Medical Leadership Curriculum

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The Medical Leadership Competency Framework (MLCF) developed by the Academy of Medical Royal Colleges and NHS Institute for Innovation and Improvement outline the leadership competences doctors need to become more actively involved in the planning, delivery and transformation of health services through their day to day practice. This includes developing the personal qualities required to be an active team member; supporting others who are in leadership roles; and taking an active role in leadership when appropriate.

The Medical Leadership Competency Framework and this curriculum are built on the concept of shared leadership. Leadership is not restricted to people who hold designated leadership roles; instead leadership is shown through a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate, at different times, and are focused on the achievement of the group rather than of an individual. Therefore shared leadership actively supports effective teamwork.

1: Rationale

Leadership is a key part of a doctors' professional work regardless of speciality and setting. It is already a requirement of all doctors as laid out in the General Medical Council (GMC) publications *Good Medical Practice,* and also *Management for Doctors.*

This curriculum takes the guidelines further and details the knowledge, skills, attitudes and behaviours to be formally achieved and consolidated as the doctor progresses through postgraduate training.

This curriculum applies to all doctors including dual trained dental surgeons in training posts. It addresses the basic expectations relating to leadership, pertinent to all doctors during their specialist training period, enabling them to join with colleagues and other staff to provide effective healthcare services for patients and the public.

Acquiring and applying leadership skills during the postgraduate training period will enable all doctors to contribute to the effective delivery of healthcare for patients through their role as team members, as well as prepare them for the requirements of their future employment and practice.

Based on Medical Leadership Competency Framework

Leadership is a process whereby an individual influences a group of individuals to achieve a common goal [Northouse 2007]

Shared leadership is a dynamic, interactive influencing process among individuals in groups in which the objective is to lead one another to the achievement of group goals [Pearce & Conger 2003]

Management produces order and consistency, leadership produces change and movement, both are essential to prosper [Kotter 1990]

Some individual doctors may wish to develop their leadership skills to an advanced level, possibly to take up specific management positions. This curriculum does not address this more specialised approach to leadership and management, nor the more advanced knowledge and skills necessary.

a) Leadership and the doctor

While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is a vitally important fact that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and therefore have an intrinsic leadership role within healthcare services. They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction.

The development of leadership competence needs to be an integral part of a doctor's training and learning and the Medical Leadership Competency Framework is intended as an aid and driver for this to enable the doctor to be:

- A Practitioner
- A Partner
- A Leader.

Leadership is not only about being seen as the leader; it is also about developing the personal qualities to work effectively with others, hence learning to work within teams and developing followership skills is essential. Attaining competence in leadership needs to be an integral part of every doctor's training and learning.

b) Curriculum Development

The curriculum is based on and developed from the Medical Leadership Competency Framework (MLCF), developed by the Enhancing Engagement in Medical Leadership Project. It was commissioned by the Academy of Medical Royal Colleges and endorsed by Council on 4th March 2008.

The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services. It is a key tool which can be used to:

- Inform the design of training curricula and development programmes
- Highlight individual strengths and development areas through self-assessment and structured feedback from colleagues
- Support personal development planning and career progression.

The curriculum addresses the basic expectations relating to leadership and also elements of management pertinent to all doctors during their specialist training period

It enables them to join and work with colleagues and other staff to provide effective healthcare services for patients and the public

The MLCF has been under development since August 2006. It was first published in 2008 and the project team drew on:

- **A review of the literature** on medical leadership and engagement.

- **Comparative analysis of leadership competency frameworks** and curricula both nationally and internationally. Influential frameworks included:

  o NHS Institute for Innovation and Improvement: Leadership Qualities Framework (LQF)

  o Institute for Health Improvement: Engaging Physicians in a Shared Quality Agenda

  o British Association of Medical Managers: A Syllabus for Doctors in Management and Leadership Positions in Healthcare, and

  o Health Care Leaders Association of British Columbia: Health Leadership Capabilities Framework for Senior Executive Leaders.

- **Analysis of specialty medical curricula** submitted to and approved by the Postgraduate Medical Education and Training Board (PMETB).

- **Consultation with members of the medical and wider NHS community** in the UK including the GMC, PMETB, NHS Confederation, NHS Employers, Conference of Postgraduate Medical Deans (COPMeD), Medical Schools Council (MCS), Patient Lay Advisory Groups of the Medical Royal Colleges and the British Medical Association (BMA).

- **Consultation with Patient Lay Advisory Groups of the Medical Royal Colleges.**

- **Semi-structured interviews** with Medical School Deans, Postgraduate Deans and Presidents of Medical Royal Colleges.

- **Advice from the Project Steering Group** led by the Academy of Medical Royal Colleges (AoMRC) and included representation from the GMC, NHS Confederation, NHS Employers, COPMeD, MSC, BMA, NHS Institute for Innovation and Improvement and Department of Health.

- **Advice from the reference groups** consisting of individuals from all levels with medical and service communities, including junior doctors.

- **Feedback from focus groups** of medical students, junior doctors, consultants and general practitioners.

- **Review of key documents** produced by medical professional and regulatory bodies such as *Tomorrow's Doctors, Good Medical Practice,* High Quality of Care for All: *NHS Next Stage Review Final Report* and *The Doctor as a Professional.*

This curriculum supports doctors striving to improve services

Refinements in the second edition of the Medical Leadership Competency Framework published in 2009 were made after feedback from patient groups, PMETB, Medical Royal Colleges, doctors and managers from acute and foundation trusts and general practice based on the use of the Medical Leadership Competency Framework. The MLCF has also been reviewed in the light of changing regulatory advice for undergraduate and postgraduate training.

c) Appropriateness of Curriculum

This curriculum is expected to follow on from undergraduate curricula delivered through the Medical Schools. By graduation all medical students are expected to have shown appropriate levels of competence in management and leadership as defined by the Medical Schools' curriculum (based on the General Medical Council's *Tomorrow's Doctors*).

Following graduation most doctors will enter Foundation Training when they will further develop their competence as defined by the foundation curriculum. It is assumed that the majority of doctors successfully exiting foundation programmes will proceed to speciality training. Developing competence in leadership is covered during the initial period by the Foundation Training Curriculum. (NB As of March 2008 the status of Foundation Training was under review following the Tooke report).

This **Postgraduate** curriculum follows on from the present pre-registration curriculum (currently Foundation Training) and continues throughout Core Speciality Training to Higher Specialty Training (speciality curriculum approved by the PMETB).

This curriculum could also be used for other doctors in non-training posts, with the agreement of their employer. It is expected that doctors in non-training posts would also wish to acquire these competences however the responsibility for their training and development lies with the employer and the individual doctor.

As a doctor trains further and consolidates skills and knowledge in everyday practice, they often find themselves the key medical person relating to patients, other staff, and experiencing how day to day healthcare works in action. They are uniquely placed to develop experience in management and leadership through relationships with other people, departments, and ways of working. They are well placed to understand how patients experience healthcare, and how the processes and systems of delivering care can be improved. Specific activities such as clinical audit and research also offer the opportunity to learn practical management and leadership skills.

d) Relationship to Postgraduate Medical Curricula

This curriculum is designed to be integrated into the 56 Specialty Specific Curricula that have been approved by PMETB. The aim is to promote and ensure that a high and consistent standard in leadership and management is being achieved through the development and assessment of all doctors in training in the United Kingdom. This will ensure they demonstrate the level of ability required. Through applied learning and development activities it also ensures that doctors are actively engaged in guiding and managing the way healthcare is delivered through their clinical practice, leading to further improvement for patients, the public, and the overall service. College specialty curricula will incorporate all the medical leadership competencies within their own curriculum, which will, in the main, be delivered in the work place and assessed by work place assessment.

The document is designed to be read in conjunction with other medical training documents. These include:

- General Medical Council (GMC): Tomorrow's Doctors, Good Medical Practice, Code of Conduct

- Department of Health (DH): Knowledge and Skills Framework

- Engaging Doctors in Leadership: What can we learn from international experience and research evidence?

- Engaging Doctors: Can doctors influence organisational performance?

- High Quality Care for All: NHS Next Stage Review Final Report

- NHS Institute programmes, www.institute.nhs.uk.

2: Content of Learning

Delivering services to patients, service users, carers and the public is at the heart of the Medical Leadership Curriculum. It supports the principle that doctors strive to improve services for people.

The word 'patient' is used generically to cover patients, service users, populations and all those who receive healthcare.

The word 'others' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

The word 'trainer' is used to describe trainers, supervisors and others supporting the learning and assessment of the doctor.

In line with the Medical Leadership Competency Framework the curriculum addresses five domains pertinent to leadership in clinical settings

- Demonstrating Personal Qualities

- Working with Others

- Managing Services

- Improving Services

- Setting Direction.

Patient *is used as a generic word to cover patients, service users, populations and all those who receive healthcare.*

Others *is used as a generic word to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.*

Trainer *is used as a generic word to describe trainers, supervisors and others supporting the learning assessment of the doctor*

Figure 1 Medical Leadership Competency Framework

The domains have been identified and listed separately for ease of reference. To deliver appropriate, safe and effective services, it is essential that each doctor is competent in all five domains. The domains are interdependent and dynamic; in acting effectively through demonstrating leadership the doctor in training will address requirements under all domains. Within each domain there are four elements and each of these elements is further divided into four competency outcomes which clarify expectations. Again these should all be seen as interconnected.

Illustration 1

Dr B is in a surgical training post and relishes the technical skills she is learning. However Dr B does not always complete the written records of treatment and arrange for multidisciplinary care plans. This comes to a head when the lack of communication leads to a patient not receiving the appropriate aftercare from physiotherapy. The patient's stay in hospital is prolonged and he can not return to work as quickly as planned. Feedback and discussion with colleagues helps Dr B to realise how her actions, or lack of them, have an impact on the work of others and the care of the patient.

The domains are inter-dependent and dynamic; in acting effectively through demonstrating leadership the doctor in training will address requirements within all domains

Format of the Curriculum

The curriculum is presented as the five domain sections, each section contains:

- Introduction to the domain and a generic illustration of practice

- Competences
  The competences are listed on the left side of the page, facing them are examples of generic learning and development activities.
  These have been split into 3 parts; firstly those that ideally should be continually strived for and maintained throughout postgraduate training; secondly those applicable to earlier specialist training; and thirdly those applicable to later specialist training.

- Knowledge

- Skills

- Attitudes and behaviours

- Assessment recommendations for the domain.

Each speciality has its own curriculum. The analysis of existing PMETB approved curricula has identified the extent to which management and leadership are currently addressed in the different specialties. Once established it is expected that this curriculum will be integrated into each speciality curricula, making best use of leadership development opportunities that emerge through the day to day practice of the specialty. The layout is purposefully broad to allow flexibility in implementation.

It is recognised that each specialty curriculum is unique and presented differently, including different phases of training and requirements. This curriculum, which spans all the Colleges and specialties, is intentionally flexible to allow each specialty to identify how to integrate this consistent approach to management and leadership into their specific schedule for training. Generic terms have been used to enable application to all specialties.

For example:

Core Early Specialist Training = ST1 to ST3 or early GP registrar years

Higher Specialist Training = ST4 to CCT or later GP registrar years

Examples of generic learning and development activities are for illustrative purposes; each specialty will need to determine the activities appropriate to the specialty and the level of experience of the trainee

This curriculum is intentionally flexible and generic in order to enable each specialty to integrate and translate it into their College curriculum submitted for approval to PMETB

Colleges are best placed to translate activities and scenarios to reflect the work of the specialty

3: Assessment Strategy and Model of Learning

The assessment system is an integrated approach addressing the different components of knowledge, skills, attitudes and behaviours. This includes workplace-based assessments which test consolidation and application into practice. It is therefore important that assessment methods are selected which are fit for purpose and appropriate to the context of practice.

It is recognised that assessments can be summative and formative. Assessment methods have been mapped out onto the curriculum competences and presented on the assessment blueprint. There is a range of validated assessment tools which may be appropriate for each competency however it is not expected that every identified tool would be completed for each competency.

It is expected that there will be a sampling of assessment methods using the blueprint to ensure that all competences have been achieved across the training programme. It is acknowledged that at different stages of training and in different specialities and clinical settings different assessment methods will be appropriate.

The blueprint has used generic terms to describe the type of assessment tool suitable for each competence. Each college and speciality will integrate these into their current specific assessment tools.

Assessments already being used, validated and suitable for this curriculum, with examples from the curriculum competences (see pages 20-40) , include:

- Multisource Feedback (MSF)

Examples:

    1.2   Are reliable in meeting their responsibilities and commitments to a   consistently high standard

    2.2   Gain and maintain the trust and support of colleagues

- Case based Discussion (CbD)

Examples:

    1.1   Identify their own emotions and prejudices and understand how these can affect their judgement and behaviour

    4.1   Identify and quantify risk to patients using information from a range of sources

- Audit Assessment

Examples:

    3.4   Take action where resources are not being used efficiently and effectively

    5.4   Test and evaluate new service options.

Assessments must address the key PMETB principles: Competence (can do) is necessary but not sufficient for performance (does do), and as experience increases so performance based assessment in the workplace becomes more important. [PMETB 2004]

All assessors contributing to summative assessments should be trained in the effective and valid use of these assessment methods.

The workplace-based assessment tools are initially formative to aid and direct learning. When the results are presented alongside other assessments they collectively inform and provide a summative assessment and contribute to the Annual Review of Competence Progress (ARCP). Since leadership and management abilities will develop and be demonstrated over time during the training period, it is anticipated that multiple assessments will be undertaken by multiple assessors on multiple occasions.

Workplace-based assessments will take place throughout training. The tools for some workplace-based assessments are already familiar and used in Foundation Programmes and Run-through training. Others are still being piloted and investigated to see if they can be validated.

Similarly, valid and reliable Patient Questionnaires can be used to aid and direct learning, providing valuable feedback on how the patient experiences the doctor and their approach. When seen together with other forms of assessment a rich and informative picture is created of how the doctor is seen by others they work with.

Critical self assessment and reflective learning should also be seen and developed as an integral part of professional life and are particularly pertinent to developing leadership and management abilities. Log books, audit reports, research activity, evidence of teaching and publications also document experience and the attainment of skills which trainees may need to demonstrate. They are not assessment tools, but are a relevant record of progress collated within a speciality specific portfolio.

Clinical audit is a quality improvement process that aims to improve patient care and outcomes by carrying out a systematic review and implementing change. [Jones & Cawthorn]

Postgraduate Deans and Colleges are best placed to determine how a trainee progresses through the training period to finally being able to demonstrate they are contributing leadership in their day to day work and as part of delivering healthcare to patients and for the public.

4: Learning Experiences

The clinical setting provides opportunities to learn knowledge, skills, attitudes and behaviours that are identified in this management and leadership curriculum. The diversity of daily clinical practice will enable the acquisition of leadership competence within specialty appropriate contexts. The aim is for the doctor in training to develop leadership abilities in readiness to take on the responsibilities of a Consultant or General Practitioner.

All trainees are adult learners and take responsibility for their own education. It is the responsibility of the trainers to ensure adequate and appropriate educational opportunities are made available to the trainee. In turn the trainee should be enthusiastic and pro-active in identifying their own gaps in knowledge, skills, attitudes and behaviour. Trainees need to take advantage of all the formal and informal learning opportunities that go on in departments.

Does

Shows how

Knows how

Knows
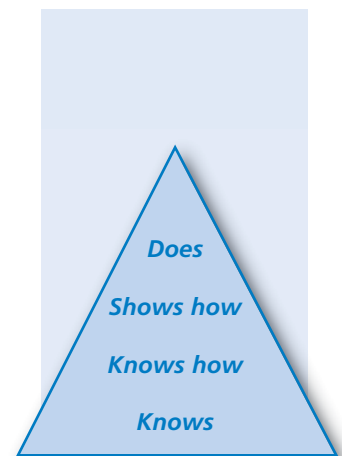
Miller 1990

Illustration 2

Dr G has been asked to work with a team who are looking at a care pathway for a specific clinical condition. The lab results are a vital part of the treatment process. As a team they map out the stages of care and the contributions of the various departments and professions, including the processes within the laboratories. His active involvement in this service improvement project leads to a better understanding of previous problems which had caused inter-departmental conflict. He was able to receive this negative feedback objectively, and work with colleagues on the project, leading to a better service for patients. Making a positive contribution helped bring out problems within the lab, and led to changes in practice on the wards.

Deaneries and local faculties of Colleges are best placed to use and develop learning opportunities and resources. In order to ensure doctors in training contribute to the delivery of local healthcare services through developing their leadership abilities.

The following identifies the types of situations in which trainees learn, with examples as to how these methods may be appropriate to address the Medical Leadership Curriculum competences (see pages 20-40).

Learning from feedback – *Trainees learn from experience, this can be enhanced by reflecting on feedback from patients, carers, and the public, as well as colleagues and other staff.*

> example   4.2   Obtain and act on patient / service user feedback and experiences

Learning from experience and practice – *Trainees spend a large proportion of time on workplace-based experiential learning during supervised clinical practice in hospital and community settings. Learning involves closely supervised clinical practice until competence is achieved. The learning environment includes wards, clinics, laboratories, simulated activities, meetings and community settings. These more informal settings are valuable situations in which to develop leadership abilities, alongside colleagues from other professions and fields of work. With increasing responsibilities and independence, the trainee will take the lead for an area of work, ultimately integrating a range of abilities to finally to deliver consultant or General Practitioner level practice.*

> Examples:
>
> > 2.3   Keep the focus of contribution on delivering and improving services to the patients
> >
> > 2.4   Are willing to lead a team, involving the right people at the right time

Learning with peers – *There are many opportunities for trainees to learn with their peers. Local and regional postgraduate teaching opportunities allow trainees at different phases of training to come together for group learning.*

> Examples:
>
> > 2.1   Identify opportunities where working with others can bring added benefits
> >
> > Create opportunities to bring individuals and groups together to achieve goals

The contexts in which trainees learn and develop their leadership abilities will vary across specialties and also as the trainee progresses through training.

Using this curriculum as a continuum throughout the training period will enable trainees to progressively build up their knowledge, skills and abilities, and to synthesise learning from the different contexts in which they find themselves

Learning in formal situations – *There are many opportunities for formal teaching at the local postgraduate level including attending regional and national courses and conferences to meet educational needs.*

Examples:

1.3 Participate in continuing professional development activities

5.1 Understand and interpret relevant legislation and accountability frameworks

Personal Study – *Time should be provided during training for personal study for self-directed learning to support educational objectives or to attend formal courses in support of the stage of training, specialist interests and career aims. Independent learning, including new learning technologies such as "e-learning" may be helpful in conveying the knowledge components of the curriculum.*

Examples:

1.3 Actively seek opportunities and challenges for personal learning and development

5.3 Look to the future by scanning for ideas, best practice and emerging trends that will shape the system

Specific teacher input – *It is important to recognise and capitalise on the experience and expertise within each department, including non-clinical staff. Different members of the team can act as role models at different stages, including those from other professions or spheres of work.*

Examples:

1.1 Obtain, analyse and act on feedback from a variety of sources

2.3 Respect, value and acknowledge the roles, contributions and expertise of others

5. Supervision and feedback

Each trainee must meet with their education supervisor on a regular basis to set, review and develop learning objectives as well as, crucially, to review progress. Meeting with the trainer provides an invaluable opportunity for reviewing specific situations with the aid of case notes, complaints, clinical incidents and more. It can also help contribute to a portfolio of learning. Addressing leadership and management competence needs to be integrated into existing specialty appraisal and review processes.

Trainees have a responsibility to comply with their educational agreements and to use any study leave effectively.

This curriculum is intentionally flexible and generic in order to enable each Deanery and Faculty to commission and use educational resources and situations relevant to the local area

Illustration 3

Dr C is currently in mid stage of training and asked to run a training session. Although Dr C thought it went well, the participants fed back that the style was authoritarian and Dr C did all the talking without an opportunity for discussion. This also raised concerns about how Dr C might interact with patients.

Dr C accepted there was a problem and looked at the skills and knowledge needed, these centred on chairing and teaching skills, in particular the ability to get colleagues to interact and join in discussions, rather than the tendency to lecture at them. The educational supervisor and Dr C put these into development plans with objectives. Dr C asked to shadow a colleague who was well known for facilitation and discussed after the session the ways in which this colleague had managed to get the group to discuss the topics. Dr C continually developed these skills in a variety of settings and offered to run other sessions which gave the opportunity hone skills further.

6: Managing Curriculum Implementation

Leadership topics already exist within all specialty curricula to varying degrees; this curriculum clarifies, expands and standardises the requirements of all doctors across specialities. As with all current training curricula, the postgraduate deaneries are responsible for ensuring and quality managing the implementation of this curriculum. Local providers of medical education, within healthcare and within educational establishments, are responsible for the provision of educational opportunities under the guidance of the deaneries. The role of the Colleges in both provision and quality management remains important and delivered in partnership with the deaneries. PMETB will quality assure the deaneries through its statutory role.

7: Curriculum Review

This curriculum is led by the Academy of Medical Royal Colleges (AoMRC) and therefore it is the responsibility of the AoMRC to review it. The review process of the curriculum will involve the key stakeholders including trainees, trainers, patients, the public, the NHS and other healthcare organisations. It is anticipated that the curriculum will develop over time with the changing needs of healthcare in the United Kingdom. Minor changes will be agreed with PMETB on an annual basis. Major changes are defined by PMETB and will require appropriate scrutiny by PMETB. Colleges will be responsible for integrating changes to the medical leadership curriculum into their curricula.

To meet the requirements of all of PMETB's Standards for Curricula and Assessment in readiness for 2010 a formal evaluation will take place during the initial stage of curriculum implementation and early on in the full implementation stage. Evaluation will continue (as indicated from the early evaluations) during the first five years of training on the curriculum. Evaluation will continue periodically thereafter; it is anticipated this will be every 5 years.

Evaluation of the curriculum will seek to ascertain:

- Learner response to the curriculum

- Modification of attitudes and perceptions

- Learner acquisition of knowledge and skills

- Learner's behavioural change

- Impact of curriculum on the patients and the healthcare system as a whole.

Evaluation methods will include:

- Trainee questionnaire

- College representative and Programme Director questionnaire

- Focused discussion with Educational Supervisors, trainees, Programme Directors and Postgraduate Deans, the NHS and other Healthcare organisations.

8: Equality and Diversity

In the exercise of these powers and responsibilities, the Royal Colleges will comply, and ensure compliance, with the requirements of relevant legislation, such as the:

- Race Relations (Amendment) Act 2000

- Disabilities Discrimination Act 1995 and Special Educational Needs and Disabilities Act 2001

- The Disability Discrimination Act 1995 (amendment) (Further and Higher Education) regulations 2006

- Age Discrimination Act 2006

- Equality Act 2006 - Gender Equality Duty

- The Equality Act (Sexual Orientation) Regulations 2007

Deanery quality management will ensure that each training programme complies with the equality and diversity standards in postgraduate medical training as set by PMETB.

Compliance with non-discriminatory practice will be assured through:

- Ensuring all assessments discriminate on objective and appropriate criteria and do not unfairly disadvantage trainees because of gender, ethnicity, sexual orientation or disability (other than that which would make it impossible to practise safely as a doctor). All efforts shall be made to ensure the participation of people with a disability in training

- Ensuring trainees have an appropriate, confidential and supportive route to report examples of inappropriate behaviour of a discriminatory nature

- Ensuring all College representatives and Programme Directors have attended appropriate training sessions prior to appointment or within 12 months of taking up the post.

This curriculum also explicitly seeks to support doctors, as key players in the leadership of healthcare, to take an inclusive and informed approach in addressing the needs of others, patients, staff and the public, especially when they are different to those of the doctor. This will be achieved through reflecting on personal qualities, acting as a member of a team, adhering to relevant policies and procedures, seeking to improve services for others, and through determining appropriate healthcare services.

This curriculum actively requires doctors in training to demonstrate non-discriminatory practice in all that they do; with patients, with other members of staff, and through their contribution to the delivery of healthcare services.

Statutory responsibilities

In addition to Equality and Diversity legislation listed above, the Colleges will comply, and ensure compliance, with the requirements of legislation, such as the:

Human Rights Act 1998

Freedom of Information Act 2001

Data Protection Acts 1984 and 1998

Medical Leadership Curriculum

The Competency Base

The following sections describe in turn the five domains of the leadership wheel: Demonstrating Personal Qualities, Working with Others, Managing Services, Improving Services and Setting Direction. Each section starts with an overview of the domain, followed by an illustration of its application.

Each domain has four subsections, and each subsection has four competencies to be attained, with examples of learning and development activities to be delivered early, (ie core or early GP training), later (ie higher training or later GP training) or throughout postgraduate training. The next section in each domain describes the knowledge, skills and attitudes and behaviours required for those overall competences. The section is completed by an assessment blueprint which maps proposed generic assessments to each of the competences.

Demonstrating Personal Qualities

Doctors showing effective leadership need to draw upon their values, strengths and abilities to deliver high standards of care. This requires doctors to demonstrate competence in:

- **Developing self awareness** by being aware of their own values, principles, and assumptions and by being able to learn from experiences

- **Managing yourself** by organising and managing themselves while taking account of the needs and priorities of others

- **Continuing personal development** by learning through participating in continuing professional development and from experience and feedback

- **Acting with integrity** by behaving in an open, honest and ethical manner.

Example:

A recent 360° feedback suggests that Dr A appears less communicative when working with patients Dr A perceives as being of a lower class, and similarly with staff who say Dr A can be offensive and dismissive and does not say much. Dr A reflects on recent practice and asks for more feedback from colleagues of various disciplines, especially from the experienced staff. With a more experienced colleague, Dr A discusses how personal beliefs and attitudes could be affecting the care he gives as a doctor, and also the part played as a team member. Dr A takes steps to challenge stereotyping people by class and works to change the ways of interacting

1. Demonstrating Personal Qualities

Competences	Examples of generic learning and development activities
	Throughout Postgraduate Training
	Early Specialist Training / *Higher Specialist Training*

1.1 Developing self awareness

1) Recognise and articulate their own value and principles, understanding how these may differ from those of other individuals and groups 2) Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour 3) Identify their own emotions and prejudices and understand how these can affect their judgement and behaviour 4) Obtain, analyse and act on feedback from a variety of sources	*Obtains 360° feedback as part of an appraisal*
	Takes part in peer learning to explore leadership styles and preferences / *Takes part in case conferences as part of multidisciplinary and multi-agency team*

1.2 Managing yourself

1) Manage the impact of their emotions on their behaviour with consideration of the impact on others 2) Are reliable in meeting their responsibilities and commitments to consistently high standards 3) Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others 4) Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health	*Completes written clinical notes on time*
	Through feedback discusses and reflects on how a personally emotional situation affected communication with a carer *Learns from a session on time management* / *Responds to service pressures in a responsible and considered way* *Liaises with colleagues in the planning and implementation of work rotas*

1.3 Continuing personal development

1) Actively seek opportunities and challenges for personal learning and development 2) Acknowledge mistakes and treat them as learning opportunities 3) Participate in continuing professional development activities 4) Change their behaviour in the light of feedback and reflection	*Takes part in journal clubs and multidisciplinary training* *Seeks feedback on performance from clinical supervisor/mentor/patients/carers/service users*
	Audits own practice for consistent delivery *Initiates opportunities for peer learning* / *Contributes to significant event audits* *Seeks opportunity to visit other departments and learn from other professionals*

1.4 Acting with integrity

1) Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals 2) Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities 3) Value, respect and promote equality and diversity 4) Take appropriate action if ethics and values are compromised	*Takes part in significant event audits*
	Takes part in ethics discussions and forums / *Acts as a mentor to medical students*

Demonstrating Personal Qualities

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

1.1 Developing self awareness

Demonstrate knowledge of : • Ways in which individual behaviours impact on others; personality types, group dynamics, learning styles, leadership styles • Methods of obtaining feedback from others	Demonstrate the ability to: • Maintain and routinely practice critical self-awareness, including ability to discuss strengths and weaknesses with supervisor, recognising external influences and changing behaviour accordingly • Show awareness of and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and to respond respectfully	Demonstrate: • Adopting a patient-focused approach to decisions that acknowledges the right, values and strengths of patients and the public • Recognising and showing respect for diversity and differences in others

1.2 Managing yourself

Demonstrate knowledge of: Tools and techniques for managing stress The role and responsibility of occupational health and other support networks The limitations of self professional competence	Demonstrate the ability to: • Recognise the manifestations of stress on self and others and know where and when to look for support • Balance personal and professional roles and responsibilities. Prioritise tasks, having realistic expectations of what can be completed by self and others	Demonstrate: • Being conscientious, able to manage time and delegate • Recognising personal health as an important issue

1.3 Continuing personal development

Demonstrate knowledge of: • Local processes for dealing with and learning from clinical errors • The importance of best practice, transparency and consistency	Demonstrate the ability to: • Use a reflective approach to practice with an ability to learn from previous experience • Use assessment, appraisal, complaints and other feedback to discuss and develop an understanding of own development needs.	Demonstrate: • Being prepared to accept responsibility • Commitment to continuing professional development which involves seeking training and self-development opportunities, learning from colleagues and accepting constructive criticism

1.4 Acting with integrity

Demonstrate knowledge of: • The professional, legal and ethical codes of the GMC, eg Fitness to Practice and any other codes pertaining to the trainee's specialty • Prejudice and preferences within self, others, society and cultures	Demonstrate the ability to: • Recognise, analyse and know how to deal with unprofessional behaviours in clinical practice, taking into account local and national regulations • Create open and non-discriminatory professional working relationships with colleagues awareness of the need to prevent bullying and harassment	Demonstrate: • Acceptance of professional regulation • Promotion of professional attitudes and values • Probity and the willingness to be truthful and admit errors

Demonstrating Personal Qualities

In the context of leadership and management activities relevant to the specialty	Examples of recommended assessment methods		
	Multi Source Feedback	Case Based Discussion	Audit Assessment

1.1 Developing self awareness

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Recognise and articulate their own value and principles, understanding how these may differ from those of other individuals and groups	✓		
2) Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour	✓		
3) Identify their own emotions and prejudices and understand how these can affect their judgement and behaviour		✓	
4) Obtain, analyse and act on feedback from a variety of sources	✓		

1.2 Managing yourself

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Manage the impact of their emotions on their behaviour with consideration for their impact on others	✓		
2) Are reliable in meeting their responsibilities and commitments to consistently high standards	✓		
3) Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others	✓		
4) Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health	✓		

1.3 Continuing personal development

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Actively seek opportunities and challenges for personal learning and development		✓	✓
2) Acknowledge mistakes and treat them as learning opportunities	✓		
3) Participate in continuing professional development activities		✓	
4) Change their behaviour in the light of feedback and reflection	✓		

1.4 Acting with integrity

|	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals		✓	
2) Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities	✓		
3) Value, respect and promote equality and diversity	✓	✓	
4) Take appropriate action if ethics and values are compromised		✓	

Working with Others

Doctors show leadership by working with others in teams and networks to deliver and improve services. This requires doctors to demonstrate competence in:

- **Developing networks** by working in partnership with patients, carers, service users and their representatives and colleagues within and across systems to deliver and improve services

- **Building and maintaining relationships** by listening, supporting others, gaining trust and showing understanding

- **Encouraging contribution** by creating an environment where others have the opportunity to contribute

- **Working within teams** to deliver and improve services.
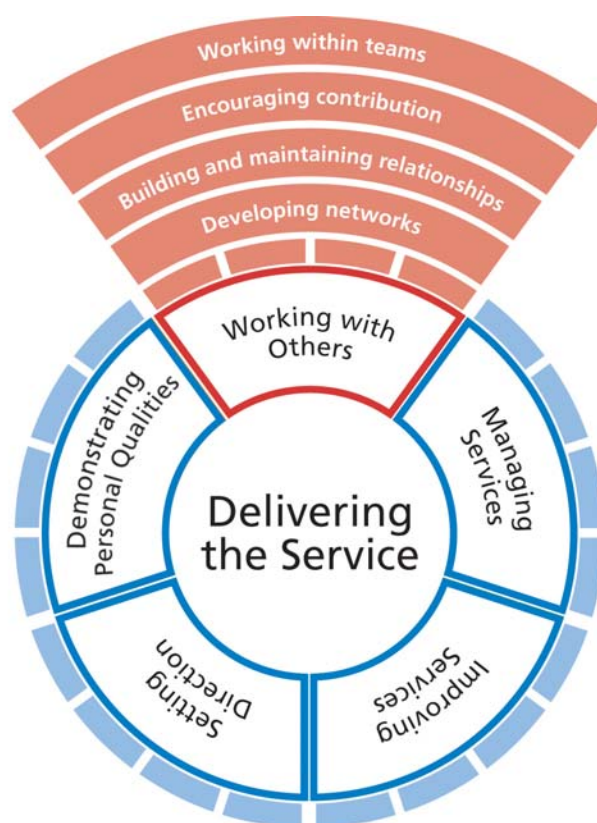
Example:
Dr F is involved in a particularly complex case which requires a large case conference involving many different professions. It is vital that the patient, his carers, and community staff are also involved. Dr F initially talks with the patient to see what he wants from the meeting and his feelings about its size, style, and format. The patient would like a large meeting with everyone present, and all information presented at the same time. Dr F agrees the format and process with colleagues and co-ordinates the meeting to ensure that everyone contributes. She also structures and paces the meeting so the patient and his carers are fully involved and understand the consequences of what is being said. The team agrees on a way forward with the patient and carers.

2. Working with Others

Competences	Examples of generic learning and development activities
	Throughout Postgraduate Training
	Early Specialist Training / *Higher Specialist Training*

2.1 Developing networks

1) Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits 2) Create opportunities to bring individuals and groups together to achieve goals 3) Promote the sharing of information and resources 4) Actively seek the views of others	*Actively seeks patient and carer views before presenting discharge plans and understand how the plan will impact on primary and secondary care* *Understands how other staff groups function and make decisions*

Invites opinion from all members of multidisciplinary teams, patients and their representatives	*Makes themselves accessible to others and listens to viewpoints* *Contributes to discussion on developing Care Pathways for groups of patients*

2.2 Building and maintaining relationships

1) Listen to others and recognise different perspectives 2) Empathise and take into account the needs and feelings of others 3) Communicate effectively with individuals and groups, and act as a positive role model 4) Gain and maintain the trust and support of colleagues	*Supports peers within learning environment* *Shadows nursing staff and other healthcare professionals*

Encourages participation of all staff within multidisciplinary meetings	*Identifies patient representatives relevant to their specialty and makes a point of introducing themselves*

2.3 Encouraging contribution

1) Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively 2) Respect, value and acknowledge the roles, contributions and expertise of others 3) Employ strategies to manage conflict of interests and differences of opinion 4) Keep the focus of contribution on delivering and improving services to patients	*Encourages participation from more junior staff, medical students and other staff within clinical case reviews*

Invites and encourages feedback from patients, and feeds back to patients	*Able to manage group dynamics within a multidisciplinary team*

2.4 Working within teams

1) Have a clear sense of their role, responsibilities and purpose within the team 2) Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises 3) Recognise the common purpose of the team and respect team decisions 4) Are willing to lead a team, involving the right people at the right time	*Learns to lead clinical case review on behalf of a multidisciplinary team meeting*

Ensures that patients' views are taken into consideration by others in the team	*Takes part in multi-agency case conferences*

Working with Others

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

2.1 Developing networks

Demonstrate knowledge of: • The role of team dynamics in the way a group, team or department functions • Team structures and the structure, roles and responsibilities of the multi-disciplinary teams within the broader health context relevant to the specialty, including other agencies	Demonstrate the ability to: • Take on differing and complementary roles within the different communities of practice within which they work • Support bringing together different professionals, disciplines, and other agencies, to provide high quality healthcare	Demonstrate: • Effective interaction with professionals in other disciplines and agencies • Respecting the skills and contributions of colleagues

2.2 Building and maintaining relationships

Demonstrate knowledge of: • Specific techniques and methods that facilitate effective and empathic communication	Demonstrate the ability to: • Develop effective working relationships with colleagues and other staff through good communication skills, building rapport and articulating own view • Communicate effectively in the resolution of conflicts, providing feedback, and identifying and rectifying team dysfunction	Demonstrate: • Recognising good advice and continuously promoting value-based non-prejudicial practice • Using authority appropriately and assertively; willing to follow when necessary

2.3 Encouraging contribution

Demonstrate knowledge of: • Facilitation and conflict resolution methods	Demonstrate the ability to: • Facilitate, chair, and contribute to meetings • Encourage staff to develop and exercise their own leadership skills	Demonstrate: • Using authority sensitively and assertively to resolve conflict and disagreement • Taking full part in multi-disciplinary meetings

2.4 Working within teams

Demonstrate knowledge of: • A wide range of leadership styles and approaches and the applicability to different situations and people	Demonstrate the ability to: • Enable individuals, groups and agencies to implement plans and decisions • Identify and prioritise tasks and responsibilities including to delegate and supervise safely.	Demonstrate: • Showing recognition of a team approach and willingness to consult and work as part of a team • Respecting colleagues, including non-medical professionals

Working with Others

In the context of leadership and management activities relevant to the specialty	Examples of recommended assessment methods		
	Multi Source Feedback	Case Based Discussion	Audit Assessment

2.1 Developing networks

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits	✓	✓	
2) Create opportunities to bring individuals and groups together to achieve goals			✓
3) Promote the sharing of information and resources		✓	
4) Actively seek the views of others	✓		

2.2 Building and maintaining relationships

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Listen to others and recognise different perspectives	✓		
2) Empathise and take into account the needs and feelings of others	✓		
3) Communicate effectively with individuals and groups, and act as a positive role model	✓		
4) Gain and maintain trust and support of colleagues	✓		

2.3 Encouraging contribution

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively			✓
2) Respect, value and acknowledge the roles, contributions and expertise of others	✓		
3) Employ strategies to manage conflict of interests and differences of opinion	✓	✓	✓
4) Keep the focus of contribution on delivering and improving services to patients	✓		

2.4 Working within teams

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Have a clear sense of their role, responsibilities and purpose within the team	✓	✓	
2) Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises			✓
3) Recognise the common purpose of the team and respect team decisions	✓		
4) Are willing to lead a team, involving the right people at the right time	✓		

Managing Services

Doctors showing effective leadership are focused on the success of the organisation(s) in which they work. This requires doctors to demonstrate competence:

• **Planning** by actively contributing to plans to achieve service goals

• **Managing resources** by knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs

• **Managing people** by providing direction, reviewing performance, motivating others and promoting equality and diversity

• **Managing performance** by holding themselves and others accountable for service outcomes

Example:

Dr L has been given responsibility for the induction of a new junior doctor. He consults the organisation's policy on induction to make sure that all necessary information is given to the new member of staff, and that they are supported to become integrated into the team as soon as possible. Dr L arranges to meet regularly with the new doctor to make sure they are settling in and that there are no problems. As the new doctor is working part time, Dr L learns about the employment rights of the employer and employee in relation to training and holidays.

3. Managing Services

Competences	Examples of generic learning and development activities	
	Throughout Postgraduate Training	
	Early Specialist Training	*Higher Specialist Training*

3.1 Planning

1) Support plans for clinical services that are part of the strategy for the wider healthcare system 2) Gather feedback from patients, service users and colleagues to help develop plans 3) Contribute their expertise to planning processes 4) Appraise options in terms of benefits and risks	*Undertakes clinical audit to improve a clinical service*

Takes part in research	*Accesses sources of information from inside and outside of the organisation, including patient feedback, to support ideas for service improvement*

3.2 Managing resources

1) Accurately identify the appropriate type and level of resources required to deliver safe and effective services 2) Ensure services are delivered within allocated resources 3) Minimise waste 4) Take action when resources are not being used efficiently and effectively	*Works within corporate governance requirements*

Highlights areas of potential waste to senior colleagues within the department	*Takes part in departmental team discussions about resource allocation and service improvement*

3.3 Managing people

1) Provide guidance and direction for others using the skills of team members effectively 2) Review the performance of the team members to ensure that planned service outcomes are met 3) Support team members to develop their roles and responsibilities 4) Support others to provide good patient care and better services	*Teaches and mentors others, including junior staff, medical students and other disciplines*

Delegates work to more junior staff	*Acts within appropriate employment legislation* *Assesses and appraises more junior staff*

3.4 Managing performance

1) Analyse information from a range of sources about performance 2) Take action to improve performance 3) Take responsibility for tackling difficult issues 4) Build learning from experience into future plans	*Explores their own and departmental performance and management*

	Reviews service targets and delivery by the multidisciplinary team

Managing Services

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

3.1 Planning

Demonstrate knowledge of:	Demonstrate the ability to:	Demonstrate:
• The structure, financing, and operation of the NHS and its constituent organisations • Ethical and equality aspects relating to management and leadership e.g. approaches to use of resources/ rationing; approaches to involving the public and patients in decision-making • Business management principles: priority setting and basic understanding of how to produce a business plan • The requirements of running a department, unit or practice relevant to the specialty	• Develop protocols and guidelines, and implementation of these • Analyse feedback and comments and integrate them into plans for the service	• An awareness of equity in healthcare access and delivery

3.2 Managing resources

Demonstrate knowledge of:	Demonstrate the ability to:	Demonstrate:
• Efficient use of clinical resources in order to provide care • Commissioning, funding and contracting arrangements relevant to the specialty • How financial pressures experienced by the specialty department and organisation are managed	• Use clinical audit with the purpose of highlighting resources required • Manage time and resources effectively in terms of delivering services to patients	• Commitment to the proper use of public money. Showing a commitment to taking action when resources are not used efficiently or effectively • Awareness that in addition to patient specific clinical records, clinical staff also have responsibilities for other records (eg research)

Managing Services

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

3.3 Managing people

Demonstrate knowledge of:	Demonstrate the ability to:	Demonstrate:
• Relevant legislation (eg. Equality and Diversity, Health and Safety, Employment Law) and local Human Resource policies • The duties, rights and responsibilities of an employer, and of a co-worker (eg. looking after occupational safety of fellow staff) • Individual performance review purpose, techniques and processes, including difference between appraisal, assessment and revalidation	• Prepare rotas, delegate, organise and lead teams • Contribute to the recruitment and selection of staff • Contribute to staff development and training, including mentoring, supervision and appraisal.	• Willingness to supervise the work of less experienced colleagues • Commitment to good communication whilst also inspiring confidence and trust

3.4 Managing performance

Demonstrate knowledge of	Demonstrate the ability to	Demonstrate:
• Organisational performance management techniques and processes • How complaints arise and how they are managed	• Use and adhere to clinical guidelines and protocols, morbidity and mortality reporting systems, and complaints management systems • Improve services following evaluation/ performance management	• Responding constructively to the outcome of reviews, assessments or appraisals of performance • Understanding the needs and priorities of non-clinical staff

Managing Services

In the context of leadership and management activities relevant to the specialty	Examples of recommended assessment methods		
	Multi Source Feedback	Case Based Discussion	Audit Assessment

3.1 Planning

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Support plans for clinical services that are part of the strategy for the wider healthcare system			✓
2) Gather feedback from patient, service users and colleagues to help develop plans	✓		✓
3) Contribute their expertise to planning processes	✓	✓	✓
4) Appraise options in terms of benefits and risks			✓

3.2 Managing resources

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Accurately identify the appropriate type and level of resources required to deliver safe and effective services		✓	✓
2) Ensure services are delivered within allocated resources			✓
3) Minimise waste			✓
4) Take action when resources are not being used efficiently and effectively			✓

3.3 Managing people

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Provide guidance and direction for others using the skills of team members effectively	✓		
2) Review the performance of the team members to ensure that planned service outcomes are met			✓
3) Support team members to develop their roles and responsibilities	✓	✓	✓
4) Support others to provide good patient care and better services	✓		

3.4 Managing performance

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Analyse information from a range of sources about performance			✓
2) Take action to improve performance			✓
3) Take responsibility for tackling difficult issues	✓	✓	✓
4) Build learning from experience into future plans			✓

Improving Services

Doctors showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to service. This requires doctors to demonstrate competence:

• **Ensuring patient safety** by assessing and managing risk to patients associated with service developments balancing economic consideration with the need for patient safety

• **Critically evaluating** by being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team

• **Encouraging improvement and innovation** by creating a climate of continuous service improvement

• **Facilitating transformation** by actively contributing to change processes that lead to improving healthcare.

Example:

Dr N is training in clinical practice based in the community. A patient tells him about a problem which is due to a lack of a common approach between the hospital and community services. He discusses the problem with colleagues and the relevant patient group. He discovers that this is a regular feature of care for patients with this common problem. Working with colleagues and patients he puts together a new patient pathway. He then liaises with colleagues in the hospital and together they set up a working group which uses a clinical systems improvement technique to identify the bottleneck in the system.

After presenting the data and information, one meeting is spent generating ideas and options. The final recommendations are presented at a local meeting, and to the management team in the hospital. The proposals are agreed and implemented, along with a process to evaluate the changes. Subsequently the patients' forum tells the practice and hospital what they think about the new system.

4. Improving Services

Competences	Examples of generic learning and development activities
	Throughout Postgraduate Training
	Early Specialist Training / *Higher Specialist Training*

4.1 Ensuring patient safety

1) Identify and quantify the risk to patients using information from a range of sources 2) Use evidence, both positive and negative, to identify options. 3) Use systematic ways of assessing and minimising risk 4) Monitor the effects and outcomes of change	*Takes part in clinical governance processes, including local policies and procedures, within the organisation*
	Promotes safe working practices and a culture that facilitates safety through consultation with patients / *Presents risk-reduction proposals to multidisciplinary teams/departments*

4.2 Critically Evaluating

1) Obtain and act on patient, carer and service user feedback and experiences 2) Assess and analyse processes using up-to-date improvement methodologies 3) Identify healthcare improvements and create solutions through collaborative working 4) Appraise options, and plan and take action to implement and evaluate improvements	*Evaluates the outcome of change following clinical audits*
	Generates ideas for service improvement for discussion within multidisciplinary teams/in multi-agency settings and with patient groups *Uses proven improvement techniques to develop service improvement proposals* / *Works with managers to support service change/improvement* *Listens to the views of staff and patients/service users and their representatives about potential for improvement*

4.3 Encouraging Improvement and Innovation

1) Questions the status quo 2) Act as a positive role model for innovation 3) Encourage dialogue and debate with a wide range of people 4) Develop creative solutions to transform services and care	*Uses multidisciplinary team, patient feedback and other settings to debate and question current systems and practices*
	Takes part in multi-agency case conferences / *Undertakes multi-profession audit and research* *Identifies areas for improvement and initiates appropriate projects*

4.4 Facilitating Transformation

1) Model the change expected 2) Articulate the need for change and its impact on people and services 3) Promote changes leading to systems redesign 4) Motivate and focus a group to accomplish change	*Prepares recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting*
	Tests the feasibility of implementing changes with patients, colleagues and staff / *Takes an active role in implementing change in the clinical setting*

Improving Services

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

4.1 Ensuring Patient Safety

Demonstrate knowledge of:	Demonstrate the ability to:	Demonstrate:
• Risk management issues pertinent to specialty, understand potential sources of risk and risk management tools, techniques and protocols • How healthcare governance influences patient care, research and educational activities at a local, regional and national level	• Report clinical incidents • Assess and analyse situations, services and facilities in order to minimise risk to patients and the public • Monitor the quality of equipment and safety of environment relevant to the specialty	• Actively seeking advice/assistance whenever concerned about patient safety • Willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service

4.2 Critically Evaluating

Demonstrate knowledge of:	Demonstrate ability to:	Demonstrate:
• Quality improvement methodologies including a range of methods of obtaining feedback from patients, the public, and staff • The principles and processes of evaluation, audit, research and development, clinical guidelines and standard setting in improving quality	• Undertake an audit project • Contribute to meetings which cover audit; critical incident reporting, patient outcomes.	• Listening to and reflecting on the views of patients and carers, dealing with complaints in a sensitive and co-operative manner • Acting as an advocate for the service

4.3 Encouraging Improvement and Innovation

Demonstrate knowledge of:	Demonstrate the ability to:	Demonstrate:
• A variety of methodologies for developing creative solutions to improving services	• Question existing practice in order to improve services • Apply creative thinking approaches (or methodologies or techniques) in order to propose solutions to service issues	• Being open minded to new ideas • A proactive approach to new technologies and treatments • Supporting colleagues to voice ideas

4.4 Facilitating Transformation

Demonstrate knowledge of	Demonstrate the ability to:	Demonstrate:
• The implications of change on systems and people • Project management methodology	• Provide medical expertise in situations beyond those involving direct patient care • Show effective presentation skills (written and verbal)	• Being positive about improvement and change • Striving for continuing improvement in delivering patient care services

Improving Services

In the context of leadership and management activities relevant to the specialty	*Examples of recommended assessment methods*		
	Multi Source Feedback	**Case Based Discussion**	**Audit Assessment**

4.1 Ensuring patient safety

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Identify and quantify the risk to patients using information from a range of sources.		✓	
2) Use evidence, both positive and negative, to identify options.			✓
3) Use systematic ways of assessing and minimising risk		✓	✓
4) Monitor the effects and outcomes of change			✓

4.2 Critically evaluating

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Obtain and act on patient, carer and service user feedback and experience	✓	✓	✓
2) Assess and analyse processes using up-to-date improvement methodologies			✓
3) Identify healthcare improvements and create solutions through collaborative working			✓
4) Appraise options, and plan and take action to implement and evaluate improvements			✓

4.3 Encouraging improvement and innovation

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Questions the status quo	✓	✓	✓
2) Act as a positive role model for innovation	✓		
3) Encourage dialogue and debate with a wide range of people	✓	✓	✓
4) Develop creative solutions to transform services and care			✓

4.4 Facilitating transformation

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Model the change expected			✓
2) Articulate the need for change and its impact on people and services			✓
3) Promote changes leading to systems re-design			✓
4) Motivate and focus a group to accomplish change together	✓	✓	

Setting Direction

Doctors showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. This requires doctors to demonstrate competence in:

- **Identifying the contexts for change** by being aware of the range of factors to be taken into account

- **Applying knowledge and evidence** by gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements

- **Making decisions** using their values, and the evidence, to make good decisions

- **Evaluating impact** by measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions

Example:
Dr V arranges to visit a department which operates in a different way to the one she is based in. During the visit she spends time with their team members, and joins them for a regular educational meeting. On returning to her unit She puts together her conclusions about the visit and presents this to the multidisciplinary team.

The team discussion looks at outcomes from the two units and other similar services. She helps the group look at good practice from the other unit, and how this could be implemented in their own unit. They also look at how these changes would integrate with other services for children in the area, particularly those run by other agencies.

5. Setting Direction

Competences	Examples of generic learning and development activities	
	Throughout Postgraduate Training	
	Early Specialist Training	Higher Specialist Training

5.1 Identifying the Contexts for Change

1) Demonstrate awareness of the political, social, technical, economic, organisational and professional environment 2) Understand and interpret relevant legislation and accountability frameworks 3) Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes 4) Develop and communicate aspirations	*Complies with the clinical governance requirements of the organisation*	
	Takes part in departmental meetings with the local health community	*Shadows NHS senior managers* *Seeks opportunities to attend relevant national and regional events* *Attends multi-agency case conferences*

5.2 Applying knowledge and Evidence

1) Use appropriate methods to gather data and information 2) Carry out analysis against an evidence-based criteria set 3) Use information to challenge existing practices and processes 4) Influence others to use knowledge and evidence to achieve best practice	*Uses external references to support analysis*	
	Presents information and analysis to clinical and service managers	*Uses and interprets departmental performance data and information to debate services within multidisciplinary team meetings*

5.3 Making Decisions

1) Participate in and contribute to organisational decision-making processes 2) Act in a manner consistent with the values and priorities of their organisation and profession 3) Educate and inform key people who influence and make decisions 4) Contribute a clinical perspective to team, department, system and organisational decisions	*Contributes to relevant decisions about workload and arrangements for cover based on clear and concise information and data*	
	Contributes to decisions using evidence about the running of the service as part of a multidisciplinary team	*Takes part in clinical committee structures within the organisation*

5.4 Evaluating Impact

1) Test and evaluate new service options 2) Standardise and promote new approaches 3) Overcome barriers to implementation 4) Formally and informally disseminate good practice	*Utilises external references to support evaluation*	
	Presents the results of clinical audits and research to audiences outside their immediate specialty	*Evaluates options for changes in services and presents to the team*

Setting Direction

In the context of leadership and management activities relevant to the specialty		
Knowledge	Skills	Attitudes and behaviours

5.1 Identifying the Contexts for Change

Demonstrate knowledge of: • The responsibilities of the various Executive Board members and Clinical Directors or leaders • The function and responsibilities of national bodies such as DH, HCC, NICE, NPSA, NCAS; Royal Colleges and Faculties, specialty specific bodies, representative bodies; regulatory bodies; educational and training organisations	Demonstrate the ability to: • Discuss the local, national and UK health priorities and how they impact on the delivery of health care relevant to the specialty • Identify trends, future options and strategy relevant to the specialty and delivering patient services	Demonstrate: • Compliance with national guidelines that influence healthcare provision • Willingness to articulate strategic ideas and use effective influencing skills

5.2 Applying knowledge and Evidence

Demonstrate knowledge of: • Patient outcome reporting systems within the specialty, and the organisation and how these relate to national programmes • Research methods and how to evaluate scientific publications including the use and limitations of different methodologies for collecting data	Demonstrate the ability to: • Compare and benchmark healthcare services • Use a broad range of scientific and policy publications relating to delivering healthcare services	Demonstrate: • The ability to understand issues and potential solutions before acting

5.3 Making Decisions

Demonstrate knowledge of: • How decisions are made by individuals, teams and the organisation • Effective communication strategies within organisations	Demonstrate the ability to: • Prepare for meetings - reading agendas, understanding minutes, action points and background research on agenda items • Work collegiately and collaboratively with a wide range of people outside the immediate clinical setting	Demonstrate: • Appreciating the importance of involving the public and communities in developing health services • Willingness to participate in decision making processes beyond the immediate clinical care setting

5.4 Evaluating Impact

Demonstrate knowledge of: • Impact mapping of service change • Barriers to change • Qualitative methods to gather the experience of patients and carers	Demonstrate the ability to • Evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities • Ability to understand the wider impact of implementing change in healthcare provision and the potential for opportunity costs	Demonstrate: • Commitment to implementing proven improvements in clinical practice and services • Obtaining the evidence base before declaring effectiveness of changes • Attitudes and behaviours that assist dissemination of good practice

Setting Direction

In the context of leadership and management activities relevant to the specialty	Examples of recommended assessment methods		
	Multi Source Feedback	Case Based Discussion	Audit Assessment

5.1 Identifying the contexts for change

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Demonstrate awareness of the political, social, technical, economic, organisational and professional environment	✓		
2) Understand and interpret relevant legislation and accountability frameworks		✓	✓
3) Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes			✓
4) Develop and communicate aspirations	✓	✓	✓

5.2 Applying knowledge and evidence

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Use appropriate methods to gather data and information			✓
2) Carry out analysis against an evidence-based criteria set			✓
3) Use information to challenge existing practices and processes	✓	✓	✓
4) Influence others to use knowledge and evidence to achieve best practice	✓		✓

5.3 Making decisions

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Participate in and contribute to organisational decision-making processes	✓		
2) Act in a manner consistent with the values and priorities of their organisation and profession	✓		
3) Educate and inform key people who influence and make decisions	✓		✓
4) Contribute a clinical perspective to team, department, system and organisational decisions	✓		✓

5.4 Evaluating impact

	Multi Source Feedback	Case Based Discussion	Audit Assessment
1) Test and evaluate new service options			✓
2) Standardise and promote new approaches			✓
3) Overcome barriers to implementation			✓
4) Formally and informally disseminate good practice			✓

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