NHS
Leadership Academy

Clinical Leadership Competency Framework

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Foreword

The economic and other challenges in healthcare now and over the coming years will make it imperative that front line clinicians have the leadership capability to drive radical service redesign and improvement.

This will involve working in collaboration with patients and carers across health systems in developing new models of care for improved patient outcomes and further developing the skills of the workforce. The ability to influence and manage change at the front line will be central to delivering this agenda.

Through publishing this framework the National Leadership Council (NLC) is promoting leadership development for all clinical professions that work in health and care, it will ensure that leadership competences will be incorporated into education and training for all clinical professions and establish a stronger foundation for developing leadership capability across healthcare and in delivering the changes needed to meet future challenges.
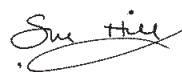
We are pleased to endorse this Clinical Leadership Competency Framework (CLCF) which provides a standardised and consistent approach to leadership development, relates to clinicians' practitioner roles and applies to every clinician at all stages of their professional journey.

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Introduction

Clinical leadership is not a new concept and the need to optimise leadership potential across the healthcare professions, and the critical importance of this to the delivery of excellence and improved patient outcomes, is now increasingly echoed by clinicians, managers and politicians within the UK and internationally.

The Government's Health and Social Care Bill published in January 2011 signals a time of significant change for the NHS in England, with clinicians being located in a central leadership role with unprecedented levels of responsibility. There will be a need to work closely with patients, carers and the public in building a healthcare delivery system based upon shared decision making. The NHS Chief Executive, Sir David Nicholson, has said that leadership behaviours will absolutely set the tone for the period we are now in and directly impact upon our chances of success in transforming the service[1]. To enable this change to take place successfully and to support clinicians in this very important role we will need to further develop the leadership capability within the system.

Clinicians train and work in many settings and sectors across the United Kingdom. The Clinical Leadership Competency Framework (CLCF) has been developed through consultation with a wide cross section of staff, patients, professional bodies and academics, and with the input of all the clinical professional bodies and has the support of the chief professions officers, the professions advisory boards, the peak education bodies and the Department of Health.

The project team met with many clinicians across a wide cross section of settings. The team found that practitioners embrace the concept of the CLCF because it affords a common and consistent approach to professional development, based on their shared professional values and beliefs, which is nested within the professional domain standards and not organisational structures.

The project team is now working progressively with the relevant professional, education and regulatory bodies to ensure their standards, curriculum, guidance frameworks and other processes for training, education and continuing professional development which describe leadership are aligned to the CLCF. The aim is to build leadership awareness and capability across the health system, by embedding leadership competences in undergraduate education, postgraduate training and continuing professional development.

The CLCF is applicable across the UK. It is designed to be read and used in conjunction with the relevant professional and service documents provided by the professional bodies, government bodies, regulators and higher education institutions set out in page 65.

The project team hope that CLCF will contribute to the vision articulated in the following key documents:-

"Greater freedom, enhanced accountability and empowering staff are necessary but not sufficient in the pursuit of high quality care. Making change actually happen takes leadership. It is central to our expectations of the healthcare professionals of tomorrow." *Next Stage Review: High Quality Care for All, July 2008*

"Effective leadership at all levels is essential to delivering the goals of NHS Scotland and ensuring high quality, safe and effective care. It is recognised that leadership development is a life-long activity and not confined to specific levels or groups of the workforce." *NHS Scotland leadership development strategy: Delivering Quality Through Leadership (June 2009).*

"Health and Social Care needs excellent leadership and management. Health and Social care organisations provide increasingly complex services, requiring highly skilled managers. The pace of change is unrelenting and staff look to their managers for clear direction and support." *Workforce Development Strategy for Northern Ireland Health and Social Care Services 2009-2014 (April 2009)*

"Effective clinical leadership is pivotal in ensuring that improvement in healthcare is not only on the agenda of all NHS organisations – but becomes part of their very DNA. Transforming healthcare is everyone's business with the provision of high quality care being at the heart of everything we do. Creating a culture of visible commitment to patient safety and quality requires clinical and professional leaders to work together so that NHS Wales can meet the healthcare challenges of the future." *National Leadership and Innovation Agency for Healthcare Wales (2011)*

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[1] The White Paper. Supplementary Management Bulletin. 19th July 2010 Gateway Ref: 14577

Clinical Leadership Competency Framework

The CLCF describes the leadership competences that clinicians need to become more actively involved in the planning, delivery and transformation of health and social care services.

Applying to all engaged in clinical practice the CLCF is built on the concept of **shared leadership** where leadership is not restricted to people who hold designated leadership roles, and where there is 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.

Leadership and clinicians

People understand the term 'leadership' in many different ways. Perhaps the most common stereotypic idea is of the individual, powerful, charismatic leader with followers clearly in subordinate roles. Such situations do exist but are quite limited, rather outdated and by the very rarity of charismatic qualities make it a poor model for leadership development. This way of thinking tends to focus on the individual as a leader rather than the processes of leadership.

A more modern conceptualisation sees leadership as something to be used by all but at different levels. This model of leadership is often described as **shared**, or distributed, **leadership** and is especially appropriate where tasks are more complex and highly interdependent – as in healthcare. It is a universal model such that all clinicians can contribute to the leadership task where and when their expertise and qualities are relevant and appropriate to the context in which they work. Not everyone is necessarily a leader but everyone can contribute to the leadership process by using the behaviours described in the five core domains of the CLCF: demonstrating personal qualities, working with others, managing services, improving services, and setting direction.

As a model it emphasises the responsibility of all practising clinicians to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

The statutory responsibility for regulation of the clinical professions is vested in the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC), the General Optical Council (GOC), the General Dental Council (GDC), the General Pharmaceutical Council (GPhC), the General Medical Council (GMC), the General Osteopathic Council (GOsC) and the General Chiropractic Council (GCC). All of these regulators have the lead role in ensuring practitioners are fit for practise and able to be registered.

Behaviours that all clinicians must demonstrate are described in the various policy, guidance, standards of proficiency, standards of education, codes of conduct and ethical behaviour set down by these regulators. Each of these bodies maintains and publishes a register of practitioners that meet these standards and are legally able to practise in the United Kingdom.

While the primary focus of regulation for clinicians is on their professional practice, all clinicians, registered or otherwise, work in systems and most within organisations. It is vitally important that clinicians have an influence on these wider organisational systems and thereby improve the patient experience and outcome.

Clinicians have an intrinsic leadership role within health and care services and have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. Therefore the development of leadership capability as an integral part of a clinician's training will be a critical factor.

Design

Delivering services to patients, service users, carers and the public is at the heart of the Clinical Leadership Competency Framework. Clinicians work hard to improve services for people.

The word 'patient' is used generically to cover patients, service users, and all those who receive healthcare. The word 'other' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

There are five **domains** highlighted below. To improve the quality and safety of health and care services, it is essential that clinicians are competent in each of the five leadership domains. Within each domain there are four categories called **elements** and each of these elements is further divided into four competency statements which describe the activity or outcomes all clinicians should be able to demonstrate.

1. Demonstrating Personal Qualities
- 1.1 Developing self awareness
- 1.2 Managing yourself
- 1.3 Continuing personal development
- 1.4 Acting with integrity

2. Working with Others
- 2.1 Developing networks
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams

3. Managing Services
- 3.1 Planning
- 3.2 Managing resources
- 3.3 Managing people
- 3.4 Managing performance

4. Improving Services
- 4.1 Ensuring patient safety
- 4.2 Critically evaluating
- 4.3 Encouraging improvement and innovation
- 4.4 Facilitating transformation

5. Setting Direction
- 5.1 Identifying the contexts for change
- 5.2 Applying knowledge and evidence
- 5.3 Making decisions
- 5.4 Evaluating impact

Each section of this document starts with an overview of the domain. Each domain has four elements, and each element is further described as four competences to be attained.   For example:-
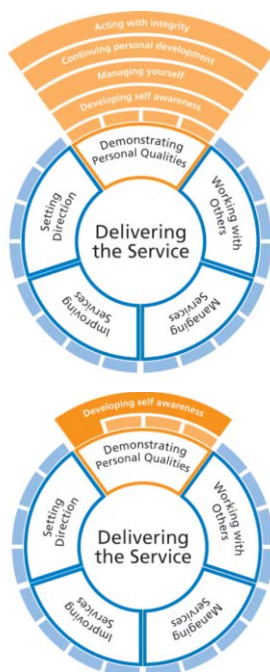
Domain 1: **Demonstrating Personal Qualities**

Effective leaders need to draw upon their values, strengths and abilities to deliver high standards of care.

This requires leaders to demonstrate competence in the areas of:

Element **1.1 Developing self awareness**

The *competency statements* for Element 1.1 are:
- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources.

To assist the user to understand how they relate to the framework there are practical contextual examples in practice as well as examples of learning and development activity.

Who is the CLCF for?

The Clinical Leadership Competency Framework applies to every clinician at all stages of their professional journey – from the time they enter formal training, become qualified as a practitioner and throughout their continuing professional development as experienced practitioners.

There is no universal or common pathway followed by all of the clinical professions and the way a clinician demonstrates competence and ability will vary according to the career trajectory and their level of experience and training. However, all competences should be capable of being achieved at all career stages, though at varying degrees dependant on the contexts.

Within the various developmental routes for each profession some core processes have been identified and are used throughout the CLCF. These are as:

Student – pre-registration entry level formal education
Practitioner – qualified or registered professional
Experienced practitioner – practitioner with greater complexity and responsibility in their role.

Using this spectrum as a guide, examples are used throughout the CLCF to provide users with context in which they are able to relate their practice. All domains and elements of the CLCF are dynamic and apply to all students, clinicians in training, and experienced practitioners and consultant practitioners. However, the application of and opportunity to demonstrate the competences in the CLCF will differ according to the career stage of the clinician and the type of role they fulfil. The context in which competence can be achieved will become more complex and demanding with career progression.

Student

For example all **students** will have access to relevant learning opportunities within a variety of situations including:
- peer interaction
- group learning
- clinical placements
- activities and responsibilities within the university
- involvement with charities, social groups and organisations.

All these situations can provide a clinical student with the opportunity to develop experience of leadership, to develop their personal styles and abilities, and to understand how effective leadership will have an impact on the system and benefit patients as they move from student to practitioner on graduating.

Practitioner

Qualified clinicians are very often the key person relating to patients and other staff, and are the ones who are experiencing how day-to-day healthcare works in action. They are also often undertaking more education and training to further consolidate and develop their skills and knowledge in everyday practice.

Practitioners are uniquely placed to develop experience in management and leadership through relationships with other people, departments and ways of working and to understand how the patient experiences 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 leadership and management skills. With all this comes the need to understand how their speciality and focus of care contributes to the wider healthcare system.

Experienced Practitioner

Experienced practitioners hold more complex roles with greater responsibility. Clinicians need an understanding of the need for each area of the wider healthcare system to play its part. Experienced clinicians develop their abilities in leadership within their services and practices and by working with colleagues in other settings and on projects. Their familiarity with their specific focus of care enables them to work outside their immediate setting and to look further at ways to improve the experience of healthcare for patients and colleagues. As established members of staff or as partners, they are able to develop further their leadership abilities by actively contributing to the running of the organisation and to the way care is provided generally.

Application

The CLCF will be used by the health and care organisations, professional bodies, educators and individuals to:-

- Help with personal development planning and career progression
- Help with the design and commissioning of formal training curricula and development programmes by colleges and societies, higher education institutions, and public healthcare providers
- Highlight individual strengths and development areas through self-assessment, appraisal and structured feedback from colleagues.

Students

For clinicians undertaking formal education and training their courses will cover a broad range of topics. It is important that leadership learning is incorporated within the mainstream curriculum, rather than regarded as something additional or even peripheral to that core.

The underpinning practical and learning and development examples used throughout the CLCF provide students with context in which they are able to relate their practice and the type of development activity they can undertake to achieve each element.

Practitioners and experienced practitioners

When clinicians enter the workforce the CLCF can be used or adapted to help with professional development, such as continuing professional development (CPD), required or provided by their employer, society or college. It can also be used for staff appraisals, self assessment and performance management.

Many of the learning and development opportunities identified at student and practitioner level apply equally at practitioner or experienced practitioner level. The learning opportunities are consistent with good care provision, emphasising the CLCF as an integrated, rather than separate, set of behaviours.

The CLCF is designed to apply throughout a clinician's career. For example, the CLCF is being used by practitioners to develop workplace continuing professional and personal development.

The new Leadership Framework, which relates to all staff groups, can also be used by clinicians to recognise their stage of leadership development in the context of other non-clinical colleagues. The Leadership Framework is the same as the CLCF in terms of the first five domains, and offers generic workplace examples as well as two additional domains designed to support those in senior leadership roles, which may be helpful for clinicians aspiring to or already in these roles.

Professional education and training providers

For colleagues working in the higher education institutions or in workplace training facilities there is guidance to assist with integrating the CLCF into education and training. *The Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training* describes the knowledge, skills, attitudes and behaviours required for each domain and provides suggestions for appropriate learning and development activities to be delivered throughout education and training, as well as possible methods of assessment.

The scenarios used as examples will be invaluable to health faculties and clinical students, and will stimulate novel special study components which will further enhance leadership skills.

Supporting tools

Copies of Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training can be downloaded from www.leadershipacademy.nhs.uk/lf

To assist with integrating the competences into postgraduate curricula and learning experiences, there is the LeAD e-learning resource. LeAD is a range of more than 50 short e-learning sessions that support the knowledge base of the MLCF and the CLCF. Examples and contexts range across various fields and specialties, all aimed at improving patient care and services. LeAD addresses how clinicians can develop their leadership contribution in clinical settings. Originally it was produced to support medical trainees, however new sessions are being added to broaden out the learning to all clinical professions. In addition, the resources section of each session includes examples of the MLCF and CLCF in practice and ideas for further development, useful to both the individual learner as well as to trainers or supervisors.

LeAD is available on the National Learning Management System and through e-Learning for Healthcare (www.e-lfh.org.uk/LeAD).

1. Demonstrating Personal Qualities

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

- Developing Self Awareness
- Managing Yourself
- Continuing Personal Development
- Acting with Integrity.

1. Demonstrating Personal Qualities
1.1 Developing Self Awareness
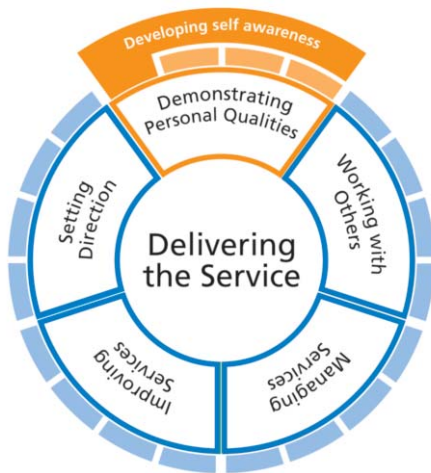
Clinicians show leadership through **developing self awareness**: being aware of their own values, principles and assumptions and by being able to learn from experiences.

Competent clinicians:

- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups
- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour
- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour
- Obtain, analyse and act on feedback from a variety of sources.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Using information from tutors, peers, staff and patients to develop further learning	Obtaining feedback from a range of others in preparation for appraisal	Initiating own 360º feedback to enhance reflective practice
Reflecting on performance in end of term discussion and identifying own strengths and weaknesses	Taking part in peer learning and exploring team and leadership styles and preferences	Using information from psychometric and behavioural measures
Making assessed presentation as part of course and obtaining structured feedback	Taking part in case conferences as part of multidisciplinary and multi-agency team, and obtaining feedback on effectiveness of own contribution	Obtaining regular feedback on own leadership style and impact
Chairing small group activities and seeking feedback on effectiveness		

1. Demonstrating Personal Qualities
1.1 Developing Self Awareness

Examples in Practice

Student

Z is a student dietitian who received very poor feedback on her management of patients with a particular condition. She recognises that she feels uncomfortable working with these patients and their clinical outcomes with her are poor. She works with her practice educator to explore the situation and realises that she has not fully recovered from the experience of watching her grandmother struggle with the same condition.
She arranges some counselling and a review later in her training.

Practitioner

Podiatrist A put himself forward to take part in a leadership development event with a particular emphasis on team working, in accordance with the personal development plan he had discussed with his manager. Although he did not know anyone else on his team at first, they all decided to be open and honest with each other about their individual strengths and weaknesses. Podiatrist A recognised that he tended to jump into things quickly, and was able to use this as an opportunity to stand back and listen to others. He recognised his contribution to the team and that gave him confidence which he could apply in his workplace. The team worked together to take advantage of the skills and knowledge between them, and developed a support network which lasted beyond the leadership development event.

Experienced Practitioner

Senior dental professional M identified that she needed to be more self-aware when mentoring and supervising staff. Drawing on a new professional framework of knowledge and skills, she was able to think through her own preferences and ways of working, and how these might impact on the professional relationship she had with others. Having reflected on this through a series of structured reflective sessions, she was able to think more laterally about how she could respond positively and constructively to others' development needs and learning styles.

1. Demonstrating Personal Qualities
1.2 Managing Yourself
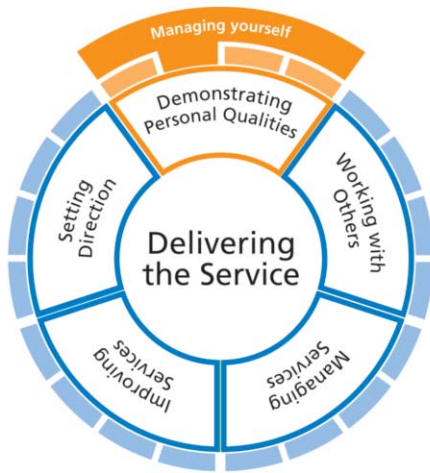
Clinicians show leadership through **managing themselves**: organising and managing themselves while taking account of the needs and priorities of others.

Competent clinicians:

- Manage the impact of their emotions on their behaviour with consideration of the impact on others
- Are reliable in meeting their responsibilities and commitments to consistently high standards
- Ensure that their plans and actions are flexible, and take account of the needs and work patterns of others
- Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Using clinical attachments to develop time management skills	Liaising with colleagues in the planning and implementation of work rotas and identifying areas for improvement	Balancing own plans and priorities with those of the service and other members of the corporate team
Managing course/programme requirements in relation to attendance, submission of work and sustaining quality of work	Managing service pressures	Contributing to the development of systems which help them and others manage their time and workload more effectively
Managing own independent learning and self assessment	Using feedback and discussion to reflect on how a personally emotional situation affected communication with a carer	Overcoming disappointing findings from a patient survey, and working on positive ways of addressing issues
	Meeting deadlines for completing written clinical notes on time in conjunction with meeting other demands	Developing and implementing a learning plan for an identified practice development
	Critically analysing and evaluating an area of practice	Acting up for service manager at corporate meetings

1. Demonstrating Personal Qualities
1.2 Managing Yourself

Examples in Practice

Student

Following a clinical placement in general practice, student B has to plan and deliver a patient presentation to peers on her experience during her placement. This includes a chronology of attendance at patient consultations and her reasons for identifying the individual case that she is presenting. Her presentation also includes feedback from the patient and clinical supervisor in respect of her case management. Finally, she delivers a self-assessment of her management of the patient, based on her reflection of feedback received.

Practitioner

A newly promoted nurse realises that his role has changed with added responsibilities. He believes he can avoid making the mistakes that some of his peers, in similar circumstances, have made. In conjunction with his line manager he develops a plan that will be implemented over a six month time frame to integrate the added responsibilities without impacting on his colleagues and his own well being. At the three month point he reviews his progress with his line manager and receives positive feedback. However, his colleagues identify that he appears more stressed. He reflected on this and began to delegate some of his responsibilities.

Experienced Practitioner

Dr Y is a newly appointed principal in a general practice. Her partners have been together for many years and are several years older than her. She has been in post for six weeks and has noticed that it is taking her longer to see fewer patients than her colleagues. The receptionists are grumbling that patients are kept waiting. This comes to a head when the senior partner agrees to see half her patients. She is very keen to rectify the matter but at the same time feels that the time she is taking to see patients is appropriate. She arranges a meeting with the practice manager and the senior partner to discuss her progress and some of the issues which have arisen. Together they work out a plan which encourages her own development and also meets patient, practice and team needs. They agree to review how this is going in three months' time.

1. Demonstrating Personal Qualities
1.3 Continuing Personal Development

Clinicians show leadership through **continuing personal development**: learning through participating in continuing professional development and from experience and feedback.

Competent clinicians:

- Actively seek opportunities and challenges for personal learning and development
- Acknowledge mistakes and treat them as learning opportunities
- Participate in continuing professional development activities
- Change their behaviour in the light of feedback and reflection.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Peer appraisal and assessment	Taking an active part in journal clubs and multidisciplinary training events and activities	Undertaking a management and/or leadership development programme
Tutor appraisal and assessment		Running and taking part in an action learning set
Clinical/supervisory feedback and assessment	Seeking feedback on performance from clinical colleagues and service users	Using a mentor to enhance development
Selecting stretching assignments	Seeking opportunities to learn from other professionals in everyday practice or through formal opportunities	Undertaking benchmarking activities to identify best practice
Applying theory to practice		
Undertaking projects on placement	Reviewing own practice against peers and best practice examples	Initiating/conducting audit/ research
	Taking part in critical incident event audits	Systematically updating on relevant issues associated with professional and organisational development (e.g. via reading and conferences)
	Undertaking to try a new intervention with supervision/mentoring	

1. Demonstrating Personal Qualities
1.3 Continuing Personal Development

Examples in Practice

Student

While on placement in the coronary care unit of the local hospital, student C observes the clinical management of a cardiac arrest and is asked by his consultant to comment on this at the subsequent ward round. As preparation for this, student C arranges to be taught by the cardiac nursing team to take blood samples and to carry out an ECG on the patient, and how to discuss the effect of sudden bereavement with a family.

Practitioner

Midwife B has had good experience with her own supervisor of midwives when she needed advice and felt that it had improved her practice by helping her to reflect on her actions. She decides to train to be a supervisor herself in order to continue to develop her own mentoring and learning skills. She researches how she can obtain relevant training, and the associated costs, and presents a cost/benefit case to her manager in support of her request for training.

Experienced Practitioner

Senior social worker M works as a mental health worker within a trust providing acute and community services to people experiencing mental health difficulties. She is managed within a multidisciplinary team and the service manager is not a social worker. The trust receives a complaint from one service user that M has been taking sides with the doctors and is conspiring against him. M explores this issue with her manager but is concerned that she needs more help in understanding the boundaries of her professional role and responsibility. She is concerned that she may not be offering the patient a fair and supportive service. During the review of the complaint by the trust M seeks out support from a network of social work colleagues and from material available online. This helps her re-assess her own practice and understand how she might not be representing the best interests of the patient. M presents a suggestion for an amended care plan which enables the trust to resolve the complaint and better account for the patient's concerns.

1. Demonstrating Personal Qualities
1.4 Acting with Integrity

Clinicians show leadership through **acting with integrity**: behaving in an open, honest and ethical manner.

Competent clinicians:

- Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals
- Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities
- Value, respect and promote equality and diversity
- Take appropriate action if ethics and values are compromised.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking on a position of responsibility	Taking part in ethics discussions and forums	Ensuring that professional values and ethics are taken account of in management decisions
Taking part in ethics discussions to appreciate a patient's perspective	Taking part in clinical case reviews with multidisciplinary teams	Identifying incompetent or suboptimal practice, investigating, and taking corrective action
Taking action in response to inappropriate behaviours	Acting as mentor to students and peers faced with difficult ethical judgments	Acting on information which would lead to improved practices and services
Identifying and discussing ethical dilemmas associated with patient care	Challenging behaviours that are contrary to promoting equality and diversity	Setting up equality and diversity programmes for work area

1. Demonstrating Personal Qualities
1.4 Acting with Integrity

Examples in Practice

Student

Trainee D is working under supervision in a high street optometry practice. He is approached by the reception staff, who are concerned about the behaviour of a new optometrist who makes them feel uncomfortable through inappropriate remarks and innuendo. They have also observed similar behaviour with some patients. Trainee D raises this with his supervisor and they discuss the issue and how it should be resolved. They recognise the importance of early action because of the apparent lack of respect for the diversity of staff and patients, the seniority of the person in representing the practice, and other possible wider ramifications.

Practitioner

A terminally ill patient was referred to Pharmacist Y for advice regarding pain control and sedation. The patient's capacity to make treatment decisions varied during each day. The family had strong religious beliefs relating to pain management. Y worked with the hospice and district nursing team to discuss options for medication and treatment which he then discussed with family members. They were keen to avoid injectable medication as they felt this over sedated the patient. He suggested various alternative routes and together they devised a stepwise approach to pain management, including non-drug approaches, which could be undertaken by the family in the absence of healthcare workers. They also agreed on 'red flag' symptoms when healthcare support was needed. Pharmacist Y supported the family in learning how to assess pain using pain scores in combination with the stepwise approach to pain relief. Feedback from the family was that they felt empowered by this.

Experienced Practitioner

Orthotist A is covering for a senior colleague, having been in post for the last three months. Her colleague is due to retire in 18 months' time. She comes across a patient who, in her opinion, has been mismanaged. The patient is also unaware that the course of action taken by her colleague would lead to problems unless rectified. Orthotist A has also become aware that her colleague has not undertaken relevant continuing education and training. She now has a dilemma in how to deal with this difficult situation with integrity while respecting not only the seniority but the experience of her senior colleague. She is able to discuss this with an experienced colleague who is able to advise on a course of action ensuring patient safety with the Guidelines for Professional Conduct. Appropriate feedback is given to the senior colleague who caused the problem.

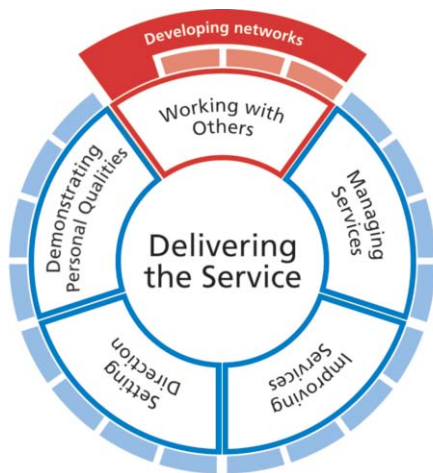# 2. Working with Others
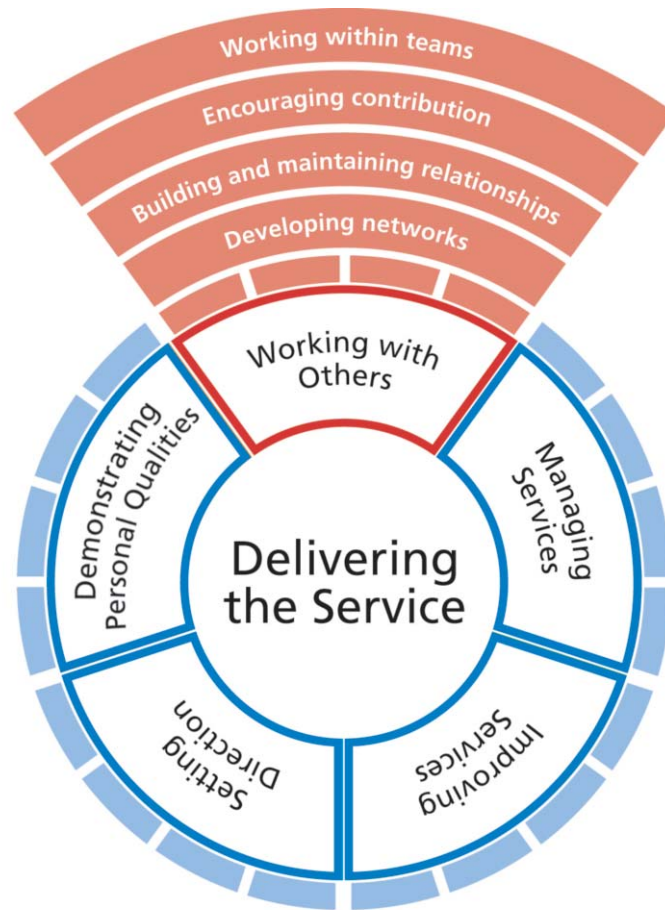
Clinicians show leadership by working with others in teams and networks to deliver and improve services.

This requires clinicians to demonstrate competence in:

- Developing Networks
- Building and Maintaining Relationships
- Encouraging Contribution
- Working within Teams.

2. Working with Others
2.1 Developing Networks

Clinicians show leadership by **developing networks**: working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services.

Competent clinicians:

- Identify opportunities where working in collaboration with others within and across networks can bring added benefits
- Create opportunities to bring individuals and groups together to achieve goals
- Promote the sharing of information and resources
- Actively seek the views of others.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in group based learning	Leading multidisciplinary team meetings to review clinical cases	Leading meetings, bringing together patients, carers and the wider healthcare team
Attending a patient support group meeting	Actively seeking and reflecting on patient and carer views	Involving patients and carers in discussions about long term care
Taking part in a service user group meeting	Reviewing effectiveness of a patient support programme	Creating links with patients, carers and key healthcare professionals to develop services jointly
Attending and observing multidisciplinary team meetings	Obtaining input on service design options from patients, carers, the wider healthcare team and specialist groups	Contributing to national forums on professional and/or service development
	Seeking to find out how other staff groups function and make decisions	Making presentations at conferences, meetings or workshops, uni-disciplinary or multidisciplinary, internally and externally
	Contributing to discussions on developing care pathways	
	Attending multidisciplinary meetings, seminars, workshops or conferences locally	Setting up a local clinical network to influence commissioners

2. Working with Others
2.1 Developing Networks

Examples in Practice

Student

Student social worker B is on a practice placement with a qualified social worker in a large inner city GP practice. Whilst working with an elderly Asian man who has been newly diagnosed with diabetes she becomes conscious of the culture and familial factors affecting the man's treatment and maintenance. Her supervisor suggests that she explores what other supports might be available to him. B approaches Diabetes UK, the local CVS and seeks advice from a contact at the Gurdwara. She is able to put her client in touch with a self-help group for people with diabetes and a worker at the local Indian community centre. Together they start a weekly luncheon group for Asian elders which provides help and support on a number of health issues. This greatly improves the patient's response to his illness and helps maintain good diabetes care.

Practitioner

As part of his doctorate training placement Psychologist F is working in a community learning disability team. F is asked to assess a patient regarding their suitability for psychological therapy. After assessment he realises that the care of this patient could be improved through developing an intervention plan with colleagues from social services, staff from a local day service and relatives of the patient. After gaining consent from his patient, F organises and chairs a care-coordination meeting to share his assessment/formulation findings and structure an appropriate multidisciplinary care plan. All relevant professional, family members and the patient then structure a plan with set goals and arrange a date to review the intervention.

Experienced Practitioner

A physiotherapy team lead for extended musculoskeletal services held a NICE fellowship, enabling her to undertake a three-year research project and career development programme. Key to her role was acting as a link between NICE, clinical colleagues and commissioners, including developing collective understanding and capacity to implement NICE clinical guidelines. The impact was to raise the quality and consistency of care received by patients and to embed clinical effectiveness in practical ways within practice settings.

2. Working with Others
2.2 Building and Maintaining Relationships

Clinicians show leadership by **building and maintaining relationships**: listening, supporting others, gaining trust and showing understanding.

Competent clinicians:

- Listen to others and recognise different perspectives
- Empathise and take into account the needs and feelings of others
- Communicate effectively with individuals and groups, and act as a positive role model
- Gain and maintain the trust and support of colleagues.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Able to develop a professional relationship with patients and relatives/carers during student placement	Supporting students and peers within learning environment	Acting as an advocate for patients and patient groups
Holding office and gaining respect, e.g. as officer in the student union or involvement in a professional body	Shadowing other healthcare professionals	Taking an active role in cross-agency working
	Encouraging participation of all staff within multidisciplinary team meetings	Acting as a mentor to others
Obtaining patients' views about service improvements		Collaborating with others in projects
	Liaising with patients and their representatives	Collaborating with local networks to develop the local tariff

2. Working with Others
2.2 Building and Maintaining Relationships

Examples in Practice

Student

Student F finds himself in the middle of a peer discussion about the ethics of funding breast cancer patients with high-cost drugs. The group members are all expressing views at the same time and talking over their colleagues. He notices that one member of the group has become visibly distressed, and is about to leave the room. He asks the group to pause, and suggests a break for coffee. He then speaks to the distressed student to check that she is able to continue as he feels that the discussion may be creating distress about a recent family bereavement. When the group resumes, he suggests ways in which they could improve their discussions by listening and taking turns to speak.

Practitioner

A newly qualified respiratory physiologist is recognised by colleagues in the multidisciplinary team as providing an award winning level of service. She is careful and accurate, and produces excellent results. Key to her effectiveness is that she is good at communicating with patients and listening to their stories, and takes time to discuss and continually seeks the input of her colleagues.

Experienced Practitioner

W, the lead educator for a qualifying programme in occupational therapy, identified the need and value of strengthening local manager/clinical input to his programme's development and delivery. He organised an initial one-day workshop session at the start of the programme review process, with the aim of promoting debate and discussion on changing service needs, exploring how these should inform development of the programme, and teasing out and addressing initial queries and concerns regarding significant change to the existing programme. W wanted to ensure a sharing of perspectives and to enable a full contribution from the outset of the review process from colleagues whose support for different ways of structuring and delivering the programme would be crucial. In this way, he built up trust and a genuinely collaborative approach to the new programme's development, paving the way for a successful revalidation/re-approval event and delivery of the programme thereafter.

2. Working with Others
2.3 Encouraging Contribution
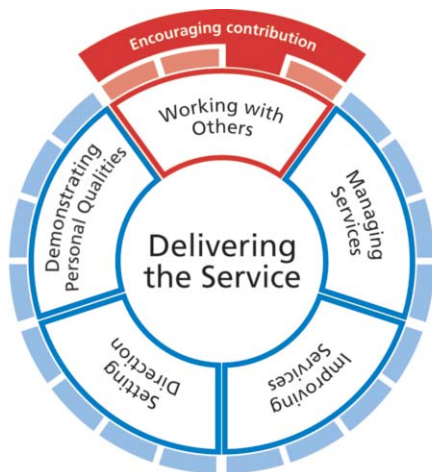
Clinicians show leadership by **encouraging contribution**: creating an environment where others have the opportunity to contribute.

Competent clinicians:

- Provide encouragement, and the opportunity for people to engage in decision-making and to challenge constructively
- Respect, value and acknowledge the roles, contributions and expertise of others
- Employ strategies to manage conflict of interests and differences of opinion
- Keep the focus of contribution on delivering and improving services to patients.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Actively seeking patient perspectives, e.g. by completing a patient journey assignment	Managing group dynamics within a multidisciplinary team	Taking an active role as a member of a management team
Encouraging others to contribute to small group learning activities	Leading/chairing multidisciplinary team meetings	Providing the means and climate for colleagues to raise issues of concern in relation to change
Obtaining views of peers in aspects of course evaluation	Encouraging participation from other staff within clinical case reviews and enabling all present to learn about each other's contributions	
	Inviting and encouraging feedback from patients and providing feedback to patients, relatives and carers	
	Initiating feedback from other staff and patients/service users and carers	
	Listening to the views of staff and patients/service users, relatives or carers and their representatives about potential for improvement	

2. Working with Others
2.3 Encouraging Contribution

Examples in Practice

Student

As part of a placement that included a focus on service innovation, physiotherapy student Y contributed to developing physiotherapy services to support amputee patients. Under supervision, he held discussions with colleagues and patients. Taking account of their views, he developed proposals to run twice-weekly exercise groups for both in-patients and out-patients to help them to achieve either wheelchair independence or to walk with a prosthetic limb, and setting up a 'buddy' service for individuals facing amputation. The proposals were subsequently implemented, enhancing supportive services for patients and their families and helping them to cope with limb loss and to help them build capacity and independence.

Practitioner

Dr F is training in medicine with a team specialising in neurology. A particularly complex case 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. He 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.

Experienced Practitioner

Senior midwife P is part of a management team that needs to make some tough decisions about how services will be reorganised to meet changes in commissioning of maternity and neonatal care. She chairs a preliminary meeting of staff from hospital and primary care to discuss the situation and, having presented all the facts, encourages everyone to come up with ideas and suggestions. She then arranges engagement with a wide spectrum of maternity service users and the local community to assess feasibility and impact and explains the option appraisal process to those unfamiliar with it. She compiles a report and presents options to her Trust Board.

2. Working with Others
2.4 Working within Teams

Clinicians show leadership by **working within teams**: to deliver and improve services.

Competent clinicians:

- Have a clear sense of their role, responsibilities and purpose within the team
- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises
- Recognise the common purpose of the team and respect team decisions
- Are willing to lead a team, involving the right people at the right time.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking on different roles within group learning (e.g. team leader, recorder, presenter)	Learning to lead clinical case reviews	Representing a clinical viewpoint as a member of a management team
Contributing to clinical team when on attachment	Taking part in multi-agency case conferences and shares the learning by de-briefing colleagues	Leading a multidisciplinary project team, e.g. for service redesign
Finding out about the roles and responsibilities of members of healthcare teams	Ensuring that patients' views are taken into consideration by others in the team	Leading a clinical team

2. Working with Others
2.4 Working within Teams

Examples in Practice

Student

Student B took part in an audit of Accident & Emergency (A&E) waiting times which he did with one of the nurses. He was able to see how each member of the team played a vital role in ensuring all patients were seen quickly, and how the A&E staff tried to identify which patients needed to be prioritised and seen by the most appropriate member of the team.

Practitioner

Clinical biochemist W interprets the meaning of complex patient test results for clinical colleagues. She sees an opportunity to interact more closely with the clinical team to better understand all the relevant aspects of different patient cases. She arranges to attend ward rounds regularly, where she talks to both doctors and patients to help identify patterns and information about symptoms to arrive at a diagnosis. This enables her to diagnose rare diseases and save patients from having much more invasive tests.

Experienced Practitioner

Consultant K chairs the consultant pharmacist group for England. It is his role to support new consultants in their roles and to advance the practice of pharmacy through consultant level practice. They meet twice a year with agendas being created through a group email discussion prior to the event, with group members suggesting current topics to be addressed. The common purpose is to ensure that patients benefit from the high level of expertise offered by the role, and the profession benefits from clinical leaders in their various fields of practice. The group shares research and development and contributes to national efforts towards recognition of higher level pharmacy practice.

3. Managing Services

Clinicians showing effective leadership are focused on the success of the organisation(s) in which they work.

This requires that clinicians demonstrate competence in:

- Planning
- Managing Resources
- Managing People
- Managing Performance.

3. Managing Services
3.1 Planning

Clinicians show leadership by **planning**: actively contributing to plans to achieve service goals.

Competent clinicians:

- Support plans for services that are part of the strategy for the wider healthcare system
- Gather feedback from patients, service users and colleagues to help develop plans
- Contribute their expertise to planning processes
- Appraise options in terms of benefits and risks.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Asking questions within clinical placements and seeking understanding about how plans are formulated	Undertaking clinical audits to improve a clinical service	As a member of a management team, contributing to the development of business and service plans
Communicating feedback from patients, relatives, carers colleagues which will be useful to supervisors in planning services	Accessing sources of information from inside and outside of the organisation, including patient feedback, to inform plans for service improvement	Contributing to the development of organisational and professional body responses to emerging health policy
Contributing to service audit	Contributing as part of a management team in a service review	Initiating or collaborating on planning of service improvement projects
	Taking part in research which will inform planning	

3. Managing Services
3.1 Planning

Examples in Practice

Student

A group of radiology students were able to take part in a service review by interviewing patients about their experience of a 'walk-in' radiology service. They found that patients preferred to choose their own appointment time despite the possibility of a longer wait to be seen because of the lack of appointments. This information was then used in the resulting service plan.

Practitioner

A sexual health clinic opened in the outskirts of a city, attached to a community hospital. The access is difficult as transport links are poor, and the timing is not convenient for adolescents as it is only open during school hours. A specialist community public health nurse (SCPHN) working in sexual health identifies the difficulties and undertakes a community profile. This highlights the fact that most young people reside on the other side of town. She then finds a suitable venue and discovers that the rental for using the venue would be less than that paid for the existing facility. The SCPHN prepares and presents a business case to management and the clinic is relocated. The clinic also amends its opening hours to help those who may like to access the service after school. The outcome is very positive, with increased use and ease of access.

Experienced Practitioner

An orthopaedic department has unacceptably long waiting times for out-patient appointments which is giving rise to concerns that patients have inadequate access to the service. Senior physiotherapist T identifies the scope to develop a physiotherapy triage system to facilitate initial appointments and referrals. She develops a plan for developing the clinical service, such that physiotherapists would manage all routine referrals to the trust's orthopaedic surgeons in defined areas. She leads the development and subsequent implementation of the plan. This leads to a significant decrease in waiting times, with a strong correlation between orthopaedic surgeon and physiotherapy diagnoses and high satisfaction levels expressed by patients seen by a physiotherapist. On the basis of the evaluated success of the pilot, physiotherapist T goes on to develop plans to extend the triage system to other elements of the orthopaedic service.

3. Managing Services
3.2 Managing Resources

Clinicians show leadership by **managing resources**: knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs.

Competent clinicians:

- Accurately identify the appropriate type and level of resources required to deliver safe and effective services
- Ensure services are delivered within allocated resources
- Minimise waste
- Take action when resources are not being used efficiently and effectively.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Managing a budget for a club, society or other organisation	Taking part in departmental discussions about resource allocation and service improvement	Working closely with the business manager to manage the budget for the service
Identifying how change in resources can affect patients and their safety	Identifying the financial constraints affecting their service	Reviewing current service delivery, identifying opportunities for minimising waste and introducing change for more efficient working
Questioning and challenging the use of resources	Developing a learning resource for students on corporate governance and professional practice	
Seeking opportunities to learn about NHS resource allocation principles and practices	Highlighting areas of potential waste to senior colleagues within the department	

3. Managing Services
3.2 Managing Resources

Examples in Practice

Student

While on placement, student S notices that clinical staff use a range of types of protective gloves when carrying out clinical procedures and asks her supervisor why that is the case. The answer seems to be 'personal preference.' Student S carries out some research and discovers that there is a big price difference between the cheapest and the most expensive gloves, with no real clinical need to justify the extra expense. She presents a short report to the manager, detailing volume of each glove type used and cost, and highlighting potential cost savings.

Practitioner

Clinical engineer N observed that a surgical laser was breaking down more frequently than would be expected during patient treatments. Investigation and analysis showed that surgeons needed to use it in ways that put extra strain on one part of the system. He suggested an alternative design to the manufacturer who then modified the unit's hand piece, saving the hospital several cancelled operations and thousands of pounds in maintenance costs each year. The new design is now incorporated into the commercial model, to benefit all hospitals using the equipment.

Experienced Practitioner

The trust's cost-improvement plan has identified the need for savings of £4m this year. It has been calculated that senior allied health professional Q's departmental contribution to this is £400K. She and her colleagues develop robust proposals as to how they want to make this contribution. They identify a range of options and look systematically at the pros and cons of each, with regard to resource implications and service quality.

3. Managing Services
3.3 Managing People

Clinicians show leadership by **managing people**: providing direction, reviewing performance, motivating others, and promoting equality and diversity.

Competent clinicians:

- Provide guidance and direction for others using the skills of team members effectively
- Review the performance of the team members to ensure that planned service outcomes are met
- Support team members to develop their roles and responsibilities
- Support others to provide good patient care and better services.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Supporting and motivating others within group learning	Teaching and mentoring others, including junior staff, students and other disciplines	Interpreting and implementing HR processes for a service, e.g. recruitment and selection, appraisal, mentoring, coaching
Taking personal responsibility for their designated role within the team	Delegating work to more junior staff	Undertaking appraisals of more junior clinical colleagues
Taking part in the design and delivery of a student project	Assessing and appraising more junior staff	Managing the performance of staff within an area of responsibility, undertaking challenging conversations with colleagues whose actions have been associated with poor performance and taking appropriate action, including disciplinary action, where necessary
Contributing to peer assessment/review	Recruiting and selecting staff	
	Identifying policy and legislation relevant to people management practices	
		Providing practice supervision which may be across professional boundaries

3. Managing Services
3.3 Managing People

Examples in Practice

Student

Paramedic student B is selected by his peers working on a group project to act as project lead. He allocates tasks amongst the group, ensuring everyone is clear about their responsibilities, monitors progress on the tasks and supports anyone who is having difficulty, and ensures that his colleagues submit their individual work in good time for it all to be pulled together in a final report.

Practitioner

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

Experienced Practitioner

Dr N is a newly promoted partner in a GP practice. She has been asked by one of the senior partners to develop an appraisal and job planning policy for her colleagues with the help of the practice manager. They work together to ensure that the policy incorporates evidence informed by best practice and includes suggestions for improving performance and managing underperformance.

3. Managing Services
3.4 Managing Performance

Clinicians show leadership by **managing performance**: holding themselves and others accountable for service outcomes.

Competent clinicians:

- Analyse information from a range of sources about performance
- Take action to improve performance
- Take responsibility for tackling difficult issues
- Build learning from experience into future plans.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Identifying and discussing how services are adversely affected by poor performance	Reviewing service targets and delivery by the multidisciplinary team	Using management information to monitor and evaluate service delivery against national/local targets and plans
Participating in audit or assessment after critical event reviews	Critiquing departmental performance and systems of management	Communicating progress against targets and plans and ensuring that colleagues take personal responsibility for outcomes
Examining the potential impact of their own performance	Taking part in discussions with health commissioners to develop understanding of future service plans	Informing the dialogue around the introduction or amendment of locally set performance targets

3. Managing Services
3.4 Managing Performance

Examples in Practice

Student

Student G looked at how the National Service Framework (NSF) for coronary heart disease had been applied in the local Accident & Emergency (A & E) department. She was able to discuss with the consultant how the department had needed to change in order to meet the targets for thrombolysis. She was also able to see how new members of staff had been employed, as well as seeing the new ways in which A & E communicated with other areas of the hospital. By following a patient who arrived with a suspected heart attack she was able to see how the service reflected the specification of the NSF.

Practitioner

In older people's services the length of wait for neuropsychological assessment and psychological therapy was identified as a potential problem for service users and therefore commissioners and referrers. S worked with the trust service improvement department to think about meaningful data that needed to be collected to evaluate the current situation and set new goals. Discussions were held with individual psychologists about their level of work and organisation of their diaries, and based on this information changes were formally integrated into new job plans. S and each psychologist's respective manager set review dates so that changes could be integrated as necessary. This was a difficult process for some psychologists but the positive experiences of the first staff to undertake the process were shared with the rest of the group and the teething problems that they had experienced were also shared to reduce the likelihood of these being repeated.

Experienced Practitioner

Consultant A has a new portfolio within the trust and has been appointed as cancer lead. She has just had a very productive meeting with the Business Manager for cancer services who has brought to her attention the difference in performance in cancer services across the patch. The breast cancer targets are being met with ease, the colorectal targets are being met but there is a huge shortfall on head and neck cancer and lung cancer targets. Consultant A's task is to develop a strategy for spreading good practice from the breast and colorectal areas to head and neck cancer and lung cancer areas. From her initial review there do not appear to be major resource issues. The major issue appears to be the current work practice in both areas, which appears to be somewhat idiosyncratic and dysfunctional. Working with colleagues, she comes up with a plan of action to address this deficiency as it is now causing the trust major concerns.

4. Improving Services

Clinicians showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to services.

This requires clinicians to demonstrate competence in:

- Ensuring Patient Safety
- Critically Evaluating
- Encouraging Improvement and Innovation
- Facilitating Transformation.

4. Improving Services
4.1 Ensuring Patient Safety

Clinicians show leadership by **ensuring patient safety**: assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety.

Competent clinicians:
- Identify and quantify the risk to patients using information from a range of sources
- Use evidence, both positive and negative, to identify options
- Use systematic ways of assessing and minimising risk
- Monitor the effects and outcomes of change.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in patient safety or other clinical audits or other similar safety related activity	Taking part in clinical and/or other governance processes related to safety within the organisation	Developing systems to measure risk, and practices to diagnose and quantify risk
Identifying infection control policies and procedures while on clinical placement	Training others in safe working practices and a culture that facilitates safety through consultation with patients	Contributing to the development of clinical governance strategies and practices, and learning from relevant national collaborative projects
Taking part in risk assessment		
Critically analysing significant events/critical incidents to identify the effect on patient outcomes	Undertaking a risk assessment of a clinical service area	Developing and implementing audit tools for managing risk
Ensuring (personal) safe practice within clinical guidelines	Presenting risk-reduction proposals to multidisciplinary teams/departments	Developing strategies for promoting a safety culture within the service or organisation
	Working to develop systems that are safe and reliable, and prevent harm from occurring	

4. Improving Services
4.1 Ensuring Patient Safety

Examples in Practice

Student

Student Radiographer G, on collecting a patient from the waiting room, asked how the patient was feeling. The patient replied, complaining of general tiredness and lethargy. Student G felt this might be of significance because the patient was undergoing large field irradiation, and he reported this to the radiographer in charge. A blood test was requested which indicated that the patient was anaemic and their white cell count depressed. It was decided to suspend treatment to allow the blood count to recover.

Practitioner

Following an Infection Prevention and Control Lead Nurse training session, it was evident to Speech and Language Therapist D that in any one session where a number of clients (children) were seen, she and her colleagues were not minimising the spread of bacteria, as it was not practical to seek out hand washing facilities between working with each new client. D initiated a meeting with the Lead Nurse whereby she became a 'champion' and developed a solution which was simple but effective. All Speech and Language Therapists and assistants working in schools were required to carry/wear a small bottle of alcohol hand gel to 'decontaminate' hands each time they worked with a client. All staff were required to sign up to this, which was supplementary to the trust Hand Hygiene Policy.

Experienced Practitioner

Senior operating department practitioner L identified that there was differential practice regarding Venous Thromboembolism (VTE) prophylaxis in surgical patients; this was evident upon patient arrival from the ward and also within the operating department. L organised a rigorous clinical audit based on national guidelines and found that the service provided did not represent best practice for reducing the risk of VTE; this also identified significant confusion from staff regarding the most appropriate interventions. Following the audit, L organised a working party with representatives from theatres, surgical wards and medical staff which developed a trust VTE care pathway for all surgical patients ensuring risk assessment and continuity of care for all patients. L then led the implementation of this care pathway which included an educational programme for staff.

4. Improving Services
4.2 Critically Evaluating

Clinicians show leadership by **critically evaluating**: being able to think analytically and conceptually, and to identify where services can be improved, working individually or as part of a team.

Competent clinicians:

- Obtain and act on patient, carer and service user feedback and experiences
- Assess and analyse processes using up-to-date improvement methodologies
- Identify healthcare improvements and create solutions through collaborative working
- Appraise options, and plan and take action to implement and evaluate improvements.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in a service improvement project	Evaluating the outcome of changes following clinical audits or other audit activity	Supporting more junior colleagues to lead a service improvement project
Leading on a student union initiative, e.g. to improve student facilities	Generating ideas for service improvement for discussion within multidisciplinary teams/in multi-agency settings and with patient groups	Working with healthcare colleagues and patients/service users and their representatives to establish the most appropriate means of collecting and analysing patient and carer feedback
Identifying factors affecting the delivery of a particular service using patient feedback	Using proven improvement techniques to develop service improvement proposals	
Taking part in or leading an extracurricular initiative		Supporting colleagues to evaluate and audit the outcomes of healthcare improvement projects
Giving feedback on educational activities	Working with managers to support service change/improvement	
	Using patient reported outcome measures to inform potential improvements	Ensuring that protocols and policies are established and followed consistently

4. Improving Services
4.2 Critically Evaluating

Examples in Practice

Student

A music therapy service in homes for older people was regarded as useful by carers and managers although evidence was only anecdotal. This service was part of an organisation which provided service to 70 homes for older people around the country, some of which had music therapy and some did not. Student music therapist H undertook a small piece of research as part of an MA at a local university to more rigorously evaluate the effectiveness of the music therapy service. As a result of reading her project report, the managers of the older people's service commissioned a larger research project in partnership with the university in order to find the best way of delivering the service across the whole organisation in the most effective way.

Practitioner

Q is in doctoral training as a psychologist. He is asked to work with the mental health team managers to analyse the waiting times for the service and report on how this compares with national guidance and best practice. They analyse the results and begin to understand that the service is not equally accessible for all. The findings are reported back to the management team, with recommendations for change which will make the service more accessible to vulnerable groups, for example by changing the nature of assessments.

Experienced Practitioner

Senior physiotherapist J, with responsibility for extended women's health services, identified the value of developing direct access to her service for patients, enabling individuals to self-refer into the service and avoid the need for a GP appointment and onward referral. This was based on the critical evaluation of feedback from patients and GPs, and information on how a national initiative could be implemented to achieve local service improvements. The aim was to enable patients with common problems to secure faster, direct access to physiotherapy services, while at the same time reducing the workload of GPs by reducing patient consultations and referral activity, and to improve GPs' awareness and understanding of physiotherapy services.

4. Improving Services
4.3 Encouraging Improvement and Innovation

Clinicians show leadership by **encouraging improvement and innovation**: creating a climate of continuous service improvement.

Competent clinicians:

- Question the status quo
- Act as a positive role model for innovation
- Encourage dialogue and debate with a wide range of people
- Develop creative solutions to transform services and care.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Seeking patient opinions while on clinical placement or other placement	Using multidisciplinary team, patient feedback and other settings to debate and question current systems and practices	Creating and promoting opportunities for colleagues and patients/service users and their representatives to generate, discuss and openly debate ideas for improvement and change, encouraging them to feel safe to challenge existing practice
Identifying and shadowing positive role models		
	Taking part in multi-agency case conferences	
Using small group learning as an opportunity to debate and question the status quo with peers and other team members	Undertaking multi-profession audit and/or research	Systematically appraising and evolving current practice, systems and processes
Providing feedback about teaching and learning experiences in order to improve education provision	Identifying areas for improvement and initiating appropriate projects or developing them with others	Setting challenging and stretching goals for service improvement and monitoring their achievement

4. Improving Services
4.3 Encouraging Improvement and Innovation

Examples in Practice

Student

Student D on placement notices inefficiencies in the booking system and makes a comment to his supervisor. The supervisor suggests he discuss his ideas at the next staff meeting. D prepares a presentation for the meeting and involves staff in a brainstorming session on how the system could be improved. He is careful not to impose his own ideas on the group or to be critical of past practice. As a result a number of excellent solutions are generated at the meeting.

Practitioner

Nurse D is a diabetes nurse specialist who works in secondary care. To improve patient care and satisfaction she looked at the possibility of providing an integrated service with colleagues in primary care to deliver some diabetes specialist care closer to home. Nurse D managed a pilot project where a diabetes clinic was set up in a local GP practice. This was run collaboratively with the senior practice nurse and herself. Patients with Type 2 diabetes were seen by the practice nurse and Nurse D as part of a shared approach. Medication was reviewed and where required altered; advice on lifestyle and diet was also provided.
The results of the project have been that patient access to services and care has been greatly improved and the practice nurse's and Nurse D's knowledge and skills in diabetes management in primary care have increased.

Experienced Practitioner

An experienced biomedical scientist decides to explore the potential of new technology for rapid testing in GP surgeries. Fast urine screening tests provide guidance on the correct antibiotic regime, and coagulation testing allows anticoagulant dosing to take place at local health centres. She sets up and trains staff locally, then engages with local and national networks to publicise good practice. She helps to set up a number of such services across the country, making sure that the quality of results is as good as for hospital based services.
This results in patients having better access to diagnosis and faster, more effective treatment.

4. Improving Services
4.4 Facilitating Transformation

Clinicians show leadership by **facilitating transformation**: actively contributing to change processes that lead to improving healthcare.

Competent clinicians:

- Model the change expected
- Articulate the need for change and its impact on people and services
- Promote changes leading to systems redesign
- Motivate and focus a group to accomplish change.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Leading a group to implement changes, e.g. of student union activities based on student views	Preparing recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting	With senior colleagues, reviewing patient satisfaction information to develop strategies for implementing and managing innovative solutions within the organisation
Following discussion with patients, take part in introducing improvements for patients while on clinical placements	Testing the feasibility of implementing changes with patients, colleagues and staff	Providing support to more junior colleagues and others who are affected by change
Identifying successful change strategies and processes	Taking an active role in change programmes in the clinical/workplace setting	Presenting the arguments for change to colleagues, addressing concerns and risks
Recognising when change processes have not met their stated goals and reflecting on the reasons for this		

4. Improving Services
4.4 Facilitating Transformation

Examples in Practice

Student

A group of students took part in a workshop looking at delivering in the community a service that had always been hospital-based. Actors played the part of patients and other professions in a role play. The students were able to discuss the barriers to implementing change for patients and professional groups and to consider how they could help to facilitate change.

Practitioner

P has been asked to work with patients and colleagues in all disciplines to update the trust policy on Inclusion. She is able to contribute by talking about clinical situations in which she has observed problems for both patients and staff. The group is able to see the relevance of this work and is enthused by the clinical scenarios. When the policy is rewritten she encourages the group to identify ways in which it will be explained to all staff and patients. Throughout this small project, she demonstrates her commitment by attending the meetings, responding to requests for feedback and comment, and by talking one-to-one with patients and colleagues from different departments to discuss their concerns.

Experienced Practitioner

Consultant F works in a medium-sized trust on a single site with an Accident & Emergency (A & E) department acting as a single portal of entry for patients. He has been appointed as the deputy lead for the trust's Hospital at Night Project, working with the Associate Medical Director for Education. This is a national project, the main object of which is to minimise the out-of-hours work of doctors in training. The whole basis of this programme is to look at the competences required to fulfil out of hours work rather than who provides them. For example, it may be as appropriate for a nurse practitioner to put in an IV as a doctor. Dr F has been asked to review the on-call arrangements for the trust. He has to come up with a proposal for the Executive Board on how the service will be covered at night. His challenge is that the vast majority of his medical colleagues see this as a cost-cutting exercise for the trust and see no advantage to it. Consultant F firmly believes this is the right way forward and has looked at the project sites and the good practice that they have developed. He explains his vision to his colleagues, giving them assurances that patient safety will be paramount in the new arrangements.

5. Setting Direction

Clinicians showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.

This requires clinicians to demonstrate competence in:

• Identifying the Contexts for Change
• Applying Knowledge and Evidence
• Making Decisions
• Evaluating Impact.

5. Setting Direction
5.1 Identifying the Contexts for Change
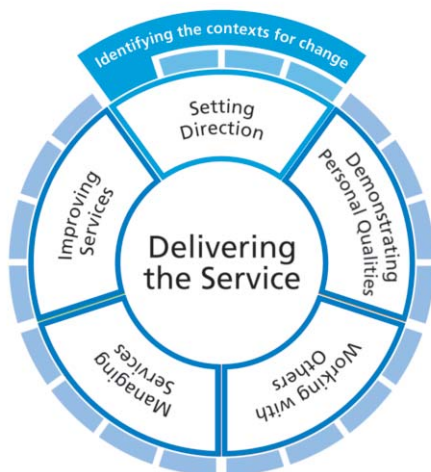
Clinicians show leadership by **identifying the contexts for change**: being aware of the range of factors to be taken into account.

Competent clinicians:

- Demonstrate awareness of the political, social, technical, economic, organisational and professional environment
- Understand and interpret relevant legislation and accountability frameworks
- Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes
- Develop and communicate aspirations.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in opportunities to learn about the healthcare system, NHS policy environment, organisation and structures	Taking part in meetings with the local health community	Undertaking analysis to systematically appraise the organisational environment
Taking opportunities to question more senior staff about future directions and scenarios	Identifying the clinical governance requirements of the organisation	Attending and contributing to conferences, workshops etc to keep abreast of likely developments affecting future services
Attending relevant national and regional events	Attending multi-agency forums	Seeking routes to influence local/national policy to improve local healthcare delivery
	Shadowing NHS senior managers and other influential stakeholders	

5. Setting Direction
5.1 Identifying the Contexts for Change

Examples in Practice

Student

As part of his course, paramedic student J attends a session on the NHS as an organisation, how the NHS is structured, and how national health policy translates to local implementation within the clinical settings where he will work later on within his course. He discusses with his academic supervisor how recent policy changes could impact on service provision.

Practitioner

Dr R is training in geriatric medicine. During her last stage of training, she is asked to work with colleagues to develop a care pathway on a common clinical presentation cited as a national problem in the National Service Framework. It is also a problem for the commissioners of local healthcare services. Dr R and the group look at the research behind the national priorities and local difficulties. They analyse the impact of this common problem on patients, the service, and carers. They use the patients experience as well as other data to make the case for change. Their recommendations are in line with the changes required by the commissioners, and include progress reporting.

Experienced Practitioner

Clinical services lead G recognised that it was vital that he supported his team in developing their understanding of the political, economic, organisational and professional contexts in which they were practising. He took stock of how he could best facilitate and encourage their engagement with change, both at a local level and taking account of policy developments that impact directly on how their services were commissioned and evaluated. This is within a context of reduced funding and increased accountability for demonstrating effectiveness, value and productivity. In order to help his staff feel supported in a time of needing to reduce costs and demonstrate efficiency, G developed a programme of focused sessions that supported staff in developing their awareness and understanding of the rationale and need for change, developed their individual and collective confidence in being prepared for responding to further change, and increased their appetite for identifying and enacting further service improvements.

5. Setting Direction
5.2 Applying Knowledge and Evidence
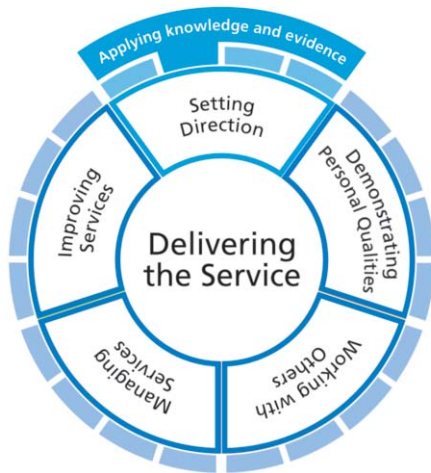
Clinicians show leadership by **applying knowledge and evidence**: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.

Competent clinicians:

- Use appropriate methods to gather data and information
- Carry out analysis against an evidence-based criteria set
- Use information to challenge existing practices and processes
- Influence others to use knowledge and evidence to achieve best practice.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Researching appropriate sources of information to support learning	Using and interpreting departmental performance data and information to debate services within multidisciplinary team meetings	Using audit outcomes to challenge current practice and develop consistent, reliable care
Critically analysing appropriate information and data to determine trends		
	Using external references (e.g. IT based resources) to support analysis	Delegating responsibility to colleagues to act as service leads and supporting them to innovate
Investigating an identified problem in small group work		
		Changing service delivery in response to new evidence
Applying principles of evidence-based practice	Synthesising information and preparing a business case	

5. Setting Direction
5.2 Applying Knowledge and Evidence

Examples in Practice

Student

Student A used a patient's story to develop a research question, find research papers and then critically evaluate the findings in light of the patient's condition. He was then able to review the care that the patient had received in the light of his findings.

Practitioner

An assignment on a higher education course module required students to critically evaluate one aspect of their practice, and to develop a plan to change that practice. Operating department practitioner H decided to critically evaluate the in-service training provided in her department, with a view to exploring anecdotal staff feedback that suggested the sessions were benefiting certain staff more than others. She collected information from colleagues and her manager, and used the evidence from the literature about best practice in learning and teaching/CPD. From that research, she made recommendations for changing the design and delivery of the in-service training so that it could be focused and personalised to meet participants' needs and preferences, and to optimise learning from one another. Subsequent evaluations of the revised approach to training indicated that staff found the sessions much more supportive of their learning and development and more relevant to addressing patient and service needs.

Experienced Practitioner

T is the Allied Health Professional Services lead in a community health service. She identified that there were 18 different ways to refer patients, and confusion from clinical colleagues about the best way to access services. She set up a project to introduce a call centre to deal with patient requests to simplify the first point of contact for patients and reduce waiting times. She achieved this by working with her team and other colleagues to centralise the services for podiatry, occupational therapy, physiotherapy, dietetics and speech and language so that the current 300,000 appointments a year could all be booked through the same system.

5. Setting Direction
5.3 Making Decisions
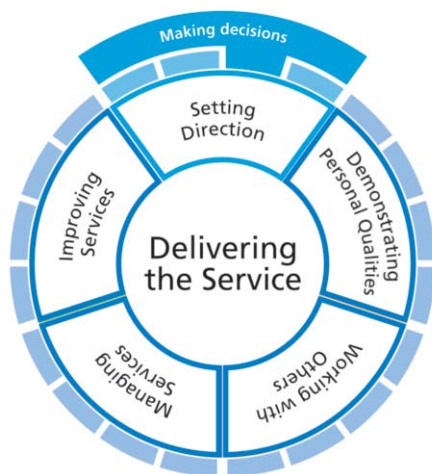
Clinicians show leadership by **making decisions**: using their values, and the evidence, to make good decisions.

Competent clinicians:

- Participate in and contribute to organisational decision-making processes
- Act in a manner consistent with the values and priorities of their organisation and profession
- Educate and inform key people who influence and make decisions
- Contribute their unique perspective to team, department, system and organisational decisions.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Contributing to discussions about future course developments	Contributing to decisions using evidence about the running of the service as part of a multidisciplinary team	Determining priorities for a service, incorporating them into departmental and trust business plans
Taking part in multidisciplinary team meetings and listening to patient experiences during clinical placements to appreciate the organisational context for decisions	Contributing to relevant decisions about workload and arrangements for cover based on clear and concise information and data	Advising management colleagues, providing a clinical perspective on service developments and the implications for patients
Identifying where decisions have taken account of changes in evidence and policy	Taking part in clinical committee structures within the organisation	Helping others to interpret the future impact of decisions
Seeking to understand how key decisions lead to ongoing impact	Extrapolating knowledge to understand potential future impact of key decisions	Taking responsibility for ensuring appropriate and effective decision making processes are in place

5. Setting Direction
5.3 Making Decisions

Examples in Practice

Student

Student K was discussing with a consultant why a hospital department did not open for longer hours, so that a patient could attend with a relative outside working hours. By the end of the discussion he had a better idea of the conflicting priorities in healthcare between improving access for patients and meeting the requirements of the European Working Time Directive (EWTD) for hospital staff, finances and the needs of staff and their own families.

Practitioner

Dr T is coming towards the end of his training in surgery. The trust is considering increasing the amount of day-case surgery, which will mean building a new purpose-built unit. Dr T works with colleagues from other specialties to decide on what is required and how the unit will be used. He takes account of the requirements placed on the specialty by the commissioners, NICE guidelines, research and workload changes. Dr T and his colleagues work out how the reduction in in-patient activity will be achieved to enable the day-case unit to be funded. The trust management asks for a presentation of the key issues involved in the move to increased day-case surgery. Dr T attends the management team meeting to discuss the various options and plans for the future, and offers to assist with the introduction of the resulting changes.

Experienced Practitioner

Senior physiotherapist V is working for a community health service and has become aware that a new contract to provide a service to tackle adult obesity among the borough's ethnically diverse communities is being put out to tender. He led work with physiotherapy colleagues, dietitians, psychologists, sports medicine clinicians and a local charity to develop and submit a joint bid. This focused its business case on addressing obesity through community-based activity, optimising integrated models of care and achieving long-term financial advantages through ill-health prevention to demonstrate value and cost-effectiveness. The central initiative within the proposal was for professional staff to train lay community figures within the charity to provide information on exercise to clients, and for outcome measures to be implemented at the start and the end of the programme. The joint bid was awarded a tender for a year.

5. Setting Direction
5.4 Evaluating Impact
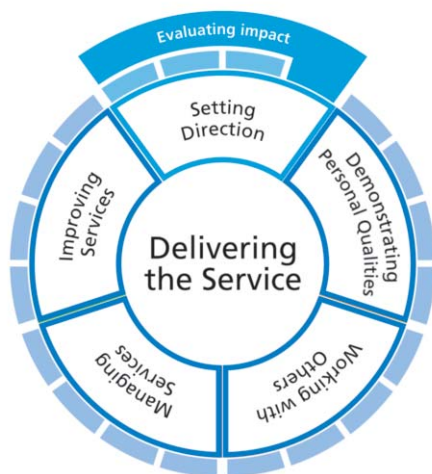
Clinicians show leadership by **evaluating impact**: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Competent clinicians:

- Test and evaluate new service options
- Standardise and promote new approaches
- Overcome barriers to implementation
- Formally and informally disseminate good practice.

Examples of learning and development opportunities

Student	Practitioner	Experienced Practitioner
Taking part in student/staff committees, e.g. to review the effectiveness of initiatives	Contributing to the evaluation of services and wider healthcare systems relevant to the service and their own practice	Evaluating change options in terms of their impact on services and people
Seeking opportunities to learn how effective service changes have been	Presenting the results of clinical audit and research to audiences outside their immediate specialty	Facilitating the introduction of new services and systems/processes
Reviewing the effectiveness of alternative treatments and approaches following clinical attachment	Taking part in organisational service review/planning with healthcare commissioners	Promoting good practice by communicating this to a wider audience, e.g. speaking at meetings/conferences, publishing articles and guidelines
		Designing outcome measures for services

5. Setting Direction
5.4 Evaluating Impact

Examples in Practice

Student

Student U was able to look at how diabetes care was audited in her general practice placement and assess this in the light of national guidance and how patients were managed. She was able to suggest changes to further improve the delivery of care, and discuss the practicalities after presenting her findings to her group and GP tutor.

Practitioner

Falls Lead K realised that the local ambulance service were ideal for identifying people prone to falling. From feedback he received from physiotherapists and the falls team, he constructed a questionnaire to collect details of the patient and their fall. When they deal with a person who has fallen, all of the ambulance officers now fax a form to the falls team, who assess patients and refer them to physiotherapy as needed. Providing physiotherapy for these patients led to the number of repeat falls being reduced, close to 4,000 fewer falls victims a year. Comprehensive risk assessments have been effective in eliminating a lot of trolley waits, bed days and return visits to hospital. This reduction in falls has saved the ambulance service over £400,000 in 18 months, money that has been redirected into improving existing services.

Experienced Practitioner

As part of a re-design of pathology services, M puts into place evaluation measures which will assess the effectiveness and benefits of the re-designed service in terms of quality of service and cost. The following year the outcomes of the redesign are reviewed and further modifications are made to processes. Where possible the new design is then replicated in other pathology divisions.

Development

The CLCF is derived from the Medical Leadership Competency Framework (MLCF)[2], jointly developed by the NHS Institute for Innovation and Improvement (NHS Institute) and the Academy of Royal Medical Colleges. The MLCF is now being embedded throughout undergraduate and postgraduate medical education and throughout continuing practice.

The National Leadership Council (NLC) clinical leadership workstream commissioned the NHS Institute in January 2010 to test the applicability of generic leadership competences for all clinical professions.

The aim of this work was to:
- Test the applicability of these leadership competences for each of the individual clinical professions
- Develop an understanding of the processes by which each clinical profession's curricula and training standards are developed and approved
- Understand to what extent leadership competences are already included in curricula and training, and their state of readiness for adopting and agreeing a clinical leadership competency framework.

Members of the project team met and interviewed 97 individuals from regulatory and professional bodies throughout the clinical professions as well as representatives from organisations involved in policy, education, workforce or employing bodies, and clinicians. A full list of the organisations is included in Appendix I on page 65.

The development of the CLCF was informed by:-

Workshops to present the CLCF, gain general feedback on the framework and an understanding of the issues/drivers, and test the applicability of the domains and elements.

Roadshow presentations to key groups and committees.

Interviews with individuals within the professional bodies and frontline clinicians, using semi-structured questions to gather data to inform the position of each clinical profession as well as the overall findings.

A review of documentation including curricula guidance, standards and frameworks relating to education and training, learning and development activity as well as performance assessment tools.

Advice from the National Leadership Council and Leadership Framework and Accreditation Steering Board consisting of individuals from all levels within clinical and service communities.

Input from a reference group consisting of individuals representing the professions and their professional bodies.

Review of key documents produced by professional and regulatory bodies such as *The NHS Knowledge and Skills Framework (NHS KSF), High Quality Care for All: NHS Next Stage Review Final Report, Equity and Excellence: Liberating the NHS, Modernising allied health professions (AHP) careers: a competence-based career framework, Preceptorship Framework for newly registered nurses, midwives and allied health professionals, Transforming Community Services: Enabling new patterns of provision, Modernising Scientific Careers: The UK Way Forward, Planning and Developing the NHS Workforce: The National Framework, Building a Safe and Confident Future: Implementing the recommendations of the Social Work Task Force, Pharmacy in England: Building On Strengths – Delivering the Future, Tomorrow's Doctors: Outcomes and standards for undergraduate medical education, Midwifery 2020 – Delivering Expectations, Aspiring to Excellence: Final Report of the Independent Enquiry into Modernising Medical Careers, Shape a quality nursing workforce, Delivering Quality Through Leadership: NHS Scotland Leadership Development Strategy, Health and Social Care – National Occupational Standards.*

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[2] NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) Medical Leadership Competency Framework, 3rd edition, Coventry: NHS Institute for Innovation and Improvement

Relevant Reading

This document is designed to be read and used in conjunction with relevant literature, professional and service documents such as policy, curricula guidance, standards and frameworks related to education and training, learning and development activity and performance assessment tools.

British Association of Arts Therapists, *Suggestions from council on curriculum content*

British Dietetic Association (2008) *Curriculum framework for the pre-registration education and training of dietitians*

British and Irish Orthoptic Society (2008) *BIOS guidelines for implementing preceptorship*

British and Irish Orthoptic Society HNS KSF - *outline for Orthoptist Band 5*

British Psychological Society (2010) *Clinical Psychology Leadership Development Framework July 2010*

Charan, R, S Drotter and J Noel (2001) *The Leadership Pipeline: How to Build the Leadership Powered Company*

Chartered Society of Physiotherapy (2011) *CSP Physiotherapy Framework*

Chartered Society of Physiotherapy (2011) *CSP Learning & Development Principles*

College of Occupational Therapists (2006) *Post Qualifying Framework: A resource for occupational therapists*

College of Occupational Therapists (2009 revised edition) *The College of Occupational Therapists' Curriculum Guidance for Pre-Registration Education*

College of Operating Department Practitioners (2009) *BSc in Operating Department Practice Curriculum Document*

College of Optometrists (2009) *Scheme for Registration Trainee Handbook 2009*

College of Optometrists (2009) *Assessment Framework Optometrists*

College of Paramedics (2008) *Paramedic Curriculum Guidance and Competence Framework, 2nd edition*

Committee of Postgraduate Dental Deans and Directors (2006) *A curriculum for UK Dental Foundation Programme Training*

College of Podiatrists and the Society of Chiropodists and Podiatrists (2008) *Regulations and guidance for the accreditation of pre-registration education programmes in Podiatry leading to eligibility for membership of The Society of Chiropodists and Podiatrists Handbook, Edition 2*

Department of Health (2010) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*

Department of Health (2008) High Quality Care for All: NHS Next Stage Review Final Report

Department of Health (2010) Equity and excellence: Liberating the NHS (White Paper)

Department of Health (2009) Transforming Community Services: Enabling new patterns of provision

Department of Health (2010) *Modernising Scientific Careers: The UK Way Forward*

Department of Health (2010) *Planning and Developing the NHS Workforce: The National Framework*

Department of Health (2010) *Building a Safe and Confident Future: Implementing the recommendations of the Social Work Task Force*

Department of Health (2010) *Pharmacy in England: Building On Strengths – Delivering the Future (White Paper)*

Department of Health (2008) *Modernising allied health professions (AHP) careers: a competence-based career framework*

Department of Health (2010) *Preceptorship Framework for newly registered nurses, midwives and allied health professionals*

General Dental Council (2010) *Outcomes for registration*

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Gronn, P. (2008) *The Future of Distributed Leadership, Journal of Educational Administration, 46(2), 141-58*

Hartley, J. and Bennington, J. (2010) *Leadership for Healthcare. Policy Press: Bristol*

Health Professions Council (2009) *Standards of education and training*

Health Professions Council (Various) *Standards of Proficiency*

Health Professions Council (2008) *Standards of conduct, performance and ethics*

Health Professions Council (2005) *Standards for Continuing Professional Development July 2005*

Heifetz, R. and Laurie, D. (2009) *Review: The work of Leadership by Heifetz and Laurie. The Welsh NHS Confederation*

Midwifery 2010 Midwifery 2020 – *Delivering Expectations*

MMC Inquiry (2008) *Aspiring to Excellence: Final Report of the Independent Enquiry into Modernising Medical Careers*

Mott MacDonald (2010) *Literature Review: Leadership Frameworks.* Mott MacDonald: Bolton

National Skills Academy Social Care (2009) *Leadership and management prospectus*

National Skills Academy Social Care (2010) *Overview and Key Messages May 2010*

NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Medical Leadership Competency Framework, 3rd edition*

NHS Institute for Innovation and Improvement (2006) *NHS Leadership Qualities Framework*

NHS Scotland (2009) *Delivering Quality Through Leadership: NHS Scotland Leadership Development Strategy*

Nursing and Midwifery Council (2010) *Standards for pre-registration nursing education: draft for consultation*

Royal College of Speech and Language Therapists (2007) *Speech and Language Therapy Competency Framework to Guide Transition to Full RCSLT Membership*

Royal College of Speech and Language Therapists CPD Framework - *Human and Financial Leadership and Resource Management*

Skills for Care and Development (2009) *Health and Social Care – National Occupational Standards*

Skills for Health, Shape a quality nursing workforce

Society and College of Radiographers (2007) *Learning and development framework for clinical imaging and oncology*

Society and College of Radiographers (2010) *Education and professional development strategy: new directions*

Society and College of Radiographers (2005) *A framework for professional leadership in clinical imaging and radiotherapy and oncology services*

Spurgeon, P., Clark. J., and Ham, C. (2011) *Medical Leadership: From the dark side to centre stage, Oxford Radcliffe Press: Oxford*

Stanton, E., Lemer, C. and Mountford, J. (eds) (2010) *Clinical Leadership: Bridging the divide.* Quay Books: London

Tamkin, P., Pearson, G., Hirsh, W. and Constable, S. (2010) *Exceeding Expectation: the principles of outstanding leadership. The Work Foundation*

Wilson, A., Lenssen, G., and Hind, P. (2007) *Leadership Qualities and Management Competencies for Corporate Responsibility. Ashridge Business School and the European Academy of Business in Society*

Acknowledgements

We would like to thank the many individuals and organisations that have contributed to development of the Clinical Leadership Competency Framework:

Appendix I

Organisations Interviewed

Members of the CLCF project team met and interviewed 97 individuals from regulatory and professional bodies throughout the clinical professions as well as representatives from organisations involved in policy, education, workforce or employing bodies, and clinicians. A full list of the organisations is included below..

Allied Health Professions Federation
Ambulance Service Education Leads
Ambulance Training College
Ambulance Trust CEs Group
Ambulance Trust National HR Directors Group
Association of British Dispensing Opticians
Association of Clinical Scientists (ACS)
Association of Optometrists
Association of Professional Music Therapists
British and Irish Orthoptic Society
British Association of Art Therapists
British Association of Dramatherapists
British Association of Prosthetists and Orthotists
British Dental Association
British Dietetic Association
British Healthcare Trades Association (BHTA) Orthotics Section
British Psychoanalytic Council
Centre for Pharmacy Postgraduate Education
Chartered Society of Physiotherapy
College of Occupational Therapists
College of Operating Department Practitioners
College of Optometrists
College of Paramedics
Department for Health and Social Services, Wales
Department of Health and Community Care, Scotland
Department of Health, England
Department of Health, Social Services and Public Safety, Northern Ireland

Federation of Healthcare Scientists
Federation of Ophthalmic and Dispensing Opticians
General Dental Council
General Medical Council
General Optical Council
General Pharmaceutical Council
Health Professions Council
Institute of Biomedical Science
Lead Midwife for Education Strategic Reference Group
Local Supervising Authority Midwifery Officers
Midwifery 2020
National Leadership Council, England
National Skills Academy for Social Care
NHS Institute of Innovation and Improvement
Nursing and Midwifery Council
Royal College of Midwives
Royal College of Nursing
Royal College of Speech and Language Therapists
Royal Pharmaceutical Society of Great Britain
Skills for Health
Social Care Institute for Excellence
The British Psychological Society
The Council of Deans of Health
The Council of University Heads of Pharmacy
The Dental Schools Council
The Institute of Chiropodists & Podiatrists
The Society & College of Radiographers
The Society of Chiropodists & Podiatrists

Appendix II

Clinical Leadership Competency Framework (CLCF) and Leadership Framework: Similarities and Differences

CLCF	Leadership Framework
Is applicable to **all clinicians** working in the United Kingdom and relates to practitioners' roles at all stages of their professional journey	Is applicable to **all staff in health and care** irrespective of their professional role, function or level
Based on 5 competence domains, each with 4 elements (20 elements in total) in common with the Medical Leadership Competency Framework	Based on the same 5 competence domains (and 20 elements) as CLCF plus 2 additional domains (8 elements) for senior leaders
Uses 3 categories based on career stage: • Student • Practitioner • Experienced practitioner	Uses 4 stages based on sphere of leadership influence, impact and accountability: • Stage 1: Own practice/immediate team • Stage 2: Whole service/across teams • Stage 3: Across services/wider organisation • Stage 4: Whole organisation/wider healthcare system
Has 60 examples in practice developed by the clinical professions (each approximately 100 words) to illustrate application of each element at each career stage	Has a number of short contextual indicators which describe the type of activity staff could be demonstrating relevant to each element and to help them relate to each stage
Has learning and development opportunities listed for each element and career stage, supplied by the clinical professions Has e-learning modules for post-graduate trainees and clinical tutors regardless of specialty (LeAD)	Has examples in practice and indicators illustrating the type of activity staff can be undertaking at each stage Has toolkit to support embedding, including: For Individuals • Online 360° diagnostic • Self assessment diagnostic • Development toolkit • LeAD (e-learning modules) • Examples in practice • Paper on the background and research to the LF For Facilitators • Face to face and e-learning training materials
Has guidance document for educationalists to assist in curriculum design which identifies knowledge, skills and attributes underpinning each element; gives extensive examples of learning and assessment methods, supplied by educationalists in the professions	
Is being used as a template by individual professions to create own tailored framework which will help to embed through highly contextualised scenarios, learning and development opportunities	
Is being incorporated into professional, regulatory and education standards	