2.03 THE CONTEXTUAL STATEMENT ON

The GP in the Wider Professional Environment

This statement is part of the curriculum produced by the Royal College of General Practitioners (RCGP) which defines the learning outcomes for the discipline of general practice and describes the skills you require to practise medicine as a general practitioner in the National Health Service (NHS) of the United Kingdom. Although primarily aimed at the start of independent work as a general practitioner, it must also prepare the doctor beyond the training period and provide support for a professional life of development and change.
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## KEY MESSAGES

- The purpose of clinical leadership is to improve health outcomes and quality of care for your patients
- Effective primary care requires the co-ordination and commitment of a multi-professional team working in partnership with patients
- Leading and managing improvement in healthcare systems is just as important as acting on behalf of the individual patient
- Leadership is everyone’s responsibility
- As a GP you have a wider social responsibility to use healthcare resources economically and sustainably
INTRODUCTION

As a clinician and general practitioner (GP) at the frontline of health services, you will need to understand not only how to work within systems of healthcare but also how to work with those systems for the benefit of your patients. This will require an understanding of the context, structures and processes in and by which care is delivered that goes beyond that of your specific clinical role.

As a GP you require a number of skills to enable you to manage your own practice or organisation effectively. However, doctors also have a leadership role within society, placing themselves in the service of patients by taking an active, informed and altruistic interest in issues that would benefit from their involvement. Patients and staff will look to GPs to influence and help determine the future direction of services; in leading and managing change there is a need for you as a GP to understand yourself, how you can work effectively with your teams and others, and how to take people with you. GPs must participate in the development and sustenance of primary care organisations that enable those involved in them to flourish. This means contributing to the well-being of your colleagues as well as your patients through good management of all involved in the provision of care and the design of robust systems that encourage good care and effective, sustainable and environmentally sensitive use of resources.

This statement explores the breadth of the core curriculum statement – *Being a General Practitioner* – but will focus on issues relating to primary care management and community orientation as it describes the need for you as a GP to marshal available resources across systems of healthcare for the benefit of your patients. Working in partnership with your patients, you need to be prepared to take a role in leading changes in service delivery with the purpose of improving population health outcomes and quality of care. On behalf of patients and the wider society, you also have a responsibility to use healthcare resources economically and sustainably. Just as in the clinical sphere of practice, where a person-centred approach to care focuses on the patient, in managing and leading services the GP should take into account patient preferences and expectations, and use information to inform the development of healthcare provision. As a GP you will ensure that your patients remain at the heart of decisions about the nature and future shape of healthcare services.

The area of competence regarding specific problem-solving skills is concerned with a GP’s ability in the area of clinical decision-making and so is of limited specific relevance here, although the transferable skills that are used in diagnosis and management are important in this context. The core statement *Being a General Practitioner* makes specific reference to a need to make effective and efficient use of resources. There is also a wider ‘green’ agenda around sustainability, which is highlighted explicitly here.

As a GP you have a responsibility for your individual patients, their family and the wider community. You will be involved in the management of healthcare delivery in your practice and improving the health and well-being of the community. Because your work is determined by the make-up of the community in which you work, you must understand the characteristics of the community including socio-economic, ethnic and health features. Increasingly this will include an awareness of the environmental impact of contemporary health services and the need for a sustainable approach to the use of resources. Many of the competences needed to undertake these roles effectively are covered in the RCGP curriculum statement 3.01 *Healthy People, Promoting Health and Preventing Disease*. 

RCGP Curriculum 2010, Statement 2.03 The GP in the Wider Professional Environment, revised 30 May 2012
Contextual and attitudinal features of you as a doctor are also predominant as the statement describes the need for GPs to understand both themselves and others and also the wider professional context in which they work. The scientific feature of you as a doctor is covered extensively in the curriculum statement 2.04 Enhancing Professional Knowledge. One particular area of relevance to this statement is the ability to identify the need for, and implement, quality and safety improvements. This will require a number of skills around change management. Elsewhere, there is some inevitable overlap with the statement 2.02 Patient Safety and Quality of Care.

Two other professional and curricular frameworks are important to mention: the General Medical Council’s Good Medical Practice Framework for Appraisal and Assessment (2011) described in Being a General Practitioner, and the Medical Leadership Competency Framework, developed by the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges. The Medical Leadership Competency Framework (MCLF) describes the competences that doctors, of all disciplines, will require if they are to be actively involved in the planning, delivery and transformation of health services. Such has been its success, the MCLF has been installed at the heart of a new NHS Leadership Framework launched in 2011, and shown in outline in Figure 1 below. The framework, which can be viewed at www.nhsleadership.org.uk, is built around delivering a service to the patient and founded on the concept of ‘shared leadership’. This is where responsibility for leadership is not restricted to those with designated leadership roles but can come from anyone, at any level within the organisation, at any time. Leadership then becomes a shared responsibility and is focused on the achievements of the team, not just the individual. The framework, from which many of the learning outcomes in this statement are drawn, is divided into seven domains, which are further subdivided into 28 elements and again into 112 competency outcomes. A daunting prospect but, in common with many such frameworks, the NHS Leadership Framework is not there to be slavishly followed but to provide a language by which we can think, talk and be guided about ourselves, about our actions and about leadership.

Figure 1

NHS Leadership Framework (Source: NHS Leadership website, 2011)
CASE ILLUSTRATION

Dr Evans is a general practitioner in a small inner city practice. He has always had an interest in lung disease. Recently, he has noticed that one of his patients, a 72-year-old smoker, Mr Johnson, with chronic obstructive pulmonary disease (COPD) has had several admissions over the past 12 months. On speaking to his colleagues in the practice, others recount similar stories with their patients. His interest piqued, Dr Evans decides to find out a little more about this. He does a survey to find out how many patients the practice has with a diagnosis of COPD. He discovers that the proportion of patients diagnosed with COPD is below the local and national average using data from Population Manager and the online health observatory for his city.

Dr Evans wonders if there are any steps that can be taken to improve the care of his COPD patients and reduce admissions to hospital. He gets in touch with the local Primary Care Trust who tells him there is a community-based respiratory nursing service that helps GPs to improve the care of patients with respiratory disease.

Dr Evans is keen to collaborate with the specialist respiratory nurses. With their help he develops an in-house service for spirometry to improve the identification and diagnosis of patients with COPD. With the help of the community respiratory team he is able to identify patients who are at high risk of repeated admissions to secondary care. He also brings to the attention of the practice commissioning lead a Met Office early warning system of adverse weather conditions for patients with COPD.

The respiratory team introduces him to a new programme whereby patients at high risk of repeated admissions are linked to a community matron. This service, based upon work done in the USA, is known to improve the quality of life of patients with COPD and reduce admission rates by up to 50%.

During the following winter, Mr Johnson rings Dr Evans requesting a home visit. He tells Dr Evans that his breathing has got worse and he needs help. After visiting him, Dr Evans refers Mr Johnson to the community respiratory matron.

She visits Mr Johnson at home, talks to him about his concerns, shows him how to use the inhalers properly and organises a physiotherapist to assist with his breathing. In addition, she organises carers for him at home while he is unwell. She monitors his progress over a course of weeks.

Mr Johnson steadily improves, he does not require an admission, he is better aware of the early signs of an exacerbation, and knows when to initiate steroid and antimicrobial therapy. In addition, he attends a group course run by the respiratory physiotherapists to improve his respiratory fitness. The nurse also refers him to the local smoking cessation service.

This brief case study demonstrates how effective GPs can be working outside of their consulting room. In this illustration, Dr Evans, working in concert with other health professionals, has improved the system of care and health outcomes not only for an individual patient but for an entire practice population.
To help you understand how the GP curriculum can be applied to this case, ask yourself the following questions:

<table>
<thead>
<tr>
<th>Category</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care management</td>
<td>What has Dr Evans achieved for patients with COPD in his practice?</td>
</tr>
<tr>
<td>Person-centred care</td>
<td>What appears to motivate Dr Evans to take these actions?</td>
</tr>
<tr>
<td>Specific problem-solving skills</td>
<td>How are issues of climate change relevant to this case illustration?</td>
</tr>
<tr>
<td>A comprehensive approach</td>
<td>How has Dr Evans addressed health promotion and disease prevention?</td>
</tr>
<tr>
<td>Community orientation</td>
<td>What knowledge of the healthcare ‘system’ did Dr Evans need to be able to bring about these changes?</td>
</tr>
<tr>
<td>A holistic approach</td>
<td>If Dr Evans was working with my own practice population, what issues might arise in relation to culture or ethnicity?</td>
</tr>
<tr>
<td>Contextual features</td>
<td>What is the likely impact on healthcare resources of Dr Evans’ actions?</td>
</tr>
<tr>
<td>Attitudinal features</td>
<td>What personal qualities may have helped Dr Evans achieve these results?</td>
</tr>
<tr>
<td>Scientific features</td>
<td>How has Dr Evans used data to drive improvement?</td>
</tr>
</tbody>
</table>
LEARNING OUTCOMES

This is one of four contextual statements (2.01 – 2.04) which explore in greater detail particular aspects of your work as a GP. They contain learning outcomes in the ‘areas of competence’ and ‘essential features’ relevant to their topic. These learning outcomes or objectives are in addition to those detailed in the core statement, Being a General Practitioner. The core statement and this statement should be used in conjunction with the other curriculum statements. In order to demonstrate the core competences in this contextual statement you will require knowledge, skills and attitudes in the following areas:

The RCGP areas of competence

1 Primary care management

This area of competence is about how you manage your contact with patients, dealing competently with any and all problems that are presented to you. (This area of competence is not limited to dealing with the management of the practice.)

Primary care management is about your ability to:

1. Co-ordinate care with other professionals in primary care, and with other specialists

This means that as a GP you should:

1.1 Demonstrate the ability to be an effective member and, where appropriate, be a willing leader of a team
1.1.1 Actively seek and take account of the views of others
1.1.2 Create opportunities to bring together individuals and groups to achieve goals
1.1.3 Take into account the needs, feelings, values and expertise of others
1.1.4 Communicate effectively with individuals and groups
1.1.5 Promote the sharing of information and resources
1.1.6 Gain and maintain the trust and support of your colleagues
1.1.7 Understand and employ strategies to manage team dynamics
1.1.8 Maintain team focus on delivering and improving services to patients
1.2 Master effective and appropriate care provision and health service utilisation

This means that as a GP you should:

1.2.1 Demonstrate the ability to co-ordinate a team-based approach to the care of patients, particularly those with complex care needs
1.2.2 Understand primary care in the context of the wider NHS and actively seek the views of your patients on services provided and services needed
1.2.3 Work effectively with the full range of primary care services, and across the primary–secondary care interface for the benefit of patients
1.2.4 Signpost patients appropriately to the relevant service
1.2.5 Gather feedback on the planning of healthcare provision from the wider healthcare team
1.2.6 Participate in decisions about local healthcare provision, planning and commissioning
1.2.7 Take into account, in such decisions, the environmental impact of commissioned healthcare activity

1.3 Make available to your patients the appropriate services within the healthcare system

This means that as a GP you should:

1.3.1 Describe the management structure of the practice, how decisions are made and how responsibilities are distributed
1.3.2 Understand how the practice functions as a business and the implications various activities and expenses have for profitability
1.3.3 Understand the various organisational forms of general practice and the means by which GPs may be contracted
1.3.4 Delegate tasks effectively
1.3.5 Understand and participate in the motivation of staff
1.3.6 Contribute to staff development and training
1.3.7 Conduct an appraisal interview with staff and/or colleagues
1.3.8 Participate in the recruitment and selection of staff or colleagues, observing the law relating to diversity and equal opportunities
1.3.9 Understand employer and co-worker responsibilities in relation to occupational safety
1.3.10 Organise effective meetings
1.3.11 Manage your own time effectively
1.3.12 Demonstrate the ability to improve the quality of healthcare delivered to your patients by the practice
1.3.13 Successfully manage a simple quality improvement project
1.3.14 Demonstrate effective and sustainable utilisation of resources
1.3.15 Identify the appropriate type and level of resources required to deliver safe and effective services
1.3.16 Gather and analyse information about organisational performance
1.3.17 Participate in taking action to improve organisational performance
1.3.18 Prioritise and appropriately expedite service improvement as prompted by feedback (e.g. significant events) or analysis of need
1.3.19 Seek out, adopt and disseminate models of good practice
1.4 Act as an advocate for your patient

This means that as a GP you should:

- 1.4.1 Negotiate effectively with colleagues on behalf of your patients
- 1.4.2 Through shared dialogue, seek to enable your patients to be partners in decision-making on significant changes to services
- 1.4.3 Proactively seek to improve services by questioning the status quo
- 1.4.4 Develop and communicate aspirations for the improvement of services
- 1.4.5 Actively seek to inform and influence decision-makers
- 1.4.6 Provide appropriate choices for your patients in relation to their future healthcare
- 1.4.7 Demonstrate an awareness of where conflicts of interest might arise in the commissioning and provision of services for patients
- 1.4.8 Understand the wider social responsibilities of doctors in relation to the environmental contributors to social determinants of health

2 Person-centred care

This area of competence is about understanding and relating to the context of your patients as individuals, and developing the ability to work in partnership with them.

This means that as a GP you should:

- 2.1 Place your patients at the centre of decisions about services
- 2.2 Maintain a patient-focus in the midst of structural and political change
- 2.3 Be aware of the expectations that patients, carers and families have of their practice and local primary care services
- 2.4 Involve patients in the management of the practice and local primary care services

3 Specific problem-solving skills

This area of competence is about the context-specific aspects of general practice, dealing with early and undifferentiated illness and the skills you need to tolerate uncertainty, and marginalise danger, without medicalising normality.

This means that as a GP you should:

- 3.1 Use resources efficiently to improve care for individual patients and groups
- 3.2 Understand the environmental impact of commissioning and planning decisions in relation to healthcare
- 3.3 Take action to improve the sustainability of local healthcare provision
4 A comprehensive approach

This area of competence is about how you as a general practitioner must be able to manage co-morbidity, co-ordinating care of acute illness, chronic illness, health promotion and disease prevention in the general practice setting.

As a GP you have an important role working with managers and other members of the primary healthcare team to develop appropriate systems for delivering health promotion, prevention, cure, care, rehabilitation and palliation. These aspects of general practice are covered in the other areas of competence and so have not been repeated here.

5 Community orientation

This area of competence is about the physical environment of your practice population, and the need to understand the interrelationship between health and social care, and the tensions that may exist between individual wants and needs and the needs of the wider community.

This means that as a GP you should:

5.1 Understand that the individual GP and practice needs and reconcile these with the needs of the wider health economy
5.2 Understand the structure of the local healthcare system and its economic limitations
5.3 Understand the variety of ways in which healthcare and health promotion may be appropriately delivered in the community
5.4 Understand the role of local government and social services in the maintenance and promotion of health
5.5 Understand the contribution of the private and third sector in healthcare delivery
5.6 Understand the importance of involving the public and communities in managing health services, e.g. encouraging patient participation in decisions about the local provision of healthcare
5.7 Understand the need to reconcile the health needs of individual patients with the health needs of the community in which they live, balancing these with available resources
5.8 Understand that influencing change across a system of healthcare can have a profound effect on the care of individual patients
5.9 Understand your role as a GP in the commissioning of care
5.10 Understand the need to work in partnership with other professionals and organisations to improve population health outcomes
5.11 Understand the health impacts of climate change and its relationship with health inequalities
5.12 Understand how medical professionals can contribute, personally and collectively, to positive societal change in relation to CO2 production and climate change
5.13 Contribute to service management and service improvement in your local health community
5.14 Take an active, informed and altruistic interest in societal issues that would benefit from your involvement
6 A holistic approach

This area of competence is about your ability to understand and respect the values, culture, family structure and beliefs of your patients, and understand the ways in which these will affect the experience and management of illness and health.

This means that as a GP you should:

6.1 Lead and provide a service that treats your patient as a ‘whole’ person
6.2 Foster an organisational culture that respects diversity
6.3 Tailor services to the cultural needs of specific individuals and populations

The essential features of you as a doctor

The three essential features (EFs) below are concerned with the features of you as a doctor which may influence your ability to apply the core competences to real life in the work setting.

EF1 Contextual features

This essential feature is about understanding your own context as a doctor and how it may influence the quality of your care. Important factors are the environment in which you work, including your working conditions, community, culture, financial and regulatory frameworks.

Examples of this are:

EF1.1 The impact of the local community, including socio-economic factors, geography and culture, on your workplace and patient care
EF1.2 Local, regional and national health priorities, e.g. quality, innovation, productivity and prevention (QIPP) and how these impact on the local delivery of healthcare
EF1.3 The debates on the management of health services locally, regionally and nationally
EF1.4 The role of national policy in influencing the way GPs work with each other and with other professional groups
EF1.5 The impact of how the health service is organised locally and nationally, and how variation in resources and facilities may affect the delivery of healthcare
EF1.6 The principles of co-benefits
EF2 Attitudinal features

This essential feature is about your professional capabilities, values, feelings and ethics and the impact these may have on your patient care.

Examples of this are:
- EF2.1 Being aware of your own capabilities and values, and understanding how these might differ from those of other individuals or groups
- EF2.2 Identifying your own strengths and limitations, the impact of your behaviour on others and the effect of stress on your own behaviour
- EF2.3 Identifying your own emotions and understanding how these can affect your judgement and behaviour
- EF2.4 Identifying ethical aspects relating to management and leadership in primary healthcare, e.g. approaches to use of resources, rationing, patient involvement in decision-making
- EF2.5 Taking personal responsibility and holding yourself accountable
- EF2.6 Taking appropriate action when faced with staff or colleagues who act unprofessionally or irresponsibly
- EF2.7 Engaging positively with change
- EF2.8 Obtaining, analysing and acting on personal feedback from a variety of sources

EF3 Scientific features

This essential feature is about the need to adopt a critical and evidence-based approach to your work, maintaining this through lifelong learning and a commitment to quality improvement.

Examples of this are:
- EF3.1 Being aware of key national guidelines that influence healthcare provision in the locality and country in which you work
- EF3.2 Understanding the process of change and factors that influence it, and using resources for obtaining support in developing and leading change
- EF3.3 Applying quality improvement methodologies
- EF3.4 Knowing the strengths and limitations of quality measures in improving patient outcomes
LEARNING STRATEGIES

Work-based learning – in primary care

There is a real opportunity here for you to learn beyond the consulting room in order to understand the context in which care is provided. As a first step, the specialty trainee should try to gain an overview of the various meetings that take place within the practice or that require attendance by a member of the practice team. Breaking these meetings down by purpose and content, e.g. finance, prescribing, referral management, service development, will help to gain an understanding of the complex issues facing GP practices. Structuring tutorials based on content identified through this approach will help to develop greater understanding.

Arranging visits to a wide range of primary care organisations can be invaluable. This might even include your visiting a neighbouring practice to gain a different practice perspective. Understanding how other members of the primary care ‘family’, such as community pharmacists and community nurses, are contributing to improving the health of your practice’s patients will be important in order to understand the broader primary care contribution. It will also be a good idea to visit or arrange to meet with relevant colleagues locally, particularly those involved in commissioning services or those leading service developments.

Most practices in the UK will be involved in some way in developing services for patients. This might include improving access for particular groups of patients or developing an improved care pathway. A great way of learning will be to tackle a small re-design or quality improvement project to develop some aspect of your practice’s service to patients and if possible evaluate its impact. This differs from traditional clinical audit as the emphasis is shifted from the mundane collection of data to the more challenging arena of change management. Sharing findings and experiences with colleagues both inside and outside the practice will help consolidate your learning.

Work-based learning – in secondary care

Many of the intended learning outcomes can be addressed in the secondary care setting where there are ample opportunities to participate in and lead teams, to bring about change and healthcare improvement and to participate in staff development. Understanding the journey of your patients from primary care through secondary care settings is invaluable in determining which aspects of the service are working well and which might need to be developed.

Learning with other healthcare professionals

GP specialty trainees will benefit from one-to-one sessions with the various members of their primary healthcare team in order to find out what others do, how they are managed and how they contribute to the development of the organisation. Understanding the perspectives of professionals drawn from the wider primary, community and social care settings is also important to understand how they contribute to delivering care to patients. Many opportunities exist in primary care to research, discuss, evaluate and implement change across a wide range of professions from health and social care settings.
Formal learning

Formal tutorials or teaching sessions on NHS structures, policies and strategic direction may be necessary. These should be based on your learning needs identified through active participation as identified above. Regular review through discussion with your colleagues will be needed, given the pace at which some NHS policy is changing.

You might also need specific learning sessions on some of the constructs underpinning theories of leadership, developing teams and management strategies. Many of these subjects are readily available as e-learning modules accessible from your desktop (see ‘Learning resources’ below).
LEARNING RESOURCES

Examples of relevant texts and resources

Books

The available literature on management and leadership is vast and it has only been possible to list a few of the relevant texts here.

- Peckham S and Exworthy M. *Primary Care in the UK: policy, organisation and management* London: Palgrave Macmillan, 2002

Journals

As a GP, keeping abreast of political, policy and strategic developments in the NHS is important to ensure that you act in the best interests of your patients and the local health economy. The *British Medical Journal* (BMJ), *BMJ News* and the trade ‘glossies’ are all useful in this regard. The *British Journal of General Practice* also carries some news and editorials. For a more in-depth view of health service management, trainees are directed to the *Health Service Journal* (HSJ), and those with a developing special interest in leadership and management may wish to look further afield at general management journals such as the *Harvard Business Review*.
Web resources

It would be impossible to provide a comprehensive list all of useful and relevant websites. Listed here is a selection, both organisational and instructional.

The Centre for Sustainable Healthcare
The Centre for Sustainable Healthcare (formerly known as the Campaign for Greener Healthcare) works through a wide network of partners, in the fields of health and the environment on a range of projects to ‘green’ the NHS. The Centre’s mission is to help people realise the vital importance of the overlap between their wellbeing and environmental sustainability, particularly in the field of healthcare.

http://sustainabehealthcare.org.uk

Climate and Health Council
The Climate and Health Council has a board of senior health professionals, committed to health professional advocacy against climate change. The Council’s members take action through informing and influencing professionals, organisations and government about issues related to climate change and global health.

www.climateandhealth.org

e-GP
e-GP includes access to the medical leadership course (see LeAD below) and sessions on identifying and enabling change.

www.e-gp.org

Faculty of Medical Leadership and Management
The Faculty of Medical Leadership and Management was established in 2011 through the Academy of Medical Royal Colleges to promote the advancement of medical leadership, management and quality improvement at all stages of the medical career for the benefit of patients. The Faculty aims to work on behalf of doctors and medical students in the UK to provide leadership and act as a focus for all doctors including those who move into formal leadership roles.

www.fmlm.ac.uk

Healthcare Quality Improvement Partnership
The Healthcare Quality Improvement Partnership (HQIP) was established to promote quality in health services, and in particular to increase the impact that clinical audit has in England and Wales. It is led by a consortium of the Academy of Medical Royal Colleges, the Royal College of Nursing and National Voices.

www.hqip.org.uk
Institution of Occupational Safety and Health
The Institution of Occupational Safety and Health (IOSH) is Europe’s leading body for health and safety professionals. The Institution was founded in 1945 and is an independent, not-for-profit organisation that sets professional standards, supports and develops members, and provides authoritative advice and guidance on health and safety issues.
www.iosh.co.uk

The Kings Fund
The Kings Fund is a charity that seeks to understand how the NHS in England can be improved. Through research and analysis the organisation aims to help shape policy, transform services and bring about behaviour change.
www.kingsfund.org.uk

LeAD
LeAD is a free e-learning resource to help clinicians develop their understanding of how their role contributes to managing and leading health services. The e-learning resource has been created by the Academy of Medical Royal Colleges and the NHS Institute for Innovation and Improvement, in partnership with e-Learning for Healthcare. LeAD provides over 50 interactive e-learning sessions, reflecting the five leadership domains outlined in the Medical Leadership Competency Framework.
www.e-lfh.org.uk/projects/lead/index.html

National Association of Primary Care (NAPC)
The NAPC is a leading national membership organisation which represents and supports the interests of all healthcare professionals, both clinicians and managers, working in primary care. Its aim is to be recognised as the organisation which shapes the future of healthcare delivery, enabling its membership to effectively commission and provide world-class patient care.
www.napc.co.uk

NHS Alliance
The NHS Alliance is an independent organisation that brings together primary care organisations with practices, clinicians, managers and board members; and NHS primary care with its patients. The Alliance champions, supports and represents the breadth of professionals working in NHS primary care.
www.nhsalliance.org

NHS Confederation
The NHS Confederation is the independent membership body for the full range of organisations that make up the modern NHS. It aims to provide a coherent and strong voice for NHS leaders, influence policy and shape public debate about health services.
www.nhsconfed.org
NHS England
The NHS England website is the portal for local NHS services in England and provides national information about the NHS.
www.nhs.uk/NHSEngland/Pages/NHSEngland.aspx

NHS Institute for Innovation and Improvement
The NHS Institute for Innovation and Improvement supports the NHS to transform healthcare for patients and the public by rapidly developing and spreading new ways of working, new technology and world-class leadership. The Institute’s website contains advice and information about leading change and quality improvement, introduces the NHS leadership qualities framework, the medical leadership competency framework and a host of change management and quality improvement tools, and provides a useful list of lectures, presentations and publications available.
www.institute.nhs.uk

NHS Scotland
The SHOW (Scotland’s Health on the Web) service is an excellent website for those working in Scotland. It provides a wealth of information and access to NHS sites across Scotland. It is provided by a team of people based within the Information and Statistics Division of NHS Scotland. SHOW is supported and funded by the Scottish Executive Health Departments.
www.show.scot.nhs.uk

The NHS Sustainable Development Unit
The NHS Sustainable Development Unit (NHS SDU) for England was established in 2008 to provide leadership, support and policy input to ensure the NHS in England is the leading public sector organisation in promoting sustainable development and mitigating climate change.
www.sdu.nhs.uk

NHS Wales: Health of Wales Information Service
The official website of NHS Wales is a seamless service bringing together information sources about the health and lifestyle of the population of Wales into a simple, electronic-based service.
www.wales.nhs.uk

National Leadership Council, National Leadership Academy and NHS Leadership website
The National Leadership Council (NLC) was established to support and strengthen outstanding leadership within the NHS. It is made up of 45 members and six patrons who collectively aim to bring world-class leadership to every level of the NHS. The NLC was set up to underpin and champion the priority attached to leadership in the NHS. The aim of the Council is to ensure that the NHS system supports and fosters high-quality leadership, and to challenge where it does not. The NLC was established in April 2009. The NHS Leadership website contains details of the NHS Leadership Framework and national
initiatives to underpin leadership development. A new National Leadership Academy was announced by the Secretary of State in July 2011. Further details as the Academy is established can be viewed at the NHS Leadership website.

www.nhsleadership.org.uk

**Northern Ireland: the Department of Health, Social Services and Public Safety**
This website provides access to information about health and social care in Northern Ireland. It has links to important policy papers and to the different departments, health organisations and professional groups that together contribute to leading and managing health and social care in the country.

www.dhsspsni.gov.uk

**Nuffield Trust**
The Nuffield Trust is one of the leading independent health policy charitable trusts in the UK. The Trust's mission is to promote independent analysis and informed debate on UK healthcare policy. The Trust’s purpose is to communicate evidence and encourage an exchange around developed or developing knowledge in order to illuminate recognised and emerging issues.

www.nuffieldtrust.org.uk

**Royal College of General Practitioners**
The Royal College of General Practitioners (RCGP) website provides essential sources of information about the curriculum, including management and leadership issues. The Information Services pages include many helpful fact sheets and summaries of key papers and policy documents.

www.rcgp.org.uk

*Caution: Since the election of a new UK government in May 2010, the continued existence of various NHS and government-funded institutions cannot be guaranteed.*
ACKNOWLEDGEMENTS

This curriculum statement is based on the original statement 4.1 Management in Primary Care in the 2007 version of the RCGP Curriculum. It has drawn on various national guidelines and policies, current research evidence and the expertise and clinical experience of practising general practitioners.

The authors and contributors of this version of the statement are:

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