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Education and Training Committee – 17 November 2011

**The Clinical Leadership Competency Framework (CLCF) –  
presentation by Paul Long from the NHS Institute for  
Innovation and Improvement**

Executive summary and recommendations

**Introduction**

Paul Long, Project Director for the Clinical Leadership Competency Framework (CLCF) Project run by the NHS Institute is presenting to the Committee today about the CLCF and current work on developing leadership competency in healthcare professionals. The CLCF aims to build leadership capability and capacity across UK-wide healthcare services by embedding leadership competencies in relevant systems including the standards set by professional regulators. Paul has produced a paper on the CLCF in support of his presentation which is attached.

To assist the Committee's consideration of these issues, this paper:

- outlines the HPC's previous consideration of CLCF principles in relation to our standards, and sets out our current progress in this area; and
- includes a document which maps the HPC's standards against the CLCF principles.

**HPC's previous consideration of leadership principles**

When the HPC consulted publicly on new generic standards of proficiency in 2010, a number of respondents to the consultation suggested adding a standard encompassing the concept of leadership. In considering the consultation responses in March 2011, the Committee and Council both discussed whether it would be appropriate to add a leadership requirement to our generic standards of proficiency.

The Committee and Council both concluded that it was not possible to add a standard on leadership to the generic standards that would be equally meaningful across all the different professions we regulate, and all stages of career development within those professions. It also considered that adding a standard on leadership to the generic standards of proficiency could necessitate substantial changes to approved education programmes.

While the Council felt it was not appropriate to add a new standard on leadership to the generic standards of proficiency, it indicated that it would consider the inclusion of a standard related to leadership competence in the

profession-specific standards for those professions where it is clearly a threshold standard relevant to registrants at entry to the Register. The Council also considered that many of the attributes that would contribute to effective clinical leadership are already included in the generic standards. These attributes include maintaining fitness to practise, practising as an autonomous professional exercising professional judgement, communicating effectively, and working appropriately with others.

To assist the Committee's consideration the Executive has mapped the HPC's new generic standards of proficiency, standards of conduct, performance and ethics, and continuing professional development standards against the CLCF principles. We have not included the current standards of proficiency in this mapping as we are currently revising the standards of proficiency for each of the professions we regulate. A paper on the current progress of the review has been submitted separately for the Committee's information.

### **Decision**

The Committee is invited to consider and discuss:

- Ways in which the HPC can incorporate appropriate principles from the CLCF within our standards and/or other guidance.

### **Background information**

Paper agreed by Council on 31 March 2011, enclosure 6 at: [www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533](http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=533)

Paper agreed by Education and Training Committee on 10 March 2011, enclosure 11 at: [www.hpc-uk.org/aboutus/committees/educationandtraining\\_archive/index.asp?id=547](http://www.hpc-uk.org/aboutus/committees/educationandtraining_archive/index.asp?id=547)

### **Resource implications**

None

### **Financial implications**

None

### **Appendices**

HPC standards mapped against CLCF principles

Paper on CLCF by Paul Long

### **Date of paper**

7 November 2011

## HPC standards mapped against the Clinical Leadership Competency Framework principles

This document maps the HPC's new generic standards of proficiency, standards of conduct, performance and ethics, and continuing professional development standards against the CLCF principles. We have not included the current standards of proficiency in this mapping as we are currently revising the standards of proficiency for each of the professions we regulate. However, the Committee will be aware that many of the more detailed standards of proficiency will map against a number of the CLCF leadership principles listed below.

Clinical leadership standards	HPC standards	Comments
<b>1 Demonstrating personal qualities</b>		
<b>1.1 Developing self awareness</b>		
<ul style="list-style-type: none"> <li>- Recognise and articulate their own values and principles, understanding how these may differ from those of other individuals and groups</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>4. be able to practise as an autonomous professional, exercising their own professional judgement</li> <li>5. be aware of the impact of culture, equality, and diversity on practice</li> </ul> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 3: you must keep high standards of personal conduct</li> <li>- Standard 7: you must communicate properly and effectively with service users and other practitioners</li> </ul>	
<ul style="list-style-type: none"> <li>- Identify their own strengths and limitations, the impact of their behaviour on others, and the effect of stress on their own behaviour</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>4. be able to practise as an autonomous professional, exercising their own professional judgement</li> </ul> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 3: you must keep high standards of personal conduct</li> <li>- Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession</li> </ul>	
<ul style="list-style-type: none"> <li>- Identify their own emotions and prejudices and understand how these can affect their judgment and behaviour</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>5. Be aware of the impact of culture, equality, and diversity on practice</li> <li>6. Be able to practise in a non-discriminatory manner</li> </ul>	

Clinical leadership standards	HPC standards	Comments
	SCPE - Standard 1: You must act in the best interests of service users...You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion, or beliefs affect the way you treat them or the professional advice you give. - Standard 3: you must keep high standards of personal conduct	
- Obtain, analyse and act on feedback from a variety of sources	SoP 11. be able to reflect on and review practice	- no standards that require registrants to obtain feedback or be supervised
<b>1.2 Managing yourself</b>		
- Manage the impact of their emotions on their behaviour with consideration of the impact on others	SoP 4. be able to practise as an autonomous professional, exercising their own professional judgement 9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...You must not allow your views about a service user...to affect the way you treat them or the professional advice you give. - Standard 3: you must keep high standards of personal conduct - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession	
- Are reliable in meeting their responsibilities and commitments to consistently high standards	SoP 4. be able to practise as an autonomous professional, exercising their own professional judgement SCPE - Standard 3: you must keep high standards of personal conduct - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession	
- Ensure that their plans and actions are flexible, and take	SoP	

Clinical leadership standards	HPC standards	Comments
account of the needs and work patterns of others	9. be able to work appropriately with others 14. be able to draw on appropriate knowledge and skills to inform practice	
<ul style="list-style-type: none"> <li>- Plan their workload and activities to fulfil work requirements and commitments, without compromising their own health</li> </ul>	SoP 3. be able to maintain their fitness to practise 4. be able to practise as an autonomous professional, exercising their own professional judgement  SCPE <ul style="list-style-type: none"> <li>- Standard 14: You must limit your work or stop practising if your performance or judgement is affected by your health</li> </ul>	
<b>1.3 Continuing personal development</b>	CPD standards <ul style="list-style-type: none"> <li>- maintain a continuous, up-to-date and accurate record of their CPD activities;</li> <li>- demonstrate that their CPD activities are a mixture of learning activities relevant to current or future practice;</li> <li>- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;</li> <li>- seek to ensure that their CPD benefits the service user; and</li> <li>- present a written profile containing evidence of their CPD upon request.</li> </ul>	
<ul style="list-style-type: none"> <li>- Actively seek opportunities and challenges for personal learning and development</li> </ul>	CPD standards  SCPE <ul style="list-style-type: none"> <li>- Standard 5: you must keep your professional knowledge and skills up to date</li> </ul>	
<ul style="list-style-type: none"> <li>- Acknowledge mistakes and treat them as learning opportunities</li> </ul>	SoP 11. be able to reflect on and review practice 12. be able to assure the quality of their practice  SCPE <ul style="list-style-type: none"> <li>- Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession</li> </ul>	
<ul style="list-style-type: none"> <li>- Participate in continuing professional development</li> </ul>	CPD standards	

Clinical leadership standards	HPC standards	Comments
activities	SCPE - Standard 5: you must keep your professional knowledge and skills up to date	
- Change their behaviour in the light of feedback and reflection	CPD standards SoP 11. be able to reflect on and review practice 14. be able to draw on appropriate knowledge and skills to inform practice	
<b>1.4 Acting with integrity</b>		
- Uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals	SoP 2. be able to practise within the legal and ethical boundaries of their profession 5. be aware of the impact of culture, equality, and diversity on practice 6. be able to practise in a non-discriminatory way  SCPE - Standard 1: You must act in the best interests of service users...You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion, or beliefs affect the way you treat them or the professional advice you give. - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession	
- Communicate effectively with individuals, appreciating their social, cultural, religious and ethnic backgrounds and their age, gender and abilities	SCPE - Standard 1: You must act in the best interests of service users...You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion, or beliefs affect the way you treat them or the professional advice you give. - Standard 8: you must communicate properly and effectively with service users and other practitioners  SoP 5. be aware of the impact of culture, equality, and diversity on practice 6. be able to practise in a non-discriminatory way 8. be able to communicate effectively	

Clinical leadership standards	HPC standards	Comments
<ul style="list-style-type: none"> <li>- Value, respect and promote equality and diversity</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>5. be aware of the impact of culture, equality, and diversity on practice</li> <li>6. be able to practise in a non-discriminatory way</li> </ul> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 1: You must act in the best interests of service users...You must not allow your views about a service user's sex, age, colour, race, disability, sexuality, social or economic status, lifestyle, culture, religion, or beliefs affect the way you treat them or the professional advice you give.</li> </ul>	
<ul style="list-style-type: none"> <li>- Take appropriate action if ethics and values are compromised</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>2. be able to practise within the legal and ethical boundaries of their profession</li> <li>5. be aware of the impact of culture, equality, and diversity on practice</li> <li>6. be able to practise in a non-discriminatory way</li> </ul> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 1: You must act in the best interests of service users...You must not do anything or allow someone else to do anything that you have good reason to believe will put the health or safety of a service user in danger...You must protect service users if you believe that any situation puts them in danger.</li> </ul>	
<p><b>2 Working with others</b></p>		
<p><b>2.1 Developing networks</b></p>		
<ul style="list-style-type: none"> <li>- Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits</li> </ul>	<p>SoP</p> <ul style="list-style-type: none"> <li>9. be able to work appropriately with others</li> </ul> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate.</li> <li>- Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users...You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users.</li> </ul>	

Clinical leadership standards	HPC standards	Comments
- Create opportunities to bring individuals and groups together to achieve goals	SoP 9. be able to work appropriately with others	
- Promote the sharing of information and resources	SCPE - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users...You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users.	
- Actively seek the views of others	SoP 8. be able to communicate effectively 9. be able to work appropriately with others  SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
<b>2.2 Building and maintaining relationships</b>		
- Listen to others and recognise different perspectives	SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 7: you must communicate properly and effectively with service users and other practitioners... You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users  SoP 5. be aware of the impact of culture, equality, and diversity on practice 8. be able to communicate effectively	
- Empathise and take into account the needs and feelings of others	SoP 5. be aware of the impact of culture, equality, and diversity on practice	



Clinical leadership standards	HPC standards	Comments
	9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...You must treat service users with respect and dignity. If you are providing care you must work in partnership with your service users and involve them in their care as appropriate.	
- Communicate effectively with individuals and groups, and act as a positive role model	SoP 8. be able to communicate effectively 9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 3: You must keep high standards of personal conduct - Standard 7: you must communicate properly and effectively with service users and other practitioners... You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession	
- Gain and maintain the trust and support of colleagues	SoP 9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 3: You must keep high standards of personal conduct - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession. You must justify the trust that other people place in you by acting with honesty and integrity at all times.	
<b>2.3 Encouraging contribution</b>		
- Provide encouragement, and the opportunity for people to	SoP	

Clinical leadership standards	HPC standards	Comments
engage in decision-making and to challenge constructively	8. be able to communicate effectively 9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate.	
- Respect, value and acknowledge the roles, contributions and expertise of others	SoP 5. be aware of the impact of culture, equality, and diversity on practice 8. be able to communicate effectively 9. be able to work appropriately with others SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 6: You must act within the limits of your knowledge, skills and experience, and, if necessary, refer the matter to another practitioner...if you refer a service user to another practitioner, you must make sure the referral is appropriate and that the service user understand why you are making the referral. - Standard 7: you must communicate properly and effectively with service users and other practitioners... You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
- Employ strategies to manage conflict of interests and differences of opinion	SCPE - Standard 1: You must act in the best interests of service users...the safety of service users must come before any personal or professional loyalties at all times. - Standard 3: You must keep high standards of personal conduct - Standard 13: you must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession. You must justify the trust that other people place in you by acting with honesty and integrity at all times.	
- Keep the focus of contribution on delivering and improving services to patients	SCPE - Standard 1: You must act in the best interests of service users - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	

Clinical leadership standards	HPC standards	Comments
<b>2.4 Working within teams</b>		
<ul style="list-style-type: none"> <li>- Have a clear sense of their role, responsibilities and purpose within the team</li> </ul>	SoP 9. be able to work appropriately with others	
<ul style="list-style-type: none"> <li>- Adopt a team approach, acknowledging and appreciating efforts, contributions and compromises</li> </ul>	SoP 8. be able to communicate effectively 9. be able to work appropriately with others  SCPE - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
<ul style="list-style-type: none"> <li>- Recognise the common purpose of the team and respect team decisions</li> </ul>	SoP 9. be able to work appropriately with others  SCPE - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
<ul style="list-style-type: none"> <li>- Are willing to lead a team, involving the right people at the right time</li> </ul>		
<b>3. Managing services</b>		
<b>3.1 Planning</b>		
<ul style="list-style-type: none"> <li>- Support plans for clinical services that are part of the strategy for the wider healthcare system</li> </ul>		
<ul style="list-style-type: none"> <li>- Gather feedback from patients, service users and colleagues to help develop plans</li> </ul>	SoP 8. be able to communicate effectively 11. be able to reflect on and review practice	

Clinical leadership standards	HPC standards	Comments
	SCPE - Standard 1: You must act in the best interests of service users...If you are providing care you must work in partnership with your service users and involve them in their care as appropriate. - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
- Contribute their expertise to planning processes		
- Appraise options in terms of benefits and risks	SoP 4. be able to practise as an autonomous professional, exercising their professional judgement 12. be able to assure the quality of their practice	
<b>3.2 Managing resources</b>		
- 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		
<b>3.3 Managing people</b>		
- Provide guidance and direction for others using the skills of team members effectively	SoP 8. be able to communicate effectively 9. be able to work appropriately with others SCPE - Standard 8: You must effectively supervise tasks you have asked other people to carry out...you must be sure they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of	

Clinical leadership standards	HPC standards	Comments
	practice. You must always continue to give appropriate supervision to whoever you ask to carry out the task.	
<ul style="list-style-type: none"> <li>- Review the performance of the team members to ensure that planned service outcomes are met</li> </ul>	<p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 8: You must effectively supervise tasks you have asked other people to carry out...you must be sure they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice. You must always continue to give appropriate supervision to whoever you ask to carry out the task.</li> </ul>	
<ul style="list-style-type: none"> <li>- Support team members to develop their roles and responsibilities</li> </ul>	<p>SoP</p> <p>9. be able to work appropriately with others</p> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 8: You must effectively supervise tasks you have asked other people to carry out...you must be sure they have the knowledge, skills and experience to carry out the tasks safely and effectively. You must not ask them to do work which is outside their scope of practice. You must always continue to give appropriate supervision to whoever you ask to carry out the task.</li> </ul> <p>CPD standards</p>	
<ul style="list-style-type: none"> <li>- Support others to provide good patient care and better services</li> </ul>	<p>SoP</p> <p>8. be able to communicate effectively</p> <p>9. be able to work appropriately with others</p> <p>SCPE</p> <ul style="list-style-type: none"> <li>- Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users</li> </ul>	
<b>3.4 Managing performance</b>		
<ul style="list-style-type: none"> <li>- Analyse information from a range of sources about performance</li> </ul>	<p>SoP</p> <p>11. be able to reflect on and review practice</p> <p>12. be able to assure the quality of their practice</p>	
<ul style="list-style-type: none"> <li>- Take action to improve performance</li> </ul>	<p>SoP</p>	

Clinical leadership standards	HPC standards	Comments
	12. be able to assure the quality of their practice CPD standards SCPE - Standard 5: You must keep your professional knowledge and skills up to date. You must make sure that your knowledge, skills and performance are of a good quality, up to date, and relevant to your scope of practice	
- Take responsibility for tackling difficult issues	SCPE - Standard 1: You must act in the best interests of service users...You are responsible for your professional conduct, any care or advice you provide, and any failure to act. You are responsible for the appropriateness of your decision to delegate a task. You must be able to justify your decisions if you are asked to. You must protect service users if you believe that any situation puts them in danger. This includes the conduct, performance, or health of a colleague. The safety of service users must come before any personal or professional loyalties at all times. - Standard 4: You must provide (to us and any other relevant regulators) any important information about your conduct and competence	
- Build learning from experience into future plans	CPD standards	
<b>4. Improving services</b>		
<b>4.1 Ensuring patient safety</b>	SCPE - Standard 1: You must act in the best interests of service users...You must not do anything, or allow someone else to do anything that you have good reason to believe will put the health or safety of a service user in danger. This includes both your actions and those of other people.	
- Identify and quantify the risk to patients using information from a range of sources	SCPE - Standard 1: You must act in the best interests of service users...You must protect service users if you believe that any situation puts them in danger. This includes the conduct, performance, or health of a colleague...As soon as you become aware of a situation that puts a service user in danger, you should discuss the matter with a senior colleague or another appropriate person	
- Use evidence, both positive and negative, to identify options		

Clinical leadership standards	HPC standards	Comments
- Use systematic ways of assessing and minimising risk		
- Monitor the effects and outcomes of change		
<b>4.2 Critically evaluating</b>		
- Obtain and act on patient, carer and service user feedback and experiences	SoP 12. be able to assure the quality of their practice	
- Assess and analyse processes using up-to-date improvement methodologies	SoP 12. be able to assure the quality of their practice	
- Identify healthcare improvements and create solutions through collaborative working	SoP 9. be able to work appropriately with others 12. be able to assure the quality of their practice	
- Appraise options, and plan and take action to implement and evaluate improvements	SoP 12. be able to assure the quality of their practice	
<b>4.3 Encouraging improvement and innovation</b>		
- 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		
<b>4.4 Facilitating transformation</b>		
- Model the change expected		

Clinical leadership standards	HPC standards	Comments
- 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		
<b>5. Setting direction</b>		
<b>5.1 Identifying the contexts for change</b>		
- Demonstrate awareness of the political, social, technical, economic, organisational and professional environment	SoP 2. be able to practise within the legal and ethical boundaries of their profession 13. understand the key concepts of the knowledge base relevant to their profession SCPE - Standard 5: you must keep your professional knowledge and skills up to date	
- Understand and interpret relevant legislation and accountability frameworks	SoP 2. be able to practise within the legal and ethical boundaries of their profession SCPE - Standard 2: You must respect the confidentiality of service users...you must also keep to the conditions of any relevant data-protection laws and always follow best practise for handling confidential information. Best practice is likely to change over time, and you must stay up to date.	
- 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		
<b>5.2 Applying knowledge and</b>		



Clinical leadership standards	HPC standards	Comments
<b>evidence</b>		
- 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		
<b>5.3 Making decisions</b>		
- Participate in and contribute to organisational decision-making processes		
- Act in a manner consistent with the values and priorities of their organisation and profession	SCPE - Standard 3: You must keep high standards of personal conduct - Standard 13: You must behave with honesty and integrity and make sure that your behaviour does not damage the public's confidence in you or your profession	
- Educate and inform key people who influence and make decisions		
- Contribute a clinical perspective to team, department, system and organisational decisions	SoP 8. be able to communicate effectively 9. be able to work appropriately with others  SCPE - Standard 7: You must communicate appropriately, cooperate, and share your knowledge and expertise with other practitioners, for the benefit of service users	
<b>5.4 Evaluating impact</b>		

Clinical leadership standards	HPC standards	Comments
- Test and evaluate new service options		
- Standardise and promote new approaches		
- Overcome barriers to implementation		
- Formally and informally disseminate good practice	CPD standards	

## Leadership & regulation

It is the strategic aim of the Government to further develop the leadership capacity within the workforce, especially frontline clinicians.<sup>1 2</sup> Achieving this goal means working with the various professional, regulatory and educational bodies to ensure their standards and curricula, guidance etc align and describe leadership.

The aim of this is to build leadership awareness and capability across the health service, by embedding leadership competencies in undergraduate education, postgraduate training and continuing professional development for clinicians, and ensuring it all aligns with the workforce development agenda, the establishment of Health Education England and the Education Outcomes Framework<sup>2</sup>.

To support this action and ensure this is done in a consistent way, the Secretary of State launched the Leadership Framework in June 2011. This is the first time that there has been a single agreed standard that provides a common understanding of leadership and a consistent approach to leadership development that spans all clinical professions, the educational and regulatory sectors and aligns with those in the NHS.

An important link to embedding leadership behaviours into the clinical professions is through regulatory standards.<sup>3 4</sup> We are also working with the societies, colleges and the Council of Deans of Health to embed leadership into the various professional and educational standards and curricula.<sup>5</sup>

Describing leadership behaviours in regulatory standards at all stages is vital because of the importance placed on it in assuring the quality of standards of practice and care delivered to patients. It is also important because the HEIs relate their content to the minimum standards set down by the relevant regulators.

Developing the leadership capacity within the workforce, especially frontline clinicians can only be achieved by working in partnership across the professional, regulatory and educational sectors. Discussions with the bodies representing the professions regulated by the HPC indicate strong support for describing leadership, in their own processes but also within the HPC standards. The NHS Leadership Academy is keen to also work with the HPC to achieve this.

It has been agreed to establish a working party, comprised of representatives of the clinical professions regulators, CHRE, and the NHS Leadership Academy to meet quarterly to ensure that there is a link between leadership and professional regulation, and that we

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<sup>1</sup> King's Fund (2011) *The Future of Leadership and Management in the NHS: No more heroes*. The King's Fund: London

<sup>2</sup> Department of Health (2010) *Liberating the NHS: Developing the Healthcare Workforce*, Department of Health

<sup>3</sup> NHS National Leadership Council (2010) *Report on the findings of the Clinical Leadership Competency Framework Project by the NHS Institute for Innovation and Improvement*. National Leadership Council.

<sup>4</sup> Long, P W et al. (2011) *The CLCF: developing leadership capacity and capability in the clinical professions*. International Journal of Clinical Leadership. Vol 17 No. 2

<sup>5</sup> NHS Leadership Academy (2011) *Developing and Embedding the Leadership Framework: Progress Report*. NHS Institute for Innovation and Improvement.

continue to understand current status of work across professional regulation. The NHS Leadership Academy will need to work with the professions' regulators to develop resources, products and tools that will facilitate leadership framework alignment with regulatory processes.

A short paper and case studies illustrating application in education are attached for your information.

**Paul W Long**

**Project Director**

**NHS Leadership Academy**

4 November 2011

## **The Clinical Leadership Competency Framework (CLCF)**

Applying to all engaged in clinical practice the CLCF is built on the concept of shared leadership<sup>6</sup> 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.

### **Leadership in regulation**

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 the professions regulators, which are intended to assure the safety of those using the services and the public generally.<sup>7</sup>

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. There are many examples of poor practice and systems failures where a lack of leadership - at an individual, collective and organisation level – has been identified as an important factor, such as the Francis Report of the Inquiry into the Mid Staffordshire Foundation Trust which makes recommendations on professional leadership and the quality assurance of staff training.<sup>8</sup> Therefore the need to develop leadership capability in clinicians is vitally important to improving both clinical and organisational performance.

The current approach to professional regulation is to use minimum regulatory force with greater emphasis being placed on regulation by the peer and colleagues sustained by organisation governance structures.<sup>8</sup> This may be because, unfortunately, there is little hard

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<sup>6</sup> NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges (2009). *Shared Leadership: Underpinning of the MLCF*. NHS Institute: Coventry

<sup>7</sup> Department of Health (2011) Command Paper, Enabling Excellent Autonomy and Accountability for Healthcare Workers, Social Workers and Social Care Workers. Department of Health

<sup>8</sup> House of Commons (2010) The Mid Staffordshire NHS Foundation Trust: Independent Inquiry into care Provided by Mid Staffordshire NHS Foundation Trust

evidence around how professional regulation impacts on the behaviours of the individual practitioner and fitness to practice proceedings are rarely about technical competence.<sup>9</sup>

There is however a critical link between regulation and education training. Higher Education Institutions (HEIs) relate their content to the minimum standards set down by the relevant regulators. The introduction to leadership concepts early in clinicians' educational development and then subsequently as their service career progresses normalises the material such that clinical professionals are encouraged to see such activities as an inherent part of their role, rather than something alien to which they are introduced later in their careers.

More than any other activity, describing leadership in regulation will drive changes to education and training and this will eventually lead to an increase in the leadership capability within the system.

All the bodies responsible for professional regulation are exploring how to approach leadership and they are at various stages of adoption and coverage within their pre- and post-registration approaches.

The extent to which leadership behaviours are explicit in regulators' standards and hence people need to exhibit, or are more implicit is a question. Priority needs to be given at all stages of regulation (entry to register and re- registration and review or fitness to practise). Leadership behaviours may be covered at an individual level across the range of the standards or addressed more explicitly. Different approaches include:-

The **General Medical Council** has embedded the medical leadership competencies in the standards for undergraduate medical education and training and has approved postgraduate specialty curricula for all the Medical Royal Colleges and Faculties that integrate the competencies. The competencies are also covered in new guidance for all doctors on leadership and management responsibilities which their Council will be asked to approve in December 2011 for publication in January 2012. The **Nursing and Midwifery Council** has recently published its standards for pre-registration nursing education (2010) and there is excellent coverage of leadership. There is an opportunity to embed leadership in practice through the review of the standards of conduct, performance and ethics for nurses and midwives. The **General Dental Council** has recently published a learning outcomes framework to replace the existing curricula for all the registration categories. Management and leadership is one of the four domains providing the structure to the new outcomes. There is excellent coverage across all the domains of the CLCF. This is intended to provide a continuum with education and post- registration practise. The GDC is also currently developing a revalidation policy and process, and the domains here reflect the same structure. Again, one of the domains is management and leadership and this should provide the opportunity to influence the continuing practice leadership competences. The newly established **General Pharmaceutical Council** have identified leadership issues as ones they want to work on further, and will shortly be establishing a group to consider whether there is scope for further enhancement of leadership coverage in GPhC education and training standards. Leadership is a hot topic in pharmacy regulation, particularly following the introduction of compulsory registration of pharmacy technicians. Their plan is to develop additional regulatory guidance on team working in pharmacy, which will include significant leadership coverage on the shared leadership model, as well as exploring positional leadership issues relevant to the complexity and diversity of pharmacy practice. These issues will also be considered in the context of GPhC work to develop new standards for retail pharmacy business at registered pharmacies.

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<sup>9</sup> A scoping study on the effects of health professional regulation on those regulated. Unpublished Final report submitted to the Council for Healthcare Regulatory Excellence May 2011

## Higher Education

A key component of the embedding strategy must be to ensure that clinical staff are introduced to management or leadership concepts early in their educational development and then subsequently as their service career progresses. Unlike in medicine which is very structured across the specialties, approaching this task for the non-medical clinical professions is more complicated because:-

- There are many more professional groups and regulatory bodies
- Different education models across the groups - a simple concept of undergraduate provision is replaced by pre-registration and post-registration courses of similar but not precise equivalence
- Different timescales to the training routes
- Differing understanding of leadership among academics and lack of guidance on how to teach leadership
- For most clinicians, formal training ends at qualification and registration, and, unlike in medicine, post-qualification training is not mandated. In medicine, doctors are also tutors and training spans university into workplace training.

To help us understand the scale and scope of the activity to embed in higher education we have completed a review of current clinical training provision, which, uniquely, brings together detailed information held only by separate parts of the system. This 'national picture' illustrates the significant challenge in working to embed leadership into higher education. For example, there are 128 HEIs involved but each one may provide one or several different programmes, giving us a figure of some 800 courses provided across multiple institutions.

We believe the most comprehensive, efficient and effective way to embed leadership into higher education is to approach the challenge at a strategic level, by working through the professional regulators and changes to their standards, and by collaborating with the bodies representing the HEIs. We are also working with individual champions and specific institutions, and promoting and sharing the learning using case studies. Case studies are included in Appendix I, II, III.

### ***Flying Start National Preceptorship programme for nurses and AHPs***

Many health practitioners across a wide range of organisations already benefit from well-established preceptorship schemes. Flying Start England<sup>10</sup> is the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS England. It has been designed to support the transition from student to newly qualified health professional by supporting learning in everyday practice through a range of learning activities.

This foundation period for practitioners at the start of their careers helps them begin the journey from novice to expert, and there is a clear link to the LF which sets out the range of leadership behaviours that all clinicians are expected to be able to demonstrate.

The project team is working with the Flying Start National Preceptorship Lead, seeking to use the LF to underpin the refresh of programme for first year nurses and AHPs

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<sup>10</sup> <http://www.flyingstartengland.nhs.uk/>

## Appendix I: Case study – Alexia XXXXXX, Student

While a student at xxxxx University, Alexia undertook a service improvement project on the resuscitation process within the Accident and Emergency department in a hospital trust. During the project Alexia referred to the Clinical Leadership Competency Framework (CLCF) to help inform her actions and decisions. The following case study illustrates how clinical leadership can be demonstrated by a student with reference to CLCF elements. The case study demonstrates that Alexia's work shows leadership particularly in the domains: 2. Working with Others 4. Improving Services and 5. Setting Direction.

Alexia found that there was at the time no nationally available statistical data regarding the number of cardiac arrests, and little available benchmark data (5.1). In her own hospital there was on average one cardiac arrest a day and Alexia set out to investigate what happened when cardiac arrests occurred, and how the response could be improved (5.2). She used a process mapping tool, walking through patients' journeys and listening to patients' stories to identify areas that could be improved. As a result she identified four parts of the process which could be improved (4.2).

From this analysis, Alexia identified one area which she considered most critical in terms of enhancing patient safety. This related to the restocking of the resuscitation trolley. There had been a checklist for what equipment should be on the trolley but this did not always correlate with what was actually on the trolley. This could potentially result in a patient being harmed or dying should an item be missing. Alexia wanted to develop a system whereby, whatever the staff member's level of experience, they would easily and safely be able to re-stock the trolley such that the correct items would be available on the next occasion of use (4.1).

For her improvement project, Alexia created and piloted a bespoke checklist in line with current DH resuscitation policy that would allow staff of all levels of experience to follow and complete. It encompassed all the correct equipment and drugs on the list, in the correct location within the trolley. She recognised that to implement such a change effectively she would need to engage staff so they would support and welcome the change (2.3). She recognised the importance of communication and training to ensure that all relevant staff restocked the trolley according to the list, otherwise the chain would be broken (3.3).

In implementing the change, Alexia used the PDSA cycle. **Planning** involved working with others in planning the trial and benchmarking against other trusts (2.3, 4.3). **Doing** was a weeklong pilot with daily feedback from staff using the new and old checklists (5.2). **Studying** involved analysing the results and determining any modifications (5.3). **Acting** involved extending the trial and reporting findings of the project to the hospital's resuscitation committee (5.4).

Alexia knew that sustaining the change would be critical and that strong leadership would be important. She identified potential obstacles to successful implementation and put in place mechanisms to ensure long term success, such as assigning someone responsible for keeping the checklist up to date, and making the checklist easily available on the intranet (4.4). The checklist is



now being updated and used within the trust, and all trolleys in the trust are being changed in accordance with a common list, increasing standardisation and further enhancing patient safety.

Alexia reflected on her personal learning throughout the process and was an active member of an action learning set (1.3). Key learning points for her were: recognising the value of different perspectives (2.2); appreciating that change cannot be made by a single person and relies on teamwork and collaboration (2.4); the importance of developing networks within and external to any organisation in order to achieve sustained patient safety improvement (2.1). She was successful in negotiating a week's work experience at John Hopkins hospital in the USA where she learned about their approach to resuscitation. This provided her with further ideas for how to improve the resuscitation process in future.

Alexia used the Leadership Framework self assessment tool which she found useful in understanding her development needs and determining a personal development plan.

## Appendix II: Case study

Module Title	Leadership Skills for Allied Health Professionals
Level	7
Reference No. ( <i>showing level</i> )	
Credit Value	20 credit points
Designation	
Student Study Hours	Contact hours: Max 36 hours Blended learning hours: 14 Self directed hours: 150 Total: 200 hours
Pre-requisite learning	
Co-requisites	None
Excluded combinations	None
Unit co-ordinator	
Faculty/Department	HSC Allied Health Sciences
Short Description	<p>The importance of leadership skills as distinct from management skills is increasingly being recognised by the health service.</p> <p>Allied Health Professional groups each have an identified specialist skills set determined by the professional standards and scope of practice. It is essential that those AHPs with a leadership role or those aspiring to become leaders in the future are encouraged to develop appropriate skills to enable them to perform as effective leaders.</p>
Aims	<ul style="list-style-type: none"> <li>• To enable the students to develop an understanding of leadership skills</li> <li>• To facilitate students to develop their criticality of thinking regarding leadership and their own leaderships style.</li> </ul>
Learning Outcomes	<p>By the end of the unit the students will be able to:</p> <ul style="list-style-type: none"> <li>• Apply their knowledge of leadership theory to their role as an AHP</li> <li>• Think critically about the impact of their own leadership style on others.</li> <li>• Demonstrate an understanding of team roles</li> <li>• Consider the significance and role of continuing professional development of individual team members</li> <li>• Focus on the key aspects of team development</li> <li>• demonstrate an ability to develop leadership skills in others.</li> </ul>
Employability	
Teaching and learning pattern	<p>There will be some formal lectures but the majority of teaching and learning will be through experiential approaches.</p> <p>Students will be required to attend the University for three consecutive Fridays followed by a work based application, a further two days in the</p>

	University followed by a second work based application. Followed by tutorials.
Indicative content	<ul style="list-style-type: none"> <li>• Leadership theory</li> <li>• Models of leadership</li> <li>• Teams and team dynamics</li> <li>• Clinical Leadership Framework and application to service transformation</li> <li>• People – valuing and ante-discriminatory practice/diversity</li> <li>• Performance Management</li> <li>• Theory of motivation</li> <li>• Action Centred Leadership</li> <li>• Transformational Attributes</li> </ul>
Assessment Elements & weightings	<p>Portfolio based to enable translation of theory into practice and demonstrate application of knowledge and understanding through feedback.</p> <p><b>Formative</b> 500 word review of the literature on leadership in health care</p> <p><b>Summative</b></p> <p>1000 word reflection (using a model) on self as a leader in the context of the leadership style of the organisation 40%</p> <p>Inclusion of 15 min powerpoint on leadership role in service transformation based on local scenario 60%</p> <p>Submit with Portfolio</p>
Indicative Sources (Reading lists)	<p>Books suitable for review:</p> <p>Brooks, I (2006) <i>Organisational Behaviour: Individuals, Groups and Organisational Behaviour</i>, Houndmills: Palgrave Macmillan.</p> <p>Harvey-Jones, J. (1998) <i>Making it happen: reflections on leadership</i>. London: Collins. (658.4092 HAR)</p> <p>Iles V. &amp; Sutherland K. (2001) <i>Organisational change: a review for health care managers, professionals and researches</i>. London: NCCSDO. (362.1068 ILE)</p> <p>Jones R and Jenkins F (2006) (eds) <i>Managing and Leading in Allied Health Professions</i>. Oxford: Radcliffe</p> <p>Kouzes J.M. &amp; Posner B. (2003) <i>The leadership challenges</i> 3<sup>rd</sup> Edition. San Francisco: Jossey Bass. (658.4092 KOU)</p> <p>All the following resources are available in electronic formats:</p> <ul style="list-style-type: none"> <li>• Bishop, V. (Ed) (2009) <i>Leadership for Nursing and Allied Health Care Professions</i>. McGraw-Hill, Open University Press. [E-Book] <a href="http://0-lib.myilibrary.com.lispac.lsbu.ac.uk/browse/open.asp?id=233748&amp;loc=">http://0-lib.myilibrary.com.lispac.lsbu.ac.uk/browse/open.asp?id=233748&amp;loc=</a></li> </ul>

- Cohen, S. (2009) *Leader Development: Leading in Tough Times*. [Online] <http://www.nhsleadershipqualities.nhs.uk/assets/x/50137>
- Health Care Leadership Blog [online] <http://www.healthcareleadershipblog.com/>

Schroeder-Saulnier, D (2009) *Employee Engagement: Leading the Way to an Engagement Culture*. [online] <http://www.nhsleadershipqualities.nhs.uk/assets/x/50133>

Additional books:

Caruso DR, Salovey P. (2004) *The emotionally intelligent manager*. San Francisco: Jossey-Bass. (658.4092 CAR)

Articles:

Alimo Metcalfe B. (2003) 'Stamp of greatness', *Health Service Journal* 113(5861): pp28-32 (26 June 2003)

Alimo Metcalfe B & Alban Metcalfe J (2002) 'Half the battle', *Health Service Journal* 112(5795): pp26-27 (7<sup>th</sup> March 2002)

Alimo Metcalfe B & Alban Metcalfe J (2004) 'The myths and morality of leadership in the NHS', *Clinician in management* 12(2): pp49-53

Ferlie E (2005) 'The right balance', *Health Management* 9(3): pp24-26 (May-June 2005)

Grint K (2002) 'Management or leadership', *Journal of Health Services research and policy* 7(4): pp248-251 (Oct 2002)

Haddock R, Waller R & Daniels M (2005) 'Team working and leadership for clinicians and managers' *Clinician in Management* 13: pp 87-93

Persaud R 'In the minds of managers', *Health Service Journal* 117(6061): pp 22-27 (21<sup>st</sup> June 2007)

NHS Documents

The NHS Confederation. (2007) *The challenges of leadership in the NHS*. London: NHS Confederation.

Woodard F. (2007) *How to achieve effective clinical engagement and leadership when working across organisational boundaries*. London: Guy's & St. Thomas' Charity for the Modernisation Initiative

Williams S. (2004) *Evidence of the contribution leadership development for professional groups makes in driving their organisations forward* Oxford: Henley Management College on behalf of NHS Leadership Centre

Scottish Executive 2006 *Delivery through Leadership: NHS Scotland*

*Leadership Development Framework*. Edinburgh.

**Useful internet pages:**

NHS Institute Clinical leadership Competency Framework

[http://www.institute.nhs.uk/building\\_capability/building\\_leadership\\_capability/clinical\\_leadership\\_competency\\_framework\\_project.html](http://www.institute.nhs.uk/building_capability/building_leadership_capability/clinical_leadership_competency_framework_project.html)

Changing minds.org:

quick reference resource for theories on leadership, teamwork, motivation.

<http://changingminds.org/disciplines/leadership/leadership.htm>

NHS Institute for innovation and improvement:

NHS site for range of activities on leadership including senior board development at

<http://executive.modern.nhs.uk>

and the leadership qualities framework at

<http://leadershipqualitiesframework.institute.nhs.uk>

National Clinical Leadership Framework

NHS Integrated service improvement programme

Supports initiatives for service change

<http://www.isp.nhs.uk>

### **Appendix III: Case study – The Clinical Leadership Competency Framework (CLCF) within the Bachelor Degree, University of XXXXXXX. August 2011**

The Faculty of xxxxxxxxxxxx views the CLCF as a key resource thread throughout the programme to enable students to meet the learning outcomes of the various modules. They have identified the links between module content and the elements of the CLCF.

**In year one**, within the *Learning to be a Professional* module, the concept of leadership and the leadership framework is introduced. Students are introduced to reflection, self-assessment, and the use of differing frameworks as guidance to personal, professional and service development. As part of this process, students undertake the CLCF self-assessment tool, initially focussing on domains one and two (Demonstrating Personal Qualities and Working with Others) as a starting point for development of both reflective and leadership skills, before using the tool to review other domains to evidence an emerging level of competence once practice learning experience has begun.

This self-assessment is then discussed and banked in the student's portfolio within the practice learning module and a formative action plan for key points developed within the student's portfolio.

Within the second clinical placement, students again use the CLCF self-assessment tool to review their behaviour with regard to CLCF domains three and four (Managing Services and Improving Services) during clinical simulation and debriefing session.

Within the module *The Determinants of Health and Wellbeing*, domains one and two are again considered, along with domain three in relation to contributing to planning service delivery and managing risk.

**In year two** the module *Practice Learning Two* continues to use the CLCF as a means of examining leadership behaviours in both the students themselves, and the clinical staff they are observing and working alongside. The concept of self-assessment is then further discussed and banked in the student's portfolio within the practice learning module and the formative action plans updated within the student's portfolio.

Within the module, *The Value of Evidence in Professional Practice*, the service improvement and change management aspects of the CLCF are focussed upon. At this point elements from domain five (Setting Direction) are introduced and considered alongside domains one to four.

One of the learning outcomes in the module *Field Specific Nursing Practice* specifically focuses on collaborative working with healthcare professionals and service users and again draws upon themes based within the CLCF when learning within field specific sessions.

**In year three** the *Practice Learning Three* module, draws all five CLCF domains together, and the self-assessment tool is again used to clarify personal development and prepare an action plan for future

preceptorship. At the completion of this module, it is anticipated that all components of the CLCF domains are evidenced.

The module *Preparing for Future Practice* is a key leadership and management module within the programme. It encourages students to reflect on their learning prior to registration and provides a vehicle for planning future professional development. The CLCF again maps directly to the module learning outcomes, and is particularly useful in focusing on supporting other healthcare workers and the learning environment in the future.

The module *Co-ordinating Complexities in Care Delivery* further develops the student's ability and knowledge when managing case loads and working collaboratively as a nurse leader.

The *Critical Perspectives in Health and Social Care* module again draws learning from all five domains of the CLCF together with a particular focus on service design and delivery, whilst allowing the student to experience setting direction through enterprise and initiative.

The CLCF domain structure will be an appendix within the Clinical Skills Inventory to allow for ease of cross referencing when in practice and form a structured part of the student's electronic portfolio.