#

Council, 4 December 2012

# Leadership

## Executive summary and recommendations

### Introduction

At the Council meeting on 18 October 2012, the Council considered the results of the consultations on revised standards of proficiency for arts therapists and orthoptists. The consultation analysis and revised standards had been recommended for approval by the Education and Training Committee at its meeting on 8 September 2012.
#
At that meeting the Council discussed whether a 'standard on leadership' should be included in the profession-specific standards of proficiency and requested the opportunity to discuss this further.

This paper provides further information on this issue and invites the Council to determine whether such a standard is required.

### Decision

The Council is invited to make the decisions outlined in section eight of this paper.

### Background information

The Education and Training Committee's and the Council's responsibilities with regards the standards of proficiency are set out in the Health and Social Work Professions Order 2001 ('the Order').

Article 5(2)(a) of the Order says that the Council shall '…from time to time…establish the standards of proficiency necessary to be admitted to the different parts of the register being the standards it considers necessary for safe and effective practice under that part of the register'.

Article 14(a) of the Order says that the Education and Training Committee shall advise the Council, on its request or otherwise, on the 'performance of the Council's functions' in relation to establishing those standards.

### 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 (HCPC) (approved by the Education and Training Committee on 8 September 2012)

#

**Date of paper**

#

22 November 2012

## Leadership

### 1. Introduction

1.1 At the Council meeting on 18 October 2012, the question of whether there should be a standard relating to leadership in both sets of standards was raised by some members of Council. The view was articulated that a standard on leadership should be included. The Council noted that the Education and Training Committee had considered this matter on a number of separate occasions in light of the publication of the NHS Clinical Leadership Competency Framework (CLCF). The Committee had recently agreed a position statement on this. The Council agreed that the issue of including a specific standard relating to leadership was an on-going issue and one that the Council should have an opportunity to discuss more fully in due course.

1.2 This paper:

- outlines the process being followed in reviewing the standards of proficiency;
- describes the concept of shared leadership;
- summarises previous suggestions and discussion on this topic; and
- invites the discussion of the Council.

### 2. Review of the standards of proficiency

2.1 The review of the standards of proficiency has been conducted in two parts.

#### Generic standards

2.2 The first stage was a review of the generic standards of proficiency. In the existing standards, around 70% of the content is comprised of generic standards which apply across all the registered professions. The remainder are profession-specific and only apply to individual professions.

2.3 A review of the generic standards commenced in 2009. This was in part the result of previous exercises to develop standards of proficiency for new professions joining the Register. During this work, and in previous consultations, we received consistent feedback from stakeholders who had concern about some of the terminology used in the generic standards and its

applicability to some professions. In particular some were concerned that the structure and language used in the generic standards implied a medical model approach.

2.4 During this review, it was considered that minor changes to the existing generic standards would not be sufficient to ensure that they continued to be fit for purpose, particularly when further professions came on to the Register. 15 'high level' generic standards were developed to replace the existing generic standards. These were subject to public consultation, positively received and subsequently agreed. This means that in future less of the standards will be 'fixed' as generic standards.

2.5 The benefit of this approach is that it provides increased flexibility in the language that can be used in the standards for each profession. It also means that, where applicable, standards which used to be generic can be removed, if we receive consistent and persuasive feedback that they are not directly applicable to a particular profession. The work to develop standards of proficiency for social workers in England used the new 15 generic standards structure and the increased flexibility in the standards that could be developed under each of these statements was an important factor in the success of this work.

**Profession-specific standards**

2.6 Now that the overarching 15 generic standards structure has been agreed, we have needed to review the existing profession-specific standards.[1] This includes mapping the previously generic content and existing profession-specific standards against the new generic structure. It also provides an opportunity to review the standards for each profession to ensure that they continue to reflect the threshold for safe and effective practise at entry to the Register.

2.7 The review process is being carried out on a rolling basis and is conducted as follows.

- The Executive maps the existing generic content and profession-specific standards against the new structure and invites the professional body or bodies for a profession for their comments. They are asked to provide a clear rationale for any suggested changes. This is scrutinised by the Executive who make any necessary revisions to the draft standards.

- The revised draft standards for consultation are considered by the Education and Training Committee and the Council.

[1] Excludes social workers in England for whom standards have only recently been published.

- A public consultation is held on the draft revised standards. The Executive analyses the responses and revises the proposed standards where appropriate.

- The consultation analysis and revised standards are considered by the Education and Training Committee and the Council.

- The revised standards are published.

2.8 During the course of the review, the Executive scrutinises the suggestions made in the professional body review and in the consultation, in particular to retain consistency within and between the standards where appropriate and ensure that any new or amended standards do not exceed the threshold required for safe and effective practice.

2.9 Where necessary during the review, the advice of the relevant registrant Education and Training Committee and/or Council member is sought. The standards are also scrutinised at key points by the Solicitor to Council.

**Leadership and the Clinical Leadership Competency Framework (CLCF)**

2.10 The CLCF is a framework for leadership development which is to apply to every clinician in the NHS. It is intended to provide a 'common language and approach to leadership development for all staff groups, irrespective of discipline, role or function or indeed, whether they work in the NHS, the independent or other sectors'.[2]

2.11 The CLCF is based on the concept 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 skills associated with it across the whole clinical workforce, rather than focusing leadership development solely on a small number of clinicians with managerial responsibilities.

[2] NHS Leadership Academy (2011). Developing and embedding the leadership framework, p. 8. http:///www.nhsleadership.org.uk

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

**2. Working with others**

**Developing networks**

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

**3. Managing services**

**Planning**

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

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

2.13 The NHS Leadership Academy has argued that regulation is central to ensuring that the framework is fully embedded into practise as it will 'drive changes to education and training and this will eventually lead to an increase in the leadership capability within the system' (p.19).

## 3. Suggestions for a ‘leadership standard’

3.1 During the course of the review to date, some professional bodies have suggested standards around leadership, others have not. This has also been discussed informally with some professional bodies during the review period. Formal requests for a standard addressing leadership have been made to date during the professional body review phase by dietitians; radiographers; and art therapists. The suggestions have included the following.

- be able to demonstrate clinical leadership when appropriate and to share and encourage good practice within teams and organisations.
- be able to exercise leadership skills appropriately.
- be able to exercise leadership capabilities appropriately.

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

3.3 The NHS Institute for Innovation and Improvement (who developed the framework) and the NHS Leadership Academy (who now own the framework) have consistently argued for a standard on leadership. In the generic standards of proficiency review they suggested that it should read: ‘be able to demonstrate shared leadership in their approach to practice.’ In the profession-specific standards review, they suggested that a new standard should be added under generic standard 13 which would read: ‘Understand and use the principles of shared leadership.’ Alternatively, they suggested a number of new standards or amendments to existing standards in line with the terminology used in the CLCF.

3.4 The Executive has met with representatives of the NHS Institute and Leadership Academy before and during the review of the generic and profession-specific standards of proficiency.

## 4. Previous papers and discussion on this topic

4.1 This topic has been discussed on a number of occasions by the Education and Training Committee and the Council and the following provides a brief summary of those discussions, as recorded in the minutes of those meetings.

4.2 In March 2011, the Education and Training Committee considered the analysis of responses to the generic standards of proficiency consultation. The Committee concluded that a standard on leadership might be relevant to some professions but was not a threshold standard for all and that it might be difficult for all educators to evaluate such a standard in a placement setting. The Committee agreed that a standard on leadership might be more appropriately considered during the profession-specific standards review 'where appropriate'. This approach was noted by the Council at its March 2011 meeting.[3]

4.3 In November 2011, the Education and Training Committee received a presentation from the NHS Institute on the CLCF. They also considered a short paper from the Institute and a paper from the Executive which mapped the 15 generic standards of proficiency and the standards of conduct, performance and ethics against the CLCF. The Committee noted the presentation with interest, discussing the role of the regulator in 'embedding leadership' in education and training.[4]

4.4 In March 2012, the Education and Training Committee was considering six draft sets of profession-specific standards for consultation. Prior to approving them, it considered a further paper from the Executive on the 'leadership issue'. This paper included the suggestions for a leadership standard received from some professional bodies in the first stage of the profession-specific standards review. That paper sought a clear steer from the Committee on whether a profession-specific standard on leadership should be considered for some or all of the professions. In its discussion the Committee concluded that the concept of leadership was already included in the standards and that 'clinical leadership' was not a term applicable to all of the professions. It noted that leadership might be raised in the public consultation and agreed that a position statement should be developed. The draft standards for consultation were approved (without any proposed 'leadership standard' being added). The Council subsequently ratified the standards for

[3] Education and Training Committee, 10 March 2011
Consultation response analysis on proposed changes to the generic standards of proficiency
http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=547
[4] Education and Training Committee, 17 November 2012
The Clinical Leadership Competency Framework (CLCF)
http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=586

consultation, noting in its discussion that leadership had been discussed at length at the Committee.[5]

4.5 In September 2012, the Education and Training Committee was considering the results of the consultation on draft profession-specific standards for two of the professions – arts therapists and orthoptists. Before doing so, the Committee considered and approved a position statement prepared by the Executive (see appendix 1). In summary this statement said that the HCPC is supportive of the CLCF but that we considered that leadership knowledge, skills, attitudes and behaviours were already well embedded in the standards of proficiency and standards of conduct performance and ethics. We said that once they were published, we would publish examples of how the profession-specific standards of proficiency mapped across to the CLCF. The Committee approved the standards for arts therapists and orthoptists without any further discussion on the issue.

## 5. Discussion and conclusions

5.1 This paper has been produced by the Executive in light of the discussion about this topic at the last Council meeting.

5.2 To date the overall conclusion in previous discussion has been that the components of leadership as articulated in the CLCF are essentially already embedded in the standards of proficiency. However, to avoid fettering discretion in relation to future consultations, a profession-specific standard relating to leadership for any profession has never been ruled-out specifically. The discussion at the last Council meeting indicated that this was still a topic which the Council wished to discuss further.

5.3 This paper therefore seeks a clear and definitive decision from the Council on this topic. This is important so that there is clarity about our approach on this issue as the review progresses. As the review is being undertaken on a rolling basis, this is also vital to avoid, as far as possible, inconsistency between the standards which cannot be adequately justified (i.e. a situation where a different conclusion is reached in relation to some professions which could have reasonably been made in relation to others).

[5] Education and Training Committee, 8 March 2012
Leadership
http://www.hcpc-uk.org/aboutus/committees/archive/index.asp?id=587

**The concept of leadership and the existing standards of proficiency**

5.4 The concept of leadership put forward in the CLCF is different from some of the more traditional ways of looking at leadership. In the CLCF leadership is advanced as a composite set of skills and abilities which should be demonstrated by practitioners at all levels. The argument made by some therefore is that leadership is relevant to everyone and should apply at entry to the Register. This way of looking at leadership has been linked to the need for all staff to raise concerns about patient safety, not just those in senior positions; such leadership qualities are said to be required at all levels. Other arguments have been made on the basis of the need for parity with other professions such as doctors.

5.5 The Executive's assessment is that many of the skills and abilities described in the CLCF are covered by the existing generic and profession-specific standards of proficiency and in the standards of conduct, performance and ethics. In places the standards are less of an exact match to the CLCF with read-across more implicit, owing to differences in the terminology used and purpose of each. The position statement acknowledges that some aspects of the CLCF are NHS-specific and that some professions do not typically use some of the language used, such as 'clinical', 'clinician' or 'patient' as they do not consider it describes accurately their practice.

5.6 The word 'leadership' in its use as an ability or skill (e.g. 'be able to exercise leadership skills appropriately') is not addressed explicitly in the existing standards of proficiency. However, two professions' existing standards of proficiency include standards which refer to leadership in the context of understanding and knowledge.

- Understand the following aspects of behavioural science…theories of team working and leadership (Physiotherapists, 3a.1; published in 2006)

- Understand leadership theories and models, and their application to service delivery and clinical practice (Practitioner psychologists, clinical psychologists only, 3a.1; published in 2009)

## 6. Considerations for a standard

6.1 The following outlines some points to consider in contemplating amendments to standards or new standards.

- **Threshold**. Any standard should be no more than is necessary for public protection.

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

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

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

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

## 7. Wording of a standard

7.1 Should the Council form the view that some kind of standard relating to leadership is necessary for safe and effective practice at entry to the Register, the following outlines what such a standard might look like.

7.2 The Executive considers that a standard where leadership was described as an ability is unlikely to be meaningful. The Executive's concern is that such a standard would not be clear for education providers who would need to deliver this as part of their programmes. Further, the standards already address many of the skills and abilities which are said in the CLCF to underpin leadership.

7.3 A standard in terms which were about 'understanding' of shared leadership or leadership theories might be more meaningful. This would be clearer for education providers and arguably easier for them to address and assess in their taught curriculum (if not already included). Such a standard might read.

- **‘Understand leadership theories and their application to practice’**

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

7.4 The former might allow more flexibility, as there are many different ways of looking at leadership, of which ‘shared leadership’ is one. The standard would probably best fit underneath generic standard 13: ‘Understand the key concepts of the knowledge base relevant to their profession’.

7.5 The Executive suggests that if such a standard were considered necessary, the default position should be that this should be consistent across all of the professions’ standards being reviewed, unless other wording is agreed. (For example, in due course, it might be prudent to retain the existing wording in the existing clinical psychologists standards.)

## 8. Decision

8.1 The Council is invited to discuss this paper and decide whether a standard is required related to leadership and the terms of such a standard, giving clear reasons for its decision.

8.2 If the Council decides that a standard is not required, no further action is necessary.

8.3 If a profession-specific standard relating to leadership is agreed, the Council is invited to agree the following.

- The position statement on the CLCF should be updated accordingly to reflect this decision.

- The standard should be added to the standards for arts therapists and orthoptists considered at the last meeting of the Council.

- The consultation analysis documents for arts therapists and orthoptists should be updated accordingly to reflect this decision.

- The standard should be added to the standards for dietitians, occupational therapists and radiographers being considered for approval at this meeting, and the draft consultation analysis updated accordingly.

- The standard should be added to the standards for physiotherapists being considered at this meeting, with the existing standard relating to leadership amended accordingly (to retain ‘theories of team working’). The draft consultation analysis should be updated accordingly.

- The standard should be added to the draft standards for consultation for prosthetists and orthotists and chiropodists/podiatrists being considered for approval at this meeting.

- As a principle, the standard 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 light of consultation responses.

**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 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 a 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. We have considered whether to change our generic standards of proficiency, so that 'leadership' as a term is more explicitly used within them.

3.5 However, we have concluded that it would be more meaningful at this stage (whilst understanding of the CLCF and its definition of leadership develops), to instead ensure good coverage within our standards, where appropriate, of the specific underpinning knowledge, skills, attitudes and behaviours identified in the CLCF.

3.6 We consider that leadership knowledge, skills attitudes and behaviours as described in the CLCF are already well embedded throughout our standards of proficiency and are well reflected in HCPC's standards of conduct, performance and ethics. 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. As the review progresses and we start to publish revised standards, we will publish a small number of example documents showing how the CLCF descriptors map across to our 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 which we consider already embed many of the competencies underpinning effective leadership as outlined in the CLCF.

4.2 The NHS Leadership Academy has published a helpful resource for education providers (see overleaf) 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.

4.3 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 the following.

| | **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