadership programmes.

Originality/value – The paper seeks to identify common learning across programmes involving some 1,653 people, ranging in duration from seven to 18 months and covering first-line clinical management to executive director positions.

Keywords Leadership development, Evaluation, Generic learning, Learning, Leadership, National Health Service

Paper type General review

Introduction

With significant investment made in the development of leaders and managers in healthcare organisations, there is an obvious need to ensure, as far as possible, that such investment is realised. Thus, evaluation of leadership and management development programmes has been increasingly seen as essential, both in terms of assessing whether the programmes themselves have achieved their stated intentions and also in deriving more general learning from them. Within the UK, for example, a major healthcare charity, the Health Foundation, has pioneered a series of evaluation studies on all the major leadership programmes which it has initiated (Health Foundation, 2011), while internationally the Institute for Healthcare Improvement has sought to identify key leadership “leverage points” (Reinertsen *et al.*, 2008). This paper explores some of the major issues in relation to evaluation, before reviewing eight major evaluations conducted within the various parts of the National Health Service (NHS) in the UK with a view to identifying the basis of a framework for leadership development programmes aimed at assessing the impact of those programmes.

The problem with evaluation

Traditionally, evaluations of leadership and management development programmes in healthcare have depended largely upon the impressions formed by programme participants, often expressed after the programme is over. Such an approach makes it extremely difficult to form an accurate impression of the impact that any programme may have had on its’ participants, their behaviours, and ultimately on their work in the



organisations in which they are employed. This is partly because of the retrospective nature of such evaluation and may also be partly due to the inevitable “glow” that often surrounds the recollection of events at which participants may have been feted and had their leadership prowess emphasised and enhanced.

It is difficult to measure the impact of a complex, multi-factorial, qualitative intervention like a leadership and management development programme, where the isolation of any one particular aspect to allow the attribution of cause and effect is by definition problematic – some would say almost impossible, despite innovative evaluation designs (Hardacre *et al.*, 2010). At the specific level, there may be a wide variety of didactic presentations, networking opportunities, action learning sets, site visits and a plethora of other activities as part of a programme, all of which may well take place in unusual (and sometimes luxurious) locations removed from the participants’ normal work environment.

Even more difficult to measure are the initial and evolving expectations and attitudes of programme participants. In many cases they will have gone through a competitive process in order to obtain a place on a programme and this is, therefore, highly likely to colour their attitude in a fairly positive way – a self-perception of being a high-flyer working in a rarefied atmosphere among other high-flyers inevitably influences perceptions of the programme and its’ impact on all aspects of their lives in a positive manner. Alternatively, if the programme is considered as “remedial” self-perceptions may be of a more negative kind (Thorpe *et al.*, 2008).

Such complexity makes any objective evaluation of programmes difficult. In attempting to demonstrate a causal link between programmes and changes in perceived behaviour, some programmes ask for continuous participant feedback throughout; other programmes attempt to map participants’ subsequent career progression; for some “progress markers” (such as 360° assessment) are applied before, during and after the programme. In all these cases those taking part in the evaluation process are aware both of the inputs that have taken place and of the fact that some sort of special treatment has been applied. Thus, it is unlikely that a truly objective and disinterested assessment of a leadership and management development programme could be carried out this way.

Nonetheless, evaluation of leadership and management development programmes in healthcare is becoming increasingly seen as necessary:

Evaluation can only ever provide good quality information to inform decision-making. It is unlikely to supply ready-made answers because the results will need to be interpreted as part of a process of discussion and judgement with the views of different stakeholders and the intended outcomes of the activity being taken into account (Larsen *et al.*, 2005).

While it is nevertheless possible to identify useful generic learning derived from specific previous programme evaluations as a useful guide to inform the design, conduct and evaluation of existing and future programmes, and this is the purpose of this paper. The paper reports on a study which reviewed some eight major evaluations of leadership and management development programmes covering a wide range of healthcare staff in leadership and management roles and spanning a 13-year period (1997-2010). Additionally, some more general reviews of evaluation of leadership and management development programmes were also consulted. These were a survey of leadership and management development evaluation practices in UK Higher Education (Mountford and Doidge, 2005); a guide to evaluating leadership development formulated by the former National Health Service Leadership Centre for England (Steele *et al.*, 2005); a review of learning drawn from the evaluation of leadership programmes funded by the former NHS Leadership Centre (Larsen *et al.*,

2005) and a more recent academic review of possible evaluation approaches (Thorpe *et al.*, 2008). The paper does not seek to reach conclusions as to whether these programmes either individually or collectively were ultimately worthwhile or not, but instead aims to identify those factors which the evaluations suggest are crucial to maximising impact at individual and organisational levels.

The evaluations

The evaluation studies examined were:

- Evaluation of two major regional English National Health Service Board-level leadership development programmes run between 1997 and 2000 (Edmonstone and Western, 2002).
- Evaluation of the Clinical Leadership programme run within the National Health Service in Scotland in 2001-2002 by the Royal College of Nursing trade union and endorsed by the Scottish Executive (Mackenzie and Cunningham, 2002).
- Evaluation of an Advanced Leadership Programme for senior medical staff in the National Health Service in England run between 2003 and 2006 for a number of Strategic Health Authorities (SHAs) by the Centre for Health Planning at Keele University on behalf of the NHS Leadership Centre (Edmonstone, 2009a).
- Evaluation of the National Management Development Initiative (NMDI) run at six English National Health Service Strategic Health Authority sites in 2004-2005 (OPM, 2005).
- Four evaluation studies conducted on the National Health Service in Scotland national strategic clinical leadership programme run between 2005 and 2010 – two were external evaluations and two were internal evaluations (Edmonstone, 2011c).
- An evaluation of the national early clinical careers fellowship pilot programme run in the National Health Service in Scotland (Pearson and Machin, 2010).
- Evaluation of the Kent, Surrey & Sussex Postgraduate Deanery's Clinical Leadership Fellows Programme (Miller and Balint, 2010; Miller and Dalton, 2011).
- Evaluation of the National Health Service London Postgraduate Deanery's Clinical Leadership Fellows Programme (Stoll *et al.*, 2010).

Each programme was reviewed under the following headings – staff group covered, numbers involved, programme duration, significant programme elements, evaluation approach adopted and key learning points from the evaluation process.

A summary of the detail from the eight evaluations is shown in Table I.

This represents a huge range of leadership and management development interventions, involving some 1,653 people ranging from Executive Director to first-line clinical management level; running from seven months to three years and dealing with cohorts of participants both large and small. Some programmes were full-time but for the majority they were combined with the “day job”. A large variety of development methods were used, the most popular of which were taught modules, workshops, masterclasses, coaching and mentoring, action learning sets and the use of work-based improvement projects. Equally, the evaluation methods adopted were many and various, with the most frequent being structured questionnaires, one-to-one interviews, telephone interviews and focus groups.

Programme	Staff Group	Numbers involved	Duration	Programme elements	Evaluation approach	Key learning points
Board level	Executive Directors	400	12 months	Development centre, workshops, action learning, mentoring	Questionnaires, Int-reviews (telephone and face-to-face), focus groups	Conceptual fuzziness Inflexible contractual arrangements
Clinical leadership	Nursing 1st line managers	94	18 months	Workshops, action learning, coaching, mentoring, shadowing	Pre/post questionnaires, telephone interviews	Patient care focus key Integration with local OD needed
Advanced clinical leaders	Senior clinical leaders	200	12 months	Workshops, coaching, mentoring, action learning, projects	Questionnaires, face-to-face interviews, document analysis	Stakeholder role clarity Effective project management Problematic contractual model
National Management Development	3rd-4th line managers	718	7-18 months	Development centre, 360 assessment, action learning, coaching, mentoring, shadowing, projects, modules, workshops	Questionnaires, focus groups, interviews (telephone and face-to-face)	Matching expectations Selection process important
Delivering the future	Strategic clinical leaders	96	18 months	Development centre, 360 assessment, action learning, masterclasses, coaching, mentoring, project, shadowing	Pre/post 360, questionnaires, interviews (telephone and face-to-face), reflective reports	Selection process important Entry/exit strategies and local support
Early clinical careers	Early career nurses and midwives	98	3 years	Assessment centre, masterclasses, action learning, coaching, mentoring, academic study	Questionnaires, focus groups	Local employer support key Clarity of fit with career pathways
Clinical leadership fellows	Junior doctors	8	12 months	Academic study, action learning, mentoring, placements	Questionnaires, interviews (telephone and face-to-face), focus groups, document analysis	Stakeholder role clarity Academic -workplace interface
Clinical Leadership Fellows	Junior doctors	39	12 months	Modules, coaching, mentoring, action learning, project	Questionnaires, interviews, document analysis	Ambiguity/fuzziness Academic-workplace interface Clarity of expectations Senior champions and local development culture

Table I.
The evaluations summarised

Discussion

While each of these evaluation studies and the individual programmes which were evaluated are rooted in a specific context – both cultural and historical, it is possible to discern a number of important general messages concerning impact which emerge from these significant investments in leadership and management development in healthcare. First though, it is important to highlight that leadership and management development works as much through “*generative*” *causation* – creating the conditions where things can emerge, change and move on to destinations as yet unknown – as “*successionist*” *causation* – achieving predictable and pre-known outcomes through direct linkages between means and ends (Pawson and Tilley, 1997). That said, it seems possible to derive a framework of good practice from these evaluations which is helpful in informing the design, running and evaluation of current and future programmes. It is based upon a series of questions derived from key learning from these evaluations, both about those leadership and management development interventions being evaluated and about the evaluation process itself. Given that organisations do not operate in predictable ways, but as part of a larger open system that includes emergent properties (Kernick, 2002), there are two things which evaluation can do well – identify those things that do not work so as to narrow the range of choices for future action and identify mechanisms that have worked in the past and might (but cannot be guaranteed) to work in the future. For example, the development of heightened self-awareness and understanding of one’s impact on others (one popular avenue for leadership development) can lead to improved leadership behaviour, performance and outcomes, but is not guaranteed to do so (Thorpe *et al.*, 2008).

The framework

(Note: for clarity the key points of the emergent framework are highlighted in italics.)

Addressing first the leadership and management development programmes themselves, it is clear that such programmes do not just “happen” – there is typically some kind of identified need. There are usually two types of development need – *retrospective* or remedial (these arise when leaders or managers have gaps in the skill-set required for their current jobs or roles) and *prospective* (these are based on looking at how the organisation might change in the future and the knowledge, skills, attitudes and behaviour needed to achieve this) (Thorpe *et al.*, 2008).

It is easier to identify retrospective needs – prospective needs require more thoughtful analysis of development needs. In large organisations needs analysis may occur through the devising of leadership and management competency frameworks, although they are not without their critics (Edmonstone, 2011a). So useful questions are:

- *Are the learning and development needs for the programme identified and articulated?*
- *Are these needs retrospective or prospective?*

In response to the development needs identified, a further question is:

- *Is there clarity over the intended outcomes or benefits of the programme, in terms of participant behaviours and benefits to both the individual and the organisation?*

Such clarity would ideally exist between those commissioning the programme, the participants within it and the tutorial/facilitator team. So, for example, the programme might be concerned with succession-planning to create a pool of talent available to fill a

range of positions; it might be concerned with developing the human capital of individuals, in terms of their understanding and self-confidence, or it might be focussed on developing social capital within a group of people - improved working relationships, mutual respect and trust, political awareness, and so on (Edmonstone, 2011b).

The importance of clarity is continued in the next two related questions. First:

- *Is there clarity with regard to the conceptual models of leadership and management which underpin the programme?*

Review of the eight evaluation studies highlighted the problem of “conceptual fuzziness” where the guiding assumptions concerning the nature of leadership and management of those designing and facilitating the programmes were seldom made explicit and were often deemed to be self-obvious. The process of evaluation is made easier if these models and frameworks are both clear and shared at the outset and between all key stakeholders.

Similarly, there seems to be a similar need for clarity with regard to the underlying models of individual and group learning and development which are embedded in the programme (Edmonstone and Western, 2002). The “conceptual fuzziness” problem typically includes assumptions concerning adult learning. Traditional classroom-based and didactic training courses are based upon the principle that, if learning has taken place, it should be relatively easy to see and measure the effects of it and that conditions and experiences can be manipulated to ensure that individuals and groups exhibit the desired “terminal” behaviour. This ignores the role of individual and group cognitive processes and casts the learner as an unsuspecting and unthinking being, ready to be changed in whatever way is deemed desirable by the “educator”. At issue is the degree of learner-centredness the programme may embody. So a further question is:

- *Is there clarity regarding the underlying models and frameworks for adult learning which underpin the programme?*

What is being sought here is the degree of congruence between the “espoused theory” (what is claimed) and “theory-in-use” (what exists in practice) in relation to these two areas (Argyris and Schon, 1974).

The motivation of programme participants will turn, to a significant extent, on the extent to which they definitely want to be on the programme or feel that they have been “sent”. If the latter is the case it raises further issues over whether the “sending” is for remedial or fast-tracking purposes. The processes of application, nomination and selection are therefore important. Questions arising from this are:

- *Is participation in the programme “open” and for all or is it selective?*
- *If it is selective, what are the key selection criteria?*
- *To what extent is there competition to achieve a place on the programme?*

Individual programme participants will view the programme in relation to their own personal career path. For some managerial posts a Masters in Business Administration (MBA) is increasingly considered a sine qua non, while whether some staff even apply to be on a programme (and their motivation within the programme if they do), may turn upon the extent to which they believe that the programme will enhance their own career development. For this reason, the question arises:

- *To what extent is there clarity of “fit” between involvement in the programme and career progression within the organisation or sector?*

The existence of organisational “champions” for development programmes can facilitate tangible help (funding, protected learning time, secondments, attachments, shadowing), while the symbolic presence of such people at key times in a programme can serve to reinforce the importance and impact of the programme (Thompson, 2009). Further questions are therefore:

- *Are there recognised organisational “champions” for the programme?*
- *What is the nature of their support in practical and symbolic terms?*
- *Is that support sustained across the programme’s duration?*

A programme will be perceived as relevant by participants to the extent that it is seen to contribute to or enhance the “core processes” of the organisation and seeks to bring about improvements in such an area. Unless this focus exists then there is real danger that the countervailing tendencies of over-attention to the development of personal qualities on the one hand, and the bottom line on the other may predominate (Walmsley and Miller, 2008). The questions are:

- *To what extent does the programme focus on, identify with and serve to enhance and improve the core process(es) of the organisation?*
- *Does the programme feature a “change project” designed to bring about practical improvements in services or products?*

In turn, this raises the issue of how the leadership and management development programme is integrated into the wider organisational change and development processes and activities within the organisation(s) from which the participants are drawn (Walmsley and Miller, 2008). The greater the match between the organisational culture (including the way in which it may be changing), and the values which the programme embodies and reflects, the greater the likelihood of participant buy-in and therefore success.

- *How much integration is there between the development programme and the local organisational culture, especially with attempts to change this through organisational development and change activities?*

Development programmes typically feature a combination of “programmatic” and “work-based” development methods (Edmonstone and Western, 2002). The former would include taught modules, masterclasses, workshops, and so on. Such approaches tend to develop individuals rather than groups and are typically concerned with learning about (conceptual understanding), rather than learning to (skilled behaviour consciously applied) (Pedler *et al.*, 2004). Work-based methods feature learning from another person (mentoring, coaching, shadowing), learning from tasks (projects, secondments, job rotation) and learning from others (action learning sets, communities of practice, task forces, project teams). A useful consideration, therefore, is:

- *What is the balance between programmatic and work-based approaches in the design of the programme?*

The greater the sense of “detachment” of the programme from the priorities of local OD, leadership and management development people, the less they are likely to be involved in effecting learning transfer into the workplace. So key questions are:

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- *Do local development professionals see it as part of their role to provide support to programme participants before, during and after the programme?*
 - *Do they have both the competence and time available to undertake this work?*
 - *If local coaching and mentoring is intended to supplement more programmatic aspects of the programme, what is the quality of those undertaking such activity?*
 - *Are there in place both “entry strategies” to prepare the participant for the demands and expectations likely to be made on them in the programme experience and “re-entry strategies” to enable the participant to make an effective transition back into work with enhanced knowledge and skills and increased expectations?*
 - *Are there in place employer plans to exploit the investment made in individuals and groups in terms of fresh assignments and challenges?*

Whatever the case, steering of the programme and close working between all the major stakeholders concerned is often an issue which is often ignored, yet the case studies indicate that this should not be, as important problems can often arise. The case studies suggest the following are important questions to ask:

- *Is there clarity about the relative roles and responsibilities of the key stakeholders (commissioners, participants, participants’ managers, local OD people, providers)? Are these ground rules spelled-out and codified at the outset and thus exist as a reference-point as the programme develops?*
- *How much flexibility is there in the contractual arrangements between the commissioners and the providers of the programme to respond to contingencies as they arise? Can constructive challenge enable real time changes and in-programme tailoring of programme design?*
- *Are there effective project management arrangements in place to steer the programme over its’ duration, with regular means of review and modification?*

Turning to the evaluation of programmes, it has become increasingly clear (Hardacre *et al.*, 2010) that the effectiveness of leadership development activities is more validly measured in real time prospectively, rather than merely in retrospect. Ideally, evaluation needs to be built in to the design of programmes from the outset, i.e. at the design stage. Realistically, however, many evaluations are conducted on a post-hoc basis and within limited budgets.

A useful distinction is made in the evaluation literature between “summative” and formative” evaluation (Scriven, 1967). The former is concerned with what might be termed the overall “worthwhileness” of the programme concerned, while the latter is concerned with learning from the experience in order to steer and improve it. *Summative evaluation* is concerned with seeking to *prove* the impact and worth of a programme, usually using some kind of cost-benefit analysis approach – it is about assessing the value and may feature a version of the Return On Investment (ROI) approach. A less formulaic approach to summative evaluation is the use of “stakeholder evaluation” (Thorpe *et al.*, 2008) which seeks the views of all those with an interest in the programme (e.g. participants, tutors/facilitators, bosses, commissioners) in order to assess its’ value. Stakeholder evaluation can be likened to 360° appraisal, producing a rounded or balanced picture, rather than merely representing the tutors’ or participants’ views, as is normally the case. *Formative evaluation* is more concerned with *improving* the programme, and the data collected is particularly useful to the tutor/facilitator as it deals with process rather

than outcomes and is useful for assessing which elements of a programme were most useful for participants. However, participants may often be impressed with elements of a programme which are particularly enjoyable rather than potentially impactful on their work performance. So formative evaluation is therefore partial and may have as much to do with the “fun” factor in programmes as with the overall learning experience.

Early evaluation questions are therefore:

- *Who are the key stakeholders? What are their expectations of the evaluation?*
- *Will the evaluation provide useful (and to whom?) and timely insights? Will it generate new insights and not duplicate other work?*
- *Will the benefits of the evaluation outweigh the costs?*
- *What do we want to know about the programme?*
- *What kind of evaluation is being requested – summative or formative?*

In practice, both summative and formative evaluation may be required, but the balance needed between the two approaches is a useful starting-point for design of an evaluation process.

In practice there are three possibilities in terms of the level of evaluation adopted (Thorpe *et al.*, 2008) – simple evaluation, learning evaluation and holistic evaluation. *Simple evaluation* is typified by the “chain-reaction” or successionist causation model – the evaluator identifies the prompts for change and then attempts to connect these to their effects. It is a simple and easily understandable way of collecting and analysing evaluation data. Evaluators are likely to see themselves as detached from the learning process and perhaps from the programme participants themselves, preferring to use “hard” data (from questionnaires, job performance indicators, ROI calculations) to draw their conclusions. Simple evaluation is quite straightforwardly summative in its approach. With *learning evaluation* the interest is still in cause-and-effect, but there is a stronger focus on the learning that happens in order to be about change. There is greater interest in the *process* of learning, so participants themselves are more closely involved in the evaluation. Learning evaluation seeks to balance summative and formative considerations. Finally, with *holistic evaluation* there is an acknowledgement that cause, effect and learning are all important, but that any development programme operates within a system and there is therefore a need to understand how the system impacts on the programme and vice versa. This involves asking some “why?” questions about the design and delivery of the programme and some “how?” questions about the impact on colleagues and on the bottom line. Evaluation at this level provides information that can be used to inform organisational policy and strategy and embodies the emergent assumptions of generative causation. A further question is therefore:

- *At what level is the evaluation intended to operate – simple, learning or holistic?*

Evaluation work also carries a cost as well as (hopefully) producing useful benefits. So a valid question to consider is:

- *What are the costs or resource implications of conducting an evaluation – in terms of time and money?*

Evaluation is likely to lead to extensive data-collection using a variety of means. The methods chosen will relate to responses to earlier questions and the overall level of funding for evaluation available. There are therefore some valuable questions to consider:

- *How should the information be collected and analysed? By whom?*
- *Can it be guaranteed that this will happen in a manner that is acceptable to the key stakeholders – i.e. with sensitivity?*
- *In what form will data be collected? When and how often will this happen?*
- *Who is the information for? Internal or external use or both?*

Conclusion

Although all the evaluation studies examined in this paper are all located in unique settings and differ significantly in a range of ways, there do seem to be major and significant learning themes running through them with regard to the commissioning, design, delivery and evaluation of leadership and management development programmes in healthcare. The framework which emerges from this overview is potentially useful to those who engage in such commissioning, design, delivery and evaluation, but it should be noted that the framework emphasises the importance of impact – ultimate benefit to those organisations delivering healthcare to populations and communities who commission such leadership and management development programmes, rather than to the career prospects of individual leaders and managers or to the benefit of programme providers, whether located internally or externally in higher education or consultancy.

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