European Academy of Clinical Leadership

TRAINING REQUIREMENTS FOR 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; rather, 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.

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

This document was prepared by the AEMH and discussed with the UEMS. It benefited from the valuable insights provided by other EMOs, and as a result was amended accordingly.

RELEVANCE

In the past, hospitals were routinely led by doctors. Modern practice, 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".; the recommendation was to strengthen leadership.

Conversely, there is an increasing body of evidence that having physicians in leadership positions leads to 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 level of clinician participation in management may perform 50% better (Castro PJ et al., 2008), and that organisations with stronger clinical leadership are more successful in improving services (National Co-ordinating Centre for NHS Service Delivery and Organisation, 2006). The greater involvement of doctors on the institution's board significantly increases organisational performance, in terms of care quality, efficiency, lower morbidity and increased patient satisfaction (COST, 2012).

In 2008, Lord Darzi broadened the leadership role physicians are entitled to even further: "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 healthcare, 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

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

Competencies required

A CL Fellowship applies to doctors who have completed their general professional training as physicians, have experience as clinical leaders and wish to be recognised by the European Academy of Clinical Leadership.

1. CONTENT OF TRAINING AND LEARNING OUTCOMES

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 courses**

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

- **Continuing personal development**

Participation in CPD activities, experience and feedback.

B) Time spent in practice

- **Developing self-awareness**

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

- **Acting with integrity**

By behaving in an open, honest and ethical manner.

C) Educational activities as trainer

- **Training activities**

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

- **Managing themselves**

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

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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; planning and managing resources, people and performance, in order to improve services.

C) Experience, capacity and ability to manage organisations

Encouraging contributions 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 in:

- **Planning** by actively contributing to plans to achieve service goals.
- **Managing resources** by knowing the resources 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 in:

- **Ensuring patient safety** by assessing and managing risk to patients associated with service developments, balancing economic consideration with the need for patient safety.
- **Conducting critical evaluations** by being able to think analytically and conceptually, and to identify where services can be improved, working individually or as part of a team.

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• **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 good decisions** based on their values and the evidence.

• **Evaluating impact** by measuring and evaluating outcomes, taking corrective action where necessary and being held to account for their decisions.

2. ASSESSMENT

a) CV Evaluation

Demonstrating personal qualities	Technical-professional skills	0-1
	Time spent in practice	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
Total		0-6

b) Project of management of a medical department

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Managing Services	0-1
Improving Services	0-1
Setting Direction	0-1
Presentation	0-1
Total	0-4

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II. TRAINING REQUIREMENTS FOR TRAINEES

1. CONTENT OF TRAINING AND LEARNING OUTCOMES

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 organisation;
3. **Best practice:** 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 organisations; 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 the use of resources/rationing; approaches to involving the public and patients in decision-making; patient 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; organisational 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 local, regional and national level; the duties, rights and responsibilities of an employer and of a co-worker (e.g. looking after the occupational safety of fellow staff); relevant legislation and local Human Resources 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 the difference between appraisals, assessments and revalidations; 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 reviews.

B. PRACTICAL AND CLINICAL SKILLS

Demonstrate abilities in:

1. **Critical self-awareness:** maintain and routinely practice it, including the ability to discuss strengths and weaknesses with a 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 the 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 assessments, appraisals, 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 views; 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. **Empowering 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 delegating and supervising 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, with 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. **Auditing and implementing 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 covering audit, critical incident reporting, patient outcomes; evaluate outcomes and re-assess the solutions through research, audit and quality assurance activities;
8. **Managing 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. **Improving medical practice:** question existing practice in order to improve services; use and adhere to complaint 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. **Promoting research:** use a broad range of scientific and policy publications relating to delivering healthcare services; guarantee research ethics.

C. COMPETENCES (ATTITUDES & BEHAVIOURS, PROFESSIONALISM)

Demonstrate:

1. **Personal growth:** commit to continuing professional development, which involves seeking training and self-development opportunities, learning 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 acknowledge the rights, values and strengths of patients and the public; promote value-based non-prejudicial practice; show awareness of equity in healthcare access and delivery; actively seek advice/assistance whenever concerned about patient safety;
4. **Personal qualities:** be conscientious, and 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 a 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 performance reviews, assessments or appraisals; 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; act as an advocate for the service;
10. **Ability to improve and change:** support colleagues in voicing ideas; be open-minded, positive and proactive to improvement and change, 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 thereof. This is the trainee’s portfolio.

The “hours” will be counted by the recognition of the trainee’s portfolio/educational activities 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 the EACCME that the CL Board considers relevant for the CL training, will be accepted as such, with the respective number of ECMECs.

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

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

B. TRAINING CURRICULUM

1	Leading position/experience Leadership of completed medical-social projects Innovation within a team framework
2	Economic-managerial training/education Relevant specific medical legal/regulations 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:
- proof that the applicant is a physician;
- the accomplishment of the 200 “hours”/ECMECs, as detailed in section II. 2 A. or that the candidate has successfully completed an MBA with a relevant Clinical Leadership training/section/curriculum.

Assessment (+ Learner response to the curriculum):

- The CL Board assesses the CL portfolio:

b) The evaluation is based on:
- The Applicant’s portfolio, multi-source feedback
- Case-based focused discussion

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

4. GOVERNANCE

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

This academy is managed in collaboration with other EMOs and universities (from different European countries). Other European medical bodies will also be welcome to join, if they show an interest in doing so and if the CL Academy Board agrees to their request.

The CL Academy is managed by the CL Academy Board.

III. TRAINERS, TRAINING INSTITUTIONS

As for the specificity of 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 as a senior hospital physician - chief physician and/or medical director, relevant experience in 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.
The recognition of trainers and their quality management, as well as requirements for training institutions, will be included in the assessment of the accepted trainee's portfolio/educational activities, as per Section II 2. A.
If, over time, a need (and opportunity) arises to develop specific/specialised training centres, these ETR will be completed with the relevant sections on training requirements for trainers and on training requirements for training institutions.

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TRAINING REQUIREMENTS FOR CLINICAL LEADERSHIP (CL)

ANNEX I

Hospital Management					**Qualification**
Code no. Hos Manag.	**Workload** 40 h	**Credits** 2	**Term**	**Course frequency**	**Duration**
1	**Course** Hospital Management		**Contact Time** 20 h	**Self-Study** 20 h	**Group Size** 25 Participants
2	**Learning outcomes / Competences** The Clinical Leader: - can define the key influencing factors in formulating strategic decisions in a knowledge-oriented manner. - can develop short- and long-term strategies for hospitals. - is able to discuss potential disruptive factors for the successful implementation of corporate strategies. - can analyse and evaluate the market and competitive environment. - is able to design business area strategies fundamentally based on contingency and consistency theory approaches. - can assess why companies are in a constant state of change (including companies' culture, personnel requirements, the service portfolio). - can assess technical-methodological as well as socio-communicative self-competencies in the areas of quality, process, project and further development management. - can analyse and justify the importance of the need for constant changes in hospitals. - has acquired the competencies and skills to design processes in healthcare facilities. - can justify the relevance of risk and personnel management for the management of healthcare sector companies. - can develop medical-economic questions for scientific evaluation and formulate goal-oriented solutions.				

3	**Contents** **Managing working conditions and resources:** Identification of resources and skills of the company, classification of resources and skills, strategic importance of core competencies, analysis to identify and assess company resources and skills, development of resources, skills and core competencies to gain competitive advantages, structural analysis of industries and markets, expansion of the five-driver approach, analysis of competitors and strategic groups, assessment of legal and health policy frameworks on strategic business development, analysis and assessment of dynamic developments (evolution of hospitals and markets), development of business area strategies: approaches to systematisation of strategies, evaluation and selection of strategies, acquisition and defence of competitive advantages (cost advantages, differentiation advantages, hybrid competitive advantages). Personnel management (management, demand, development), quality management, process management, project management, risk management, change management, procurement management to achieve efficient procurement processes. Quality management, hospital management, contemporary hospital organisation, personnel development in hospitals, the importance of the capital required for successful company development. Based on this knowledge, developing the **ability to manage resources** (based on the controlling in hospital department), but with the aim of optimally ensuring patient care within a **patient-focused approach** (see also Quality Management & Medical-Economic Control modules). **Team leader skills** are taught as part of this module (see also Human Resources module).
4	**Course Form** Seminars
5	**Participation Requirements** 5 years professional practice as a CL
6	**Exam Form** Multiple Choice
7	**Requirements for the award of credit points** **Passed test**
8	**Module Coordinator** Prof. Dr Rainer Riedel

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ANNEX II

Human Resources Management					Qualification
Code no.	Workload 40 h	Credits 2	Term	Course frequency	Duration
1	Course **Human Resources Management**		Contact Time 20 h	Self-Study 20 h	Group Size 25 Participants
2	**Learning outcomes / Competences** The Clinical Leader: 1) defines personnel management goals and methods in a hospital. 2) explains individual areas in determining personnel requirements, recruitment, personnel release or personnel management (personnel resource management). 3) knows the procedures for recruiting personnel in the Web era. 4) acquires an overview of the possible effects of "Web 4.0 on the world of work" 5) transfers the above knowledge to areas of medical economics. 6) determines the general conditions for medical team management. 7) is responsible for interdisciplinary communication with nursing staff and commercial management. 8) is familiar with procedures for communicative crisis management in teams.				
3	**Contents** □ Introduction to operational personnel management, including needs assessment, personnel management, **teamwork,** use of digital technologies in personnel recruitment. □ Promotion of top performers and in a team (**individual and collective performance),** considering relevant communication and the ability to motivate continuously (empowering people). □ Methods and application of personnel assessment systems. □ Tools and procedures for personnel/management development, including succession planning. □ Remuneration systems for hospital companies or in industry. □ **Critical self-awareness** as a basic tool for successful leadership. □On-call models for working hours in healthcare. □ Web 4.0: requirements and effects on the job market. □ **Communication models for team management.** □ Basic communicative crisis management. - **Team leader skills** are taught as part of this module (see also Human Resources module)				
4	**Course Form** Seminars				
5	**Participation Requirements** 5 years professional practice as a CL				
6	**Exam Form** Multiple Choice				
7	**Requirements for the awards of credit points** **Passed test**				
8	**Module Coordinator** Prof. Dr Rainer Riedel				

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ANNEX III

Quality Management					Qualification
Code no.	**Workload** 40 h	**Credits** 2	**Term**	**Course frequency**	**Duration**
1	**Course** **Quality Management**		**Contact Time** 20 h	**Self-Study** 20 h	**Group Size** 25 Participants
2	**Learning outcomes / Competences** The Clinical Leader: 1. can explain framework conditions and objectives for medical and nursing quality management (QM). 2. defines the technical terms and systematics of quality management. 3. analyses the potential interrelation between QM and process management. 4. carries out an application-related process analysis. 5. has a detailed understanding of a hospital's digital management systems. 6. recognises the interaction of IT systems between the administration and the clinical departments. 7. can identify and describe the connections and interfaces of these systems. 8. can recognise problems in the interaction of these systems. 9. knows the basic data protection measures and can describe IT-system safeguards.				
3	**Contents** □ Terminology of quality and quality management. □ Significance of process orientation, economic effects. □ Quality specifications based on medical associations, including quality targets and quality reports. □ Quality management, risk management in the context of **team leading and collaborative working.** □ Quality management basics, including cooperation for transparency and quality in the hospital, **personal qualification**; staff qualification is a relevant basis on which to ensure medical/nursing quality and delegate medical tasks. □ Quality circle (PDCA cycle), continuous improvement process as a relevant element for the **ability to improve and change (see also Hospital Management module).** □ Basic nursing standards in the hospital, including definition, care levels, care standards. □ Exercises based on a case study, including PDCA cycle (Act, Do, Plan, Check). □ Quality and processes: basic treatment guidelines (e.g. the Medical Association); □ Cross-sectoral treatment paths in integrated care, which only works on the basis of **good communication.** □ Data on treatment results (outcomes) as part of long-term studies. □ Quality management in connection with evidence-based medicine and health technology assessment during PDCA cycles (**quality improvement methodologies**). □ Innovations through the Patient Rights Act, **risk management** and the implementation of CIR systems. □ Quality and process management as basic elements for **effective patient treatment, relationships and communication** (see also Medical-Economic Control module). □ The objectives of QM and risk management are managed with a view to optimising patient care (**patient-focused approach**).				
4	**Course Form** Seminars				

5	**Participation Requirements** 5 years professional practice as a CL
6	**Exam Form** Multiple Choice
7	**Requirements for the awards of credit points** **Passed test**
8	**Module Coordinator** Prof. Dr Rainer Riedel

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ANNEX IV

Medical-Economic Control					Qualification
Code no.	**Workload** 40 h	**Credits** 2	**Term**	**Course frequency**	**Duration**
1	**Course** **Medical-Economic Control**		**Contact Time** 20 h	**Self-Study** 20 h	**Group Size** 25 Participants
2	**Learning outcomes / Competences** 1. Identify the importance of corporate management and control in the healthcare industry. 2. Calculate a budget for a company. 3. Define control parameters. 4. Describe process management and process cost accounting. 5. Explain critical medical-economic models and projects within a health policy framework. 6. Relevant coding systems in medical reimbursement.				
3	**Contents** - Basics, goals, tasks, methodology and differences in corporate management as well as the market positioning of companies in the healthcare market. Goals and target systems, including functions of goals and strategic corporate goals. □ Basic strategic and operational **management.** □ Fundamentals and functions of control. □ Organisational classification of control/process **management.** □ **Auditing and implementing changes** e.g. in project management. □ Company-specific control concepts (service and production companies), key figures and key figure systems. □ Conventional budgets, objectives and levels of zero-based budgeting. Different framework conditions for controls in different corporate groups (e.g. hospitals, industrial companies) in the healthcare market. □ Cost accounting as a basis for controls. □ Budgeting in the hospital according to the fee catalogue by examples. Resource management e.g. in medical material consumption and **personal growth.** □ Early warning systems in hospitals. Calculation matrix for DRG calculations. □ Defining the basic classification tools e.g. ICD-11. □ Practical exercises for CL trainees **(best practice).**				
4	**Course Form** Seminars				
5	**Participation Requirements** 5 years professional practice as a CL				
6	**Exam Form** Multiple Choice				
7	**Requirements for the awards of credit points** **Passed test**				
8	**Module Coordinator** Prof. Dr Rainer Riedel				

ANNEX V

Compliance					Qualification
Code no.	**Workload** 40 h	**Credits** 2	**Term**	**Course frequency**	**Duration**
1	**Course** **Compliance and Guidelines**		**Contact Time** 20 h	**Self-Study** 20 h	**Group Size** 25 Participants
2	**Learning outcomes / Competences** The Clinical Leader: - has an overview of WMA compliance guidelines. **- possible health governance influence** on patient care. - can definitely assess the importance of business integrity for the strategies to be developed and apply their rules. - **liability in governance.** - acts correctly within the legal framework and follows the ethical principles of the healthcare industry with regard to their hospital. **- ethical aspects in clinical management** - can evaluate the content of the codices and weigh up their influence on their clinic. - **governance knowledge and support.**				
3	**Contents** - Definition and relevance of compliance and business integrity. - WMA Code. - FSA Code. - Code of Transparency. - EFPIA Transparency Code. - Global Aspects (Sunshine Act) – USA. - Foreign Corrupt Practices Act (FCPA) –USA. - Bribery Act – UK. - Criminal impacts. - DPA – Deferred Prosecution Agreement. - The four basic principles in implementation: transparency principle, separation principle, documentation principle, equivalence principle. - Relevance of medical guidelines. - **Ethical aspects in medical-economic decisions.**				
4	**Course Form** Seminars				
5	**Participation Requirements** 5 years professional practice as a CL				
6	**Exam Form** Multiple Choice				
7	**Requirements for the awards of credit points** **Passed test**				
8	**Module Coordinator** Prof. Dr Rainer Riedel				

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ANNEX VI

Additional Key Regulatory & Standardisation Skills

A)Regulatory Aspects - national transposition of EU Legislation - relating to e.g.

- *Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work,* as amended by Directive 2007/30/EC and relevant subsequent sectoral legislation based on 89/391/EEC;

- *Directive 2003/88/EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organisation of working time* (and subsequent amendment(s));

- (Framework) *Directive 2008/98/EC of the European Parliament and of the Council of 19 November 2008 on waste and repealing certain Directives* plus subsequent amendments and relevant subsequent sectoral legislation based on 2008/98/EC*;*

- *Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing*
- *Directive 95/46/EC (**General Data Protection Regulation**), plus subsequent amendments and relevant subsequent sectoral legislation based on (EU) 2016/679;*

B) Relevant Standards, e. g.

- EN ISO 9001:2015 (Quality management systems - Requirements);
- EN ISO 9004:2018 (Quality management - Quality of an organization - Guidance to achieve sustained success);
- EN 15224:2016 (Quality management systems - EN ISO 9001:2015 for healthcare)
- CEN/TR 15592:2007 (Health services - Quality management systems - Guide for the use of EN ISO 9004:2000 in health services for performance improvement).