



NLC NATIONAL
LEADERSHIP
COUNCIL



CLINICAL LEADERSHIP

CLINICAL LEADERSHIP COMPETENCY FRAMEWORK PROJECT

REPORT ON FINDINGS



*Institute for Innovation
and Improvement*

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Table of Contents

Forward	4
Executive Summary	5
1. Introduction	6
2. Background	6
3. Strategic context	7
4. Clinical Leadership Competency Framework	7
5. Approach	8
Key activity and timeframes	8
Consultation	9
Method	9
6. Results	10
7. The clinical professions	11
Coverage of leadership within existing training and curricula within the professions	13
8. Levers to embed the CLCF	15
Education	15
Workforce development and the role of education commissioning and the deaneries	15
Regulation	18
9. Wider considerations	20
10. Summary of key findings and summary position statement	22
11. Risks	33
12. Recommendations	33
13. Position statements of each clinical profession	34
Clinical Profession: Art Therapists	35
Clinical Profession: Chiropodists and Podiatrists	36
Clinical Profession: Dental Professionals	37
Clinical Profession: Dietitians	38
Clinical Profession: Dramatherapists	39
Clinical Profession: Healthcare Scientists	40
Clinical Profession: Midwives	43
Clinical Profession: Music Therapists	44
Clinical Profession: Nurses	45
Clinical Profession: Occupational Therapists	46
Clinical Profession: Operating department practitioners	47
Clinical Profession: Optometrists and Opticians	48
Clinical Profession: Orthoptists	50
Clinical Profession: Paramedics	51
Clinical Profession: Pharmacists and Pharmacy Technicians	52
Clinical Profession: Physiotherapists	53
Clinical Profession: Prosthetists and Orthotists	55
Clinical Profession: Psychologists	56
Clinical Profession: Radiographers	57
Clinical Profession: Social Work	58
Clinical Profession: Speech and Language Therapists	59
14. Bibliography	61
15. Appendices	63

Foreword

The National Leadership Council was formed in 2009 to promote leadership across the NHS. Since then the need for Leadership in Healthcare, and its importance to the delivery of excellence, has been echoed by both clinicians, managers and politicians within the UK and internationally.

This report confirms that the professions themselves are ready to step up and deliver as a collective and in unison. The consensus on approach and the desire for progress that flows from this report is uplifting.

As we move into a new era where finance will be tighter, demand greater and patient expectation ever growing this report points the way. Through pursuit of collective leadership by clinicians the service can prevail and continue to make headway even through a challenging period.



Dr Mark Goldman
Chair, Clinical Leadership
Workstream
National Leadership Council



Theresa Nelson
Workstream Programme
Director
National Leadership Council

Executive Summary

National Leadership Council – Report on the CLCF

Project to:

**Dr Mark Goldman, Chair Clinical Workstream and
Theresa Nelson, Programme Director**

The NHS Institute is pleased to report the findings of the Clinical Leadership Competency Framework (CLCF) project.

We have consulted with 97 individuals from 51 organisations representing the professions, their regulatory bodies and the higher education sector. The results are very positive - the level of interest is high amongst all the 21 regulated clinical professions consulted and there is an overall willingness to adopt the CLCF and the levers are in place to achieve this.

There are a number of opportunities available to us to support this adoption, and there is a clear need to maintain momentum to complete and embed the CLCF such as working with the various professional bodies to ensure their standards and curriculum guidance describe leadership and align to the CLCF. There are also important system-wide considerations – regulatory, educational and workforce – that are equally important and without which the professional bodies would find it difficult to adopt and embed the CLCF.

Within the relevant regulators there is support for developing clinical leadership and a number of areas for action in which the project team is actively involved. The Health Professions Council (HPC) is the key lever to ensure adequate coverage within pre-registration education and training in higher education institution (HEI) curricula for 15 of the professions. The HPC is reviewing their standards of proficiency and this presents a golden opportunity to provide input on how best to embed the CLCF in regulation.

It is also vitally important that we embed the CLCF into undergraduate education and significantly, the Council of Deans of Health (CoDs) has endorsed the CLCF and the drive for leadership development and has commenced discussions with the project team on how to embed the CLCF into education and training curricula.

There is widespread support amongst the regulated clinical professions for us to be able to describe a single leadership framework that spans all clinical professions and the non-clinical workforce such as managers and executives and this would support development, assessment, and commissioning of leadership development.

There is a major drive to professionalise the social care workforce that presents a unique opportunity to develop leadership capacity. The National Skills Academy for Social Care is about to start developing a leadership framework and there is an opportunity for us to use the CLCF to create a bridge between health and social care through leadership development.

The project team found that the private sector players, such as the larger private sector firms with high street outlets and bodies representing the private sector, are interested in developing leadership capacity within their workforce, using the CLCF.

In summary, the White Paper, 'Equity and Excellence: Liberating the NHS', signals a time of significant change in the NHS, in which unprecedented power and responsibility is being devolved to clinicians. In his supplementary management bulletin¹. Sir David Nicholson states that leadership behaviours will absolutely set the tone for the period we are now in and directly impact upon our chances of success. To enable this change to successfully take place and support clinicians in this very important role we will need to further develop the leadership capacity within the system. The project team found that practitioners welcomed the CLCF because it affords a common and consistent approach to professional development, based on their shared professional values and beliefs, and which is nested within the professional domain and standards not organisational structures which may or may not exist in the future.

The CLCF relates to clinicians' practitioners roles and applies to every clinician at all stages of their professional journey and represents a fundamental change in the way we train and educate clinicians. Undertaking the next phase provides the opportunity to create sustainable change and a stronger foundation for developing high-level leadership capability across the health service.



Kate Lobley
Director of Leadership Development



Paul W Long
Project Director

1. Introduction

Health and social care professionals need to be not only experts in their chosen clinical discipline, but be competent professionals with leadership and management skills that enable them to be more actively involved in the planning, delivery and transformation of services for patients.

High Quality Care for All: NHS Next Stage Review (Department of Health, 2008) highlighted the importance of effective leadership in the system and, in particular, the need for greater involvement of clinicians in leadership.

“Making change actually happen takes leadership. It is central to our expectations of healthcare professionals of tomorrow” (2008).

‘Equity and Excellence: Liberating the NHS’ undertakes to build on the work of the Next Stage Review and “put clinicians in the driving seat” (July 2010).

There are many examples of poor practice and system failure within health and social care where a lack of leadership – at an individual, collective and organisation level – has been identified as an important factor. Therefore the need to develop leadership capability in clinicians is vitally important to improving both clinical and organisational performance. For example, the Francis Report of the inquiry into the Mid

Staffordshire Foundation Trust makes recommendations on professional leadership and the quality assurance of staff training.

With the economic and other challenges facing the National Health Service (NHS) now and over the coming years it will be imperative that front line clinicians have the leadership capability to drive radical service redesign and improvement. This will involve working in collaboration across health systems, in developing new models of care and further developing the skills of the workforce. The ability to influence and manage change at the front line will be central to delivering this.

Incorporating leadership competences into education and training for all clinical professions will help establish a stronger foundation for developing high-level leadership capability across the health service and in delivering the changes outlined in the White Paper, ‘Equity and Excellence: Liberating the NHS.’

This document reports on the state of readiness of the regulated clinical professions to adopt the CLCF, describes the levers to bring this about, and the next steps required to embed it in all levels of education and training.

2. Background

The NHS Institute has been working with the Academy of Medical Royal Colleges since 2006 through the Enhancing Engagement in Medical Leadership project to develop a Medical Leadership Competency Framework (MLCF). The MLCF describes the leadership and management competences doctors need to become involved in the planning, delivery and transformation of health services; it has been approved by all of the key medical regulatory, professional and educational bodies.

While the context and scenarios described in the MLCF are relevant to doctors, the generic leadership competences are likely to be applicable to all clinicians in their practitioner roles.

The National Leadership Council (NLC), chaired by Sir David Nicholson, Chief Executive of the NHS, was established to transform leadership throughout the NHS by supporting the service in identifying its leaders and to embed a new leadership culture. The membership of the NLC was designed to achieve a diverse representation of leadership knowledge and expertise from both inside and outside the NHS. The NLC is a sub-committee and accountable to the NHS Management Board.

The NHS Institute was commissioned in February 2010 by the clinical leadership work-stream of the National Leadership Council (NLC) to test the applicability of the leadership competences of the MLCF for other clinical professions.

The aim of this project was to work with the clinical professions to build leadership awareness and capability across the health service, by assessing the readiness of 21 regulated clinical professions to embed leadership competences in undergraduate education, postgraduate training and continuing professional development.

3. Strategic context

There is a direct and compelling link between clinical leadership and improvements in patient outcomes and experience, quality of care, productivity and value for money, as the Medical Engagement Scale research which has shown an empirical link to performance. There is also an interdependency between the mobilisation for change campaign, which seeks to energise NHS leaders to identify and implement locally determined changes that will lead to large scale improvement and the Quality, Innovation, Productivity and Prevention (QIPP) initiative.

The Government White Paper 'Equity and Excellence: Liberating the NHS' published in July 2010 proposes radical changes to the NHS. Key changes include: the establishment of a NHS Board by April 2011, the role of the Strategic Health Authorities (SHA) coming to an end by 2012/13, power and responsibility for commissioning services being devolved to groups of General Practitioner (GP) practices, and Monitor becoming an economic regulator.

Frontline clinicians will be at the heart of driving this change forward. To enable this to happen and support clinicians in this very important role we will need to further develop the leadership capacity within the system. This means ensuring the appropriate infrastructure is in place, that it aligns with the new NHS structure, and that it supports the new leadership requirements that will emerge such as fostering leadership talent and overcoming barriers to realising individual leadership potential.

4. Clinical Leadership Competency Framework

The CLCF describes the leadership and management competences clinicians need to become involved in the planning, delivery and transformation of services. 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. 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. Therefore shared leadership actively supports effective teamwork.

It is designed to be used as a tool to:-

- Help design training curricula and development programmes
- Highlight individual strengths and development areas through self assessment and structured feedback from colleagues
- Help with personal development and career progression.

The initial phase of the CLCF project has been to create a document which describes the generic leadership and management competences that clinicians' need, and to use this in discussions with the individual regulated clinical professions. The purpose of these discussions was to assess the extent to which each profession already covers leadership competences in their undergraduate and postgraduate curricula or standards. For those professions that do not currently and explicitly address leadership at these levels, our discussions have focussed on their readiness to adopt a framework such as the CLCF. A next phase is proposed (see recommendations in section 12) that will be to work with the professions to illustrate the context in which these competences can be demonstrated by clinicians using case studies, examples and scenarios.



The CLCF relates to clinicians' practitioner roles and applies to every clinician at all stages of their professional journey.

Key activity and timeframes

1 February - June 2010

Consultation and data collection phase

February - March 2010

Stage 1: Consultation with regulators, lead contacts, clinical professions

March - May 2010

Stage 2: Interviews with key individuals from above

June 2010

Present progressive findings to Steering Board

Mid July 2010

Stage 3: Feedback loop (interim findings to clinical professions, case studies)

June - July 2010

Data analysis and final write up of findings

July 2010

Seminal workshop to feed back findings and identify gaps

End of July 2010

Present final report to Chair of the NLC Clinical Workstream Dr Mark Goldman and the Steering Board

5. Approach

The NHS Institute was commissioned by the NLC Clinical Workstream on the 1st February 2010. A project team was established under the leadership of Kate Lobley, with Paul Long as Project Director, Tracy Lonetto, Project Manager and Ryan Lissimore as project support, and with specialist expert advice and input from John Clark, Prof. Peter Spurgeon, Sue Balderson, Kirsten Armit and Penny Lewis, who had all been part of the MLCF project. The CLCF Project Team reports to the NLC through Dr Mark Goldman and Theresa Nelson and works closely with the NLC Clinical Leadership Framework and Accreditation Steering Board.

Initial work included: refining and agreeing the methodology, creating the generic framework, agreeing the clinical professions to be included and determining the stakeholders to be consulted. A stakeholder analysis, which included research, consultation and contacts through the NLC and the NHS Institute, was conducted and it was agreed with the Steering Board that there were 90 professional and regulatory

bodies with a stake in the project (see Appendix 2).

The specific objectives of the CLCF project were to:-

- Create a document, derived from the MLCF, which describes the generic leadership and management competences clinicians need, and use this in discussions with individual clinical professions.
- Test the applicability of these leadership competences for each of the individual clinical professions.
- Develop an understanding of the processes by which each clinical profession's curricula and training standards are developed and approved.
- Understand to what extent leadership competences are already included in curricula and training, and their state of readiness for adopting and agreeing a clinical leadership competency framework.

Consultation

The clinical professions included in the consultation were:-

Art therapists
Chiropodists/podiatrists
Dental care professionals
Dietitians
Dramatherapists
Healthcare scientists
Midwives
Music therapists
Nurses
Occupational therapists
Optometrists and opticians
Operating department practitioners
Orthoptists
Paramedics
Pharmacists and Pharmacy Technicians
Physiotherapists
Prosthetists and Orthotists
Psychologists
Radiographers
Social workers
Speech and language therapists

The aim was to consult with as diverse a range of organisations and people as possible within the constraints of time and resources. The initial focus was on the professional and regulatory bodies more directly related to the setting of standards, curriculum development, and education and training.

During March – May 2010 intensive effort was dedicated to contacting and meeting with these organisations. Members of the project team met and interviewed 97 individuals from regulatory and professional bodies throughout the clinical professions as well as representatives from organisations involved in policy, education, workforce or employing bodies, and clinicians that contacted the NHS Institute directly as a result of becoming aware of it via the World Wide Web or their own networks. In total we met with representatives from 51 organisations.

Method

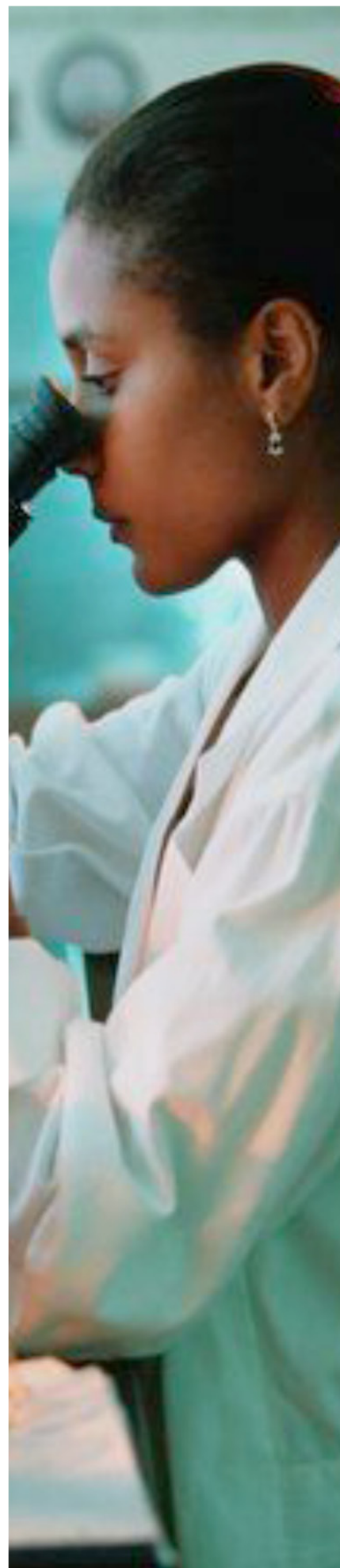
Meetings with Chief Executives, Chairs/Presidents of professional bodies or Department of Health officials – to raise awareness, seek their input and generate support for the CLCF.

Workshops to present the CLCF, gain general feedback on the framework and an understanding of the issues/drivers, and test the applicability of the domains and elements, such as a breakout workshop at the Modernising Allied Health Professions Workforce event.

Road-show presentations to key groups and committees – for example the Chartered Society of Physiotherapists Managers annual conference (see Appendix 4).

Interviews with individuals within the professional bodies and frontline clinicians, using semi-structured questions to gather data to inform the position of each clinical profession as well as the overall findings. Please see Appendix 3, which outlines this information in detail.

Review of documentation – the project team reviewed curricula guidance, standards and frameworks relating to education and training, learning and development activity as well as performance assessment tools. Please see the bibliography for details.



6. Results

The results of the consultation are very positive and the level of interest is high amongst all the clinical professions consulted. There is an overall willingness to adopt the CLCF.

'The CLCF would represent a fundamental shift in the way we train and educate clinicians.'

Dr Mark Goldman, July 2010

All professional bodies are interested in enhancing current education and training to support leadership capability. The quality of supervision, the on-the-job professional socialisation, the relevance and breadth of knowledge and skills acquired, the congruence between formal curricula and practical exposure, as well as the workload, are all important factors that need to be considered and which influence the ability of trainees to develop as leaders into the future.

The professions and their professional bodies, though heterogeneous, are at different stages of readiness and each has their own idiosyncratic issues. The larger professional groups may have the capacity, such as resources and professional staff to undertake the necessary development activity, whereas the smaller groups are less well advanced and resourced. This should not be viewed as a lack of willingness to engage or a lack of interest in clinical leadership on their part. The benefits of the CLCF are cited in Box 1 below.

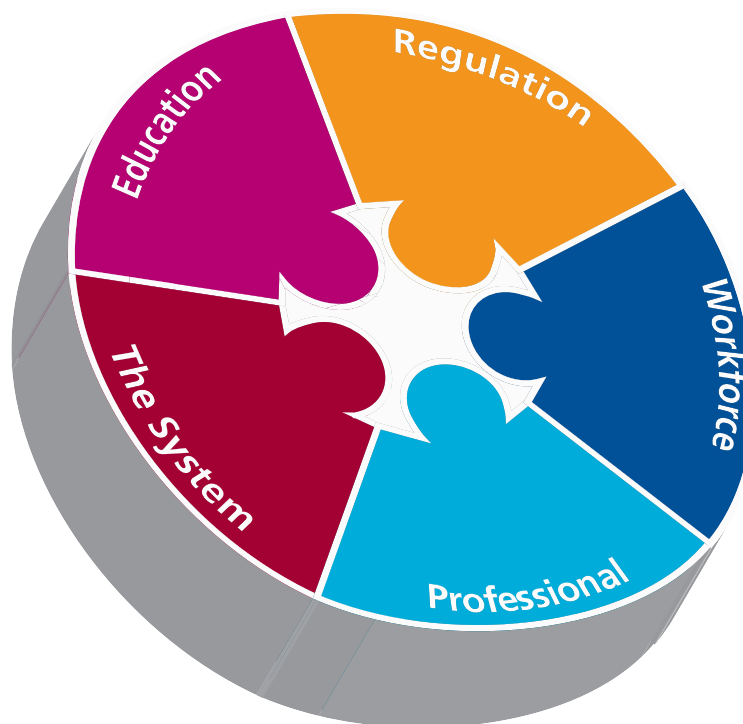
The willingness of the professions and the practitioners is very important, however there are broader system-wide considerations – regulatory, educational and workforce – that are equally important and without which the professional bodies would find it difficult to adopt and embed the CLCF. The systems, structures and processes within these system-wide domains, combined with the professional bodies, and the relevant arms of the health system such as the NHS Institute, the Department of Health, National Leadership Council (NLC) and the NHS itself, will be the key levers to successfully embedding the CLCF. Figure 1 depicts the landscape associated with the embedding of the CLCF.

The report provides a position statement specific to each of the 21 professions consulted. These are described in section 13. The report also describes the broader system-wide considerations and uses case studies to illustrate structures and processes which can be used as leverage to embed the CLCF within regulation, workforce and education in section 8.

Box 1: The benefits of the CLCF and increased leadership capacity cited by interviewees include:

- *Increased commitment by clinicians and capability to effect service change and improvement*
- *Further support the drive towards professionalism*
- *Greater awareness by clinical professionals of the importance of effective management and leadership in both operational and strategic activities*
- *Increase and strengthen the pool of clinician managers and leaders available to take on senior roles within the service*
- *The CLCF links to medicine and the MLCF and it is already being embedded into medical training*
- *Will give focus across the various education and training activity and promote consistency and cohesion within and across the professions*
- *Will give focus for workforce and education commissioning across NHS*
- *Useful framework for professional development, staff appraisals, self assessment and performance management*
- *Opportunity for smaller professional groups to strengthen and solidify their role and credibility with their constituents.*

Figure 1: Inter-relationship between key levers to embed CLCF:



Embedding LEADERSHIP Capability

7. The clinical professions

There is widespread recognition that leadership is important and that there is a need to further develop leadership capacity within the clinical professions. The majority of the people interviewed have expressed real enthusiasm for the CLCF. The drivers for its use include increased clarity and greater consistency across the NHS. The smaller professional bodies have indicated that their involvement would further support their own role in representing the voice of their constituents.

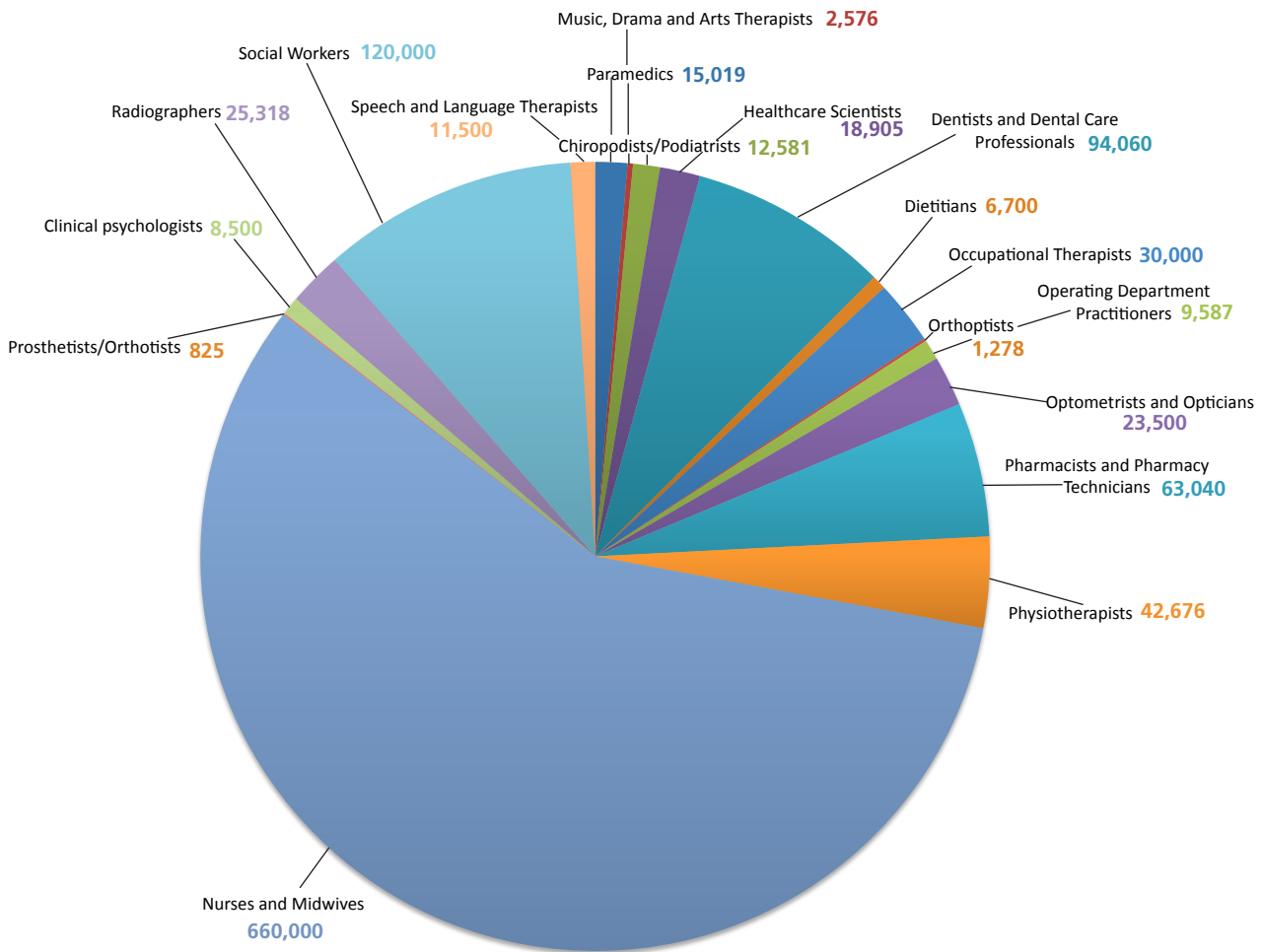
For instance, within nursing and midwifery there is widespread support for using the CLCF and embedding it in the standards and curricula. The Chief Nursing Officer for England (CNO England) has given a strong endorsement to the CLCF to bring consistency to leadership development, particularly in pursuit of the cost and quality agenda. The Royal College of Nursing (RCN) also gave a strong endorsement to the CLCF stating that it would bring much greater cohesion to the development of leadership that is currently underway.

“Prepared for the meeting expecting to get a small piece of the jigsaw (probably a bit of sky) and find you bringing along the whole box complete with the picture on the front. What a useful meeting. I have been drafting a communication to the AHPF setting out the importance of this initiative and suggesting early and prolonged engagement.”

Email from Paul Hitchcock, Director Allied Health Professions Federation 14/4/10

There is also strong support for further developing leadership within the allied health professions - the current Chair of the Chartered Society of Physiotherapists (CSP) stated this as a “fantastic opportunity.” The Society and College of Radiographers (SOCR) considers leadership as fundamental and are keen to further develop leadership within the profession and work to embed the CLCF into education and training curricula.

Chart 1: Number of registered non-medical practitioners (UK):



- | | |
|---|---|
| ■ Chiropractor/Podiatrists | ■ Optometrists and Opticians |
| ■ Clinical Psychologists | ■ Orthoptists |
| ■ Dentists and Dental Care Professionals | ■ Paramedics |
| ■ Dietitians | ■ Pharmacists and Pharmacy Technicians |
| ■ Healthcare Scientists | ■ Physiotherapists |
| ■ Music, Drama and Arts Therapists | ■ Prosthetists/ Orthotists |
| ■ Nurses and Midwives | ■ Radiographers |
| ■ Occupational Therapist | ■ Social Workers |
| ■ Operating Department Practitioners | ■ Speech and Language Therapists |

Total number of practitioners registered in the UK: 1,146,065

Please note: While the project was focussed on England, the above figures are UK wide and reflect that professional and regulatory bodies have responsibility outside of England

Coverage of leadership within existing training and curricula within the professions

It was not possible to review all documentation encompassing the spectrum of undergraduate and postgraduate education and training for all the clinical professions. The project team reviewed curricula guidance, standards, and development and performance assessment frameworks when these were available.

Overall, it is evident that some of the competences within the CLCF can be found within these, although these may be varyingly described, applied and assessed. The focus of these tends to be on the practitioner rather than their behaviour within the systems in which they operate, and they are rarely flagged as leadership standards or competences.

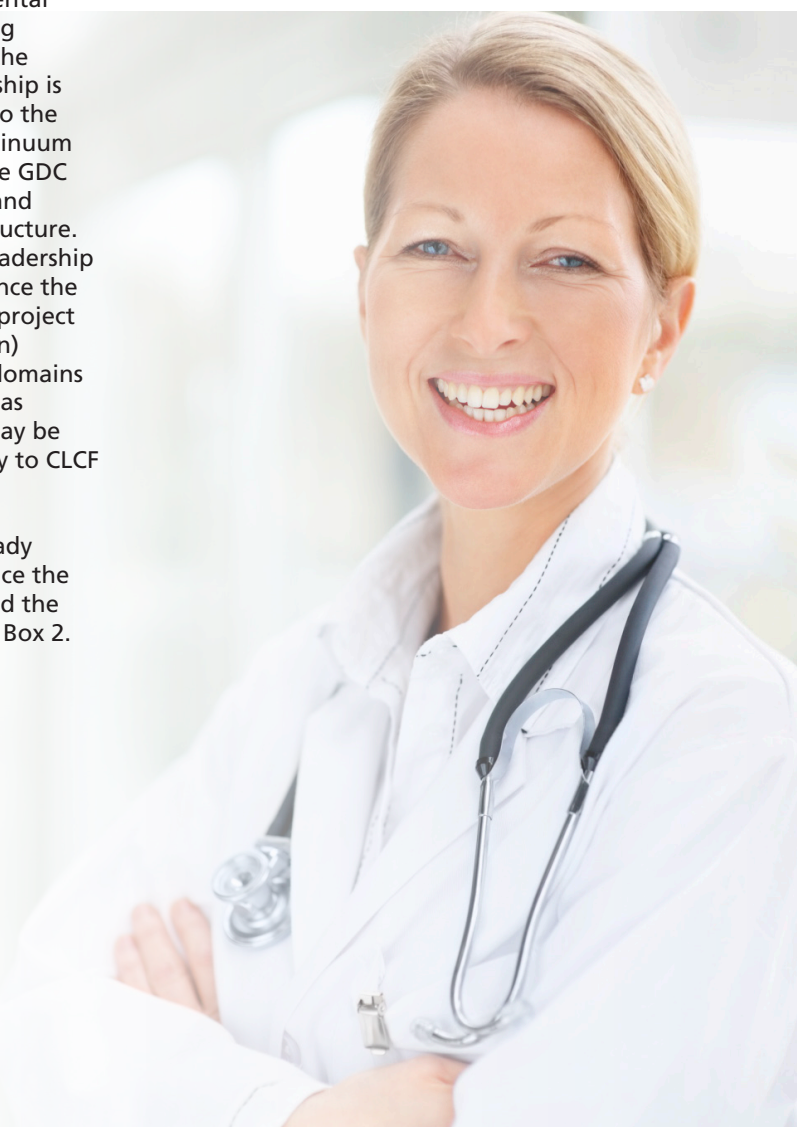
For instance, for pre-registration training, the College of Occupational Therapy guidance which is outcomes based, covers many of the CLCF areas although the focus remains on the profession rather than the wider systems. For post-registration training, within the same guidance, there is currently partial coverage of certain elements of CLCF with other elements less well represented.

Within the dental care professions the General Dental Council (GDC) is currently developing new learning outcomes 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. This is intended to provide a continuum with education and practise post-registration. 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 project team reviewed the new postgraduate (Foundation) curriculum and there is good coverage across all domains and for most elements of the CLCF with a few areas worthy of further consideration as to how they may be strengthened in future to correspond more closely to CLCF elements.

There are a number of processes, planned or already underway, that provide excellent levers to influence the uptake of leadership and management and embed the CLCF into education curricula and standards – see Box 2.

Box 2: Examples of processes of activity planned or underway to embed the CLCF:

- *College of Operating Department Practitioners curriculum refresh*
- *College of Paramedics Curriculum Guidance and Competence Framework refresh*
- *Release of the Nursing and Midwifery Council (NMC) 2010 Standards for Pre-registration nursing education*
- *Society and College of Radiographers (SoCR) have agreed to relate the next revision of their Learning and Development Framework to the CLCF*
- *Healthcare scientists Modernising Scientific Careers agenda*
- *British Association of Dramatherapists (BADth) is currently re-writing its curriculum guidance and would welcome help with the re-write.*
- *Midwifery standards for pre-registration are due for review in 2012*
- *The Society of Chiropractors and Podiatrists (SCP) Faculty of Management and Quality Assurance Committee is considering how to embed the CLCF*
- *The GDC is currently considering new outcomes-based curricula for Dental Care Professionals.*



Box 3: Case study for embedding the CLCF into a profession (Speech and Language Therapy)

1. Background

Speech and language therapy is regulated by the Health Professions Council (HPC). There are 11,500 registered speech and language therapists, 70% of whom work in the NHS, with approximately 750 graduates coming into the market each year. Approximately 95% of therapists are members of the Royal College of Speech and Language Therapists (RCSLT).

There are a number of training routes: a 3 year and a 3.5 year undergraduate level programme, and a postgraduate 2 year programme. Some undergraduate courses are also offered as a part-time study basis. In total, 18 universities are involved in this provision. The RCSLT provides a quality assurance process and curriculum guidelines for HEIs and, although all institutions participate, they determine their own programme content.

Entrants to the profession are expected to complete 12 to 18 months in a clinical setting under supervision before being accepted as fully independent clinicians and/or clinical researchers and being given certified RCSLT membership.

The RCSLT has developed a competency-based framework for newly qualified practitioners which sets out clear standards that therapists are required to develop in the first 12-18 months of practice in order to be certificated. The post-qualifying work-based programme is determined by the College and is compulsory as part of the terms of College membership.

The RCSLT has also developed a CPD Framework for Human and Financial Leadership and Resource Management which covers support workers through to band 9 staff.

2. Readiness to incorporate CLCF into training

2.1 Undergraduate

There is limited coverage of leadership competences at undergraduate level. There are examples (e.g. West Midlands) of the explicit inclusion of leadership within modules of study but there is variation between HEIs on the extent of such coverage.

2.2 Post-qualifying work-based training

The Director of Professional Development of RCSLT has completed an exercise of mapping the competences within the SLT Competency Framework for newly qualified practitioners (NQPs) against the CLCF. This concluded that there is good coverage of domains and most elements of CLCF in the framework, with the most significant gaps in the domain Improving Services, notably the elements Encouraging Contribution and Facilitating Transformation. The College is very willing to incorporate the CLCF and is very keen to strengthen leadership in its' membership. For pre-registration courses, assessment is variable and it is likely that no one would fail on management and leadership material at present. Provision is given largely by current tutors but this would need strengthening to provide full CLCF coverage.

2.3 Continuing Professional Development

The RCSLT CPD framework specifies work-based activity, formal education, professional activities, self-directed learning and outcomes expected in the categories: Support Workers, Assistant Practitioners (Bands 4-5), NQPs, Band 6, Band 7 and Bands 8 & 9. This framework has not yet been examined in relation to CLCF.

3. Future actions

- Information to be requested from HEIs on what is currently covered on leadership
- RCSLT can include advice on inclusion of leadership in curriculum guidance to HEIs
- RCSLT to publicise to HEIs best practice in terms of coverage of leadership and to raise awareness of CLCF.

4. Timescales

The above are to be completed by the end of 2012.

5. Desirable outcome

Leadership competences incorporated routinely within undergraduate training, training for newly qualified practitioners and continuing professional development. Assessment strategies ensure that leadership competences are attained, appropriate to the career stage, and linked to registration and re-certification.

8. Levers to embed the CLCF

In addition to the readiness of the clinical professions to adopt the CLCF there are considerations that are outside the clinical professions but also important levers to embed the CLCF. These are education, regulation and workforce.

Education

There are many higher education institutions (HEIs) that are involved in the provision of pre and post registration education to the clinical professions. Several academics involved in development and delivery of courses pertaining to leadership were met and interviewed, and some discrete courses covering leadership were found. For example, some HEIs have developed courses covering leadership competences, which are compulsory and assessed. However, unlike the medical leadership curriculum developed as a result of the MLCF, there is no single national leadership curriculum guidance or framework, for non-medical clinicians. Most HEIs will be unaware of the CLCF and the challenge will be how to raise their awareness.

Undergraduate level course content not related to leadership is well described and regulated. As such, it is relatively simpler, but not easy, to augment existing curricula and course content compared to adding in new areas of learning. Significantly, the Council of Deans of Health (CoDs) has endorsed the CLCF and drive for leadership. The CoDs has 85 member universities throughout the United Kingdom and is the principal source in higher education of collective views on all matters relating to education and research for Nurses and Health Professions. The Vice-Chair of the Council presented the CLCF to their annual two-day retreat, attended by 85 deans, and it was well received. Paul Long and Peter Spurgeon have also subsequently been invited to attend the meeting of Executive of the Council of Deans and have commenced discussions on how to raise awareness and embed the CLCF into HEI curricula.

The range and scope of **postgraduate** education and training provision is large and complex. There is a wide selection of courses covering leadership and management, developed and delivered by a plethora of providers across the full spectrum of learning continuum – pre and post registration, postgraduate and continuing professional development (CPD). It is therefore not possible to comprehensively identify the providers and review or map the course content to the CLCF.

From the available data it is clear that education providers tend to relate their course content to the standards described by both the relevant regulator and the professional body's guidance, and there are exemplars within some of the professions, which can be modelled or further explored, for embedding the CLCF into postgraduate and post-registration training across the other clinical professions.

For instance, one professional body, with a large membership, publishes curriculum guidance for pre-

registration programmes seeking HPC approval, as well as the curriculum guidance for all education provision for the professions' workforce seeking college approval. The professional body also accredits pre and post registration courses and relates content to its learning and development framework (LDF) as well as the HPC Standards of Education and Training, Standards of Proficiency, Standards of Conduct, Performance and Ethics, and Standards for Continuing Professional Development.

Significantly, this professional body also proactively works with the HEIs to encourage more demanding, future looking content and engages with HEIs in the development phase, prior to the HPC approval process. This enables pre-registration courses to be approved by the professional body.

Another approach would be to use existing resources within the NHS to deliver leadership and management, as within pharmacy. The Centre for Pharmacy Postgraduate Education (CPPE) has been established by the Department of Health to provide CPD training to approximately 30,000 pharmacists and pharmacy technicians each year. For postgraduate CPD training the CPPE is interested in how they can deliver leadership courses or cover leadership packaged generically into existing courses.

Workforce development and the role of education commissioning and the deaneries

The content or type of vocational education and training can be determined, sponsored or funded, and sometimes delivered in the workplace by employers or outsourced to other providers, such as universities. For example, the vast majority of education and training for paramedics is determined and delivered locally by the employing body such as the NHS ambulance trusts or the Ministry of Defence. A case study illustrating how the CLCF could be embedded into paramedic training and education is shown in Box 4 on page 16-17.

In these circumstances, training tends to be aimed to relate to corporate priorities, such as workforce planning or the introduction of a new process, procedure or clinical intervention. It is evident that this type of training can be augmented, customised or tailored to further develop leadership capacity.

For example, the formal pre-registration training and some postgraduate training in some of the professions such as nursing and physiotherapy, is funded by SHAs. Each SHA has a workforce development plan and education commissioning process which is linked to a local deanery, although these relationships and operating arrangements differ nationally. These work streams provide an excellent lever to embed the CLCF within regional work plans – see case study in Box 5.

There also needs to be alignment between the CLCF, regulatory standards, and workforce development and career frameworks, so that a practitioners' own professional journey relates to their career path. For instance, in order to support leadership development throughout an individual's nursing career, there should be synergy between the CLCF in education and practice standards – such as the NMC standards for pre-registration education – through to post qualification practice frameworks and beyond described in the nursing careers framework.

Box 4: Case study for embedding the CLCF into paramedic education and training:

1. Background

Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can administer a range of drugs and carry out certain surgical techniques. There are 15,019 registered paramedics with the Health Professions Council in the UK.

Historically the workforce was vocationally trained. However there is now a blended delivery of vocational education delivered locally by the employing NHS Trust and a drive towards undergraduate training delivered by 23 universities with courses leading to paramedic qualification (e.g. Diploma in Paramedic Science).

It is possible to join a university degree programme straight from secondary school or Sixth Form College that leads to registration with the Health Professions Council (HPC) as a paramedic. For those who do not have the required entry qualifications for higher education, there are still some opportunities to join their local ambulance service in other roles.

At a diploma/degree level, course curriculum is planned by the Higher Education Institutes (HEIs) and relates to the minimum standards set down by the HPC and follows guidelines from the British Paramedic Association (BPA) to meet Quality Assurance Agency (QAA) Standards.

Postgraduate training is principally funded by the employers and tends to be aimed to meet their needs. Some paramedics also undertake postgraduate education such as Masters degrees.

Most ambulance services offer further development for such staff, including support to study access to higher education courses so that suitable candidates can then gain a place on a suitable university course.

2. Readiness to incorporate the Clinical Leadership Competency Framework into Paramedic Education

2.1 Undergraduate

There is limited coverage of leadership competences identified within the Clinical Leadership Competency Framework at undergraduate level. There is inferred inclusion of leadership within modules of study, however there is variation between the extent of coverage between HEI's and Ambulance Trusts.

2.2 Post-qualifying work-based training

There is varying coverage of leadership competences at post-qualification level. There are examples (e.g. within East Midlands Ambulance Service NHS Trust) of leadership competences being developed through management and leadership training courses, however these courses are usually aimed at the clinical manager (aspiring or in post). Support for the development of clinical leadership competences can be seen in the emergence of Clinical Supervision within Paramedic practice and there are some examples (e.g. East Midlands Ambulance Service NHS Trust) where clinical leadership competences have been explicitly identified as part of the organisations competency framework.

2.3 Continuing Professional Development (CPD)

Educational provision to support CPD varies across the regions depending on commissioning agreements and access to funding for learning beyond registration courses. Mapping of the clinical leadership competency framework to CPD offerings would enhance the embedding of the framework. Implementing the Clinical Leadership Competency Framework through Clinical Supervision as part of continued professional development for all paramedics would aim to embed and develop clinical leadership at all levels of post qualification.

2.4 Curriculum Development

The College of Paramedics publishes curriculum guidance which also informs, but does not prescribe, course content for undergraduate and pre-registration. There is good

coverage of certain domains and elements of the Clinical Leadership Competency Framework, with other domains and elements less well represented in the current guidance. The plan is for the College to incorporate this into the next edition of the Curriculum Guidance, using the Competency Framework as the framework for updating and revising.

3. Proposed Future Actions

- Information to be requested from HEIs on what is currently covered relative to clinical leadership within Diploma/Degree Courses
- Information to be requested from Ambulance Trust's on what is currently covered relative to clinical leadership in the Paramedic Curriculum
- College of Paramedics to re-write their curriculum guidance incorporating the Clinical Leadership Competency Framework
- National Education Network for Ambulance Services (NENAS) to produce guidance on how to embed the Clinical Leadership Competency Framework into vocational training

- Respond to the HPC Consultation document proposing inclusion of Clinical Leadership Competency Framework as a generic Standard of Proficiency
- Clinical Supervision guidelines to be mapped to the Clinical Leadership Competency Framework
- In-house management/leadership development aimed at clinicians to be mapped to the Clinical Leadership Competency Framework
- Clinical Leadership development modules to be implemented as part of Trust CPD plans.

4. Proposed Timescales

The above to be completed by the end of 2012.

5. Desirable Outcome

Leadership competences incorporated routinely within undergraduate training; training for newly qualified practitioners; and CPD. Assessment strategies ensure that leadership competences are attained appropriate to the career stage and linked to registration.



Box 5: Case study for embedding the CLCF into SHA education commissioning and workforce development:

SHAs have contracts with HEIs to commission places to ensure that they have sufficient registered practitioners to meet future workforce demand, for example allied health professions and nursing.

There are slightly different approaches and models in each SHA. Pre-registration is variable but is more consistent than post registration (e.g. learning beyond registration) modules and processes which vary considerably between SHAs. For example, East Midlands SHA purchases modules to develop competences rather than courses for professional development.

The SHA assesses what they want their future practitioners to learn – minimum set by relevant regulator – but may also demand content that meets their requirements - national standards with local flexibility.

The local SHA workforce teams and NHS workforce leads work together to assess the local position and data and develop a 3-5 year workforce plan, such as who is retiring, or how many nurses are needed in 3 years time.

The SHA contracts HEIs to deliver an agreed portfolio, at an agreed value and process to ensure it is about skills and competences not qualifications.

Practitioners apply directly to HEIs which relate back to the agreement with the SHA and the service.

Timeframes

The timeframes vary for each SHA but there is an annual purchase process with the relevant HEI which involves a

review of contracts, which are usually on a rolling basis. Every 3 years there may be a variation to the specification.

For example, in the East Midlands, there is a quarterly process between SHA, service and HEIs to ensure development needs are being met.

Activity/process

There are a number of processes at which point we could influence to ensure course content relates to the CLCF.

- *The SHA involves the service in the decision-making process, and the service providers are also involved in developing curricula*
- *The SHA triennial review when they might vary the contract specification*
- *The education commissioning leads could review existing education provision to ensure it encompasses leadership*

Desirable outcome

Education commissioning is not a short-fix. It has long-term implications if not managed well. In the longer term, it is desirable that education commissioning and workforce development national standards are shaped to relate to the CLCF.

In the short-term, where there are gaps in existing education provision, commissioning leads should shape content using a variation to existing contracts.

Developing leadership capacity in the private sector

For some of the clinical professions, their workforce are active in the private sector, such as pharmacists, optometrists and opticians. They often provide services directly to the NHS, or impact on NHS services as their service users and customers move between sectors.

The project team found that the private sector players, the larger private sector firms with high street outlets, and bodies representing the private sector, are also interested in developing leadership capacity within their workforce. The rationale, understandably, is because the NHS commissions services provided by their employees, but it is also evident that the private sector appears keen to explore how it can support the CLCF because leadership advances the entire profession, develops the workforce overall and is strongly linked to improved patient experience.

For example, in the optical profession some practitioners work in the NHS and most provide NHS funded sight tests. The project team has initiated discussions with the Federation of Ophthalmic and Dispensing Opticians (FODO) which has, working through the Local Optical Committees (LOCs), expressed an interest in developing a leadership framework and publishing guidance for its members.

Regulation

The statutory responsibility for regulation of the non-medical professions is vested in the Health Professions Council (HPC), the Nursing and Midwifery Council (NMC), the General Optical Council (GOC), the General Dental Council (GDC) and the General Pharmaceutical Council (GPhC). All of these regulators have the lead role in

ensuring practitioners are fit for practise and able to be registered.

The project team held discussions and interviewed senior staff in all of these bodies and there is positive support for developing clinical leadership. A number of opportunities exist or are forthcoming for us to work with them to embed the CLCF. The project team is actively pursuing these opportunities and has been providing input as required.

For example, the project team contributed to the consultation on the NMC's Standards for Pre-registration nursing education (2010), specifically referencing the CLCF. The next step is to take up the CNO England's suggestion of dissemination to senior nurse leaders at a national meeting in September 2010.

The project team has been invited to also contribute to:-

- The General Optical Council's re-review of its standards of competence beginning a process of integrating the CLCF (Sept 2010 – March 2011)
- The General Dental Council's new outcomes-based curriculum for dental care professionals and the consultation phase which commences in August 2010
- The newly established General Pharmaceutical Council's work to develop standards of proficiency and education from September 2010.

In terms of breadth of professions covered, the Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula for 15 professions.

The HPC is reviewing their standards of proficiency and this presents a golden opportunity to provide input so that the new standards integrate leadership. The project team has been invited to work with the HPC and is preparing a formal submission to the consultation on the new standards of proficiency.

Box 6: Case study for embedding the CLCF into regulatory frameworks of professions governed by the Health Professions Council:

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula for 15 clinical professions.

The HPC has begun a formal review of their standards of proficiency and are proposing that the new standards should be structured around 15 'overarching' generic statements. The draft generic standards of proficiency do not explicitly include leadership and will need to be enhanced to include this, possibly by adding a 16th standard or, if that is not possible, by ensuring that the elements and competences described in the CLCF are embedded in to the proposed 15.

Once the new standards are agreed, the intention is to review each professions detailed standards (descriptors which underpin the generic standards). This work would involve developing detailed profession-specific standards under each of the 15 or 16 generic standard headings.

Timeframe

Stage 1 of the consultation will commence at the end of July 2010 and run for 12 weeks commencing around 22nd July

Stage 2 – the work described above will commence in January 2011

Professions in scope

Arts therapists, music therapists, dramatherapists, biomedical scientists, chiropodists/podiatrists, clinical

scientists, dietitians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists/orthotists, radiographers, and speech and language therapists.

Activity/process

In stage 1 there is an opportunity to collaboratively work with the 15 clinical professions regulated by the HPC, review the proposed new standards of proficiency and map these to the CLCF, prepare and submit a joint or multiple responses to the consultation.

In stage 2 there will be an opportunity to further input into the process when the HPC is developing the profession specific standards.

Desirable outcome

In the future, pre-registration education and training provision, for the clinical professions regulated by the HPC, would include leadership and relate to the CLCF, driving up leadership capacity within those professions and the wider system.

9. Wider considerations

There are related activities and processes which are also important considerations for this project. Our work across several aspects of leadership development and our stakeholder relationships has enabled the project team to identify additional areas of influence to develop leadership capacity and capability.

The NHS Institute is delivering work related to priorities across several of the NLC workstreams which provides a valuable opportunity to ensure the synergies between the workstreams of the NLC are maximised. This includes work to combine its Leadership Qualities Framework (LQF) (that was developed in 2000-2001, specifically for senior leaders within the NHS), the MLCF/CLCF, and the 5 levels of leadership² to form one leadership framework. This means that a single leadership framework will cover all clinicians and the non-clinical workforce such as managers and executives.

The next steps are to align and harmonise the language in the LQF and CLCF, and work up the descriptors for the 5 leadership levels.

The NLC Clinical Workstream is also exploring ways to accredit leadership in the NHS. This work will focus on improving the quality and consistency of leadership development across the NHS and the CLCF/LQF should provide a helpful framework to ensure that consistency.

Social care

There are recent high profile cases, such as the Baby Peter case, where provision of poor quality social care led to disastrous consequences for service users. This has led to an increased focus by the government on developing the social care workforce. Approximately 1.5 million people work in social care, 8% of whom are registered as social workers in the UK.

In 2008 the Government established the Social Work Task Force to conduct a 'nuts and bolts' review of the profession and to advise on the shape and content of a comprehensive reform programme for social work. The final report of the Task Force was published in December 2009, making a challenging set of recommendations to the Government for social work reform. The report emphasised that the practice of social work needs to be raised to a new level.

As a result there is a major drive to professionalise the social care workforce which presents a unique opportunity to develop leadership capacity. There are plans for a single, nationally recognised career structure and a system for forecasting levels of demand for social workers, coupled with clear and binding standards for employers on how frontline social work should be resourced, managed and supported. The Task Force has also recommended a licence-to-practise system for social workers to acquire and keep up their professional status. It is worth noting here that the recently published Report of the Arms Length Bodies review suggests that³ the most appropriate model for the ongoing regulation of the social care workforce is to transfer responsibility for these functions to the Health Professions Council.

The Social Care Institute for Excellence (SCIE) is leading on the establishment of a College of Social Work which will assist in raising and securing the status of the profession for the future.

The National Skills Academy for Social Care was established by the Department of Health in October 2009 to raise the standard of training and learning. The Academy is about to start developing a leadership framework and there is an opportunity to create a bridge between health and social care through leadership using the CLCF as a basis. We intend to collaborate to determine how the CLCF can be adapted to suit social care. The Association of Directors of Adult Services may also be useful to drive change.

Skills based frameworks and the national occupational standards

Many interviewees were interested in how the CLCF relates to the Skills for Health National Occupational Standards (NOS), the Knowledge and Skills Framework (KSF) and Agenda for Change. These frameworks are intended to describe the skills and competence to optimally deliver a function or role, whereas the CLCF focuses on the behaviours of the practitioner within the context of the wider system within which they operate. Both the NOS and KSF were used to inform the design of the MLCF/CLCF.

The project team reviewed the KSF indicators and found that there is coverage of the CLCF domain Demonstrating Personal Qualities. Other CLCF domains are less well represented and the indicators would benefit from further consideration as to how the CLCF domains can be incorporated.

²Adapted from The Leadership Pipeline model (Charan, R, Drotter, S & Noel, J, 2001)

³ http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_118053.pdf



10. Summary of key findings and summary position statement

We have consulted with 97 individuals from 51 organisations representing the professions, their regulatory bodies and the higher education sector. In summary:-

The clinical professions

- The results of the consultation are very positive. The level of interest is high amongst all the clinical professions consulted and there is an overall willingness to adopt the CLCF. Generally, there is recognition that leadership is important and that there is a need to further develop the leadership capacity within the clinical professions.
- The professional bodies and the professions are at different stages of development and each has their own idiosyncratic issues. The larger professional groups often have the capacity, such as resources and professional staff, to undertake the necessary development activity, whereas the smaller groups are less well advanced and resourced. This should not be viewed as a lack of willingness to engage or a lack of interest in clinical leadership.
- Practitioners embrace the concept of the CLCF because it affords a common and consistent approach to professional development, based on their shared professional values and beliefs, and which is nested within the professional domain and standards not organisational structures which may or may not exist in the future.
- There are nodal points and periods of time within the professional/career journey, such as clinical placements or preceptorship, which may be useful opportunities to embed the CLCF.
- The willingness of the professions and the practitioners is very important, however, there are broader system-wide considerations – regulatory, education and workforce - that are equally important and without which the professional bodies would find it difficult to adopt and embed the CLCF.
- It is important that leadership development is delivered at a preparatory phase as an aid to inter-professional working.
- The smaller professional bodies indicated that their involvement and adoption of the CLCF would further strengthen their own role in representing the voice of their constituents.

Coverage of leadership within existing training and curricula within the professions

- Leadership and management competences within existing education and training is varyingly described, applied and assessed, and tends to focus on the practitioner rather than the wider systems in which they function; they are rarely described as leadership standards or competences.
- HEIs tend to relate their content to the minimum or threshold standards set down by the relevant regulator as well the professional body's guidance. There is no single national leadership curriculum or framework for non-medical clinicians.
- The accreditation of leadership development activity will be a positive step in improving the quality of leadership provision, especially in postgraduate education.

Levers to embed the CLCF

- The Council of Deans of Health (CoDs) has endorsed the CLCF and the drive for leadership and has commenced discussions with the project team on how to embed the CLCF into HEI curricula.
- Within the relevant regulators there is support for developing clinical leadership and a number of opportunities either exist or are forthcoming for us to embed the CLCF. The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula for 15 professions. The HPC is reviewing their standards of proficiency and this presents a golden opportunity to provide input on how best to embed the CLCF in regulation.
- The formal pre-registration training and some postgraduate training of some professions, such as nursing and physiotherapy, is funded by SHAs and the arrangements, such as workforce planning, role of the deaneries, commissioning and contracts between the NHS and HEIs offers an excellent lever to embed the CLCF within regional workforce development.

Wider considerations

- There is widespread support for a single leadership framework that spans all clinical professions and the non clinical workforce such as managers and executives and this would support development, assessment, and commissioning of leadership development within the NHS.
- There is a major drive to professionalise the social care workforce that presents a unique opportunity to develop leadership capacity. The National Skills Academy for Social Care is about to start developing a leadership framework and there is an opportunity to create a bridge between health and social care through leadership using the CLCF as a basis.
- The CLCF needs to align with the regulatory standards, such as the NMC standards of pre-registration education, and workforce development and career frameworks, such as the nursing careers framework, so that a practitioner's own professional journey relates to their career path.
- Resources, learning tool and products will be needed to support clinical leadership development; for example, the LeAD e-learning tool produced for the MLCF, could be adapted to the CLCF.
- The project team found that the private sector players, the larger private sector firms with high street outlets, and bodies representing the private sector, are interested in developing leadership capacity within their workforce.
- The distinction between functional frameworks, such as the Knowledge and Skills Framework (KSF), and behavioural frameworks such as the CLCF needs to be made clear to the various stakeholders.
- Practitioners working in the community sector often work independently and thus leadership skills are very important.
- There are other clinical professions which are regulated, which also need to be consulted and covered by the CLCF, such as chiropractic and osteopathy.
- There is very little, if any, consistent assessment of leadership capability in the professions or in regulation, education or workforce. Where assessment processes exist, there is no standard or framework that prescribes how it should be uniformly developed or undertaken.

Table 1 – Summary of Position Statements

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Art therapists	British Association of Arts Therapists suggestions from BAAT Council on curriculum content	Pre-registration	From the available information there is no universal coverage addressing management and leadership per se, although there is some coverage in the British Association of Art Therapists short courses, lectures and workshops.	✓	The British Association of Art Therapists (BAAT) provides curriculum guidance and this needs to be significantly enhanced to include adequate coverage of leadership and management. The BAAT also delivers CPD training courses and these could be augmented to cover leadership.	
Chiropodists and Podiatrists	College of Podiatrists and the Society of Chiropodists and Podiatrists Regulations and guidance for the accreditation of pre-registration education programmes in Podiatry leading to eligibility for membership of The Society of Chiropodists and Podiatrists Handbook Edition 2, 2008	Pre-registration	The curriculum framework and competences for pre-registration training programmes contain partial coverage of certain elements of CLCF with other elements less well represented at present	✓	The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership. The Society of Chiropodists and Podiatrists (SCP) has welcomed CLCF and is keen to work with the project team. The next step is to meet with the SCP Faculty of Management and Quality Assurance Committee to determine how this can be progressed.	Consultation on proposed HPC standards of proficiency July - September 2010.
Dentists and Dental Care Professionals	General Dental Council Outcomes for registration, 2010 Committee of Postgraduate Dental Deans and Directors	Outcomes for registration, 2010 A curriculum for UK Dental Foundation Programme Training	We reviewed the new graduate (Foundation) curriculum for dental professionals and there is good coverage across all domains and for most elements of CLCF, with a few elements worthy of further consideration as to how they may be strengthened in future.	✓	The General Dental Council is currently developing new learning outcomes 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. This is intended to provide a continuum with education and practise post registration. This should provide the opportunity to influence the continuing practice leadership competences.	Provide informal and formal input to the General Dental Council consultation from August 2010
Dietitians	British Dietetic Association Curriculum framework for the pre-registration education and training of dietitians, 2008	Pre-registration	The curriculum framework for pre-registration education and training has good coverage of certain domains and elements of CLCF, with other domains and elements less well represented.	✓	The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership. There is a desire to develop leadership within the profession. The BDA plans to publish an addendum to its existing career framework guidance which will be helpful in terms of informing pre and post registration training.	

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Dramatherapists	British Association of Dramatherapists (BADth) curriculum guidance	Pre-registration	Education providers tend to relate the content to the Health Professions Council Standards of education and training.	✓	<p>The Health Professions Council (HPC) is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The British Association of Dramatherapists (BADth) is currently rewriting its curriculum guidance and would welcome help with the re-write. There is an opportunity to present to the BADth training sub-committee meeting, which liaises with the HEIs.</p>	Consultation on proposed HPC standards of proficiency July - September 2010.
Healthcare Scientists	The Department of Health policy document Modernising Scientific Careers: The UK Way Forward – Feb 2010	All levels	The Department of Health policy document Modernising Scientific Careers: The UK Way Forward – Feb 2010 has specifically included leadership as part of its remit and expectations. Leadership, specifically the CLCF, is included in curricula in all commissioned training programmes.	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The Department of Health Modernising Scientific Careers (MSC) work-stream is another lever for developing leadership within the science professions. The MSC is proposing that the CLCF be included in curricula in all commissioned training programmes. This activity is being taken forward through the work of the MSC Education and Training group and MSC Workforce Planning group. The NHS Institute is working with the MSC Leadership Working Group to achieve this and is also in discussion about a scientific careers graduate scheme which could be underpinned by the CLCF.</p>	<p>Consultation on proposed HPC standards of proficiency July - September 2010.</p> <p>Ongoing</p>
Midwives	NMC standards for midwifery education 2009	Pre-registration	Leadership and management competences are covered in midwifery curricula but there is not a common language or an explicit leadership domain. "Leadership skills" are not assessed.	✓	Standards are developed separately for nurses and midwives. Midwifery standards were issued by the NMC in 2009 and are due for review in 2012. Also of note is the Midwifery 2020 programme which has a workstream looking at education and career progression for midwives.	Work with the CNO to promote the CLCF and leadership to the midwifery profession.

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Music Therapists	Association of Professional Music Therapists curriculum guidance	Pre-registration	Education providers tend to relate the content to the Health Professions Council Standards of education and training.	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The Association of Professional Music Therapists provides curriculum guidance and is planning on refreshing this in September 2010, which will be helpful in terms of informing pre and post-registration training.</p>	<p>Consultation on proposed HPC standards of proficiency July - September 2010.</p> <p>Commences in September 2010.</p>
Nurses	Nursing and Midwifery Council Standards for pre-registration nursing education: draft for consultation, 2010	Pre-registration	The Nursing and Midwifery Council (NMC) has recently reviewed its standards for pre-registration nursing education 2010. In the draft standards there is excellent coverage of leadership in all domains and across the majority of elements of the CLCF. We have also contributed directly to the consultation on the new standards, referencing the CLCF.	✓	<p>The next step is to take up the Chief Nursing Officer of England's suggestion of dissemination to senior nurse leaders in September.</p> <p>Work with the Royal College of Nursing to embed.</p>	<p>Work with the CNO to promote the CLCF and leadership to the nursing profession.</p> <p>TBA</p>
Occupational Therapists	College of Occupational Therapists Pre-registration Education Standards 3rd edition, 2008, and Post qualifying framework: a resource for occupational therapists, 2006	Pre-registration, and post-qualifying	The post-qualifying framework contains partial coverage of certain elements of CLCF with other elements less well represented at present	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The College of Occupational Therapists accredits courses against its' curriculum guidance for pre-registration and is willing to incorporate CLCF into the next edition. They also wish to look at revising the post-qualifying framework that addresses CPD.</p>	Consultation on proposed HPC standards of proficiency July - September 2010.

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Optometrists and Opticians	College of Optometrists Scheme for Registration Trainee Handbook 2009 and Assessment Framework 2009	Trainee	The assessment framework for Optometrists 2009 is clinically/technically focussed and has no significant inclusion of leadership competences.	✓	The General Optical Council is re-reviewing its' standards of competence and will begin a process of integrating the CLCF into this document which may include a new discrete section on leadership. The College of Optometrists plans to align their assessment to the new GOC standards and the CLCF which will be helpful in terms of informing pre-registration training	Provide iformal and informal submissions to the GOC review of standards of competence.
Orthoptists	British and Irish Orthoptic Society guidelines for implementing preceptorship, 2008, and HNS KSF - outline for Orthoptist Band 5	Foundation	The BIOS guidelines for implementing preceptorship utilise KSF indicators which provide good coverage of the CLCF domain, Demonstrating Personal Qualities. Other domains of CLCF are less well represented at this stage	✓	The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership. The BIOS considers leadership as fundamental and is keen to develop leadership within the profession and work to embed the CLCF into education and training curricula.	Consultation on proposed HPC standards of proficiency July - September 2010..
Paramedics	College of Paramedics -Curriculum Guidance and Competence Framework, 2008	Student paramedic to consultant paramedic	The College of Paramedics publishes curriculum guidance which also informs course content for undergraduate and pre-registration. There is good coverage of certain domains and elements of the CLCF with other domains and elements less well represented in the current guidance.	✓	The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership. The College curriculum guidance and competence framework document is ready to be shaped and re-written around the CLCF. The COP has indicated it is happy to undertake this work but will need resourcing to complete it this year	Consultation on proposed HPC standards of proficiency July - September 2010. Late 2010

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Pharmacists & Pharmacy Technicians	ALCF - Framework for advanced to consultant level practitioner	Postgraduate	The Competency Development and Evaluation Group developed a competency framework for post registration development in 2007 which includes dimensions that correspond in general terms with CLCF	✓	<p>The General Pharmaceutical Council will be commencing work to develop standards of proficiency and education in September 2010, and will invite the NHS Institute to participate in this work.</p> <p>Another good lever is the MPC programme board work which is developing structures and funding models for education and training of workforce. The NHS Institute is already inputting into this activity. The Royal Pharmaceutical Society of Great Britain is exploring ways it can adapt its processes.</p>	<p>To be commenced in September 2010</p> <p>Commences July 2010</p>
Physiotherapy	Chartered Society of Physiotherapy Curriculum Framework for qualifying programmes in physiotherapy 2002 - pending receipt of revised 2010 document	Undergraduate	Revised learning and development principles for the BSc Hons in Physiotherapy were considered by the Council of CSP in June 2010 and competences will be developed with reference to CLCF	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The CSP is currently reviewing its Current Curriculum Framework (2002) which is intended to include much more on management and leadership competences. They are aware of the CLCF and are supportive of it. The Curriculum Framework is being developed in conjunction with the HEIs and will be submitted to the HPC later this year.</p> <p>A Code of behaviours, knowledge, skills values and attributes across the journey from graduate > senior >consultant is also being developed.</p> <p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p>	Consultation on proposed HPC standards of proficiency July - September 2010.

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Prosthetists and Orthotists	British Association of Prosthetists and Orthotists career framework	Pre-registration	The BAPO career framework document for pre-registration training relates to the Skills for Health framework which reads across to the CLCF.	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The BAPO educational committee is undertaking a mapping of the career framework to the CLCF and is keen to refresh the document in the near future.</p> <p>As the majority of prosthetists and orthotists are employed by private sector providers, post-registration training tends to be aimed to meet their needs. The private sector players are keen on supporting the CLCF because the NHS commissions services provided by their employees.</p>	<p>Consultation on proposed HPC standards of proficiency July - September 2010.</p> <p>Meet with the private sector body at their autumn meeting.</p>
Psychologists	British Psychological Society	Undergraduate	No systematic training/provision in management and leadership currently exists but in Practitioner Psychology an initiative has been taken to map a set of appropriate leadership competences. These are about to go to the BPS' Clinical Psychology Division for approval and subsequent consideration by other sub-specialist areas.	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>The BPS is willing to work on mapping to CLCF depending on the exact timescale of implementation phase.</p>	Consultation on proposed HPC standards of proficiency July - September 2010

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Radiography	<p>Society and College of Radiographers (SCoR)</p> <p>Learning and development framework for clinical imaging and oncology, 2007</p> <p>Education and professional development strategy: new directions, 2010</p> <p>A framework for professional leadership in clinical imaging and radiotherapy and oncology services, 2005</p>	<p>Pre- and post-registration</p> <p>Support worker to consultant practitioner</p> <p>Advanced practitioners, consultant practitioners and service managers</p>	<p>The learning and development framework and frameworks for professional leadership include good coverage in all domains and most elements of CLCF and reflect the management and leadership responsibilities of Advanced Practitioners. At practitioner levels leadership competences could be strengthened.</p>	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.</p> <p>SCoR considers leadership as fundamental and is keen to further develop leadership within the profession and work to embed the CLCF into education and training curricula. The SCoR also works with the HEIs to encourage more demanding, future-looking content and engages with HEIs in the development phase, prior to the HPC approval process. The next stage is to ensure that language and outcomes within the LDF and CLCF are consistent, and discussions have commenced about this work.</p>	<p>Consultation on proposed HPC standards of proficiency July - September 2010.</p>
Social Work	<p>Not applicable</p>	<p>Not applicable</p>	<p>The National Skills Academy for Social Care has also been established by the DH in on OCT 2009 for the purpose of raising the standard of training & learning.</p>	✓	<p>The academy is about to start developing a leadership framework and there is an opportunity to create a bridge between health and social care thru leadership using the one framework.</p> <p>We intend to collaborate to describe how the CLCF can be adapted to suit social care. There is an Association of Directors of Adult Services which may also be useful to drive change.</p>	<p>August 2010.</p>

Profession	Documentation	Phase	Coverage of Leadership (CLCF)	Willingness	Activity	Next steps
Speech and Language Therapy	<p>Royal College of Speech and Language Therapists</p> <p>Speech and Language Therapy Competency Framework to Guide Transition to Certified RCSLT Membership, June 2007</p> <p>RCSLT CPD Framework - Human and Financial Leadership and Resource Management</p>	<p>Newly qualified practitioners</p> <p>All levels (bands 2-9)</p>	<p>There is limited coverage at undergraduate level. The descriptors used relate generally to CLCF. It is thoroughly covered in a post-qualifying work-based (12 - 18 month) programme that is determined by the College and is compulsory as part of the terms of College membership. Much more content here but would need direct linkage and probably extension to cover CLCF.</p> <p>For pre-registration courses assessment is variable (including exams, placement performance and coursework) and likely that no one would fail on management and leadership material at present. Provision is given largely by current tutors but this would need strengthening to provide full CLCF coverage.</p>	✓	<p>The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership</p>	<p>Consultation on proposed HPC standards of proficiency July - September 2010.</p>



11. Risks

Risks and threats identified by interviewees:-

- No funding or resources to complete the CLCF and illustrate the scenarios and case studies which underpin its embedding in curricula
- Instability in the health system due to the impact of the re-organisation and structural change to the NHS outlined in the White Paper and the QIPP initiative
- Service providers and individuals becoming overwhelmed or fatigued by change/innovation and the CLCF being viewed as something new or add-on
- A lack of clarity and support for leadership leading to loss of momentum and realising the investment in leadership
- Leadership not being adequately addressed in regulatory standards and frameworks
- No adequate guidance being available to embed the CLCF to the multiplicity of education providers HEIs and others
- The CLCF being too high level and not relating to practitioners at a practical level
- New bodies coming into prominence and rejecting current thinking
- New initiatives are sometimes lost as momentum is redirected to the even newer.

12. Recommendations

The Government's White Paper, 'Equity and Excellence: Liberating the NHS', signals a time of significant change in the NHS, in which unprecedented power and responsibility is being devolved to clinicians. To enable this change to successfully take place and support clinicians in this very important role we will need to further develop the leadership capacity within the system.

There is an opportunity for us to embed the CLCF in the service and to maximise the opportunity for sustainable leadership development for clinical professionals in that new environment. It is recommended that:-

The Clinical Leadership Competency Framework be completed by developing the underpinning scenarios and examples to contextualise the competences and which can be demonstrated by clinicians.

A clinical leadership curriculum framework be developed to support embedding leadership competences into postgraduate education at a pre and post-registration phase, similar to the Medical Leadership Curriculum which has been developed as an output of the MLCF.

The NHS would benefit from a single overarching leadership framework to support development, assessment, and commissioning of leadership development across clinical and non-clinical professions. Work is underway on this and we recommend that the CLCF remains closely linked to this work.

The NHS Institute project team continue to further develop the leadership capacity within the clinical professions by collaborating with and providing input into various activity/processes with:-

- The relevant policy workstreams, such as the Modernising Pharmacy Careers and Modernising Scientific Careers, Midwifery 2020, and with the Office of the Chief Nursing Officer;
- The Council of Deans of Health and COPMed⁴ to embed the CLCF into undergraduate and post graduate curricula;
- SHA education commissioning and workforce development leads to embed into workforce development planning and the training requirements of registered practitioners working in the NHS;
- The National Skills Academy for Social Care to describe how the CLCF can be adapted to suit social care;
- The various professional bodies to ensure their standards, curriculum guidance, frameworks – training, education and continuing professional development (CPD) - describe leadership and align to the CLCF;
- Private sector firms and representative bodies to ensure their leadership development activity aligns to the CLCF;
- The regulated clinical professions which have not been consulted in stage 1 of the CLCF consultations, such as chiropractic and osteopathy, and hearing aid dispensers;
- The SHA leadership leads and leadership alliance to ensure they use the CLCF in their design work.

⁴The Conference of Postgraduate Medical Deans of the United Kingdom (COPMed)

The NHS Institute make informal and formal submissions to the relevant regulators and provide input to the following activity:-

- The General Optical Council review of standards of competence September 2010 – March 2011.
- The General Dental Council new outcomes-based curricula for Dental Care Professionals – August 2010.
- The newly established General Pharmaceutical Council development of standards of proficiency and education in September 2010.

- The Health Professions Council consultation on new standards of proficiency commencing at the end of July.

The LeAD e-learning tool produced for the MLCF be adapted to the CLCF.

That the findings of the CLCF project be published to provide the evidence to support champions in promoting leadership development within the clinical professions and more widely.

13. Position statements of each clinical profession

Please see pages 35 to 58 for position statements of each profession in scope.

Clinical Profession: Art Therapists

Summary

There is agreement in developing leadership within the professional body.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The British Association of Art Therapists (BAAT) provides curriculum guidance and this needs to be significantly enhanced to include adequate coverage of leadership and management.

The BAAT also delivers CPD training courses and these could be augmented to cover leadership.

Regulator

Health Professions Council (HPC).

Description of practice

There are 2576 music, drama and arts therapists registered with the Health Professions Council.

It is estimated there are approximately 1500 art therapists practising in the UK.

Art Therapy is a form of psychotherapy that uses art media as its primary mode of communication.

Career trajectory

A practitioner art therapist will usually have a background in arts, a creative degree, and have done some workplace training, e.g. community based work, either volunteer or paid on projects.

The profession of art therapy is becoming more recognised and several universities now offer training in art psychotherapy at MA / MSs Level. The courses are two years full time, or three years part time. During training students are required to undertake personal therapy.

Aspiring art therapists can attend Introductory or Foundation courses. The professional body and universities offer these as preparation for training, but attending these does not lead to a qualification to practice; HPC validated trainings provide the only qualification to legally practice as an Art Therapist in the UK.

State of readiness

We did not formally review any documentation.

From the available information there is no universal coverage addressing management and leadership per se, although there is some coverage in the BAAT short courses, lectures and workshops.

Many aspiring therapists get introduced to the profession through BAAT and their CPD courses are popular with qualified practitioners.

BAAT describe the core competences in its 2009 guidelines on curriculum although the level of adoption of these guidelines varies greatly amongst HEIs.

There are only 7 courses accredited by the Health Professions Council standards.

Organisations or bodies consulted	Names and Positions
British Association of Art Therapists	Val Huet, Chief Executive Officer Claire-Louise Leyland, Course Director & Council Member
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Chiropodists and Podiatrists

There is strong interest in developing leadership within the profession. All the players we spoke to indicated their support for the CLCF.

Summary

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The Society of Chiropodists & Podiatrists (SCP) has 9,339 members in the UK so is an influential player in driving the agenda forward. The SCP welcomed the CLCF and is keen to work with the NHS Institute which will be helpful in terms of informing pre and post-registration training.

The next step is to meet with the SCP Faculty of Management and Quality Assurance Committee to determine how this can be progressed.

Regulator

Health Professions Council (HPC).

Description of practice

A chiropodist / podiatrist is concerned with all aspects of the foot and lower limb in health and disease. The podiatrist has particular skills in assessment, diagnosis and management of both local deformity and the complex consequences of systemic disorders such as diabetes.

There are 12581 registrants in the UK.

Career trajectory

Podiatrists all start off their careers working in general practice. This involves providing essential assessment, evaluation and foot care for a wide range of patients. To become a Health Professions Council registered practitioner, students have to undertake and pass an honours degree in podiatry. This degree is offered at only 13 schools of podiatry within the UK.

The structure of the degree programme awarding a BSc (Hons) in podiatry is modular. Students are required to study each area of the course in small sections (modules) which are all assessed separately. Each year of the programme comprises both theoretical and clinical modules. Clinical work begins in year one of most courses.

Though the content of the course is more or less the same in all of the 13 schools of podiatry, the actual delivery of the material can vary considerably.

Some sessions are classroom based while others may be clinic or laboratory based. Some sessions are lecturer led while others may be student led; some will be theoretical teaching sessions, others will be practical.

State of readiness

Current coverage in undergraduate training is not extensive. There is no compulsory CPD scheme, framework or system that practitioners must abide by that specifically covers leadership. However, the professional body, the Society of Chiropodists & Podiatrists, has curriculum guidance in place to assist members. Within this document there is partial coverage of certain elements of CLCF with other elements less well represented.

Education providers tend to relate the content to the Health Professions Council Standards of education and training, and Standards of Proficiency but the Society publishes a quality assurance framework outlining procedures for dealing with the accreditation, monitoring and review of programmes that lead to eligibility for membership of chiropodists/podiatrists.

The Society of Chiropodists & Podiatrists conducts post registration programmes which could cover leadership

Organisations or bodies consulted	Names and Positions
The Society of Chiropodists & Podiatrists	Mike Townson, Chair Faculty of Management Janet McInnes, Chair David Wylie, Department of Podiatry Southern General Hospital Glasgow Dr Wilfred Foxe, Director of Education and Development
The Institute of Chiropodists & Podiatrists	William J Liggins, Chairman Board of Education Kate France, Course Facilitator
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Dental Professionals

There is agreement that inclusion of management and leadership competences is very important. The current Chair of the Dental Schools Council states this is “really, really important”.

Summary

The General Dental Council (GDC) is the regulatory body responsible for setting educational requirements for entry to the professional register. As well as dentists, the GDC also regulate the following dental care professionals as part of the wider dental team: dental therapists, dental hygienists, orthodontic therapists, dental nurses, clinical dental technicians and dental technicians. The GDC quality assures the training and education programmes that it approves to be suitable for registration. The General Dental Association (GDA) provides a similar role to the BMA for dental practitioners. BMA looks after employment issues for hospital dental consultants.

The dental profession (previous chairs of Dental School Council and COPDEN) had been keen to adopt the MLCF at both undergraduate and postgraduate levels respectively. The MLCF is being used as the framework for the undergraduate curriculum at Birmingham. The GDC’s consultation on their proposed learning outcomes for registration should be out in August 2010 and then be available to see how it reads across to the CLCF.

Regulator

Health Professions Council (HPC).

Description of practice

Dental professionals provide a range of dental and oral health care depending on their specific registration category and scope of practice. For the dentist this includes diagnosing, preventing and treating of diseases, problems with and injuries of the mouth, teeth and gums. The rest of the dental team support and work with the dentist in different roles to provide this care. There are 94060 dental professionals registered with the GDC.

Career trajectory

Dentists: There are approximately 15 Dental Schools in the UK. After graduation, if they wish to work in the NHS, a General Dental Practitioner (GDP) must work in NHS General Practice for a minimum of one year. Those pursuing a hospital role undertake FY1 (primary care) and FY2 (secondary care). There is a move within the profession for all to undertake a 2 year postgraduate training programme; FY1 in dental practice and FY2 to include 6 months each in community and secondary care. All graduates are registered with the GDC as dentists, i.e. general dental practitioners and a further 10 percent of these are registered with the GDC on their specialist lists.

Dental Care Professionals (DCP): DCP education is delivered in a variety of ways – by dental schools,

universities/colleges or through training provision managed by awarding bodies such as City & Guilds. By law, all registered dental professionals must undertake CPD over each 5 year period: DCPs must complete, and keep records of, at least 150 hours of CPD over five years. A minimum of 50 of these hours must be verifiable CPD; dentists must complete, and keep records of, at least 250 hours of CPD over five years. A minimum of 75 of these hours must be verifiable CPD.

State of readiness

There is considerable support for the CLCF. The GDC is currently developing new learning outcomes 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. This is intended to provide a continuum with education and practise post- registration. 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. We reviewed the new postgraduate (Foundation) curriculum and there is good coverage across all domains and for most elements of CLCF, with a few elements worthy of further consideration as to how they may be strengthened in future. The new learning outcomes are planned to go out for a formal 12 week consultation in August and this is a great opportunity to undertake a full mapping exercise to ensure full compliance with CLCF.

Organisations or bodies consulted	Names and Positions
General Dental Council	Alison White, (former) Interim Chief Executive and Registrar Paul Feeney, Head of Quality Assurance Professor Bill Saunders, Chair of the Dental Schools Council and Dean of Dentistry at Dundee University Sarah Crossfield, Policy Manager for Learning Outcomes
Department of Health	Barry Cockcroft, Chief Dental Officer
British Dental Association	Dr Susie Sanderson, Chair of BDA Executive Board

Clinical Profession: Dietitians

Summary

There is agreement in developing leadership within the profession.

The British Dietetic Association (BDA) offered to publish an addendum to its' existing career framework guidance which will be helpful in terms of informing pre and post-registration training.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

Regulator

Health Professions Council (HPC).

Description of practice

There are 6700 registered dietitians with the Health Professions Council in the UK.

Dietitians assess, diagnose and treat diet and nutrition problems at an individual and wider public health level. Uniquely, dietitians use the most up to date public health and scientific research on food, health and disease, which they translate into practical guidance to enable people to make appropriate lifestyle and food choices. Dietitians are the only nutrition professionals to be statutorily regulated and governed by an ethical code, to ensure that they always work to the highest standard. Dietitians work in the NHS, private practice, industry, education, research, sport, media, public relations, publishing, NGOs and government.

The British Dietetic Association (BDA) is the professional body and has 6500 members.

Career trajectory

Training to become a dietitian usually consists of a recognised university-based course leading to a BSc Honours degree in Dietetics, or Nutrition and Dietetics. There are 14 HEIs and 21 courses. After successful completion of the degree the graduate would then be eligible for registration with the Health Professions Council, which is essential to work as a dietitian.

Those with an honours degree in a life science subject may be able to do a two-year postgraduate course in dietetics. There is a Masters advanced dietetics. Training is a mixture of theory - including subjects such as biochemistry, psychology, nutrition physiology, communication skills – and practical work. There is a period of practice-based learning in hospital and community settings. This minimum 1000 hour practical training programme is spread throughout the academic programme and usually consists of an initial four-week placement early on in the course followed by two 12-week placements later on.

State of readiness

The BDA career framework document describes: professional practice, education and training, leadership and management, and evidence based practice. There is good coverage of certain domains and elements of CLCF within this and the curriculum document with some domains and elements less well represented in the curriculum framework.

In principle the idea of including leadership and management into the training is embraced by the BDA. The BDA could produce immediately addendum to guidance around leadership and they conduct an annual practice educators' course in which leadership could be covered.

The BDA has its Centre for Education and Development which delivers post-registration courses.

Organisations or bodies consulted	Names and Positions
British Dietetic Association	Sue Kellie, Head of Education and Professional Development Pauline Mulholland, Chair of Professional Practice Board Helen Barker, Chair of Education Board
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Dramatherapists

Summary

There is agreement in developing leadership within the profession.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

British Association of Dramatherapists (BADth) is currently re-writing its curriculum guidance and would welcome help with the re-write.

There is an opportunity to present to the BADth training sub-committee meeting, which liaises with the HEIs.

Regulator

Health Professions Council (HPC).

Description of practice

There are 2576 music, drama and arts therapists registered with the Health Professions Council.

It is estimated there are approximately 600 dramatherapists practising in the UK.

Dramatherapy has as its main focus the intentional use of healing aspects of drama and theatre as the therapeutic process. It is a method of working and playing that uses action methods to facilitate creativity, imagination, learning, insight and growth.

Career trajectory

There are currently four postgraduate training courses in Dramatherapy in the UK that lead to a qualification approved by the Health Professions Council (HPC), accredited by the British Association of Dramatherapists (BADth), and recognised by the Department of Health.

The entry criteria to any of the courses would normally include a Bachelor's degree in drama or a psychological health related subject or appropriate professional qualification/ degree, equivalent of one year's full time

experience working, paid or voluntarily, with people with specific needs, for example mental ill health, learning disabilities, experience of practical drama work and good interpersonal skills.

Examples of acceptable work experience might include: nursing assistant, support worker, graduate mental health worker, theatre or drama work with people with specific needs, experience in graduate professions such as nursing, social work, teaching, occupational therapy.

Each course has its own unique identity, but there are basic components common to all courses.

State of readiness

We did not formally review any documentation. Education providers tend to relate the content to the Health Professions Council Standards of education and training. The professional body is currently re-writing its curriculum guidance.

Postgraduate opportunities exist via the BADth annual conference which is well attended by approximately 200 members. The conference content structure includes practical workshops, papers and presentations and could easily include content on leadership.

Another route is their CPD days which are usually topic based, well attended, and involve other disciplines such as music and art therapists.

Organisations or bodies consulted	Names and Positions
The British Association of Dramatherapists	Madeline Anderson Warren, Chair
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Healthcare Scientists

Summary

There is strong agreement in developing leadership within the various healthcare scientists' professions.

The Health Professions Council is a key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The Department of Health Modernising Scientific Careers (MSC) Programme is another lever for developing leadership within the science professions. The MSC is proposing that the CLCF, be included in the generic curricula of all commissioned education and training programmes. This activity is being taken forward through the work of the MSC curriculum development groups and MEE Healthcare Science Programme Board Education and Training Working.

The Institute is working with the MSC Leadership Working Group to achieve this.

Regulator

Health Professions Council (HPC).

Description of practice

The HCS workforce is complex and diverse with over 43 different specialisms. It numbers over 50,000 employed in the NHS and NHS Blood and Transplant and the Health Protection Agency. There is often a national or international focus to their work. The NHS is the largest single employment sector for scientists in the UK.

There are two groups regulated by the HPC and working in the NHS – Clinical Scientists (4,405) and Biomedical Scientists (over 14,500). Those in assistant and associate grades are not required to register. Some of the disciplines in the healthcare science workforce are not yet regulated.

At present, the clinical scientist group registered with the HPC consists of the following disciplines: Audiology, Clinical Biochemistry, Clinical Genetics, Clinical Immunology, Clinical Microbiology, Clinical Physiology, Clinical Embryology, Cellular Science, Haematology, Histocompatibility & Immunogenetics, Medical Physics & Clinical Engineering, Radiotherapy, Nuclear Medicine, Diagnostics Radiology and Radiation Protection, Non-ionising Radiation Techniques, and Clinical Engineering, Physiological Measurements and Computing.

A clinical scientist works directly with patients or supports clinical staff in their work, which can include clinical or laboratory work and testing, rehabilitation and basic and applied research. They advise doctors on using tests, and interpret results to guide treatment and manage disease.

In addition, the HPC registers Biomedical Scientists. A biomedical scientist evaluates the effectiveness of treatment through the analysis of fluids and tissue samples from patients to provide data to help doctors diagnose and treat disease.

Career trajectory

There are currently a number of routes of entry into the healthcare science workforce. For biomedical scientists they undertake a biomedical science degree as well as in service training in a laboratory, allowing them to apply

on successful completion for registration with the HPC. Some of the remainder of the healthcare science workforce have a first degree before they enter the NHS. This is usually a generic science degree with no specific application to healthcare.

On entering the workforce with a first degree they then undertake a further period of academic and work place based training in the particular specialism. Clinical scientists enter the workforce with a relevant degree and need to secure a position as a trainee. There is a 4 year and a 6 year route and on successful completion a certificate of attainment allows application for registration by the HPC.

Once registered, training includes continuing professional development (CPD) and for progression usually continues towards further academic attainment. On the whole most CPD relates to the technical advances within the specialism however healthcare scientists have access to local NHS Trust courses on leadership and some professional associations run development opportunities.

Each professional body determines its own syllabus and accredits courses; the coverage of management and leadership varies, tending to be focused on the management of technical processes and quality assurance. Some clinical scientists comply with the same educational standards and attainments as pathology medical staff and can obtain the Fellowship Examination of the Royal College of Pathologists (FRCPath) qualification, and are entered on the specialist register alongside medical colleagues as consultants.

The high degree of specialism results in some very small groups within a specialism, sometimes with only one in a region, therefore cross boundary contact and networking is important.

In other disciplines, they work as part of a department and network of provision which may include managerial and leadership responsibilities for heads of department, however the grades, progressions and remits vary across disciplines and employers. Participation in the professional associations is often the route to experience and learning leadership.

Clinical Profession: Healthcare Scientists (continued)

State of readiness

Under the guidance of Prof Sue Hill, Chief Scientific Officer, the healthcare science workforce has already taken steps to address the need for leadership development. The Department of Health policy document Modernising Scientific Careers: The UK Way Forward – Feb 2010 has specifically included leadership as part of its remit and expectations. The contents of CLCF has been accepted and welcomed. The MEE Healthcare Science Programme Board (MEE HCSPB) Leadership Working group, under the chair of Dr Keith Ison has reported proposals to the Healthcare Science Programme Board and to the Medical Education England Board (May 2010).

- Leadership (specifically CLCF) to be included in all commissioned training programmes and curricula. This has been set in motion through the work of the MEE HCSPB Education and Training Working Group
- Raising awareness of leadership with individuals, departments and professional associations.

Next Steps: The Leadership Working Group has proposed the following is needed:-

- Structure and opportunities to support emerging leaders and their development

- Identification of leadership development needs across the workforce with recommendations on the development and implementation of a rapid process to address leadership capability and capacity in HCS
- Report on equality and diversity in leadership in the healthcare science workforce to ensure equal opportunities of progression and access to leadership development
- Access to leadership development at pre and post registration stages alongside other healthcare professional colleagues.

Risks:

- Some healthcare science groups are very small and individuals are working in isolation in a highly specialised field, release for, and access to leadership development is variable
- Currently the syllabus for the further training is determined by the different professional associations and takes part in a multitude of educational organisations. Consistency of approach and application will be a challenge
- The cultural reticence of many in the healthcare science workforce to appreciate the leadership contribution they could make to the NHS.

Organisations or bodies consulted	Names and Positions
Leadership Working Group of HCS Programme Board, MEE (the group represented branches of the healthcare science workforce and also integrated information from all the professional associations and three explorative events)	Dr Keith Ison, co chair of MEE HCS Programme Board and Chair of Leadership Working Group, past chair of IPEM and Federation of Health Science
Department of Health (See also "Modernising Scientific Careers: The UK Way Forward" Feb 2010)	Professor Sue Hill, Chief Scientific Officer Pat Saunders, Senior Policy Manager
Institute of Biomedical Science	Nick Kirk, Regional Council member of Institute of Biomedical Science
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

The forty three plus specialisms within healthcare science are grouped into three main divisions, based primarily on the underlying branch of science from which they originate. The three divisions are:

Life Sciences disciplines include:

Anatomical Pathology
Blood Transfusion
Clinical Biochemistry
Clinical Embryology inclusive of andrology
Clinical Immunology
Cytopathology including Cervical Cytology
Electron Microscopy
External Quality Assurance
Genetics (inclusive of clinical cytogenetics and molecular genetics)
Haematology
Haemostasis & Thrombosis
Histocompatibility & Immunogenetics
Histopathology
Microbiology
Phlebotomy
Tissue Banking
Toxicology
Virology

Physiological Sciences disciplines include:

Audiology and hearing therapy
Autonomic neurovascular function
Cardiac physiology
Clinical Perfusion
Critical Care Science
Gastrointestinal Physiology
Neurophysiology
Ophthalmic and Vision Science
Respiratory and Sleep Physiology
Urology and urological measurement
Vascular Science

Physics and Engineering disciplines include:

Clinical Measurement
Clinical Photography and Medical Illustration
Equipment Management and Clinical Engineering
Information Technology and management
Magnetic Resonance Imaging
Medical Electronics and Instrumentation
Medical Engineering Design and Development
Maxillofacial Prosthetists & Technologists
Rehabilitation Engineering
Diagnostic Radiology Physics
Nuclear Medicine
Radiation Safety
Radiopharmacy/Pharmaceutical Science
Radiotherapy Physics
Renal Dialysis Technology
Ultrasound



Clinical Profession: Midwives

Summary

The development of leadership capabilities in the midwifery workforce is a high priority, recognised in the 2009 paper Delivering High Quality Midwifery Care and supported through Midwifery 2020.

The Nursing and Midwifery Council (NMC) 2010 Standards for Pre-registration nursing education map to the CLCF and will significantly advance this agenda.

There is widespread support for using the CLCF and embedding it in the standards and curricula.

Regulator

Nursing and Midwifery Council (NMC).

Description of practice

The provision of midwifery care to childbearing women, the newborn and their families.

Career trajectory

There are 660,000 nurses and midwives registered with the NMC.

There are 60+ HEIs involved in midwifery and nurse related education, usually a 3-4 year undergraduate course leading to registration, with many midwives also completing postgraduate qualifications.

State of readiness

Leadership and management competences are covered in midwifery curricula but there is not a common language or an explicit leadership domain. Leadership skills are not assessed. There is a significant drive within the profession

to further developing leadership skills.

There is consensus that it would be helpful to have a common set of leadership competences that run through undergraduate and postgraduate curricula and specifically contribute to the autonomous practitioner role of the midwife.

Standards are developed separately for nurses and midwives. Midwifery standards were issued by the NMC in 2009 and are due for review in 2012. Also of note is the Midwifery 2020 programme which has a workstream looking at education and career progression for midwives.

In addition to the standards, other levers for disseminating the leadership competency framework include the Royal College of Midwives, commissioners of education and providers of education. The Chief Nursing Officer for England has given a strong endorsement to this framework to bring consistency to leadership development, particularly in pursuit of the cost and quality agenda.

Organisations or bodies consulted	Names and Positions
Lead Midwife for Education Strategic Reference Group	Dr Tina Harris, Lead Midwife of Education Fran Mills, Senior Lecturer Moira McLean, Senior Lecturer
Royal College of Midwives	Gail Johnson, Education and Professional Development Advisor
Midwifery 2020	Noreen Kent, Programme Director
Local Supervising Authority Midwifery Officers	Suzie Cro, Local Supervisory Midwifery Officer
Nursing and Midwifery Council	Michelle Lyne, Professional Advisor of Education - Midwifery

Clinical Profession: Music Therapists

Summary

There is agreement in developing leadership within the profession.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The Association of Professional Music Therapists provides curriculum guidance and is planning on refreshing this in September 2010, which will be helpful in terms of informing pre and post registration training.

Regulator

Health Professions Council (HPC).

Description of practice

There are 2576 music, drama and arts therapists registered with the Health Professions Council.

It is estimated there are approximately 400 music therapists practising in the UK.

Music therapy is an interpersonal relational process in which a trained music therapist uses music on various levels depending upon what is needed—physical,

emotional, mental, social, aesthetic—to help clients to improve or maintain their health.

Career trajectory

There are 7 HEIs offering professional music therapy qualifications at postgraduate level in the UK. Students usually have a high level of musicianship: students are normally accepted only if they have had a three year musical training leading to a diploma or graduation from a college of music or a degree from a university. Very occasionally students who hold qualifications in subjects

other than music, e.g. education or psychology, may be accepted if they have achieved a high standard of musical performance. Assessment of personality and suitability for the work also forms part of an interview.

Music therapists work in a variety of settings, such as hospitals, special schools, day centres, the community, the prison service and in private practice. This means that they may be employed by the National Health Service, local education authority or the Department of Social Services. Some may be funded by charitable organisations or trusts or be self-employed.

State of readiness

We did not formally review any documentation, however the interviewee stated that although terminology differs existing training already prepares music therapists to be good leaders.

Education providers tend to relate the content to the Health Professions Council Standards of education and training.

The professional body is reviewing its' curriculum guidance in September 2010.

Organisations or bodies consulted	Names and Positions
Association of Professional Music Therapists	Professor Helen Odell-Miller, represents music therapy on the DH's AHP Professional Advisory Board
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Nurses

Summary

There is agreement in further developing leadership within the profession and specifically in using the CLCF to support this.

The Nursing and Midwifery Council (NMC) 2010 Standards for Pre-registration nursing education map to the CLCF and we have contributed to the consultation, specifically referencing the CLCF.

It will be important to define the 'so what' and how the CLCF is embedded in undergraduate and postgraduate curricula. Key levers will be the SHA Heads of Education and Commissioners, chief nurses and leadership leads.

The next step is to take up the Chief Nursing Officer of England's suggestion of dissemination to senior nurse leaders in September.

Regulator

Nursing and Midwifery Council (NMC).

Description of practice

The provision of nursing care in adult health, mental health, learning disability health and child health to enable people to improve, maintain or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability until death.

Career trajectory

There are 660,000 nurses and midwives registered with the NMC.

There are 60+ HEIs involved in nurse related education. There has been a shift in the shape of nursing careers in recent years, moving away from vocational, hospital based care with a single entry point to a strong academic foundation and interdisciplinary learning.

Nurses work across clinical, management and academic careers and in different organisations and sectors. A nurse in care or service delivery might move between the health service, independent and third sector, or increasingly into

social services, housing and schools, or lead to a career in research.

State of readiness

There is a significant drive within the profession to further develop leadership capability although much has already been done.

The Nursing and Midwifery Council (NMC) has recently reviewed its standards for pre-registration nursing education 2010. In the draft standards there is excellent coverage of leadership in all domains and across the majority of elements of the CLCF. We have also contributed directly to the consultation on the new standards, referencing the CLCF.

Interviewees were universally positive about having one common leadership competency framework. In particular the Chief Nursing Officer of England endorsed the framework, supporting a common approach and language. There is support here to disseminate the framework in support of QIPP to senior nurses and midwives. The Royal College of Nursing also gave a strong endorsement to the framework stating that it would bring much greater cohesion to the leadership development that is currently underway.

Organisations or bodies consulted	Names and Positions
Royal College of Nursing	Geraldine Cunningham, Head of Learning and Development Dame Professor Betty Kershaw, Education Advisor
Nursing and Midwifery Council	Jan Goldsmith, Professional Advisor of Education - Nursing
Department of Health	Christine Beasley, Chief Nursing Officer Chris Caldwell, Assistant DN

Clinical Profession: Occupational Therapists

There is agreement to developing leadership within the profession.

Summary

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The College of Occupational Therapists (COT) accredits courses against its curriculum guidance for pre-registration and is willing to promote CLCF inclusion in the occupational therapist curriculum through its links with HEIs. COT work with their members to prompt CPD and leadership development and have a post qualifying framework to support this.

Regulator

Health Professions Council (HPC).

Description of practice

There are 30,000 occupational therapists registered with the Health Professions Council.

Occupational therapists view people as occupational beings. People are intrinsically active and creative, needing to engage in a balanced range of activities in their daily lives in order to maintain health and well-being. People shape, and are shaped by, their experiences and interactions with their environments. They create identity and meaning through what they do and have the capacity to transform themselves through premeditated and autonomous action.

The purpose of occupational therapy is to enable people to fulfil, or to work towards fulfilling, their potential as occupational beings. Occupational therapists promote function, quality of life and the realisation of potential in people who are experiencing occupational deprivation, imbalance or alienation. They believe that activity can be an effective medium for remediating dysfunction, facilitating adaptation and recreating identity.

Career trajectory

There are 31 HEIs offering courses leading to state registration in the UK, providing 52 programmes. The number of students on each course ranges from 20 to 600.

There are several different routes to achieving registration: 1. the majority of courses are 3 year BSc Hons (4 years in Scotland), 2. In-Service, working part time. Tend to be 4 years; accelerated courses masters or accelerated diploma, graduate entry, 2 years

Occupational therapists work in a variety of settings, such as hospitals, special schools, day centres, the community, the prison service and in private practice. This means that they may be employed by the National Health Service, Departments of Social Services, local education authority, and some may be funded by charitable organisations or trusts or be self-employed. Many occupational therapists go on to take leadership roles in organisations, from managers of departments and team leaders, some to senior posts in organisations, and many are employed within higher education.

Further training and development is through the requirement of CPD which includes formal (higher degrees) and informal local opportunities.

State of readiness

Pre-registration: Guidance produced by COT is based on outcomes, many of which cover the CLCF areas although the focus remains on the profession rather than the wider systems.

Post- registration: COT is willing to give leadership a higher profile. Currently there is partial coverage of certain elements of CLCF with other elements less well represented in the current framework.

Organisations or bodies consulted	Names and Positions
College of Occupational Therapists	Anna Clampin, Head of Education and Learning
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Operating department practitioners

Summary

There is agreement in developing leadership within the profession.

The College of Operating Department Practitioners (CODP) has already enhanced their curriculum guidance to be published in the summer of 2010 to better reflect the need for leadership and relate the competences to the CLCF, which will be helpful in terms of informing pre and post-registration training.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

Regulator

Health Professions Council (HPC).

Description of practice

There are 9587 registrants with the Health Professions Council.

Operating department practitioners participate in the assessment of the patient prior to surgery and provide individualised care.

Career trajectory

The majority of the current workforce is vocationally trained.

Specialised operating theatre education has moved from hospital based schools to Higher Education Institutes (HEIs) offering Diploma of Higher Education in operating department practitioner programmes delivered by 28 HEIs in the UK leading to operating practitioner qualification and registration with the Health Professions Council.

State of readiness

Course content at a diploma level is determined by the HEIs and relates to the minimum standards set down by the HPC. The current mix of education is academic and some vocational training.

The College of Operating Department Practitioners (CODP) publishes national curriculum guidance for undergraduates which corresponds well with domains and most elements of CLCF; there are a few areas identified where some modifications or additions would complete coverage.

The NHS Institute has been working with the College Education & Standards Group to enhance the language in the new curriculum guidance to be published in the summer.

Postgraduate training is principally funded by the employers and tends to be aimed to meet their needs. Some operating department practitioners also undertake postgraduate education such as masters' degrees.

Organisations or bodies consulted	Names and Positions
College of Operating Department Practitioners	Helen Booth - Chair of Professional Council Deborah Robinson - Chair of Education & Standards Group Bill Kilvington - President
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Optometrists and Opticians

The majority of practitioners work in the private sector, although some work in the NHS and most provide NHS funded sight tests. The larger private sector firms with high street outlets are interested in developing leadership capacity within their workforce because it advances the interest of the profession overall.

Summary

The General Optical Council (GOC) is re-reviewing its standards of competence and will begin a process of integrating the CLCF into this document. They might have a new discrete section on leadership.

The College of Optometrists plans to align their assessment framework to the new GOC standards and the CLCF which will be helpful in terms of informing pre-registration training.

The Association of British Dispensing Opticians (ABDO) and the Association of Optometrists (AoP) are members of a joint education committee which may be useful in terms of influencing post registration. The Federation of Ophthalmic and Dispensing Opticians (FODO) might initiate work to develop a leadership framework that could relate to the CLCF.

Regulator

General Optical Council (GOC).

Description of practice

An optometrist examines eyes, tests sight and prescribes spectacles or contact lenses for those who need them. They also fit spectacles or contact lenses, give advice on visual problems and detect any ocular disease or abnormality, referring the patient to a medical practitioner if necessary.

Optometrists may also share the care of patients who have chronic ophthalmic conditions with a medical practitioner. Once qualified, optometrists can undertake further training to specialise in certain eye treatment by therapeutic drugs.

A dispensing optician advises on, fits and supplies the most appropriate spectacles after taking account of each patient's visual, lifestyle and vocational needs. Dispensing opticians also play an important role in advising and dispensing low vision aids to those who are partially sighted and in advising on and dispensing to children where appropriate. Once qualified, dispensing opticians can also fit contact lenses by undergoing further specialist training.

Career trajectory

There are currently 23,500 optometrists, dispensing opticians, student opticians and optical businesses registered with the General Optical Council.

Optometry: You can study for an undergraduate optometry degree from one of eight GOC-approved institutions in the UK. Length of course: usually 4 years in total (Scotland 5 years). Alternatively, there is a full-time 3-year (in Scotland 4-year) degree course followed by one

year's salaried pre-registration training with a practice under the guidance of a GOC registered optometrist. This includes a series of assessments throughout the placement, which are set by the College of Optometrists.

Dispensing optics: Qualification takes three years in total, and can be completed by combining a distance learning course or day release while working as a trainee under the supervision of a qualified and GOC-registered optician. Alternatively students can do a two-year full-time course followed by one year of supervised practise with a qualified and registered optician. In the UK you can study at six GOC-approved training establishments.

On successful completion of training practitioners register with the General Optical Council.

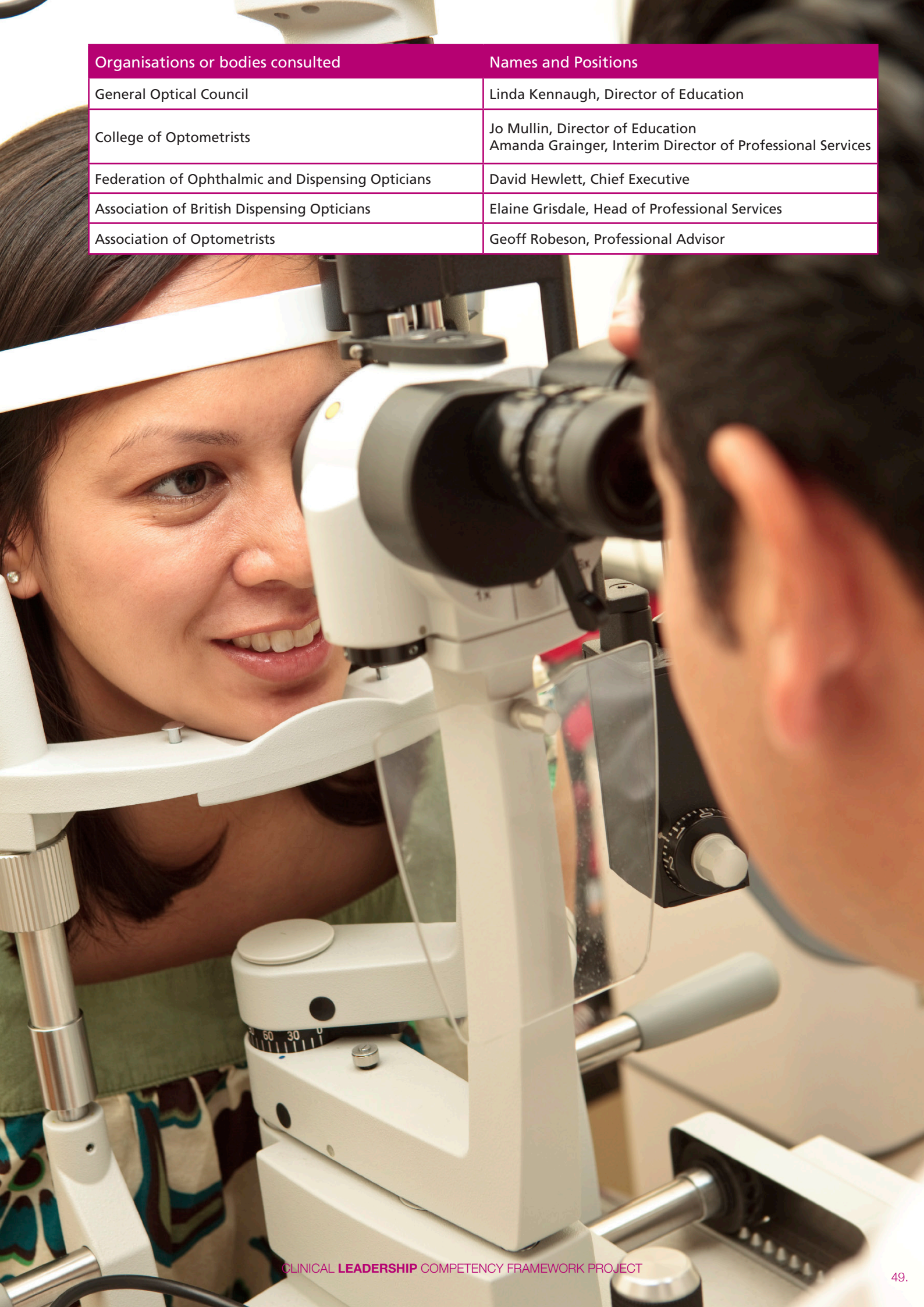
State of readiness

There is nothing specific on leadership in the General Optical Council existing competences for undergraduate. Mapping of the GOC Assessment Framework 2009 did not reveal any significant inclusion of leadership competences. The GOC also has a continuing education and training (CET) programme which describes minimum level of competence. This also relates to the undergraduate competences.

The College of Optometrists produce curricula guidance as well as run a CPD scheme which has high participation rates. This goes beyond the GOC CET programme. The College of Optometrists assesses proficiency against the GOC competence framework. There are also the schemes for workplace training conducted by the College for Optometrists and the Association of British Dispensing Opticians (ABDO) for dispensing.

The majority of post-registration training is determined and delivered vocationally by the private companies who operate the high street business.

Organisations or bodies consulted	Names and Positions
General Optical Council	Linda Kennaugh, Director of Education
College of Optometrists	Jo Mullin, Director of Education Amanda Grainger, Interim Director of Professional Services
Federation of Ophthalmic and Dispensing Opticians	David Hewlett, Chief Executive
Association of British Dispensing Opticians	Elaine Grisdale, Head of Professional Services
Association of Optometrists	Geoff Robeson, Professional Advisor



Clinical Profession: Orthoptists

Summary

The British and Irish Orthoptic Society (BIOS) considers leadership as fundamental and is keen to develop leadership within the profession and work to embed the CLCF into education and training curricula.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

Regulator

Health Professions Council (HPC).

Description of practice

An orthoptist specialises in diagnosing and treating visual problems involving eye movement and alignment.

There are 1278 registrants with the Health Professions Council.

Career trajectory

Orthoptic undergraduate education is undertaken in the Faculty of Medicine at the University of Liverpool and University of Sheffield. The course is three years in duration and comprises an integrated theoretical and practical programme. Block clinical placements occur throughout each year and so the academic year can be extended up to 42 weeks.

The degree programmes are designed to develop not only the professional expertise of the student for clinical practice but also to develop effective communication, organisation and evaluation skills.

Clinical experience is gained not only in the hospital setting, but also in the community and special schools.

The majority of orthoptists are employed in the National Health Service within a set grading structure. For those seeking further training, there are opportunities for graduates to study for a higher degree (MSc, MPhil or PhD) and teaching careers in orthoptics.

State of readiness

Course content at a degree level is determined by the HEIs and relates to the minimum standards set down by the HPC.

BIOS has produced guidelines for Preceptorship in order to meet the requirements of Agenda for Change and the Knowledge and Skills Framework (KSF). The guidelines provide a structured process for the induction and development of newly qualified orthoptists working within a health service environment.

The KSF indicators provide good coverage of the CLCF domain Demonstrating Personal Qualities. Other domains are less well represented with regards to leadership competences and would benefit from further consideration as to how these can be incorporated into post-qualification training and development.

Organisations or bodies consulted	Names and Positions
The British and Irish Orthoptic Society	Mrs Alison Price, Chair of the Professional Development Committee Ms Rosemary Auld, Chair of BIOS
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Paramedics

Summary

There is strong interest in developing leadership within the profession and by ambulance services. All the players we spoke to indicated their support for the CLCF.

While the College of Paramedics (COP) is a relatively new player, it is viewed as the key body to achieve the greatest change in integrating the CLCF into HEI curricula and workplace training content.

The College curriculum guidance and competence framework document is ready to be shaped and re-written around the CLCF. The COP has indicated it is happy to undertake this work but will need resourcing to complete it this year.

Regulator

Health Professions Council (HPC).

Description of practice

Paramedics provide specialist care and treatment to patients who are either acutely ill or injured. They can administer a range of drugs and carry out certain surgical techniques. There are 15,019 registered paramedics with the Health Professions Council in the UK

Career trajectory

The majority of the current workforce is vocationally trained.

There is a drive towards undergraduate training delivered by 23 universities with courses leading to paramedic qualification.

It is possible to join a University Degree programme straight from secondary school or sixth form college that leads to registration with the Health Professions Council (HPC) as a paramedic. For those who do not have the required entry qualifications for higher education, there are still some opportunities to join their local ambulance service in another role.

Most ambulance services offer further development for such staff, including support to study access to higher education courses so that suitable candidates can then gain a place on a suitable university course.

State of readiness

At a degree level, course content is determined by the HEIs and relates to the minimum standards set down by the HPC. The vast majority of education and training is determined and delivered locally by the employing body, such as the NHS ambulance trusts and the Ministry of Defence.

Postgraduate training is principally funded by the employers and tends to be aimed to meet their needs. Some paramedics also undertake postgraduate education such as masters' degrees.

The College of Paramedics publishes curriculum guidance which also informs, but does not prescribe, course content for undergraduate and pre-registration. There is good coverage of certain domains and elements of the CLCF with other domains and elements less well represented in the current guidance. The plan is for the College to incorporate this into the next edition of the Curriculum Guidance, using the CLCF as the framework for updating and revising.

Organisations or bodies consulted	Names and Positions
College of Paramedics	Jim Petter, Director of Professional Standards John Martin, Vice Chair
Ambulance Trust CEs Group	Peter Bradley, Chair and Chief Executive London Ambulance
Ambulance Trust National Education Leads Group	Paul Bates, Chair
Ambulance Trust National HR Directors Group	David Farrelly, Chair
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Pharmacists and Pharmacy Technicians

There is strong support for further developing leadership within the profession. All the players we spoke to enthusiastically welcomed the CLCF.

Summary

The establishment of a new regulator will be an important level for achieving this. The General Pharmaceutical Council will be commencing work to develop standards of proficiency and education in September 2010, and will invite the NHS Institute to participate in this work.

Another good lever is the Modernising Pharmacy Careers programme board work which is developing structures and funding models for education and training of workforce. The NHS Institute is already inputting into this activity. The Royal Pharmaceutical Society of Great Britain is exploring ways it can adapt its processes.

For postgraduate CPD training the Centre for Pharmacy Postgraduate Education (CPPE) is interested in how they can deliver leadership courses or cover leadership packaged generically into existing courses.

Regulator

The General Pharmaceutical Council (previously The Royal Pharmaceutical Society of Great Britain)

Description of practice

The pharmacist is an expert in medicines. A pharmacist can be involved in any aspect of the preparation and use of medicines, from the discovery of their active ingredients to their use by patients. Pharmacists also monitor the effects of medicines, both for patient care and for research purposes.

Career trajectory

There are approximately 48,000 pharmacists in Great Britain. There are approximately 15,000 pharmacy technicians working in Great Britain. They are involved in the dispensing process, and providing advice about medicines, as well as some preparation. There are 40 consultant pharmacists in UK.

Generally a pharmacist has a 4 year undergraduate science based masters degree undertaken at 24 HEIs in the UK, for example MPharm, with a compulsory one year clinical training prior to registration. Suitably qualified and registered pharmacists work in the community in the high street pharmacies, hospitals, primary care, academia and industry.

State of readiness

There is a strong push to further develop the profession driven by the Medical Education England Board and the Modernising Pharmacy Careers work-stream.

From autumn 2010, all pharmacists (including community, hospital, industrial and academic pharmacists, and pharmacy superintendents) and pharmacy technicians will be required to register with the General Pharmaceutical Council (GPhC). At the same time, the GPhC will introduce a framework for statutory continuing professional development (CPD) designed to ensure that all pharmacy professionals have the up-to-date knowledge and skills they need to deliver high-quality services throughout their working lives. This will bring the arrangements for pharmacy into line with those for other health professionals.

The GPhC has undertaken a consultation on new standards but didn't get much traction so it has been agreed to continue to use existing standards until the GPhC is able to develop new standards. At an undergraduate level, curricula is being re-written and shaped by the Modernising Pharmacy Careers programme board and will be shaped around the CLCF.

We reviewed the framework for advanced practitioner to consultant level and there are 6 clusters – two of these cover leadership and management - these two are very generic but generally the coverage to the CLCF is good. The Centre for Pharmacy Postgraduate Education has been established by the Department of Health to provide CPD training to approximately 30,000 pharmacists and pharmacy technicians each year. Course content is clinical and does not currently cover leadership or management.

Organisations or bodies consulted	Names and Positions
The Royal Pharmaceutical Society of Great Britain	Catherine Duggan, Director of Professional Development & Support
General Pharmaceutical Council (GPhC)	Duncan Redkin, CEO
Centre for Pharmacy Postgraduate Education	Chris Cutts, Director
Department of Health	Keith Ridge, Chief Pharmacist Martin Stephens, National Director for Hospital Pharmacy

Clinical Profession: Physiotherapists

Summary

There is agreement to develop leadership within the profession and indeed the current Chair of the Chartered Society of Physiotherapy (CSP) sees this as a "fantastic opportunity." The CSP has about 85% membership of physiotherapists practising in the UK (93% of those who qualified in the UK).

The CSP is the professional, education and representative body for physiotherapists, physiotherapy students and physiotherapy support workers in the UK. All physiotherapists are required to be registered with the regulatory body, the Health Professions Council (HPC), to use the protected title 'physiotherapist' and to practise in the UK. The HPC is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula, with reference made to professional body curriculum guidance. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

Hitherto, coverage of management and leadership has been variable and dependent on HEI curricula prior to qualification and individual management or employer needs post-qualification. As an example of new developments, Coventry University incorporates a service improvement project within its qualifying programme and offers a postgraduate certificate, diploma and master's degree in service improvement. Other HEIs have been involved in the NHS Institute project to strengthen coverage of service improvement within qualifying clinical health professions curricula (led by Jean Penny), and are involved in similar curricula developments.

Regulator

Health Professions Council (HPC).

Description of practice

Physiotherapists deal with human function and movement and help people to achieve their full physical potential. They use physical approaches to promote, maintain and restore wellbeing. The titles of 'Physical Therapist' and 'Physiotherapist' are protected.

There are 42,676 registrants with the HPC.

Career trajectory

35 HEIs across the UK offer qualifying programmes in physiotherapy at undergraduate and postgraduate levels. The CSP is just completing work to review and update its expectations of qualifying physiotherapy education (used as curriculum guidance by the HPC). The CSP's new learning and development principles and new framework for putting physiotherapy knowledge and skills into practice are strongly outcomes-based and grounded in current changes in population and patient needs, service delivery, and professional practice. They therefore place a strong emphasis on leadership skills. The CSP will be extending its quality enhancement approach in working with and supporting HEIs in using the new principles and framework.

After graduation, junior physiotherapists generally undertake a number of rotational posts (consolidating their knowledge and skills in different areas of practice) before they move into a particular specialism. Thereafter, progression is from junior > senior > consultant

therapists. However, there is great variability around career trajectories once a physiotherapist has graduated and completed their initial junior posts, with career opportunities becoming increasingly diverse and not necessarily defined by profession (e.g. they may take up clinical roles defined by care pathways).

Physiotherapists work in a variety of sectors and settings, including as individual private therapists, and in a variety of occupational roles (as managers, educators, researchers and policy leads, as well as clinicians)..

State of readiness

As indicated above, the CSP has just reviewed its Curriculum Framework (2002). Its new resources include a much stronger emphasis on management and leadership competences. The CSP is aware of the CLCF and is supportive of it. Work is currently underway to map the new CSP resources against the CLCF. The new CSP resources have been developed strongly in conjunction with the HEIs, and will be submitted to the HPC later this year, following informal links through their development. A code of professional values and behaviour has also been developed alongside the other new resources, which will be piloted in 2010/11. This also includes reference to leadership and service improvement. On-going CSP work will seek to strengthen support to members' career development.

The CSP believes it will be easier to incorporate and monitor inclusion of leadership within qualifying curricula than at post-qualifying level. It can seek to address this through promoting the importance of leadership within the criteria of its various programme recognition schemes. It remains concerned about the lack of financial support for physiotherapists to get time and expenses for study leave.

Organisations or bodies consulted	Names and Positions
Chartered Society of Physiotherapy	Natalie Beswetherick, Director of Practice & Development Ann Green, Chair of Council
Northumberland Care Trust Central Community Rehabilitation Team	Louise Lewis, Physiotherapy Professional Lead
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education



Clinical Profession: Prosthetists and Orthotists

There is agreement in developing leadership within the profession.

Summary

The British Association of Prosthetists and Orthotists (BAPO) is keen to review their career framework in light of the CLCF. There is a direct link between the professional body and the education providers which will be helpful in terms of informing pre and post-registration training.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The employers are also keen to relate their training to the CLCF and they have invited the NHS Institute to present at their meeting in October 2010.

Regulator

Health Professions Council (HPC).

Description of practice

There are 825 registrants with the Health Professions Council.

Prosthetists and orthotists are responsible for all aspects of supplying prostheses and orthoses for patients. A prosthesis is a device that replaces a missing body part. An orthosis is a device fitted to an existing body part in order to improve its function or reduce pain.

Career trajectory

Training is centred at two UK universities, University of Salford and University of Strathclyde.

Prosthetic/Orthotic education is currently a four-year honours degree course, which contains a final year of clinical experience. Although the courses vary, they both consist of three years of academic learning mixed with clinical tuition. The final year involves two six month clinical placements, one orthotic and one prosthetic leading to registration with the Health Professions Council.

Qualified prosthetists, orthotists and prosthetist/orthotists mainly work in the private sector and contract their services back to the NHS.

State of readiness

Course content at a degree level is determined by the HEIs and relates to the minimum standards set down by the HPC.

BAPO provides a career framework document which relates to the Skills for Health framework which reads across to the CLCF.

The BAPO educational committee is undertaking a mapping of the career framework to the CLCF and is keen to refresh the document in the near future. Both HEIs are represented on the BAPO educational committee so there is a direct link between the professional body and education providers.

As the majority of prosthetists and orthotists are employed by private sector providers, post-registration training tends to be aimed to meet their needs. The private sector players are keen on supporting the CLCF because the NHS commissions services provided by their employees.

Organisations or bodies consulted	Names and Positions
British Association of Prosthetists and Orthotists	Martin Matthews, Education Chair
British Healthcare Trades Association (BHTA) Orthotics Section)	Lynda Keen, Committee Secretary Sarah Lepak, Assistant Director
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Psychologists

Summary

The British Psychological Society (BPS) would be keen to see an emerging set of leadership competences developed for Practitioner Psychologists mapped onto a national framework. Coverage of other specialisms is currently for discussion within the BPS.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

The BPS is willing to work on mapping to CLCF depending on the exact timescale of implementation phase.

Regulator

Health Professions Council (HPC).

Description of practice

The primary group of focus within the NHS is Clinical Psychologists who work within a range of settings (Mental Health Services, Community & Primary Care) providing assessment, therapy, and rehabilitation to patients with varying degrees of severity of mental health problems.

Other relevant but smaller groups working in or with the NHS include Counselling Psychologists, Psychotherapists, Forensic, Health, Neuropsychologists and Sports and Exercise Science Psychologists. Many also work in the private and 3rd sector providing similar services.

Career trajectory

There are approx 55,000 undergraduate psychology students. Currently there is virtually no coverage of management and leadership at this level as graduates go into an enormous variety of careers, not necessarily in the NHS and not necessarily related to psychology.

There are approximately 16,000 registered practitioner psychologists on the HPC Register; 8,500 of these are Clinical Psychologists in the NHS. Masters courses exist for most specialist sub-areas of psychology but with limited management and leadership coverage except perhaps for Occupational/Organisational Psychology by the nature of the topic. Masters and work-based placements offer the most likely target to capture participants for management and leadership

State of readiness

No systematic training/provision in management and leadership currently exists but in Clinical Psychology an initiative has been taken to map a set of appropriate leadership competences. These are about to go to the BPS' Clinical Psychology Division for approval and subsequent consideration by other sub-specialist areas.

There was an openness and desire to map the set of competences identified to those in any national framework (CLCF).

Organisations or bodies consulted	Names and Positions
British Psychological Society	Prof Sue Gardner, President ⁵ Dr Nigel Atter, Policy Advisor Dr Jenny Taylor, Head Division Clinical Psychology Dr Peter Bannister, Director, Standards Dr Pam Skinner, Leadership Advisor
British Psychoanalytic Council	Malcolm Allen, Chief Executive Officer
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

⁵Please note that Dr Gerry Mulhearn has taken over as President of the BPS, after interviews were conducted.

Clinical Profession: Radiographers

The Society and College of Radiographers (SCoR) considers leadership as fundamental and is keen to further develop leadership within the profession and work to embed the CLCF into education and training curricula.

Summary

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

However, the SCoR also works with the HEIs to encourage more demanding, future looking content and engages with HEIs in the development phase, prior to the HPC approval process. This enables pre-registration courses to be approved by the College of Radiographers (CoR).

The next stage is to ensure that language and outcomes within the Learning and Development Framework (LDF) and the CLCF are consistent. We have commenced discussions with the SCoR on this work.

Regulator

Health Professions Council (HPC).

Description of practice

Therapeutic radiographers plan and deliver treatment using radiation, managing the patient's care throughout the treatment cycle.

Diagnostic radiographers produce and interpret high-quality images of the body to diagnose injuries and diseases; for example, x-rays, ultrasound or CT scans. There are 25,318 registrants with the Health Professions Council

Career trajectory

There are two career streams - therapeutic and diagnostic. To become a Health Professions Council registered radiographer, students have to undertake a 2, 3 or 4 year degree or higher degree programme comprised of academic, clinical and workplace training - depending on the requirements of the 26 HEIs in the UK, and approval of the HPC and the CoR.

Postgraduate courses include MSc or a postgraduate diploma.

State of readiness

Education providers tend to relate the content to the HPC Standards of Education and Training, Standards of Proficiency, Standards of Conduct, Performance and Ethics, and Standards for Continuing Professional Development.

The SCoR publishes a Learning and Development Framework (LDF) for all levels of practice of the radiography workforce, from the unregulated assistant practitioner workforce, through the practitioner level to advanced practitioner and consultant radiographer levels. Within the LDF document there is good coverage across all domains and most elements of the CLCF. The LDF is the curriculum guidance for pre-registration programmes seeking HPC approval, as well as the curriculum guidance for all education provision for the radiography workforce seeking College of Radiographers (CoR) approval.

With 20000 members the SCoR is an influential player. It accredits pre and post-registration courses and relates content to the LDF. The SCoR also provides courses and events which cover leadership.

Organisations or bodies consulted	Names and Positions
The Society and College of Radiographers	Professor Audrey Paterson, Director of Professional Policy Samantha Jewell, Professional Officer
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education

Clinical Profession: Social Work

There is a major drive to professionalise the social care workforce which presents a unique opportunity to develop leadership capacity. There are several levers available to achieve this.

Summary

The Social Care Institute for Excellence's role is to disseminate innovation and provides e-learning packages. SCIE are leading on the establishment of a College of Social Work.

The National Skills Academy for Social Care has also been established by the DH in October 2009 for the purpose of raising the standard of training & learning. The Academy is about to start developing a leadership framework and there is an opportunity to create a bridge between health and social care through leadership using the CLCF as a basis.

We intend to collaborate to describe how the CLCF can be adapted to suit social care. There is an Association of Directors of Adult Services which may also be useful to drive change.

Regulator

General Social Care Council (GSCC).

Description of practice

Social workers are professionally qualified staff who assess the needs of service users and plan the individual packages of care and support that best help them.

Social workers form relationships with people. As adviser, advocate, counsellor or listener, a social worker helps people to live more successfully within their local communities by helping them find solutions to their problems. Social work also involves engaging not only with clients themselves but their families and friends as well as working closely with other organisations including the police, NHS, schools and probation service.

Social workers tend to specialise in either adult or children's services. There are 120,000 social workers registered with the GSCC; 100,000 work in England.

Career trajectory

There are 1.5 million people working on social care. Becoming a social worker involves taking an honours degree in social work and registering with the GSCC. Almost all social workers start their careers with experience in social care.

In 2003, professional qualifying training for social workers in the United Kingdom changed to a degree in social work. In England, these are approved by the GSCC. The diploma in social work (DipSW) and all other 'predecessor' social work qualifications will continue to be recognised as valid social work qualifications.

State of readiness

It is clear, however, that social work is facing some acute challenges and concerns. These include the quality of initial training, recruitment and vacancy rates, and the status of the profession as a whole. In 2008 the Government established the Social Work Task Force to conduct a 'nuts and bolts' review of the profession and to advise on the shape and content of a comprehensive reform programme for social work.

The final report of the Task Force was published in December 2009, and makes a challenging set of recommendations to the Government for social work reform. The report emphasises that the practice of social work needs to be raised to a new level.

Recommendations include a call for a reformed system of initial training, together with greater leadership and a strong national voice for the social work profession, led by a college of social work. The report also calls for a single, nationally recognised career structure and a system for forecasting levels of demand for social workers, coupled with clear and binding standards for employers in how frontline social work should be resourced, managed and supported. The Task Force has also recommended a licence to practise system for social workers to acquire and keep up their professional status. In addition to this, improved understanding among the general public, service users, other professionals and the media about the role and purpose of social work, the demands of the job and the contribution social workers make, will be crucial in raising and securing the status of the profession for the future.

Organisations or bodies consulted	Names and Positions
Social Care Institute for Excellence (SCIE)	Stephen Goulder, Director of Corporate Services and Workforce Development
National Skills Academy for Social Care)	Brian Cox, Director of Leadership and Management

Clinical Profession: Speech and Language Therapists

Summary

There is a strong rapport for strengthening leadership capacity within members of the Royal College of Speech and Language Therapists, and a willingness to incorporate the CLCF.

Virtually all practitioners are members of the College (NHS and private sector).

Speech and language therapy pre-registration courses and the College's post-qualification programme have the potential to ensure coverage, plus CPD processes.

The Health Professions Council is the key lever to ensure adequate coverage within pre-registration education and training in HEI curricula. The HPC standards of proficiency will need to be enhanced to include a standard on leadership.

Regulator

Health Professionals Council (HPC).

Description of practice

There are approximately 11,500 registered speech and language therapists (94% of which are female).

A speech and language therapist assesses, treats and helps to prevent speech, language and swallowing difficulties.

Career trajectory

Approximately 70% of speech and language therapists work in the NHS, education and social care, with others in a variety of third and private sector locations. Approximately 750 speech and language therapists graduate onto the market each year. Service user groups range across all age groups (children to elderly).

There are a number of training routes: a three year and a three and a half year programme at undergraduate level, and a postgraduate two year programme. In total 18 universities are involved in this provision.

The College does provide a Quality Assurance process and Curriculum Guidelines. Although all training institutions participate, it is optional and does not permit the College to determine programme content.

State of readiness

There is reasonable coverage of leadership and management competences but transition in language required. The College is very willing to incorporate the CLCF and is very keen to strengthen leadership in its membership.

There is limited coverage at undergraduate level. The descriptors used relate generally to CLCF. It is thoroughly covered in a post-qualifying work-based (12 - 18 month) programme that is determined by the College and is compulsory as part of the terms of College membership. Much more content here but would need direct linkage and probably extension to cover CLCF.

For pre-registration courses assessment is variable (including exams, placement performance and coursework) and likely that no one would fail on management and leadership material at present. Provision is given largely by current tutors but this would need strengthening to provide full CLCF coverage.

Organisations or bodies consulted	Names and Positions
Royal College of Speech and Language Therapists	Kamini Gadhok, Chief Executive Sharon Woolf, Director of Professional Development
Health Professions Council	Michael Guthrie, Director of Standards Osama Ammar, Interim Director of Education



14. Bibliography

Applied Research Ltd (2009) *Medical Engagement Scale (MES): Phase Two Pilot and Development of Medical Norms*, Birmingham: Applied Research Ltd

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

British Association of Medical Managers (2007) *A Syllabus for Doctors in Management and Leadership Positions in Healthcare*, Cheadle: British Association of Medical Managers (BAMM)

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

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

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

British Psychological Society (2010) *Draft Clinical Psychology Leadership Development Framework July 2010*, Leicester: British Psychological Society

College of Occupational Therapists (2008) *College of Occupational Therapists Pre-registration Education Standards 3rd edition*, London: College of Occupational Therapists

College of Occupational Therapists (2006) *Post qualifying framework: a resource for occupational therapists*, London: College of Occupational Therapists

College of Operating Department Practitioners (2009) *BSc in Operating Department Practice Curriculum Document December 2009*, London: College of Operating Department Practitioners

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

College of Optometrists (2009) *Assessment Framework*, London: College of Optometrists

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

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

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

Chartered Society of Physiotherapy (2002) *Curriculum framework for qualifying programmes in physiotherapy 2002*, London: Chartered Society of Physiotherapy

Department of Health (2004) *Agenda for Change: Final Agreement*, London

Department of Health (2004) *The NHS Knowledge and Skills Framework (NHS KSF) and the Development Review Process*, London

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

Department of Health (2010) *Equity and excellence: Liberating the NHS (White Paper)*, London: TSO

Department of Health (2009) *Transforming Community Services: Enabling new patterns of provision*, London: COI

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

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

Department of Health (2010) *Building a Safe and Confident Future: Implementing the recommendations of the Social Work Task Force*, London: Department for Children, Schools and Families

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

General Dental Council (2010) *Outcomes for registration*, London: General Dental Council

General Medical Council (2009) *Tomorrow's Doctors: Outcomes and standards for undergraduate medical education*, Manchester: General Medical Council

Hamilton, P., Spurgeon, P., Clark, J., Dent, J., Armit, K. (2008) *Engaging Doctors: Can doctors influence organisational performance?*, Coventry: NHS Institute for Innovation and Improvement

Health Care Leaders Association of British Columbia (2007) *Health Leadership Capabilities Framework*, Victoria: Health Care Leaders Association of British Columbia

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

Health Professions Council (Various) *Standards of Proficiency*, London: Health Professions Council

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

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

Mortimer, R.H., Sewell, J. R., Robertson, D.M., Thomson, N.M., Leigh, J.A., Long, P.W. (2004) *Lessons from the Clinical Support Systems Program: facilitating better practice through leadership and team building*, Medical Journal Australia, 17 May: 180 (10 Suppl): S97-S100
Management Standards Centre (2008) *National Occupation Standards for Management and Leadership*, London: Management Standards Centre

McGaghie, W.C., Miller, G.E., Sajid, A.W. and Telder, T.V. (1978) *Competency-Based Curriculum Development in Medical Education*, An Introduction, Public Health Papers No. 68, Geneva: World Health Organisation

Midwifery 2020 *Midwifery 2020 – the future of the profession* [Online], Available: official website of the Midwifery 2020 programme - <http://www.midwifery2020.org> [April 2010]

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

National Skills Academy Social Care (2009) *Leadership and management prospectus*, www.nsasocialcare.co.uk, London: National Skills Academy Social Care

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

Ham, C. and Dickinson, H. (2008a) *Engaging Doctors in Leadership: A review of the literature*, Coventry: NHS Institute for Innovation and Improvement

Ham, C. And Dickinson, H. (2008b) *Engaging Doctors in Leadership: What we can learn from international experience and research evidence?*, Coventry: NHS Institute for Innovation and Improvement

Ham, C., Clark, J., Spurgeon, P., Dickinson, H., Armit, K. (2010) *Medical Chief Executives in the NHS: Facilitators and Barriers to Their Career Progress*, Coventry: NHS Institute for Innovation and Improvement

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

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

NHS Institute for Innovation and Improvement (2009) *Shared Leadership: Underpinning of the MLCF*, Coventry: NHS Institute for Innovation and Improvement

NHS, National Leadership Council *First Year, the Foundation 2009-2010, Outstanding Leadership and Leadership Development at Every Level*, [Online], Available: www.nhsleadership.org.uk [April 2010]

NHS, National Leadership Council (2010) *Clinical Leadership Interim Report Spring 2010*, London: National Leadership Council

NHS *NHS, Shape a quality nursing workforce*, [Online], Available: www.nhsemployers.org

NHS Scotland (2009) *Delivering Quality Through Leadership: NHS Scotland Leadership Development Strategy*, Edinburgh: Scottish Government

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

Spurgeon, P., Barwell, F., Mazelan, P., Clark, J. (2009) *The link between medical engagement and organisational performance*, Coventry: NHS Institute for Innovation and Improvement

Reinertsen, J.L., Gosfield, A.G., Rupp, W., Whittington, J.W. (2007) *Engaging Physicians in a Shared Quality Agenda, IHI Innovation Series white paper*, Cambridge, MA: Institute for Healthcare Improvement

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

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

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

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

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

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

15. Appendices

Appendix 1 – Proposed Clinical Leadership Competency Framework

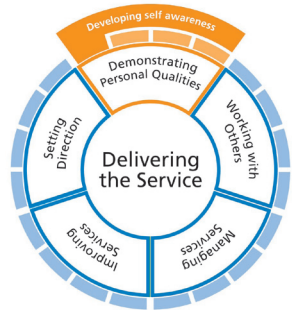
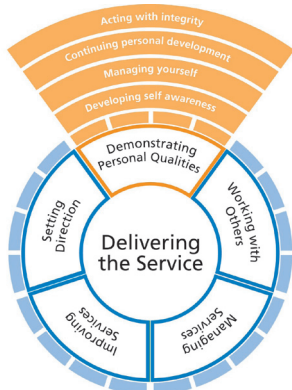
Appendix 2 – Stakeholder Groups (as Identified February 2010)

Appendix 3 – List of Interviewees

Appendix 4 – List of Groups and Presentations

Appendix 1 - Proposed Clinical Competency Framework

1. Demonstrating Personal Qualities



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

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

1.1 Developing self awareness

Competence

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

1.2 Managing yourself

Competence

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

1.3 Continuing personal development

Competence

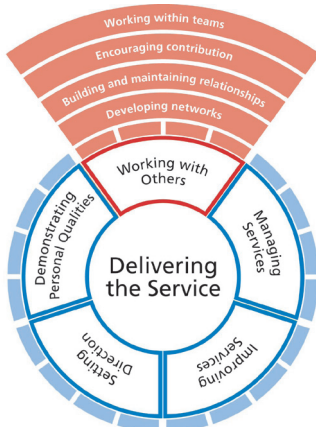
1. Actively seek opportunities and challenge for personal learning and development
2. Acknowledge mistakes and treat them as learning opportunities
3. Participate in continuing professional development activities
4. Change their behaviour in the light of feedback and reflection

1.4 Acting with integrity

Competence

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

2. Working with Others



Clinicians show leadership by working with others in teams and networks to deliver and improve services. This requires clinicians to demonstrate competence in the areas of:

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



2.1 Developing networks

Competence

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



2.2 Building and maintaining relationships

Competence

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



2.3 Encouraging contribution

Competence

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



2.4 Working within teams

Competence

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

3. Managing Services



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

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



3.1 Planning

Competence

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



3.2 Managing resources

Competence

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



3.3 Managing people

Competence

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

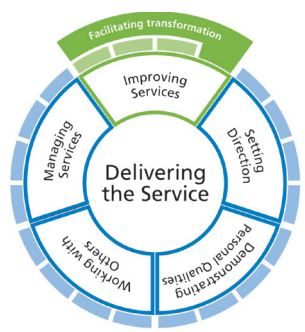


3.4 Managing performance

Competence

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

4. Improving Services



Clinicians showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to service. This requires clinicians to demonstrate competence in the areas of:

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

4.1 Ensuring patient safety

Competence

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

4.2 Critically evaluating

Competence

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

4.3 Encouraging improvement and innovation

Competence

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

4.4 Facilitating transformation

Competence

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

5. Setting Direction



Clinicians showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. This requires clinicians to demonstrate competence in the areas of:

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



5.1 Identifying the contexts for change

Competence

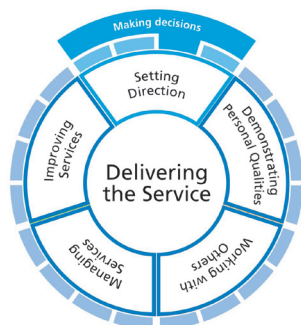
1. Demonstrate awareness of the political, social, technical, economic, organisational and professional environment
2. Understand and interpret relevant legislation and accountability frameworks
3. Anticipate and prepare for the future by scanning for ideas, best practice and emerging trends that will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



5.2 Applying knowledge and evidence

Competence

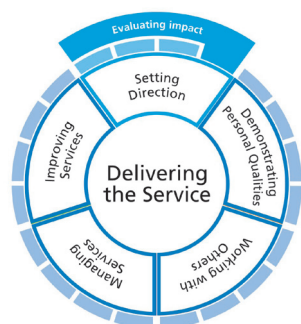
1. Use appropriate methods to gather data and information
2. Carry out analysis against an evidence-based criteria set
3. Use information to challenge existing practices and processes
4. Influence others to use knowledge and evidence to achieve best practice



5.3 Making decisions

Competence

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



5.4 Evaluating impact

Competence

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

Appendix 2 – Stakeholder Groups

(as Identified February 2010)

Clinical Profession	Organisation
Art therapists	British Association of Art Therapists
Chiropodist/Podiatrists	The Society of Chiropodists & Podiatrists
	The British Chiropody & Podiatry Association
	The SMAE Institute, the School of Surgical Chiropody at Maidenhead, Berkshire
	The Institute of Chiropodists & Podiatrists
Dentists and Dental Care Professionals	Dental Defence Union
	British Dental Association
	British Association of Dental Nurses
	British Association of Dental Therapists
	British Dental Hygienists Association
	British Dental Practice Managers' Association
	General Dental Council
	Dental Technicians' Association
	Faculty of General Dental Practice (UK)
	Dental Care Professionals Advisory Board
	Faculty of Dental Surgery
	National Examining Board for Dental Nurses
Dietitians	British Dietetic Association
Dramatherapists	British Association for Dramatherapists
Across Various Professions	Allied Health Professions Federation
	Council of Deans
	Health Professions Council
	UNISON
	Unite
	PROPRIUS
	Vision 2020
Skills for Health	
Healthcare Scientists	Association of Clinical Biochemists
	Federation of Healthcare Scientists
	Association of Clinical Cytogenetics
	British Society of Audiological Scientists
	The Institute of Maxillofacial Prosthetists and Technologists
	The Society of Clinical Perfusion Scientists of Great Britain and Ireland
	Institute of Medical Illustrators
	Universities UK
	Institute of Biomedical Science
	Association of Clinical Scientists (ACS)
Voluntary Register of Clinical Technologists	
Midwives	RCM Heads of Midwifery Group Contact
	Local Supervising Authority Midwifery Officers (LSAMO) Strategic Reference Group
	Lead Midwife for Education (LME) Strategic Reference Group
	Executive Board of the BDA
	Royal College of Midwives
Music therapists	Association of Professional Music Therapists / British Society for Music Therapy

Clinical Profession	Organisation
Nurses	Nursing and Midwifery Council
	Royal College of Nursing
	Community and District Nursing Association
	Community Practitioners and Health Visitors Association (CPHVA)
	Mental Health Nurses Association
	Association of Preoperative Practice
	Association of Perioperative Practice
	Community Practitioners and Health Visitors
	NPLP
Occupational therapists	British Association of Occupational Therapists/ College of Occupational Therapists
Operating department practitioners	College of Operating Department Practitioners
	Association for Perioperative Practice
	Proprius
Optometrists and Opticians	General Optical Council
	College of Optometrists
	Federation of Dispensers and Optometrists
	Association of British Dispensers
Orthoptists	British and Irish Orthoptic Society
Paramedics	The Ambulance Services Union
	The Association of Professional Ambulance Personnel (APAP)
	Joint Royal Colleges Ambulance Liaison Committee (JRCALC)
	British Paramedic Association (BPA)
	EDEXCEL
	College of Paramedics
Pharmacists and Pharmacy Technicians	Guild of Healthcare Pharmacists
	Association of Pharmacy Technicians, UK
	Royal Pharmaceutical Society of Great Britain / The General Pharmaceutical Society of Great Britain
Physiotherapists	Chartered Society of Physiotherapy
Prosthetic/Orthotists	British Association of Prosthetists and Orthotists
Psychologists	The British Psychoanalytic Council
	British Association of Behavioral Cognitive Psychotherapy
	DH Mental Health Development Unit
	NHS Confed
	The British Association for Counselling and Psychotherapy (BACP)
	British Psychological Society
	UK Council for Psychotherapy
	Association of Child Psychotherapists
	British Association for Behavioural and Cognitive Psychotherapies
	The British Psychological Society
	Association of Educational Psychologists
	British Confederation of Psychotherapists
Radiographers	The Society & College of Radiographers
	College of Radiographers
Speech and Language Therapists	Royal College of Speech and Language Therapists

Appendix 3 – List of Interviewees

Clinical Profession		Organisation		Name	
Art Therapists	1	British Association of Art Therapists	1	Val Huet, Chief Executive Officer	1
		British Association of Art Therapists		Clare-Louise Leyland, Course Director & Council Member	1
Chiropodist/Podiatrist	1	The Society of Chiropodists & Podiatrists	1	Mike Townson, Head of Podiatry at Portsmouth City Teaching PCT	1
		The Society of Chiropodists & Podiatrists		David Wylie, Head of Podiatric Services at NHS Greater Glasgow & Clyde	1
		The Society of Chiropodists & Podiatrists		Janet McInnes, Chair	1
		The Society of Chiropodists & Podiatrists		Dr Wilfred Foxe, Director of Education and Development	1
		The Institute of Chiropodists & Podiatrists	1	William J Liggins, Chairman Board of Education	1
		The Institute of Chiropodists & Podiatrists		Kate France, Course Facilitator	1
		Stockport NHS Foundation Trust		Jennifer Large, Out of Hours Project Manager	1
Dentists and Dental Care Professionals	1	Department of Health		Barry Cockcroft, Chief Dental Officer	1
		General Dental Council	1	Alison White, Interim Chief Executive and Registrar	1
		General Dental Council		Paul Feeney, Head of Quality Assurance	1
		General Dental Council		Professor Bill Saunders, Chair of the Dental Schools Council and Dean of Dentistry at Dundee University	1
		General Dental Council		Sarah Crossfield, Policy Manager for Learning Outcomes	1
		British Dental Association	1	Dr Susie Sanderson, Chair of BDA Executive Board	1
Dietitians	1	British Dietetic Association	1	Sue Kellie, Head of Education and Professional Development	1
		British Dietetic Association		Helen Barker, Associate Head of Department of Physiotherapy and Dietetics	1
		British Dietetic Association		Pauline Mulholland, Chair of Professional Practice Board	1
Dramatherapists	1	British Association of Dramatherapists	1	Madeline Anderson-Warren, Chair	1
Across Various Professions		Allied Health Professions Federation	1	Paul Hitchcock, Director	1
		Health Professions Council	1	Marc Seale, Chief Executive and Registrar	1
		Health Professions Council		Michael Guthrie, Director of Standards	1
		Health Professions Council		Osama Ammar, Interim Director of Education	1
		Department of Health	1	Karen Middleton, Chief Health Professions Officer	1
		Department of Health		Lisa Hughes, Allied Health Professions Officer	1
		Department of Health		Lucy Botting, Transforming Community Services Domain Lead	1
		Department of Health		David Colin-Thomé, National Director for Primary Care	1
		Council of Deans	1	Ieuan Ellis, Professor of Healthcare Education	1
		Council of Deans		Matthew Hamilton, Director of Policy	1
		Council of Deans		Mary Lovegrove, Head of Department AHP	1
		Council of Deans		Clive Matthews, Deputy Dean (Education) Bournemouth University	1
		Skills for Health	1	Alison Strode, Divisional Manager - Workforce Modernisation	1
		East Midlands Strategic Health Authority	1	Peter Rolland, Head of Education Commissioning	1
		East Midlands Deanery	1	David Sowden, Dean Director	1

Clinical Profession		Organisation		Name	
Healthcare Scientists	1	Federation of Healthcare Scientists	1	Keith Ison, Former Chair; Chair of MEE HCSPB Leadership Working Group	1
		Institute of Biomedical Science	1	Nick Kirk, Regional Council Member	1
		Institute of Biomedical Science		Mary Macdonald, Head BMS and Chair of the IBMS Educational Development committee	1
		Association of Clinical Scientists (ACS)	1	Dr Iain Chambers, Chair	1
		Department of Health		Professor Sue Hill, Chief Scientific Officer	1
		Department of Health		Pat Saunders, Senior Policy Manager	1
		Department of Health		Professor Maggie Pearson, Academic Director for Modernising Scientific Careers	1
Midwives	1	Lead Midwife for Education Strategic Reference Group	1	Dr Tina Harris, Lead Midwife of Education	1
		Lead Midwife for Education Strategic Reference Group		Fran Mills, Senior Lecturer	1
		Lead Midwife for Education Strategic Reference Group		Moira McLean, Senior Lecturer	1
		Royal College of Midwives	1	Gail Johnson, Education and Professional Development Advisor	1
		Midwifery 2020	1	Noreen Kent, Programme Director	1
		Local Supervising Authority Midwifery Officers	1	Suzie Cro, Local Supervisory Midwifery Officer	1
		Nursing and Midwifery Council	1	Michelle Lyne, Professional Advisor of Education - Midwifery	1
Music Therapists	1	Association of Professional Music Therapists / Music for Health Research Centre	1	Dr Helen Odell-Miller, Deputy Head of Music and Performing Arts Department	1
Nurses	1	Royal College of Nursing	1	Geraldine Cunningham, Head of Learning and Development	1
		Royal College of Nursing		Professor Dame Betty Kershaw, Education Advisor	1
		Nursing and Midwifery Council	1	Jan Goldsmith, Professional Advisor of Education - Nursing	1
		Department of Health		Christine Beasley, Chief Nursing Officer	1
		Department of Health		Chris Caldwell, Assistant DN	1
Occupational Therapists	1	College of Occupational Therapists	1	Anna Clampin, Head of Education and Learning	1
Operating Department Practitioners	1	College of Operating Department Practitioners	1	Helen Booth, Chair of Professional Council	1
		College of Operating Department Practitioners		Deborah Robinson, Chair of Education and Standards Group	1
		College of Operating Department Practitioners		Bill Kilvington, President/Clinical Manager	1
Optometrists and Opticians	1	General Optical Council	1	Linda Kennaugh, Director of Education	1
		General Optical Council		Paul Gavin, Education Policy and Project Officer	1
		Federation of Ophthalmic and Dispensing Opticians	1	David Hewlett, Chief Executive	1
		College of Optometrists	1	Jo Mullin, Director of Education	1
		College of Optometrists		Amanda Grainger, Interim Director of Professional Services	1
		Association of British Dispensing Opticians	1	Elaine Grisdale, Head of Professional Services	1
		Association of Optometrists	1	Geoff Robeson, Professional Advisor	1
Orthoptist	1	British and Irish Orthoptic Society	1	Ms Rosemary Auld, Chair of BIOS	1
		British and Irish Orthoptic Society		Mrs Alison Price, Chair of Professional Development Committee	1

Clinical Profession		Organisation		Name	
Paramedics	1	College of Paramedics	1	Jim Petter, Director of Professional Standards	1
		College of Paramedics		John Martin, Vice Chair	1
		Ambulance Trust CEs Group	1	Peter Bradley, Chief Executive, London Ambulance Trust	1
		Ambulance Trust National HR Directors Group	1	David Farrelly, Chair and East Midlands Director	1
		Ambulance Service Education Leads	1	Paul Bates, Chair	1
		Ambulance Training College	1	Lizzie Ryan, Education Business Manager	1
Pharmacists & Pharmacy Technicians	1	Royal Pharmaceutical Society of Great Britain	1	Catherine Duggan, Director of Professional Development and Support	1
		Department of Health		Dr Keith Ridge, Chief Pharmaceutical Officer	1
		Department of Health		Dr Sue Ambler, Programme Director for Modernising Pharmacy Careers Programme	1
		Department of Health		Mr Martin Stephens, Clinical Director for Hospital Pharmacy	1
		General Pharmaceutical Council	1	Duncan Redkin, Chief Executive	1
		Centre for Pharmacy Postgraduate Education	1	Chris Cutts, Director	1
Physiotherapist	1	Chartered Society of Physiotherapy	1	Natalie Beswetherick, Director of Practice & Development	1
		Chartered Society of Physiotherapy		Ann Green, Chair of Council	1
		Northumberland Care Trust Central Community Rehabilitation Team	1	Louise Lewis, Physiotherapy Professional Lead	1
Prosthetic/Orthotist	1	British Association of Prosthetists and Orthotists	1	Martin Matthews, Education Chair	1
		British Healthcare Trades Association (BHTA) Orthotics Section	1	Lynda Keen, Committee Secretary	1
		British Healthcare Trades Association (BHTA) Orthotics Section		Sarah Lepak, Assistant Director	1
Psychologists	1	The British Psychological Society	1	Pam Skinner, Leadership Advisor	1
		The British Psychological Society		Nigel Atter, Policy Advisor (Professional Practice)	1
		The British Psychological Society		Professor Sue Gardner, President	1
		The British Psychological Society		Dr Jenny Taylor, Head Division Clinical Psychology	1
		The British Psychological Society		Dr Peter Bannister, Director, Standards	1
		British Psychoanalytic Council	1	Malcolm Allen, Chief Executive Officer	1
Radiographer	1	The Society & College of Radiographers	1	Professor Audrey Paterson, Director of Professional Policy	1
		The Society & College of Radiographers		Samantha Jewell, Professional Officer	1
Social Care	1	National Skills Academy for Social Care	1	Brian Cox, Head of Leadership and Management	1
		Social Care Institute for Excellence	1	Stephen Goulder, Director of Corporate Services and Workforce	1
Speech and Language Therapist	1	Royal College of Speech and Language Therapists	1	Kamini Gadhok, Chief Executive	1
		Royal College of Speech and Language Therapists		Sharon Woolf, Director of Professional Development	1
Totals	21		51		97

Appendix 4 – List of Groups and Presentations

Clinical Profession	Presentation/event
General AHP	Department of Health, "Making the most of the allied health professional workforce; meeting the quality and productivity challenge"
	Council of Deans Executive Meeting
Paramedics	Ambulance Trust HR & Education Leads Meeting
	National Ambulance Service Education Leads
Physiotherapists	Chartered Society of Physiotherapists Managers Annual Conference
Optometrists and Opticians	Federation of Ophthalmic and Dispensing Opticians Meeting
Radiographers	College of Radiographers Approval & Accreditation Board (AAB) presentation

About the NHS Institute for Innovation and Improvement

The NHS Institute for Innovation and Improvement (NHS Institute) supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world class leadership.

Great leadership at all levels in the NHS is required to achieve our ambition of delivering world class standards in health and health services to patients and communities.

The NHS Institute provides a range of interventions to help build leadership capability and capacity across the NHS:

- Our Board Development Team provides a range of capability programmes for whole boards and individual senior leaders, as well as strengthening the provision of coaching for senior leaders. There is also a focus on building commissioning capabilities
- The Enhancing Engagement in Medical Leadership Project develops and promotes medical leadership and engagement across the UK in conjunction with the Academy of Medical Royal Colleges
- Building Leadership Capacity recruits fresh new talent and develops high calibre individuals into innovative, accomplished leaders through a portfolio of three programmes, each of which uniquely contributes to the

NHS talent pool:

- NHS Graduate Scheme continues to recruit high calibre graduates onto the award winning scheme
- Gateway to Leadership attracts fresh talent into the NHS from other sectors by recruiting on its programme
- Breaking Through Programme recruits NHS managers from black and minority ethnic backgrounds.

For further information about the Clinical Leadership Competency Framework, please visit the website at www.institute.nhs.uk/clinicalleadership. Alternatively, you can contact the project team by phone or email:

p: +44 (0)207 271 0306

e: clinicalleadership@institute.nhs.uk

Further information on the project, as well as wider Clinical Leadership workstream activities, is available from the National Leadership Council website (www.nhsleadership.org.uk).

A summary of this report can be found on the NLC webpage by using the following link: <http://www.nhsleadership.org.uk/workstreams-clinical-news.asp?id=140>

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