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Article

Embedding leadership into professional, regulatory and educational standards

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ABSTRACT

This is a time of significant change in health and care services in the UK, in which unprecedented power and responsibility are being devolved to clinicians. To enable this change to successfully take place and support clinicians and the wider workforce in this very important role we will need to further develop leadership capability within the system.

Achieving this goal means working with the various professional, regulatory and educational bodies to ensure their standards and guidance align and describe leadership. To support this action and ensure this is done in a consistent way, the Secretary of State launched the Leadership Framework (LF) 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.

A key component of the Leadership Framework is the Clinical Leadership Competency Framework (CLCF). The CLCF describes the leadership competences that clinicians need to become more actively involved in the planning, delivery and transformation of health services and has been agreed by all of the key regulatory, professional and educational bodies and is being widely adopted throughout healthcare.

The CLCF has been adopted through consultation with a wide cross-section of staff, patients, professional bodies and academics, and with the input of all the clinical professional bodies and has the support of the chief professions officers, the professional advisory boards, the representative education bodies and the Department of Health.

This paper reports on progress to embed the CLCF into the various professional, regulatory and educational standards and curricula. It builds on an earlier paper in this journal that provided us with a substantial evidence base in which to understand progress.

Given that the framework, tools and resources have only been available since July 2011 the extent of embedding, high level of awareness and excellent examples of adoption is quite impressive.

Keywords: to come?

Introduction

The continued delivery of excellence and improved patient outcomes has become of increasing concern to providers and service users, and the ability to sustain high-quality healthcare cost-effectively is now the focus of governments and policy makers around the world. The economic and other challenges in healthcare will make it imperative that healthcare staff, especially clinicians and service managers, have the leadership capability to drive radical service redesign and improvement (Health Workforce Australia, 2011; Long *et al*, 2011).

In the UK, it is the strategic aim of the Government to further develop the leadership capacity within the workforce, especially frontline clinicians (Department of Health, 2010a). Achieving this goal means working with the various professional, regulatory and educational bodies to ensure their standards and guidance align and describe leadership (Benington and Hartley,

2009; Department of Health, 2010b; NHS National Leadership Council, 2010). The wider objective 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 (Department of Health, 2010c, 2012).

To support this action and ensure this is done in a consistent way, the Secretary of State launched the Leadership Framework (LF) in June 2011 (NHS Leadership Academy, 2011a). 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.

Coinciding with the launch a wide range of products, tools and resources, in a range of different media and modalities, were also made available. The products are designed to meet the needs of users in a variety of settings and differing levels of the health and care system – from individual clinicians and colleagues in the wider workforce through to provider and commissioning organisations, educationalists, the professional regulators and the professional bodies, so as to make the LF as broadly applicable and widely used as possible.

A key component of the LF is the Clinical Leadership Competency Framework (CLCF), which has been designed to be applicable throughout the United Kingdom and 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 (NHS Leadership Academy, 2011b). The CLCF itself is derived from the original Medical Leadership Competency Framework (MLCF) developed as a product of the Enhancing Engagement in Medical Leadership project undertaken by the Institute of Innovation and Improvement and the Academy of Medical Royal Colleges (2005–11) (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010).

The CLCF has been adopted through consultation with a wide cross-section of staff, patients, professional bodies and academics, and with the input of all the clinical professional bodies and has the support of the chief professions officers, the professional advisory boards, the representative education bodies and the Department of Health.

This paper reports on progress to embed the CLCF into the various professional, regulatory and educational standards and curricula. It builds on an earlier paper in this journal that provided us with a substantial evidence base in which to inform embedding activity (Long *et al*, 2011; NHS National Leadership Council, 2010).

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 services and provides staff with multi-professional clinically based examples, and learning and development scenarios across the five core domains shared with the LF (NHS Leadership Academy, 2011b).

The CLCF is built on the concept of shared leadership, which 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 (Conger and Pearce, 2003). Acts of leadership can come from anyone in the organisation, as appropriate at different times and stages in their career, and are focused on the achievement of the group rather than of an individual. Therefore shared leadership actively supports effective teamwork.

The CLCF (Figure 1) is a tool to help design training curricula and development programmes; highlight individual strengths and development areas through self-assessment and structured feedback from colleagues; and help with personal development and career progression.

Figure 1 The Clinical Leadership Competency Framework

Progress with embedding the CLCF into regulatory, educational and professional standards

The launch of the Leadership Framework in June 2011 marked the beginning of an active campaign to disseminate the variety of products, including the CLCF. During the period August 2011–March 2012 the project team:

- Participated in over 67 activities, meetings and events with stakeholders
- Reviewed relevant documentation such as standards and curricula guidance
- Hosted an education colloquium
- Hosted workshop and meeting of representatives of the professions regulators.

In reality the process to embed the CLCF began with the work to test the applicability of the generic leadership competencies in the MLCF for the other clinical professions (Long *et al*, 2011).

The findings of the CLCF project provide a baseline from which we can understand progress to embed. In this context it is very clear there has been significant progress (NHS National Leadership Council, 2010). Given that the framework, tools and resources have only been available since July 2011 the extent of embedding, high level of awareness and excellent examples of adoption is quite impressive (NHS Leadership Academy, 2011d).

Individual students, clinicians and other staff

The primary way in which individuals access the LF, CLCF and associated tools is via the internet. There are excellent examples of the CLCF being used by clinicians (NHS Leadership Academy, 2011d). From the available data it is not possible to separate out the users' occupations or disciplines, however between July 2011–March 2012 there have been 29,125 visits to the LF website (figure indicates unique visitors to the previous LF homepage (www.nhsleadership.org.uk/framework.asp) as well as Right Management's LF information home page (www.nhsleadershipqualities.nhs.uk) from 1st July 2011 until the 31st March 2012).

The self-assessment tool

A key finding of the consultation with stakeholders was the need for a tool that is freely available to all staff to review their leadership development needs. This led to the production of the self-assessment tool which is available for anyone in health and care services who would like to review – quickly, easily and free of charge – their leadership skills.

The CLCF self-assessment tool (SAT) aims to help clinicians manage their own learning and development by allowing them to reflect on which areas of the CLCF they would like to develop further.

The self-assessment tool was launched in early September 2011 and to date there have been 27,760 downloads of the stand-alone PDFs (figure represents combined download of LF, CLCF and MLCF self assessment tools). People can also access the SAT by domain or directly to LF, CLCF or MLCF versions.

Feedback from users is extremely positive and it is clear this tool is providing an excellent gateway to the CLCF and it is being used in many different settings. For example, the Faculty of Health and Social Care of the University of Chester now introduces the concept of leadership to first year nursing students using the self assessment tool as part of the 'Learning to be a Professional' module. 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 focusing 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 students' portfolio (NHS Leadership Academy, 2011d).

Professions (colleges and societies)

The professional bodies and the clinical professions are at different stages along the development curve and each has its own idiosyncratic issues. The larger professional groups have greater access to resources, such as professional staff, to undertake the necessary development activity, whereas the smaller groups less so. Interestingly, this does not necessarily correspond to the amount of progress to embed as the smaller bodies often have less internal processes, formalised governance and structures to navigate, whereas the larger bodies have to undertake wider consultation and agreement internally.

The project team has been working to support the professional bodies and it is very pleasing to note the

positive response and action within all the societies, colleges and professions, and the significant work completed to embed in several of the large professions.

The British Psychological Society (BPS) has published a Clinical Psychology Leadership Development Framework and is now actively planning on similar extension into other areas of practice, such as occupational psychology. The BPS Learning Centre is designing a new leadership course and undertaking a review of its product offerings in relation to the CLCF.

The Royal Pharmaceutical Society has published its own highly contextualised version of the CLCF (Royal Pharmaceutical Society, 2011). The LF project team has been working with the Centre for Postgraduate Pharmacy Education (CPPE) to design a learning module for 240 pharmacists to be delivered in 2012. The Supporting Leadership Series (Centre for Pharmacy Postgraduate Education, 2012) has been designed around the CLCF domains with a launch event, pre and post activities and a series of self-directed modules run over 12 months.

Within the nursing profession there is a significant drive to further develop leadership capability although much has already been done. There has been a strong endorsement from the Chief Executive of the Royal College of Nursing (RCN) which has commenced developing a highly contextualised CLCF for Nursing and has integrated the CLCF into their CPD learning zone (Royal College of Nursing, 2012).

The College of Operating Department Practitioners (CODP) has enhanced their curriculum guidance, which was published in the early 2011 to better reflect the need for leadership and relate the competencies to the CLCF.

Regulation

It is important to note the critical role of regulation in embedding leadership into education training and curricula as higher education institutions (HEIs) relate their content to the minimum standards set down by the relevant regulators, not necessarily to the documentation produced by the colleges and societies. 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.

The project team has held discussions and interviewed senior staff in all of the relevant bodies, 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 Chiropractic Council (GCC), the General Osteopathic Council (GOsC) and the General Medical Council (GMC).

Though there is little evidence of the effects of healthcare professional regulation on those regulated, 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 (Council for Healthcare Regulatory Excellence, 2011). It is also important because HEIs relate their content to the minimum standards set down by the relevant regulators.

While overall there is positive support for developing leadership and an appreciation of the importance of their role in achieving this, there are different viewpoints on how this can best be achieved.

The extent to which leadership behaviours are explicit in regulators' standards (and hence registrants are expected to exhibit), or are more implicit is an issue. Priority needs to be given at all stages of regulation (entry to register and re- registration and review or fitness to practice). Leadership behaviours may be covered at an individual level across the range of the standards or addressed more explicitly. The approach taken by the General Medical Council, which advocates the importance of leadership to doctors, is considered the optimal position. 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 with leadership and management responsibilities published in January 2012 (General Medical Council, 2012).

However, given the current policy position and approach taken in professional regulation, achieving a one-size-fits-all approach to leadership in professional regulation is not likely. The approaches taken by the other regulators vary: The Health Professions Council (HPC) is currently reviewing the standards of proficiency for the professions it regulates. After revising the generic standards of proficiency that apply to all HPC registrants, the HPC Council decided not to include a standard on leadership in the generic standards. The Nursing and Midwifery Council has recently published its standards for pre-registration nursing education (2010) and there is excellent coverage of leadership (Nursing and Midwifery Council, 2010). 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 (General Dental Council, 2011). 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 practice. The newly established General Pharmaceutical Council (GPhC) has identified leadership issues as ones it wants 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.

Education: 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. Not only does this parallel successful models but it also captures the widespread viewpoint that early introduction normalises the material such that clinical professionals are encouraged to see such activities as an inherent part of their role, rather than something to which they are introduced later in their careers.

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
- Limited regulation of the post-registration training content.

To help us understand the scale and scope of the activity to embed in higher education the project team 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, in pre-registration education, there are over 1000 courses across almost 200 providers in the UK. For post-registration education, there are many more courses across multiple providers (not including CPD-specific or research-based degrees).

Pre-registration education routes vary by profession. For example:

- Some train via vocational training (e.g. operating department practitioners, paramedics)
- Many require specific undergraduate degrees (e.g. optometrists, midwives, nurses, speech and language therapists, etc.)
- Others proceed through relevant undergraduate and postgraduate degrees to further training (e.g. doctors, psychologists, pharmacists)
- Some require relevant postgraduate degrees but do not have specific undergraduate requirements (e.g. music therapists).

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 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 CLCF, 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 CLLF to underpin the refresh of programme for first year nurses and AHPs, and to see the programme extended to support career progression and transition over a more extended timeframe.

Conclusion

This is a time of significant change in health and care services in the UK, in which unprecedented power and responsibility is being devolved to clinicians. To enable this change to successfully take place and support clinicians and the wider workforce in this very important role we will need to further develop leadership capability within the system.

It is evident that a great deal has been achieved in the past year. 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 spanning the educational,

regulatory and professional sectors and aligning with those in the workplace.

The project team has worked hard to continually engage with the professional bodies, academics, regulators and policymakers and other important communities, such as patient representatives, and these endeavours have resulted in a high level of awareness about leadership and an appetite for the new LF and CLCF.

Although much has been achieved there is much to be done and the establishment of the new NHS Leadership Academy provides an excellent opportunity to build on this work.

The strong and vibrant relationships established with key stakeholders in the service, in regulation, education and especially the clinical professions during the past year need to be nurtured and further developed to support ongoing embedding work.

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