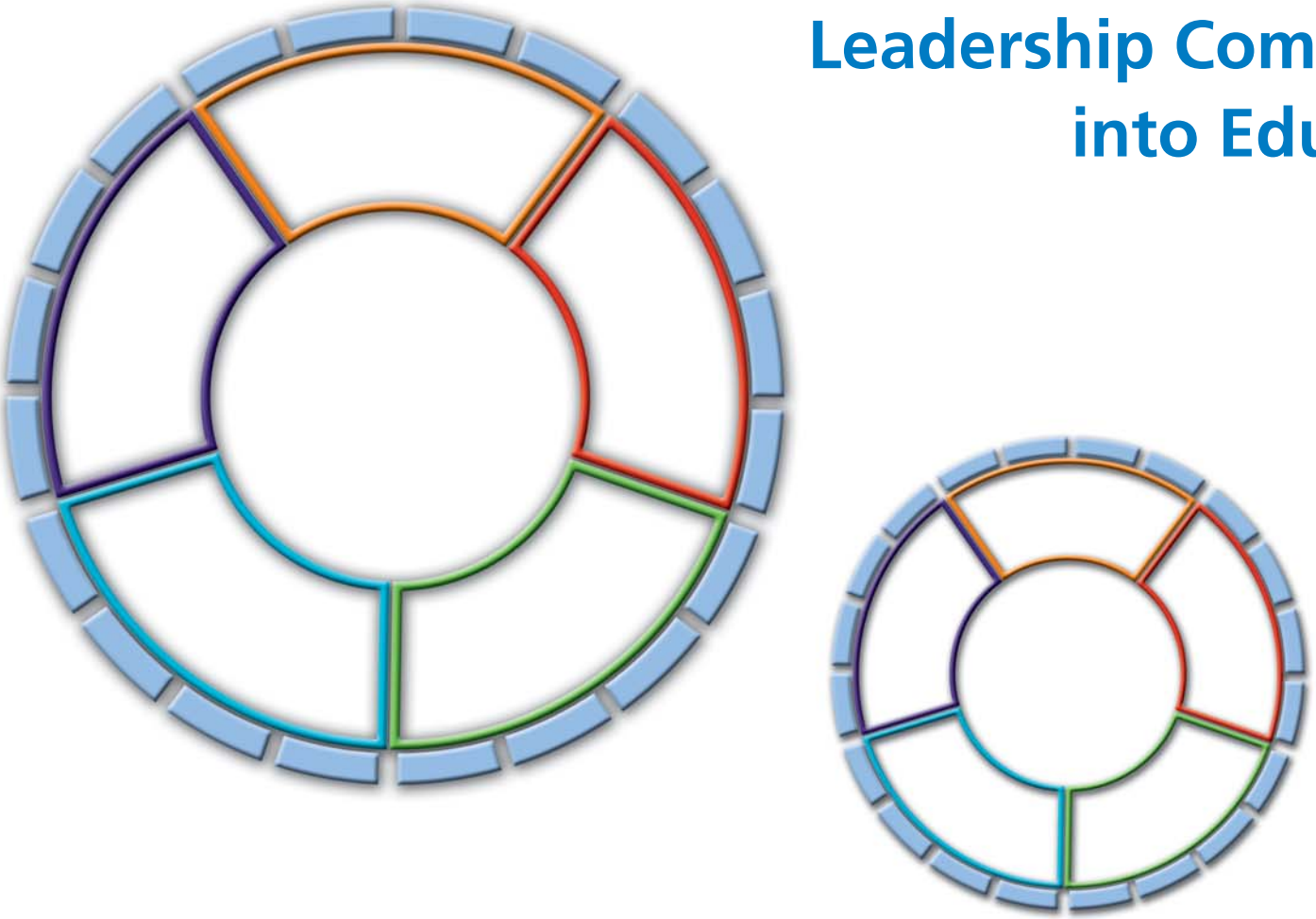
NHS
Leadership Academy

Guidance for Integrating the Clinical Leadership Competency Framework into Education and Training



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Council of Deans of Health

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Dental Schools Council

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The Clinical Leadership Competency Framework was created with the agreement of the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges from the Medical Leadership Competency Framework which was created, developed and is owned jointly by the NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges.

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.

Table of Contents

Foreword

We are pleased to provide the foreword to this important document which will be of considerable value to health faculties, clinical students and others involved in the education and training of clinicians, such as health and care organisations, in supporting the embedding of leadership skills into clinical professional education and training across all disciplines.

The guidance emphasises the concept of shared leadership, applicable to all engaged in clinical practice, and recognises the potential for qualified clinicians to build on the elements described in this document during their further education. 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 scenarios used as examples will be invaluable to Clinical Schools, and these scenarios may also serve to stimulate novel special study components which will enhance leadership skills further.

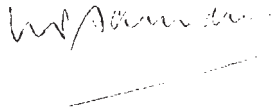
Leadership is a key part of clinicians' and other healthcare professionals' work regardless of discipline and setting, and incorporating leadership competencies into education and training for all clinical professions will help establish a stronger foundation for developing high-level leadership capability across health and social care and in delivering the changes needed to meet the challenges ahead.

The guidance in this document is based on the ***Clinical Leadership Competency Framework*** and the policy, guidance, standards of proficiency, standards of education, codes of conduct and ethical behaviour set down by the bodies which regulate the clinical professions.

Given the importance and relevance of leadership and management competence for clinicians at all stages of their careers this is therefore a very timely development.

Professor Anthony Smith
Chair, Council of University Heads of Pharmacy

Professor Sue Bernhauser
Chair, Council of Deans of Health



Professor William P Saunders
Chair, Dental Schools Council

Introduction

This document is intended as a resource to support the development of leadership and management curriculum design within health faculties and clinical schools across the UK. It is designed to be read and used in conjunction with the Clinical Leadership Competency Framework (CLCF) and the relevant 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. These are provided by the professional bodies, government bodies, regulators and higher education institutions and are set out in pages 50-51.

It will also be a valuable resource for those commissioning leadership development and designing and delivering leadership strategies in health and care organisations. For example, Director of Clinical Services in a health and care organisation could use the guidance to inform the design of a training programme for nurses.

The National Leadership Council (NLC) was formed early in 2009 to promote leadership and leadership development across the NHS. Since then we have been working with all the professional, education and regulatory bodies to ensure their standards, curriculum, guidance, frameworks and other processes for training, education and continuing professional development describe leadership competence as a necessary part of the clinical role.

The NLC is pleased to publish this Guidance. It provides a tool for integrating leadership competences into education and training for clinicians. It relates to the CLCF which is now being progressively embedded into the clinical professions and professional regulation. Ensuring leadership standards are clearly set out and embedded within all clinical education and training is a significant step and these documents mark a fundamental shift in the way we train and educate clinicians.

The 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.

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 not, 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.

How should this guidance document be used?

The guidance is designed to assist with integrating the CLCF into the provision of education and training. The CLCF 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.

The guidance details the leadership and management knowledge, skills, attitudes and behaviours to be developed and assessed throughout a clinician's career.

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

Each domain has four elements, and each element defines four competences to be attained. The guidance provides a description of the knowledge, skills, attitudes and behaviours required for each element.

Following the individual domains, the guidance offers suggestions for appropriate learning and development activities to be delivered throughout education and training, and concludes with suggestions for appropriate assessment of the leadership competences.

Domains are shown as above

Elements are shown as above

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:** by being aware of their own values, principles, and assumptions, and by being able to learn from experiences
- **Managing yourself:** by organising and managing themselves while taking account of the needs and priorities of others
- **Continuing personal development:** by learning through participating in continuing professional development and from experience and feedback
- **Acting with integrity:** by behaving in an open, honest and ethical manner.

A possible scenario for exploring Demonstrating Personal Qualities

A student shares with his tutor a patient encounter that has left him feeling upset. The tutor suggests that he writes a reflective piece as part of his portfolio to explore this issue. This helps him to identify his emotional response and the factors behind this, as well as to consider the encounter from the patient's perspective. He undertakes reading around emotional intelligence and stress management, and agrees some personal learning goals with his tutor. A few weeks later he makes an appointment with his tutor where they review his feelings and the changes he plans to make to his practice.

A possible scenario for exploring Demonstrating Personal Qualities

An occupational therapist is managing aspects of the care of a palliative patient at home as part of a Macmillan Rehabilitation Team. During the treatment session with the patient at home, the patient shares information about how they are feeling which they do not wish to have disclosed to their family members or other members of the multidisciplinary team. Occupational therapy students discuss how the occupational therapist should deal with what they have heard, and the possible impact this information may have on the patient's management by the MDT. They also consider the dual role the occupational therapist has in acting both as an advocate for the patient and in maintaining and respecting their confidentiality, as well as being a member of the care team where additional information may be important in the management of the patient.

1. Demonstrating Personal Qualities

1.1 Developing self awareness

1.1 Developing self awareness

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ The role of self assessment and multisource feedback in developing leadership and management skills	☐ Identify and reflect on own behaviour and how this can impact on others	☐ Respect for the rights and interests of patients and the public
☐ How own values, emotions and prejudice can impact on others	☐ Identify and reflect on personal strengths and weaknesses to develop personal goals for development	☐ Respect for diversity
☐ How individual behaviours and preferences impact on others: personality type, group dynamics, learning styles, leadership styles	☐ Effectively participate and fulfil different roles in small group activities	☐ Willingness to seek out feedback from others
☐ Methods of obtaining feedback from others	☐ Maintain and routinely practice critical self-awareness, including ability to discuss strengths and weaknesses with supervisor, recognising external influences and changing behaviour accordingly	☐ Adopting a patient-focused approach to decisions that acknowledges the rights, values and strengths of patients and the public
☐ Models of reflective practice		☐ Openness to acknowledging own limitations

1. Demonstrating Personal Qualities

1.2 Managing yourself

1.2 Managing yourself

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ The impact of personal physical and mental health on personal effectiveness	☐ Maintain own health and safety	☐ A professional attitude to self care and balancing (home) personal and work priorities
☐ How to access healthcare and support	☐ Recognise and address personal stress	☐ Reliability and taking professional responsibilities seriously
☐ The role of occupational health services	☐ Manage time constructively and meet deadlines	☐ Being vigilant about safety
☐ Tools and techniques for managing stress	☐ Recognise the manifestations of stress on self and others and know where and when to look for support	☐ Being conscientious, able to manage time and delegate
☐ The limitations of self and professional competence	☐ Prioritise tasks, having realistic expectations of what can be achieved by self and others	
☐ Legislation, policy, tools and techniques for ensuring safe working practices		

1. Demonstrating Personal Qualities

1.3 Continuing personal development

1.3 Continuing personal development

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Advantages and disadvantages of different approaches to learning	☐ Use assessment, appraisal, complaints and other feedback to develop an understanding of own strengths, development needs and to determine CPD plans	☐ Self direction of learning and reflective practice
☐ Procedures for documenting complaints and reporting critical incidents	☐ Set achievable development goals based on these needs	☐ Willingness to learn from experiences
☐ Local processes for dealing with and learning from clinical errors	☐ Select and make effective use of learning activities to meet these goals	☐ Learning from feedback and mistakes
☐ The importance of best practice, transparency and consistency	☐ Apply and evaluate leadership learning in practice	☐ Commitment to continuing professional development which involves seeking training and self-development opportunities, learning from colleagues and accepting constructive criticism
	☐ Use a reflective approach to practice with an ability to learn from previous experience	

1. Demonstrating Personal Qualities

1.4 Acting with integrity

1.4 Acting with integrity

Competent clinicians:

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

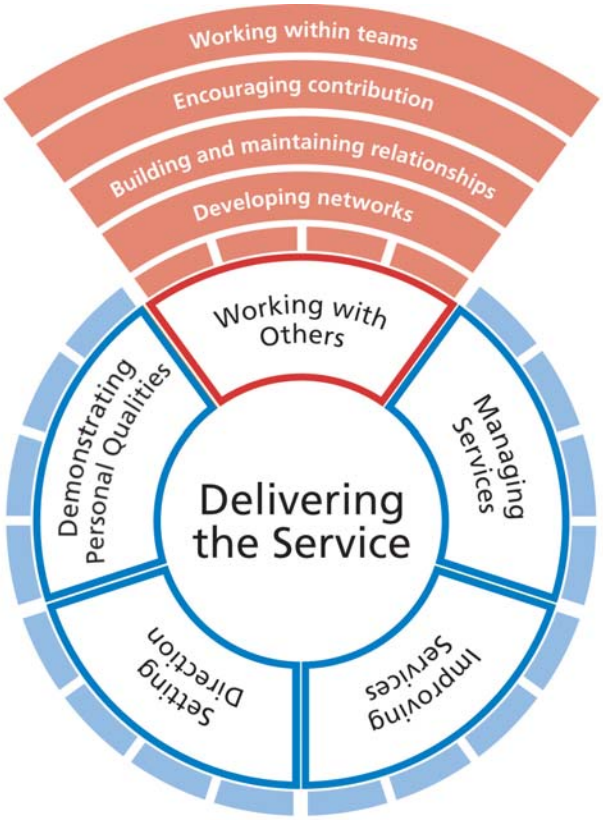
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Professional guidance and standards	☐ Foster effective and respectful relationships with others, valuing diversity	☐ Commitment to acting with integrity at all times
☐ The legal and ethical issues pertaining to professional practice	☐ Identify and debate ethical issues while applying ethical principles	☐ Respect for and acceptance of professional and institutional regulation
☐ The professional, legal and ethical codes and any other codes pertaining to their profession	☐ Recognise when ethics, values and professional behaviours may conflict or be compromised, and seek advice	☐ Personal responsibility for maintaining and promoting professional standards
☐ Prejudice and preferences within self, others, society and cultures	☐ Translate professional conduct into practice, and articulate the boundaries between professional and personal conduct	☐ Interest and engagement with cultural issues that may affect relationships with others
☐ The role of the clinician as virtuous actor in advocacy and client-centric practice	☐ Use ethical decision-making and sustainability within clinical decision-making	☐ Probity and the willingness to be truthful and admit errors

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 the areas of:

- **Developing networks:** by working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services
- **Building and maintaining relationships:** by listening, supporting others, gaining trust and showing understanding
- **Encouraging contribution:** by creating an environment where others have the opportunity to contribute
- **Working within teams:** to deliver and improve services.



A possible scenario to explore Working with Others

Clinical staff from a range of disciplines working across both acute and community services have been asked to work in partnership to establish an approach to streamlining the process of managing patients with long term neurological conditions, such as Parkinson's disease, multiple sclerosis and motor neurone disease, across the acute and community settings. The aim is to provide overall continuity and 'minimal handoffs' of care for patients at all times. They discuss how they will work together as practitioners across this team to achieve the desired outcome and service model and how they will manage the partnership approach to working together to achieve the best pathway for these patients. They also consider how these skills can then be translated across other scenarios in terms of working within teams, developing networks and building and maintaining relationships.

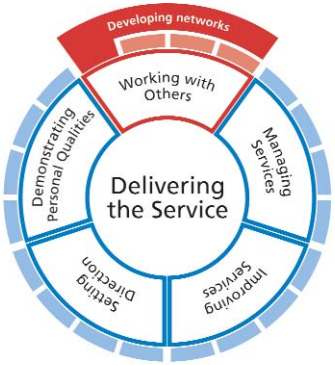
A possible scenario to explore Working with Others

A problem based learning group has received poor results for the initial scenarios they have been asked to study. The tutor decides that each of the students is indeed bright and motivated, but there is no cohesiveness as a group. He gains agreement from the group to video a subsequent study group session, as a means of encouraging discussion about good and poor examples of group work, and to encourage them to analyse the output in relation to theories of team dynamics. Each member is asked to consider their role in creating an effective team. A better understanding of team dynamics and each other's personality leads to a significant increase in the performance of this group and a subsequent significant improvement in marks. The group discusses how to use the learning from this experience to individually and collectively improve their group and team working in future.

2. Working with Others

2.1 Developing networks

2.1 Developing networks



Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ The roles and responsibilities of members of a multi-disciplinary team	☐ Care for a patient as part of a multi-professional team	☐ Readiness to engage with others to develop a supportive and effective network and work across agencies
☐ Roles of other agencies and organisations which may relate to the NHS	☐ Involve others appropriately in problem solving and decision making	☐ Understanding of the importance of teamwork and collaboration in healthcare
☐ Team structures and the structure, roles and responsibilities of the multidisciplinary teams within the broader health context relevant to the specialty, including other agencies	☐ Rehearse and participate in a multi-disciplinary team meeting in a real or simulated setting	☐ Effective interaction with professionals in other disciplines and agencies
☐ Service user involvement strategies	☐ Shadow others within the different communities of practice within which they work	☐ Respecting the skills and contributions of colleagues from other disciplines and agencies
	☐ Support bringing together different professionals, disciplines, and other agencies, to provide high quality healthcare	

2. Working with Others

2.2 Building and maintaining relationships

2.2 Building and maintaining relationships

Competent clinicians:

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

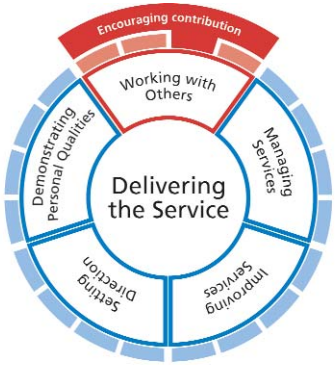
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Factors that contribute to effective team working	☐ Work effectively within a team	☐ Willingness to learn from others and to share own learning with others
☐ Principles of effective communication, effective feedback, handover and delegation	☐ Develop a reflective working relationship with a tutor/mentor	☐ Respect for others through communication
☐ Different leadership styles and approaches, their advantages and disadvantages	☐ Gain respect from colleagues, health care practitioners and patients	☐ An understanding of the importance of effective communication with colleagues and patients
☐ Patient flow and how patients move through the system and encounter different professional groups	☐ Support peer group and other clinicians in training	☐ Recognising good advice and continuously promoting value-based non-prejudicial practice
	☐ Develop effective working relationships with colleagues and other staff through good communications skills, recognising and dealing effectively with communication challenges, building rapport and articulating own view	☐ Using authority appropriately and assertively; willing to follow when necessary
	☐ Communicate and mediate effectively in the resolution of conflicts, and identify and rectify team dysfunction	☐ Flexible in adapting to new groups and contexts

2. Working with Others

2.3 Encouraging contribution

2.3 Encouraging contribution



Competent clinicians:

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

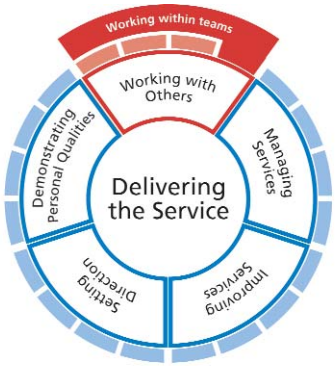
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Professional responsibilities in encouraging patient participation	☐ Recognise and value views from others within the multi-professional team	☐ Encouragement of diverse views
☐ Legislation and responsibilities in relation to social and cultural diversity	☐ Actively seek and listen to patient views	☐ Readiness to acknowledge and value the contribution of others
☐ Facilitation and conflict resolution methods	☐ Challenge constructively and respond positively to challenge from others	☐ Using authority sensitively and assertively to resolve conflict and disagreement
☐ Empowerment styles of leadership, team construction and management	☐ Work effectively with a diverse range of individuals from differing social classes, educational attainment, disabilities, cultures and sexual orientations	
	☐ Encourage staff to develop and exercise their own leadership skills	

2. Working with Others

2.4 Working within teams

2.4 Working within teams



Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Their role in the organisation in which they work	☐ Lead and be led within a team	☐ Flexibility in undertaking a variety of team roles, including leader
☐ Understanding of shared leadership	☐ Collaborate with colleagues to seek solutions in both learning and healthcare settings	☐ Respect for team decisions
☐ Team dynamics including problems that can occur in teams and ways of addressing these	☐ Address team working challenges with support	☐ Appreciation of team and partnership working
☐ A wide range of leadership styles and approaches and the applicability to different situations and people	☐ Enable individuals, groups and agencies to implement plans and decisions	☐ Showing recognition of a team approach and willingness to consult and work as part of a team

3. Managing Services

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

- **Planning:** by actively contributing to plans to achieve service goals
- **Managing resources:** by knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs
- **Managing people:** by providing direction, reviewing performance, motivating others, and promoting equality and diversity
- **Managing performance:** by holding themselves and others accountable for service outcomes.

A possible scenario to explore Managing Services

An Acute Trust has agreed to deliver a basic level of health education for all employees. Four students have agreed to help with this development as part of their management and leadership project. Students join the steering group and help formulate a strategy to deliver basic health education on a one to one basis, and within groups. A budget of £5000 was allocated for the project as a whole. Students drew up an expenditure plan for the money including procuring three quotes for all items over £50. A programme of education for "Health Coaches" was created. Performance of the health coaches was assessed using role play and observing teaching and coaching, and feedback was given using the Pendleton Model. Mentoring of selected coaches was also undertaken. Performance measures were discussed and set out from the beginning of the programme for both the "teachers" and the coaches.

A possible scenario to explore Managing Services

Trust W has decided to establish 'out of hospital' settings of care in the form of community health networks. The services listed in this new setting include Children's services. These Children's services have previously been provided by a range of providers including social services and schools. The staff in the original provider settings are understandably concerned about this change. They develop costed proposals and an implementation plan which would enable the change in service delivery to take place and which addresses their concerns.

3. Managing Services

3.1 Planning

3.1 Planning

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Current NHS policy and implications for local plans	☐ Select a quality improvement project and justify choice	☐ A systematic and organised approach
☐ Steps involved in planning and commissioning services	☐ Set achievable project outcomes	☐ Commitment to take the views of patients and service users into account
☐ How to use pilots and trials as part of the planning process	☐ Work to project time lines	☐ Willingness to seek out and consider alternative approaches
☐ The structure, financing, and operation of the NHS and its constituent organisations	☐ Develop protocols and guidelines, and implement these	☐ An awareness of equity in healthcare access and delivery
☐ Ethical and equality aspects relating to management and leadership e.g. approaches to use of resources/ rationing; approaches to involving the public and patients in decision-making	☐ Analyse feedback and comments and integrate them into plans for the service	
☐ Business management principles: priority setting and basic understanding of how to produce a business plan		
☐ The requirements of running a department, unit or practice relevant to their service		

3. Managing Services

3.2 Managing resources

3.2 Managing resources

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ How public funding is allocated for healthcare	☐ Identify resource issues when discussing healthcare services and priorities, and when undertaking audits or service improvement exercises	☐ A commitment to use public money effectively and minimise waste
☐ How resources are deployed within a service	☐ Formulate ideas for improving cost effectiveness within a service	☐ Readiness to challenge ineffective use of resources
☐ How extra resources can be brought into an organisation	☐ Use clinical audit with the purpose of highlighting resources required	
☐ Efficient use of clinical resources in order to provide care	☐ Manage resources effectively in terms of delivering services to patients	
☐ Commissioning, funding, and contracting arrangements relevant to their service		
☐ How financial pressures and funding constraints are managed		

3. Managing Services

3.3 Managing people

3.3 Managing people

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Methods for analysing and improving personal and team performance	☐ Support team members to take on new roles	☐ A willingness to identify and praise good performance
☐ Principles of effective feedback	☐ Evaluate the performance of individuals and teams against agreed outcomes	☐ Readiness to seek advice if concerned about another's performance
☐ Relevant legislation (e.g. Equality and Diversity, Health and Safety, Employment Law) and local Human Resource policies	☐ Receive and learn from constructive criticism	☐ Positive role modelling for team members
☐ The duties, rights and responsibilities of an employer, and of a co-worker (e.g. looking after occupational safety of fellow staff)	☐ Prepare rotas, delegate, organise and lead teams	☐ Willingness to support and guide less experienced colleagues
☐ Individual performance review purpose, techniques and processes, including difference between appraisal, assessment and revalidation	☐ Contribute to staff recruitment, development and training, including mentoring, supervision and appraisal	
☐ What to do if a peer or health professional gives you cause for concern	☐ Respond appropriately if concerned about the performance of a peer or health professional	
	☐ Support and motivate individuals and teams to improve performance	

3. Managing Services

3.4 Managing performance

3.4 Managing performance

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Advantages and disadvantages of quantitative and qualitative measures of performance	☐ Analyse and evaluate performance of services from performance data	☐ Readiness to learn from analysis of good and poor performance
☐ Organisational performance management techniques and processes	☐ Use and adhere to clinical guidelines and protocols, reporting systems, and complaints management systems	☐ A willingness to take action if concerned about performance
☐ How complaints arise and how they are managed	☐ Select and apply appropriate quality assurance methods	☐ Responding constructively to the outcome of reviews or assessments of performance
☐ Quality assurance techniques and measures		

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 service.

This requires clinicians to demonstrate competence in the areas of:

- **Ensuring patient safety:** by assessing and managing risk to patients associated with service developments, balancing economic consideration with the need for patient safety
- **Critically evaluating:** by being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team
- **Encouraging improvement and innovation:** by creating a climate of continuous service improvement
- **Facilitating transformation:** by actively contributing to change processes that lead to improving healthcare.

Possible scenario to explore Improving Services:

Practitioners B and F each follow a patient undergoing investigations in their department. They each identify potential risks to their patient, obtain feedback from the patient about their experience and observe and talk to members of the clinical team. During this work, they notice that patient consent takes place in a busy room, and that the patient appears embarrassed and unable to fully understand the process of consent. B and F work together to share their findings, summarising the positive and negative aspects of the patient experience, and then suggest ways to improve it through the identification of a dedicated and private consent area. With the patient's consent, they share their findings and proposals in a written report and a presentation to their peers and clinical supervisor. A subsequent group exercise is undertaken to explore the use of critical analysis and standard reporting. The outcomes and recommendations from this are presented to department staff.

Possible scenario to explore Improving Services:

An obese patient is referred to the department for treatment or investigation. The staff have expressed concern about the risks of moving this patient onto the treatment couch. The team review and risk assess the situation and propose a solution that ensures patient and staff safety while delivering the treatment and care needed. They gather further information about the frequency and outcomes of similar occurrences and develop protocols which improve the service for patients in future.

4. Improving Services

4.1 Ensuring patient safety

4.1 Ensuring patient safety

Competent clinicians:

1. Identify and quantify the risk to patients using information from a range of sources
2. Use evidence, both positive and negative, to identify options
3. Use systematic ways of assessing and minimising risk
4. Monitor the effects and outcomes of change

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ The role of risk management in improving patient safety	☐ Identify and analyse significant incidents	☐ A systematic approach to the reduction of risk and error
☐ Common sources of risk to patients, including medical and clinical error	☐ Utilise a quality improvement model to improve patient safety	☐ Commitment to improving patient safety
☐ Examples of quality improvement methodology and their potential use	☐ Assess and communicate risk to patients	☐ Professional responsibility with respect to clinical governance, patient safety and medical errors
☐ Risk management tools, techniques and protocols	☐ Report clinical incidents and near misses	☐ Willingness to take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service
☐ How healthcare governance influences patient care, research and educational activities at a local, regional and national level	☐ Assess and analyse situations, services and facilities in order to minimise risk to patients and the public	
	☐ Monitor the quality of equipment and safety of environment relevant to the specialty	

4. Improving Services

4.2 Critically evaluating

4.2 Critically evaluating

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ The principles of clinical governance and its role in quality improvement	☐ Analyse and identify the factors affecting the delivery of a service	☐ A positive attitude to engaging in quality improvement
☐ Methods for evaluating the quality of healthcare including audit, significant event analysis and patient feedback	☐ Apply appropriate methods of evaluation	☐ Willingness to question own and others' experiences of healthcare
☐ Data analysis methodologies	☐ Undertake and contribute to clinical audit	☐ Listening to and reflecting on the views of patients and carers, dealing with complaints in a sensitive and cooperative manner
☐ The principles and processes of evaluation, audit, research and development, clinical guidelines and standard setting in improving quality	☐ Contribute to meetings which cover audit, critical incident reporting, patient outcomes	☐ Desire to provide advocacy for the service
	☐ Use audits from other healthcare professions to obtain different perspectives	
	☐ Synthesise data from various sources to establish key performance indicators	

4. Improving Services

4.3 Encouraging improvement and innovation

4.3 Encouraging improvement and innovation

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Change management theory in the context of healthcare practice	☐ Propose innovative ways of improving health services and medical education	☐ Readiness to challenge the status quo
☐ Current and emerging drivers of innovation in clinical practice	☐ Reflect on patient feedback and suggest ways of improving their experiences	☐ Open-mindedness to new ideas
☐ A variety of methodologies for developing creative solutions to improving services	☐ Engage a wide range of people in developing ideas for innovation and create an environment of enquiry and innovation	☐ A proactive approach to new technologies and treatments
	☐ Question existing practice in order to improve services	☐ Treat failure as a learning event
	☐ Apply creative thinking approaches (or methodologies or techniques) in order to propose solutions to service issues	

4. Improving Services

4.4 Facilitating transformation

4.4 Facilitating transformation

Competent clinicians:

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

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Strategies for motivating people to change	☐ Recognise and articulate successful change processes	☐ A positive attitude to improvement and to implementing change
☐ How organisational culture can impede or facilitate improvement in health services	☐ Clearly present the results and recommendations from a service review or audit to influence change	☐ A commitment to engage others in change
☐ The implications of change on systems and people	☐ Recognise barriers to change and suggest ways of addressing these	☐ A sensitivity to others' concerns about change
☐ Basic project management methodology	☐ Provide clinical expertise in situations beyond those involving direct patient care	☐ Striving for continuing improvement in delivering patient care services
	☐ Determine project plans and organise self and others to implement plans	☐ Demonstrate and model personal resilience and stamina
	☐ Brief individuals and teams effectively, and to convey the end goal	
	☐ Recognise the variance in capacity to change across individuals, and plan to effectively accommodate these variances	

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 the areas of:

- **Identifying the contexts for change:** by being aware of the range of factors to be taken into account
- **Applying knowledge and evidence:** by gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements
- **Making decisions:** using their values, and the evidence, to make good decisions
- **Evaluating impact:** by measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Possible scenario for exploring Setting Direction:

Practitioner K was concerned that a hospital department did not open for longer hours, so that she could attend with a relative outside working hours. Her clinical supervisor suggested that she find out more about the factors determining opening hours and share these with her study group. K met and talked to the consultant and manager involved and found out about access targets and the European Working Time Directive (EWTD). This led to a lively peer discussion about conflicting priorities in healthcare, financial constraints and the balance between improving access for patients and meeting the needs of hospital staff and their own families. K and her colleagues worked with patient representatives to develop some creative ideas around alternative opening times, worked up some basic costings for this and sent their proposal to the manager and consultant involved.

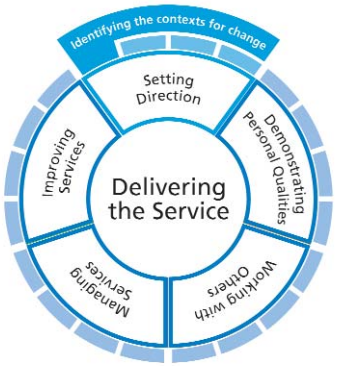
Possible scenario for exploring Setting Direction:

Student N comes across a difficult end of life issue related to a patient. She feels that her ethics teaching has not prepared her for such events and she discusses this with her tutor. She raises the issue in her feedback forms and follows it up with relevant reading and through representation on the curriculum development committee. There is a lively discussion of conflicting priorities in the curriculum and time and resource constraints. As a result ethics teaching is reviewed and the lecture-based programme re-designed to incorporate more practical case-based teaching.

5. Setting Direction

5.1 Identifying the contexts for change

5.1 Identifying the contexts for change



Competent clinicians:

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

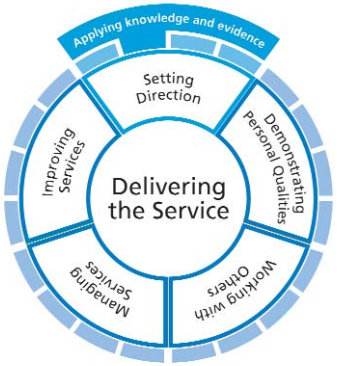
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ How healthcare policy influences organisational strategy and impacts on healthcare delivery and clinical careers	☐ Identify current sources of information on external factors and key drivers influencing healthcare	☐ An appreciation of the need for clinicians to understand, contribute to and influence health policy
☐ The legal context and organisational structure of the NHS	☐ Understand how policy relates to patient care and own professional practice	☐ Compliance with national guidelines that influence healthcare provision
☐ The function of international and national advisory and regulatory bodies	☐ Consider local healthcare issues when identifying contexts for change	☐ Willingness to articulate strategic ideas and use effective influencing and negotiating skills
☐ The responsibilities of the various Executive Board members and Clinical Directors or leaders	☐ Discuss local, national and UK health priorities and how they impact on the delivery of health care relevant to the specialty	
☐ The function and responsibilities of national bodies such as DH, HCC, NICE, NPSA, NCAS; Royal Colleges and Faculties, specialty specific bodies, representative bodies; regulatory bodies; educational and training organisations	☐ Identify trends, future options and strategy relevant to the specialty and delivering patient services	

5. Setting Direction

5.2 Applying knowledge and evidence

5.2 Applying knowledge and evidence



Competent clinicians:

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

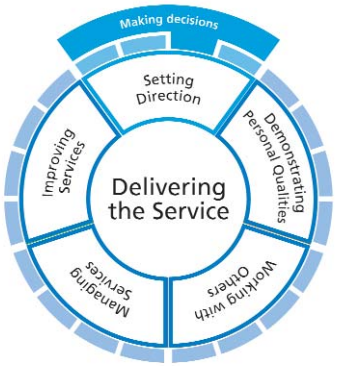
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Sources of evidence-based guidelines on best practice	☐ Use patient outcome reporting systems	☐ Willingness to seek and utilise area of proven good practice
☐ Ways of evaluating healthcare organisation performance and their limitations	☐ Critically appraise a range of sources of evidence including research, audit and health performance indicators	☐ An appreciation of the need for clinicians to understand how healthcare strategy is developed
☐ Different healthcare data sources and how to access them	☐ Compare and benchmark healthcare services	
☐ Patient outcome reporting systems within the service and the organisation, and how these relate to national programmes	☐ Use a broad range of scientific and policy publications relating to delivering healthcare services	
☐ Research methods and how to evaluate scientific publications including the use and limitations of different methodologies for collecting data	☐ Manipulate and model complex data and synthesise diverse data	

5. Setting Direction

5.3 Making decisions

5.3 Making decisions



Competent clinicians:

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

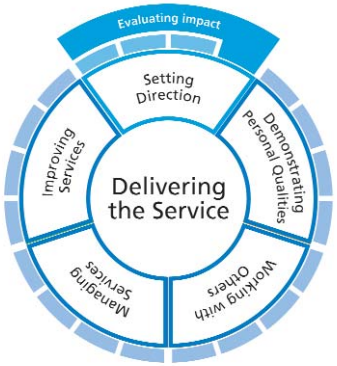
In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ How decisions are made by organisations, individuals and teams	☐ Prepare for meeting, i.e. reading agendas, understanding minutes, action points and background research on agenda items	☐ Appreciation of the importance of involving public and communities in developing health services
☐ Effective communication strategies within organisations to make effective decisions	☐ Make and justify rational decisions	☐ Behaviour consistent with professional and organisational values
☐ Influencing and negotiation skills	☐ Perform stakeholder analysis	☐ Willingness to contribute to decision-making
☐ Organisational culture, identity and governance	☐ Work collegiately and collaboratively with a wide range of people outside the immediate clinical setting	☐ Willingness to participate in decision making processes beyond the immediate clinical care setting
		☐ Decisiveness

5. Setting Direction

5.4 Evaluating impact

5.4 Evaluating impact



Competent clinicians:

1. Test and evaluate new service options
2. Standardise and promote new approaches
3. Overcome barriers to implementation
4. Formally and informally disseminate good practice

In the context of clinical leadership the following should be acquired in order to meet each specific competency:

Knowledge	*Skills*	*Attitudes and behaviours*
Demonstrate knowledge of:	***Demonstrate the ability to:***	***Demonstrate:***
☐ Barriers to implementation of change	☐ Identify and participate in suitable audit	☐ Attitudes and behaviours that assist dissemination of good practice
☐ Quantitative and qualitative methods to gather evidence from perspectives of patients, carers, staff and others	☐ Utilise questionnaires / tools to focus on the patient experience	☐ Openness to and appreciation of suggestions to new ways of working
☐ Models for effective dissemination	☐ Analyse how service change may impact on the quality of care given to patients	☐ Commitment to implementing proven improvements in clinical practice and services
☐ Impact mapping of service change	☐ Evaluate outcomes and re-assess solutions through research, audit and quality improvement activities	☐ Obtaining and evaluating the evidence base before declaring effectiveness of changes
	☐ Understand the wider impact of implementing change in healthcare provision and the potential for opportunity costs	☐ Attitudes and behaviours that assist dissemination of good practice
		☐ Willingness to make change happen

Learning and Development Activities

There are many activities already associated with education and training which provide opportunities for learning about leadership and management.

These range from the more individual activities such as reflective writing, development of log books and portfolio, to those activities undertaken within a collective environment, including small group work, formal teaching sessions and virtual learning environments. The table below provides an illustrative, though not exhaustive list of potential activities for integrating the Clinical Leadership Competency Framework into existing curriculum activity:

	1. Demonstrating Personal Qualities				2. Working with Others				3. Managing Services				4. Improving Services				5. Setting Direction			
	1.1 Developing self-awareness	1.2 Managing yourself	1.3 Continuing personal development	1.4 Acting with integrity	2.1 Developing networks	2.2 Building and maintaining relationships	2.3 Encouraging contribution	2.4 Working within teams	3.1 Planning	3.2 Managing resources	3.3 Managing people	3.4 Managing performance	4.1 Ensuring patient safety	4.2 Critically evaluating	4.3 Encouraging improvement and innovation	4.4 Facilitating transformation	5.1 Identifying the contexts for change	5.2 Applying knowledge and evidence	5.3 Making decisions	5.4 Evaluating impact
Reading and Research	Background reading on different learning styles, team roles and reflective practice. Independent reading and research linked to taught sessions Review available stress self-assessment tools				Research factors that contribute to effective teamwork (including NHS specific research)				Research change management processes Review local prescribing guidance and links to resource available				Research service improvement processes Undertake a clinical audit against NICE guidelines Take part in research				Research a specific policy and its basis in legislation (e.g. review of fitness to practice cases) Research and present evidence to learning group of public health priorities of the region Share audit findings with healthcare team Report evidence of critical analysis of research article			

Learning and Development Activities - continued

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Tutor discussion	Use assessment results and tutor discussion to self direct learning	Discuss feedback from colleagues with tutor and identify areas for development	Evidence of performance discussion with tutor	Reflect on patient encounter with tutor and identify ways patient experience could have been improved	Discussion about barriers to achieving good practice, and suggested ways to overcome these
Mentoring/peer assistance	Participate in mentoring system Obtain 360° feedback as part of an appraisal Take part in peer learning to explore leadership styles and preferences Through feedback discuss and reflect on how a personally emotional situation affected communication with a carer Initiate opportunities for peer learning Liaise with colleagues in the planning and implementation of work rotas Seek feedback on performance from clinical supervisor/mentor/ patients/carers/service users	Share with peers a student's experience of practice where multidisciplinary working has led to benefits in patient care Make themselves accessible to others and listen to viewpoints Support peers within learning environment Encourage participation of all staff within multidisciplinary meetings Encourage participation from more junior staff, students and other staff within clinical case reviews Ensure that patients' views are taken into consideration by others in the team Seek opportunity to visit other departments and learn from other professionals	360 degree peer feedback Teach and mentor others, including junior staff, students and other disciplines Delegate work to more junior staff	Give constructive feedback to a colleague on communication skills Listen to the views of staff and patients/service users and their representatives about potential for improvement	Sharing best practice between departments/services
Simulation		Explore and identify team roles in rehearsing for emergencies	Present in pairs a bid for funding a new work programme or service Practice in simulated exercise waste disposal	Critical analysis of a significant event and identification of effects on patient outcome	Simulation event, e.g. MDT meeting or disaster response

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Direct knowledge and skills teaching	Skills for recognising and addressing personal stress Time and workload management Responding to service pressures in a responsible and considered way Legal and ethical principles relating to professional practice Takes part in journal clubs and multidisciplinary training Takes part in ethics discussions and forums	How other staff groups function and make decisions Group dynamics within a multidisciplinary team Leading a clinical case review on behalf of a multidisciplinary team meeting Communication skills, including how to give and receive feedback and manage conflict Observes multi-agency case conferences	Sources of information from inside and outside of the organisation, including patient feedback, to support ideas for service improvement Corporate governance requirements Areas of potential waste How to act within appropriate employment legislation Appraisal systems and skills Performance management approaches Service targets and delivery by the multidisciplinary team Structure and functions of main healthcare providers	Infection control policies and procedures Clinical governance processes, including local policies and procedures, within the organisation Risk-reduction approaches Discussion of ideas for service improvement within multidisciplinary teams/in multi-agency settings and with patient groups Uses proven improvement techniques to develop service improvement proposals Prepares recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting Takes an active role in implementing change in the clinical setting Change management theory and its application to healthcare	Becoming a change agent in practice, e.g. hand hygiene champions leading through example Clinical governance requirements of the organisation Organising and presenting information and analysis to clinical and service managers Participation in student council Code of conduct lecture Attends relevant national and regional events Attends multi-agency case conferences

Learning and Development Activities - continued

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Group problem solving	Professionalism discussions throughout the curricular programme	Group review own team performance and make suggestions for improvement Invite opinion from all members of multidisciplinary teams, patients and their representatives	Group exercise to share and discuss ideas for reducing waste in NHS Take part in departmental team discussions about resource allocation and service improvement	Group analysis of patient experiences and risks, to produce ideas for improvement Work with managers to support service change/ improvement Use multidisciplinary team, patient feedback and other settings to debate and question current systems and practices	Contribute to a working group reviewing part of the curriculum Take part in departmental meetings with the local health community Take part in clinical committee structures within the organisation
Scenarios	Undertake activity based on ethical learning scenario	Work as a group to identify key issues in a complex healthcare scenario	Use of pilots and trials as part of the planning process, determining realistic key performance outcomes for a project	Learning scenario of a virtual patient's healthcare experience to identify risks to patient safety	Draw on patient feedback and NICE guidelines to recommend improvements in healthcare delivery scenario
Patient discussion/patient story	In small group share and debate ethical dilemma identified through encounters with patients	With peers, document anonymous patient story which has impacted learning Discussion on how a discharge plan will impact on primary and secondary care Discussion on developing Care Pathways for groups of patients Invite patient representative to join discussion on patient services Discussion on feedback from and to patients	Review and analysis of patient feedback forms Talk with patients about their experiences of healthcare	Undertake a review of a patient pathway and suggest ideas for improvement Discuss healthy lifestyles and barriers to change with a patient Identify how to achieve safe working practices and a culture that facilitates safety through consultation with patients	

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Role-play	Role play communication with distressed/angry patient and discuss with tutor/peer	Role play of a multidisciplinary team meeting about a patient handover	Role play of a patient complaint Rehearse managing patient and family expectations	Role play regarding disclosures	
Written reflection	Reflective account of a significant event including student emotional response to it and implications of this Written analysis of strengths and weaknesses in relation to role and with plans to address these	Reflective log or portfolio to document experience of practice where multidisciplinary working has benefited patient care Reflective writing exploring group work in context of own learning experience e.g. in problem based learning	Reflective writing exploring the issue of whistle blowing	Reflective writing around "change" linking change theory to own experiences	Written review of critical incident, and through service change and innovation outline pilot for new way of working
Small group activity	Small group discussion to explore: student personal values and beliefs; how these influence their response to situations; the importance of taking patients' values and beliefs into account; the importance of taking team members' values and beliefs into account	Map the health and social care professionals involved in the care of a patient encountered on placement, clarify each of their roles and consider how they communicate with each other Multi-professional discussions based around ethical, legal and clinical dilemmas	Group discussion of performance issues and whistle blowing	Take part in group discussion to generate ideas for service improvement	Forum in higher education institution for innovation such as educational vocation scholarships Share experiences of good practice
Shadowing	Shadow healthcare professional and identify those qualities and behaviours that enable him/her to do job well	Shadowing other health professionals	Shadow healthcare manager and explain his/her role and responsibilities to peers	Shadow patient liaison worker and reflect on the experience	Shadow Chair of Multidisciplinary Team Lead meeting and identify roles and responsibilities Shadows NHS managers

Learning and Development Activities - continued

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Project work	Develop a personal development plan	Consult with patients, carers and professionals in order to design a patient education leaflet Undertake work-based projects in teams	Plan and deliver an educational activity for peers	Follow patient journey and present proposals for improving services to a clinical team meeting Identify areas for improvement and initiate appropriate projects Undertake work-based projects in service re-design Test the feasibility of implementing changes with patients, colleagues and staff	Participation in another health care system and discussion of its relative strengths and weaknesses Present outcomes of work-based projects to senior staff from the organisation
Audit and evaluation	Contribute to significant event audits Audit own practice for consistent delivery		Undertake clinical audit to improve a clinical service	Evaluate the outcome of change following clinical audits Undertake multi-profession audit and research	Use external references to support analysis and evaluation Use and interpret departmental performance data and information to debate services within multidisciplinary team meetings Contribute to relevant decisions about workload and arrangements for cover based on clear and concise information and data Contribute to decisions using evidence about the running of the service as part of a multidisciplinary team Present the results of clinical audits and research to audiences outside their immediate specialty Evaluate options for changes in services and present to the team

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Work-based learning	Reflect on self as a leader of the service user Consider a case study where the student has supported the patient through their decision making journey	Attend a multidisciplinary team meeting and reflect on the contribution to patient care that each team member makes	With reference to an identified service, detail a list of aspects of the service for which the student is accountable	Consider a core service that is central to training, observing the service as if a service user Against agreed criteria suggest ways of improving the service	Shadow another professional and identify the value set that they use to undertake their daily routine

Assessment of the Clinical Leadership Competency Framework Competences

Clinicians in their clinical training are already assessed throughout their education using a variety of tools designed to examine their knowledge, skills, attitudes and behaviours. These range from written and practical examinations to workplace-based assessments whilst on clinical placement. Those assessment methods already in use can be readily used to demonstrate acquisition of the competences of the Clinical Leadership Competency Framework. A single assessment method may be suitable to examine several different competences from a variety of the CLCF domains, and competences may be examined individually or in combination. Introduction of assessment of the Clinical Leadership Competency Framework need not lead to assessment overload either through increasing the frequency or variety of assessments.

Assessment Methods

Reflection based assessments – e.g. portfolio, logbook, reflective diary

Critical self-assessment and reflective learning are particularly pertinent to developing leadership and management abilities. Logbooks and portfolios document experience and the attainment of skills during training and education, and encourage a commitment to continuous learning throughout the clinician's career. Portfolios can be used to log reflections on a variety of experiences, identify learning opportunities and outline proposals for meeting learning needs. A logbook element can be used to record the completion of both core and additional activities. Numerous elements of all the domains may be assessed using this method – either through the content of the portfolio or the engagement with the portfolio process. Students do not need to be the main protagonists in a particular experience in order to derive value from reflecting upon it.

Feedback – e.g. peer assessment tools, clinical evaluation exercises (CEX), professional behaviour assessment

Obtaining feedback from tutors and peers relating to an individual's attitudes, behaviour and performance, either during a single task or clinical placement, provides both a means of assessing these parameters of the framework and the chance for individuals to gain personal insights. How feedback is acted upon may be as important as its actual content. Use of feedback based assessment methods is most pertinent when considering the domains 'Demonstrating Personal Qualities' and 'Working with Others'.

Written assessment methods – e.g. multiple choice questions, short answer questions, essays

All aspects of the Clinical Leadership Competency Framework have an underlying knowledge component. Written methods of assessment provide a ready and obvious method for the assessment of acquisition of the relevant knowledge base. Written assessment methods requiring candidates to explore certain issues in greater depth, e.g. essays, may also provide insights into attitudes, as may situational judgement tests.

Project based assessment methods – e.g. audit, case-based discussions or presentations

Many aspects of the framework require the practical application of knowledge in order to demonstrate skills. Project based assessment, either as individuals or in groups, provides the opportunity to assess acquisition of a number of skills through successful completion and subsequent documentation of the work. Such project work has the potential to facilitate assessment of aspects of all five domains but in particular 'Managing Services', 'Setting Direction' and 'Improving Services'. Assessments based upon patient cases have the advantage of flexibility to draw out and emphasise particular aspects of healthcare delivery ranging from the analysis of clinical management decisions to examination of the interactions between patients and healthcare teams, services and systems. Case-based assessment methods are particularly appropriate for assessing the 'Working with Others' and 'Improving Services' domains.

Simulated environment assessment methods – e.g. objective structured clinical examinations

Simulated environments already provide learning and assessment opportunities for students. Many aspects of the competences, in terms of both skills and behaviours, may be examined through appropriately constructed scenarios, which could form the basis for either learning or assessment.

Compliance with institutional codes – e.g. attendance, code of conduct, provision of feedback

Though not traditionally considered assessment methods, achievement of a number of the competences of the CLCF requires that students have knowledge of, and comply with, a number of institutional codes of practice. Achievement of these standards, required of every student, is one way in which students may demonstrate not only knowledge components of the CLCF but also attitudes and behaviours.

Examples of assessment method suitability

The following table seeks to demonstrate which assessment methods might best suit each of the twenty sub-domains. This list is intended to be illustrative rather than exhaustive.

	1. Demonstrating Personal Qualities				2. Working with Others				3. Managing Services				4. Improving Services				5. Setting Direction			
	1.1 Developing self-awareness	1.2 Managing yourself	1.3 Continuing personal development	1.4 Acting with integrity	2.1 Developing networks	2.2 Building and maintaining relationships	2.3 Encouraging contribution	2.4 Working within teams	3.1 Planning	3.2 Managing resources	3.3 Managing people	3.4 Managing performance	4.1 Ensuring patient safety	4.2 Critically evaluating	4.3 Encouraging improvement and innovation	4.4 Facilitating transformation	5.1 Identifying the contexts for change	5.2 Applying knowledge and evidence	5.3 Making decisions	5.4 Evaluating impact
Portfolio	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Logbook				✓	✓	✓	✓	✓						✓		✓		✓	✓	✓
Reflective writing	✓	✓	✓	✓	✓			✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓
Feedback – tutor		✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓		✓	✓	
Feedback – multi-source	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	
CEX			✓			✓		✓												
Professional behaviour score	✓	✓	✓	✓	✓	✓	✓	✓			✓									
Written examinations	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Project report			✓		✓				✓	✓				✓	✓	✓	✓	✓		✓
Audit (report)									✓	✓			✓	✓	✓	✓		✓		✓
Audit (assessment)			✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Case-based discussions	✓		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Structured clinical assessments					✓	✓		✓												
Meeting course requirements		✓	✓											✓					✓	✓

Development of the Clinical Leadership Competency Framework

The CLCF is derived from the Medical Leadership Competency Framework (MLCF)[1], jointly developed by the NHS Institute for Innovation and Improvement (NHS Institute) and the Academy of Medical Royal Colleges which is now being embedded throughout undergraduate and postgraduate medical education.

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 NLC 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 the appendix on page 52.

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
Road-show 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 – the project team reviewed 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 Board consisting of individuals from all levels within clinical and service communities
Input from 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.*

[1] 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

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The many authors and contributors to the publications *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework* (2010) and *Medical Leadership Curriculum* (2009)

Relevant Reading

This document is designed to be read and used in conjunction with relevant 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 set out by the professional bodies, government bodies, regulators and the higher education institutions.

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Department of Health (2008) *High Quality Care for All: NHS Next Stage Review Final Report*
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NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2010) *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework*
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Appendix

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 for 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


NHS
Leadership Academy