

Education and Training Committee, 7 March 2013

Leadership and the standards of proficiency

Executive summary and recommendations

Introduction

At its meeting on 15 November 2012, the Committee recommended to the Council four sets of revised standards of proficiency following public consultations, and two sets of revised standards for public consultation.

At the meeting, the Chair advised the Committee that the issue of leadership and its potential place (if any) in the standards was raised at the Council's meeting in October 2012 and that this would be considered further by the Council at its meeting in December 2012. The Committee had discussed this topic on a number of occasions.

At that meeting, the Council agreed that a profession-specific standard addressing leadership should be included in the standards for arts therapists, orthoptists, dietitians, occupational therapists, radiographers and physiotherapists (amending a previous standard referring to leadership in this profession's standards). They also agreed that a standard should be added to the draft standards for consultation for prosthetists and orthotists and chiropodists and podiatrists. The standard reads:

'Understand the concept of leadership and its application to practice'

As the profession-specific standards of proficiency for each profession are being reviewed on a staggered basis, the Council agreed that, in principle, the standard above should be included in the consultation drafts of future standards to be reviewed (unless there are agreed reasons for not doing so), with final decisions about exact wording being made in the light of consultation responses.

The Council agreed that the position statement on the NHS Clinical Leadership Competency Framework previously agreed by the Committee should be updated by the Executive to reflect this decision. The updated statement has been published on the HCPC website and is attached to note.

Decision

This paper is to note; no decision is required.

Background information

- Council paper: 'Leadership' (4 December 2012)
<http://www.hpc-uk.org/aboutus/committees/archive/index.asp?id=648>
(click on enclosure 07)

Resource implications

- None as a result of this paper

Financial implications

- None as a result of this paper

Appendices

- HCPC position statement on the NHS Clinical Leadership Competency Framework (CLCF) (September 2012; revised December 2012)

Date of paper

25 February 2012

Please note: This position statement was first published in September 2012 and revised and re-published in December 2012.

HCPC position statement on the NHS Clinical Leadership Competency Framework (CLCF)

1. Introduction

- 1.1 The NHS Leadership Framework ('the Framework') is a framework for leadership competency and development in the National Health Service (NHS). There are five core domains of the framework: demonstrating personal qualities; working with others; managing services; improving services; and setting direction. The Framework sets out the competencies required for NHS staff to demonstrate leadership.
- 1.2 The NHS Clinical Leadership Competency Framework (CLCF) shares the five core domains of the Framework and is a framework for leadership development which applies to every clinician in the NHS.
- 1.3 We are supportive of the CLCF with its emphasis on the shared responsibility and accountability of all registered professionals at all levels in contributing towards good quality services and improved outcomes for service users. We consider that it is a helpful and important resource for registrants, commissioners and education providers across the breadth of the different professions we regulate.
- 1.4 This document:
 - describes the CLCF and what it aims to achieve;
 - outlines our position on the CLCF and how this relates to the HCPC's standards of proficiency and standards of education and training; and
 - provides some information about what the CLCF might mean for HCPC approved education providers.
- 1.5 In this document 'we' and 'our' refers to the Health and Care Professions Council (HCPC).¹

¹ For more about the role of the HCPC, please visit: www.hcpc-uk.org/aboutus/

2. About the CLCF

- 2.1 The CLCF aims to provide a common language and approach to leadership development for all clinicians in the NHS (and beyond).
- 2.2 The CLCF is based on the idea of 'shared leadership'. It is based on the premise that leadership behaviours are not confined to those in senior positions, but are part of the requirements of all clinicians. The focus is on the shared responsibility of all staff for the success of an organisation and the services it delivers to the public. The CLCF aims to embed leadership capability and the skills associated with it across the whole clinical workforce, rather than focusing leadership development on a smaller number of clinicians with managerial responsibilities.
- 2.3 Each domain of the CLCF has four elements which are then divided into four key descriptors. These descriptors describe the leadership behaviours that all staff are expected to demonstrate.
- 2.4 A variety of ways in which the CLCF could be used have been suggested. This includes being used by individuals to inform their personal development needs; as part of work-based appraisal; and to inform the design and commissioning of training and development programmes.

3. The HCPC and the CLCF

- 3.1 We consider that the CLCF is important in helping clinicians to develop a shared understanding of what leadership is and in aiming to develop leadership behaviours at all levels of seniority. The CLCF's emphasis on shared leadership, where all members of staff are individually and collectively responsible for the services an organisation delivers, is entirely consistent with and complementary to our standards which emphasise both personal responsibility and the importance of working effectively with others. The focus on improved outcomes for service users is to be welcomed.
- 3.2 We register the members of 16 professions, many of whom work within the NHS, in social care or in other settings as part of teams. The leadership capabilities outlined in the CLCF will be particularly relevant to their work and their responsibilities as team members. However, we know that our registrants work with a variety of different people and in a diverse range of settings, not just in the NHS. These settings include working in schools, social services, prisons, private practice and in roles in industry. Some aspects of the CLCF are NHS-specific or refer to working in managed environments, which may be less applicable to some professions and to some HCPC registrants. For example, the competencies under the domain 'setting

direction' refer to the legal and organisational context of the NHS. Some professions do not typically use some of the language used in the CLCF, such as 'clinical', 'clinician' and 'patient', as they do not consider it accurately describes their practice. We also know that people still debate the concept of leadership and think about what it is to lead, or to follow, in lots of different ways.

- 3.3 We consider that the CLCF is a helpful approach in articulating one way of looking at leadership by identifying the underpinning knowledge, skills, behaviours and attitudes behind the use of the term. We consider that the majority of the elements and descriptors included in the CLCF are generic and are clearly applicable across all the different professions we regulate.
- 3.4 The standards of proficiency are the threshold standards for safe and practice in each of the professions we regulate and play an important role in ensuring that someone who completes an approved programme is fit to practise and eligible to become registered with us.
- 3.5 At the time of writing this position statement we were in the process of a rolling review of the profession-specific standards of proficiency for each profession we regulate, to ensure that they continue to reflect the threshold knowledge, understanding and skills required for practise in each of the professions. The standards for most professions do not include a standard which uses the term 'leadership'.
- 3.6 In the process of this review, we have considered carefully some consultation responses which argued either that we should add a specific standard addressing shared leadership or that we should amend a number of standards in order to reflect the language and content of the CLCF. We have heard arguments that such a standard is necessary as (shared) leadership is relevant at all levels. This way of looking at leadership has also been linked to the need for all professionals to raise concerns about patient safety; not just those in formal leadership positions. We have concluded that many of the skills, attitudes and behaviours as described in the CLCF are already well embedded throughout our standards of proficiency and are well reflected in the HCPC's standards of conduct, performance and ethics. However, we also concluded that it is important that at entry to the Register registrants have an understanding of the concept of leadership so that they can draw on this as they develop in practice. Two professions already have a standard addressing this point.
- 3.7 In the standards for the professions reviewed to date, we have agreed a new standard under generic standard 13 ('understand the key concepts of the knowledge base relevant to their profession') which reads:

‘Understand the concept of leadership and its application to practice’

- 3.8 We think that this standard is likely to be relevant to all of the professions’ standards we are reviewing, but we will consider this on a profession-specific basis, and in light of the responses to each public consultation which will take place as the review progresses.
- 3.9 As we start to publish revised standards, we intend to publish a small number of example documents showing how the CLCF descriptors map across to our generic and profession-specific standards.

4. What does the CLCF mean for HCPC approved education providers?

- 4.1 Education providers are not expressly required to demonstrate that their programmes deliver the CLCF in order for programmes to become or remain approved by us. However, they do need to deliver HCPC's standards of proficiency and meet our standards of education and training (SETs).
- 4.2 Where a profession has a standard of proficiency about 'understanding the concept of leadership...' or similar (see paragraphs 2.6-2.7), an education provider would need to demonstrate, as part of meeting SET 4.1, that this is reflected in the learning outcomes of the programme. This standard might be delivered as part of the taught curriculum, for example.
- 4.3 The NHS Leadership Academy has published a helpful resource for education providers (see section five) to assist them in integrating the CLCF into education and training programmes. This includes scenarios for students; possible learning activities linked to the CLCF; and summative and formative assessment methods.
- 4.4 The CLCF provides one helpful reference point and education providers (appropriate to their programme and profession) may wish to use the CLCF and the guidance referred to above to inform how they meet or continue to meet the standards of education and training. In particular, the CLCF and its supporting guidance may be particularly helpful to education providers reviewing their curricula. Some standards of education and training which might be particularly relevant here include those outlined in table 1 overleaf.

Table 1

	Standard of education and training
SET 4.1	The learning outcomes must ensure that those who successfully complete the programme meet the standards of proficiency for their part of the Register.
SET 4.2	The programme must reflect the philosophy, core values, skills and knowledge base as articulated in any relevant curriculum guidance.
SET 4.4	The curriculum must remain relevant to current practice.
SET 4.5	The curriculum must make sure that students understand the implications of the HCPC's standards of conduct, performance and ethics.
SET 4.6	The delivery of the programme must support and develop autonomous and reflective thinking.
SET 6.5	The measurement of student performance must be objective and ensure fitness to practise.

5. References

Health and Care Professions Council (2007; reprinted 2012). Standards of proficiency.

<http://www.hcpc-uk.org/aboutregistration/standards/standardsofproficiency/>

Health and Care Professions Council (2008; reprinted 2012). Standards of conduct, performance and ethics.

<http://www.hcpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

Health and Care Professions Council (2009; reprinted 2012). Standards of education and training.

<http://www.hcpc-uk.org/aboutregistration/standards/sets/>

NHS Leadership Academy (2011). Guidance for integrating the Clinical Leadership Competency Framework into education and training.

<http://www.leadershipacademy.nhs.uk/develop-your-leadership-skills/leadership-framework/supporting-tools-and-documents/lf-education-training-tools>

NHS Leadership Academy (2011). Leadership framework – A summary.

<http://www.leadershipacademy.nhs.uk/develop-your-leadership-skills/leadership-framework/supporting-tools-and-documents/documents-to-download>