

# Leadership development in family medicine and primary care

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- Luckson Dullie, Partners in Health, Malawi
- Henry Lawson, University of Ghana, Ghana



# Workshop outline

- Welcome
- Learning from experiences
- Group discussions with feedback
- Summary and questions





# Prof Thomas Mildestvedt

University of Bergen. Department of Family Medicine

Family doctors since 2001

Enhancing PRImary health Care leaders Education (PRICE) through training of Master Students and 13 PhDs.

A capacity building project in primary health care in Zambia and Malawi.  
Cooperating with PRIMAFAMED through Stellenbosch university, 2021-26

# Dr Luckson Dullie

MB BS, M Fam Med, PhD

Partners in Health, Chief Leadership Development & Engagement Officer

Kamuzu University of Health Sciences (KUHeS)

# Prof. Henry Lawson

M.B.Ch.B, FWACP(FamMed), FGCP(FamMed)

Vice Rector-Ghana College of Physicians & Surgeons

Consultant in Family Medicine in Ghana

# Name leaders who have inspired you:

barbara starfield  
khaya mfenyana  
florence nightingale  
professors along the way  
marcel tuuener  
headmaster  
bob mash  
prof mash  
sam fehrsen  
nelson mandela  
my father  
beth engelbrecht  
shailey prasad  
my own grandmother  
my research mentor  
dr deanne martey marbell  
marietjie de villiers  
ghandi  
former dean  
at bosshoff  
ian couper  
dr sugimoto  
my mother



# Why do you think they are good leaders?



# Goals for this workshop

Share experiences with leadership training in LMIC countries

Discussions

What is the current situation with training future leaders for PHC?

What is needed locally?

How can we collaborate?

What possibilities do you see for improvement?

Barriers to overcome?



# What are your experiences with leadership?

Leaders have to be able to get to the heart of the matter...what is important  
Leaders must own the problem

Leadership is not about getting a title. Due to my past experiences, I have noticed traces of authoritarianism in my leadership journey.  
Authoritative leadership seems to give good results

Strategic leadership

Adaptive leadership

Still learning. Struggling but also some wins

It's a process with both good and bad lessons Key to build others who can take over some day Use systems to keep yourself in check

Self awareness

senior tier management needs to trust junior tier with executing tasks and give them the authority to handle tasks

# What are your experiences with leadership?

The I-we-it model is a good fit for family physician training

Mastery of self, team work, using twams

Context driven leadership

Reflective learning is key

Reluctant leader  
Confidence to lead People will follow (most of the time!)  
People need to be led

Being given opportunity helps you grow

Helpful to have mentors who are willing to entrust one with leading activities

Leadership can be learnt

# What are your experiences with leadership?

While vision, inspiration, and ownership of problems, facilitation and co-creation of solutions reside "above the line", ownership of the RISK drag one "below the line" into the realm of management.



# What are the local needs in leadership?



# Leadership Development: The Ghana Experience

Prof Henry Lawson



# How Do We Lead?

Leadership is the ability to influence, inspire, and drive change.



*“He who thinks he is leading but has no one following him, is only taking a walk*  
– Malawian proverb.”

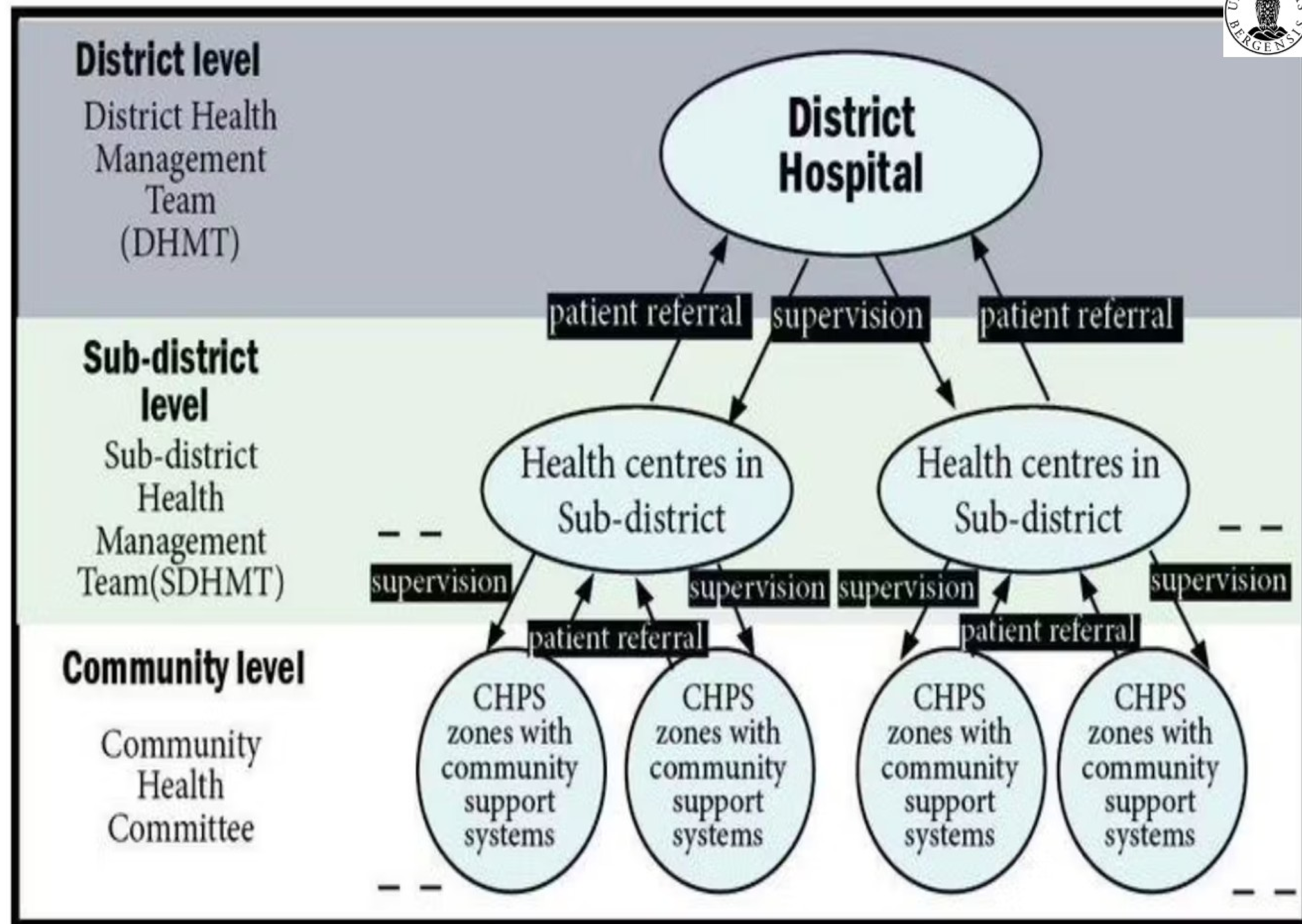


## **LEADS**

- Lead self
- Engage others
- Achieve results
- Develop coalitions
- Systems transformation



# PHC SYSTEM IN GHANA



# WHY DO WE NEED LEADERSHIP IN PC?



# KEY LEADERSHIP DOMAINS FOR FPs in





# Leadership Devt Needs in Ghana

**Lack of formal  
leadership training  
in medical  
education**

**Limited CPD  
opportunities  
focused on  
leadership**

**Challenges  
balancing clinical  
duties with system  
roles**

**Competition from  
other cadres of the  
healthcare team**

# Strategies for Leadership Devt in Ghana

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**Formal Training Programs**

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**Mentorship and Coaching**

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**Experiential Learning/On-the-Job  
Opportunities**

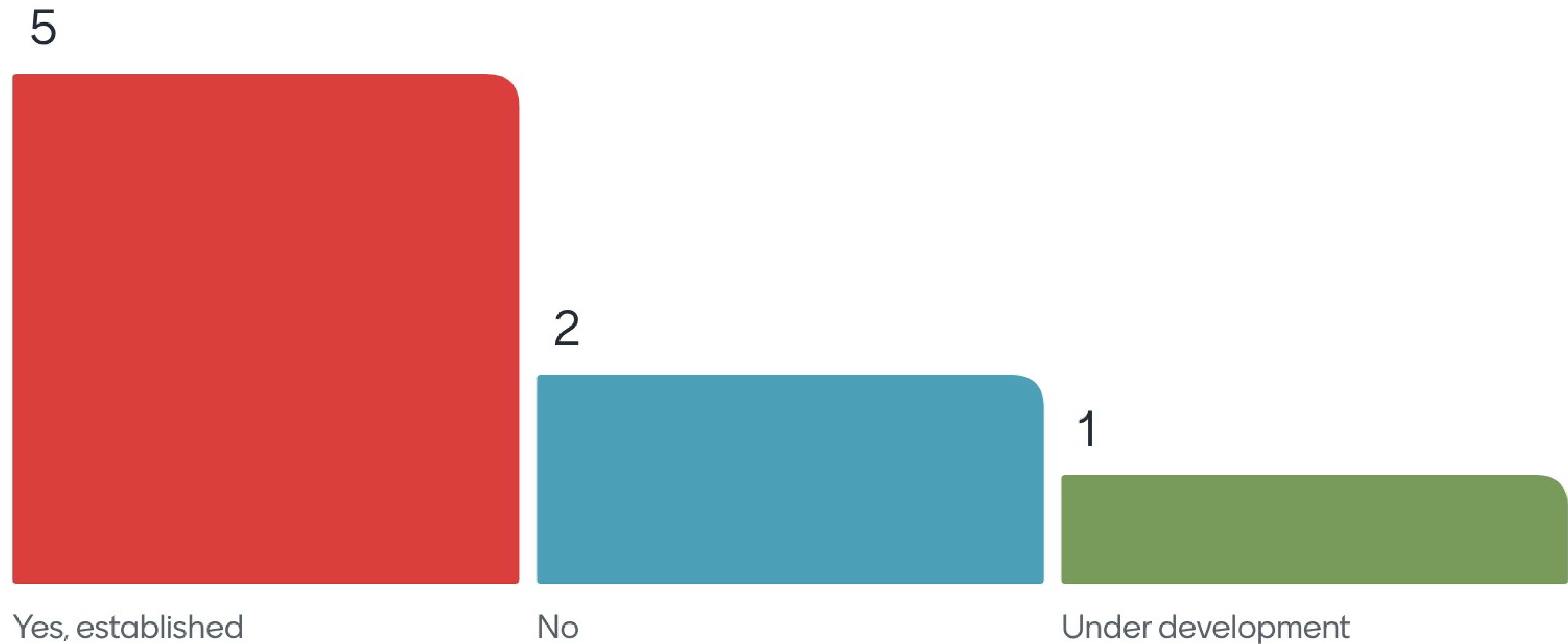
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**Recognize and reward leadership in  
clinical practice.**

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**Utilize Collaborative Platforms**

# Do you have a training program for PHC leaders?





# How can we collaborate to facilitate good leadership?

Share developed curricula and materials Create a coaching and mentorship network

Development of CPD  
Accredited online and blended learning modules in Leadership in the Public Sector. Design Based Research into curricula of health leadership (improving teaching/learning artefacts)

Link into other networks where leadership, coaching and mentoring programs are established: eg Toward Unity For Health (TUFH)

Ecsacfp must collaborate on leadership in curriculum and workplace based assessment

Build strong leadership modules into training of family medicine residents

We need to capacitate senior leaders in each country with advocacy and public engagement skills

Encourage reflective learning for leadership modules

Include "Managing the Risk" in Leadership programmes. (ie not clinical risk. Risk to the System)

# How can we collaborate to facilitate good leadership?

Facilitate cross industry (outside medicine and health) coaching and mentorship for our residents to generate fresh ideas

PrimaFamed can collaborate with its network to develop a consensus on the basic curriculum in Leadership for Primary care. Secondly, PrimaFamed can host virtual training programmes in leadership

Develop joint leadership programmes.



# Personal skills

## Empathy and Compassion

## Cultural Sensitivity

## Resilience and Patience

- Coping with limited resources, bureaucratic hurdles, and slow progress.

## Integrity and Accountability

- Upholding ethical standards in decision-making and resource use.
- Being transparent and trustworthy.

## Adaptability

- Responding to changing health needs, emergencies, and policy shifts.



# Professional skills



## Public Health Knowledge

- Understanding disease prevention, health promotion, and epidemiology.
- Familiarity with WHO guidelines and national health policies.

## Leadership and Team Management

- Inspiring and coordinating multidisciplinary teams.

## Community Engagement

- Mobilizing local leaders, NGOs, and volunteers.

## Resource Management

- Efficient use of limited medical supplies, staff, and funding.

## Monitoring and Evaluation

- Setting measurable goals and tracking health outcomes.
- Using data to improve services and advocate for support.

## Advocacy and Communication



# Person-centred leadership

1. Know and share why you do what you do and build a culture round a shared vision
2. Encourage others regularly and intentionally
3. Operate from your strengths
4. Allow others to compensate for your weaknesses



# A wise leader



Can judge goodness



Can grasp the essence



Create shared context



Communicate the essence



Exercise political power



Foster practical wisdom in others



Nonaka, I., & Takeuchi, H.  
(2011). The wise leader.  
Harvard Business Review,  
89(5), 58-67, 146.



# What skills do you find most important for leaders in PHC?

# Take home messages

Det finnes ingen riktige svar!



Thank  
You

