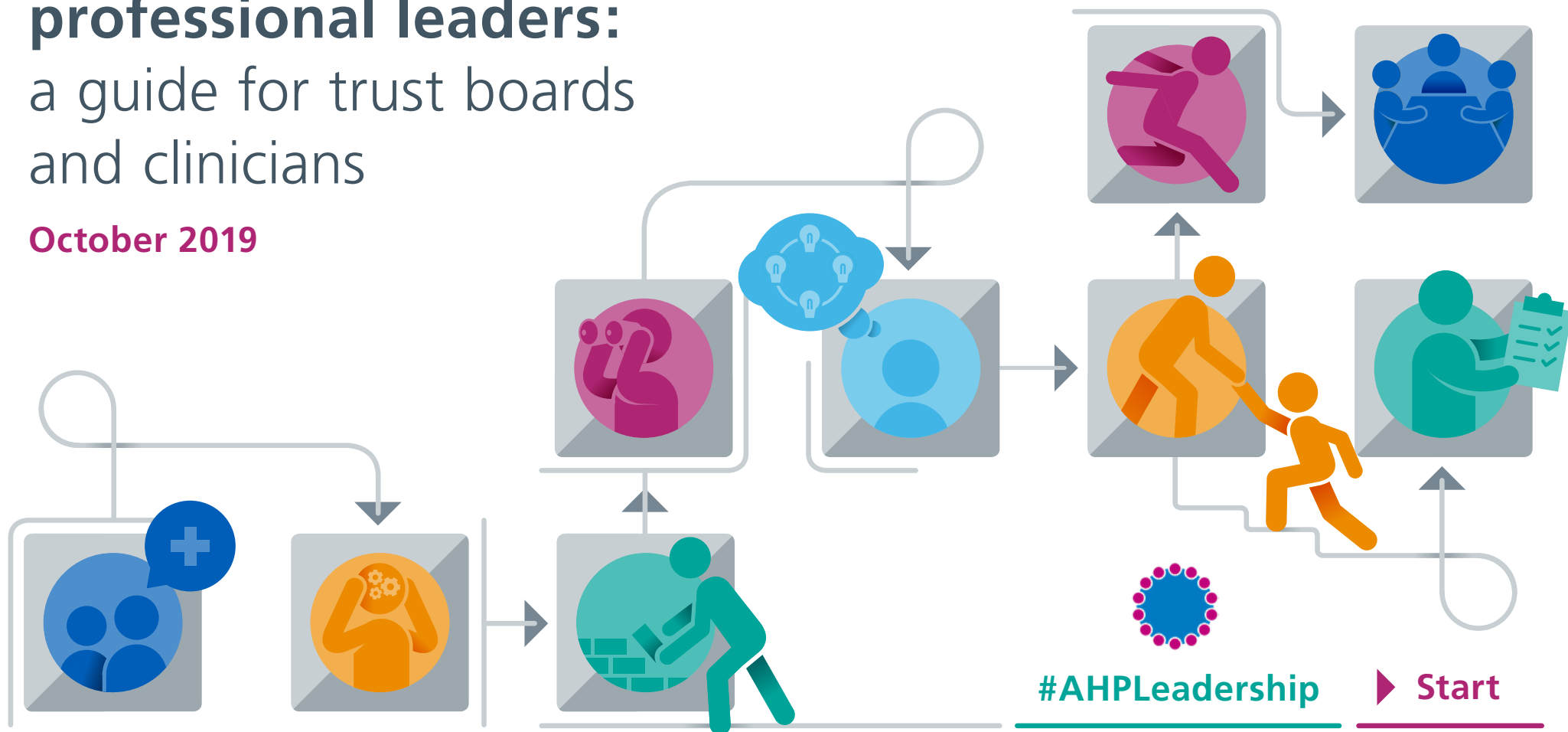


Developing allied health professional leaders: a guide for trust boards and clinicians

October 2019



Contents





What does this guide do and who is it for?

This is an interactive guide for trust boards and clinicians to support professional development opportunities and possibilities for allied health professionals (AHPs).

It will be useful for:

- AHPs with leadership aspirations
- those supporting the development of future AHP leaders
- those developing AHP leadership capacity and capability in their organisation and system
- those supporting appraisal processes
- career coaching conversations

It sets out:

- trust board insights and expectations about senior AHP leadership
- key components of AHP leadership development

We recognise that NHS providers vary in the health and care they provide, the ways services are organised, the size of populations they serve, the geography in which they operate, the numbers and range of AHPs they employ and so on.

We also recognise that AHPs are a varied group of professions with different pre-registration training. Collectively there are more than [▶ 170,000 AHPs working in the NHS in England](#). Some professions are very small, others relatively young and the actual numbers in each profession differ from trust to trust reflecting the health and care focus of the services provided.

This guide provides essential overarching components of AHP leadership careers, offering greater flexibility and opportunity for those looking to build their leadership capability or addressing gaps in an individual career portfolio.





Useful information

This guide uses the icons described below to signpost extra key content and resources.

Examples

A shortcut to examples relating to the page content



Caution

A challenge or barrier to be aware of



AHP career development top tip

Suggestions for AHPs



Resources

A resource described in more detail at the end of the guide



Formal learning

Suggestions higher education institutes may wish to consider



Organisation support top tip

Suggestions for trusts and systems supporting AHP development



Job descriptions and personal specifications

Content that could be used to inform AHP leaders', job descriptions and specifications





The journey so far...

Prompted by a growing interest in AHP leadership from providers, we carried out evaluative work, published as [Leadership of allied health professionals in trusts in England: what exists and what matters?](#) in June 2018. This established that there were wide variations in the ways AHPs are being led in the NHS in England. It showed that where trusts have strategic chief AHP leadership, there are benefits to improvement activity, as well as to the visibility and influence of the AHP workforce on the trust's priorities.

Since then, interest in how best to lead this diverse, unique group of 14 professions and support the development of AHP leaders has continued to grow.

► [Clinical Leadership - a framework for action](#) published in January 2019, provided further recognition of the need for professionally diverse leadership teams, including senior clinicians at board level, to increase the likelihood of meeting the complex challenges facing the NHS. The framework, designed to help providers make the most of the talents of all of their existing workforce, featured several examples of strategic chief AHP roles.

Our subsequent research, published as ► [Investing in chief allied health professionals: insights from trust executives](#) in July 2019 has provided insights from trust boards about what they expect their AHP leaders to contribute to the trust; the knowledge, skills, experience, characteristics and behaviours they seek when appointing an AHP leader.

By combining executive insights with findings from conversations with AHP leaders about their own career paths, we have identified common elements that contribute to AHP leadership development.

This interactive guide sets out these AHP leadership career development opportunities and possibilities.





A pathway and platform for AHP leadership

As a collection of 14 diverse professions, AHPs have a variety of professional starting points and, unlike nursing and medical professions, less structured career pathways. There is therefore a large variation in AHP leadership journeys.

However, through our research we have identified common features that combine the knowledge, skills, experiences and personal qualities an AHP leader draws on to build a platform for leadership.

Building on [▶ professional and clinical foundations](#) is common to all AHP leaders who are developing a platform for leadership. AHP leaders and their executive colleagues also described similar [▶ behaviours and characteristics](#) as important for effective leadership.

Leaders spoke about their career paths: some described deliberate career planning towards a known career aspiration; others suggested there had been less meticulous planning, with an element of serendipity. Nonetheless, the same [▶ mid-career](#) opportunities can be identified in both planned and unplanned leadership journeys.

- ▶ [Widening perspectives and boundary testing](#)
- ▶ [Leaps of faith](#)
- ▶ [Formal learning](#)
- ▶ [Building a track record](#)
- ▶ [Mentors and champions](#)

The balance of these elements varies from leader to leader, but each element enriches the leader's development in different ways. Details of these are in the relevant sections of this guide.





Introduction



An AHP leader's pathway and platform for leadership combines knowledge, skills, experiences, personal qualities and attributes developed throughout the AHP's career; building on profession-specific, clinical foundations towards multi-professional, system-wide and strategic activities. This can be seen below.





Board expectations



Expectations of AHP leaders

Trust executives who had developed a chief AHP role in their organisation told us this was prompted by recognising the impact AHPs were having on key trust drivers and priorities.



Board executives notice that AHP leaders add significant value because of their **professional and clinical foundations**. They:

Boards seek leaders who:

- are politically and strategically astute
- inform the board about national AHP policy and initiatives
- are the AHP face of the trust at local, system and national levels
- adopt a broad perspective across the range of trust business, identifying where AHPs can contribute to trust priorities
- are effective in leading a range of professions, including those beyond the AHPs
- provide a collective voice for AHPs at a senior level
- represent the trust in the sustainability and transformation partnership (STP)/ integrated care system (ICS) and other cross-agency working and initiatives
- establish a clear vision for AHP contribution to trust priorities through the development and delivery of a trust AHP strategy
- lead and provide strategic oversight of the development and governance of the AHP workforce.

- are person-centred, looking beyond a diagnosis or condition, maintaining a focus on patient empowerment and independence
- look beyond boundaries and across traditional care pathways for opportunities to innovate
- provide authentic challenge to traditional and historical approaches to service delivery
- ensure the potential of the AHP workforce is integrated in high-level business planning.



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Board expectations



Identifying an AHP leader

Board members told us how their expectations about the balance of operational and strategic focus for the AHP leader, influences how they recruit suitable candidates.

They sought candidates who had:

- experience beyond their own profession and immediate field of clinical and/or research practice
- operational management of people, process and finance.

Some trusts reported problems they had encountered when recruiting to a chief AHP leadership role:

- external candidates it had not been possible to appoint because of gaps in their knowledge, skills and experiences, and their inability to articulate the trust-level opportunities for the AHP workforce
- absence of internal applicants for posts and/or a reluctance among current AHP employees to take on more strategic leadership roles.

Executives expect their leaders to develop essential knowledge, skills and experience during [▶ mid-career](#).

They suggested gaps they report in aspirant AHP leaders' portfolios arise because of:

- a lack of developmental leadership roles for AHPs
- a tendency for access to developmental leadership roles to be restricted to colleagues with other professional registrations, eg nursing or medicine
- a lack of clear AHP leadership career development pathways compared to nursing and medicine
- a perception that AHPs are strongly wedded to their original profession and associated clinical practice or research.



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Professional and clinical foundations



Early-career perspectives of AHP leaders

AHP leaders retain enthusiasm for their chosen profession and consider their professional background to be very important to them as a leader.

In early career they describe:

- holding traditional, uni-professional roles
- moving through rotations and/or gaining promotions that supported and consolidated their clinical expertise in a chosen specialty
- some exposure to uni-professional leadership or management.

AHPs should feel confident about articulating how these foundations contribute to and enhance their leadership style and approach.



AHP leaders describe the value of early career clinical practice to their AHP leadership as:

- providing clinical and practice credibility in a variety of settings; having a relevant professional identity
- providing first-hand insights about the similarities and differences between health and care professions
- providing insights that support AHP workforce development
- establishing a person-centred philosophy and staying grounded in this philosophy
- providing opportunities to work collaboratively with others for patient benefit
- developing frontline insights about practice demands and complex systems and understanding these from an AHP perspective
- developing confidence about the value of AHPs and their contributions to care; being able to articulate this credibly and from personal insights
- developing problem-solving skills for complex problems
- developing an ability to stay calm under pressure.



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Trust executive perspectives

Executives refer to the added value AHPs bring to strategic leadership.

They linked this value to the AHPs' professional foundations and philosophy, noticing that AHP leaders:

- demonstrate a person-centred philosophy
- promote a strong focus on maximising independence when designing services
- work collaboratively and across traditional organisational boundaries for patient benefit
- demonstrate highly developed problem-solving skills for complex problems
- offer fresh insights on historic service concerns and priorities
- challenge traditional practice and service delivery models
- suggest innovative solutions.





Professional and clinical foundations



The influence of traditional AHP career pathways

Executives and AHP leaders suggest that career trajectories for AHPs tend to be:

- clinical specialisation
- clinical researcher
- pre-registration educator
- clinical academic.

However the pursuit of clinical excellence in mid-career may reduce opportunities for operational and strategic leadership, which trust boards and executives have indicated they are seeking.

There are opportunities for the system to promote leadership and management roles as part of (rather than alternatives to) clinical careers to reassure those who feel moving into these roles could lead to a loss of identity and threat to values and their clinical credibility.



Opportunities for systems include:

Trusts should ensure job descriptions and person specifications map to job roles and purpose, not professions.



Actively develop AHPs as leaders and encourage them to engage in leadership opportunities earlier in their careers.



Ensure leadership development opportunities are available for AHPs and they are not inadvertently excluded because of historic, uni-professional registration requirements sometimes found on job descriptions.



Signal AHP leadership career possibilities more clearly in pre-registration education; ensuring exposure to leadership as well as role models.





Underpinning behaviours and characteristics



Introduction

We have identified behaviours and characteristics important for and demonstrated by AHP leaders and grouped them in four broad categories:

- ▶ [Skilful communicator](#)
- ▶ [Strategic](#)
- ▶ [Person-centred](#)
- ▶ [Personal qualities and attributes](#)

While some of these behaviours and characteristics are established during ▶ [early-career professional foundation development](#), most are enhanced and consolidated through ▶ [mid-career](#) experiences, opportunities and decisions. AHP leaders highlight the importance of ▶ [experiences outside health and care](#), in offering important developmental opportunities.

Aspiring AHP leaders can use the identified behaviours and characteristics to conduct a self-assessment and identify areas for development.



Trusts supporting AHP leadership development will find the identified behaviours and characteristics useful for development, mentoring and coaching conversations.



These behaviours and characteristics can inform the content of person specifications and job descriptions for senior AHP leadership roles.



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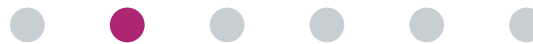
Skilful communicator

Executives emphasise the importance of AHP leaders being skilful and effective communicators, who:

- influence and build effective relationships with a range of stakeholders adapting communication and approach as necessary
- network effectively within and beyond the trust and profession
- enable, engage, promote and champion all the AHP professions
- are democratic and inclusive, ensuring colleagues are heard and kept informed
- are willing to have difficult conversations when necessary and provide constructive challenge
- are willing to consider a range of alternative perspectives and opinions
- get things done without sacrificing compassion, kindness and inclusivity
- strive to manage their own frustrations.

AHP leaders who demonstrate skilful communication are described as:

- **authentic**
- **self-aware**
- **listeners**
- **equitable**
- **collaborative**
- **connected**
- **co-operative**
- **constructive.**



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Strategic

Trust boards seek AHP leaders with a strategic approach and skill set, who:

- see the bigger picture
- understand the detail of complex issues
- are systematic, organised, responsive and effective
- are policy literate and politically aware
- are solution and future-focused
- are proactive, curious and progressive
- are flexible and adaptable to changing demands.

AHP leaders demonstrate their strategic ability by:

- relating the AHP contribution to trust, system and national priorities as well as operational drivers
- focusing on and demonstrating AHP workforce impact on trust priorities and patient benefit
- making evidence-informed, proportionate and pragmatic decisions
- seeing things from multiple perspectives
- recognising differences between disciplines, cultures and practices while liberating commonalities to deliver innovation
- identifying impact, evaluating performance and delivering results
- developing and sustaining the AHP workforce to meet practice demands and maintain clinical excellence
- striving to maximise AHP productivity
- effectively networking within and beyond the organisation
- challenging taken-for-granted practices and working across traditional boundaries
- making themselves visible to the board and the wider health and care sector.



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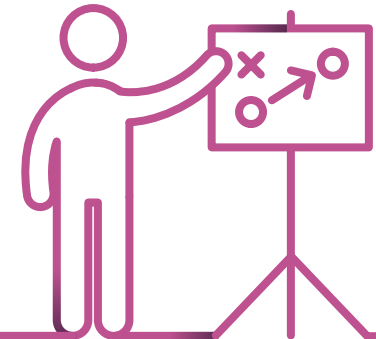


Strategic

We have noticed that being a strategic AHP leader requires leaders to be vulnerable and courageous.

Both board executives and AHP leaders mentioned:

- not being afraid to take risks and innovate
- not being afraid to challenge
- not being defensive, instead being open to challenge; recognising some things go well while others could have gone better
- demonstrating a growth rather than fixed mindset
- not being intimidated by seniority and traditional hierarchies
- being willing to stand up for teams and advocate for patients
- stretching self and others
- being aware of one's own resilience but also the resilience of others.





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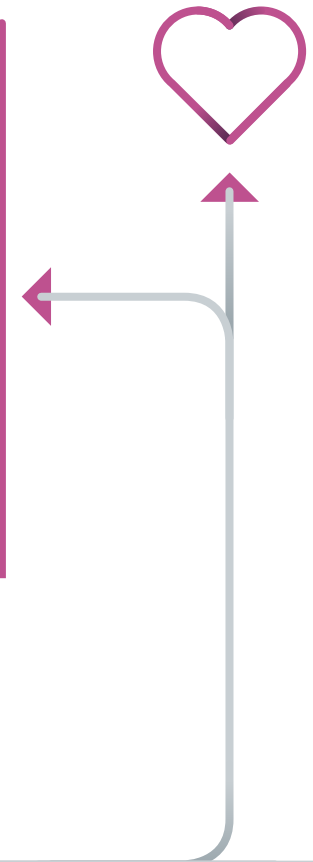


Person-centred

In early career clinical practice, AHPs establish a firmly person-centred focus.

This focus continues to influence and be recognised in AHP leaders who:

- maintain a focus on patient-benefit and co-produce innovation with service users where possible
- adopt fair and consistent values-led approaches
- are inclusive and empower others; trusting them and delegating
- encourage work-life balance and attend to staff wellbeing
- recognise and celebrate success
- are authentic
- strive to provide a good role model of and for AHPs.





Underpinning behaviours and characteristics



Personal qualities and attributes

Underpinning these behaviours and characteristics are many personal 'human' qualities and attributes which include:

- integrity
- honesty
- empathy
- compassion
- kindness
- authenticity
- fair-mindedness
- inclusivity
- reflexivity
- openness
- a learning disposition
- patience
- passion
- calmness
- drive
- credibility
- intuition
- tenacity
- approachability
- enabling
- empowering
- fallibility
- self-awareness
- honesty
- personable
- determined
- dedicated
- trusted
- trusting
- responsive
- emotional intelligence.

Importantly, AHP leaders recognise that they are role models for the next generation of AHP leaders and attend to their own development, professional and personal well-being as well as that of others.



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While some AHP leaders describe purposefully pursuing leadership development opportunities, many AHP leaders' careers were less meticulously planned. This second group of leaders referred to serendipitous opportunities and recognised such opportunities had often been instrumental and formative for their leadership development.

We identified five categories of mid-career leadership development opportunities:

- ▶ [Widening perspectives and boundary testing](#)
- ▶ [Formal learning](#)
- ▶ [Mentors and champions](#)
- ▶ [Leaps of faith](#)
- ▶ [Building a track record](#)

In the following sections we set out further detail about each mid-career category under these headings:

- overview
- examples of activities and opportunities
- the individual development value
- the benefit to the organisation.

Our conversations with AHP leaders and executives indicate that:

- leaders may not have examples of every category of mid-career development
- experience in a good range of categories supports the development of the range of knowledge, skills, experiences, ▶ [behaviours and characteristics](#) that trust boards seek in AHP leaders
- there are overlapping benefits and development value across the categories
- career progression tends not to be linear, moving to and fro between different categories during mid-career, but this is seen as a positive.



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Widening perspectives and boundary testing

AHP leaders and board executives identify that effective AHP leaders benefit from career opportunities to gain experience, knowledge and skills beyond their original professional registration, through which they began to widen their practice perspective.

This widening of a clinician's perspective may begin at quite an early stage in the AHP's career, at which point it tends to remain close to AHP practice and the individual's professional registration. Later examples are often more boundary testing as the AHP gains experience beyond profession or specialty.



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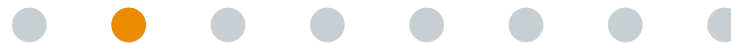
Early mid-career

AHP leaders provided examples of widening perspective in earlier mid-career which were:

- consistent with the AHP's professional registration
- close to or aligned with the AHP's practice setting
- projects, activities and instances where the AHP's professional and clinical expertise was central to or added value to the endeavour.

Earlier mid-career examples of widening perspectives are not solely focused around leadership aspirations. Indeed, at this point the AHP is often more focused on the development and consolidation of clinical practice expertise. Earlier mid-career perspective widening provides foundations for a variety of future career paths: AHP specialist, AHP academic, AHP researcher, AHP leader.

▶ Examples of widening perspectives and boundary testing in early mid-career





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Examples of widening perspectives and boundary testing in earlier mid-career include:

- co-ordinating/organising in-service training, study days, local conferences
- supporting/leading review of profession-specific trust policies and procedures
- conducting audits and presenting results to wider trust audiences and decision makers
- reviewing procurement/use of resources in relation to own sphere of practice
- leading local policy implementation for own profession; eg seven day working, job planning

- delivering small scale, within profession, quality improvement projects and productivity gains
- a role with a professional network and/or special interest group (SIG)
- representing own profession/providing clinical advice in local or national work, eg National Institute for Health and Care Excellence (NICE), the Care Quality Commission (CQC), Health & Care Professions Council (HCPC), regional AHP network, STP/ICS AHP Council
- committee member with own professional body
- research engagement, writing and publishing work
- providing teaching or training for own and other professions
- responding to public invitations to comment on strategy or policy documents, for example for professional bodies.

These examples provide some early career development inspiration for aspiring AHP leaders.



Those who are supporting AHP leadership development will find the examples useful in the context of development, mentoring and coaching conversations.



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Later mid-career

AHPs may remain open-minded about future career direction, but these examples of widening perspectives in later mid-career are indicative of a developing AHP leader.

Being HCPC registered may remain important, although the individual's specific profession begins to become a secondary factor. AHPs commonly remain close to their own profession and/or to work aligned with AHPs, but begin to influence more widely across organisations, localities and systems. Features of later mid-career widening perspectives for AHPs who ultimately go on to develop senior leadership roles may be more boundary testing and include:

- a clearer leadership focus
- working beyond the AHP's established or usual clinical setting
- a shift from a uni-professional to more multi-professional activities or responsibilities
- work with wider influence; across a trust, locality or region.

▶ **Examples of widening perspectives and boundary testing in later mid-career**



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Examples of widening perspectives and boundary testing in later mid-career include:

- a multi-disciplinary team (MDT) or departmental leadership role, ie clinical or service lead
- operational responsibilities; budgetary, human resourcing, risk management
- leading multi-professional, trust-wide or locality quality improvement or implementation projects; falls prevention, nutrition strategy, hospital admission prevention, electronic records, implementation, seven day working, job planning, service relocation, service integration, competitive tendering, new build
- leading trust governance processes; serious incident investigator, competency, disciplinary

- being the trust representative of AHPs at external locality forums; clinical senates, commissioning groups
- leading/chairing national level work with arm's length bodies
- developing and presenting business cases
- leadership of more than one profession, service or specialty which may include leadership of non-AHP professions
- leading a multi-professional network across a trust, locality or region
- a secondment to a professional or arm's length body.

Both AHP leaders and executives have described these later [mid-career](#) experiences as [leaps of faith](#) and influential both in an individual's leadership development and, often, as turning points in their leadership career.

These later mid-career examples provide some further development inspiration for aspiring AHP leaders.



Those who are supporting AHP leadership development will find the examples useful in the context of development, mentoring and coaching conversations.





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Gaining experience outside NHS practice

AHP leaders engage in activities outside their work roles that support their leadership development, through expanding skills and capability.

Although some activities relate to the AHP's individual interests, they also contribute to leadership development. In other instances, AHPs have more purposively sought to enhance their leadership development by gaining wider experiences outside their NHS practice, sometimes prompted by a lack of internal opportunities.

Examples of widening perspectives outside the AHP's work setting vary greatly in commitment, scale and leadership development value; from school governor to chair of a football club.

Aspiring AHP leaders who are finding it difficult to access development opportunities within the NHS can consider whether there are opportunities outside work that will help to fill any leadership portfolio knowledge, skills or experience gaps.



Examples of widening perspectives outside of NHS practice context include:

- voluntary roles where professional insights are valued or there is a personal interest
- providing professional/clinical advice in a profit or not-for-profit business
- a board non-executive, trustee or governor position in a business, not-for-profit enterprise or charity, or own professional body
- a fund-raising role with a not-for-profit organisation
- an education or research role, eg guest lecturer, honorary or part-time contract with a university
- entrepreneurship and enterprise drawing on own clinical expertise or in an unrelated field.



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Career development value

The career development value gained through widening perspectives and boundary testing opportunities include:

- skills of engaging and working with multiple stakeholders
- understanding other professions
- cross-sector understanding
- experience in change projects, including developing skills, experience and a track record in project management and delivery
- experience in strategic planning and decision making
- skills and experience in negotiation
- experience in presenting to a range of stakeholder audiences, including crafting messages to target audiences, recognising and managing multiple perspectives and concerns
- developing experience in budgeting, forecasting and budget management

- developing operational management foundations – governance, job planning, productivity metrics, risk, recruitment and retention, competency, complaints disciplinary procedures
- developing an awareness of local, regional and national priorities; making links between AHP practice, policy and trust priorities
- working outside comfort zone and across professional and traditional boundaries
- heightened external professional or national profile elevating the AHP's local or trust visibility, profile, credibility and influence
- exposure to more established practitioners and leaders in the profession or the trust such as the chief operating officer, chief nurse, chief executive
- identifying possible mentors and role models within and beyond own profession and/or employer.

Aspiring AHP leaders and mentors will find it is useful to consider these examples when reviewing leadership development profiles.



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Organisational benefit

Organisational benefits associated with AHPs widening perspectives and boundary testing include:

- ensuring the right expertise is included and contributes to the planning and delivery of local trust projects
- modelling and encouraging inter-professional co-operation and collaboration for patient benefit
- delivery and implementation of effective co-produced solutions
- increased job satisfaction and improved staff retention as the AHP workforce feels more visible, engaged and valued.

Trust executives have told us their experiences in recruiting to senior, strategic leadership posts have prompted them to realise that AHPs are not consistently encouraged to develop a [wider perspective](#).

They need to ensure AHPs are not overlooked for the opportunities that provide this developmental 'stretch' within and across a trust's wider network.

Trusts should ensure job descriptions and person specifications are informed by the job purpose, skills, competencies and experience required, and not historic profession specific alignment.



Executives also suggest it is important for AHPs to recognise that these sorts of leadership development opportunities are possible in the trusts where they work. This demonstrates how the trust values AHP practice and improves recruitment and retention of AHPs while delivering immediate local benefits for the trust.



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Formal learning

Formal learning opportunities help to consolidate experiential development. AHPs spoke about personal, professional, clinical, research and leadership development opportunities at different points along the career path. This guide focuses on the leadership development value of such opportunities.

Early exposure to leadership training often inspired clinicians to consider leadership roles. Some AHP leaders recommended exposure to leadership skills at a very early stage in their career, including pre-registration. Others suggested that formal leadership development could be helpful at points of transition or career progression such as becoming a team lead. There were also those who recommended being in a leadership role for a while before taking on more formal training to contextualise learning in practice.

AHPs take a varied approach to leadership and management course learning, including where, when and how this should occur. Courses range from clinical leadership to a masters in business administration (MBA).

This section will help prospective and existing AHP leaders make discerning decisions about when to undertake more formal leadership and management training and what that training might be.

Executives recognised that AHP leadership pathways were less well developed than for other professions and that AHP colleagues had sometimes been overlooked when publishing calls for interest in leadership programme or development opportunities.

The information in this section can also guide conversations with aspiring leaders about pursuing formal learning that matches the AHP's developing leadership profile.

Aspiring AHP leaders will find examples of courses that have proved useful to existing AHP leaders – [click here](#) to find examples of formal learning.



Those supporting AHP leadership development should consider what opportunities fit best with where the AHP is in the personal leadership journey.



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When to engage in formal leadership development

For AHP leaders and executives, senior strategic leadership is perceived as a less well-trodden career path. This is further reflected in their observations that formal leadership development for AHPs is less well developed than for other professional groups, creating uncertainty about when to engage in formal learning.

Some specify the need to introduce leadership concepts in pre-registration education, while others suggest being in a management role first to gain important experiential learning before embarking on formal learning opportunities.

There are identified benefits associated with formal leadership and management training for those progressing from a Band 7 to a Band 8 role. At Band 7, it is anticipated the emphasis will have been on clinical training rather than leadership and management.

► Examples of formal learning



Formal learning is not in itself enough to prepare for a strategic leadership position. AHP leaders and trust executives told us it was important to combine formal learning with other dimensions of [► mid career](#) development, such as the opportunities described in this guide.

However, many of the senior strategic AHP leaders identified a combination of experiential and formal leadership development, with many describing how formal development, sometimes privately sourced, helped them bridge the knowledge gap between clinical and managerial roles. It is clear there is no 'one size fits all' approach to formal learning.

AHP leaders identified in-house leadership and management courses as initially helpful but many then progress to more comprehensive external programmes such as MSc in management and research, MBAs, recognised accredited courses and NHS Leadership Academy programmes.

Some refer to the influence of [► mentors, coaching and supervisors](#) while others had made a personal decision to study formally. There is an emphasis on multi-professional or multi-agency programmes that provide a much wider perspective.

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Examples of formal learning

- MSc, eg public health; management and research; healthcare leadership; operations and logistics; public sector leadership and management; informatics
- MBA
- recognised project management qualification (eg Prince2)
- NHS Leadership Academy national programmes eg Aspiring leaders; Rosalind Franklin; Elizabeth Garrett Anderson; Nye Bevan; Chief Executive Fast Track Scheme
- recognised leadership or quality improvement programmes, eg The King's Fund; Health Foundation
- accredited managers' courses, eg Institute of Healthcare Management (IHM) diploma
- scholarships or fellowships, eg with arm's length bodies
- membership of a multi-professional action learning set.

Formal leadership learning experiences are beneficial for individual leaders' development as they:

- provide a framework and theory to make sense of leadership experiences
- are professionally stimulating and rewarding, eg considering alternative approaches, opportunities to present at national conferences
- provide opportunities for extended project work including overseas elective
- enhance skills such as team work, negotiation, project design and delivery
- improve employability for more senior leadership and management roles
- provide recognisable leadership credentials
- identify meaningful networking opportunities, eg aligning with more senior members of the trust
- increase visibility of individual as a representative of the profession and/or wider AHPs.



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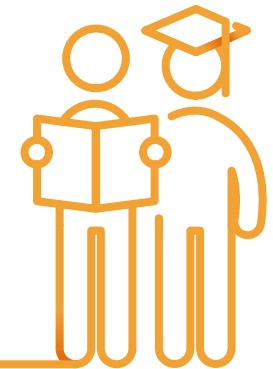
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The benefits of formal learning for an employing organisation include:

- improving recruitment and retention through staff development and increased job satisfaction
- signalling the value of the AHP workforce by investing in AHP leadership development
- fostering a good reputation for developing leaders with a positive impact on recruitment
- ensuring the availability of a multi-professional cohort of senior leaders with impact for effective team management, team efficiency and service improvement
- potential impact on quality assurance processes
- improved inter-professional working and awareness of AHP impact across the trust.



Trusts should review the availability of formal leadership development opportunities for AHPs.





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Mentor/champion support is often regarded as pivotal and those who had not had access to such support often thought it would have been helpful. A proactive approach to mentorship would be best practice, however sometimes access to mentorship was only offered following a unsuccessful bid for promotion or application for a leadership role.

A mentor may be someone from the AHP's employer trust, another trust, other sectors or someone who is part of a formal [leadership programme](#). Consideration should be given to the mentor/mentee match.

Champions are senior colleagues from the AHP's trust or organisation who take an interest in developing the AHP's leadership potential. They may have nurtured an AHP as a potential leader from early career through to a senior leadership position by:

- spotting colleagues with leadership potential
- providing a role model
- demonstrating a high level of trust in the developing leader
- advocating for the developing leader at a senior trust leadership level
- putting the AHP forward for development opportunities
- encouraging the AHP to consider leadership progression steps that might not have occurred to the AHP or seemed too much of a stretch; posts which require a [leap of faith](#).

Executives and senior strategic AHP leaders spoke about their responsibility to provide support for the next generation of leaders by being a mentor, champion and a role model; something not always readily available during their own leadership development.



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AHP leaders have described different types of mentors and champions at different career points:

Examples of early mid-career mentors and champions include:

- peer or more senior clinical colleagues from the same organisation, own profession, wider AHPs, nursing or other profession
- internal senior colleague or line manager
- informal, ad hoc, opportunistic.

Later mid-career mentors and champions:

- formal arrangement with an executive level mentor eg chief operating officer, chairman, board members, medical director, deputy/ director of nursing, chief AHPs
- formal arrangement as part of a leadership programme
- privately or employer supported external coaching.



A champion who is an executive and/ or someone senior from a different profession can enhance the AHP leader's visibility at senior strategic levels and ensure access to leadership development opportunities.



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Value and benefit linked to mentors and champions

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Although AHP leaders acknowledge challenges in relation to a lack of protected time for mentoring or leadership supervision, overall mentor/champion support is regarded as beneficial for AHP leaders in their career journey.

Examples indicating the benefits of AHP leadership mentoring include:

- encouraging the AHP leader to develop an individual leadership style
- providing access to leadership networks and improving networking skills
- opportunity to explore own potential and possible career path
- guiding and providing a framework for learning and developing in relation to individual leadership profile, eg action learning sets, leadership skills, challenging assumptions
- formal recognition awards resulting in a feeling of confidence
- recognising potential, endorsing, promoting and trusting
- leaders being encouraged to take up opportunities they might otherwise have not felt confident about; a step outside the comfort zone and accepting executive challenges
- encouraging supported risk taking, ► [boundary testing](#) and ► [leaps of faith](#).



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Organisational benefits realised when aspiring AHP leaders have a mentor or champion:

AHP leaders recognise the value of having had a mentor or champion who supported their development. Aspiring leaders who lacked a mentor or champion felt less empowered to put themselves forward for leadership development opportunities. As a result, the posts that were deemed difficult to fill were at risk of being lost in restructuring of organisations and potentially valuable AHPs were lost from the workforce.

Aspiring AHP leaders who have access to a mentor or champion feel supported and valued. Their mentor or champion can be pivotal in supporting them to realise the value of the various and diverse strands of a leadership development journey.



Trusts should review whether access to mentors and champions is equitable across professional groups.



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Leaps of faith

AHP leaders described a range of career development activities that have been discussed elsewhere as **▶ widening perspectives and boundary testing**. They also described another group of activities we have categorised as **'leaps of faith'**.

Leaps of faith tend to be reported in later mid-career. Although an aspiring leader may purposively seek a role that will provide developmental challenge. The 'leap of faith' was often something which was not directly sought or initiated but prompted by a **▶ mentor or champion**. In earlier mid-career, some **▶ widening perspectives and boundary testing** can also be experienced as a leap of faith.

A leap of faith may take place in the context of some uncertainty, such as:

- being undecided about final career direction
- not having firm senior strategic leadership aspirations
- having a sense of professional self which is strongly predicated around earlier career identity and expertise

- concerns about being cut off from professional and clinical foundations; including loss or decay of hard-won clinical skills
- concerns about ending up in a career 'blind alley' or 'burning bridges' with clinical career
- concerns about having a credible, relevant or sufficient leadership knowledge and skill set
- concerns about providing leadership in unfamiliar practice settings
- concerns about the role demands and the impact for work-life balance.

In contrast to earlier mid-career, a leap of faith in later mid-career can feel like a more decisive step away from professional foundations and towards senior strategic leadership. Examples that might be categorised as a 'leap of faith' include those that have been planned as well as those that have been opportunistic and/or prompted by a mentor or champion.

A leap of faith is not always a hierarchical progression; it can entail a sideways or slight step back. This can occur when AHPs feel they are stuck with limited career development opportunities or when seeking to address gaps in their leadership profile; perhaps prompted through conversations with a mentor.

▶ Examples of leaps of faith



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Examples of 'leap of faith' opportunities include:

- a request from a senior leader/champion to provide interim leadership or management for a service or pathway that is substantively different to the AHP's own clinical or professional foundations and prior experience, for example, laboratory medicine, pathology services, non-clinical services
- leadership or management of a 24/7 service; multi-professional, inpatient or outpatient leadership roles
- corporate role/trust lead: quality improvement, falls prevention, mental capacity, training and development, governance, private patient manager
- seconded role: lead for a major trust project; role with an arm's length body, such as NHS England and NHS Improvement
- director or board level lead: clinical director, director of quality, deputy director, divisional lead, operational officer
- general management and operational roles; general manager
- being the first AHP in a role traditionally linked to another profession; divisional chair, clinical director, director of patient care.

Aspiring leaders suggest that a ▶ [leap of faith](#) often requires courage and an awareness of vulnerability. Stepping out of a comfort zone can bring career development benefits when the venture is successful, but both leaders and those supporting leadership development need to be alert to the impact of a less successful ▶ [leap of faith](#). This again indicates the importance of the role of a ▶ [mentor or champion](#) in such a step.

Aspiring leaders will find examples from others with useful ideas about the sorts of opportunities they should look out for as a next step.



▶ **[The AHPs Career Resource](#) from Health Education England has a specific management/leadership section, with insights from existing AHP leaders.**



Those supporting AHP leaders to develop will want to consider how to encourage them to take a ▶ [leap of faith](#) and which opportunities could be made visible and available.



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Potential individual benefits arising from a successful leap of faith include:

- building confidence, self-belief, resilience, self-awareness, coping skills, adaptability
- experiential learning to expand knowledge and skills beyond practice foundations
- developing a wider, divergent perspective and strategic overview
- showcasing the potential contribution of AHPs in roles traditionally held by other professions; increasing individual visibility at decision-making forums
- gaining respect and trust from a track record of delivery
- broadening and diversifying professional network
- realising transferability of foundation knowledge and skills
- recognising, articulating and enacting where AHPs can contribute to policy and local provider priorities.

Both successful and unsuccessful leaps of faith can be accompanied by additional stresses for the aspiring AHP leader. Mentors who encourage a leap of faith should consider what support mechanisms and opportunities are available for a colleague they have encouraged to take such a step.



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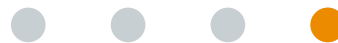
Leaps of faith

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Potential organisational benefits from encouraging and supporting aspiring AHP leaders to take a leap of faith:

- providing opportunities for bespoke, in-house, experiential leadership development responsive to individual leadership development needs
- signalling the trust's commitment to the development of the AHP workforce, including as leaders; impact for recruitment and retention
- potential to explore non-traditional solutions and innovations for sustained service delivery challenges
- challenging taken-for-granted practices; roles traditionally held by a specified professional group and bringing new professional perspectives and voices to decision-making forums
- provides AHP leadership role models for AHPs across the trust.

As AHP leaders have referred to the need to be courageous when stepping out of the career comfort zone. Organisations should aim to plan and clearly identify relevant, accessible support for AHPs taking up such opportunities.



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Building a track record

AHP leaders recognise the importance of building and providing evidence of a track record and do this in a variety of ways throughout their careers.

A service delivery and leadership track record is a key way for the AHP leader to demonstrate strategic **▶ behaviours and characteristics**. The need for skills in service improvement and delivery of change has been a strong message from executives who have described 'service improvers' as the new leaders and quality improvement as the new leadership.

In early mid-career, developing a track record is often linked with the AHP's professional identity and clinical credibility; for example, the development of a clinical specialist, research, academic or leadership career. Later there is greater focus on more multidisciplinary project and leadership delivery.

Identifying and successfully delivering projects across professional and organisational boundaries can provide evidence of policy awareness and illustrate how AHPs can support local trust priorities.

Local and national recognition through innovation awards and conference presentations can enhance track records, but building a local reputation as a moderniser who gets things done is what ultimately enhances the visibility of aspiring AHP leaders; challenging the status quo, landing change, shaping and influencing the system.



Appraisal activities and engagement in leadership development activities, such as 360° feedback, can provide formal mechanisms to propose projects and record delivery milestones.



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Examples of building a track record illustrating the progression from **professional foundations** to wider strategic impact include:

- clinical practice innovations that demonstrate quality, productivity, efficiency or cost benefits
- spreading innovation locally, eg developing and implementing competency training and assessment
- designing and implementing service change in own profession or multi-professions
- project evaluation demonstrating awareness of local and national metrics, eg impact on quality of care, flow, length of stay, recruitment and retention
- operationalising new service models in line with trust transformation priorities on time and to a high quality, eg first contact practitioners, radiography reporting, rotating paramedic programme and rapid response falls teams
- managing workforce change, eg within profession skill mix review, team integration, and considering return on investment
- a proactive approach to quality improvement, eg looking for opportunities across the whole organisation, proposing, designing and delivering projects
- working in a range of organisations to understand a variety of clinical settings, building relationships and networks
- public and patient involvement activities
- delivering projects particularly where it involved overcoming operational or governance barriers, eg budget, resourcing, safety
- engaging with strategic planning, eg successful development and delivery of business case and subsequent project, co-ordinating an estates' project such as a new build, service integration, decommissioning a service, leading a competitive tender.



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AHP leaders with a demonstrable track record can demonstrate the strategic ► behaviours and characteristics executives seek by providing examples where they have:

- clearly related the AHP contribution to trust priorities and operational drivers
- focused on and demonstrated AHP impact in relation to trust priorities and patient benefit
- made evidence-informed, proportionate and pragmatic decisions
- critically considered multiple perspectives
- recognised differences between disciplines, cultures and practices while liberating commonalities to deliver innovation
- identified impact, evaluated performance and delivered results; differentiating between outputs, outcomes and impact
- demonstrated the value realised from investment in the AHP workforce
- considered innovative approaches to maximise AHP productivity; not just asked for more resource
- capitalised on networking opportunities within and beyond the organisation
- challenged taken-for-granted practices and worked across traditional boundaries.

Aspiring AHP leaders should review their own track records of project delivery, recognising the contribution this makes to their developing leadership credibility.



AHPs in early mid-career often retain a focus on uni-professional and/or AHP development. The aspiring AHP leader will however seek to make the links between clinical activity, policy drivers and trust priorities.



Those supporting aspiring AHP leaders can encourage exploration of the balance between clinical innovation, patient benefit and system impact in the projects they undertake and deliver, ensuring they are aligned with organisational priorities and drivers.



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When aspiring AHP leaders are encouraged to develop a track record of delivery and innovation, the organisation benefits from:

- potential improvements in inter-professional working
- a positive for recruitment and retention of AHP staff
- positive AHP leadership role models
- the introduction of improved pathways and modernised models of care, improved patient experiences, responsive to commissioning intentions
- AHP leadership role models who demonstrate impact and improvements through service delivery aligned with trust priorities
- identifying individuals who can lead and drive change
- raising awareness at board level of AHPs' contribution to trust priorities.

Aspiring AHP leaders with a demonstrable track record of delivery are more likely to meet trust expectations about **strategic leadership** ► **behaviours and characteristics**.



Clearly, having AHPs in leadership roles has many key benefits and organisations should ensure talent management and succession strategies include AHPs, so that there are opportunities to enhance the track record of their potential leaders.



Trust leads recognised that where senior leadership posts for AHPs were created and could not be filled, the gaps in applicants' leadership included demonstrating a relevant track record.



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Next steps

Combining trust executives' expectations about strategic AHP leadership with individual chief AHP leadership journey accounts, we have identified common features to create a platform for AHP leadership that trusts can use to engage, grow and develop the AHP workforce.

This guide provides a framework to support AHPs considering possible routes to a leadership career. Working through the key themes in the guide; ▶ [professional and clinical foundations](#), ▶ [behaviours and characteristics](#), ▶ [formal learning](#), ▶ [mentors and champions](#), ▶ [leaps of faith](#) and ▶ [building a track record](#), AHPs should feel confident that there are a world of opportunities and possibilities.

We still need a sustained cultural shift to deliver diverse clinical leadership and remove outdated practices. We will maximise the contribution of the NHS's third largest clinical workforce and ensure we make the most of the talent we have, from all professional backgrounds.

Recruiting for the skills required rather than from a specific profession will enable trusts to provide the integrated, multiprofessional working essential for transformative patient-centred care necessary to deliver the ambitions and priorities of ▶ [The NHS Long Term Plan](#) and ▶ [NHS Interim People Plan](#). It will also provide opportunities for AHPs to further develop their capability as valuable members of the senior leadership team.

This guide will help you, as trust executives and clinicians, consider the need, benefit, impact and challenges associated with AHP leadership development, necessary to maximise the potential of the entire workforce.

We recognise there is no 'best practice' model of AHP leadership development, so we are keen to hear how you have used this document (nhsi.ahpteam@nhs.net) – what works and what does not – so that we can work together to make the most of the value AHPs bring to the workforce by having the right leaders in the right place at the right time.



Appendix 1: Useful resources

NHS England and NHS Improvement

- ▶ [Allied Health Professionals: AHPs into Action](#) is the national AHP framework and programme of work focusing on the role of AHPs in transforming health, care and wellbeing.
- ▶ [The Allied health professionals resource page](#) offers a range of leadership and improvement resources.
- ▶ [Allied health professions case studies: improving practice and delivering solutions](#) is a collection of case studies demonstrating the transformative potential of the AHP workforce across the health and care system.
- ▶ [Barriers and enablers for clinicians moving into senior leadership roles: review report](#) sets out the findings of the Faculty of Medical Leadership and Management's review into how we can increase the numbers of clinical professionals taking up the most senior roles in health and care organisations.
- ▶ [Clinical leadership – a framework for action](#) is a guide for senior leaders on developing professional diversity

at board level. It provides a framework for action to help leaders working on clinical leadership gain new perspectives on what might be standing in the way of progress; sets out legal and policy considerations; and poses key questions for senior leaders trying to increase the involvement of clinicians.

- ▶ [Clinical Leadership – a framework for action case studies](#) offers a compendium of case studies illustrating the range of clinicians' experiences – from AHP to GP to consultant clinical scientist in their journeys to senior leadership roles.
- Culture and leadership programme:
 - ▶ [Phase 1 'discover'](#) resources to help you diagnose your current culture using existing data, board, staff and stakeholder perceptions and knowledge, and workforce analysis.
 - ▶ [Phase 2 'design'](#) describes a wide range of interventions with which to respond to the findings of phase 1.

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Appendix 1: Useful resources (continued)

NHS England and NHS Improvement (continued)

- ▶ [Developing People – Improving Care](#) is an evidence-based national framework to guide action on improvement skill-building, leadership development and talent management for people in NHS-funded roles.
- ▶ [Investing in chief allied health professional roles: insights from trust executives](#) is a guide to support the review of AHP leadership capacity by clinicians and trust boards.
- ▶ [Leadership of AHPs in trusts in England: what exists and what matters](#), is an evaluation report of the current state of AHP leadership in the NHS in England, containing key questions and recommendations for clinicians and trust boards.
- ▶ [The Improvement Hub](#) gives access to improvement tools, resources and ideas from across the health sector. Use the hub to collaborate and explore your ideas with colleagues, share your own improvement stories (lessons learned and successes) or tell us about improvement resources you've seen elsewhere.
- The ▶ [2018 NHS Improvement provider board diversity survey](#), which includes findings about clinical leadership and protected characteristics.

The NHS Leadership Academy

- ▶ [The NHS Leadership Academy's Healthcare Leadership Model](#) describes key leadership behaviours and demonstrates how leaders at all levels can develop.
- The NHS Leadership Academy offers a range of ▶ [national and local leadership development programmes](#), including:
 - the Rosalind Franklin programme for clinicians or managers leading from the middle of health and care systems, aspiring to lead large and complex programmes, departments, services or systems of care
 - Elizabeth Garrett Anderson programme for middle-to-senior-level leaders aspiring to take on a more senior role while, at the same time, looking to have a wider impact
 - the Nye Bevan Programme designed to develop senior leaders looking to move into board roles
 - the Clinical Executive Fast Track scheme designed to engage and harness the talent of clinicians as leaders of the health and care systems of tomorrow.

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The NHS Leadership Academy (continued)

- ▶ [360 degree feedback is a powerful tool](#) to help individuals identify where their leadership strengths and development needs lie regardless of job role. The process includes getting confidential feedback from line managers, peers and direct reports (if applicable). As a result, it gives an individual an insight into other people's perceptions of their leadership abilities and behaviour.
- ▶ [The NHS Leadership Academy's talent management hub](#) provides resources to support organisations to create compassionate and inclusive workplaces through helping people to do the best they can in their careers.
- ▶ NHS Leadership Academy ▶ ['Maximising Potential Conversation guide'](#) is a helpful tool for all NHS staff, considering the potential and value they bring to their current roles as well as reaching and maximising their future potential in the NHS.
- ▶ The NHS Leadership Academy also offers free ▶ [mentoring and coaching](#) through ten Local Leadership Academy (LLA) as part of the 'National Coaching and Mentoring Collaborative'.

- ▶ The Academy also runs ▶ [The NHS Graduate Management Training Scheme](#), a multi-award winning scheme helping you to develop the skills and confidence required to lead the NHS through its transformation into an ever more efficient, successful and professional health care service.

Health Education England (HEE)

- ▶ HEE has a bespoke ▶ [AHP career resource](#) that identifies eight core areas you could consider to develop your career, with 'talking heads' insight from AHPs working in these areas, including leadership and management.
- ▶ The HEE ▶ [Promoting AHP Careers resource](#) allows individuals and organisations to explore and promote AHP career opportunities.

The Q Community (The Health Foundation)

- ▶ ['Q' is a long-term initiative](#) aiming to support individuals and their improvement work, to foster continuous and sustainable improvement in health and care.
- ▶ There is also a ▶ [SIG for AHPs in quality improvement](#). The SIG is focused on the experience of AHPs in QI, considering awareness, involvement and leadership and is an opportunity for AHPs to share practice, develop skills and create a support network to empower relationships. You do not have to be a Q member to join.



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Appendix 2: Development team

This guide was created by the following team:

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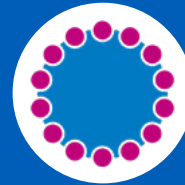
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