Faculty of Medical Leadership and Management

Postgraduate trainee leadership development framework

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Introduction

Background

This important piece of work was commissioned by the People Directorate of NHS England and NHS Improvement as part of an ongoing partnership with the Faculty of Medical Leadership and Management (FMLM) to expand and strengthen clinical leadership opportunities and capability within the NHS, as part of its commitment to the NHS People Plan.

Both the People Directorate and FMLM recognise the importance of appraisal as an essential part of a doctor's development and have identified the ARCP process as an area that leadership competence and development is lacking.

Approach

The NHS Long Term Plan identified that "great quality care needs great leadership at all levels".

In 2021, the FMLM partnered with the NHS England and NHS Improvement People Directorate to develop a number of initiatives that deliver on a key commitment of the NHS People Plan 2020/21; to expand the opportunities and support available to talented clinical leaders and to strengthen clinical leadership capability in the NHS.

As part of this, FMLM has been commissioned to develop a clinical leadership ARCP framework which reflects the core values and behaviours as defined by the FMLM *Leadership and management standards for medical professionals*. This would encourage greater self-reflection and open discussion about a trainee's leadership competencies in the annual appraisal setting and help to identify training and development requirements in relation to a doctor's leadership practice at various levels.

Having undertaken extensive consultation (see 'Consultation' below), the tool has been adapted from its initial concept, as an assessment matrix to be embedded within the summative annual ARCP process, to an aspirational and optional leadership development framework tool rather than as a summative assessment. Based on stakeholder feedback, this would reduce the risk of user disengagement associated with an imposed mandatory requirement and promote leadership as a positive developmental skill.

This framework is to be complementary to the leadership GPCs as set out by the GMC, and now reflected in most postgraduate specialty training curricula. Therefore, rather than adding a new set of competencies for trainees to work towards, the framework should help to identify and reflect upon skills relevant to leadership that they would already be developing as per their level, as well as allowing them the vision to be more aspirational if they wish. Whilst in its current format it has been centred upon a longer training pathway, it represents a continuum of skills that would be equally as relevant to a shorter pathway such as General Practice, and it is within our future scope to address this with a more targeted framework. Similarly, whilst this has been set out as a generic framework, there is the recognition that it can be tailored to be more specialty specific if needed.

The leadership development framework follows a tiered approach to leadership development, and it may be modified following the development of FMLM's spiral leadership curriculum. The framework and approach need to be flexible and supportive of an inclusive and accessible leadership training pathway. There needs to be an appropriate balance of formal training and experiential learning and this can be reflected in the four areas of post-graduate training: work-based learning, formal learning, self-development and seeking stretch opportunities. This requires improved integration between training and service delivery.

Mentoring, coaching and experiential learning should be embedded as development tools. There needs to be recognition of leadership activities outside training, for example, OOPE, chief resident/registrar roles, and other roles such as being a member of a trainee committee.

It must be emphasised that leadership development should align with the multi-professional leadership nature of the NHS.

Consultation

Comprehensive consultation has been held with a wide range of stakeholder and interest groups in the development of this tool to ensure that the framework adequately delivers on its intended purposes, as well as seeking buy-in from those groups that will be required for spread and adoption.

Broad support was given across the vast majority of consultation groups, with valuable feedback provided from all groups to ensure that the tool is inclusive, practical and relevant across all/majority specialities where possible.

A list of consultation groups is listed below. A full stakeholder feedback narrative is available upon request.

Organisation
General Medical Council
Health Education England
Academy of Medical Educator
Royal College of Physicians and Surgeons of Glasgow
Royal College of Radiologists,
Royal College of Surgeons of England,
Faculty of Occupational Medicine,
Faculty of Pharmaceutical Medicine,
Faculty of Intensive Care Medicine
National Association of Clinical Tutors
Joint Committee on Surgical Training
Academy of Medical Royal Colleges
Health Education and Improvement Wales

References

The following guidance is based on a selection of professional documents and models including those from the:

- GMC [1,2,3]
- FMLM [4]
- COPMeD [5]
- Leadership Academy [6]
- Leadership assessment documents developed by Prof. Sue Carr [7]

Guidance for trainers and trainees

We have outlined below suggested use of the framework with respect to individual assessments and overall role in the context of the trainee appraisal pathway. We have also summarised expected development from novice to higher trainee, as well as the potential for further specialty specific adaptation.

1. Each assessment requires the following:
   - Record of the assessment or development tool
   - A trainee's reflection on what has been learnt in the assessment
   - An assessment if applicable with a specialty trainer
   - Trainers and trainees should agree in advance which task will be assessed and on what basis
   - Trainees to be assessed on capability on the scale shown. Scoring should reflect the trainee's performance against that which is expected at their year of training and level of experience.
   - Trainees should be given feedback after the assessment about what went well, what could be improved and areas for future development.

2. Educational supervisor review
   - Annual/biannual formative assessment/reflection with the Educational Supervisor at mid year and end of year review to be documented in the trainee's portfolio, with possible brief reflection of leadership development to also be included in the end of year structured report
     - This will be an opportunity to reflect upon and formally capture current leadership development from the trainee's and trainer's perspectives against training level, and identify and set more aspirational goals if desired
   - Note this will not be a summative ARCP requirement for progression and would not be assessed by the ARCP panel. However, it may be beneficial to include some discussion or comment on leadership development at the ARCP, with this framework as a supportive guide/reference.

3. Development as a Novice trainee
   - During this training period, the trainee should understand the leadership expectations of doctors in training as outlined in the GPC and applying them in practice. Trainees should focus on demonstrating appropriate leadership behaviours including self-awareness, reflection and effective team working with increasing efficacy and be constantly striving to improve.

4. Development as an Intermediate trainee
   - During this period of training the trainee should be proficient in leading teams and be supported by a senior colleague to represent the specialty at divisional / inter specialty / clinical governance meetings. Trainees should start to be exposed to management and leadership activities such as rota management, clinical governance and service management and improvement. Trainees should become more aware of the processes used to improve services and participate in their management with supervision. Such processes may include managing more straight forward complaints resulting from patient feedback and managing critical incidents and errors which could impact patient safety.

5. Development as a Higher trainee
   - At the end of training the individual should be confident to participate in, and co-ordinate an effective team including members in their specialty as well as nurses and allied healthcare professionals. Higher trainees are expected to be able to lead on and gain confidence in key service improvement processes such as complaints, critical incidents, and clinical protocols with supervision of a senior colleague. There should be evidence of completion of a Leadership MSF. A trainee completing higher leadership training should understand and contribute positively to the strategic direction and operational delivery of the organisation in which they work as well as the structure and challenges of the wider health system.

6. Adaptation of guidance
   - This framework represents a continuum of leadership and management skills during training; hence it is not strictly time specific, and guidance depends on each individual trainee's level of experience and individual training, which will continue as they progress to more substantive post-CCT posts
   - This framework could be further adapted to be more specialty specific to recognise differences in practice, patient and multi-disciplinary team exposure, and existing specialty specific leadership assessments or training
   - Similarly, whilst the framework has been modelled on a longer training pathway, given that it represents a continuum of skills relevant to all trainees to be acquired during training, it could also be adopted with minimal adaptations for specialties with a shorter training pathway
   - Whilst this is not a summative assessment tool, responsibility for appropriate use of the framework and ensuring competencies are met is shared between the trainee, their educational supervisor, trust, and deanery.

Markers of Excellent Professional Practice

As a trainee advances from novice to a higher level, leadership skills and knowledge can be expected to develop along a continuum starting with self-leadership, progressing towards system leadership. Key developmental aspects of each of these domains is summarised below, and can be used to guide assessment feedback and reflection. This is based on *GPC Domain 5 Leadership, Domain 3 Professional knowledge* and *FMLM standards.*

Self-leadership
- Understanding their leadership style and its impact on others.
- Showing awareness of their leadership responsibilities as a clinician and why effective clinical leadership is central to safe and effective care
- Drives a culture that is inclusive, constructive, and supportive
- Demonstrating an understanding of a range of management and leadership, clinical governance and service management and improvement approaches and applying them in practice
- Demonstrating appropriate leadership behaviours and an ability to adapt their leadership behaviour to improve engagement and outcomes
- Ongoing development of self-reflection/reflective practice

Team player/ team leader
- Demonstrating an understanding of why leadership and team working is important in their role as a clinician
- Actively participating and contributing to the work and success of a team (appropriate followership)
- Critically appraising performance of colleagues, peers and systems and escalating concerns
- Understanding team dynamics and what makes the team most effective
- Appreciating the roles of all members of the multidisciplinary team
- Promoting and effectively participating in multidisciplinary and interprofessional team working

Organisational responsibility
- Thinking critically about decision making, reflecting on decision-making processes, and explaining those decisions to others in an honest and transparent way
- Supervising, challenging, influencing, appraising, and mentoring colleagues and peers to enhance performance and to support development
- Promoting a just, open, and transparent culture
- Promoting a culture of learning and academic and professional critical enquiry
- Knowledge of the structure and strategy of the trainee's organisation and the local healthcare system

System leadership

- National legislative requirements
- Exhibit professional behaviour
- Awareness of the health service and healthcare systems in the four countries, focused knowledge on country of practice with awareness of differences between the four nations. Knowledge in:
  - The structure and organisation of the health service and system, including the independent sector and the wider health and social care landscape
  - The local healthcare system in which the trainee works and its relationship to and interaction with social care
  - How services are commissioned, funded, and audited
  - How services are deemed to be clinically effective, cost effective or restricted such as on a named patient basis
  - How resources are managed, being aware of competing demands and the importance of avoiding waste
  - How services are held publicly accountable through political and governance systems, public scrutiny, and judicial review
- An understanding of the impact of population health within a locality on service structure and delivery

Markers of concern (based on *GPC Domain 5 Leadership, Domain 3 Professional knowledge* and *FMLM standards*)

- Lack of professionalism
- Under-developed team working skills followership and leadership
- Lacks authority and /or appropriate assertiveness for level of training or causes conflict
- Ineffective verbal or written communication
- Ineffective management of own workload and of team
- Unable to delegate effectively
- Demonstrates poor leadership behaviours with inability to adapt style to different circumstances/contexts.

Leadership Development Framework

	Novice	Intermediate	Higher
Pathway	**Could be applicable for CT/ST1-2, GPST1**	**Could be applicable for ST3-4, GPST2**	**Could be applicable for ST5-8, GPST3(-4)**

Clinical skills	• Knows limits of own competence and can access other expertise appropriately
	• Showing awareness of their leadership responsibilities as a clinical leader and why effective clinical leadership and followership is central to safe and effective care
	• Can communicate effectively with patients, care givers and colleagues
	• Can chair team and multiagency meetings with increasing effectiveness
	• Participates in clinical governance activities and quality improvement to improve services
	• Mentoring/teaching junior colleagues including medical students
		• Leads multidisciplinary team meetings within discipline but promotes contribution from all team members fostering an environment of collaboration and able to resolve conflict
		• Choosing and justifying the most relevant reliable outcome measures
		  ○ Works with colleagues to ensure that collection of outcome data is integrated into service delivery
		  ○ Works with colleagues to ensure that outcome data informs clinical practice
		• Identify potential areas for quality improvement within existing services
		  ○ Identifying areas of unmet clinical need within a locality
		  ○ Understanding contextual drivers and barriers for change both locally
		• Be able to effectively represent the specialty at divisional / inter specialty / practice CG meetings
		• Participate in the rota/practice management ensuring adequate skill mix and cover
		• Supervision of, buddying and mentoring of junior colleagues
			• Handling complaints under supervision of a senior colleague
			  ○ Advise patients how to make a complaint
			  ○ Supporting colleagues and patients through the complaint process
			  ○ Investigating a complaint
			  ○ Preparing a report in response to a complaint under supervision of a senior colleague
			  ○ Implementing the lessons learnt from a complaint as part of a multidisciplinary team
			• Handling a serious adverse event investigation under supervision of a senior colleague
			  ○ Effectively participate, and support others involved, in a serious adverse event investigation as part of a multidisciplinary team
			  ○ Become familiar with some of the tools involved such as RCA/5 Whys/Fishbone analysis
			• Drafting local clinical protocols and guidelines under supervision of senior colleague
			  ○ Working with senior colleagues to draw up proposals to improve/develop new services
			  ○ Working with senior colleagues to implement service development plans
			  ○ Evaluating clinical effectiveness and cost efficiency of service development initiatives and system wide initiatives

			o Consider opportunities such as OOPE in leadership and management roles or chief resident/registrar posts etc
Assessment and experiential learning development tools	• WBAs: Manages the take/ ward round/ ward/ operating list, CEX, CBD, LEADER, HAT, AoA, OoT, MCR, PBA • Mentoring/ Coaching • Self-directed learning • QIP • Leading in resuscitation / care of an unwell patient in GP • MSF (specialty MSF) • Simulation and multi-professional training • Action learning sets • Rota management • Introduction/update of guideline • Leadership reflection	• WBAs: Manages the take/ ward round/ ward/ operating list, CEX, CBD, LEADER, HAT, AoA, OoT, MCR, PBA • Mentoring/ Coaching • Self-directed learning • QIP • Shadowing a senior leader • MSF (specialty MSF) • Simulation and multi-professional training • Action learning sets • Rota management • Introduction/update of guideline • Fellowship	• WBAs: Manages the take/ ward round/ ward/ operating list/ acts as GP duty doctor under supervision, CEX, CBD, LEADER, HAT, AoA, OoT, MCR, PBA • Mentoring/ Coaching • Self-directed learning • QIP • Shadowing a senior leader • Leadership MSF • Simulation and multi-professional training • Action learning sets • Policy development • Rota management • Introduction/update of guideline • Fellowship • Leading critical incident review • Assisting in complaint management • Attendance and contribution to clinical governance / practice meetings

Leadership development framework: trainee progression with suggested developmental and assessment tools

	Novice				Intermediate				Higher			
Leadership element of focus	Self				Self				Self			
	Team				Team				Team			
	Organisational				Organisational				Organisational			
	System				System				System			
Levels of competence	Level 1: Practises under supervision Level 2: Able to practice with support Level 3: Practises independently				Level 1: Practises under supervision Level 2: Able to practice with support Level 3: Practises independently				Level 1: Practises under supervision Level 2: Able to practice with support Level 3: Practises independently			
Examples of assessment and development tools *from GMC approved college curricula*	Manages the take	CEX	Mentoring/ Coaching	Rota management	Manages the take	CEX	Mentoring/ Coaching	Rota management	Manages the take	CEX	Mentoring/ Coaching	Rota management
	Manages the ward round	HAT	Self-directed learning e.g., course/module	Introduction or update of guideline	Manages the ward round	HAT	Self-directed learning e.g., course/module	Introduction or update of guideline	Manages the ward round	HAT	Self-directed learning e.g., course/module	Introduction or update of guideline
	Manages the ward	LEADER	QIP	Fellowship	Manages the ward	LEADER	QIP	Fellowship	Manages the ward	LEADER	QIP	Fellowship
	Manages the operating list	MCR	Shadowing	Leading critical incident review	Manages the operating list	MCR	Shadowing	Leading critical incident review	Manages the operating list	MCR	Shadowing	Leading critical incident review
	AoA	OoT	Specialty MSF	Complaint management	AoA	OoT	Specialty MSF	Complaint management	AoA	OoT	Leadership MSF	Complaint management
	CBD	PBA	Simulation and multi-professional training	Attendance and contribution to clinical governance meetings	CBD	PBA	Simulation and multi-professional training	Attendance and contribution to clinical governance meetings	CBD	PBA	Simulation and multi-professional training	Attendance and contribution to clinical governance meetings
	Action learning sets				Action learning sets				Action learning sets			
Reflection required for assessment	Yes				Yes				Yes			

Framework references

Abbreviations

AoA Assessment of Audit

CBD Case based discussion

CEX Clinical examination

HAT Handover Assessment Tool

LEADER Clinical Leadership Assessment Skills

MCR Multiple Consultant Report

MSF Multisource feedback

OoT Observation of Teaching

PBA Procedure Based Assessment

References

1. *Generic professional capabilities framework,* Domain 5 – Capabilities in leadership and teamworking, Domain 6 – Capabilities in patient safety and quality improvement (2017) GMC https://www.gmc-uk.org/-/media/documents/Generic_professional_capabilities_framework__0817.pdf_70417127.pdf

2. *Leadership and management for all doctors* (2012) GMC, https://www.gmc-uk.org/-/media/documents/leadership-and-management-for-all-doctors---english-1015_pdf-48903400.pdf?la=en&hash=56A6B67C00925DB6A2EE73956E915DEAD3B627AC

3. GMC approved postgraduate curricula (**Anaesthetics** [2021], **Clinical Radiology** [Clinical radiology 2021and Interventional radiology 2021], **Emergency Medicine** [2021], **General Practice** [2019], **Intensive Care Medicine** [2021], **Medicine** [General internal medicine stage 1 2019], **Obstetrics and Gynaecology** [General obstetrics and gynaecology 2019, Core obstetrics and gynaecology 2019, Advanced obstetrics and gynaecology 2019, Urogynaecology 2019], **Paediatrics** [General paediatric syllabus 2021, General paediatric curriculum 2018, Paediatrics level 1 syllabus 2018, Paediatrics level 2 syllabus 2018, Paediatrics level 3 syllabus 2018, Child mental health 2021, Community child health 2021, Neonatal Medicine 2021, Paediatric allergy, immunology and infectious diseases 2021, Paediatric Clinical Pharmacology and therapeutics 2021, Paediatric diabetes and endocrinology 2021, Paediatric emergency medicine 2021, Paediatric gastroenterology, hepatology and nutrition 2021, Paediatric inherited metabolic medicine 2021, Paediatric ICM 2021, Paediatric nephrology 2021, Paediatric neuro-disability 2021, Paediatric neurology 2021, Paediatric oncology 2021, Paediatric palliative medicine 2021, Paediatric respiratory medicine 2021,Paediatric rheumatology 2021], **Psychiatry** [Child and adolescent psychiatry 2018], **Surgery** [2021]. https://www.gmc-uk.org/education/standards-guidance-and-curricula/curricula

4. *Leadership and management standards for medical professionals* 3rd edition, (2020), Faculty of Medical Leadership and Management, https://www.fmlm.ac.uk/standards

5. *Gold Guide* - 8th Edition, Mar. 2020, Conference of postgraduate medical deans of the United Kingdom, https://www.copmed.org.uk/images/docs/gold_guide_8th_edition/Gold_Guide_8th_Edition_March_2020.pdf

6. *Medical Leadership Competency Framework,* (2010), NHS Leadership Academy *https://www.leadershipacademy.nhs.uk/wp-content/uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf*

7. Leadership assessment documents developed by Prof. Sue Carr

Authorship

This framework was developed by the Faculty of Medical Leadership and Management (FMLM). FMLM supports the delivery of better healthcare outcomes for patients in the UK by developing and promoting excellence in medical leadership and management through networks, resources and career opportunities for doctors of all grades and specialties.

This work has been led by Dr Keerthini Muthuswamy, National Medical Director's Clinical Fellow 2021/22 with FMLM, and radiology specialty trainee and Dr Asya Mussad, National Medical Director's Clinical Fellow 2020/21 and specialist registrar in anaesthesia based with FMLM.