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and Improvement

Guidance for Undergraduate Medical Education:

Integrating the Medical Leadership Competency Framework

Enhancing Engagement in Medical Leadership

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Foreword

It is a pleasure to be asked to write the foreword to this important document which will be of considerable value to Medical Schools and medical students. Leadership lies at the heart of being a doctor, yet defining leadership and developing it have been difficult. Recently the Medical Schools Council, along with other organisations including the General Medical Council, Conference of Postgraduate Medical Deans, Academy of Medical Royal Colleges and NHS Employers, have identified leadership as one of the key roles of a doctor: "As the critical decision maker with responsibility for significant health resources the doctor must be capable of both management and leadership and of taking ultimate responsibility for clinical decisions". And Sir John Tooke, in his report on Modernising Medical Careers "Aspiring to Excellence," has stated that greater attention must be paid to management and leadership skills.

The guidance in this document is based on the Medical Leadership Competency Framework, which is part of a wider project commissioned by the Department of Health and conducted jointly by the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges to enhance engagement in medical leadership. The framework is holistic being seen as a cumulative process of acquisition for doctors across their entire training and development, incorporating undergraduate, postgraduate and continuing practice. This document focuses specifically on the undergraduate curriculum and has been linked to the new version of *Tomorrow's Doctors*, published in 2009 by the General Medical Council, which lays down the outcomes required of medicine students. This can clearly be seen in the appendix which maps the outcomes from *Tomorrow's Doctors* to the domains within the Medical Leadership Competency Framework.

Given the importance and relevance of leadership and management competence for doctors at all stages of their careers this is therefore a very timely development. The guidance emphasises the concept of shared leadership, applying to all engaged in clinical practice, and recognises the potential for qualified doctors to build on the elements described in this document during their further education. It is important that leadership learning is incorporated within the mainstream curriculum, rather than regarded as something additional or even peripheral to that core. The scenarios used as examples will be invaluable to Medical Schools, and these scenarios may also serve to stimulate novel special study components which will enhance leadership skills further.

Professor Tony Weetman
Chair, Medical Schools Council

Who is this guidance for?

This document is intended as a resource to support the development of leadership and management curriculum design within UK medical schools. By their graduation from medical school, students are required to have demonstrated all the outcomes defined by the General Medical Council (GMC) within *Tomorrow's Doctors*, including those that relate specifically to leadership. The 2009 edition of *Tomorrow's Doctors* lays down the outcomes required of students by 2011/12.

"Medical schools equip medical students with the scientific background and technical skills they need for practice. But, just as importantly, they must enable new graduates to both understand and commit to high personal and professional values. Medicine involves personal interaction with people, as well as the application of science and technical skills…

Putting patients first involves working with them as partners in their own care and making their safety paramount. It involves dedication to continuing improvement, both in the doctor's individual practice and in the organisation and environment in which they work.

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."

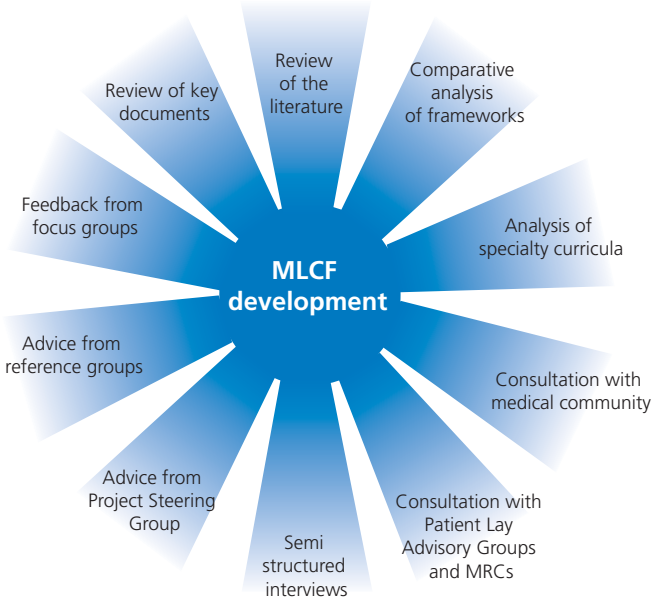
Professor Peter Rubin, Chair, General Medical Council (Tomorrow's Doctors, 2009)

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.

What is this guidance based on?

This document has been based on the Medical Leadership Competency Framework (MLCF) which describes the leadership competences that medical students and doctors need to become more actively involved in the review, planning, delivery and transformation of health services. The MLCF is built on the concept of **shared leadership**, where leadership is not restricted to those who hold designated leadership roles; instead leadership is shown through 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. (For more information about shared leadership, please refer to www.institute.nhs.uk/medicalleadership.)

What is the Medical Leadership Competency Framework?



The MLCF has been under development since August 2006, as part of a UK-wide project, Enhancing Engagement in Medical Leadership, which was commissioned by the Academy of Medical Royal Colleges. 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 included:
  - NHS Institute for Innovation and Improvement: Leadership Qualities Framework (LQF)
  - Institute for Health Improvement: Engaging Physicians in a Shared Quality Agenda
  - British Association of Medical Managers: A syllabus for Doctors in management and Leadership Positions in Healthcare, and
  - Health Care Leaders Association of British Columbia: Health Leadership Capabilities Framework for Senior Executive Leaders.

- **Analysis of specialty medical curricula** submitted to and approved by the Postgraduate Medical Education and Training Board (PMETB)[1].
- **Consultation with members of the medical and wider NHS community** in the UK including the GMC, PMETB, NHS Confederation, NHS Employers, Conference of Postgraduate Medical Deans (COPMeD), Medical Schools Council (MSC), Patient Lay Advisory Groups of the Medical Royal Colleges and the British Medical Association (BMA).
- **Consultation with Patient Lay Advisory Groups of the Medical Royal Colleges.**
- **Semi-structured interviews** with Medical School Deans, Undergraduate Directors of Medical Education, Postgraduate Deans and Presidents of Medical Royal Colleges.
- **Advice from the Project Steering Group** led by the Academy of Medical Royal Colleges (AoMRC) and included 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, including junior doctors and medical students.
- **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, High Quality Care for All: NHS Next Stage Review Final Report* and *The Doctor as a Professional*.

Refinements in the second edition of the Medical Leadership Competency Framework published in 2009 were made after feedback from patient groups, PMETB, Medical Royal Colleges, doctors and managers from acute and foundation trusts and general practice based on the use of the Medical Leadership Competency Framework.
The MLCF has also been reviewed in the light of changing regulatory advice for undergraduate and postgraduate training, and specific mapping of the MLCF to the 2009 edition of *Tomorrow's Doctor* has been undertaken (please see Appendix).

[1] PMETB was merged with the General Medical Council on 1st April 2010.

How is the MLCF being applied?

Leadership is a requirement of all doctors as laid out in the General Medical Council (GMC) publications *Tomorrow's Doctors, Good Medical Practice*, and also *Management for Doctors*. The development of leadership competence begins at undergraduate medical school and continues throughout the doctor's career.

The Foundation and Specialty training leadership curricula are based on the same key competences, as defined by the Medical Leadership Competency Framework, to enable qualified doctors to build on the knowledge, skills and behaviours and attitudes developed in their undergraduate training.

How should this guidance document be used?

The following sections within the document describe in turn the five domains of the leadership wheel, shown at the left: **Demonstrating Personal Qualities, Working with Others, Managing Services, Improving Services** and **Setting Direction**. Each section starts with an overview of the domain, with practical examples of its application.

Each domain has four subsections, and each subsection defines four competences to be attained. The guidance provides a description of the knowledge, skills and attitudes and behaviours required for each subsection.

Following the individual domains, the guidance offers suggestions for appropriate learning and development activities to be delivered throughout the undergraduate curriculum, and concludes with suggestions for appropriate assessment of the leadership competences.

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:

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

A possible scenario for exploring Demonstrating Personal Qualities

A student shares with her tutor a patient encounter that has left her feeling upset. The tutor suggests that she writes a reflective piece as part of her portfolio to explore this issue. This helps her to identify her emotional response and the factors behind this, as well as to consider the encounter from the patient's perspective. She undertakes reading around emotional intelligence and stress management, and agrees some personal learning goals with her tutor.

A possible scenario for exploring Demonstrating Personal Qualities

In preparation for a group project, first year students are asked to complete a learning styles questionnaire and then asked to discuss in their allotted groups how their own personal approach to learning may impact on joint group assignments, to ensure they are able not only to be aware of their own style but that of others in the group. After the group project, the group members were asked to reflect on whether awareness gained through the learning styles exercise improved the team dynamics and outcomes of the group project.

1. Demonstrating Personal Qualities

1.1 Developing self awareness

1.2 Managing yourself

1.1 Developing self awareness

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The role of self assessment and multisource feedback in developing management and leadership roles • Own values, emotions, behaviours and preferred roles and how these can impact on others	**Demonstrate the ability to:** • Effectively participate and fulfil different roles in small group activities • Identify and reflect on own behaviour and how this can impact on others • Identify and reflect on personal strengths and weaknesses to develop personal goals for leadership role	**Demonstrate:** • Respect for the rights and interests of patients and the public • Respect for diversity amongst others • A willingness to seek out feedback from others

1.2 Managing yourself

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The impact of personal physical and mental health on personal effectiveness • How to access healthcare and support • The role of occupational health services	**Demonstrate the ability to:** • Maintain own health and safety • Recognise and address personal stress • Manage time constructively and meet deadlines	**Demonstrate:** • A professional attitude to self care and balancing home and work • Reliability and taking professional responsibilities seriously • An awareness of own limitations

1. Demonstrating Personal Qualities

1.3 Continuing personal development

1.4 Acting with integrity

1.3 Continuing personal development

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Advantages and disadvantages of different approaches to learning • Procedures for documenting complaints and reporting critical incidents • Advantages and disadvantages of different leadership types and styles	**Demonstrate the ability to:** • Use a range of assessment tools to identify own strengths and development needs • Set achievable development goals based on these needs • Select and make effective use of learning activities to meet these goals • Apply and evaluate leadership learning in practice	**Demonstrate:** • Self direction of learning and reflective practice • Willingness to learn from leadership experiences • Learning from feedback and mistakes

1.4 Acting with integrity

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

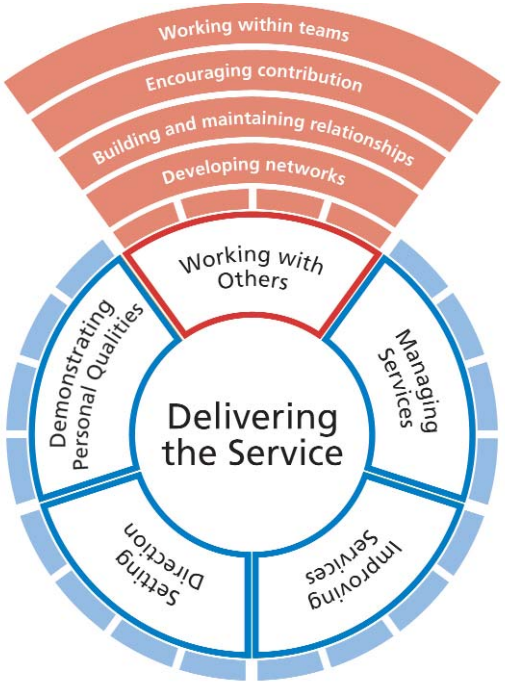
Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The GMC's professional guidance and standards, including Good Medical Practice • The legal and ethical issues pertaining to medical practice • The Medical School's standards and guidance	**Demonstrate the ability to:** • Foster effective and respectful relationships with others, valuing diversity • Identify and debate ethical issues while applying ethical principles • Recognise when ethics and values may conflict or be compromised and seek advice	**Demonstrate:** • Respect for professional and institutional regulations • Personal responsibility for maintaining professional standards • Interest and engagement with cultural issues that may affect relationships with others

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 the areas of:

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



A possible scenario to explore Working with Others

In a simulation exercise nursing and medical students and allied health professional students are required to admit and look after patients on the admission ward. The "team" are put in charge of the patients for a nominal shift and asked to hand over their care at the end. Teams of students have to organise themselves into different roles to ensure high standards of care are delivered. This can be undertaken at any part of the curricular programme as long as the outcomes from the session are agreed and build on the student's current knowledge and experience of practice.

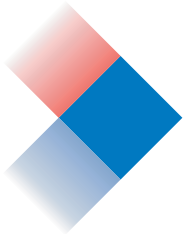
A possible scenario to explore Working with Others

A problem based learning group has received poor results for the initial scenarios they have been asked to study as a group. The tutor decides that each of the students is indeed bright and motivated, but there is no cohesiveness as a group. He gains agreement from the group to video a subsequent study group session, as a means of encouraging discussion about good and poor examples of group work, and to encourage them to analyse the output in relation to theories of team dynamics. Each member is asked to consider their role in creating an effective team. A better understanding of team dynamics and each others personality lead to a significant increase in the performance of this group and a subsequent significant improvement in marks.

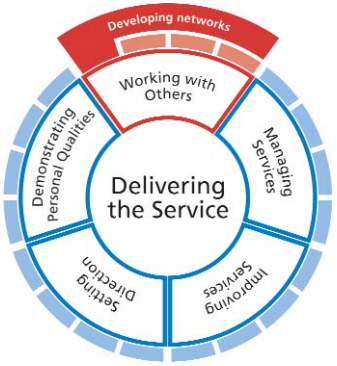
2. Working with Others

2.1 Developing networks

2.2 Building and maintaining relationships



2.1 Developing networks



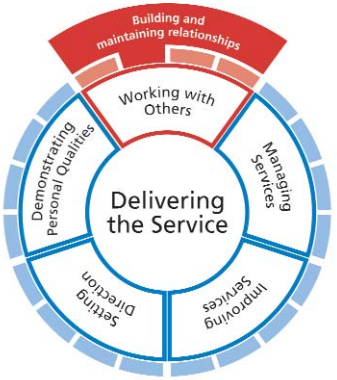
Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The roles and responsibilities of members of a multi-disciplinary team • Roles of other agencies and organisations which may relate to the NHS	**Demonstrate the ability to:** • Care for a patient as part of a multi-professional team • Involve others appropriately in problem solving and decision making • Rehearse and participate in a multi-disciplinary team meeting in a real or simulated setting	**Demonstrate:** • Readiness to engage with others to develop a supportive and effective network • Understanding of the importance of teamwork and collaboration in healthcare

2.2 Building and maintaining relationships



Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

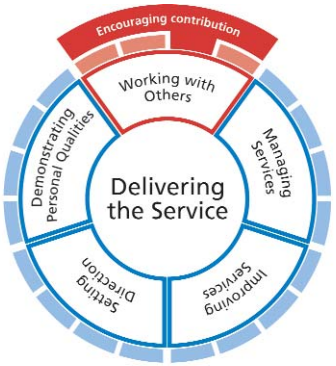
Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Factors that contribute to effective team working • Principles of effective feedback, handover and delegation • Different leadership styles	**Demonstrate the ability to:** • Work effectively within a team • Develop a reflective working relationship with a tutor/mentor • Gain respect from colleagues, health care practitioners and patients • Support peer group and HCPs in training • Recognise communication challenges in different health care settings	**Demonstrate:** • Willingness to learn from others and to share own learning with others • Respect for others through communication • An understanding of the importance of effective communication with colleagues and patients

2. Working with Others

2.3 Encouraging contribution

2.4 Working within teams

2.3 Encouraging contribution



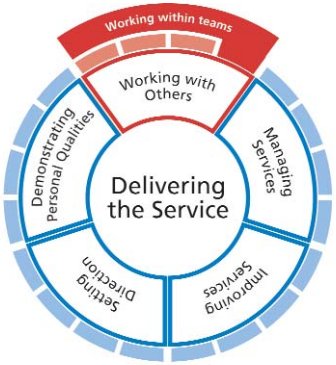
Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Professional responsibilities in encouraging patient participation • Legislation and responsibilities in relation to social and cultural diversity	**Demonstrate the ability to:** • Recognise and value views from others within the multi-professional team • Actively seek and listen to patient views • Challenge constructively and respond positively to challenge from others • Work effectively with a diverse range of individuals from differing social classes, educational attainment, disabilities, cultures and sexual orientations	**Demonstrate:** • Encouragement of diverse views • Readiness to acknowledge and value the contribution of others

2.4 Working within teams



Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Their role in the organisation in which they work • Understanding of shared leadership • Team dynamics including problems that can occur in teams and ways of addressing these	**Demonstrate the ability to:** • Lead and be led within a team • Collaborate with colleagues to seek solutions in both learning and health care settings • Address team working challenges with support	**Demonstrate:** • Flexibility in undertaking a variety of team roles, including leader • Respect for team decisions • Appreciation of team and partnership working

Managing Services

3. Managing Services

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

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

A possible scenario to explore Managing Services

An Acute Trust has agreed to deliver a basic level of Health Education for all employees. A group of four students have agreed to help with this development as part of their management and leadership project.

Students join the steering group and help formulate a strategy to deliver basic health education on a one to one basis, and within groups. A budget of £5000 was allocated for the project as a whole. Students drew up an expenditure plan for the money including procuring three quotes for all items over £50. A programme of education for "Health Coaches" was created. Performance of the health coaches was assessed using role play and observing teaching and coaching, and feedback was given using the Pendleton Model. Mentoring of selected coaches was also undertaken. Performance measures were discussed and set out from the beginning of the programme for both the "teachers" and the coaches.

A possible scenario to explore Managing Services

While on placement at their local hospital, students C and L are invited to support the investigation of and response to a patient complaint relating to a refusal by the organisation to prescribe an expensive drug. Working with managers in the hospital complaints department, the students review the letter of complaint, seek advice on the hospital policy for prescribing and how this relates to NICE guidelines, and discuss the case with members of the clinical team. They help to draft a letter of response to the patient, and write a summary report which they present to their clinical supervisor and peers, highlighting the management issues that arose from this example.

3. Managing Services

3.1 Planning

3.2 Managing resources

3.1 Planning

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Current NHS strategy • Steps involved in planning change • How to use pilots and trials as part of the planning process	**Demonstrate the ability to:** • Select a quality improvement project and justify choice • Set achievable project outcomes • Work to project time lines	**Demonstrate:** • A systematic and organised approach • Commitment to take the views of patients and service users into account • Willingness to seek out and consider alternative approaches

3.2 Managing resources

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • How resource is allocated in the NHS • How resources are deployed within a service • How extra resources can be brought into an organisation through bids and innovation	**Demonstrate the ability to:** • Consider resource issues when: o discussing health care services and priorities o undertaking audits or service improvement exercises • Formulate ideas for improving cost effectiveness within a service	**Demonstrate:** • An awareness of funding constraints and need for cost effectiveness • A commitment to use NHS money effectively and minimise waste • Readiness to challenge ineffective use of resources

3. Managing Services

3.3 Managing people

3.4 Managing performance

3.3 Managing people

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Methods for analysing and improving personal and team performance • Principles of effective feedback	**Demonstrate the ability to:** • Support team members to take on new roles • Evaluate the performance of a team against agreed outcomes • Receive and learn from constructive criticism	**Demonstrate:** • A willingness to identify and praise good performance • Readiness to seek advice if concerned about another's performance • Positive role modelling for team members

3.4 Managing performance

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The role of appraisal in improving performance • Advantages and disadvantages of quantitative and qualitative measures of performance • What to do if a peer or health professional gives you cause for concern	**Demonstrate the ability to:** • Support and motivate team to improve performance • Analyse performance of peers and give constructive feedback • Respond appropriately if concerned about the performance of a peer or health professional	**Demonstrate:** • Readiness to learn from analysis of good and poor performance • A willingness to take action if concerned about the performance of a peer or health professional

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 service. This requires doctors to demonstrate competence in the areas of:

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

Possible scenario to explore Improving Services:
Students B and F each follow a patient undergoing investigations in the gastroenterology department. They each identify potential risks to their patient, obtain feedback from the patient about their experience and observe and talk to members of the clinical team. During this work, they notice that patient consent for OGD takes place in a busy room, and that the patient appears embarrassed and unable to fully understand the process of consent. The students work together to share their findings, summarising the positive and negative aspects of the patient experience, and then suggest ways to improve it through the identification of a dedicated and private consent area. With the patient's consent, they share their findings and proposals in a written report and a presentation to their peers and clinical supervisor. A subsequent group exercise is undertaken to explore the use of critical analysis and standard reporting.

Possible scenario to explore Improving Services:
Students in the early years of the curriculum meet with patients in the ward to implement the use of patient safety tools, medicine reconciliation or monitor the use of ISBAR in the clinical setting, having learnt about and practised using these in the simulated health care setting. Students record and critically evaluate the different challenges of using these in clinical practice, and explore the links from this to possible audit of patient safety.

4. Improving Services

4.1 Ensuring patient safety

4.2 Critically evaluating

4.1 Ensuring patient safety

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The role of risk management in improving patient safety • Prevalence and common sources of risk to patients, including medical error • Examples of quality improvement methodology and their potential use	**Demonstrate the ability to:** • Identify and analyse significant incidents • Utilise a quality improvement model to improve patient safety • Assess and communicate risk to patients	**Demonstrate:** • A systematic approach to the reduction of risk and error • Commitment to improving patient safety • Professional responsibility with respect to patient safety and medical errors

4.2 Critically evaluating

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • The principles of clinical governance and its role in quality improvement • Methods for evaluating the quality of healthcare including audit, significant event analysis and patient feedback • How to apply evidence base for safe practice	**Demonstrate the ability to:** • Analyse and identify the factors affecting the delivery of a service • Apply appropriate methods of evaluation • Undertake and contribute to clinical audit	**Demonstrate:** • A positive attitude to engaging in quality improvement • Willingness to question own and others' experiences of healthcare

4. Improving Services

4.3 Encouraging improvement and innovation

4.4 Facilitating transformation

4.3 Encouraging improvement and innovation

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Change management theory in the context of health care practice • Current and emerging drivers of innovation in clinical practice	**Demonstrate the ability to:** • Propose innovative ways of improving health services and medical education • Reflect on patient feedback and suggest ways of improving their experiences • Engage a wide range of people in developing ideas for innovation	**Demonstrate:** • Openness to new ideas • Readiness to challenge status quo

4.4 Facilitating transformation

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Strategies for motivating people to change • How organisational culture can impede or facilitate improvement in health services	**Demonstrate the ability to:** • Recognise and articulate successful change processes • Clearly present the results and recommendations from a service review or audit to influence change • Recognise barriers to change and suggest ways of addressing these	**Demonstrate:** • A positive attitude to implementing change • A commitment to engage others in change • A sensitivity to others' concerns about change

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 the areas of:

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

Possible scenario for exploring Setting Direction:
Student K was concerned that a hospital department did not open for longer hours, so that he could attend with a relative outside working hours. His tutor suggested that he find out more about the factors determining opening hours and share these with his study group. The student met and talked to the consultant and manager involved and found out about access targets and the European Working Time Directive (EWTD). His presentation led to a lively discussion of conflicting priorities in healthcare, financial constraints and the balance between improving access for patients and meeting the needs of hospital staff and their own families. The group developed some creative ideas around alternative opening times, worked up some basic costings for this and sent their proposal to the manager and consultant involved.

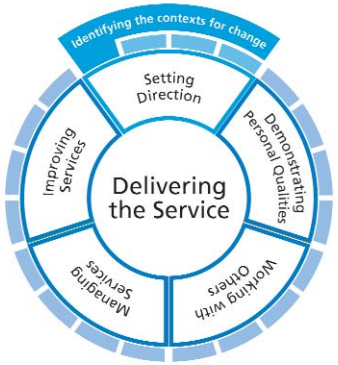
Possible scenario for exploring Setting Direction:
Student N comes across a difficult end of life issue related to a patient. He feels that his ethics teaching has not prepared him for such events and he discusses this with his tutor. He raises the issue in his feedback forms and follows it up by reading the new *Tomorrow's Doctors* guidance and through representation on the curriculum development committee. There is a lively discussion of conflicting priorities in the curriculum and time and resource constraints. As a result ethics teaching is reviewed and the lecture-based programme re-designed to incorporate more practical case-based teaching.

5. Setting Direction

5.1 Identifying the contexts for change

5.2 Applying knowledge and evidence

5.1 Identifying the contexts for change



Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • How healthcare policy influences organisational strategy and impacts on healthcare delivery and medical careers • The legal context and organisational structure of the NHS • The function of international and national advisory and regulatory bodies	**Demonstrate the ability to:** • Identify sources of information on healthcare organisation and policy • Understand how policy influences patient care and own medical practice • Consider local healthcare issues when identifying contexts for change	**Demonstrate:** • An appreciation of the need for doctors to understand and contribute to health policy • A willingness to keep up to date • Enthusiasm to engage with new ideas

5.2 Applying knowledge and evidence

Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

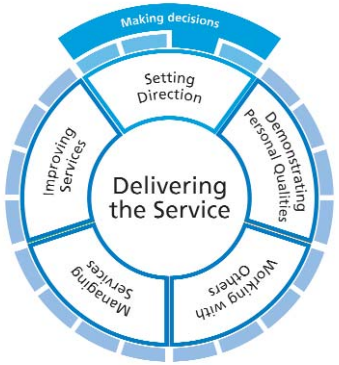
Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Sources of evidence-based guidelines on best practice • Ways of evaluating healthcare organisation performance and their limitations • Different healthcare data sources and how to access them	**Demonstrate the ability to:** • Use patient outcome reporting systems • Critically appraise health performance indictors	**Demonstrate:** • Willingness to seek and utilise area of proven good practice • An appreciation of the need for doctors to understand how healthcare strategy is developed • A willingness to engage in the development of strategy

5. Setting Direction

5.3 Making decisions

5.4 Evaluating impact

5.3 Making decisions



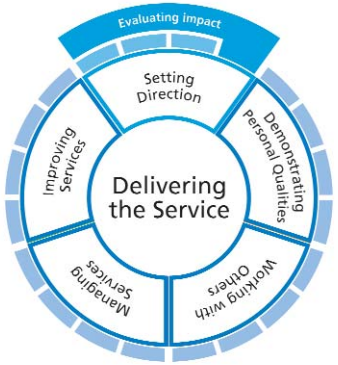
Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • How decisions are made by organisations, individuals and teams • Effective communication strategies within organisations to make effective decisions • Influencing and negotiation skills	**Demonstrate the ability to:** • Prepare for meeting, i.e. reading agendas, understanding minutes, action points and background research on agenda items • Make and justify rational decisions • Perform stakeholder analysis	**Demonstrate:** • Appreciation of the importance of involving public and communities in developing health services • Behaviour consistent with professional and organisational values • Willingness to contribute to decision-making

5.4 Evaluating impact



Competence

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

In the context of leadership and management activities, the following should be acquired by the end of undergraduate training in order to meet each specific competency:

Knowledge	Skills	Attitudes and behaviours
Demonstrate knowledge of: • Barriers to implementation • Quantitative and qualitative methods to gather evidence from perspectives of patients, carers, staff and others • Models for effective dissemination	**Demonstrate the ability to:** • Identify and participate in suitable audit • Utilise questionnaires / tools to focus on the patient experience • Analyse how service change may impact on the quality of care given to patients	**Demonstrate:** • Attitudes and behaviours that assist dissemination of good practice • Openness to and appreciation of suggestions to new ways of working

Learning and Development Activities

There are many activities already associated with undergraduate medical education which provide opportunities for learning about leadership and management.

These range from the more individual activities such as reflective writing and development of log books and portfolio, to those activities undertaken within a collective environment, including small group work and formal teaching sessions. The table below provides an illustrative, though not exhaustive list of potential activities for integrating the Medical Leadership Competency Framework into existing curriculum activity:

	1. Demonstrating Personal Qualities				2. Working with Others				3. Managing Services				4. Improving Services				5. Setting Direction			
	1.1 Developing selfawareness	1.2 Managing yourself	1.3 Continuing personal development	1.4 Acting with integrity	2.1 Developing networks	2.2 Building and maintaining relationships	2.3 Encouraging contribution	2.4 Working within teams	3.1 Planning	3.2 Managing resources	3.3 Managing people	3.4 Managing performance	4.1 Ensuring patient safety	4.2 Critically evaluating	4.3 Encouraging improvement and innovation	4.4 Facilitating transformation	5.1 Identifying the contexts for change	5.2 Applying knowledge and evidence	5.3 Making decisions	5.4 Evaluating impact
Reading and Research	Background reading on different learning styles, team roles and reflective practice Independent reading and research linked to taught sessions Review available stress self-assessment tools				Research factors that contribute to effective teamwork (including specific NHS research)				Research change management processes Review local prescribing guidance and links to resource available				Research service improvement processes Undertake a clinical audit against NICE guidelines				Research a specific policy and its basis in legislation (e.g. review of recent GMC fitness to practice cases) Research and present evidence to PBL group of public health priorities of region Share audit findings with healthcare team Report evidence of critical analysis of research article			

Learning and Development Activities - continued

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Mentoring/peer assistance	Participate in mentoring system	Sharing with peers a student's experience of practice where multidisciplinary working has led to benefits in patient care	360 degree peer feedback Mentoring younger medical students	Give constructive feedback to a colleague on communication skills	
Group problem solving	Professionalism discussions throughout the curricular programme	Group review own team performance and make suggestions for improvement	Group exercise to share and discuss ideas for reducing waste in NHS	Group analysis of patient experiences and risks, to produce ideas for improvement	Contribute to a working group reviewing part of the curriculum
Simulation		Explore and identify team roles in rehearsing for emergencies	Present in pairs a bid for funding a CVS-related programme Practice in simulated exercise waste disposal	Critical analysis of a significant event and identification of effects on patient outcome	Simulation event, e.g. MDT meeting or disaster response
Scenarios	Undertake e-learning activity based on ethical scenarios	Work as a group to identify key issues in a complex healthcare scenario	Use of pilots and trials as part of the planning process, determining realistic key performance outcomes for a project	E-learning scenario of a virtual patient's healthcare experience to identify risks to patient safety	Draw on patient feedback and NICE guidelines to recommend improvements in healthcare delivery scenario
Tutor discussion	Uses assessment results and tutor discussion to self direct learning	Discuss feedback from colleagues with tutor and identify areas for development	Evidence of performance discussion with tutor	Reflect on patient encounter with tutor and identify ways patient experience could have been improved	Discussion about barriers to achieving good practice, and suggested ways to overcome these
Direct skills teaching	Skills for recognising and addressing personal stress	Work with actors to develop skills for dealing with conflict	Skills for giving effective feedback	Compliance with infection control policies and procedures while on clinical placement	Become change agents in practice, e.g. hand hygiene champions leading through example
Written reflection	Reflective account of a significant event including student emotional response to it and implications of this Written analysis of strengths and weaknesses in relation to leadership role and with plans to address these	Reflective log or portfolio to document experience of practice where multidisciplinary working has benefited patient care Reflective writing exploring group work in context of own learning experience e.g. in PBL	Reflective writing exploring the issue of whistle blowing	Reflective writing around "change" linking change theory to own experiences	Written review of critical incident and through service change and innovation outline pilot for new way of working

Learning and Development Activities - continued

	1. Demonstrating Personal Qualities	2. Working with Others	3. Managing Services	4. Improving Services	5. Setting Direction
Small group activity	Small group discussion to explore • Student personal values and beliefs • How these influence their response to situations • The importance of taking patients' values and beliefs into account • The importance of taking team members' values and beliefs into account	Map the health and social care professionals involved in the care of a patient encountered on placement, clarify each of the roles and consider how they communicate with each other Multi-professional discussions based around ethical, legal and clinical dilemmas	Group discussion of performance issues and whistle blowing	Takes part in group discussion to generate ideas for service improvement	Forum in medical school for innovation such as educational vocation scholarships Share experiences of good practice
Patient discussion/patient story	In small group, share and debate ethical dilemmas identified through encounters with patients Multi-professional discussions based around ethical, legal and clinical dilemmas	With peers, document anonymous patient story which has impacted learning	Review and analysis of patient feedback forms using principles of effective feedback Talk with patients about their experiences of healthcare	Undertakes a review of a patient pathway and suggests ideas for improvement Discusses healthy lifestyles and barriers to change with a patient	
Role-play	Role play communication with angry/distressed patient and discuss with tutor/peer	Role play of a multidisciplinary team meeting about a patient handover	Role play of a patient complaint Rehearse managing patient and family expectations	Role play regarding disclosures	
Shadowing	Shadow healthcare professional and identify those qualities and behaviours that enable him/her to do the job well	Shadowing other health professionals while on clinical placement	Shadow healthcare manager and explain his/her role and responsibilities to peers	Shadow patient liaison worker and reflect on the experience	Shadow Chair of MDT meeting and identify roles and responsibilities
Project work	Develop a personal development plan	Consult with patients, carers and professionals in order to design a patient education leaflet	Plan and deliver an educational activity for peers	Follow patient journey and present proposals for improving services to a clinical team meeting	Participation in another health care system and discussion of its relative strengths and weaknesses
Lectures/workshops	Legal and ethical principles relating to medical practice	Communication skills courses, including how to give and receive feedback and manage conflict	Lecture/PBL on structure and functions of main healthcare providers	Change management theory and its application in healthcare	Participation in student council Code of conduct lecture

Assessment of the Medical Leadership Competency Framework Competences

Undergraduate medical students are already assessed throughout their education using a variety of tools designed to examine their knowledge, skills, attitudes and behaviours. These range from written and practical examinations to workplace-based assessments whilst on clinical placement. Those assessment methods already in use can be readily used to demonstrate acquisition of the competences of the MLCF. A single assessment method may be suitable to examine several different competences from a variety of the MLCF domains and competences may be examined individually or in combination. Introduction of assessment of the MLCF need not lead to assessment overload either through increasing the frequency or variety of assessments.

Assessment Methods

Reflection based assessments – e.g. Portfolio, Logbook, Reflective diary

Critical self-assessment and reflective learning are particularly pertinent to developing leadership and management abilities. Logbooks and portfolios document experience and the attainment of skills during undergraduate education, and encourage a commitment to continuous learning throughout the doctor's career. Portfolios can be used to log reflections on a variety of experiences, identify learning opportunities and outline proposals for meeting learning needs. A logbook element can be used to record the completion of both core and additional activities. Numerous elements of all the domains may be assessed using this method – either through the content of the portfolio or the engagement with the portfolio process. Students do not need to be the main protagonists in a particular experience in order to derive value from reflecting upon it.

Feedback – e.g. peer assessment tools (mini-PAT, 360°), clinical evaluation exercises (mini-CEX), professional behaviour assessment

Obtaining feedback from tutors and peers relating to an individual's attitudes, behaviour and performance, either during a single task or clinical placement, provides both a means of assessing these parameters of the framework and the chance for individuals to gain personal insights. How feedback is acted upon may be as important as its actual content. Use of feedback based assessment methods is most pertinent when considering the domains 'Demonstrating Personal Qualities' and 'Working with Others'.

Written assessment methods – e.g. multiple choice questions, short answer questions, essays

All aspects of the MLCF have an underlying knowledge component. Written methods of assessment provide a ready and obvious method for the assessment of acquisition of the relevant knowledge base. Written assessment methods requiring candidates to explore certain issues in greater depth, e.g. essays, may also provide insights into attitudes, as may situational judgement tests.

Project based assessment methods – e.g. audit, case-based discussions (CBD) or presentations

Many aspects of the framework require the practical application of knowledge in order to demonstrate skills. Project based assessment, either as individuals or in groups, provides the opportunity to assess acquisition of a number of skills through successful completion and subsequent documentation of the work. Such project work has the potential to facilitate assessment of aspects of all five domains but in particular 'Managing Services', 'Setting Direction' and 'Improving Services'. Assessments based upon patient cases have the advantage of flexibility to draw out and emphasise particular aspects of healthcare delivery ranging from the analysis of clinical management decisions to examination of the interactions between patients and healthcare teams, services and systems. Case-based assessment methods are particularly appropriate for assessing the 'Working with Others' and 'Improving Services' domains.

Simulated environment assessment methods – e.g. objective structured clinical examinations (OSCE)

Simulated environments already provide learning and assessment opportunities for medical students. Many aspects of the competences, in terms of both skills and behaviours, may be examined through appropriately constructed scenarios, which could form the basis for either learning or assessment.

Compliance with institutional codes – e.g. attendance, code of conduct, provision of feedback

Though not traditionally considered assessment methods, achievement of a number of the competences of the MLCF require that medical students have knowledge of, and comply with, a number of institutional codes of practice. Achievement of these standards, required of every student, is one way in which students may demonstrate not only knowledge components of the MLCF but also attitudes and behaviours.

Examples of assessment method suitability

The following table seeks to demonstrate which assessment methods might best suit each of the twenty sub-domains. This list is intended to be illustrative rather than exhaustive.

	1. Demonstrating Personal Qualities				2. Working with Others				3. Managing Services				4. Improving Services				5. Setting Direction			
	1.1 Developing selfawareness	1.2 Managing yourself	1.3 Continuing personal development	1.4 Acting with integrity	2.1 Developing networks	2.2 Building and maintaining relationships	2.3 Encouraging contribution	2.4 Working within teams	3.1 Planning	3.2 Managing resources	3.3 Managing people	3.4 Managing performance	4.1 Ensuring patient safety	4.2 Critically evaluating	4.3 Encouraging improvement and innovation	4.4 Facilitating transformation	5.1 Identifying the contexts for change	5.2 Applying knowledge and evidence	5.3 Making decisions	5.4 Evaluating impact
Portfolio	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Logbook				✔	✔	✔	✔	✔						✔		✔		✔	✔	✔
Reflective writing	✔	✔	✔	✔	✔			✔		✔	✔	✔	✔	✔	✔	✔	✔		✔	✔
Feedback – tutor		✔	✔	✔	✔	✔	✔	✔			✔	✔	✔		✔	✔			✔	
Feedback – multi-source	✔	✔		✔	✔	✔	✔	✔			✔	✔	✔		✔	✔			✔	
Mini-CEX			✔			✔		✔												
Professional behaviour score	✔		✔					✔												
Written examinations	✔	✔	✔		✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
Project report					✔				✔	✔				✔	✔	✔	✔	✔		✔
Audit (report)									✔	✔			✔	✔	✔	✔		✔		✔
Case-based discussions	✔		✔				✔	✔					✔	✔	✔			✔		✔
Structured clinical assessments (e.g. OSCE)					✔	✔		✔												
Meeting course requirements		✔	✔																✔	

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Further Reading

The document is designed to complement other relevant medical education and training documents. These include:

- General Medical Council (GMC)
  - *Tomorrow's Doctors* (2009)
  - *Good Medical Practice* (2006)
  - *Management for Doctors* (2006)
  - Members' Code of Conduct
- GMC and Medical Schools Council (MSC)
  - *Medical students: Professional behaviour and fitness to practise* (2009)
- Department of Health (DH)
  - *Knowledge and Skills Framework* (2004)
  - *High Quality Care for All: NHS Next Stage Review Final Report* (2008)
  - *Inspiring leaders: leadership for quality* (2009)
  - *A Junior Doctor's Guide to the NHS* (2009)
- NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges
  - *Engaging Doctors in Leadership: What can we learn from international experience and research evidence?* (2008)
  - *Engaging Doctors: Can doctors influence organisational performance?* (2008)
- MMC Inquiry
  - *Aspiring to Excellence: Findings and Final Recommendations of the Independent Inquiry into Modernising Medical Careers* (2008)

Appendix

Enhancing Engagement in Medical Leadership

Mapping of *Tomorrow's Doctors* (July 09) to Domains and Elements of the Medical Leadership Competency Framework (May 09)[1]

Note: To avoid repetition each element has been used only once although some may be relevant to more than one outcome from *Tomorrow's Doctors*.

Summary Index of Mapping References
Medical Leadership Competency Framework (MLCF) to Tomorrow's Doctors Outcomes

MLCF		Related Tomorrow's Doctors		MLCF		Related Tomorrow's Doctors	
Page	**Competence Element**	**Page**	**Reference**	**Page**	**Competence Element**	**Page**	**Reference**
1. Demonstrating Personal Qualities				**4. Improving Services**			
14	Developing Self Awareness	26	20e	56	Ensuring Patient Safety	28	23d
		27	21e			29	23h
17	Managing Yourself	27	21d	59	Critically Evaluating	17	11c
		29	23i			28	23a
20	Continuing Personal Development	26	21b	62	Encouraging Innovation and Improvement	27	22b
		29	23f			28	23e
22	Continuing Personal Development	25	20a	65	Facilitating Transformation	28	23b
		25	20c	**5. Setting Direction**			
		25	20d	70	Identifying the Contexts for Change	17	11a
2. Working with Others						17	11b
28	Developing Networks	27	22a			17	11d
		27	22c			17	11f
30	Building & Maintaining Relationships	21	15a			17	11j
		21	15h			26	20g
34	Encouraging Contribution	28	22d	73	Applying Knowledge & Evidence	24	19d
37	Working within Teams	25	20b			24	19e
3. Managing Services				76	Making Decisions	26	20f
42	Planning	28	23c				
45	Managing Resources	29	23g				
48	Managing People	27	21f				
		29	23j				
51	Managing Performance	26	21a				
		29	23j				

[1]MLCF domains and elements' – for detailed competence statements for each element, please refer to full MLCF at www.institute.nhs.uk/mlcf

Appendix - continued

MLCF Domains and Elements	Outcomes for Graduates
1. Demonstrating Personal Qualities	
1.1 Developing self awareness *Being aware of their own values, principles and assumptions, and being able to learn from experiences*	20e. Recognise the rights and equal value of all people and how opportunities for some people may be restricted by others' perceptions p26 21e. Recognise own personal and professional limits and seek help from colleagues and supervisors when necessary p27
1.2 Managing yourself *Organising and managing themselves while taking account of the needs and priorities of others*	21d. Manage time and prioritise tasks, and work autonomously when necessary and appropriate p27 23i. Recognise own personal health needs, consult and follow the advice of a suitably qualified professional, and protect patients from any risk posed by own health p29
1.3 Continuing personal development *Learning through participating in continuing professional development and from experience and feedback*	21b. Establish the foundations for lifelong learning and continuing professional development, including a professional development portfolio containing reflections, achievements and learning needs p26 23f. Respond constructively to the outcome of appraisals, performance review and assessment p29
1.4 Acting with integrity *Behaving in an open, honest and ethical manner*	20a. Know about and keep to the GMC's ethical guidance and standards including Good Medical Practice, the 'Duties of a doctor registered with the GMC', and supplementary ethical guidance which describe what is expected of all doctors registered with the GMC p25 20c. Be polite, considerate, trustworthy and honest, acting with integrity, maintaining confidentiality, respect patients' dignity and privacy, and understand the importance of appropriate consent p25 20d. Respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation or social or economic status. Respect patients' right to hold religious or other beliefs, and take these into account when relevant to treatment options p25

MLCF Domains and Elements	Outcomes for Graduates
2. Working with Others	
2.1 Developing networks *Working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services*	22a. Understand and respect the roles and expertise of health and social care professionals in the context of working and learning as a multi-professional team p27 22c. Work with colleagues in ways that best serve the interests of patients, passing on information and handing over care, demonstrating flexibility, adaptability and a problem-solving approach p27
2.2 Building and maintaining relationships *Listening, supporting others, gaining trust and showing understanding*	15a. Communicate clearly, sensitively and effectively with patients, their relatives or other carers, and colleagues from the medical and other professions, by listening, sharing and responding p21 15h. Communicate effectively in various roles for example as patient advocate, teacher, manager or improvement leader p22
2.3 Encouraging contribution *Creating an environment where others have the opportunity to contribute*	22d. Demonstrate ability to build team capacity and positive working relationships and undertake various team roles including leadership and the ability to accept leadership by others p28
2.4 Working within teams *To deliver and improve services*	20b. Demonstrate awareness of the clinical responsibilities and role of the doctor, making the care of the patient the first concern. Recognise the principles of patient-centred care, including self-care, and deal with patients' healthcare needs in consultation with them and, where appropriate, their relatives or carers p25

Appendix - continued

MLCF Domains and Elements	Outcomes for Graduates
3. Managing Services	
3.1 Planning *Actively contributing to plans to achieve service goals*	23c. Understand the framework in which medicine in practised in the UK, including: the organisation, management and regulation of healthcare provision; the structures, functions and priorities of the NHS; and the roles of, and relationships between, the agencies and services involved in protecting and promoting individual and population health p28
3.2 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*	23g. Demonstrate awareness of the role of doctors as managers, including seeking ways to continually improve the use and prioritisation of resources p29
3.3 Managing people *Providing direction, reviewing performance, motivating others and promoting equality and diversity*	21f. Function effectively as a mentor and teacher including contributing to the appraisal, assessment and review of colleagues, giving effective feedback, and taking advantage of opportunities to develop these skills p27 23j. Recognise the duty to take action if a colleague's health, performance or conduct is putting patients at risk p29
3.4 Managing performance *Holding themselves and others accountable for service outcomes*	21a. Acquire, assess, apply and integrate new knowledge, learn to adapt to changing circumstances and ensure that patients receive the highest level of professional care p26 21c. Continually and systematically reflect on practice and, whenever necessary, translate that reflection into action, using improvement techniques and audit appropriately – for example by critically appraising the prescribing of others p27

MLCF Domains and Elements	Outcomes for Graduates
4. Improving Services	
4.1 Ensuring patient safety *Assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety*	23d. Promote, monitor and maintain health and safety in the clinical setting, understanding how errors can happen in practice, applying the principles of quality assurance, clinical governance and risk management to medical practice, and understanding responsibilities within the current systems for raising concerns about safety and quality. p28 23h. Understand the importance of, and the need to keep to, measures to prevent the spread of infection, and apply the principles of infection prevention and control p29
4.2 Critically evaluating *Being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team*	11c. Describe measurement methods relevant to the improvement of clinical effectiveness and care p17 23a. Place patients' needs and safety at the centre of the care process p28
4.3 Encouraging improvement and innovation *Creating a climate of continuous service improvement*	22b. Understand the contribution that effective interdisciplinary teamworking makes to the delivery of safe and high quality care p27 23e. Understand and have experience of the principles and methods of improvement, including audit, adverse incident reporting and quality improvement, and how to use the results of audit to improve practice p28
4.4 Facilitating transformation *Actively contributing to change processes that lead to improving healthcare*	23b. Deal effectively with uncertainty and change p28

Appendix - continued

MLCF Domains and Elements	Outcomes for Graduates
5. Setting Direction	
5.1 Identifying the contexts for change *Being aware of the range of factors to be taken into account*	11a. Discuss basic principles of health improvement, including the wider determinants of health, health inequalities, health risks and disease surveillance p17 11b. Assess how health behaviours and outcomes are affected by the diversity of the patient population p17 11d. Discuss the principles underlying the development of health and health service policy including issues relating to health economics and equity and clinical guidelines p17 11f. Evaluate and apply epidemiological data in managing healthcare for the individual and the community p17 11j. Discuss from a global perspective the determinants of health and disease and variations in health care delivery and medical practice p17 20g. Demonstrate knowledge of laws, and systems of professional regulation through the GMC and others, relevant to medical practice, including the ability to complete relevant certificates and legal documents and liaise with the coroner and procurator fiscal where appropriate p26
5.2 Applying knowledge and evidence *Gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements*	19d. Access information sources and use the information in relation to patient care, health promotion, advice and information to patients, and research and education p24 19e. Apply the principles, methods and knowledge of health informatics to medical practice p24
5.3 Making decisions *Using their values, and the evidence, to make good decisions*	20f. Understand and accept the legal, moral and ethical responsibilities involved in protecting and promoting the health of individual patients, their dependants and the public - including vulnerable groups such as children, older people, people with learning disabilities and people with mental illnesses p26
5.4 Evaluating impact *Measuring and evaluating outcomes, taking corrective action where necessary and by being held account for their decisions*	

Mapping of *Tomorrow's Doctors* to domains and elements of the Medical Leadership Competency Framework is available from www.institute.nhs.uk/mlcf

Visit our website at www.institute.nhs.uk/medicalleadership
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