Education and Training Committee, 8 March 2012

Leadership

Executive summary and recommendations

Introduction

At its meeting on 17 November 2011 the Committee received a presentation from the NHS Institute for Innovation and Improvement on the NHS Clinical Leadership Competency Framework (CLCF). The topic of leadership and whether it has a place in the standards of proficiency has been previously discussed by the Committee.

The attached paper:

- outlines the previous discussion on this topic;
- describes the concept of shared leadership;
- outlines suggestions made for leadership standards; and
- invites the discussion of the Committee.

Decision

The Committee is invited to discuss the areas outlined in section six of the attached paper.

Background information

Outlined in paper

Resource implications

Any resource implications will be accounted for within Policy and Standards Department planning for 2012/2013.

Financial implications

None

Appendices

None

Date of paper

27 February 2012

Leadership

1. Introduction

1.1 The Education and Training Committee has discussed the topic of 'clinical leadership' on a number of occasions. This has been in light of the publication of the NHS Clinical Leadership Competency Framework (CLCF) and some responses to the previous consultation on revised generic standards of proficiency requesting the incorporation of leadership within the standards.

1.2 In the wider context, debates about the importance of leadership continue to be relatively high on the external policy agenda.

- The Education Outcomes Framework (EOF) is currently under development by the Department of Health (England) and includes a domain about 'fitness for purpose and leadership'. The EOF will be used in England in commissioning and accountability arrangements between education providers, Local Education and Training Boards ('LETBs'), Health Education England and the Department of Health (England).[1]

- The public inquiry into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire Foundation NHS Trust is expected to include reference to the importance of leadership. (ETC 17 November 2011, Draft Public Minutes.)

- The Chair and Chief Executive of the HPC recently attended a Department of Health summit which brought together Allied Health Professional (AHP) leaders from across the four countries to look at the future role, visibility and influence of AHPs. One theme was the importance of AHPs being seen as leaders and the development of leadership competencies amongst AHPs.

1.3 This paper has been put together in light of this continuing policy context and because at this meeting the Committee is invited to consider proposed revised standards of proficiency for a number of professions. The Executive has sought the input of the professional bodies in this first stage of the

[1] These arrangements are not discussed further in this paper and are still under development. In summary, Strategic Health Authorities (SHAs) are due to be abolished in the NHS in England. The arrangements described here will replace the current arrangements whereby SHA's commission the majority of pre-registration education and training programmes delivered in England which are approved by the HPC.

development process and some organisations have requested standards related to leadership.

2. Previous discussion

2.1 The question of whether leadership should feature in the generic standards of proficiency was discussed by the Education and Training Committee in March 2011. At that time the Committee made the following comments.

- Leadership was not a threshold standard for all professions.
- It would be difficult to produce a generic standard which was equally applicable or meaningful across all professions.
- It might be difficult for all educators to evaluate a standard on leadership.
- Although it was not appropriate in generic standards, leadership might be considered in the context of profession-specific standards of proficiency.

2.2 This subject was discussed further by the Council (March 2011), who recognised the role of such frameworks in 'nurturing professions' but concluded that this could be achieved without need for a separate standard.

2.3 The finalised analysis of the responses to the consultation on generic standards also referred to the England-only nature of the framework, and raised whether substantial changes to approved programmes would be necessary to meet any new standard. The following conclusion was also made.

'In any event, we consider 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.'[2]

2.4 At its meeting in November 2011, the Committee received a presentation from Paul Long of the NHS Institute for Innovation and Improvement ('the NHS Institute') on the framework. In its discussion the Committee said that the HPC's multi-professional role meant that it would need to approach this issue in a way different to other regulators. Paul Long argued that nonetheless there could be ways in which the HPC 'could support the framework implicitly, for instance by citing the word 'leadership' in guidance and policy documents or by publishing examples of 'leadership', and how the concept relates to HPC standards'. (ETC 17 November 2011, Draft Public Minutes.)

[2] Consultation on proposed changes to the generic standards of proficiency – consultation analysis http://www.hpc-uk.org/aboutus/consultations/closed/index.asp?id=110

3. Shared leadership and the CLCF

3.1 The CLCF is based on the concept of shared leadership where leadership is said to be ‘a dynamic, interactive, influence process’ amongst groups, with leadership passing seamlessly between team members in the direction of a common goal (Pearce and Conger 2003, p.1, cited in Avolio *et al* 2009). As a concept ‘shared leadership’ recognises the contribution that all team members make; emphasises shared responsibility and accountability; and denotes the way in which groups of individuals, through small steps and adjustments, not just through top-down leadership, move together in a given direction. It contrasts to other approaches to leadership which focus more on individual leaders

3.2 It is suggested in the literature that this type of leadership might be particularly appropriate in contexts which require cross-functional or inter-organisation working where no one individual has authority (Hartley and Allison 2000). A number of benefits have been ascribed to shared leadership – that it increases productivity; reduces the need for external leaders; increases commitment; and encourages risk taking and innovation.

3.3 The King’s Fund established a commission on the future of leadership and management in the NHS which reported in 2011. In the research which informed the Commission’s findings, Turnbull James (2011) argued that leadership in the NHS needed expanding and ‘rethinking’, otherwise ‘much actual leadership activity will go unrecognised and underdeveloped’. In this conception of leadership, individuals need to think of themselves as leaders ‘not because they are personally exceptional, senior or inspirational to others, but because they can see what needs doing and can work with others to do it’ (p.18).

3.4 The CLCF has been developed to set out a common definition and standard for leadership across all staff working in health and care. It is intended to provide a ‘common language and approach to leadership development for all staff groups, irrespective of discipline, role or function or indeed, whether they work in the NHS, the independent or other sectors’. (NHS Leadership Academy 2011, p.8.)

3.5 The following provides an example of some of the content of the framework.

2. Working with others

Developing networks

- Identify opportunities where working with patients and colleagues in the clinical setting can bring added benefits
- Creates opportunities to bring individuals and groups together to achieve goals
- Promote the sharing of information and resources
- Actively seek the views of others

3. Managing services

Planning

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

NHS Clinical Leadership Competency Framework (CLCF)
http://nhsleadership.org/framework.asp

3.6 The NHS Institute has argued that regulation is central to ensuring that the framework is fully embedded into practise.

‘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.’ (‘Leadership and Regulation’, paper included in 17 November 2011 Education and Training Committee paper.)

‘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.’ (NHS Leadership Academy 2011, p.19)

3.7 The NHS Institute cites examples of how the General Medical Council (GMC), Nursing and Midwifery Council (NMC), General Dental Council (GDC), and General Pharmaceutical Council (GPhC) are approaching this issue, in particular through wording in standards and/or guidance which more closely

mirrors the language of the CLCF and use of the term ‘leadership’. (However, it might be noted that across the regulators as a whole there are different approaches to this topic and the HPC might be contrasted from regulators that regulate one profession, or a small ‘family’ of professions.)

4. Suggestions made by different professions

4.1 As part of the rolling programme to implement the revised generic standards of proficiency, the professional bodies are being invited to comment on the profession-specific standards of proficiency to inform consultation proposals. To date, some professional bodies have suggested standards around leadership, others have not. Requests for a standard addressing leadership have been made by dietitians; radiographers; and art therapists.

4.2 The suggestions have included the following.

- be able to demonstrate clinical leadership when appropriate and to share and encourage good practice within teams and organisations

- be able to exercise leadership skills appropriately

4.3 In responses, these organisations have cited the CLCF. One acknowledged that the components that make up leadership are implicit within other existing standards, but argued that it was important that students and practitioners recognised that there is a ‘capability for leadership which is the sum of the component parts and when practised together has a greater impact than the individual components’. Some have argued that leadership skills are already embedded within pre-registration education and training, others have indicated that a standard might potentially represent an additional requirement for some education providers.

5. Discussion and conclusions

5.1 This paper has been produced by the Executive to stimulate further discussion on the topic of leadership and where this concept fits, if at all, within HPC regulation and specifically the standards of proficiency. Although this topic has been discussed before, it continues to be important because of the following.

- The external policy agenda and the emphasis placed on the importance of leadership by some stakeholders. Although perhaps less relevant to questions of regulation, some of this relates to a motivation to ensure that AHPs and healthcare scientists are recognised as 'leaders' and as having leadership skills on a par with other professionals.

- Requests received in the development of profession-specific standards of proficiency for consultation for a standard on leadership. The Committee and the Council previously agreed that a standard for leadership would be more appropriately considered in the context of profession-specific standards of proficiency.

5.2 The Executive is inviting the Committee to consider whether a profession-specific standard on leadership for some or all of the professions should be considered.

5.3 As this continues to be a topic on the external policy agenda, the Executive is also seeking a clear steer from the Committee on the position that should be taken on this topic, including clear reasons for or for not considering an additional standard.

The concept of leadership and the standards of proficiency

5.4 The concept of leadership put forward in the CLCF is different from the traditional way of looking at leadership. The CLCF suggests that instead of focusing on senior people in 'leadership roles', the label 'leadership' refers to everyone in the team, regardless of seniority. It denotes a composite set of skills and abilities which should be demonstrated by practitioners at all levels. The argument made by some therefore is that leadership is relevant to everyone and therefore should apply at entry to the Register.

5.5 At the last meeting, the Executive presented a mapping of the generic standards of proficiency and standards of conduct, performance and ethics against the CLCF. The Executive's assessment is that the skills and abilities described in the CLCF are covered by the existing generic standards of proficiency and in the SCPE and will map against the profession-specific standards of proficiency currently in development.

5.6 In places the existing generic standards of proficiency and the SCPE are more of an exact match to the CLCF, in others read-across is more implicit. There are some differences in terminology which might be attributed to the differences in the function / legal basis of each set of standards. There is less read-across to the CLCF domains of 'improving services' and 'setting direction'.

5.7 The word 'leadership' as an ability or skill is not explicitly addressed in the existing standards of proficiency. However, two professions' existing standards of proficiency include standards which refer to leadership in the context of knowledge.

- Understand leadership theories and models, and their application to service delivery and clinical practice (Practitioner psychologists, clinical psychologists only, 3a.1)

- Understand the following aspects of behaviour science...
    - theories of team working and leadership (Physiotherapists, 3a.1)

Considerations for a standard

5.8 In light of the Committee's previous discussion on this topic, the draft profession-specific standards of proficiency for consultation being considered at this meeting do not incorporate the suggestions made for a standard on leadership (see section four).

5.9 The following outlines the key considerations for contemplating a standard, and some key questions.

5.10 **Threshold**. Any standard should be necessary for public protection.

- Is leadership at entry to the Register a threshold or aspirational standard?

5.11 **Meaningful**. Any standard should be meaningful and avoid tokenism. Any standard should not be unnecessarily detailed or prescriptive. Education providers, registrants and others should be clear about what the standard means and what they need to do to meet it.

- Would a standard about leadership be well understood by stakeholders including education providers who would need to deliver the standard in pre-registration education and training?

- If leadership skills as advanced by the CLFC are already substantially covered by the existing standards, is there any value in adding the word 'leadership'?

5.12 **Existing provision**. Any standard should generally be consistent with the content of pre-registration education and training or, where a new requirement is set it is reasonable and realistic.

- If a standard about leadership was added, would this necessitate (substantial) changes to approved programmes?

5.13 **Flexibility**. Any standard should allow for innovation. Education providers should be able to meet it in different ways.

5.14 **Consistency**. The new format of the standards of proficiency allows increased flexibility to articulate each profession's standards in a way appropriate to their practice. However, it is still important to retain consistency wherever possible and appropriate.

- Is leadership applicable to all professions, as advocated by the CLCF, or should it be articulated differently for different professions?

A clear position

5.15 The Executive argues that regardless of whether a standard is considered, it is important that the HPC should have a clear and consistent position on this topic that can be easily communicated to its stakeholders.

5.16 The Executive suggests that this is a topic on which it would be helpful to produce a position statement which could clearly set out the Committee's position, how this relates to the standards of proficiency and standards of education and training and what this might mean for education providers. This could then be disseminated to education providers through the Education Update newsletter.

6. Decision

6.1 The Committee is invited to:

a) discuss this paper and, in particular, the suggestions made for profession-specific standards on leadership outlined in section four; and

b) instruct the Executive to produce a position statement on this topic (to be subsequently submitted for approval by the Committee).

6.2 Leadership is likely to be a topic on which we may receive responses in the consultations so this is likely to be a topic which will need to be revisited in any event.

6.3 The Executive regularly updates for publication on the website a list of relevant ‘Further information’ references (printed at the back of the SETs guidance document) and the relevant CLCF documents will be added to the references at an appropriate opportunity.

References

Avolio, B. *et al*. (2009). Leadership: Current theories, research and directions. Annual Review of Psychology, **60**, pp.421-449.

Hartley, J. and Allison, M. (2000). The modernization and improvement of government and public services: The role of leadership in the modernization and improvement of public services. Public money and management, **20**(2), pp.35-40.

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Turnbull James, Kim. (2011). Leadership in Context: Lessons from new leadership theory and current leadership development practice. King's Fund. [Online] (http://www.kingsfund.org.uk/current_projects/leadership_commission/)