



Jenni Parsons

MBBS, DRANZCOG, FRACGP, is Editor in Chief, Australian Family Physician, and a general practitioner, Gisborne, Victoria.

Small 'I' leadership

■ **Recently I attended the RACGP Leadership Masterclass in Sydney. When I enrolled, I thought, 'Yes... sounds interesting... good speakers... I need to learn something about leadership...' As the time drew closer I started to get a bit anxious about the whole thing. I realised that the title, 'Masterclass', probably implied that the attendees were expected to already know something about leadership and its theories, if not have considerable expertise and experience in leadership. I also wondered how the workshop sessions were going to go and I started to feel a bit sorry for the facilitators. Imagine trying to facilitate a group of 10 aspiring leaders... a bit like trying to herd cats. A few days later I received a call from the organisers, saying they were a bit short of facilitators and could I help out if necessary. Great... better do a crash course in cat herding! Then there was the first 'predisposing activity'. Step 1: think of leaders you admire. Easy enough. Leaders of social justice and social change on a world stage, people who have shown great courage of their convictions and great orators popped into my head... Ghandi, Martin Luther King, Mandela, JFK. Step 2: describe the ways in which you are like these leaders. Whoa! Never going to measure up here. I wondered if there was going to be sessions on 'leadership for introverts', or 'leadership of small things', or 'leaders without grand vision or fabulous oratory skills', or perhaps 'leadership for people who are deeply suspicious of the corrupting influence of power'.**

It appears that I am not alone in my leadership insecurities. Almost the first conversation I had when I arrived in Sydney was with one of the facilitators, who commented that every time she talks to general practitioners about leadership, the comment she hears most is, 'I'm not a leader but...' And the 'but' is always something that reveals the speaker is, in fact, a leader: 'But I want to change things in my practice', 'but I want to change things to improve the health of...', 'but I want to be more skilled in working with primary care teams', 'but I have this great idea I want to pass on to others...'

In the discussion of models of leadership at the workshop, the one that made the greatest impression on me was on five levels of leadership, with the highest, level 5, describing a leader who 'builds enduring greatness through a paradoxical combination of personal humility plus professional will'.¹ These leaders show unwavering

resolve, create superb results, are catalysts for ongoing improvements, set the highest standards and are prepared to take difficult decisions in the interests of long term success. Importantly though, they are modest, shun public adulation, channel ambition into the organisation rather than the self, and set up successors. They deflect credit for success to their team, but take personal responsibility for poor results. The capital L leaders in my list displayed these characteristics, but these characteristics are also displayed by other less well known leaders: the Red Cross volunteer in rural Victoria who coordinated meals for hundreds of bushfire victims in makeshift shelters; the political and emergency services leaders who were simultaneously able to swiftly arrange assistance on a large scale, and display genuine caring and support on a personal level; the GP we heard about at the Sydney conference who quietly and determinedly battled bureaucracy to obtain essential vaccines for refugee patients.

The world (and general practice) does need big picture, grand stage leadership. It also needs small 'I' leadership. We need leaders in primary care who have a combination of personal humility and professional will and who can apply these to small stepwise changes and improvements; who understand cooperative leadership; who allow others to demonstrate their strengths; who know when to lead from the front and when to take a support role; who look out the window, not in the mirror, to apportion credit and who look in the mirror, not out the window, to take responsibility.¹ Many GPs working hard to improve their service and the health of the population they care for already display these very characteristics. Many others have the personal and professional skills required to take a leadership role... they just need to decide to lead. Look around your practices, your universities, your regional training programs, your GP networks for opportunities to show leadership; to use and develop the skills you already have to inspire, encourage, collaborate and make the changes that need to be made. I would also like to encourage you to use *Australian Family Physician* to inform your colleagues of examples of 'small I' (or capital 'L') leadership and celebrate those changes in letters to the editor or viewpoint, professional practice or education articles.

Reference

1. Collins J. Level 5 leadership – the triumph of humility and fierce resolve. Harvard Business Review January 2001;67–76.

AFP CORRESPONDENCE afp@racgp.org.au