



ROYAL
PHARMACEUTICAL
SOCIETY

Leadership Development Framework

Developing leadership,
wherever you are

January 2015



FOREWORD

Changes to the structure and culture of healthcare within the UK mean there is an increased focus on developing excellent leadership. This embeds the values of compassion and care in order to improve patient and health outcomes.

As a profession, the Royal Pharmaceutical Society (RPS) believes that pharmacists and pharmaceutical scientists already make a strong contribution to the delivery of improved healthcare, but the time is right to create a new vision of pharmacists as leaders. Current thinking is that leadership is not reserved for the rare exceptional person¹: every pre-registration trainee, pharmacist and pharmaceutical scientist in every pharmacy sector has the potential to develop leadership attributes and become a leader.

Building these leadership behaviours can not only aid personal and professional development, but also ensure the unique skills and knowledge of pharmacists and pharmaceutical scientists are optimised to improve the effectiveness of teams and organisations, quality of work and, ultimately, improve patient care and outcomes.

A consistent approach to leadership across the profession is required in order to achieve this. The Leadership Development Framework (LDF) has been created to provide uniform development of leadership behaviours for all pharmacists and pharmaceutical scientists. The LDF outlines the leadership attributes to which all of the profession should aspire; it moves the profession beyond leadership competencies (the 'what to do' of leadership) into developing engaging leadership behaviours (the 'how to do' of leadership) that can help advance the profession. All of which will serve to embed pharmacy as an integral component in the multi-disciplinary care of patients, public and other professionals.

This LDF mirrors the NHS Leadership Academy's Healthcare Leadership Model (HLM), currently available for access by all staff working in the NHS in England or who contribute to NHS services². The LDF extends the reach of the HLM into non-NHS pharmacy sectors throughout Great Britain (GB). Wider research and extensive consultation of leadership behaviours outside of direct patient-facing roles ensures the HLM, and thus the LDF, is equally applicable for all pharmacists and pharmaceutical scientists, not just those in patient-facing roles.

With the creation of the RPS' Faculty as a driver for the development of post-registration professional practice across GB, the LDF can also be used when completing the Leadership cluster of the Faculty portfolio. To assist RPS members with this, a Handbook and tools for use in practice are available on the leadership section of the RPS website.

Every pharmacist and pharmaceutical scientist in GB is urged to seize this opportunity to develop their leadership qualities for their own personal progress. In doing so, this can help lead the profession into a new era for improved quality healthcare delivery.

Take the lead and make a difference so you can become a better leader tomorrow and a great leader in the future.



DR CATHERINE DUGGAN PhD FRPharms
Director of Professional Development and Support

¹Chartered Institute of Personnel and Development. *Research Insight. Engaging leadership. Creating organisations that maximise the potential of their people.* September 2008. Available at: http://www.cipd.co.uk/binaries/engaging-leadership_2008-updated-01-2010.pdf.

²NHS Leadership Academy. *Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.* Available at: http://www.leadershipacademy.nhs.uk/wp-content/uploads/dlm_uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf.

CONTENTS

FOREWORD	2
<hr/>	
1.0 INTRODUCTION	4
1.1 Purpose of the Framework	4
1.2 Scope of the Framework	4
1.3 Use of the Framework	4
1.4 Resources	5
1.5 Structure	5
<hr/>	
2.0 DEVELOPING LEADERSHIP WHEREVER YOU ARE	6
2.1 WHO is the LDF for?	6
2.2 WHAT is the LDF?	6
2.3 WHY is the LDF needed?	6
2.4 WHEN to use the LDF?	6
2.5 HOW to use the LDF?	7
2.6 HOW is the LDF different from the LCF?	7
2.7 WHAT next?	7
2.8 Influencing the HLM	7
<hr/>	
3.0 LDF DOMAINS	8
Leadership domain 1: Inspiring shared purpose	9
Leadership domain 2: Leading with care	10
Leadership domain 3: Evaluating information	11
Leadership domain 4: Connecting our service	12
Leadership domain 5: Sharing the vision	13
Leadership domain 6: Engaging the team	14
Leadership domain 7: Holding to account	15
Leadership domain 8: Developing capability	16
Leadership domain 9: Influencing for results	17
<hr/>	
4.0 LEADERSHIP DEVELOPMENT ACTION PLAN	18
<hr/>	
APPENDIX I	19
<hr/>	

*The Leadership Development Framework was created utilising the NHS Leadership Academy's Healthcare Leadership Model.
© NHS Leadership Academy 2014. All rights reserved.*

1.0 INTRODUCTION

1.1 Purpose of the Framework

- As a professional body, one of the roles of the RPS is to develop professional standards and Frameworks that are supportive, enabling and challenging.
- A renewed focus on the development of excellent leadership is being seen consistently across all countries within GB. In England, concerns raised by the Francis Review of the failures of Mid-Staffordshire Foundation Trust¹ and the response to that review, the report of the National Advisory Group on the Safety of Patients in England (commonly known as the Berwick Report²), and the criminalisation amendments to the Health and Social Care Act³, allied to changes in the NHS structure in England, has prompted a push to develop excellent leadership in healthcare. In Scotland, the Healthcare Quality Strategy for the NHS puts leadership at all levels among both clinical and non-clinical staff as one of the key foundations for change⁴.
- This Framework is designed to support every pre-registration trainee, pharmacist and pharmaceutical scientist in every pharmacy sector to develop leadership attributes and become a leader.
- The Framework reflects the NHS Leadership Academy's Healthcare Leadership Model in use throughout the NHS in England⁵ (also being adopted in Wales), and is consistent with NHS Scotland's engaging leadership approach^{6,7}. Therefore, this Framework is applicable across all pharmacy sectors throughout GB and allows pharmacy to share a commonality of approach and language with healthcare professional peers.
- The Framework emphasises the collective responsibility of everyone in pharmacy to seek to contribute to the leadership process and to develop and empower the leadership capacity of colleagues.

"Leadership: The action of leading a group of people or an organisation, or the ability to do this"

Oxford Dictionary

1.2 Scope of the Framework

- A consistent approach to leadership across the profession is required for every pharmacist and pharmaceutical scientist, irrespective of sector, setting, country or experience.
- The Framework outlines the leadership behaviours to which every member of the profession should aspire for personal and professional development and to enhance the delivery of improved healthcare and patient outcomes.
- The Handbook that accompanies the Framework provides further support in developing leadership behaviours and outlines how the LDF can be mapped against the Advanced Pharmacy Framework and Foundation Pharmacy Framework to demonstrate advanced practice.
- Please note that, while the RPS Leadership Competency Framework for Pharmacy Professionals 2011 (LCF) remains in place for those members who have been using this Framework for their personal development, the RPS encourages members to switch to the LDF, as it better reflects current thinking on leadership.

1.3 Use of the Framework

The Framework provides:

- **Patients** with an outline of pharmacy leadership that embodies the values of compassion and care in the delivery of improved services and health outcomes.
- **Pharmacists and pharmaceutical scientists** with a clear, non-hierarchical approach to the nine domains of leadership and accompanying behaviours that foster improved pharmacy services and quality of service.
- **Chief Pharmacists*, Pharmacist Superintendents and Employers** a consistent set of behaviours that they can utilise for benchmarking and in improving leadership abilities within their organisation and team.
- **The Pharmacy Team** a Framework that allows them to collectively develop their leadership behaviours for the benefit of the team, their organisation and for patients, contributing to the delivery of optimised health outcomes.

I.4 Resources

- The Handbook and leadership pages of the RPS website contain links to valuable resources to assist in the implementation of the Framework as well as updates from the RPS on sharing best practice and supporting local implementation.

I.5 Structure

- There are nine leadership domains, each of which comprises behaviours across a four-part scale: Essential, Proficient, Strong and Exemplary. This is in line with the RPS' four stages of post-registration professional development: Foundation, Advanced Stage I, Advanced Stage II and Mastery.
- The Framework provides a non-hierarchical approach to leadership, irrespective of discipline, role, function or seniority. A newly qualified pharmacist may exhibit Mastery level leadership behaviours, while a senior pharmacist may only have Foundation level skills.
- While the domains are separate, there may be overlap between the different sections and all are underpinned by personal qualities. Although not all domains will be relevant to a current role, to encourage ongoing leadership development it is recommended that all nine domains are reviewed, with a specific focus on those domains that are most relevant to the individual's situation and position.

*The RPS recognises that organisations across GB will have a range of different names for the role of Director of Pharmacy, Chief Pharmacist or equivalent, for the purposes of this document we will refer to Chief Pharmacist throughout, while understanding that systems differ across the nations.

¹Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. February 2013.

²National Advisory Group on the Safety of Patients in England. *A promise to learn – a commitment to act. Improving the safety of patients in England.* August 2013.

³The Health and Social Care Act (Regulated Activities) Regulations. 6 November, 2014. No: 2936.

⁴The Healthcare Quality Strategy for NHSScotland. The Scottish Government. May 2010.

⁵NHS Leadership Academy. *Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0.* 2014.

Available at: http://www.leadershipacademy.nhs.uk/wp-content/uploads/dlm_uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf.

⁶NHSScotland Leadership Qualities and Behaviours. 2009. Available at: http://www.nes.scot.nhs.uk/media/374634/leadership_qualities_summary.pdf.

⁷Developing quality through leadership. NHSScotland Leadership Development Strategy. June 2009.

Available at: <http://www.scotland.gov.uk/Resource/Doc/289816/0088790.pdf>.

2.0 DEVELOPING LEADERSHIP WHEREVER YOU ARE

2.1 WHO is the LDF for?

- Every pharmacist and pharmaceutical scientist, whether in a formal leadership role or not, and at any stage of their career; e.g. from pre-registration trainees, individuals leading clinical/professional teams to those in senior roles with many years of experience.

2.2 WHAT is the LDF?

- An outline of the behaviours required to become an engaging leader. This is based upon the HLM, which distils extensive wider research on leadership in healthcare and related services¹.
- The HLM categorises leadership into nine domains, underpinned by personal qualities, such as resilience, self-awareness and determination²:
 - Inspiring shared purpose
 - Leading with care
 - Evaluating information
 - Connecting our service
 - Sharing the vision
 - Engaging the team
 - Holding to account
 - Developing capability
 - Influencing for results.

2.3 WHY is the LDF needed?

- To develop engaging pharmacists and pharmaceutical scientists with leadership behaviours who take the initiative to connect with colleagues to improve the quality of care and systems. For the profession to demonstrate effective leadership, this requires multiple leaders at all levels committed to improving the delivery of the service they provide.
- Improved leadership behaviours can have many benefits:
 - At an individual level: encourages self-reflection, identifies areas for further development, aids career progression
 - At a local level: enhances the effectiveness of a team, builds multi-disciplinary team working and improves the services/process being delivered
 - At a national level: drives change and improvement across healthcare and organisations, ensures the profession takes a consistent approach to leadership development that is aligned with other healthcare professionals and strengthens the profession's reputation and standing.

2.4 WHEN to use the LDF?

- At any stage of a pharmacist or pharmaceutical scientist's career to guide thinking around individual leadership behaviours.
- When creating both self-directed and staff personal and professional development plans.
- In setting recruitment criteria or educational standards.
- Devising training programmes and materials.

¹Storey J, Holti R. *Towards a new model of leadership for the NHS*. NHS Leadership Academy. June 2013.

²NHS Leadership Academy. *Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0*. 2014.

Available at: http://www.leadershipacademy.nhs.uk/wp-content/uploads/dlm_uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf.

2.5 HOW to use the LDF?

- The leadership behaviours within the LDF comprise a series of reflective questions to encourage thinking around intentions and motivations, where behaviours are analysed and evaluated in order to modify future behaviours.
- There are not simple 'yes' or 'no' responses but answers should be informed by examples and evidence from personal experience, past actions and outcomes to inform future leadership practice.
- Once completed, a personalised Leadership Development Action Plan can be developed to determine next steps. More details on background information, useful tools and resources to help with assessment and training are provided in the Handbook.

2.6 HOW is the LDF different from the LCF?

- The RPS Leadership Competency Framework for Pharmacy Professionals (LCF) is based on the NHS Leadership Framework. Although the NHS Leadership Framework remains available, it is no longer supported and will be superseded by the HLM.
- Therefore, the RPS has elected to keep the LCF available for those who prefer to use this model, which is focused on the 'what to do' in leadership. The LDF will become the primary document for leadership behaviours and the RPS would encourage members, particularly those in the Faculty, to use the LDF as it reflects current thinking on leadership and is more reflective of how to make a difference through leadership.
- A guide on how the competencies of the LCF map to the behaviours of the LDF is included in the Handbook.

2.7 WHAT next?

For individuals:

- Review the behaviours outlined in the LDF and reflect on how to answer these. As the LDF behaviours mirror those outlined in the HLM, the RPS would encourage pharmacists and pharmaceutical scientists to complete the HLM's online self-assessment tool (see point 2.8). A 360 degree feedback questionnaire for the HLM is also available.
- These reports can be used to inform the creation of a Leadership Development Action Plan, for job appraisals and can form part of the leadership cluster submission for Faculty assessment.
- More information that may help when reflecting on leadership can be found in the Handbook.

For mentors/managers/employers

- Encourage individuals to complete the HLM online self-assessment tool and use the report to discuss future development, set goals, and identify training needs. Work together to create a Leadership Development Action Plan.

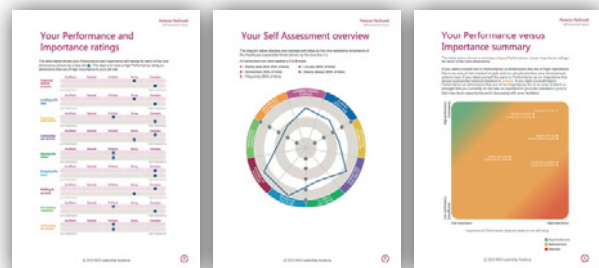
For local groups

- Encourage as many members to complete the HLM online self-assessment tool. For those in leadership positions a 360 degree assessment is recommended. Use the reports to discuss future development and how this can inform the creation of a Leadership Development Action Plan and consider the need for funding for specific leadership training. More information on training sources can be found in the Handbook.

2.8 Influencing the HLM

The RPS actively encourages pharmacists and pharmaceutical scientists to complete the HLM self-assessment tool as this will evolve over time in response to the submissions made by all users, creating a dynamic leadership tool. Pharmacists' responses will be used in future iterations of the HLM, allowing benchmarking of leadership skills against other pharmacists and healthcare professionals.

The self assessment tool is freely available at: <http://tinyurl.com/p84kapa>. This provides a pdf summary report of leadership behaviours on the four-part scale ranked against those that are important against an individual's role. This interactive tool is free to access, once registered for a free NHS Leadership Academy account. A 360 degree feedback questionnaire for the HLM is also available by visiting <http://tinyurl.com/q4vnkty> (please note there is a charge for the 360 degree assessment as the outcomes are fed back via trained facilitators). The RPS would encourage members to sign up as trained facilitators to ensure pharmacy's unique perspective is recognised and influences future versions of this tool.



3.0 LDF DOMAINS

Research has shown that all nine domains are important in improving leadership, but competence and ability in each can vary, therefore individuals can assess their strengths using a four-level scale¹:

- Essential
- Proficient
- Strong
- Exemplary

Although the complexity of the behaviours increases when moving through the four levels, these are not dependent on certain job bands. For example, a Foundation stage pharmacist may have exemplary leadership skills, while a senior pharmacist may only be proficient.

Similarly, leadership behaviours may be dependent on the situation and role. For example, an individual may have strong leadership behaviours in some domains, with only foundation skills in others, but this may be appropriate for their role. The opposite is also true, an individual may lack the strong leadership behaviours required for their position, illustrating the need for further development.

Overall, these domains and scales provide a guide and matrix to allow individuals to develop the leadership behaviours that are relevant to them and that can be further developed over time.

The domains and behaviours here can be completed online using the HLM self assessment tool, which gives an indication of current leadership performance and illustrates strengths and areas of development. In addition to the four scales outlined above, the online tool also allows an insufficient response to be registered.

A reflection note can be made to help with creating a Leadership Development Action Plan.

¹NHS Leadership Academy. *Healthcare Leadership Model. The nine dimensions of leadership behaviour. Version 1.0. 2014.*
Available at: http://www.leadershipacademy.nhs.uk/wp-content/uploads/dlm_uploads/2014/10/NHSLeadership-LeadershipModel-colour.pdf

LEADERSHIP DOMAIN I

INSPIRING SHARED PURPOSE

What is it?

Valuing a service ethos, curious about how to improve services and care, behaving in a way that reflects the principles and values of the organisation.

Why is it important?

Leaders create a shared purpose for diverse individuals doing different work, inspiring them to believe in shared values so that they deliver benefits for patients, their families and the community.

ESSENTIAL

Staying true to the organisation's principles and values

Behaviours:

- ▶ Do I act as a role model for belief in and commitment to the service?
- ▶ Do I focus on how what I do contributes to – and affects – patient care or other service users?
- ▶ Do I enable colleagues to see the wider meaning in what they do?

PROFICIENT

Holding to principles and values under pressure

Behaviours:

- ▶ Do I behave consistently and make sure that others do so even when we are under pressure?
- ▶ Do I inspire others in tough times by helping them to focus on the value of their contribution?
- ▶ Do I actively promote values of service in line with the organisation's principles?

STRONG

Taking personal risks to stand up for the shared purpose

Behaviours:

- ▶ Do I have the self-confidence to question the way things are done in my area of work?
- ▶ Do I have the resilience to keep challenging others in the face of opposition, or when I have suffered a setback?
- ▶ Do I support my team or colleagues when they challenge the way things are done?

EXEMPLARY

Making courageous challenges for the benefit of the service

Behaviours:

- ▶ Do I have the courage to challenge beyond my remit even when it may involve considerable personal risk?
- ▶ Do I take the initiative and responsibility to put things right outside my remit if I see others fearing to act?

Reflection note

LEADERSHIP DOMAIN 2

LEADING WITH CARE

What is it?

Having the essential personal qualities for leaders in healthcare, understanding the unique qualities and needs of a team, providing a caring, safe environment to enable everyone to do their jobs effectively.

Why is it important?

Leaders understand the underlying emotions that affect their team, and care for team members as individuals, helping them to manage unsettling feelings so they can focus their energy on delivering a great service that results in care for patients and other service users.

<p>ESSENTIAL Caring for the team</p>	<p>PROFICIENT Recognising underlying reasons for behaviour</p>	<p>STRONG Providing opportunities for mutual support</p>	<p>EXEMPLARY Spreading a caring environment beyond my own area</p>
<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I notice negative or unsettling emotions in the team and act to put the situation right? ▶ Do my actions demonstrate that the health and wellbeing of the team are important to me? ▶ Do I carry out genuine acts of kindness for the team? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I understand the underlying reasons for my behaviour and recognise how it affects my team? ▶ Can I 'read' others and act with appropriate empathy, especially when they are different from me? ▶ Do I help my colleagues to make the connection between the way they feel and the quality of the service they provide? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I care for my own physical and mental wellbeing so that I create a positive atmosphere for the team and service users? ▶ Do I help create the conditions that help my team provide mutual care and support? ▶ Do I pay close attention to what motivates individuals in my team so that I can channel their energy so they deliver for service users? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I take positive action to make sure other leaders are taking responsibility for the emotional wellbeing of their teams? ▶ Do I share responsibility for colleagues' emotional wellbeing even when I may be junior to them?

Reflection note

LEADERSHIP DOMAIN 3

EVALUATING INFORMATION

What is it?

Seeking out varied information, using information to generate new ideas and make effective plans for improvement or change, making evidence-based decisions that respect different perspectives and meet the needs of all service users.

Why is it important?

Leaders are open and alert to information, investigating what is happening now so that they can think in an informed way about how to develop proposals for improvement.

ESSENTIAL
Gathering data

Behaviours:

- ▶ Do I collect feedback from service users?
- ▶ Do I collect and record the essential data for my area of work accurately and on time?
- ▶ Am I regularly thinking of ways to do my role more effectively?
- ▶ Can I see patterns that help me to do things better, more efficiently or with less waste?

PROFICIENT
Scanning widely

Behaviours:

- ▶ Do I look outside my area of work for information and ideas that could bring about continuous improvement?
- ▶ Do I establish ongoing methods for measuring performance to gain a detailed understanding of what is happening?
- ▶ Do I spot future opportunities and risks, and test resulting plans with external stakeholders to improve them?

STRONG
Thinking creatively

Behaviours:

- ▶ Do I conduct thorough analyses of data over time and compare outcomes and trends to relevant benchmarks?
- ▶ Do I see the relevance of seemingly unrelated ideas that could be made useful in my area of work?
- ▶ Do I creatively apply fresh approaches to improve current ways of working?

EXEMPLARY
Developing new concepts

Behaviours:

- ▶ Do I develop strategies based on new concepts, insights or perceptive analysis?
- ▶ Do I create improved pathways, systems or processes through insights that are not obvious to others?
- ▶ Do I carry out, or encourage, research to understand the root causes of issues?

Reflection note

LEADERSHIP DOMAIN 4

CONNECTING OUR SERVICE

What is it?

Understanding how healthcare services fit together and how different people, teams or organisations interconnect and interact.

Why is it important?

Leaders understand how things are done in different teams and organisations; they recognise the implications of different structures, goals, values and cultures so that they can make links, share risks and collaborate effectively.

ESSENTIAL Recognising how my area of work relates to other parts of the system	PROFICIENT Understanding the culture and politics across my organisation	STRONG Adapting to different standards and approaches outside my organisation	EXEMPLARY Working strategically across the system
<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I understand the formal structure of my area of work and how it fits with other teams? ▶ Do I keep up-to-date with changes in the system to maintain efficiency? ▶ Do I hand over effectively to others and take responsibility for continuity of service provision? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I understand the informal 'chain of command' and unwritten rules of how things get done? ▶ Do I know what I need to do and who to go to so that well-judged decisions are made in my organisation? ▶ Do I understand how financial and other pressures influence the way people react in my organisation? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Am I connected to stakeholders in a way that helps me to understand their unspoken needs and agendas? ▶ Am I flexible in my approach so I can work effectively with people in organisations that have different standards and approaches from mine? ▶ Do I act flexibly to overcome obstacles? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I build strategic relationships to make links across the broader system? ▶ Do I understand how complex connections across the health economy affect the efficiency of the system? ▶ Do I understand which issues affect decisions across the system so that I can anticipate how other stakeholders will react?

Reflection note

LEADERSHIP DOMAIN 5

SHARING THE VISION

What is it?

Communicating a compelling and credible vision of the future in a way that makes it feel achievable and exciting.

Why is it important?

Leaders convey a vivid and attractive picture of what everyone is working towards in a clear, consistent and honest way, so that they inspire hope and help others to see how their work fits in.

ESSENTIAL

Communicating to create credibility and trust

Behaviours:

- ▶ Am I visible and available to my team?
- ▶ Do I communicate honestly, appropriately and at the right time with people at all levels?
- ▶ Am I helping other people appreciate how their work contributes to the aims of the team and the organisation?
- ▶ Do I break things down and explain clearly?

PROFICIENT

Creating clear direction

Behaviours:

- ▶ Do I help people to see the vision as achievable by describing the 'journey' we need to take?
- ▶ Do I use stories and examples to bring the vision to life?
- ▶ Do I clearly describe the purpose of the job, the team and the organisation and how they will be different in the future?

STRONG

Making long-term goals desirable

Behaviours:

- ▶ Do I encourage others to become 'ambassadors' for the vision and generate excitement about long-term aims?
- ▶ Do I find ways to make a vivid picture of future success emotionally compelling?
- ▶ Do I establish ongoing communication strategies to deal with the more complex and difficult issues?

EXEMPLARY

Inspiring confidence for the future

Behaviours:

- ▶ Do I display confidence and integrity under robust and public criticism?
- ▶ Do I describe future changes in a way that inspires hope, and reassures staff, patients and the public?
- ▶ Do I explain controversial and complex plans in a way that different groups can hear, understand and accept?

Reflection note

LEADERSHIP DOMAIN 6

ENGAGING THE TEAM

What is it?

Involving individuals and demonstrating that their contributions and ideas are valued and important for delivering outcomes and continuous improvements to the service.

Why is it important?

Leaders promote teamwork and a feeling of pride by valuing individuals' contributions and ideas; this creates an atmosphere of staff engagement where desirable behaviour, such as mutual respect, compassionate care and attention to detail, are reinforced by all team members.

ESSENTIAL Involving the team	PROFICIENT Fostering creative participation	STRONG Co-operating to raise the game	EXEMPLARY Stretching the team for excellence and innovation
<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I recognise and actively appreciate each person's unique perspectives and experience? ▶ Do I listen attentively to my team and value their suggestions? ▶ Do I ask for contributions from my team to raise their engagement? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I ask for feedback from my team on things that are working well and things we could improve? ▶ Do I shape future plans together with my team? ▶ Do I encourage my team to identify problems and solve them? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I enable my team to feed off each other's ideas, even if there is a risk the ideas might not work? ▶ Do I encourage team members to get to know each other's pressures and priorities so that they can co-operate to provide a seamless service when resources are stretched? ▶ Do I offer support and resources to other teams in my organisation? 	<p>Behaviours:</p> <ul style="list-style-type: none"> ▶ Do I 'stretch' my team so that they deliver a fully 'joined-up' service, and so give the best value they can? ▶ Do I support other leaders to build success within and beyond my organisation? ▶ Do I create a common purpose to unite my team and enable them to work seamlessly together to deliver? ▶ Do I encourage my team to deliver on the shared purpose, as much as on their individual targets?

Reflection note

LEADERSHIP DOMAIN 7

HOLDING TO ACCOUNT

What is it?

Agreeing clear performance goals and quality indicators, supporting individuals and teams to take responsibility for results, providing balanced feedback.

Why is it important?

Leaders create clarity about their expectations and what success looks like in order to focus people's energy, give them the freedom to self-manage within the demands of their job, and deliver improving standards of care and service delivery.

ESSENTIAL

Setting clear expectations

Behaviours:

- ▶ Do I take personal responsibility for my own performance?
- ▶ Do I specify and prioritise what is expected of individuals and the team?
- ▶ Do I make tasks meaningful and link them to organisational goals?
- ▶ Do I make sure individual and team goals are SMART¹?

PROFICIENT

Managing and supporting performance

Behaviours:

- ▶ Do I challenge ways of thinking and encourage people to use data to support their business planning and decision making?
- ▶ Do I set clear standards for behaviour as well as for achieving tasks?
- ▶ Do I give balanced feedback and support to improve performance?
- ▶ Do I act quickly to manage poor performance?

STRONG

Challenging for continuous improvement

Behaviours:

- ▶ Do I constantly look out for opportunities to celebrate and reward high standards?
- ▶ Do I actively link feedback to the overall vision for success?
- ▶ Do I notice and challenge mediocrity, encouraging people to stop coasting and stretch themselves for the best results they can attain?

EXEMPLARY

Creating a mindset for innovative change

Behaviours:

- ▶ Do I encourage a climate of high expectations in which everyone looks for ways for service delivery to be even better?
- ▶ Do I share stories and symbols of success that create pride in achievement?
- ▶ Do I champion a mindset of high ambition for individuals, the team and the organisation?

Reflection note

¹SMART = Specific, Measurable, Attainable, Relevant, Timed

LEADERSHIP DOMAIN 8

DEVELOPING CAPABILITY

What is it?

Building capability to enable people to meet future challenges, using a range of experiences as a vehicle for individual and organisational learning, acting as a role model for personal development.

Why is it important?

Leaders champion learning and capability development so that they and others gain the skills, knowledge and experience they need to meet the future needs of the service, develop their own potential, and learn from both success and failure.

ESSENTIAL

Providing opportunities for people development

Behaviours:

- ▶ Do I often look for opportunities to develop myself and learn things outside my comfort zone?
- ▶ Do I understand the importance and impact of people development?
- ▶ Do I build people development into my planning for my team?

PROFICIENT

Taking multiple steps to develop team members

Behaviours:

- ▶ Do I explore and understand the strengths and development needs of individuals in my team?
- ▶ Do I provide development opportunities for other people through experience and formal training?
- ▶ Do I look for and provide regular positive and developmental feedback for my team to help them focus on the right areas to develop professionally?

STRONG

Building long-term capability

Behaviours:

- ▶ Do I explore the career aspirations of colleagues in my team and shape development activities to support them?
- ▶ Do I provide long-term mentoring or coaching?
- ▶ Do I spot high-potential colleagues or capability gaps in my team and focus development efforts to build on or deal with the situation?

EXEMPLARY

Creating systems for succession to all key roles

Behaviours:

- ▶ Do I create the conditions in which others take responsibility for their development and learn from each other?
- ▶ Do I take a strategic approach to people development based on the future needs of the organisation?
- ▶ Do I share in broad organisational development and succession planning beyond my area of work?

Reflection note

LEADERSHIP DOMAIN 9

INFLUENCING FOR RESULTS

What is it?

Deciding how to have a positive impact on other people, building relationships to recognise other people's passions and concerns, using interpersonal and organisational understanding to persuade and build collaboration.

Why is it important?

Leaders are sensitive to the concerns and needs of different individuals, groups and organisations, and use this to build networks of influence and plan how to reach agreement about priorities, allocation of resources or approaches to service delivery.

ESSENTIAL

Engaging with others to convince or persuade

Behaviours:

- ▶ Am I respectful in all circumstances?
- ▶ Do I listen to different views?
- ▶ Do I share issues and information to help other people understand my thinking?
- ▶ Do I develop and present well-reasoned arguments?
- ▶ Do I avoid jargon and express myself clearly?

PROFICIENT

Adapting my approach to connect with diverse groups

Behaviours:

- ▶ Do I adapt my communication to the needs and concerns of different groups?
- ▶ Do I use stories, symbols and other memorable approaches to increase my impact?
- ▶ Do I check that others have understood me?
- ▶ Do I create formal and informal two-way communication channels so I can be more persuasive?

STRONG

Developing collaborative agendas and consensus

Behaviours:

- ▶ Do I use 'networks of influence' to develop consensus and buy-in?
- ▶ Do I create shared agendas with key stakeholders?
- ▶ Do I use indirect influence and partnerships across organisations to build wide support for my ideas?
- ▶ Do I give and take?

EXEMPLARY

Building sustainable commitments

Behaviours:

- ▶ Do I contribute calmly and productively to debates arising from strongly-held beliefs, even when my own emotions have been excited?
- ▶ Do I build enough support for the idea or initiative to take on a life of its own?
- ▶ Do I act as an ambassador for my organisation to gain reputational influence by sharing experiences and best practice nationally and internationally?

Reflection note

4.0 LEADERSHIP DEVELOPMENT ACTION PLAN

After reviewing the LDF and completing a self-assessment, a Leadership Development Action Plan can be created. This follows a reflective approach in determining where an individual wants to be in terms of leadership, e.g. domains that are of value to an individual's role can be further developed.

Determining where an individual wants to be with leadership can inform a development strategy for how to get there. This may require further training or a change in behaviour and attitude and can form part of the Action Plan in defining what will be achieved, in what time frame and what smaller steps are required to enable this to happen.

A simple overview is provided below.

LEADERSHIP DOMAIN	GOAL	ACTIVITY	SUPPORT NEEDED	HOW TO MEASURE SUCCESS	TIME
Inspiring shared purpose					
Leading with care					
Evaluating information					
Connecting our service					
Sharing the vision					
Engaging the team					
Holding to account					
Developing capability					
Influencing for results					

APPENDIX I ACKNOWLEDGEMENTS

The Leadership Development Framework is based upon the research and work of the NHS Leadership Academy and has been supplemented by the knowledge and expertise of a wide-ranging team dedicated to encouraging and facilitating leadership in every member of the profession.

CONTRIBUTORS

Chris Cutts	Director, Centre for Pharmacy Postgraduate Education
Roger Fernandes	Chief Pharmacist/Clinical Director of Pharmacy, Lewisham and Greenwich NHS Trust
Ryan Hamilton	Sessional Teacher, Liverpool John Moores University
Delyth James	Senior Lecturer, Cardiff University
Christopher John	Assistant Director, London Pharmacy Education and Training
Reem Kayyali	Associate Professor, Kingston University
Moira Kinnear	Head of Pharmacy Education Research and Development, NHS Lothian
Sue Ladds	Chief Pharmacist, University Hospital Southampton NHS Foundation Trust
Chris Langley	Professor of Pharmacy Law and Practice/Associate Dean, Taught Programmes, Aston University
Fiona McMillan	Lead Pharmacist, Educational Development Pharmacy, NHS Education for Scotland
Ricarda Micallef	Senior Lecturer, Kingston University
Helen Middleton	Pharmacy Professional Development Manager, London Pharmacy Education and Training
Charles Morecroft	Professor of Pharmacy Education and Professional Practice, Liverpool John Moores University
Finlay Royle	Prescribing Advisor for Lambeth Clinical Commissioning Group, Teaching Fellow at Kingston University, Lead for London South East Local Practice Forum
Sue Schechter	Pharmacy Operations Manager, West Herts Hospitals NHS Trust
Michelle Styles	Regional Manager, Centre for Pharmacy Postgraduate Education
Emma Williams	Principal Pharmacist: Clinical Effectiveness, Royal United Hospital Bath NHS Trust
Company Chemists Association	
Primary Care Pharmacists Association	
RPS PROJECT TEAM	
Catherine Duggan	Director of Professional Development and Support, Royal Pharmaceutical Society
Marianne MacDonald	Leadership Workstream Project Manager, Royal Pharmaceutical Society
Ruth Wakeman	Head of Professional Support, Royal Pharmaceutical Society

Published by: Royal Pharmaceutical Society
0207 572 2737
support@rpharms.com

© 2015 Royal Pharmaceutical Society