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**Exploring the Leadership Competencies of Trainee Clinical Psychologists and Qualified
Clinical Psychologists**

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Summary

This article explored the self-reported leadership competences of Trainee and Qualified Clinical Psychologists. The results showed that leadership competences are part of a qualified clinical psychologist's role and that trainees don't report a development of these skills across training.

Introduction

Clinical leadership ensures that clinicians at all levels of the organisation are responsible for ensuring the delivery of high quality patient care. Clinical leaders are defined as those who use their interpersonal skills to empower staff in providing excellent patient care (Harper, 1995). They are at the heart of the running of clinical services, and deliver excellent outcomes to patients. They set, inspire and promote the values and vision of their organisation, and use their experience and skills to ensure that the needs of the patient are central to the care they provide (Stanton, Lemer, & Mountford, 2010).

The need for clinical leaders has been expedited by the coming together of clinical, professional and strategic drivers, which have made leadership more pertinent to the contemporary clinician (BPS: British Psychological Society, 2010). Out of the triad of drivers (e.g., clinical, professional and strategic) came the 'Clinical Psychology Leadership Development Framework' (CPLDF; BPS, 2010), which has become the cornerstone of leadership reference in the field of Clinical Psychology. This document consolidates the need for leadership at four key levels of professional development: post-graduate doctoral trainees, practicing clinical psychologists, consultant clinical psychologists and clinical director level. It sets out a continuing development framework for leadership behaviour, which is both incremental and cumulative, informing and promoting personal and professional development. Furthermore, since it maps onto the Clinical Leadership Competency

Framework (CLCF) (NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges, 2010), it provides a common language for understanding leadership across professional groups. The CLCF acknowledges that not everyone is a leader, but that all are able to contribute to leadership in some way. Subsequently, the 'Leadership Framework Self-Assessment Tool' (LFSAT) was developed to allow clinicians to reflect on their leadership competencies and identify areas for development (NHS Leadership Academy, 2012).

In order to guarantee that the Clinical Psychology Training Programmes (CPTP) deliver effective training, it is vital to ensure that trainees are provided with an opportunity to develop their leadership competencies as part of their core professional training. It is also important to ascertain whether leadership competencies are being demonstrated once qualified as proposed by the BPS (2010).

Aims

This study aimed to explore the self-reported leadership competencies of trainee clinical psychologists across the three years of training and of qualified clinical psychologist's across job bandings (band 7-9).

Research questions

1) What is the relationship between each of the seven domains of leadership competencies and the year of clinical psychology training?

2) What is the relationship between each of the seven domains of leadership competencies and job banding post qualification (i.e., band 7-9)?

3) Are there significant differences in each of the seven domains of leadership competencies, when comparing trainee clinical psychologists and qualified clinical psychologists?

Methodology

Design

A cross-sectional, quantitative, between-participants design was used. The LFSAT was forwarded to 120 trainee clinical psychologists, studying at one of two CPTPs and 300 qualified psychologists in the East Anglia Region. A response rate of 40% was expected, based on previous research collecting data through questionnaires over the internet (Archer, 2008). The power analyses calculations were conducted using G-power, with an effect size of 0.5 and power of 0.8. As no previous studies of this type exist for guidance, a medium effect size was used to calculate power. Firstly it was estimated that 53 participants would be needed per group (trainee clinical psychologists vs qualified clinical psychologists) for between group comparisons to determine effect. Secondly it was estimated that 67 participants would be needed for correlational analyses. A total of 83 participants completed the LFSAT (NHS Leadership Academy, 2012), online through a Survey Monkey interface. Permission was granted by the NHS Leadership Academy for use of this questionnaire. Non-parametric tests were used for the analysis due to the nature of the data.

Participants

Trainee Clinical Psychologists and Qualified Clinical Psychologists were recruited by email from the databases of two Clinical Psychology Training Programmes (CPTPs) from the East of England. In total, 83 participants completed the study, of which 43 were trainee clinical psychologists (51.8%) and 40 (48.2%) were qualified clinical psychologists. Of the

participants, 80.7% were females; this is reflective of the proportion of women in CPTP (Clearing House for Postgraduate Courses in Clinical Psychology, 2013). The band distribution of the qualified clinical psychologists were as follows, 3 (7.5%) were band 7, 14 (35.1%) were band 8a, 9 (22.4%) were band 8b, 6 (14.9%) were band 8c, 8 (19.9%) were band 8d/9.

Measures

Leadership Framework Self-Assessment Tool (NHS Leadership Academy, 2012).

A self-report leadership tool was used to collect information in relation to self-reported leadership competencies. The tool is split into seven segments; 'personal qualities', 'working with others', 'managing services', 'improving services', 'setting direction', 'creating the vision' and 'delivering the strategy'. Each segment is further subdivided into four sections with two questions each, which describe activities or outcomes all clinicians should be able to demonstrate. For each question participants are required to read a statement and indicate whether it applies to them 'a lot of the time', 'some of the time' or 'very little/none of the time'. These items were coded using a 3-point scale so that the questions from each segment could be averaged, with participants obtaining higher scores if they demonstrated that many of the items applied to them more of the time. Possible scores for each subscale of the seven domains range from 8-24.

Demographics. A brief demographic form was created to collect data about participants' gender, job banding, post, age and number of years since completing clinical training.

Procedure

Participants were recruited by emails that contained the information sheet and the

CPLDF (British Psychological Society, 2010) to provide a context for the study, and invited them to participate in the study. Following consent, the participant completed online the brief demographics questions, followed by the completion of the LFSAT. They were then debriefed and thanked for their participation

Results

Research question 1: What is the relationship between the each of the seven domains of leadership competencies and the years of clinical psychology training?

The median score for each of the seven leadership domains for trainee clinical psychologists by year group was calculated. The Kruskal Wallis test showed that there were no significant differences across each of the seven leadership domains in relation to year of training. Thus, trainees rated themselves similarly in terms of leadership ability regardless of year of training.

Research question 2: What is the relationship between each of the seven domains of leadership competencies and job banding post qualification (i.e., band 7-9)?

Median scores of the seven leadership domains for qualified clinical psychologists by job banding were calculated. Kendall Tau correlation revealed that leadership scores in the first six domains were not significantly correlated to job banding for qualified clinical psychologists. However, there was a significant positive correlation for 'delivering the strategy' ($t=0.33$, $p=0.007$). Whereby, as job banding for qualified clinical psychologists increased so did leadership competencies in regards to delivering the strategy.

Research question 3: Are there significant differences in each of the seven domains of leadership competencies, when comparing trainee clinical psychologists and qualified clinical psychologists?

The Mann Whitney U- showed that qualified clinical psychologists reported significantly greater leadership competencies on six of the seven leadership domains as compared to trainee clinical psychologists. The six competencies were ‘working with others’ ($z=-3.96$, $p < 0.001$), ‘managing services’ ($z=-4.48$, $p < 0.001$), ‘improving services’ ($z=-5.40$, $p < 0.001$), ‘setting direction’ ($z=-5.56$, $p < 0.001$), ‘creating the vision’ ($z=-3.52$, $p < 0.001$), and ‘delivering the strategy’ ($z=-5.46$, $p < 0.001$),. There were no significant difference in the ‘demonstrating personal qualities’ competence.

Discussion

This study found that, across the course of clinical psychology training, self-assessed leadership competencies does not vary in the domains measured by the questionnaire. One would assume that as training develops, leadership skills would begin to emerge particularly in the 3rd year, but these findings do not indicate this. One possible explanation may be that as the trainee is required to start a new placement six times in three years, then they may feel they are starting from the beginning again in relation to the demonstration of leadership qualities or indeed any clinical skills. Additionally, it may also be difficult for a trainee to demonstrate such skills in such a short focused placement where the emphasis is primarily on clinical skills development. Interestingly, the LFSAT considers leadership across many different professional groups but not within job banding. Thus, this tool may have insufficient sensitivity to tease out the differences in leadership skill development for those who are within the same job banding.

Furthermore, qualified clinical psychologists, irrespective of their banding showed no differences in leadership competences measured by the LFSAT with the exception of the ‘delivering the strategy’ competency. It is likely that all clinical psychologists, including the more recently qualified, would be expected to demonstrate a high level of leadership skills as

part of the role of a qualified clinical psychologist. In consideration of the positive correlation between banding and the ‘delivering the strategy’ competency, this shows that those in a managerial position are more likely to be demonstrating this skill as part of their role.

Finally, this study found that qualified clinical psychologists reported significantly greater leadership skills than trainees in all domains except ‘demonstrating personal qualities’. This exception is perhaps unsurprising as it reflects core interpersonal skills that are central to the role of a clinical psychologist, irrespective of training or qualified status. These findings also suggest that once a trainee qualifies, then there is a clear expectation of leadership competencies within the job role.

Strengths and limitations

A key strength of this study was the use of the LFSAT that maps onto an existing leadership framework (NHS Leadership Academy, 2012). Thus as research develops in this area across professions, it would allow for a direct comparison to be made. This study has also shown that there is a strong leadership focus to a qualified clinical psychologist’s role, which does not appear to be mirrored by the training experience.

The limitations are that this study is under-powered and is also limited geographically to the East of England, which means that the generalisability of these findings need to be interpreted tentatively and future research is essential to validate the findings.

Implications

In consideration of CTCs, it seems fair to propose that more emphasis must be placed on the development of leadership skills both in the curriculum and on placement. The BPS (2014) have changed the core competency requirements for 2017 intake of trainees, with the inclusion of a specific section on leadership skills. This timely revision means that leadership

skill development is now a focus of every placement so the courses, placement supervisors and trainees should be focusing on these skills as a natural part of the role. It may be helpful for courses to also include leadership focused modules on their curriculum to compliment the skill development on placement. This could include teaching on the LFSAT and using it as a way of monitoring skill development, theories of leadership and assignments specifically designed to develop skills in this area. This would then ensure that the skills are not only recognised at all levels of the profession but that they are in place to build upon once qualified.

It would be helpful for future research to use this tool across professions to assess leadership competencies. This tool could also be used by courses to assess leadership skill development in their Programmes now that the revised BPS core competencies are in place.

Conclusion

This study explored the self-reported leadership competencies of trainee clinical psychologists and qualified clinical psychologists. The results illustrated that qualified clinical psychologists rated their leadership abilities as significantly higher than trainee clinical psychologists in six of the seven self-reported leadership competencies. Thus, CPTPs must consider how they can best equip their next generation of clinical leaders.

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