**Leadership and Influence Competence List**

Background

Hitherto in clinical training, leadership has been seen as a competence for later placements, but alongside the new BPS Accreditation standards, we have moved to considering influencing as a key part of psychological leadership in teams and services. We also consider that there are many skills such as reflective practice and self-care that trainees and supervisors might not consider as part of leadership and influencing that are nonetheless vital foundations on which these latter are built. We are thus moving to seeing leadership and influencing as competences that could and should be included in all placements and we will be developing resources to support this, of which this competence list is the first. This competence list was developed in conjunction with colleagues in the University of Glasgow Clinical Psychology Doctorate Programme to ensure a consistent Scotland-wide approach. This list is intended to be used to support the development of Leadership and Influencing competences across the whole of training. The list can be used by trainees and supervisors to consider both the foundation competences on which leadership and influencing are built and also the competences that are more directly identifiable. The examples of activities listed for each competence can also assist trainees and supervisors to plan learning opportunities to support trainees in developing these competences. It is intended that the list will be used with the ePortfolio, once this is developed, to enable trainees to gather evidence of the competences.

Development

The competence list below is derived from both the Clinical Psychology Leadership Development Framework (CPLDF) (BPS 2010) and the Clinical Leadership Competence Framework (CLCF) (NHS Leadership Academy 2011). Using the domain structure of the CLCF, many of the competence statements are hybrids of those cited in the two framework documents. Within the CLCF there are approximately 80 competences described, so the list below represents those which figure strongly in both frameworks and have a clear presence in both HCPC SOPS and the BPS Core Competences as laid out in the 2014 revision of the Standards for Doctoral Programmes in Clinical Psychology.

The leadership competences have been mapped against HCP SOPS and the BPS Core Competences. In identifying corresponding competences, those which most closely represent the leadership competence described have been selected. In any circumstance where a clinical psychologist is carrying out professionally related work, it is likely that most of the basic competences are being displayed. The lists below, therefore are not exhaustive, but do represent how closely the Leaderships competence list fits matches the professional competences and standards already expected of trainees.

The examples of activity described are similarly drawn from the CLCF and the CPLDF. In both frameworks, the kinds of activity described as representing the demonstration of a competence are characterised by level of seniority or experience. While this profession specific roles are clear in the CPLDF, the CLCF, which is designed to be generalizable across professions, uses the terms “student” and practitioner. The activities have been drawn from both roles as appropriate, given the Post Graduate level at which our trainees operate. The list of examples can be developed further in conjunction with supervisors and trainee. While many of the examples represent activities in which trainees will already be engaged and are focussed on clinical activity (rather than organisational), by reframing these as “leadership and influence” activities, trainees and supervisors will begin to think about these roles and functions much earlier in the training pathway.

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| **Competence** | **Examples** | *HCPC SOPS #* | *BPS Core Comps. #* |
| *Developing Personal Qualities* |
| Self-awareness: Ability to reflect on own values, principles, emotions and biases and manage where necessary  | Using supervision to develop understanding of interpersonal, situational, service related, cultural and political factors on your thinking process, behaviour and belief system; Monitor own clinical practice including values and well being | 11.1,3 | 2.2.1.92.2.5.32.2.7.4 |
| Self-awareness: Ability to recognise strengths, limitations and impact of own behaviour on others | Using supervision to reflect on own role/impact in team | 1.1,2 3.1,11.1,3 | 2.2.1.92.2.7.5,7,9 |
| Self-awareness: Ability to gather, value and act upon feedback from a variety of sources |  Gather 360-degree feedback including service users; using feedback information to reflect on role/impact on team | 11.2 | 2.2.7.7 |
| Self-Management: Ability to meet responsibilities and commitments to a consistently high standard | Plan workload to fulfil requirements but not compromise own health | 3.4,11.2 | 2.2.1.92.2.7.5,6 |
| Self-Management: Ability to balance professional roles and personal life of self and others: plan and organise flexibly with realistic expectations.  | Using feedback and discussion to reflect on how a personally emotional situation affected communication with a client/carer; Monitor own clinical practice including values and well being; Using supervision to reflect on and understand emotional impact of training and clinical work on personal and professional functioning | 1.2, 3.2,4 | 2.2.1.92.2.7.8 |
| Self-Development: Ability to reflect on positive and negative experiences as a tool for self-development and to proactively seek opportunities and challenges for personal development | Taking pro-active stance toward personal development through identifying opportunities outwith those imposed by placement/ academia, engaging in personal development activities (peer learning groups, CPD opportunities, journal clubs). Undertaking to try a new intervention with supervision; Reflect on own practice-use mistakes as learning opportunities; seek feedback from supervisor, colleagues and academic tutor on leadership style | 11.1,3 | 2.2.1.92.2.7.7 |
| Integrity: Ability to uphold personal and professional ethics and values, taking into account the values of the organisation and respecting the culture, beliefs and abilities of individuals | Taking part in clinical case reviews with multidisciplinary teams; providing support for peers faced with difficult ethical judgments; Challenging behaviours that are contrary to promoting equality and diversity | 3.1, 5.1, 8.5 | 2.2.1.92.2.3.72.2.7.1,3 |
| *Working with Others* |  |
| Develop Networks: Ability to understand and work with dynamics within a team, group or department and work flexibly to maintain roles and relationships with the individual team members | Lead on Psychological Care planning for a client; Regularly reflect on team dynamics during supervision and use this to develop and maintain effective working relationships with other team members as well as listening to others; Gain experience of leading on a psychological issue in teams e.g. formulation | 2.10, 9.1,2,7, 13.14, 14.1,11 | 2.2.1.82.2.3.3,4,5,6,7,102.2.7.102.2.8.1,2 |
| Develop Networks: Ability to identify and take advantage of opportunities for working with others to provide high quality healthcare. | Obtaining patients’ views about service improvements; engaging with clients in non therapeutic capacity; engaging in cross-agency working to support the care of clients; Improve care by advice on how Psychological theory can be built into care plans; Take a lead in MDT meetings regarding psychological formulation in on a client’s care | 8.6,7,8,13, 9.1,2,3,4,7, 13.7,8, 14.1, 15,3 | 2.2.1.82.2.3.3,4,5,6,7,102.2.4.1,102.2.9.5 |
| Building/maintaining relationships: Ability to gain and maintain trust with colleagues and other staff through good communication, rapport building and articulation of own view | Take on representative role – in NHS department, with professional body / union or in the University. Take a lead in MDT meetings regarding psychological formulation in on a client’s care; Lead on supervision or consultation to a professional from a discipline other than psychology for a single case; Reflect on own practice-use mistakes as learning opportunities; seek feedback from supervisor, colleagues and academic tutor on leadership style | 8.8,9,10,13, 9.1,2, 13.7,8, 14.1,2, 15.3 | 2.2.2.12.2.8.1,2 |
| Encouraging others: Provide encouragement and the opportunity for people to engage in decision-making and to challenge constructively | Inviting and encouraging feedback from patients and providing feedback to patients, relatives and carers; engaging with clients in non therapeutic capacity; obtaining views of peers in aspects of course evaluation; Gain knowledge of other professional’s ways of working and service user views; Seek training in supervision, mentoring, consultation, teaching and training | 8.13, 9.1,2,3,4,7, 14.4 | 2.2.1.62.2.8.22.2.7.22.2.9.6 |
| Working in teams: Ability to adopt a team approach including; recognising roles and contribution of others; the need for compromise; and to lead teams where appropriate | Ensuring that patients’ views are taken into consideration by others in the team; Learning to lead clinical case reviews; Take a lead in MDT meetings regarding psychological formulation in on a client’s care; Lead on supervision or consultation to a professional from a discipline other than psychology for a single case | 9.1,2,3,4,9, 13.3,4,7,8, 14.1,2,4,11 | 2.2.1.82.2.4.102.2.7.102.2.8.1,2 |
| *Managing Services* |  |
| Strategic: Ability to use evidence, data collection, outcomes and audit to constructively critique service practice | Undertaking clinical audit to improve a clinical service; Contributing to the development of individual and team treatment plans and approaches; propose a service development; Propose and present a change to policy / procedure on placement or at university; Lead on use of outcome measures/data collection/learning from mistakes in a speciality service,  | 7.2, 12.1,2,3,14 14.5,12,22,24,26 | 2.2.1.3,42.2.2.3 |
| Managing resources: Ability to understand the appropriate type and level of resources required to deliver safe and effective services | Taking part in departmental discussions about resource allocation and service improvement; Discuss with supervisor ways to facilitate access to psychological services; Observe service development meetings  | 8.16, 14.1,5,6,20 | 2.2.2.12.2.6.12.2.9.1 |
| Managing People: Ability to support others to provide good patient care and better services. | Propose and present a change to communication with clients within a department / service and / or between university / PT and trainees; Contributing to peer assessment/review; Lead on supervision or consultation to a professional from a discipline other than psychology for a single case; Provision of consultancy – informal: Provision of consultancy – formal | 4.6, 9.4,9,14.4,20, 15.3 | 2.2.1.82.2.4.1,102.2.8.3,4,7 |
| Managing People: Ability to deliver training to colleagues and others | Provision of teaching / training to others incl fellow team members, health care colleagues or non-health care groups; Lead on educating other professionals in the team about the role/skills and application of clinical Psychology eg through training opportunities | 4.6,9.8, 14.4 | 2.2.8.1,2,3 |
| Managing Performance: Ability to analyse information from a range of sources about performance and apply to own activity | Participating in audit; gather outcome data from current case load | 12.1,2,3, 14.1,2,12,22,24 | 2.2.5.1,2,3,4,6 |
| *Improving Services* |  |
| Patient Safety: Ability to ensure patient safety through knowledge and understanding of risk to client of service delivery, development or change | Training others in safe working practices and a culture that facilitates safety through consultation with patients; Monitor own clinical practice including values and well being; Propose and present a change to policy / procedure on placement or at university  | 14.5,7, 15.1 | 2.2.2.3,5 |
| Patient Safety: Ability to monitor the impact of change | Where possible, become involved in critically analysing significant events/critical incidents to identify the effect on patient outcomes; Propose and present a change to policy / procedure on placement or at university; Lead on small scale service improvement project to develop innovation and safe practice | 12.3,4, 13.15, 14.3,6, 15.1 | 2.2.1.52.2.5.1-6 |
| Service improvement: Ability to understand and apply current improvement methodologies | Propose and present an environmental change on placement / at university; Propose and present a change to policy / procedure on placement or at university; Propose and present a change to communication with clients within a department / service and / or between university / PT and trainees  | 12.4, 14.17,19,22 | 2.2.5.42.2.9.7,82.2.9.5 |
| Service improvement: Identify, promote and evaluate healthcare improvement solutions through collaborative working | ; Propose and present an environmental change on placement / at university; implement “small test of change” in relation to own practice; Assist with public relations and marketing activities; Seek out opportunity to disseminate work at team/service/board meetings | 8.17, 9.9, 12.3,5,8, | 2.2.1.82.2.5.3,4,6 |
| *Setting Direction* |  |
| Setting Direction: Ability to demonstrate awareness of the political, social, technical, economic, organisational and professional environment within which services are delivered | Shadowing senior colleagues (professional leads, senior managers); Observe service development meetings; Observe strategy meetings; Attend Health Board meeting; Develop political awareness through discussion with placement supervisor, service leads and commissioners  | 14.1,34,36 | 2.2.1.42.2.9.1 |
| Setting Direction: Ability to consider and prepare for the future by scanning for ideas, best practice and emerging trends that will have an impact on health outcomes  | Observe service development meetings; Observe strategy meetings; Attend Health Board meeting;; Attending multi-agency forums; shadowing or taking part in meetings with the local health community; Provide a response to a consultation – local or national Develop political awareness through discussion with placement supervisor, service leads and commissioners | 14.5,12,41 |  |
| Application: Use information to challenge existing practices and processes and to influence others to use knowledge and evidence to achieve best practice | Using and interpreting departmental performance data and information to debate services within multidisciplinary team meetings; Through discussion with senior colleagues, seeking to understand and reflect on how key decisions lead to ongoing impact; Completing audit/evaluation project | 14.12,20,22,14.40,41,42 | 2.2.1.1,42.2.9.82.2.9.5 |
| Application: Contribute a clinical perspective to organisational change | Taking part in multidisciplinary team meetings; Identifying and reflecting on areas where decisions have taken account of changes in evidence and policy; Provision of consultancy – formal; Lead on small scale service improvement project to develop innovative  | 14.20,40,41 | 2.2.1.82.2.9.2,42.2.9.5 |
| Impact: Ability to measure and evaluate outcomes, taking corrective action where necessary and by being held to account for own decisions | Seeking opportunities to learn how effective service changes have been; Take on representative role – in NHS department, with professional body / union or in the University; Using mistakes as learning opportunities | 14.30 | 2.2.1.52.2.6.1,5 |
| Impact: Ability to standardise and promote new approaches and disseminate good practice. | Presenting the results of clinical audit and research to audiences outside their immediate specialty; Assist with public relations and marketing activities; Monitor own clinical practice including values and wellbeing; Market a small scale project work and thesis | 14.30,40,41 | 2.2.1.62.2.6.1 |

\* NHS Healthcare Leadership Model Competency Domains: Inspiring Shared Purpose (ISP); Leading With Care (LWC); Evaluating Information (EI); Connecting Our Service (COS); Sharing The Vision (STV);Engaging The Team (ETT); Holding to Account (HTA); Developing Capability (DC); Influencing For Results (IFP);

\*\* Clinical Psychology Leadership Development Framework Domains: Clinical (C); Professional (P); Strategic (S). Numbers indicate the “skills” described on page 2 of the document

\*\*\* Clinical Leadership Competence Framework Domains: Demonstrating Personal Qualities (PQ); Working with Others (WO); Managing Services, (MS); Improving Services (IS); Setting Direction (SD).

# Numbers appearing beneath the Health and Social Care Professions Council Standards of Proficiency: Practitioner Psychologist & British Psychological Society Core Competences: Clinical Psychologist headings represent entries on the competence lists.

British Psychological Society Committee on Training in Clinical Psychology (2014) *Standards for Doctoral programmes in Clinical Psychology*, BPS, Leicester

Division of Clinical Psychology (2010) *Clinical Psychology Leadership Development Framework*, BPS, Leicester

Health and Care Professions Council (2015) *Standards of Proficiency: Practitioner Psychologists*, Health and Care Professions Council, London

NHS Leadership Academy (2011), *Clinical Leadership Competence Framework*, NHS Institute for Innovation and Improvement, Coventry.

NHS Leadership Academy (2013), *Healthcare Leadership Model*, NHS Institute for Innovation and Improvement, Coventry