Multi-professional consultant-level practice capability and impact framework

Developing people for health and healthcare

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Multi professional consultant-level practice capability and impact framework

1. Overall framework

<table>
<thead>
<tr>
<th>The Four Pillars</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expert practice (the consultant’s main health- or social-care profession)</td>
</tr>
<tr>
<td>Consultancy: the foundations for putting expertise in place across systems of health and social care</td>
</tr>
</tbody>
</table>

2. Capability framework

**Expert practice**
Purpose: Help firmly establish values-based professional practice across pathways, services, organisations and systems, working with individuals, families, carers, communities and others.

This goes beyond developing expertise in professional practice and independent decision-making in complex and unpredictable situations to incorporating both expertise and evidence-based practice across pathways, services, organisations and the system, working with service users, communities and partners.

(‘Values-based’ practice with service users, the public, staff and students upholds the values of compassionate, respectful, person-centred, safe, evidence-based and integrated care, relationships, and services that challenge stigma, are inclusive, work together and use limited public money carefully. ‘Others’ includes all partners involved in contributing to services across the system.)

Capability

1. Based on the following model of expert professional practice from care and service to systems level

1.1. Model
- High-quality, values-based professional practice that improves people's experience, supporting them to make decisions in complex situations.
- A positive approach to working with difference and diversity, challenging stigma and using the best possible communication methods.
- Sharing decision-making with service users and partners in every situation, so that:
  - people can represent themselves and carers and communities can take action together;
  - valid and reliable tools for providing care and services can be selected; and
  - the effectiveness of physical, psychological and social interventions and services (including drug, non-drug and surgical) and the transition through each stage of care and services can be assessed.

2. Help put in place peer reviews and evaluations of safety, quality and health outcomes, from pathway to systems level
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| 2.1. | Put in place a joint review of health care and services through peer reviews, audits and evaluations of safety, quality and health outcomes, making sure people’s voices are at the heart of the process. |
| 2.2. | Put in place and evaluate systems and measures to show progress, making sure that people’s voices are heard in all key activities across every level of the system. |
| 2.3. | Lead how risk is managed in unpredictable and complex situations, and where a precedent has not been set. |

### 3. Lead health and social care provision with service users and communities, including practice accreditation, change, and continuous improvement across the system

1. Lead the ongoing development of evidence-based practice and improvement of quality, safety, and health and service outcomes.
2. Lead the ongoing development of, and putting in place and reviewing, care and service pathways, standards, policies, guidelines, procedures, service improvement and practice accreditation.
3. Have formal systems for collecting and reviewing feedback from patients and service users, carers and staff across services, working with service teams to identify and put in place any action needed as a result of that feedback.
4. Involve local people, carers and service users in developing, evaluating and improving services.
5. Work with professional bodies, clinical networks, commissioners, regional and national level, third sectors, charities and other partners.

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**Strategic and enabling leadership**

**Purpose:** Provide values-based leadership across the care pathway, services and systems in complex and changing situations.

This goes beyond clinical and service leadership to influencing how joined-up future health-care systems are developed – locally, regionally and nationally, based on the four pillars, to guide how care and services are commissioned and transformed.
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### Capability

#### 4. Build high-quality, compassionate relationships, turning shared values into expected patterns of behaviour to make sure all care and services are safe, effective and person-centred (focused on the individual, their needs and their choices)

##### 4.1. Model

- A strong, visible presence and open and trusting relationships with both internal and external partners to achieve service objectives, based on a foundation of self-awareness and emotional intelligence.
- Shared values, courageously speaking up for service users and staff, listening to them, acting on what is important to them and supporting them in all situations.
- Relationships that inspire others and which imagine the future and promote working together, enabling others to act and speak up freely if something is not right, searching for opportunities and experiments and taking supported risks, and recognising and celebrating contributions and achievements.
- Priority given to your own and others’ health and well-being.
- Networks formed that allow for high levels of joint working within and across organisations and sectors.

#### 5. Help create a person-centred culture that makes workplaces safe, effective and good places to work in, by having collective leadership that establishes shared values in teams, systems and networks

##### 5.1 Create a culture of effectiveness, inclusiveness and excellence across how services are traditionally delivered, to develop:

- high-performing, independent health-care teams across the system; and
- good places to work, where people matter and people from all backgrounds can excel.

##### 5.2 Celebrate high-performing teams that support staff’s well-being and demonstrate commitment and empowerment in line with clear principles, values, and ways of working.
5.3 Use effective ways of meeting people’s needs (for example, streamlining pathways), engagement strategies, clear measurement indicators to monitor care and the system, improvement approaches, thorough evaluation of services and care, and innovation to develop person-centred workplaces and transform practice and services across the system.

6. Encourage collective leadership capability and capacity

6.1 Encourage others to take on leadership responsibilities, building high-quality leadership from a wide range of backgrounds.

6.2. Support professional development that improves people’s leadership abilities, mentorship and coaching, and how they give and receive feedback, learn from mistakes and build on what works well.

6.3. Build networks of leaders who can work together to deliver service, organisational and system objectives and respond positively and creatively to changing situations.

7. Lead the way in developing person-centred, compassionate, safe and effective care and transforming changing situations

7.1. Lead strategic development, improvement, inquiry and innovation across specific workstreams that informs and responds to system objectives and supports commissioners and senior leaders with their decision-making.

7.2. Actively involve key partners in creating a bold and innovative shared vision which is in line with the future needs and aims of the general population across health and social care.

7.3. Anticipate the impact of health trends and take part in planning that will have a significant effect on people’s care and their experience of services and the wider system, using best-practice examples from other areas of health care.

7.4. Build and maintain sustainable partnerships across the system, nationally and internationally, drawing on standards and best-practice evidence to guide decision-making.
Purpose: Develop staff potential, add to and transform the workforce, and help people to learn, develop and improve (in and from practice) to promote excellence.

This goes beyond helping to increase levels of complexity in learning, improving and developing, to transforming the workplace. It uses the workplace as a key resource for encouraging cultural change and interdisciplinary and system learning and influencing higher-education curriculums and broader approaches to adding to a workforce and its capabilities, regionally and nationally.

Capability

8. Stay effective through reflection and learning—and help others to do the same

8.1. Model
  - Asking for feedback about how your own behaviour and values affect others.
  - Reflecting on your actions, peer reviews and support for ongoing learning, increasing effectiveness and career-planning.
  - Taking part in learning and development across the system to improve service users’ experiences, safety, people’s well-being, and to pass on knowledge.
  - Using learning and development processes that support blended approaches to learning (for example, formal and informal, face-to-face, e-learning and so on) and promote learning together, and which are adapted to individual learning styles and motivation.

8.2. Take part in continuous professional development (CPD), valuing lifelong learning and peer support and being flexible when dealing with changing situations.
9. Actively create a learning culture across the system, providing opportunities for shared learning, development and improvement and for others to develop their capabilities

9.1 Use the workplace as a key resource for active learning, development and improvement, to support:
- quality learning cultures and placements;
- giving and receiving feedback and critical review;
- reviewing quality and safety data, including outcomes and experience; and
- practise transforming the workplace and how this can be sustained across the system.

9.2 Work as an effective facilitator, using different learning and development strategies across different situations to develop:
- person-centred, safe, effective workplace learning, from practice to system levels; and
- continued and effective ways of learning and working, including educational innovations and technology. (This should reflect good teamwork, a clear purpose, agreed priorities, a high level of support and challenge, learning from mistakes, and building on what works.)

9.3 Motivate and coach or mentor individuals and teams to:
- perform better and more effectively;
- meet future workforce demands through cross-sector working;
- develop individual and group independence;
- improve career progression within and beyond traditional boundaries; and
- develop capacity and capability across the health economy and sectors at regional and national levels.

10. Take the lead in putting in place peer reviews and learning and development systems, and in developing the workforce so that it can maintain consistent professional standards, helping career progression, systems learning and transformation

10.1 Lead peer learning reviews and ongoing learning and development systems, and evaluate their effect on service users and their families, carers and staff, and services.
10.2 Develop the workforce so that staff can fulfil their potential, make progress in their careers and meet the future needs of the system.
10.3. Work with higher education to make sure professional curriculums reflect excellence, the needs of the service, current evidence and ways of working that inspire students and academic staff to contribute to future health and care, regionally and nationally.

Research and innovation

Purpose: Develop a ‘knowledge-rich and inquiry’ culture across the service and system that contributes to research outputs and has a positive effect on development, quality, innovation, increasing capacity and capability, and making systems more effective.

This goes beyond using and enabling evidence-based professional practice, data and audits, to continually evaluating and improving practice, creating knowledge-rich and inquiring cultures, supervising research, working in and leading interdisciplinary research and innovation programmes to contribute to the knowledge base, and adding capacity and capability in research and evaluation across the system and beyond.

11. Set an example of an inquiring approach, making knowledge accessible, combining research with practice, learning and ongoing improvement through evaluation, approaches to research and improvement that guide person-centred, safe and effective care and services

11.1. Show how research can be combined with learning and practice to achieve an approach to care based on evidence through:

- identifying gaps in best evidence and challenging existing situations, with the aim of finding better and more effective ways of delivering quality;
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- developing new insights from appraising, analysing, evaluating and blending different types of evidence and knowledge from a variety of sources, including the experiences of service users and carers, expertise and local knowledge, and considering the implications for practice;
- appreciating what is appropriate methodology informed by theory and interpretative framework, for example, qualitative, audit and quality improvement; and
- synthesising knowledge, evidence and experience of national and international developments in health and social care to influence how future health and care services are developed across disciplines and beyond institutions.

11.2 Contribute to national and international guideline development groups and steering groups, making sure that the wider organisation continues to lead the way in its professional practice across the system, acting as a peer reviewer of research, inquiry and innovation and evaluation projects, locally, regionally and nationally.

11.2. Contribute to knowledge through comprehensive research, innovation and inquiry as well as helping others to do the same, building academic networks and research partnerships and working with higher-education institutions and commercial and charity sectors.

12. Help establish a ‘knowledge-rich and inquiry’ culture of development, improvement, evaluation and innovation, capacity and capability

12.1. Actively develop a culture of sharing knowledge across the system that values research, evaluation and academic inquiry, and adds to capability and capacity.

12.2. Actively involve staff in evaluating the impact of research, inquiry and innovation through:
- passing on knowledge and improvement methodologies; and
- supporting and supervising others, using formal and varied approaches to research and inquiry, and methods that meet objectives using local review, ethical and governance systems.

12.3. Develop and establish a combined approach (based on the leadership and education pillars) to practice, service and quality, focusing on improvement, development, research, academic inquiry and innovation across the service and system and the impact on health and social care.
13. Lead research and academic programmes towards increasing knowledge and understanding for guiding person-centred, safe and effective care

13.1. Lead local or national research programmes, contribute to national and international research, inquiry, innovation and evaluation that generate new knowledge and understanding about safe and effective care across the system, involving the public, service users and carers.

13.2. Lead and contribute to national and international forums, guideline development groups, steering groups, policy development and strategy for your area of expertise, making sure the wider system benefits from the most advanced developments and strategic networks that make the most of performance and combining research with practice.

13.3. Lead on activities that allow the widest access to new research, innovations, outcome indicators and ways of working that will benefit health care, including high-quality publications, professional and public engagement strategies and appropriate media.

Consultancy approaches for putting in place and sustaining expertise across the system

Purpose: Establishing expertise across the system by using consultancy approaches and opportunities that have maximum impact on practice, services, communities and populations, and which add to and sustain workforce capacity and capability.

This goes beyond providing direct advice, consultancy and expertise to individuals and interdisciplinary teams in a wide range of situations, to providing expertise across the system to achieve a significant impact across the general population and adds to the capacity and capability of the workforce.
### 14. Provide direct and indirect consultancy in different situations, sharing expertise with the widest possible audience and developing and sustaining the capacity and capability of the workforce

14.1. Use a combined approach across boundaries, such as between hospitals and primary care, working with stakeholders across the system and sectors to provide wider perspectives and knowledge in relation to people, communities, healthcare, and services.
14.2. Provide professional expertise to clinical and care pathways, services, organisations, systems, senior leaders and commissioners across complex issues and situations to add to the public’s knowledge (including of their own health conditions), experience and health outcomes.
14.3. Act as a national and international ambassador and provide expertise through learning and development opportunities, keynote conferences and consultancy and university honorary appointments, to allow closer links between education and research and practice.

### 15. Developing and using expertise though consultancy approaches at every level of the system

15.1. Provide expertise and advice at every level of consultancy practice in a way that helps senior clinical leaders to improve their decision-making and problem-solving.
15.2. Make the best use of consultancy, advice and expertise through working directly at systems level, supporting other senior leaders to work together across health and social care and evaluating the impact of change.

### 16. Lead consultancy practice and its ongoing development in others

16.1. Lead programmes (with other consultant practitioners) of mentorship, development and evaluating the impact of change in consultancy practice across systems for advanced practitioners and senior clinical leaders, regionally and nationally.
16.2 Lead on sharing and using expertise across the system and direction and guidance for achieving excellence in practice in ways that help others improve their own decision-making and problem-solving.
### 3. Impact framework

| Demonstrates real, measurable and lasting improvements to the quality of care and service. | Demonstrates the development of innovative and effective person-centred pathways aligned with systems of care. | Demonstrates that the public, service users, carers and families have been involved significantly in joint activities to improve and evaluate services. | Demonstrates significantly improved person-centred, safe, effective and combined services across the system. |

### Expert practice

**Purpose:** Establish values-based practice across the care pathway, service, organisation and system, working with individuals, families, carers, communities and others.

### Impact

| Demonstrates real, measurable and lasting improvements to the quality of care and service. | Demonstrates the development of innovative and effective person-centred pathways aligned with systems of care. | Demonstrates that the public, service users, carers and families have been involved significantly in joint activities to improve and evaluate services. | Demonstrates significantly improved person-centred, safe, effective and combined services across the system. |

### Examples of evidence

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<table>
<thead>
<tr>
<th>Values-based examples of improvements in care</th>
<th>New ways of working that are incorporated across the system</th>
<th>Service improvements put in place following joint processes and feedback from service users and carers</th>
<th>Improved pathway outcomes closer to home, and reduced duplication of roles, functions and activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key performance indicators (KPIs) related to quality and safety</td>
<td>Improved pathway outcomes and reduced duplication of roles, functions and activities</td>
<td>Cost savings</td>
<td></td>
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<tr>
<td>Feedback from service users and carers</td>
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</table>

### Strategic and enabling leadership

**Purpose:** Provide values-based and strategic leadership across the care pathway, service and systems within changing and complex situations.

### Impact

<table>
<thead>
<tr>
<th>Transforming and lasting effect on staff and people experiencing care or services.</th>
<th>Seen as a key influential leader in helping to develop a specialist area of practice or service.</th>
<th>Develops the transformation and development of clinical care, and service leaders.</th>
<th>Demonstrates innovations put in place in changing and complex situations.</th>
</tr>
</thead>
</table>

### Examples of evidence
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<table>
<thead>
<tr>
<th>Key performance indicators (KPIs) on staff well-being, quality and safety</th>
<th>Policy and protocol development</th>
<th>Clinical leadership development programmes in place across the system</th>
<th>Putting in place innovations across the system (directly or indirectly)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback from service users and carers</td>
<td>Strategic development plans</td>
<td>Leaders working together under international facilitation standards to use their skills to achieve change with others</td>
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<tr>
<td>360-degree feedback</td>
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</table>
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### Learning, developing and improving across the system

**Purpose:** Develop a learning culture to develop staff potential, add to and transform the workforce and help people to learn, develop and improve (in and from practice) to promote excellence.

### Impact

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<tr>
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<tbody>
<tr>
<td>Significantly influences the development of a learning culture across services and the system.</td>
<td>Demonstrates measurable outcomes on organisational learning as a skilled facilitator.</td>
<td>Identifies learning and development initiatives that support workforce development across the system.</td>
<td>Actively influences and is a significant contributor to developing curriculums that allow students and practitioners to learn.</td>
</tr>
</tbody>
</table>

### Examples of evidence

- **Key performance indicators (KPIs) on staff and student well-being, satisfaction and commitment**
- **Feedback from service users and carers**
- **360° degree feedback**

- **Putting learning recommendations in place across the system**
- **Developing capability frameworks**
- **Developing career development programmes and opportunities across the system which are relevant to the specialist area of practice or service**
- **University programme development (collaborative)**
- **Apprenticeship schemes with county councils, further education colleges and universities**
- **Work-based learning and accreditation initiatives and opportunities for career**
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<table>
<thead>
<tr>
<th>Feedback from staff</th>
<th>Influencing workforce development plans</th>
<th>progression</th>
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<tbody>
<tr>
<td>Proven examples of learning interaction and how continuous professional development (CPD) affects practice/service</td>
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</table>
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Research and innovation

**Purpose:** Develop a ‘knowledge-rich and inquiry’ culture across the service and system that contributes to research outputs and has a positive impact on development, quality, innovation, increasing capacity and capability and the system.

<table>
<thead>
<tr>
<th>Impact</th>
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<tbody>
<tr>
<td>Oversees leadership on how evidence in practice is put in place and</td>
<td>Makes sure the relevant system data is used intelligently.</td>
</tr>
<tr>
<td>used.</td>
<td>Creates a knowledge-rich culture.</td>
</tr>
<tr>
<td></td>
<td>Identifies and contributes to knowledge and the appropriate</td>
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<td></td>
<td>evidence base, informing person-centred, safe and effective care.</td>
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<td></td>
<td>Inspires and helps others to be positively involved with research and clinical academic pathways.</td>
</tr>
</tbody>
</table>

**Examples of evidence**

| Evidence-based standards, implementation and clinical audit            | Examples of decision-making informed by evidence base             |
|                                                                      | Evidence of systems data used to inform improvements and innovation |
|                                                                      | Research, peer-reviewed publications and conference presentations contributing to knowledge |
|                                                                      | Leading programmes of research                                     |
|                                                                      | Evidence of research funding                                        |
|                                                                      | Growing capacity and capability in research across the system (including supervision) |
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## Consultancy in all pillars across the system

**Purpose:** Share expertise across the system by using consultancy approaches and opportunities that have the biggest effect on practice, services, communities and populations, and add to and sustain the capacity and capability of the workforce.

### Impact

<table>
<thead>
<tr>
<th>Measurable and sustainable improvements that are capable of being proved and which result from expertise and advice provided to service users, their carers and families, and staff.</th>
<th>Helps make sure expertise and advice is shared across every level of the health economy in the specialist area of practice.</th>
<th>Contributes advice and expertise on putting in place and evaluating combined systems in the specialist area of practice.</th>
<th>Developing systems leaders in putting in place and evaluating joined-up systems in the specialist area of practice.</th>
</tr>
</thead>
</table>

### Examples of evidence

<table>
<thead>
<tr>
<th>Evidence from a variety of situations involving service users, their carers and families, and staff.</th>
<th>More evidence-based and effective practices across the system, reflected in the experiences of service users, improved</th>
<th>Evidence of putting innovations (structures, processes and patterns of behaviour) in place across the system</th>
<th>Examples of cross-boundary working and joint leadership in putting in place initiatives across the system</th>
</tr>
</thead>
</table>

Outcomes of advice given: Involving the person in searching and finding evidence-based advice

Evidence of putting innovations (structures, processes and patterns of behaviour) in place across the system

Regional and national recognition of innovations

Sharing ideas
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<table>
<thead>
<tr>
<th>Checking understanding</th>
<th>continuity and consistency of service, improved quality and safety, outcomes for service users and carers, and cost savings</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping the person to act on Advice</td>
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<tr>
<td>Evaluating how effective the advice is</td>
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