



**European Academy  
of  
Clinical Leadership**



# TRAINING REQUIREMENTS FOR THE CLINICAL LEADERSHIP (CL)

## PREAMBLE

Leadership is about enlisting the aid and support of others in setting direction, influencing others and managing change, in order to achieve a common goal. While some current theorists see leading and managing as distinct but complementary activities, both seem to be important for success, and the separation of the two functions – management without leadership and leadership without management – is seen by many as harmful.

Clinical Leadership is not restricted to people who hold designated medical leadership roles; instead, leadership is shown through a shared sense of responsibility for the success of the medical organisation and its services. Acts of leadership can come from anyone in the organisation, as appropriate. Physicians are crucial in Clinical Leadership.

Clinical leadership Academy is focused on the achievement of the physicians' continuous development and competency in this field as clinical doctors are, naturally, in the centre of clinical leadership activity/competency.

This document was prepared by AEMH, was discussed with UEMS and benefit from valuable insights from other EMOs and, consequently, accordingly amended.

## RELEVANCE

In the past, hospitals were routinely led by doctors. The modern option, however, tends to favour trained managers, most frequently non-physicians. This can have unwanted consequences, as reported by Robert Francis, in 2013, when care failings were addressed, at Stafford hospital: "The Trust Board [...] did not tackle the [...] disengagement of senior clinical staff from managerial and leadership responsibilities."; recommendation was to strengthening leadership.

On the other hand, there is an increasing body of evidence that physicians into leadership positions determine improved hospital performance and patient care (Horton R, 2008; Halligan A, 2008; Falcone BE et al., 2008; Darzi A, 2008, Darzi A., 2009; Candace I et al., 2009; Stoller JK, 2009; Dwyer AJ, 2010), that hospitals with the greatest clinician participation in management may have 50% higher performance (Castro PJ et al., 2008) and that organizations with stronger clinical leadership are more successful in improvement services (National Coordinating Centre for NHS Service Delivery and Organisation, 2006). A higher involvement of doctors on the institution board significantly increases organizational performance, in terms of care quality, efficiency, lower morbidity and increased patient satisfaction (COST, 2012).

Lord Darzi, in 2008, broadened even more the leadership role physicians are intitled to have: “If clinicians are to be held to account for the quality outcomes of the care that they deliver, then they can reasonably expect that they will have the powers to affect those outcomes. This means they must be empowered to set the direction for the services they deliver, to make decisions on resources, and to make decisions on people.”

It is not, therefore, surprising that highly reputed academic or professional institutions (the Medical Schools Council, GMC, Conference of Postgraduate Medical Deans, Academy of Medical Royal Colleges and NHS Employers) consider leadership as one of the key roles of a doctor.

Hence, engaging in leading (and managing) systems of health care, on whatever scale – team, department, unit, hospital or health authority – is not an option, it is a professional obligation for all clinicians.

### **Acronyms**

AEMH = European Association of Senior Hospital Physicians

CL = Clinical Leadership

EACCME = European Accreditation Council for Continuing Medical Education

EACL = European Academy of Clinical Leadership

ECMEC = European Continuing Medical Education Credits

EMOs = European Medical Organisations

ETR = European Training Requirements

UEMS = European Union of Medical Specialists

## **I. TRAINING REQUIREMENTS FOR SENIOR DOCTORS WITH CLINICAL LEADERSHIP EXPERIENCE (FELLOWSHIP)**

### **Competencies required**

*A CL Fellowship applies to doctors who has completed their general professional training as a physician and have experience as clinical leaders to become recognised by the European Academy of Clinical Leadership.*

## **1. CONTENT OF TRAINING AND LEARNING OUTCOME**

### **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:

#### **A) Technical-professional skills**

- **Professional course**

Relevance of the experience acquired, training and type of functions performed.

- **Continuing personal development**

Participation in CPD activities, experience and feedback.

#### **B) Time of Practicing**

- **Developing self-awareness**

By being aware of their own values, principles, and assumptions and being able to learn from experiences.

- **Acting with integrity**

By behaving in an open, honest and ethical manner.

#### **C) Education activities as trainer**

- **Training activities**

In medical internships and other training and medical education courses attended and given.

- **Managing oneself**

By organising and managing oneself while taking account of the needs and priorities of others

## LEADERSHIP SKILLS

Doctors show leadership by working with others in teams and networks to deliver and improve services. This requires doctors to demonstrate competence in:

### A) Experience, capacity and ability to manage teams

Working within teams, building and maintaining relationships by listening, supporting others, setting direction, gaining trust and showing understanding

### B) Experience, capacity and ability to manage services

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; plan, manage resources, people and performance, in order to improve services

### C) Experience, capacity and ability to manage organisations

Encouraging contribution by creating an environment where others have the opportunity to contribute.

## PROJECT OF MANAGEMENT OF A MEDICAL DEPARTMENT

### A) 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:

- **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.

### B) 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:

- **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.

### C) 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:

- **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

## 2. ASSESSMENT

### a) CV Evaluation

Demonstrating personal qualities	Technical-professional skills	0-1
	Time of Practicing	0-1
	Education activities as trainer	0-1
Leadership skills	Experience, capacity and ability to manage teams	0-1
	Experience, capacity and ability to manage services	0-1
	Experience, capacity and ability to manage organisations	0-1
<b>Total</b>		0-6

### b) Project of management of a medical department

Managing Services	0-1
Improving Services	0-1
Setting Direction	0-1
Presentation	0-1
<b>Total</b>	0-4

## II. TRAINING REQUIREMENTS FOR TRAINEES

### 1. CONTENT OF TRAINING AND LEARNING OUTCOME

#### A. THEORETICAL KNOWLEDGE

Demonstrate knowledge of:

1. **Teamwork:** ways in which individual/team behaviours impact on others; personality types, group/team dynamics, learning styles, leadership styles; the role in the way a group, team or department functions; (multi-disciplinary) team structures and responsibilities within the broader health context, including other agencies;
2. **Individual and collective performance:** how decisions are made by individuals, teams and the organization;
3. **Best practice:** the importance, transparency and consistency; local processes for collecting and dealing with and learning from clinical errors Integration of different (medical, social, etc.) aspects of care;
4. **Communication:** effective communication strategies within organizations; specific techniques and methods that facilitate effective and empathic communication; how complaints arise and how they are managed; methods of obtaining feedback from others; facilitation and conflict resolution methods; how to approach difficulties in dealing with patients and team members;
5. **Ethical aspects:** relating to management and leadership e.g. approaches to use of resources/ rationing; approaches to involving the public and patients in decision-making; patients' empowerment and partnership;
6. **Management:** business management principles – priority setting and basic understanding of how to produce a business plan; the requirements of running a department, unit or practice relevant to the specialty; efficient use of clinical resources and clinical processes in order to provide care; funding and contracting arrangements relevant to the specialty; how financial pressures experienced by the specialty department and organisation are managed; organizational outcomes management techniques and processes; project management methodology;
7. **Risk management:** issues pertinent to specialty, understand potential sources of risk and risk management tools, techniques and protocols; tools and techniques for managing stress;
8. **Governance and legislation:** how healthcare governance influences patient care, research and educational activities at a local, regional and national level; the duties, rights and responsibilities of an employer, and of a co-worker (e.g. looking after occupational safety of fellow staff); relevant legislation and local Human Resource policies; the responsibilities of the various Executive Board members and Clinical Directors or leaders;

9. **Quality improvement methodologies:** including methods of obtaining experience/feedback from patients, the public, and staff; patient outcome reporting systems within the specialty, and the organisation and how these relate to national programmes; individual performance review purpose, techniques and processes, including difference between appraisal, assessment and revalidation; the principles and processes of evaluation, audit, research and development, evidence based clinical guidelines and standard setting in improving quality; methodologies for developing creative solutions to improving services; change management
10. **Research:** how to evaluate scientific publications including the use and limitations of different methodologies for collecting data, peer-review.

## B. PRACTICAL AND CLINICAL SKILLS

Demonstrate the ability of (to):

1. **Critical self-awareness:** maintain and routinely practice it, including ability to discuss strengths and weaknesses with supervisor, recognising external influences and changing behaviour accordingly; understand the limitations of self-professional competence; balance personal and professional roles and responsibilities; recognise the manifestations of stress on self and know where and when to look for support; use a reflective approach to practice with an ability to learn from previous experience; use assessment, appraisal, complaints and other feedback to discuss and develop an understanding of own development needs;
2. **Team leading:** show awareness of and sensitivity to the way in which cultural and religious beliefs affect approaches and decisions, and to respond respectfully; take on differing and complementary roles within the different communities of practice within which they work; recognise, analyse and know how to deal with unprofessional behaviours; recognise the manifestations of stress on others and know where and when to look for support;
3. **Extended collaborative working:** support bringing together different professionals, disciplines, and other agencies, to provide high quality healthcare; work collegiately and collaboratively with a wide range of people outside the immediate clinical setting;
4. **Effective working relationships and communication:** develop it with colleagues and other staff through good communication skills, building rapport and articulating own view; create open and non-discriminatory professional working relationships with colleagues' awareness of the need to prevent and tackle bullying and harassment; communicate effectively in the resolution of conflicts, providing feedback, and identifying and rectifying team dysfunction; communicate with media; show effective presentation skills (written and verbal);



5. **Empower people:** encourage staff to develop and exercise their own leadership skills; enable individuals, groups and agencies to implement plans and decisions; contribute to staff development and training, including mentoring, supervision and appraisal; train and educate trainees;
6. **Team/service (activities) management:** contribute to the recruitment and selection of staff; identify and prioritise tasks and responsibilities including to delegate and supervise safely; analyse feedback and comments and integrate them into plans for the service; manage time and resources effectively in terms of delivering services to patients; improve services following evaluation / quality management; apply creative thinking approaches (or methodologies or techniques) in order to propose solutions to service issues; prioritise tasks, having realistic expectations of what can be completed by self and others; prepare for meetings - reading agendas, understanding minutes, action points and background research on agenda items; facilitate, chair, and contribute to meetings.
7. **Audit and implement changes accordingly:** undertake an audit project; use and adhere to morbidity and mortality reporting systems; report clinical incidents; assess and analyse situations, services and facilities in order to minimise risk to patients and the public; contribute to meetings which cover audit, critical incident reporting, patient outcomes; evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities;
8. **Manage working conditions and resources:** monitor the criticality and quality of equipment and safety of environment relevant to the specialty; compare and benchmark healthcare services, public procurement, health technologies assessment; use clinical audit with the purpose of highlighting resources required;
9. **Improve medical practice:** question existing practice in order to improve services; use and adhere to complaints management systems; provide medical expertise in situations beyond those involving direct patient care; identify trends, future options and strategy relevant to the specialty and delivering patient services; understand and evaluate the wider impact of implementing change in healthcare provision and the potential for opportunity costs; develop protocols and clinical guidelines, use, adhere to and implement them;
10. **Promote research:** use a broad range of scientific and policy publications relating to delivering healthcare services; guaranty research ethics.

## C. COMPETENCES (ATTITUDES & BEHAVIOURS, PROFESSIONALISM)

Demonstrate:

1. **Personal growth:** commit to continuing professional development which involves seeking training and self-development opportunities, learn from colleagues and accepting constructive criticism; recognise personal health as an important issue;

2. **Team leadership skills:** recognise co-workers' health as an important issue; recognise and showing respect for diversity and differences in others; respect colleagues, including non-medical professionals; respect their skills and contributions; show recognition of a team approach and willingness to consult and work as part of a team; understand the needs and priorities of non-clinical staff; articulate strategic ideas and use effective influencing skills; use authority appropriately and assertively to resolve conflict and disagreement / be willing to follow when necessary; supervise the work of less experienced colleagues; appreciate the importance of involving the public and communities in developing health services;
3. **Patient-focused approach:** take decisions that acknowledges the right, values and strengths of patients and the public; to promote value-based non-prejudicial practice; to show awareness of equity in healthcare access and delivery; to actively seek advice/assistance whenever concerned about patient safety;
4. **Personal qualities:** be conscientious, able to manage time and delegate;
5. **Liability in governance:** be prepared / willing to accept / take responsibility for clinical governance activities, risk management and audit in order to improve the quality of the service; participate in decision making processes beyond the immediate clinical care setting;
6. **Governance knowledge and support:** accept and promote professional regulation; act according to medical ethics, including confidentiality; comply with guidelines that influence healthcare provision;
7. **Excellent professional conduct:** promote professional attitudes and values; show probity and the willingness to be truthful and admit errors, attitudes and behaviours that assist dissemination of good practice;
8. **Ability to manage resources:** commit to the transparent and proper use of public money; show commitment to take action when resources are not used efficiently or effectively;
9. **Good communication:** commit to good communication whilst also inspiring confidence and trust; respond constructively to the outcome of reviews, assessments or appraisals of performance; listen to and reflect on the views of patients and carers, deal with complaints in a sensitive and cooperative manner; interact effectively with professionals in other disciplines, teams and agencies; take full part in multi-disciplinary meetings; acting as an advocate for the service;
10. **Ability to improve and change:** support colleagues to voice ideas; be open minded, positive and proactive to improvement and change, to new ideas, new technologies and treatments; commit to implementing proven improvements in clinical practice and services; understand issues and potential solutions before acting; obtain the evidence base before declaring effectiveness of changes.

## 2. ORGANISATION OF TRAINING

## A. SCHEDULE OF TRAINING

The trainee will have to document a minimum of 200 “hours”, ECMECs or a combination of them. This is the trainee’s portfolio.

The “hours” will be counted upon trainee’s portfolio / educational activities recognised by the CL Board. The CL Board will recognise specific CL educational activities and will grant a number of “hours” for each such activity.

All activities recognised by EACCME and that the CL board will consider relevant for the CL training, will be accepted as such, with the respective number of ECMECs.

The trainee will have to fulfil this number of “hours” / ECMECs in the last 10 years.

The trainee will have to document a minimum of 40 of “hours” / ECMECs per each Section of point B.

## B. CURRICULUM OF TRAINING

1	Leading position / experience Leadership of medico-social accomplished projects Innovation within a team framework
2	Economic-managerial training / education Relevant specific medical legal/regulations relevant education
3	Communication training / education Chair / Reporter of Meetings / Working Groups
4	Relevant winter/summer schools, conferences/congresses/workshops, etc

## 3. ASSESSMENT AND EVALUATION

- a) The Eligibility Assessment Process is based on:
- the proof that the applicant is a physician;
  - the accomplishment of the 200 “hours”/ECMECs, as detailed in section II. 2 A. or successfully passed an MBA with a relevant Clinical Leadership training / section / curriculum.

Assessment (+ [Learner response to the curriculum](#)):

- CL board assesses the CL portfolio,
- b) The evaluation is based on:
- Applicant’s portfolio, Multi Source Feedback
  - Case based focused discussion

- Audit assessment: learner questionnaire, feedback of the Programme Director (of the relevant educational activity), on the four main sections, as follows:
  - o Learner acquisition of knowledge
  - o Learner acquisition of skills
  - o Learner's competences (attitudes & behaviour, professionalism)
  - o Impact on the patients and the healthcare system as a whole

#### 4. GOVERNANCE

CL Academy is governed by AEMH in close collaboration with UEMS.

This academy is managed in collaboration with other EMOs, universities (from different European countries). Other European medical bodies will be also welcomed to join, if they will manifest interest and if the CL **Academy** Board will agree upon their request.

The management of the CL Academy is done by the CL **Academy** Board.

### **III. TRAINERS, TRAINING INSTITUTIONS**

As for the specificity of the Clinical Leadership and as CL is not a speciality (nor a sub-specialty), there will be specific requirements for trainers (e.g. leading position / experience / function of a senior hospital physician - chief physician and / or medical director, relevant experience in the leadership training) and for the training institutions (e.g. approved clinical leadership training capacity / experience), to be detailed and laid down by the CL Academy Board after inauguration.

Recognition of trainers and the quality management for them, as well as the requirement for the training institutions, will be included in the assessment of the accepted trainee's portfolio / educational activities, as per Section II 2. A.

If, in time, there will be a necessity (and opportunity) of developing specific/specialised training centres, this ETR will be completed with the relevant sections on training requirements for trainers and on training requirements for training institutions.