

# Medical Leadership Competency Framework

Enhancing Engagement in Medical Leadership  
Third Edition, July 2010



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# Preface



The Medical Leadership Competency Framework (MLCF) was jointly developed by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement in conjunction with a wide range of stakeholders. The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services.

In developing the MLCF the project team carried out a review of literature and key publications, a comparative analysis of other leadership competency frameworks, and an analysis of medical curricula. They also consulted with members of the medical and wider NHS community and received input from the project steering group, reference and focus groups. The MLCF has been successfully tested in a range of medical education and service communities across the UK. Since it was originally published in May 2008, we have received further feedback from many individuals and groups including patient and lay groups, equality and diversity experts, medical students and doctors, and from organisations implementing the framework. We incorporated many of the suggested improvements into the second edition of the MLCF in 2009 and further feedback has been incorporated into this third edition.

The project team continues to work closely with those involved in the delivery of medical education and NHS services to assist in translating the MLCF into curricula and learning experiences. Following its incorporation into *Tomorrow's Doctors*, we have developed the *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework* for medical schools as well as the *Medical Leadership Curriculum* which has been incorporated into the 58 specialty curricula of the Medical Royal Colleges and Faculties.

We very much hope that the MLCF will contribute to the vision articulated in the following key documents:

*"The doctor's frequent role as head of the healthcare team and commander of considerable clinical resource requires that greater attention is paid to management and leadership skills regardless of specialism. An acknowledgement of the leadership role of medicine is increasingly evident. Role acknowledgement and aspiration to enhanced roles be they in subspecialty practice, management and leadership, education or research are likely to facilitate greater clinical engagement."* (Aspiring to Excellence, Prof John Tooke, 2008)

*"Greater freedom, enhanced accountability and empowering staff are necessary but not sufficient in the pursuit of high quality care. Making change actually happen takes leadership. It is central to our expectations of the healthcare professionals of tomorrow."* (Next Stage Review: High Quality Care for All, July 2008)

*"It is not enough for a clinician to act as a practitioner in their own discipline. They must act as partners to their colleagues, accepting shared accountability for the service provided to their patients. They are also expected to offer leadership and to work with others to change systems when it is necessary for the benefit of patients."* (Tomorrow's Doctors, September 2009)

The MLCF is part of the wider *Enhancing Engagement in Medical Leadership* project. You will find more details at [www.institute.nhs.uk/medicalleadership](http://www.institute.nhs.uk/medicalleadership). If you have any comments on the MLCF or would like more details about the project, please email us at: [medicalleadership@institute.nhs.uk](mailto:medicalleadership@institute.nhs.uk)

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# Medical Leadership Competency Framework



## Leadership and Doctors

Leadership is a key part of doctors' professional work regardless of specialty and setting. It is already a requirement of all doctors as laid out in the General Medical Council's (GMC) publications *Good Medical Practice*, *Tomorrow's Doctors* and also *Management for Doctors*.

While the primary focus for doctors is on their professional practice, all doctors work in systems and within organisations. It is a vitally important fact that doctors have a direct and far-reaching impact on patient experience and outcomes. Doctors have a legal duty broader than any other health professional and therefore have an intrinsic leadership role within healthcare services. They have a responsibility to contribute to the effective running of the organisation in which they work and to its future direction. The development of leadership competence needs to be an integral part of a doctor's training and learning. The MLCF is intended as an aid and driver for this and to enable a doctor in the NHS to be:

- A Practitioner
- A Partner
- A Leader.

The Medical Leadership Competency Framework (MLCF) is built on the concept of **shared leadership** where leadership is not restricted to people who hold designated leadership roles, and where there is a shared sense of responsibility for the success of the organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate at different times, and are focused on the achievement of the group rather than of an individual. Therefore shared leadership actively supports effective teamwork.

**The MLCF describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of health services.**



**The MLCF is a key tool which can be used to:**

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

**This document is designed to be read and used in conjunction with other medical and service publications. These include:**

- General Medical Council (GMC) ([www.gmc-uk.org](http://www.gmc-uk.org)): *Tomorrow's Doctors* (2009), *Good Medical Practice* (2006), Member's Code of Conduct
- Department of Health (DH) ([www.dh.gov.uk](http://www.dh.gov.uk)): *Knowledge and Skills Framework* (2004), *High Quality Care for All: Next Stage Review Final Report* (2008)
- Specialty curricula of the Medical Royal Colleges and Faculties are available to view at [http://www.gmc-uk.org/education/postgraduate/approved\\_curricula\\_systems.asp](http://www.gmc-uk.org/education/postgraduate/approved_curricula_systems.asp)

- Foundation Programme ([www.foundationprogramme.nhs.uk](http://www.foundationprogramme.nhs.uk)): *Foundation Programme Curriculum* (2010)
- NHS Institute for Innovation and Improvement (NHS Institute) and Academy of Medical Royal Colleges (AoMRC) ([www.institute.nhs.uk/medicalleadership](http://www.institute.nhs.uk/medicalleadership) and [www.aomrc.org.uk](http://www.aomrc.org.uk)): *Engaging Doctors in Leadership: What can we learn from international experience and research evidence?* (2008), *Engaging Doctors: Can doctors influence organisational performance?* (2008), *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework* (2010), *Medical Leadership Curriculum* (2009)
- Programmes and publications on quality, value, safety, innovation and leadership. Further information can be found on [www.institute.nhs.uk](http://www.institute.nhs.uk).

Those interested in learning more about the knowledge and skills underpinning the MLCF may wish to use the LeAD learning sessions, available from e-Learning for Healthcare (<http://www.e-lfh.org.uk/lead>).



# Who is it for?

The Medical Leadership Competency Framework applies to all medical students, qualified doctors and dental surgeons. The way a doctor demonstrates competence and ability will vary according to the career path chosen and their level of experience and training. However, all competences should be capable of being achieved at all career stages, though in different contexts.

Three main career stages have been identified and used throughout the MLCF:

**Stage 1:** up to the end of undergraduate training

**Stage 2:** up to the end of postgraduate training

**Stage 3:** up to five years or equivalent continuing practice.

## Undergraduate



At **undergraduate** stage (medical school) all medical students will be expected to achieve learning outcomes as defined by the medical school curriculum (based on the GMC *Tomorrow's Doctors*). Those outcomes concerned with *The Doctor as a Professional* in particular are relevant to the competences within the MLCF.

During their medical school training students will have access to relevant learning opportunities within a variety of situations including:

- peer interaction
- group learning
- clinical placements
- activities and responsibilities within the university
- involvement with charities, social groups and organisations.

All these situations can provide a medical student with the opportunity to develop experience of leadership, to develop their personal styles and abilities, and to understand how effective leadership will have an impact on the system and benefit patients as they move from learner to practitioner on graduating.

## Postgraduate



At **postgraduate** stage the MLCF applies to all doctors in training and practice. That is, during foundation years and to those:

- in specialty training (specialty curriculum approved by the General Medical Council (GMC) [as of 1st April 2010, and formerly by the Postgraduate Medical Education and Training Board (PMETB)], and
- in non-specialist training posts (postgraduate deanery and service responsibility).

As they train further and consolidate their skills and knowledge in everyday practice, doctors in training are very often the key medical person relating to patients and other staff, and the ones who are experiencing how day-to-day healthcare works in action.

They are uniquely placed:

- to develop experience in management and leadership through relationships with other people, departments and ways of working, and
- to understand how the patient experiences healthcare, and how the processes and systems of delivering care can be improved.

Specific activities such as clinical audit and research also offer the opportunity to learn management and leadership skills. With all this comes the need to understand how their specialty and focus of care contributes to the wider healthcare system.





## Continuing Practice



**Continuing practice** describes the stage of post specialist certification, or the time during the first years of practice after training. The MLCF applies to all consultants and general practitioners. It also applies to doctors who do not have specialist or generalist registration but who work as staff or associate specialist grade or as trust doctors in non career grade posts in hospitals.

The ending of the formal training period brings with it roles and responsibilities within the team delivering patient care, as well as in the wider healthcare system. Doctors need an understanding of the need for each area to play its part. Experienced doctors develop their abilities in leadership within their departments and practices and by working with colleagues in other settings and on projects. Their familiarity with their specific focus of care enables them to work outside their immediate setting and to look further at ways to improve the experience of healthcare for patients and colleagues. As established members of staff or as partners, they are able to develop further their leadership abilities by actively contributing to the running of the organisation and to the way care is provided generally.

### Key

- Depth and extent of competence will be limited. Lesser degree of emphasis on the domain due to fewer opportunities to demonstrate competence. However, should have developed the underpinning knowledge and skills as a foundation for future competence in this area
- Depth and extent of competence will be greater. Greater degree of emphasis with more opportunities to show competence in all elements of the domain
- Depth and extent of competence will be greatest. Greatest degree of emphasis with frequent opportunities to show competence in all elements of the domain

**The diagrams illustrate the expectations of depth and the extent to which competences can be demonstrated at different career stages. That is, the darker the shading, the greater the depth and extent of competence.**

All domains and elements of the MLCF apply to all medical students, doctors in training, and Consultants and GPs. However, the application of and opportunity to demonstrate the competences in the MLCF will differ according to the career stage of the doctor and the type of role they fulfil. The context in which competence can be achieved will become more complex and demanding with career progression.



# Development

The Medical Leadership Competency Framework has been in development since August 2006. It was first published in 2008 and the project team drew on:

- **A review of the literature** on medical leadership and engagement.
- **Comparative analysis of leadership competency frameworks** and curricula both nationally and internationally. Influential frameworks include:
  - NHS Institute for Innovation and Improvement: Leadership Qualities Framework (LQF)
  - British Association of Medical Managers: A Syllabus for Doctors in Management and Leadership Positions in Healthcare
  - Institute for Health Improvement: Engaging Physicians in a Shared Quality Agenda
  - Health Care Leaders Association of British Columbia: Health Leadership Capabilities Framework for Senior Executive Leaders
  - Management Standards Centre: National Occupational Standards for Management and Leadership.
- **Analysis of specialty medical curricula** submitted to and approved by the General Medical Council (GMC) [as of 1st April 2010, and formerly by the Postgraduate Medical Education and Training Board (PMETB)].
- **Consultation with members of the medical and wider NHS community** in the UK including the GMC, PMETB [prior to 1st April 2010], NHS Confederation, NHS Employers, Conference of Postgraduate Medical Education Deans (COPMeD), Medical Schools Council (MSC) and the British Medical Association (BMA).
- **Consultation with Patient Lay Advisory Groups of the Medical Royal Colleges**
- **Semi-structured interviews** with Medical School Deans, Postgraduate Deans and Presidents of Medical Royal Colleges.
- **Advice from the Project Steering Group** which has been led by the Academy of Medical Royal Colleges (AoMRC) and includes representation from the GMC, NHS Confederation, NHS

Employers, COPMeD, MSC, BMA, NHS Institute for Innovation and Improvement and Department of Health.

- **Advice from reference groups** consisting of individuals from all levels within medical and service communities.
- **Feedback from focus groups** of medical students, junior doctors, consultants and general practitioners.
- **Review of key documents** produced by medical professional and regulatory bodies such as *Tomorrow's Doctors*, *Good Medical Practice*, *Aspiring to Excellence: Final Report of the Independent Inquiry into Modernising Medical Careers* and *High Quality Care for All: NHS Next Stage Review Final Report*.

The Project Steering Group has also tested the MLCF in a variety of medical education and service communities in the UK to ensure that the competences are relevant to doctors at the different stages in their training and careers.

**Why competence and not capability?** As the GMC refers to a doctor's competence, we have used this term throughout to be consistent with current terminology.

**Will the MLCF stand the test of time?** The MLCF has been written in language designed to stand the test of time. However, revisions may need to be made from time to time to make sure it is in line with the latest thinking and health service needs.

**What has changed in this third edition?** Minor refinements in this third edition have been made after feedback from patient groups, PMETB (prior to 1st April 2010), Medical Royal Colleges, doctors and managers from acute and foundation trusts and general practice based on the use of the MLCF. The MLCF has also been reviewed in the light of changing regulatory advice for undergraduate and postgraduate training.



Delivering services to patients, service users, carers and the public is at the heart of the Medical Leadership Competency Framework. Doctors work hard to improve services for people. The word 'patient' is used generically to cover patients, service users, and all those who receive healthcare. The word 'others' is used to describe all colleagues from any discipline and organisation, as well as patients, service users, carers and the public.

There are five domains highlighted below. To deliver appropriate, safe and effective services, it is essential that any doctor is competent in each of the five domains. Within each domain there are four elements and each of these elements is further divided into four competency outcomes (outlined in this document).

## 1. Demonstrating Personal Qualities

- 1.1 Developing self awareness
- 1.2 Managing yourself
- 1.3 Continuing personal development
- 1.4 Acting with integrity

## 2. Working with Others

- 2.1 Developing networks
- 2.2 Building and maintaining relationships
- 2.3 Encouraging contribution
- 2.4 Working within teams

## 3. Managing Services

- 3.1 Planning
- 3.2 Managing resources
- 3.3 Managing people
- 3.4 Managing performance

## 4. Improving Services

- 4.1 Ensuring patient safety
- 4.2 Critically evaluating
- 4.3 Encouraging improvement and innovation
- 4.4 Facilitating transformation

## 5. Setting Direction

- 5.1 Identifying the contexts for change
- 5.2 Applying knowledge and evidence
- 5.3 Making decisions
- 5.4 Evaluating impact



# Application

The Medical Leadership Competency Framework is being used in NHS organisations to inform the design of development programmes, appraisal and recruitment. It is also being used to assist individual doctors with personal development planning and career progression.

The project team has developed a number of resources to assist with integrating the competences into curricula and learning experiences:

## Undergraduate

- *Guidance for Undergraduate Medical Education: Integrating the Medical Leadership Competency Framework*

This document supports the development of leadership and management curriculum design within medical schools. The guidance within the document details the leadership and management knowledge, skills, attitudes and behaviours to be developed and assessed through the undergraduate medical curriculum, as a first step in the career continuum of a doctor. The guidance is available from [www.institute.nhs.uk/medicallleadership](http://www.institute.nhs.uk/medicallleadership).

## Postgraduate

- *Medical Leadership Curriculum (MLC)*

Scrutinised by PMETB in 2009, the MLC has now been integrated into the 58 specialty curricula of the Medical Royal Colleges and Faculties. It addresses the basic expectations relating to leadership, pertinent to all doctors during their specialist training period, enabling them to join with colleagues and other staff to provide effective healthcare services for patients and the public. The curriculum is available from [www.institute.nhs.uk/medicallleadership](http://www.institute.nhs.uk/medicallleadership).

- LeAD

Developed in conjunction with the Department of Health's e-Learning for Healthcare project, LeAD is an e-learning resource for postgraduate trainees and clinical tutors to facilitate their leadership competence development. LeAD is available through e-Learning for Healthcare ([www.e-lfh.org.uk/lead](http://www.e-lfh.org.uk/lead))

## Continuing Practice


- Appraisal and Revalidation

The MLCF has been mapped against *Good Medical Practice*, and many of the domains overlap with the statements that already exist. The project has been able to provide feedback into reviews of the GMC's guidance on the *Doctor as Manager*, and has been part of the consultation process on appraisal and revalidation standards. Further information is available from [www.institute.nhs.uk/medicallleadership](http://www.institute.nhs.uk/medicallleadership).

Real life examples of how the MLCF is being used throughout the various career stages can be found on our website: [www.institute.nhs.uk/medicallleadership](http://www.institute.nhs.uk/medicallleadership)



# Demonstrating Personal Qualities





# 1. Demonstrating Personal Qualities



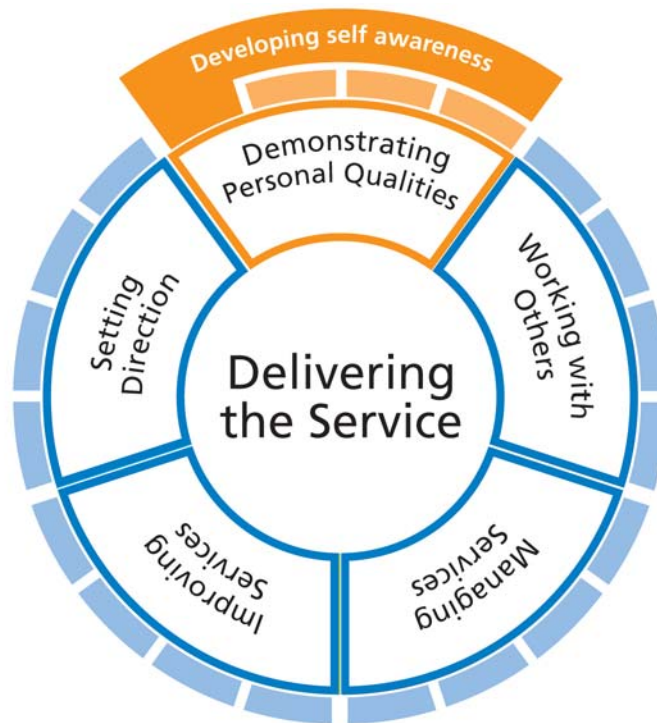
Doctors showing effective leadership need to draw upon their values, strengths and abilities to deliver high standards of care. This requires doctors to demonstrate competence in the areas of:

- 1.1 Developing Self Awareness
- 1.2 Managing Yourself
- 1.3 Continuing Personal Development
- 1.4 Acting with Integrity.



# 1. Demonstrating Personal Qualities

## 1.1 Developing Self Awareness



Doctors show leadership through developing **self awareness**: being aware of their own values, principles and assumptions and by being able to learn from experiences.

Competent doctors:

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



# 1. Demonstrating Personal Qualities

## 1.1 Developing Self Awareness



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
<p>Able to use information from peers, staff and patients to develop further learning</p> <p>Reflects on performance in end of term discussion and identifies own strengths and weaknesses</p> <p>Makes presentation at end of Student Selected Modules (SSM) and obtains feedback</p> <p>Acts as Chair in small group activities</p>	<p>Undertakes 360 degree feedback as part of appraisal</p> <p>Takes part in peer learning to explore leadership styles and preferences</p> <p>Takes part in case conferences as part of multidisciplinary and multi-agency team</p>	<p>Engages in reflective practice</p> <p>Uses information from psychometric measures</p> <p>Represents the profession as part of a multidisciplinary management team</p>



# 1. Demonstrating Personal Qualities

## 1.1 Developing Self Awareness

### Examples in Practice

#### Undergraduate stage:

During a facilitated small group discussion about motivation to become a doctor, student A is aware that his reasons for becoming a doctor appear to differ from some of his colleagues. He seeks permission from the group to explore these differences, and the group begin to talk about their understanding of values and principles within healthcare, and how their own individual values fit in or otherwise with these. As an outcome of this work, the students form a collective understanding of some shared values, and increase awareness of both similarity and difference.

#### Postgraduate stage:

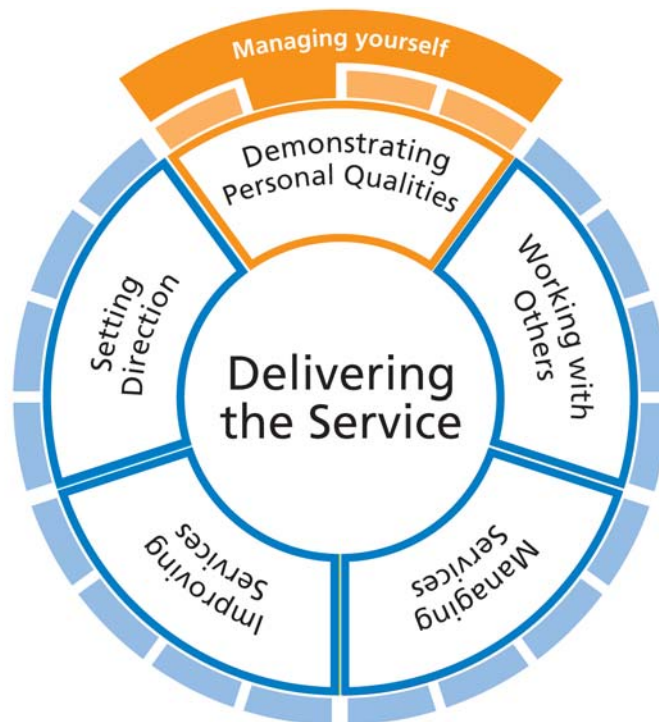
Dr A is a specialist registrar in a training post in psychiatry. The recent 360° feedback suggests that Dr A appears less communicative when working with patients he perceives as being of a lower class, and similarly with nursing staff who say he can be offensive and dismissive, and does not say much. He looks at his practice and seeks feedback from medical, nursing and other colleagues, and from patients and their representatives. With his tutor and supervisor, he discusses how his personal beliefs and attitudes could be affecting the care he gives as a doctor, and the part he plays as a team member. He takes steps to challenge his stereotyping of people by class and tries to change his behaviour.

#### Continuing practice stage:

Dr X is a newly appointed consultant in a small department and has been in post for 2 months. He has just attended his first directorate meeting where a new business proposal was discussed to extend services beyond the locality where they work. Dr X has major concerns with this proposal. He was unable to articulate these at this meeting because of his newly appointed status and the hierarchical nature of the department. Dr X arranges to go and meet the head of department to discuss his concerns: eg. extending the service out of the locality may be unsafe without backup; the lack of skilled staff available and so on. Through discussion this raises questions about his own ability to delegate. He subsequently speaks to colleagues to seek feedback about this which confirms this as a development need for him.

# 1. Demonstrating Personal Qualities

## 1.2 Managing Yourself



Doctors show leadership through **managing themselves**: organising and managing themselves while taking account of the needs and priorities of others.

Competent doctors:

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



# 1. Demonstrating Personal Qualities

## 1.2 Managing Yourself

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Achieves consistently high attendance ratings from clinical attachments	Liaises with colleagues in the planning and implementation of work rotas	Balances own plans and priorities with those of the service and other members of the corporate team
Complies with course/ programme requirements in relation to attendance and submission of work	Responds to service pressures in a responsible and considered way	Contributes to the development of systems which help them and others manage their time and workload more effectively
Manages own independent learning and self assessment	Through feedback discusses and reflects on how a personally emotional situation affected communication with a carer	Overcomes initial disappointment over findings from a recent patient survey which highlight a number of areas for improvement which had not been anticipated, and focuses on positive ways of tackling these
	Completes written clinical notes on time	

# 1. Demonstrating Personal Qualities

## 1.2 Managing Yourself



### Examples in Practice

#### Undergraduate stage:

Following a clinical placement in general practice, student B is required to give a patient presentation to peers. As part of this presentation, student B is asked to provide a summary of her experience during this placement, which includes a chronology of attendance at patient consultations, and her reasons for identifying the individual case that she is presenting. Her presentation also has to include feedback from the patient and clinical supervisor in respect of her case management. Finally, she is also required to deliver a self-assessment of her management of the patient, based on her reflection of feedback received.

#### Postgraduate stage:

Dr B is in a surgical training post and relishes the technical skills she is learning. However, she does not always complete the written records of treatment and arrange for multidisciplinary care plans. This comes to a head when the lack of communication leads to a patient not receiving the appropriate aftercare from physiotherapy. The patient's stay in hospital is prolonged and he can not return to work as quickly as planned. Feedback and discussion with colleagues helps Dr B to realise how her actions, or lack of them, have an impact on the work of others and the care of the patient. She organises her routine to ensure that all her contribution to the treatment process, including written communication, are dealt with in a timely manner and she values the input of all team members.

#### Continuing practice stage:

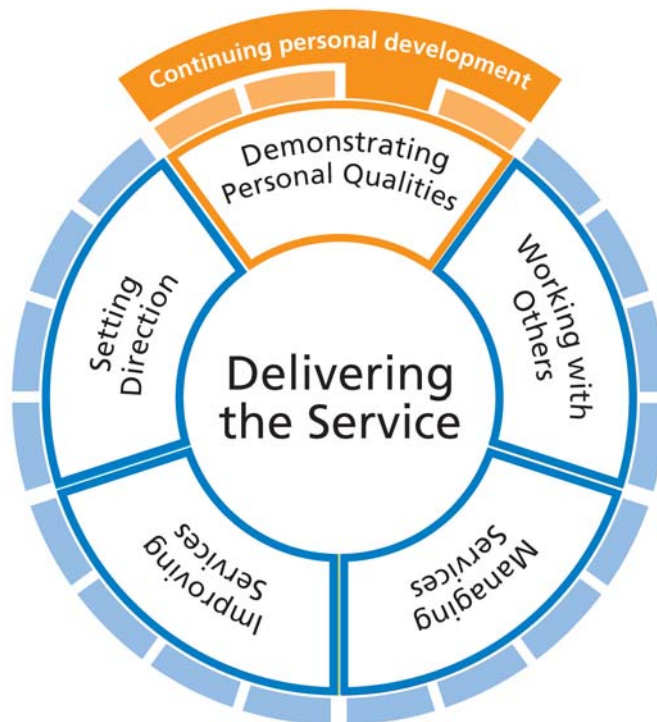
Dr Y is a newly appointed principal in a general practice. Her partners have been together for many years and are several years older than her. She has been in post for 6 weeks and has noticed that it is taking her longer to see fewer patients than her colleagues. The receptionists are grumbling that patients are kept waiting.

This comes to a head when the senior partner agrees to see half her patients. She is very keen to rectify the matter but at the same time feels that the time she is taking to see patients is appropriate. She arranges a meeting with the practice manager and the senior partner to discuss her progress and some of the issues which have arisen. Together they work out a plan which encourages her own development and also meets patient, practice and team needs. They agree to review how this is going in 3 months' time.



# 1. Demonstrating Personal Qualities

## 1.3 Continuing Personal Development



Doctors show leadership through **continuing personal development**: learning through participating in continuing professional development and from experience and feedback.

Competent doctors:

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

# 1. Demonstrating Personal Qualities

## 1.3 Continuing Personal Development



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Organises additional learning sessions	Takes part in journal clubs and multidisciplinary training events	Undertakes a range of formal development activities, eg. a management and/or leadership development programme
Contributes to peer learning and undertakes peer appraisal	Seeks feedback on performance from clinical supervisor/mentor/patients/carers/service users	Systematically updates on relevant issues associated with organisational development
Contributes positively to curriculum review meetings	Seeks opportunity to visit other departments and learn from other professionals	
Contributes to course evaluation	Reviews own practice against their peers	
Recognises areas for further personal learning and development and addresses them (eg. using feedback from patients, peers, supervisors)	Audits own practice for consistent delivery	
	Takes part in significant event audits	
	Initiates opportunities for peer learning	



# 1. Demonstrating Personal Qualities

## 1.3 Continuing Personal Development

### Examples in Practice

#### Undergraduate stage:

While on placement in the coronary care unit of the local hospital, student C observes the clinical management of a cardiac arrest and is asked by his consultant to comment on this at the subsequent ward round. As preparation for this, student C arranges to be taught by the cardiac nursing team to take blood samples and to carry out an ECG on the patient, and how to discuss the effect of sudden bereavement with a family.

#### Postgraduate stage:

Dr C is currently in mid-stage of his obstetrics and gynaecology training. His ability to run the labour ward was reviewed with his educational supervisor. Although he thought he could do it well, multisource and patient feedback suggested he could be very authoritarian with patients which sometimes they found challenging. He accepted there was a problem and looked at the skills and knowledge he needed. These centred on communication skills, in particular when under pressure. He took the opportunity to work with his educational supervisor to improve his communication on the ward.

#### Continuing practice stage:

Dr W is a newly appointed consultant with a SpR who is an experienced doctor in the 4th year of training. He is one year away from getting his CCT. On Dr W's operating list is a patient who requires a hysterectomy and the SpR has expressed a wish to do this independently. Dr W agreed and went to his office to catch up on some paperwork. The SpR tells him afterwards that everything went well and, although he had some trouble with the bladder, he was quite happy that he had completed the procedure satisfactorily. Unfortunately 2 days post op it was obvious that the patient had a bladder fistula. This required further surgical intervention by Dr W and a urologist. Six weeks following discharge the patient wrote a formal complaint to the trust regarding her treatment. On reflection, Dr W concluded that the issues were: Was the delegation appropriate? Was he right to leave the SpR unsupervised in theatre? Was he diligent enough not to question him about complications with the bladder? How did he handle the complaint?



# 1. Demonstrating Personal Qualities

## 1.4 Acting with Integrity



Doctors show leadership through **acting with integrity**: behaving in an open, honest and ethical manner.

Competent doctors:

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



# 1. Demonstrating Personal Qualities

## 1.4 Acting with Integrity

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Elected by peers to position of responsibility	Takes part in ethics discussions and forums	As professional lead within management teams, ensures that professional values and ethics are faithfully represented
Takes part in ethics discussions understanding a patient's perspective	Initiates clinical case reviews with multidisciplinary team	Identifies incompetent or sub-optimal practice and investigates to determine reasons, taking corrective action where necessary
Recognises and takes action regarding the inappropriate behaviours of others	Acts as mentor to medical students	Acts on information which would lead to improved practices and services
Ensures academic and clinical probity		
Behaves ethically in all clinical encounters with patients, colleagues and teachers		

# 1. Demonstrating Personal Qualities

## 1.4 Acting with Integrity



### Examples in Practice

#### Undergraduate stage:

Student C was upset by comments made by her colleagues that she was domineering and overbearing, particularly when one fellow student said her manner was brusque and did not allow the patients to tell their story. She was able to look at some patient interviews on a video and discuss her communication style with patients and fellow students in a communications session. This led to a greater understanding of how her communication style affected those around her.

#### Postgraduate stage:

Dr D is training in general practice. She is approached by the reception staff who are concerned about the behaviour of a new partner who makes them feel uncomfortable through inappropriate remarks and innuendo. They have also observed similar behaviour with some patients. Dr D raises this with her supervisor and they discuss the issue and how it should be resolved. They recognise the importance of early action because of the apparent lack of respect for the diversity of staff and patients, the role of the new partner as an employer, and other possible wider ramifications.

#### Continuing practice stage:

Dr A is covering for an absent consultant colleague, having been in post for the last three months. Her colleague is due to retire in 18 months' time. She comes across a patient who, in her opinion, has been mismanaged. The patient is also unaware that the course of action taken by the consultant colleague would lead to problems unless rectified.

Dr A has also become aware that her colleague has not undertaken relevant continuing professional development (CPD). She now has a dilemma in how to deal with this difficult situation with integrity, while respecting not only the seniority but the experience of her senior colleague. She is able to discuss this with an experienced colleague who is able to advise on a course of action ensuring patient safety within the clinical governance framework. Appropriate feedback is given to the consultant colleague who caused the problem.



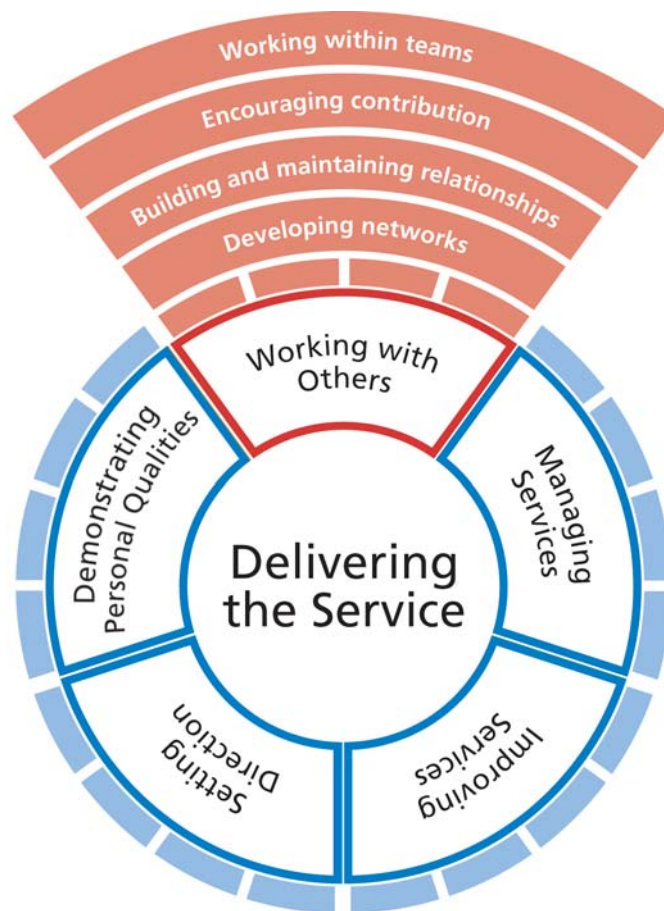
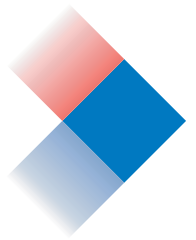


# Working with Others





## 2. Working with Others



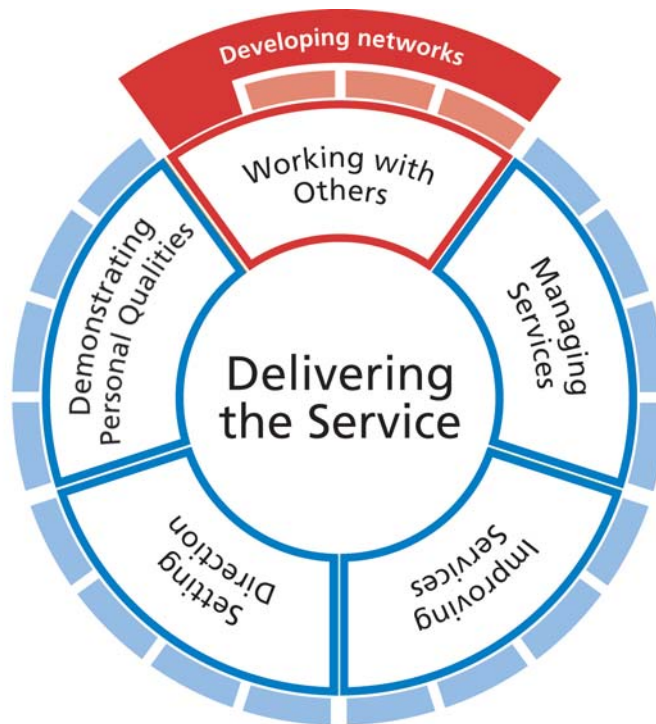
Doctors show leadership by **working with others** in teams and networks to deliver and improve services. This requires doctors to demonstrate competence in:

- 2.1 Developing Networks
- 2.2 Building and Maintaining Relationships
- 2.3 Encouraging Contribution
- 2.4 Working within Teams.



## 2. Working with Others

### 2.1 Developing Networks



Doctors show leadership by **developing networks**: working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services.

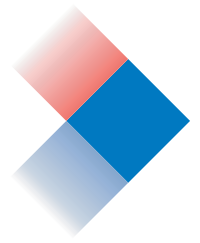
Competent doctors:

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



# 2. Working with Others

## 2.1 Developing Networks



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Takes part in group based learning	Leads in multidisciplinary team meetings to review clinical cases	Initiates meetings bringing together patients, carers and the wider healthcare team
Attends a patient support group meeting	Actively seeks patient and carer views before presenting discharge plans	Able to involve patients and carers in discussions about long term care
Takes part in a service user group meeting	Involved in a patient support programme	Creates links with patients, carers and key healthcare professionals to develop services jointly
Attends and observes multidisciplinary team meetings	<p>Able to invite a wide opinion from patients, carers and the wider healthcare team</p> <p>Understands the patient's view and how this will impact on primary and secondary care when arranging discharges</p> <p>Understands how other staff groups function and make decisions</p> <p>Makes themselves accessible to others and listens to viewpoints</p> <p>Contributes to discussion on developing Care Pathways for groups of patients</p>	



## 2. Working with Others

### 2.1 Developing Networks

#### Examples in Practice

##### Undergraduate stage:

Student A was surprised how much she learnt by spending time with the District Nursing team on her attachment to general practice. She was amazed by how different it was to speak to patients in their own homes, compared to seeing them in a hospital setting. She was also able to see how many healthcare professionals are involved in the care of people who are severely ill at home as well as professionals in the wider cancer networks, and was able to gain a greater insight in to the management of these patients.

##### Postgraduate stage:

Dr E has been training in paediatrics for some time. After a long period of vacancy a new senior occupational therapist has joined the team. Dr E has not had experience of working with occupational therapists (OT) in this setting and so is keen to learn how an OT contributes to the team. He was also able to take time to ask a patient how occupational therapy input helped them cope in the home.

He makes time to meet the new member of staff, both on a personal level and to explore the ways this professional discipline approaches the treatment of children and their families seen on the unit. He also makes sure that the assessments and recommendations can be used by the team to make robust clinical decisions. At case conferences he makes sure that all opinions are gathered and contribute to making the eventual decisions about children's care plans.

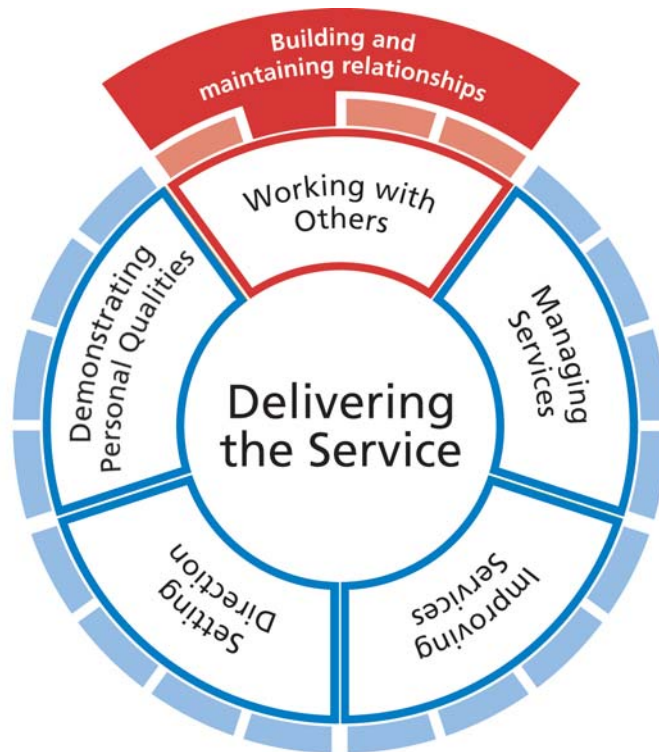
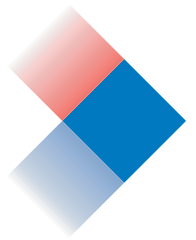
##### Continuing practice stage:

Dr P is the managerial lead in the department of medicine. She is given the task of moving diabetic services from secondary to primary care in line with the government white paper *Care Closer to Home*. This is also something that the department's patients want. She has three diabetologists but only one is in any way engaged in this initiative. The other two are very antagonistic towards the development.

Dr P is able to talk to patients to get an understanding of how a change in service provision might impact on their ability to access healthcare services. Dr P's PCT colleagues are very keen for this service to be delivered in the community because it will bring considerable savings for them. Dr P is also concerned about the loss in income to the trust, which may result in a reduction of the consultant staff providing diabetic services. The diabetic nurse specialists are very keen to work across both patches because they feel this would facilitate a self-care approach for patients. Dr P works to involve all stakeholders and come to a consensus as to how the differing agendas will be met.

# 2. Working with Others

## 2.2 Building & Maintaining Relationships



Doctors show leadership by **building and maintaining relationships**: listening, supporting others, gaining trust and showing understanding.

Competent doctors:

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



## 2. Working with Others

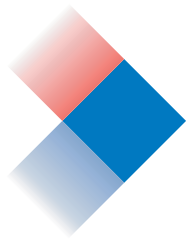
### 2.2 Building & Maintaining Relationships

#### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing practice
<p>Able to develop a professional relationship with patients during student placement in the community</p> <p>Holds office and gains respect eg. as officer in the student union</p> <p>Contributes to formal and informal mentoring</p>	<p>Supports peers within learning environment</p> <p>Shadows nursing staff and other healthcare professionals</p> <p>Encourages participation of all staff within multidisciplinary team meetings</p> <p>Identifies patient representatives relevant to their specialty and makes a point of introducing themselves</p>	<p>Is approachable to all staff who have issues they want to discuss in confidence</p> <p>Gains respect of colleagues in cross-agency working</p> <p>Works with relevant patient representatives to promote service improvements</p>

# 2. Working with Others

## 2.2 Building & Maintaining Relationships



### Examples in Practice

#### Undergraduate stage:

Student F finds himself in the middle of a peer discussion about the ethics of funding a breast cancer patient with high-cost drugs. The group are all expressing views at the same time and talking over their colleagues. He notices that one member of the group has become visibly distressed, and is about to leave the room.

He asks the group to pause, and suggests a break for coffee. He then speaks to the student who was distressed to check that she is able to continue as he feels that the discussion may be creating distress about a recent family bereavement. When the group resumes, he suggests ways in which they could improve their discussions by listening and taking turns to speak.

#### Postgraduate stage:

Dr G is training in pathology. He has been asked to work with a medical team who are looking at a care pathway for a specific clinical condition. The lab results are a vital part of the treatment process. As a team they map out the stages of care and the contributions of the various departments and professions, including the processes within the laboratories. His active involvement in this service improvement project leads to a better understanding of previous problems which had caused inter-departmental conflict. He was able to receive this negative feedback objectively, and work with colleagues on the project, leading to a better service for patients. His positive contribution helped bring out problems within the lab, and led to changes in practice on the wards.

#### Continuing practice stage:

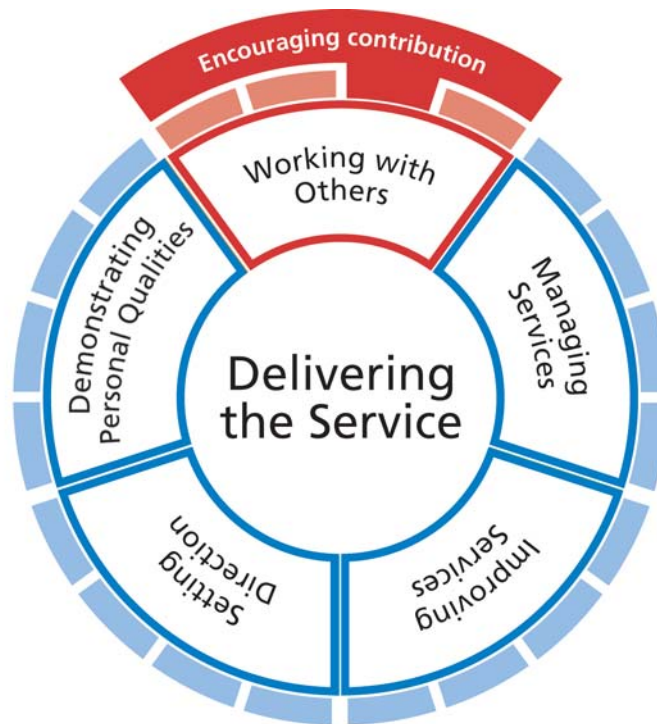
Dr J's maternity services user group has expressed a wish for her to develop a low-tech midwifery-led maternity service. This is in response to a significant number of newly delivered mothers expressing a wish to reduce medicalisation of the birthing process. Dr J is the obstetric lead for the unit. She doesn't have any personal agendas when it comes to developing this service and is open to all suggestions.

She is aware that there may be some resistance from her senior colleagues who, in their own words, have seen it all before and feel the safest place to deliver a baby is in a fully staffed maternity unit with senior medical cover present 24 hours a day. Dr J's midwifery colleagues are keen to develop this service because it will give women using maternity services and their families more autonomy. The junior doctors would also benefit from this development in that they would have to look after fewer women. The paediatricians may have some concerns, but these would largely centre around the problems should a baby be delivered who required resuscitation. The proximity to this unit is such that medical help could easily be accessed if needed. Dr J takes time to talk with all interested parties and listen to ideas and concerns.



## 2. Working with Others

### 2.3 Encouraging Contribution



Doctors show leadership by **encouraging contribution**: creating an environment where others have the opportunity to contribute.

Competent doctors:

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



## 2. Working with Others

### 2.3 Encouraging Contribution

#### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Actively seeks patient perspective eg. by completing a patient journey assignment	Able to manage group dynamics within a multidisciplinary team	Leads/chairs multidisciplinary team meetings
Achieves positive ratings from peers about performance in small group learning activities	Encourages participation from more junior staff, medical students and other staff within clinical case reviews	Contributes as a member of a management team
Obtains views of peers in aspects of course evaluation	Invites and encourages feedback from patients, and feeds back to patients	Encourages all in their work group to work to their full potential  Initiates feedback from other staff and patients/service users and carers



## 2. Working with Others

### 2.3 Encouraging Contribution

#### Examples in Practice

##### Undergraduate stage:

Student H was talking to a very distressed family during her placement on a medical assessment unit. Their elderly father had died very soon after being brought by ambulance and had apparently collapsed with no prior indication of ill health. The family had been told that by law a post mortem had to be performed and that this would probably need to wait until after a bank holiday weekend. The student was able to take the time to understand how religious and cultural differences make it imperative that the family's wishes were discussed fully to allow burial of their father according to custom, while keeping to the law on unexpected deaths.

##### Postgraduate stage:

Dr F is training in medicine with a team specialising in neurology. A particularly complex case requires a large case conference involving many different professions. It is vital that the patient, his carers, and community staff are also involved. Dr F initially talks with the patient to see what he wants from the meeting and his feelings about its size, style, and format. The patient would like a large meeting with everyone present, and all information presented at the same time. Dr F agrees the format and process with colleagues and co-ordinates the meeting to ensure that everyone contributes. She also structures and paces the meeting so the patient and his carers are fully involved and understand the consequences of what is being said. The team agrees on a way forward with the patient and carers.

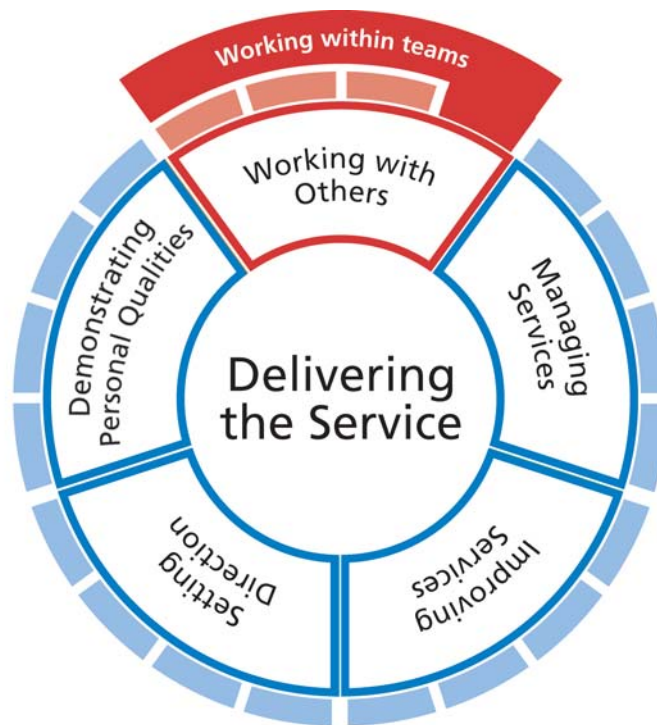
##### Continuing practice stage:

Dr V is a newly appointed neurosurgical consultant and during the last two years of his SpR training has been heavily involved in developing a coiling service for the treatment of cerebral aneurysms. His new department is quite keen to set up this service but until recently has not had the expertise to do so. Dr V is asked to lead this project and present a paper at the Board meeting in three months time. In preparing the paper he involves everyone affected, including having detailed discussions with patients who have been admitted or have been involved with the department. He recognises that some individuals and groups may have different priorities and reflects this in the presentation to the Board.



# 2. Working with Others

## 2.4 Working within Teams



Doctors show leadership by **working within teams**: to deliver and improve services.

Competent doctors:

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



## 2. Working with Others

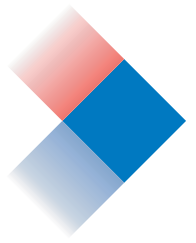
### 2.4 Working within Teams

#### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Takes part in various roles within group learning (eg. team leader, scribe)	Learns to lead clinical case review on behalf of a multidisciplinary team meeting	Represents a clinical viewpoint as a member of a management team
Contributes to clinical team when on attachment	Takes part in multi-agency case conferences	Leads a multidisciplinary project team, eg. for service redesign
Recognises and respects the roles of members of the healthcare team and the needs of patients	Ensures that patients' views are taken into consideration by others in the team	Leads a clinical team

# 2. Working with Others

## 2.4 Working within Teams



### Examples in Practice

#### Undergraduate stage:

Student B took part in an audit of Accident & Emergency (A&E) waiting times which she did with one of the nurses. She was able to see how each member of the team played a vital role in ensuring all patients were seen quickly, and how the A&E staff tried to identify which patients needed to be prioritised and seen by the most appropriate member of the team.

#### Postgraduate stage:

Dr H is a trainee in the care of older people. On her ward there are several patients who are medically fit for discharge but, due to their home circumstances, remain in a hospital bed. The ward nursing staff are keen to move these patients on but staff working in the community have assessed the problems and think that solutions may take time to arrange. The clinical case meeting is tense as the inpatient and community staff come into conflict. Dr H takes an informal chairing role and helps the team look at a range of ways to meet the needs of individual patients and their carers through a team effort. She is able to acknowledge the feelings and the good intentions of all concerned, which helps bring the team meeting to a satisfactory conclusion.

#### Continuing practice stage:

Dr A is a consultant in A&E. He had a complaint from a relative who felt that her mother was ignored because she was 'old and confused'. She was upset by some remarks she had overheard, which indicated that her mother's clinical condition was not being taken seriously. Dr A went to visit the family at home and was struck by the difference in the patient, who was dressed in her own clothes and not confused at all. He went back to the department and, with one of his nursing colleagues, was able to review the attitudes of staff to patients who were confused. They worked with the elderly care team in the trust to run workshops and give feedback on practices and policies to significantly improve the experience of the frail and elderly who attended the A&E department.



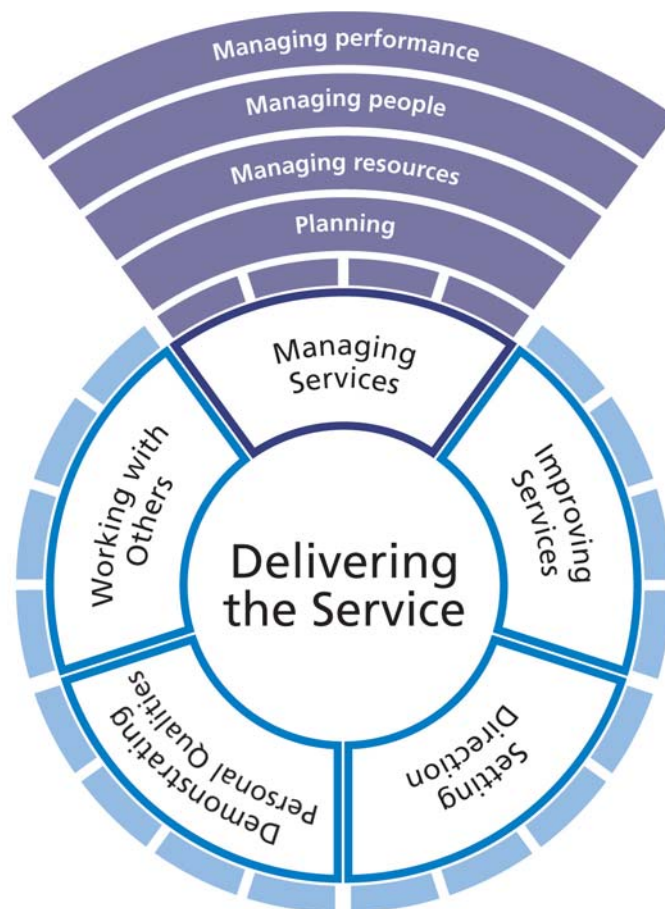


# Managing Services





# 3. Managing Services



Doctors showing effective leadership are focused on the success of the organisation(s) in which they work. This requires that doctors demonstrate competence in:

- 3.1 Planning
- 3.2 Managing Resources
- 3.3 Managing People
- 3.4 Managing Performance.



# 3. Managing Services

## 3.1 Planning



Doctors show leadership by **planning**: actively contributing to plans to achieve service goals.

Competent doctors:

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



# 3. Managing Services

## 3.1 Planning



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Asks questions within clinical placements, seeking understanding about the context within which they work	Undertakes clinical audit to improve a clinical service	As a member of a management team, contributes to the development of business and service plans
Communicates feedback from patients and colleagues to supervisors	Accesses sources of information from inside and outside of the organisation, including patient feedback, to support ideas for service improvement	Contributes to the development of organisational responses to emerging health policy
Contributes to/performs audit of service	Contributes as part of a management team in a service review  Takes part in research	



# 3. Managing Services

## 3.1 Planning

### Examples in Practice

#### Undergraduate stage:

A group of students were able to take part in a service review by interviewing patients about their experience of 'walk-in' radiology service. They found that patients preferred the chance to choose their own time, despite the long waits that sometimes happened because of the lack of appointments. This information was then used in the resulting service plan.

#### Postgraduate stage:

Dr J is training in oral maxillofacial surgery. He conducts a clinical audit of a specific technique and procedure and finds that a modified approach to treatment by the clinical team would bring about improvements in the recovery and experience of the patient. The reduction in the follow-up required would help to reduce the time patients wait for an appointment. As part of the clinical audit project he produces a report of the various options and analyses the costs and benefits for the service. His recommendations from this project are agreed with the management team and included in the annual development plans for the department. They are implemented within six months of his completing the project.

#### Continuing practice stage:

The latest government initiative is to have an 18-week target from start of treatment to completion of treatment. Dr N is the lead for the gastroenterology department and has been asked to review current practices in his department and come up with a proposal to meet the 18-week target. His initial assessment has suggested that some of the delays are within the imaging department and the pathology department. His task is to reduce waste and increase productivity while maintaining the quality of the service provided. He and one of the managers are able to identify what extra resources (people, money, equipment) are needed. He puts an appropriate audit tool in place to ensure that quality is not compromised.

# 3. Managing Services

## 3.2 Managing Resources



Doctors show leadership by **managing resources**: knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs.

Competent doctors:

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



# 3. Managing Services

## 3.2 Managing Resources

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Manages a budget for a club, society or other organisation	Takes part in departmental discussions about resource allocation and service improvement	Works closely with the business manager to manage the budget for the service
Able to identify where possible how change in resources can affect patients and their safety	Works within the financial constraints of the organisation	Reviews current service delivery, identifies opportunities for minimising waste and is able to introduce change for more efficient working
Questions and challenges the use of resources	Works within corporate governance requirements	
Seeks opportunities to learn about NHS resource allocation principles and practices	Highlights areas of potential waste to senior colleagues within the department	

# 3. Managing Services

## 3.2 Managing Resources



### Examples in Practice

#### Undergraduate stage:

A student asked one of the GPs while on her placement why they appeared to use generic drugs in most cases. She learnt that there were cost savings made by prescribing through generic name, or by the cheapest available brand name, in all but a few notable exceptions. The student was surprised to learn that by doing this, several million pounds a year were saved in the PCT, freeing up funds to be used in other aspects of patient care.

#### Postgraduate stage:

Dr K is training in general medicine. As part of a clinical audit project into the treatment of a specific condition, she looks at the medications prescribed at the hospital and compares this with ongoing prescriptions of medication by GPs. She discovers that not all medication prescribed at the hospital is being used. She follows this up with GPs and their patients to find out why this is happening and, as a result, recommends a change in prescribing at the hospital.

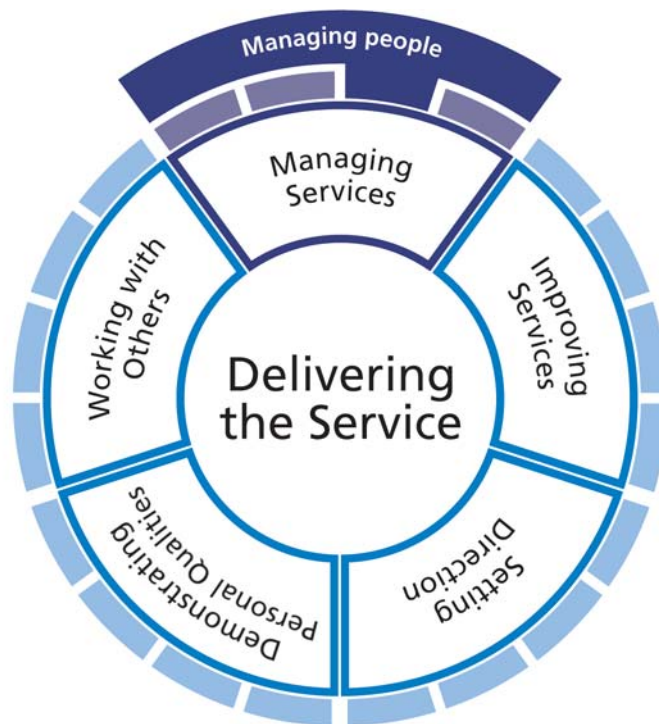
#### Continuing practice stage:

The trust's cost-improvement plan has identified savings of £4m this year. It has been calculated that Dr O's departmental contribution to this is £400K. She and her consultant body develop robust proposals as to how they want to make this contribution. They identify a range of options and look systematically at the pros and cons of each, with regard to resource implications and service quality.



# 3. Managing Services

## 3.3 Managing People



Doctors show leadership by **managing people**: providing direction, reviewing performance, motivating others, and promoting equality and diversity.

Competent doctors:

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

# 3. Managing Services

## 3.3 Managing People



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Supports and motivates others within group learning	Teaches and mentors others, including junior staff, medical students and other disciplines	Ensures that HR processes are in place eg. recruitment and selection, appraisal, mentoring and coaching
Takes personal responsibility for their designated role within the team	Delegates work to more junior staff	Undertakes appraisals with more junior clinical colleagues
Takes part in the design and delivery of a student project	Assesses and appraises more junior staff	Manages the performance of staff within their area of responsibility
Contributes to peer assessment/review	Acts within appropriate employment legislation	



# 3. Managing Services

## 3.3 Managing People

### Examples in Practice

#### Undergraduate stage:

A group of medical students were discussing how patients were cared for on the medical admissions ward, looking specifically at patients with diabetes. They found out how nurses and doctors were supported by diabetes specialist nurses, and how these nurses provided additional clinical input to both the nursing and medical teams, often reviewing glycaemic control directly. They looked at how the other medical teams made decisions on when to access this specialist resource, and how often patients were discharged before the specialist nurses were able to see them, denying the opportunity to improve their diabetes control.

#### Postgraduate stage:

Dr L is training in radiology. He is given responsibility for the induction of a new junior doctor. He consults the organisation's policy on induction to make sure that all necessary information is given to the new member of staff, and that they are supported to become integrated into the team as soon as possible. Dr L arranges to meet regularly with the new doctor to make sure they are settling in and that there are no problems. As the new doctor is working part time, Dr L learns about the employment rights of the employer and employee in relation to training and holidays.

#### Continuing practice stage:

Dr N is a newly appointed partner in a GP practice. She has been asked by one of the senior partners to develop an appraisal and job planning policy for her colleagues with the help of the Practice Manager. They work together to ensure that the policy incorporates best practice and includes suggestions for improving performance and managing underperformance.



# 3. Managing Services

## 3.4 Managing Performance



Doctors show leadership by **managing performance**: holding themselves and others accountable for service outcomes.

Competent doctors:

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



# 3. Managing Services

## 3.4 Managing Performance

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
<p>Able to identify and discuss how services are adversely affected by poor performance</p> <p>Recognises the need for audit or assessment after critical event reviews</p>	<p>Reviews service targets and delivery by the multidisciplinary team</p> <p>Explores their own and departmental performance management</p> <p>Takes part in discussions with health commissioners to develop their understanding of future service plans</p>	<p>Uses management information to monitor service delivery against national/local targets and plans</p> <p>Counsels colleagues whose actions have been associated with poor performance and taking appropriate action - including disciplinary action - when necessary</p> <p>Ensures that progress against targets and plans is widely communicated to encourage colleagues to take personal responsibility for outcomes</p>

# 3. Managing Services

## 3.4 Managing Performance



### Examples in Practice

#### Undergraduate stage:

Student G looked at how the National Service Framework (NSF) for coronary heart disease had been applied in the local A&E. She was able to discuss with the consultant how the department had needed to change in order to meet the targets for thrombolysis. She was also able to see how new members of staff had been employed, as well as seeing the new ways in which A&E communicated with other areas of the hospital. By following a patient who arrived with a suspected heart attack she was able to see how the service reflected the specification of the NSF.

#### Postgraduate stage:

Dr M is training in oncology. She is asked to work with the oncology team managers to analyse the waiting times for the service and report on how this compares with the national guidance and requirements. They analyse the results and begin to understand that the service is not equally accessible for all. The findings are reported back to the management team, with recommendations for change which will make the service more accessible to vulnerable groups, eg. by changing the initial appointment letter.

#### Continuing practice stage:

Dr A has a new portfolio within the trust and has been appointed as cancer lead. She has just had a very productive meeting with the Business Manager for cancer services who has brought to her attention the difference in performance in cancer services across the patch. The breast cancer targets are being met with ease, the colorectal targets are being met but there is a huge shortfall on head and neck cancer and lung cancer targets.

Dr A's task is to develop a strategy for spreading good practice from the breast and colorectal areas to head and neck cancer and lung cancer areas. From her initial review there do not appear to be major resource issues. The major issue appears to be the current work practice in both areas, which appears to be somewhat idiosyncratic and dysfunctional. Working with colleagues, she comes up with a plan of action to address this deficiency as it is now causing the trust major concerns.





# Improving Services





# 4. Improving Services



Doctors showing effective leadership make a real difference to people's health by delivering high quality services and by developing improvements to services. This requires doctors to demonstrate competence in:

- 4.1 Ensuring Patient Safety
- 4.2 Critically Evaluating
- 4.3 Encouraging Improvement and Innovation
- 4.4 Facilitating Transformation.



# 4. Improving Services

## 4.1 Ensuring Patient Safety



Doctors show leadership by **ensuring patient safety**: assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety.

Competent doctors:

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



# 4. Improving Services

## 4.1 Ensuring Patient Safety



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Takes part in patient safety or other clinical audits	Takes part in clinical governance processes within the organisation	Introduces systems to measure risk, and practices to diagnose and quantify risk
Complies with infection control policies and procedures while on clinical placement	Promotes safe working practices and a culture that facilitates safety through consultation with patients	Contributes to the development of clinical governance strategies and practices and makes contact with relevant national collaborative projects
Takes part in risk assessment	Undertakes a risk assessment of a clinical service area	Develops and implements audit tools for managing risk
Critically analyses significant events/critical incidents and is able to see the effect on patient outcomes	Presents risk-reduction proposals to multidisciplinary teams/departments	Promotes a safety culture within the service or organisation
Ensures (personal) safe practice within clinical guidelines	Works to develop systems that are safe and reliable, and prevent harm from occurring	



# 4. Improving Services

## 4.1 Ensuring Patient Safety

### Examples in Practice

#### Undergraduate stage:

Student J is asked to undertake a risk assessment of a patient as part of his clinical placement within cardiology. As part of this process, he is to work with the other members of the healthcare team to provide a multidisciplinary report to be presented to his clinical supervisor at the end of his placement. Student J spends time with the patient, as well as with nursing and other health professionals to gain an understanding of their roles in relation to the patient, and to observe them in action. He seeks advice from senior medical staff during ward rounds to supplement and guide his risk assessment, and seeks support from his peers to develop the report for presentation. During the preparation of the report, he seeks permission from the patient to include comment about how the patient experience might have been improved, and from this identifies areas of potential service improvement.

#### Postgraduate stage:

Dr Q is training in ophthalmology. A proposal to introduce a new procedure and changes in working practice in the unit has raised concerns that this could lead to problems for patients in the initial phase. He has been asked to work with colleagues and patients/carers to identify the potential problems and risks, think of solutions, and consider ways of monitoring the patient experience. The group decide to pilot the proposals and ensure there are appropriate monitoring arrangements to detect any risk to patients which may need an immediate response.

#### Continuing practice stage:

Mrs P is a consultant in an orthopaedic department and has been in post for about a year. She is a little troubled by a recent adverse incident form sent to her by a consultant physician. This concerned a patient who had had a total hip replacement six weeks earlier and who was subsequently admitted with a pulmonary embolism. The patient is now well on the ward and has been fully anticoagulated.

On reviewing the patient's records and prescription charts, Mrs P notices that this patient was not prescribed any prophylaxis for venous thromboembolism although they should have been under the departmental protocol. This is the first time she has seen the departmental protocol and Mrs P is dismayed to find that within this protocol there are 4 different regimes for prophylaxis. Mrs P decides to review the prescribing processes for when patients are admitted, as well as making an attempt to unify the differing protocols within the department.

# 4. Improving Services

## 4.2 Critically Evaluating



Doctors show leadership by **critically evaluating**: being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team.

Competent doctors:

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



# 4. Improving Services

## 4.2 Critically Evaluating

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Takes part in a service improvement project	Evaluates the outcome of changes following clinical audits	Supports more junior colleagues to lead a service improvement project
Leads on a student union initiative eg. to improve student facilities	Generates ideas for service improvement for discussion within multidisciplinary teams/in multi-agency settings and with patient groups	Works with healthcare colleagues and patients/service users and their representatives to establish the most appropriate means of collecting and analysing patient and carer feedback
Can identify factors affecting the delivery of a particular service using patient feedback	Uses proven improvement techniques to develop service improvement proposals	Supports colleagues to evaluate and audit the outcomes of healthcare improvement projects
Takes part or leads an extra-curricular initiative	Works with managers to support service change/improvement	Ensures that protocols and policies are established and followed consistently
Gives feedback on educational activities	Listens to the views of staff and patients/service users and their representatives about potential for improvement	

# 4. Improving Services

## 4.2 Critically Evaluating



### Examples in Practice

#### Undergraduate stage:

Student G has just completed her rotation in medicine, which included some time in a medical assessment unit of the hospital. During one patient emergency admission, she was required to assist in taking and recording the patient history, and the patient complained that he had been asked the same questions several times.

Student G discussed this with the ward staff, and reviewed the nursing notes that had been taken prior to the medical notes. She raised this with her clinical supervisor who said she might make some suggestions for improvement at the next ward round. She used this opportunity to work with a small group of peers to make some recommendations for change to avoid unnecessary duplication by medical and nursing staff. She then wrote up the group's ideas to present during the next academic half-day.

#### Postgraduate stage:

Dr N is training in general practice. A patient tells him about a problem which is due to a lack of a common approach between the hospital and primary care. He discusses the problem with colleagues and the practice patient group and discovers that this is a regular feature of care for patients.

Working with colleagues and patients he puts together a new patient pathway. He then liaises with colleagues in the hospital and together they set up a working group which uses a clinical systems improvement technique to identify the bottleneck in the system. After presenting the data and information, one meeting is spent generating ideas and options. The final recommendations are presented at a practice meeting, and to the management team in the hospital. The proposals are agreed and implemented, along with a process to evaluate the changes. Subsequently the patients' forum tells the practice and hospital what they think about the new system.

#### Continuing practice stage:

During the move to a newly built hospital a temporary ward is needed for Dr A's day patients. He is concerned about the ward being mixed sex and of the impact this will have on the population and culture of the patients who use the service. He is able to seek advice from a wide and diverse range of people, including community and religious leaders. Using this information he is able to change the decision very quickly so that there are separate-sex wards available for all the patients during occupation of the temporary building.



# 4. Improving Services

## 4.3 Encouraging Improvement and Innovation



Doctors show leadership by **encouraging improvement and innovation**: creating a climate of continuous service improvement.

Competent doctors:

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

# 4. Improving Services

## 4.3 Encouraging Improvement and Innovation



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Seeks patient opinions while on clinical placement	Uses multidisciplinary team, patient feedback and other settings to debate and question current systems and practices	Creates and promotes opportunities for colleagues and patients/service users and their representatives to generate, discuss and openly debate ideas for improvement and change, encouraging them to feel safe to challenge existing practice
Identifies and communicates with positive role models	Takes part in multi-agency case conferences	Systematically appraises current practice, systems and processes
Uses small group learning as opportunity to debate and question with peers	Undertakes multi-profession audit and research	Sets challenging and stretching goals for service improvement and monitors their achievement
Provides feedback about teaching and learning experiences in order to improve education provision	Identifies areas for improvement and initiates appropriate projects	



# 4. Improving Services

## 4.3 Encouraging Improvement and Innovation

### Examples in Practice

#### Undergraduate stage:

A student noticed that on the stroke ward many patients were declining to speak to students at the end of the morning or the afternoon session. He discussed this with the nurses who felt that it was probably because the patients were exhausted after attending therapy sessions. He checked this out by talking to patients and discussed it with the Registrar who was able to change the time of tutorials so that the students were able to talk to the patients at a better time.

#### Postgraduate stage:

Dr O is training in public health. He is concerned about his local population which has an unhealthy lifestyle. Healthcare and public-service staff make up a significant part of the population, of particular concern is the health of young people. Dr O brings together a wide range of people such as members of the public and staff, many of whom are younger people. With support from public health staff, he identifies key local issues that are creating barriers to improving health. He also identifies the style of intervention that would be likely to have a significant effect: for example, access to reasonably priced exercise sessions in the evenings, and more five-a-side football facilities.

Dr O identifies strategies and methods of working that make more sense to the local population. The initiative sparks off a five-a-side league across all companies and organisations in the local area, including departments within the hospital in the local area, with practice sessions open to all who just want to enjoy a game.

#### Continuing practice stage:

The hospital in which Dr M works wanted to establish a more innovative service for the management of prostate cancer. A new laser technique can help remove prostate cancer. Dr M's colleagues were very keen to learn how to establish this service but had anxieties about whether it would be funded. Dr M and one of the managers visited a neighbouring trust and met with representatives of the local cancer network to discuss the new service. They subsequently developed a business plan using information gained and relevant research evidence.



# 4. Improving Services

## 4.4 Facilitating Transformation



Doctors show leadership by **facilitating transformation**: actively contributing to change processes that lead to improving healthcare.

Competent doctors:

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



# 4. Improving Services

## 4.4 Facilitating Transformation

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Leads a group to carry out a review eg. of student union activities based on student views	Prepares recommendations for service change based on patient views, for presentation at a multidisciplinary team meeting	With senior colleagues, reviews patient satisfaction information to develop strategies for implementing and managing change within the organisation
Through discussion with patients, identifies areas for improvements for patients while on clinical placements	Tests the feasibility of implementing changes with patients, colleagues and staff	Offers support to more junior colleagues and others who are affected by change
Recognises successful change processes	Takes an active role in change in the clinical setting	Actively seeks to understand why change is necessary and so supports new initiatives

# 4. Improving Services

## 4.4 Facilitating Transformation



### Examples in Practice

#### Undergraduate stage:

A group of medical students took part in a workshop looking at delivering in the community a service that had always been hospital-based. Actors played the part of patients and other professions in a role play. The students were able to discuss the barriers to implementing change for patients and professional groups with the session facilitator.

#### Postgraduate stage:

Dr P is training in anaesthetics. She has been asked to work with patients and colleagues in all disciplines to update the trust policy on Dignity and Respect. Dr P is able to contribute by talking about clinical situations in which she has observed problems for both patients and staff.

The group are able to see the relevance of this work and are enthused by the clinical scenarios. When the policy is rewritten she encourages the group to identify ways in which it will be explained to all staff and patients. Throughout this small project, she demonstrates her commitment by attending the meetings, responding to requests for feedback and comment, and by talking one-to-one with patients and colleagues from different departments to discuss their concerns.

#### Continuing practice stage:

Dr F works in a medium-sized trust on a single site with an A&E department acting as a single portal of entry for patients. He has been appointed as the deputy lead for the trust's Hospital at Night Project, working with the Associate Medical Director for Education who is his mentor. This is a national project, the main object of which is to minimise the out-of-hours work of doctors in training.

The whole basis of this programme is to look at the competences required to fulfil out of hours work rather than who provides them. For example, it may be as appropriate for a nurse practitioner to put in an IV as a doctor. Dr F has been asked to review the on-call arrangements for the trust. He has to come up with a proposal for the Executive Board on how the service will be covered at night. His challenge is that the vast majority of his medical colleagues see this as a cost-cutting exercise for the trust and see no advantage to it. Dr F firmly believes this is the right way forward and has looked at the project sites and the good practice that they have developed. He explains his vision to his colleagues, giving them assurances that patient safety will be paramount in the new arrangements.

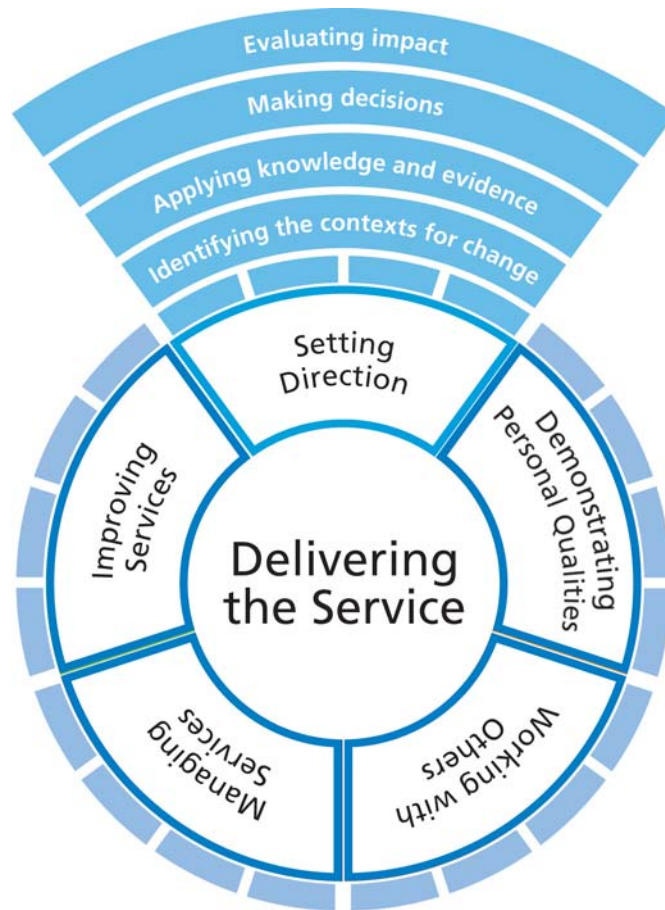




# Setting Direction



# 5. Setting Direction



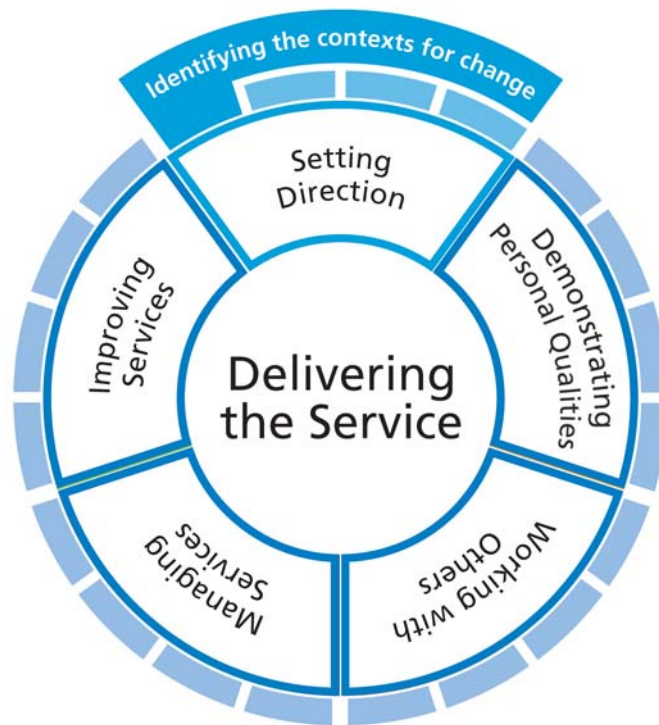
Doctors showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values. This requires doctors to demonstrate competence in:

- 5.1 Identifying the Contexts for Change
- 5.2 Applying Knowledge and Evidence
- 5.3 Making Decisions
- 5.4 Evaluating Impact.



# 5. Setting Direction

## 5.1 Identifying the Contexts for Change



Doctors show leadership by **identifying the contexts for change**: being aware of the range of factors to be taken into account.

Competent doctors:

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



# 5. Setting Direction

## 5.1 Identifying the Contexts for Change



### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
<p>Takes part in opportunities to learn about the healthcare system</p> <p>Demonstrates an understanding of the healthcare system and the impact of the doctor's role on patients and their families</p> <p>Seeks role models to learn from about health organisations and settings</p> <p>Seeks opportunities to learn about the NHS policy environment, organisation and structures</p>	<p>Takes part in departmental meetings with the local health community</p> <p>Complies with the clinical governance requirements of the organisation</p> <p>Attends multi-agency case conferences</p> <p>Shadows NHS senior managers</p> <p>Seeks opportunities to attend relevant national and regional events</p>	<p>Undertakes analysis to systematically appraise the organisational environment</p> <p>Attends and contributes to conferences, workshops etc to keep abreast of best practice relevant to future services</p>



# 5. Setting Direction

## 5.1 Identifying the Contexts for Change

### Examples in Practice

#### Undergraduate stage:

During the first year of medical school, student J attends a session on the NHS as an organisation. He is given slides showing how the NHS is structured, and how national health policy translates to local implementation within the clinical settings where he will work later on within his course. He discusses with his academic supervisor how he might apply some of the learning in a practical way during a clinical placement.

#### Postgraduate stage:

Dr R is training in geriatric medicine. During her last stage of training, she is asked to work with colleagues to develop a care pathway on a common clinical presentation cited as a national problem in the National Service Framework. It is also a problem for the commissioners of local healthcare services. Dr R and the group look at the research behind the national priorities and local difficulties. They analyse the impact of this common problem on patients, the service, and carers. They use the patients experience as well as other data to make the case for change. Their recommendations are in line with the changes required by the commissioners, and include progress reporting.

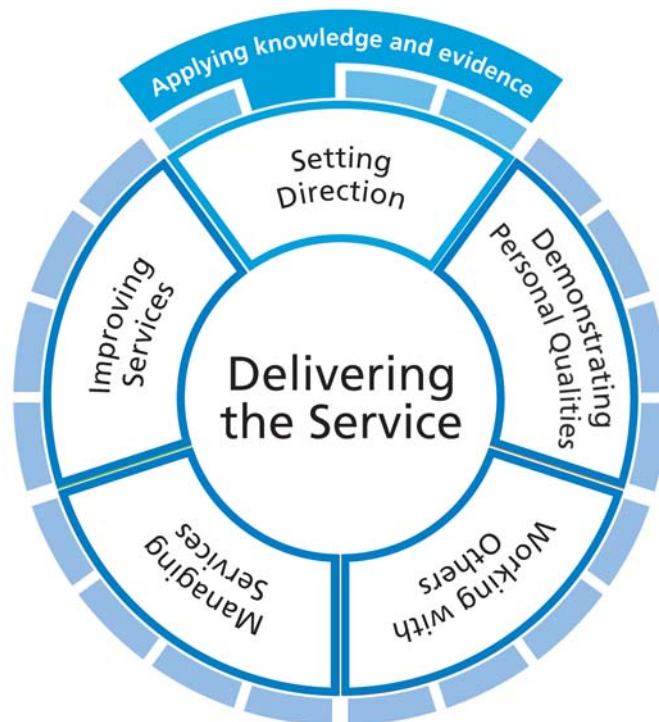
#### Continuing practice stage:

Dr K is a consultant physician in a busy department incorporating general physicians and elderly care physicians. He has been concerned of late about the provision of stroke services in the trust. He is aware of the latest evidence-based practice which shows that early intervention improves outcomes.

This is a subject quite close to his heart as his aunt recently had a stroke and is unfortunately quite badly paralysed. This has put a considerable strain on the carers who look after his aunt, as well as Social Services. Dr K feels that early intervention may have prevented some of the morbidity she suffers from. He has had a meeting with his Clinical Director who has asked Dr K to produce recommendations for the department about having a more streamlined service. This will incorporate recent guidance and will result in better outcomes. Dr K has to look at the national policy and the evidence and produce a report with recommendations for the department and present this to the Board. This will then be used within the trust as an example of good practice which can be used to develop new services.

# 5. Setting Direction

## 5.2 Applying Knowledge and Evidence



Doctors show leadership by **applying knowledge and evidence**: gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements.

Competent doctors:

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



# 5. Setting Direction

## 5.2 Applying Knowledge and Evidence

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Uses appropriate sources of information, including patients, to support learning	Uses and interprets departmental performance data and information to debate services within multidisciplinary team meetings	Uses audit outcomes to challenge current practice and develop consistent, reliable care
Critically analyses information and data	Uses external references (eg. IT-based resources) to support analysis	Delegates responsibility to colleagues to act as service leads and supports them to innovate
Investigates an identified problem in small group work	Presents information to clinical and service managers	
Applies principles and practices of evidence-based medicine		

# 5. Setting Direction

## 5.2 Applying Knowledge and Evidence



### Examples in Practice

#### Undergraduate stage:

Student A used a patient's story to develop a question, find research papers and then critically evaluate the findings in the light of the patient's condition. He was then able to review the care that the patient had received in the light of his findings.

#### Postgraduate stage:

Dr S is training in emergency medicine. He undertakes a clinical audit on an uncommon specific technique used in practice. He collates data from the hospital's computerised records and looks at how this technique has been used, the patient outcomes and its costs. When presenting his findings and recommendations to the management team, he uses a variety of styles to illustrate the data. He is able to project his findings into the future and predict the consequences of further implementation.

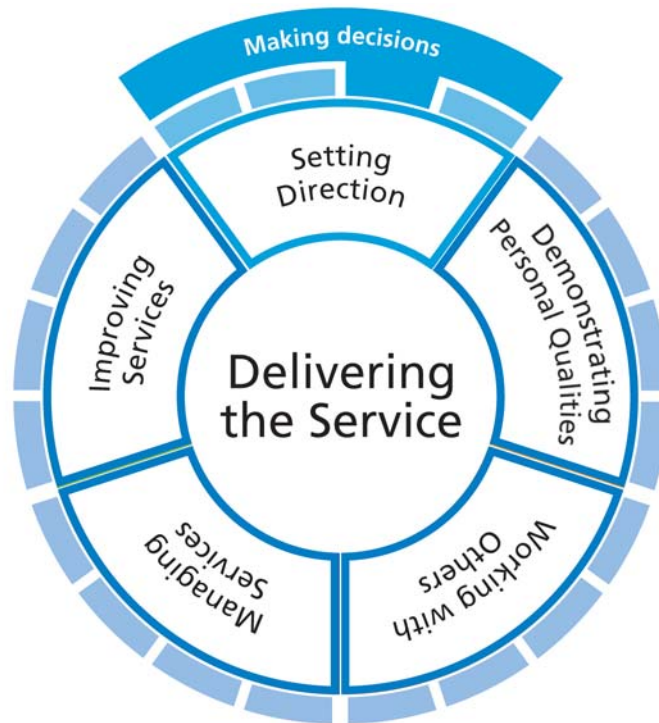
#### Continuing practice stage:

Dr S is the primary-care lead for gynaecology in a general practice. The clinical governance lead for the PCT has sent her the latest NICE guidance on heavy menstrual bleeding. This includes the evidence base which may help to improve locality-based treatments within primary care. Dr S's GP colleagues are reluctant to do any more work than they currently do. Dr S is convinced that putting these guidelines into practice will not increase the workload of the GPs and is able to gather information to support her argument.



# 5. Setting Direction

## 5.3 Making Decisions



Doctors show leadership by **making decisions**: using their values, and the evidence, to make good decisions.

Competent doctors:

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

# 5. Setting Direction

## 5.3 Making Decisions



### Examples of learning and development opportunities

<b>Undergraduate</b>	<b>Postgraduate</b>	<b>Continuing Practice</b>
Contributes to discussions about future course developments	Contributes to decisions using evidence about the running of the service as part of a multidisciplinary team	Determines priorities for a service, incorporating them into departmental and trust business plans
Takes part in multidisciplinary team meetings and listens to patient experiences during clinical placements to appreciate the organisational context for decisions	Contributes to relevant decisions about workload and arrangements for cover based on clear and concise information and data	Advises management colleagues, providing a clinical perspective on service developments and the implications for patients
Seeks to learn how decisions have taken account of changes in evidence and policy	Takes part in clinical committee structures within the organisation	



# 5. Setting Direction

## 5.3 Making Decisions

### Examples in Practice

#### Undergraduate stage:

Student K was discussing with a consultant why a hospital department did not open for longer hours, so that a patient could attend with a relative outside working hours. By the end of the discussion he had a better idea of the conflicting priorities in healthcare between improving access for patients and hospital staff meeting the requirements of the European Working Time Directive (EWTD), finances and the needs of staff and their own families.

#### Postgraduate stage:

Dr T is coming toward the end of his training in surgery. The hospital trust is considering increasing the amount of day-case surgery, which will mean building a new purpose-built unit. Dr T works with colleagues from other specialties to decide on what is required and how the unit will be used. He takes account of the requirements placed on the specialty by the commissioners, NICE guidelines, research and workload changes.

Dr T and his colleagues work out how the reduction in in-patient activity will be achieved to enable the day-case unit to be funded. The trust management ask for a presentation of the key issues involved in the move to increased day-case surgery. Dr T attends the management team meeting to discuss the various options and plans for the future, and offers to assist with the introduction of the resulting changes.

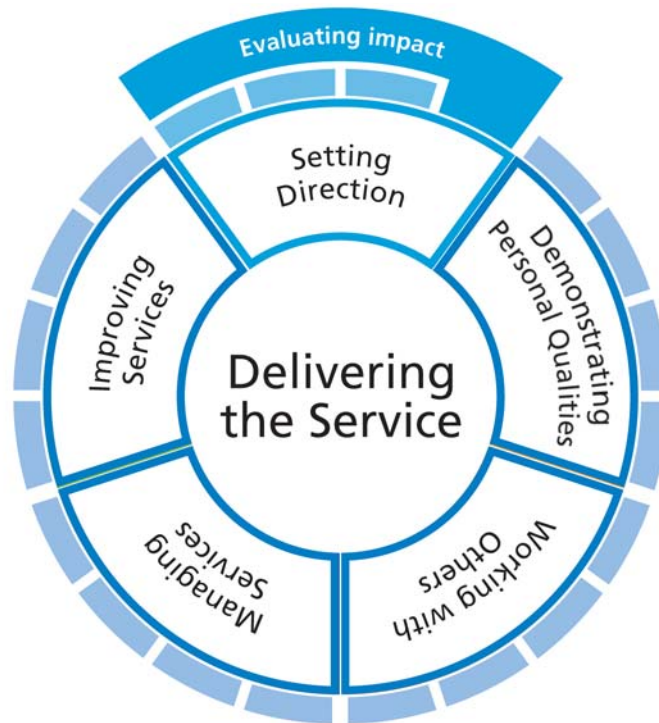
#### Continuing practice stage:

Dr H is a consultant paediatrician with lead responsibilities for child protection. Within her trust children are looked after in various departments ranging from her own department to orthopaedics and general surgery. Dr H's perception is that the vast majority of the people outside paediatrics are not generally aware of child protection issues. Dr H needs to convince her Medical Director to ensure that every member of staff working in these other departments is appropriately trained in child protection. The trust has produced a policy for child protection but unfortunately has not included the two areas which are causing concern. Dr H has been asked to come to the Executive Board in three weeks time to present her case for this training to take place, and the potential resource implications of the training in terms of time off and cost.



# 5. Setting Direction

## 5.4 Evaluating Impact



Doctors show leadership by **evaluating impact**: measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions.

Competent doctors:

- Test and evaluate new service options
- Standardise and promote new approaches
- Overcome barriers to implementation
- Formally and informally disseminate good practice.



# 5. Setting Direction

## 5.4 Evaluating Impact

### Examples of learning and development opportunities

Undergraduate	Postgraduate	Continuing Practice
Takes part in student/staff committees, eg. to review the effectiveness of initiatives	Contributes to the evaluation of services and wider healthcare systems relevant to the specialty and their own practice	Evaluates change options in terms of their impact on services
Seeks opportunities to learn how effective service changes have been	Presents the results of clinical audits and research to audiences outside their immediate specialty	Facilitates the introduction of new services and systems/processes
Reviews the effectiveness of alternative treatments and approaches following clinical attachment	Takes part in organisational service review/planning with healthcare commissioners	Identifies good practice and communicates this to a wider audience eg. speaking at meetings/conferences, publishing articles and guidelines

# 5. Setting Direction

## 5.4 Evaluating Impact



### Examples in Practice

#### Undergraduate stage:

Student U was able to look at how diabetes care was audited in her general practice placement and assess this in the light of national guidance and how patients were managed. She was able to suggest changes to further improve the delivery of care, and discuss the practicalities after presenting her findings to her group and GP tutor.

#### Postgraduate stage:

Dr V is training in child and adolescent psychiatry. She arranges to visit a unit which operates in a different way to the one she is based in. During the visit she spends time with their team members, and joins them for a regular educational meeting. On returning to her unit she puts together her conclusions about the visit and presents this to the multidisciplinary team. The team discussion looks at treatment outcomes from the two units and other similar services. She helps the group look at good practice from the other unit, and how this could be implemented in their own unit. They also look at how these changes would integrate with other services for children in the area, particularly those run by Social Services.

#### Continuing practice stage:

Dr A has been asked to attend a meeting as the trust is reconfiguring and all urology admissions will go to another hospital. This change will significantly impact on the training requirements and on-call requirements for urology and Foundation Year 2 doctors in the trust. Dr A was able to present how training requirements in urology will be affected and how the on-call rotas would change by working with the clinical tutors at each site, the clinical director for urology and the director of nursing, while also taking into account the needs of the European Working Time Directive (EWTD).



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