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Grant ID: 030



College of Radiographers Industrial Partnership Research Grants Final Report

1. Principal Investigator	Suzanne Henwood and Lisa Booth
2. Project Title	A Case Study of 16 Consultant Radiographers and their Leadership Development using the NHS Leadership Qualities Framework.
3. Amount of Grant	£10,576.00
4. Did you spend the money as indicated in your proposal (if not why)?	<p>Yes, on the whole, though there was some variation around the number of actual consultants who volunteered to participate and also the number remaining involved for the entire project. However funding was spent as:</p> <ul style="list-style-type: none">(i) some areas of funding had not been adequately addressed in initial study e.g. analysis and transcription of interviews(ii) increased (and variable) cost for LQF, depending on sites, which was implemented during project timescale (at funding application all costing for LQF was universal)(iii) additional and unexpected costs of travel associated with LQF by some facilitators(iv) staff time (researchers) not being considered at all in initial funding application - still mainly given voluntarily.
5. Did you reach your intended project outcomes (if not why)?	<p>The stated aims and objectives were:</p> <p>Aims To establish and document case studies of 20 consultant radiographers, with specific reference to their leadership role.</p> <p>Objectives</p> <ol style="list-style-type: none">1. To offer historical documentation of some of the early appointments to consultant roles2. To establish the leadership qualities of 16 consultant radiographers3. To establish if a planned programme of development (including leadership coaching and action learning) impacts on leadership qualities.4. To make recommendations for ongoing leadership development of senior radiographic staff.5. To facilitate development of 16 consultant radiographers. <p>The coverage was lower than we had planned due to (i) less consultants actually agreeing to participate than had indicated in pre funding expression of interest and one withdrawing early on due to workload issues (ii) two consultants changing role during the project timescale making completion of LQF two impossible and (iii) one consultant not completing LQF two despite repeated requests to complete the study.</p> <p>Regarding the objectives:</p> <ol style="list-style-type: none">1. We have collected rich and detailed historical data around the establishment of consultant roles, which provides valuable insight into the history of those early roles, how the roles were instigated and the characteristics and behaviours of those early innovators.2. The LQF was used to establish leadership characteristics of the consultants and in addition qualitative interviews added to this data by collecting data around values and other characteristics which were not covered in the LQF.

3. The project itself offered development opportunity in the form of executive leadership coaching and an action learning day. While it is impossible to estimate the impact of any one learning development, we did show a positive change in LQF scores on completion of the project. Due to small numbers the figures did not show as statistically significant, but great qualitative data was gathered indicating perceived effectiveness not only of the development activities offered as part of this project, but also capturing perceptions of effectiveness and availability of other leadership development opportunities.

4. Clear recommendations have been generated surrounding effective development and support for consultant roles.

5. The perception of the consultants involved showed that the project offered effective development for them as individuals in the consultant roles.

6. What are your significant findings?

The key findings of this study have been grouped into themes and groups of themes will be presented for written publication in due course (expected to be across 2-3 papers):

1. The nature of the consultant role is highly individual and contextualised, with very different role descriptions and scopes of practice being described. All four domains of consultant practice were not equally covered, with an emphasis being given to clinical expertise. Some commonalities across roles include:

- a. Pride in holding the role
- b. Extensive preparation required, including deliberate positioning over time
- c. Extensive time investment into role development and maintenance
- d. Shared characteristics for example high personal drive, need for variety and challenge
- e. Shared values
- f. Work ethic which requires huge personal commitment and personal toll and stress (reduced by having good external and familial support)
- g. Individuals are professionally and clinically well respected prior to obtaining the role / title
- h. Individuals have generated their own effective support mechanisms
- i. Individuals are continually 'proving' themselves in the role

What was interesting was the belief that the role was not right for everyone and not everyone who wanted the role was right to be appointed.

2. The key driver for development of the role is around service provision and making a positive difference to patients. Individuals demonstrate a clear vision of the changes they want to see

3. Significant obstacles were reported including:

- a. Resistance by individuals
- b. Lack of support
- c. Historical, cultural and organisational blocks
- d. Lack of time
- e. Role boundaries with other professional groups and with managers

4. Significant concerns over sustainability of roles was expressed

5. A lack of Leadership Development was highlighted, with the executive coaching offered seen as an effective mechanism to develop leadership characteristics and behaviours

6. The appropriateness of the Title Consultant was questioned, particularly when relating to patients

7. All Consultants demonstrated enormous achievements in service developments since appointment, including examples of ground breaking changes impacting on improved patient care

8. The transition to the role of Consultant was an area that could be improved upon, with consultants feeling they were not well prepared for all aspects of the role

7. Have you submitted the work for publication (if so where)?

The study has already been presented at various conferences:

UKRC June 2012 - three oral papers and one poster

Oral Papers:

1. Positioning and recruitment issues in Radiography: A whole new concept
2. Challenges to Consultant Practice: What we have learned and what support can be offered to make the role even more successful
3. Coaching - an emerging field and new to radiography

Poster:

Leadership Qualities Framework - Can you improve over time?

NZIMRT Annual Symposium – Wellington, New Zealand August 2011

Oral Paper;

What do we know about trail blazers: A study exploring the characteristics of UK consultant radiographers

3rd International Conference for Research in NLP, University of Hertfordshire, UK
July 2012

Oral Paper:

Coaching as a form of Leadership Development in Consultant Radiographic Practice

NZIMRT National Conference: Quality Counts August 2012

Oral Paper:

Consultant Practice in the UK: What can we learn from experience?

In addition, now that all data is collected and analysed and preliminary results have been presented and discussed with peers, we estimate three written papers will be written before the end of 2012 for presentation to peer reviewed journals.

8. Please provide an executive summary of your work (two sides of A4 maximum)

N.B. If you already have a draft or final version of the proposed publication can you please attach.

Executive Summary

Background

The literature review presented with the Application for Funding demonstrated the perceived importance of leadership in higher levels of practice (SCOR, 2003, DOH, 2003), with Darzi (2007) expressing the view that leadership is a key component of effective service delivery, a view supported by other authors (Glibert-Jamison, 2005; NHS, 2007).

In radiography, Hogg et al (2008) having reviewed the literature found almost no published literature on leadership characteristics or roles of consultant radiographers, and despite professional body literature highlighting its importance, Paterson (2008) reported that few radiographers see themselves as leaders and that generally they do not take up leadership development opportunities. A small number of consultant radiographers have however, written mainly opinion based articles suggesting which aspects of leadership are most important (Kelly and Hogg, 2005; Law, 2004; Hardy and Snaith, 2005; Waugh 2005; Kelly et al, 2008) as well as discussing the perceived benefits of the role being introduced at a local level.

A recent publication by Nightingale and Hardy (2012) looked specifically at the transition to consultant practitioner roles for five consultants in one trust, but leadership was not specifically outlined as a focus area.

Snaith and Hardy (2007) following their review of radiographic literature, state that there is lack of clarity as to the development route for advanced (and consequently consultant) practitioners and Price and Paterson (2000) expressed concern over the lack of suitable training for consultant roles in the UK and in 2009 Paterson again wrote about the need for development opportunities for consultants, particularly in leadership.

In a second article Hardy and Snaith (2007) wrote of their concern about the lack of evaluation of consultant roles or their impact on service delivery. Paterson (2009) wrote that significant development in education and leadership was required, as well as a need to increase research outputs, though it was not clear whether this was research outputs by consultants or regarding the consultant role. She cited leadership as one of the five key goals for the coming two years; regarding leadership she stated that 'the importance of leadership ability in consultant radiographers is too important to be left to chance' (page 3).

It is clear from the literature that there remains is a lack of evidence to establish leadership capability of consultant radiographers. In addition there is little planned and documented development in leadership which is evaluated for impact on individuals and service delivery. This project offers evidence in both these areas.

Methods

An in-depth longitudinal case study was used to explore a number of aspects of consultant practice, in particular to explore the leadership domain. Data was collected from a number of sources: open and in depth interviews, reflective diaries, coaching sessions and an objective leadership measurement tool.

Results

The key findings of this study have been grouped into themes:

1. The nature of the consultant role is highly individual and contextualised, with very different role descriptions and scopes of practice being described. All four domains of consultant practice were not equally covered, with an emphasis being given to clinical expertise. Some commonalities across roles include:

- a. Pride in holding the role
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2. The key driver for development of the role is around service provision and making a positive difference to patients. Individuals demonstrate a clear vision of the changes they want to see

3. Significant obstacles were reported including:

- a. Resistance by individuals
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4. Significant concerns over sustainability of roles was expressed

5. A lack of Leadership Development was highlighted, with the executive coaching offered seen as an effective mechanism to develop leadership characteristics and behaviours

6. The appropriateness of the Title Consultant was questioned, particularly when relating to patients

7. All Consultants demonstrated enormous achievements in service developments since appointment, including examples of ground breaking changes impacting on improved patient care

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Implications for research and practice

A range of practical implications have been highlighted:

1. The need to identify early potential future consultants and provide appropriate training and development (particularly in leadership training) in order to facilitate a successful transition to the role.

2. Organisational structures could be improved to provide additional support for new and innovative roles in practice.

3. The possible lack of sustainability of consultant roles is a concern that requires further investigation.

4. The role of the Consultant Radiographer could be reconsidered.