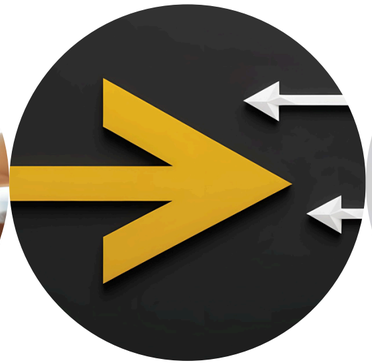
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Clinicians' Retention Charter



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Introduction by Dr Lade Smith

President, Royal College of Psychiatrists

A sustainable, well looked after and motivated workforce is vital for delivering good quality healthcare.

Across medical, surgical and psychiatric specialties, workforce challenges and the retention of Clinicians have become prominent issues over the last decade.

This Retention Charter, developed by the Royal College of Psychiatrists, aims to provide a structured, practical approach to implementing and improving retention approaches within healthcare organisations across the four nations of the UK. It has been developed with the principle of putting people first, both patients and staff, and is based on available data, policy, literature and good practice examples.

Adapted from the RCPsych Retention Charter, aimed specifically at the retention of psychiatrists, we hope that Royal Colleges and employers of all Clinicians will find value in reviewing their retention work under the four domains and actions of the charter:

- Creating a Culture of Belonging
- Supporting Clinicians' Mental and Physical Health
- Supporting Clinicians' Career Planning including those Considering Leaving
- Developing Medical Leadership

I am proud to see RCPsych taking the lead in addressing one of the biggest challenges of our time.

Dr Ananta Dave was appointed to her role as Presidential Lead for Retention and Wellbeing in the summer of 2024 and quickly began to plan the development of the RCPsych Retention Charter.

Released in July 2025, the charter provides organisations with a quality improvement tool to help improve retention.

Development of retention practices by moving through the maturity index, and sharing and implementing good practice is the ultimate aim of the charter – this development should be collaborative, both within provider services and potentially between services and Royal Colleges.

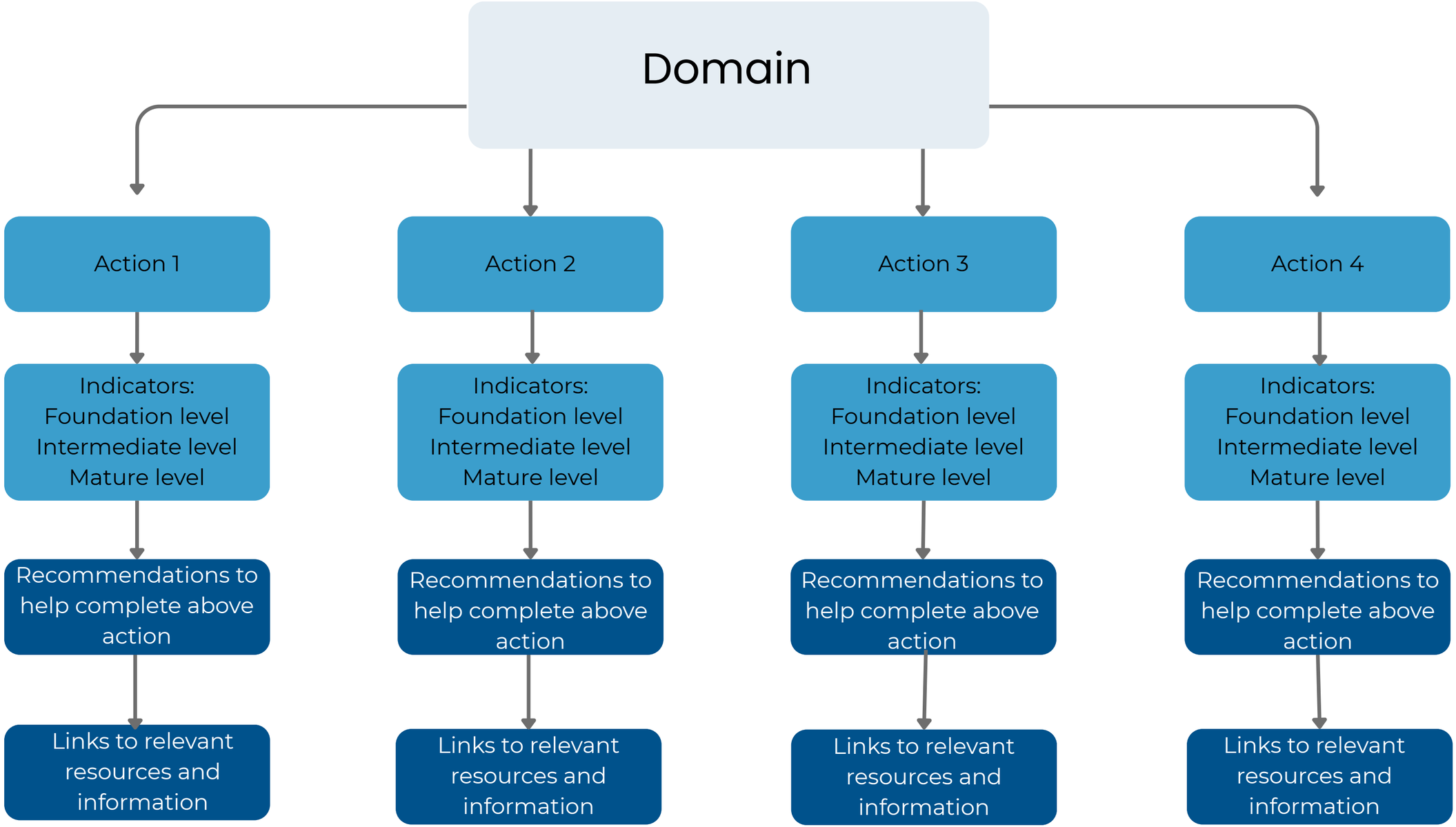
Terminology

Throughout the charter, we have made every effort to use terminology and information that is applicable across the United Kingdom but acknowledge that some phrases and resources might need adapting to the local context.

The term 'Clinicians' has been used to encompass doctors working in all healthcare specialties and to allow for the Charter to be flexibly adapted and implemented to improve retention across the wider multidisciplinary workforce.

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How to use the Retention Charter: A Key



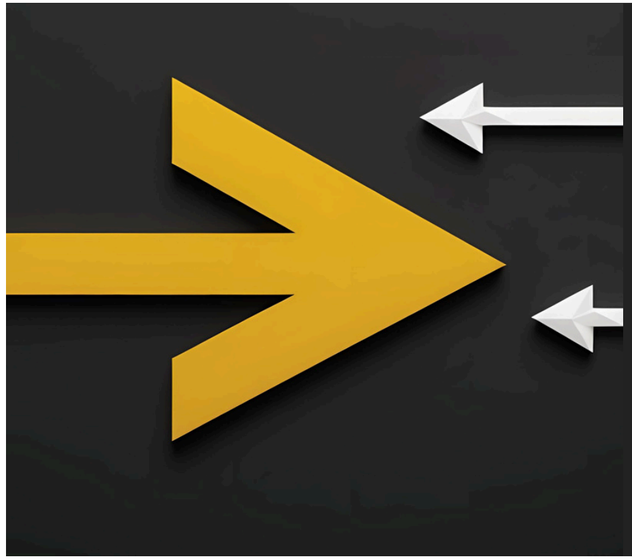
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The Four Domains of the Retention Charter



Domain 1: Creating a Culture of Belonging

Create workplace environments and cultures where all staff feel valued, respected, and connected to each other and the organisation



Domain 3: Supporting Clinicians' Career Planning Including Those Considering Leaving

Encourage Clinicians to grow within organisations and achieve their career goals, supporting them as they navigate through life events and plan for retirement



Domain 2: Supporting Clinicians' Mental and Physical Health

Establish and maintain systems to promote the health and wellbeing of Clinicians, minimise work-related stress, and support those experiencing illness or disability



Domain 4: Developing Clinical Leadership

Support the development of compassionate, inclusive, and accountable clinical leaders across the organisation and wider healthcare system

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Create a Culture of Belonging

1.1 Deliver robust and holistic induction programmes with enhanced support available for new Clinicians, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).

1.2 Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment.

1.3 Recognise and reward the strengths and hard work of Clinicians from all backgrounds and career stages.

1.4 Value Clinicians' identities as clinical leaders, including them in multi-professional structures, organisational decision-making, and the design of clinical services.

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Actions and Indicators

1.1 Foundation Level

Deliver robust and holistic induction programmes with enhanced support available for new Clinicians, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).

- Standardised induction programmes are in place for all new starters and people returning to the organisation including organisation-wide inductions and local departmental inductions.
- Enhanced induction programmes and support packages exist for specific groups in need of additional support such as IMGs, Clinicians starting work in a new specialty, those transitioning between career stages, those with disabilities, and Clinicians returning to work/training after career breaks (e.g. following periods of ill health, carer leave, parental leave, sabbaticals, research time, etc). Enhanced induction programmes for IMGs include providing support before they migrate to the country and on arrival.
- Induction programmes and support packages implement any reasonable adjustments that might be required so that Clinicians with disabilities or other needs can fully participate.
- Provisions are in place for induction activities to be repeated, as required, at various points such as when Clinicians move roles, when organisational procedures change, and/or when competencies/knowledge need updating.

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Actions and Indicators

1.1 Intermediate Level

Deliver robust and holistic induction programmes with enhanced support available for new Clinicians, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).

- Induction programmes are highly personalised with supervisors/line managers routinely providing additional training, information, and resources according to the specific needs/circumstances of individuals and reasonable adjustments.
- Simulation training is offered during induction programmes for IMGs and Clinicians with limited prior experience of working in a specialty to enhance their skills and confidence as they settle into UK clinical practice.
- Enhanced support is available following induction for those requiring this (e.g. IMGs new to UK health services) such as enhanced supervision, clinical shadowing periods, and delayed starts to the on-call rota.
- Feedback mechanisms are in place to evaluate the effectiveness of induction programmes. These mechanisms capture feedback both on completion of induction and continually afterwards as people settle into their roles.

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Actions and Indicators

1.1 Mature Level

Deliver robust and holistic induction programmes with enhanced support available for new Clinicians, those transitioning between career stages and/or returning to work after career breaks, and International Medical Graduates (IMGs).

- Induction programmes apply the principles of co-production, involving the target audience and people with relevant lived experience in their design and delivery.
- Social integration is actively encouraged when people join the organisation, with peer connections between new starters and those already in post being facilitated through organised events and continuing social activities.
- Alongside induction, a system of buddies, champions, and/or mentors exists with whom Clinicians requiring enhanced support can receive 1:1 advice, check ins and follow-up on a regular basis.
- The effectiveness of the induction and support programme/s offered is reflected in formal feedback and data relating to patient safety and Clinicians health, wellbeing, and confidence. This feedback/data is continuously utilised to make iterative improvements to induction programmes and to showcase the work of IMGs

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1.1 Advice and Recommendations

- Review the content of induction programmes and ensure that these cover the clinical, educational, pastoral, and practical needs of Clinicians joining the organisation. Embed informal networking opportunities and social events into these programmes to promote positive working relationships and peer support, such as ‘welcome events’ and ‘meet and greet’ initiatives.

- Provide all Clinicians with induction booklets and repositories of information/resources to assist them with settling into the organisation and their professional roles, including signposting them to relevant guidance and support from external organisations (e.g. the GMC, BMA, Royal Colleges). Update these resources/booklets regularly in line with new guidance, policies, and feedback.

- Identify which groups of Clinicians need additional support and work collaboratively with them to design tailored induction programmes addressing their specific needs, applying the principles of co-production. For example, involve IMGs with lived experience of adjusting to the UK healthcare system in the design and delivery of induction programmes for future IMGs.

- Provide bespoke training for supervisors on the specific needs and challenges encountered by IMGs, Clinicians returning from career breaks, those working less than full time (LTFT) or moving between major career points, and Clinicians with long-term illnesses or disabilities.

- Offer online workshops/discussions for IMGs preparing to move the UK so that they are aware of important practical information and arrangements required for a smooth transition including information about: immigration and Visas; UK laws; housing; banking; transport and driving; utilities; phone and broadband contracts; council tax; access to local supermarkets, restaurants, schools for children, and places of worship; registering with a GP and dentist; GMC registration; and setting up medical indemnity.

- Provide timely support for IMGs soon after arrival into the UK by considering offering ‘meet and greet’ initiatives at airports, temporary interim accommodation, and salary advance schemes to support with the initial upfront costs of re-location.

- Implement buddy schemes and/or mentorship programmes to support groups of Clinicians that might need additional support such as new starters, IMGs, Clinicians moving through major career points (e.g. new Consultants), and those returning from career breaks. Provide training for buddies/mentors on the specific challenges faced by these groups to increase their knowledge, skills, and quality of support offered. Consider matching Clinicians to buddies/mentors who work in a nearby and similar work location/department to increase the specificity of support offered and convenience of arranging meetings.

- Recruit people to ‘champion’ roles to support and advocate for specific staff groups (e.g. IMG champions, LTFT champions, Return to work champions etc). Involve these champions in the design and delivery of induction programmes, ensuring that colleagues are aware of people in these roles and how to contact them.

- Work with the organisational clinical education team to arrange simulation training and enhanced educational support for individuals returning to clinical practice after career breaks and/or those with limited prior experience of working in the relevant specialty (e.g. IMGs, foundation doctors, CT1 doctors). This enhanced support might involve clinical shadowing, a period of working with a more experienced peer/buddy when starting on-call responsibilities, and additional supervision.

- Regularly evaluate the content, quality, and effectiveness of induction programmes, including the support provided to doctors transitioning between career stages and returning from career breaks. This should include collating feedback (e.g. through surveys) on completion of induction programmes and obtaining follow-up data which assesses longer-term effects of the support being offered.

Actions and Indicators

1.2 Foundation Level

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment

- Organisational policies exist in relation to discrimination, bullying, and harassment and are consistently applied for all staff. Information and resources to support staff experiencing discrimination, bullying, or harassment are readily accessible and regularly communicated.
- Communication channels are used effectively within the organisation to convey and celebrate the diversity and representative nature of the workforce.
- Good quality training is delivered for all staff to improve their knowledge relating to equity, equality, diversity, and inclusion.
- Specific and measurable organisational objectives are in place to improve equity, equality, diversity, and inclusion.

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Actions and Indicators

1.2 Intermediate Level

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment

- Allyship networks and training exist to support staff in developing the attitudes, knowledge, and skills to actively support and advocate for marginalised groups. Such networks/groups are empowered to identify local issues and contribute towards the organisational equality, diversity and inclusion agenda.
- Mechanisms are in place to ensure safety and support, including psychological and peer support for Clinicians reporting discrimination, bullying, harassment or violence from colleagues, patients, or members of the public. Feedback is collated to understand staff experiences and views on the effectiveness of support offered.
- The organisation regularly reviews data on bullying, discrimination, harassment, and violence to determine trends and if any particular staff groups are disproportionately affected. Co-produced plans (i.e. developed with staff impacted by such issues) are implemented and reviewed at least annually to address identified problems.
- Feedback is regularly collated to understand staff experiences of discrimination, bullying, and harassment including understanding their confidence to raise concerns and views on support offered.

Actions and Indicators

1.2 Mature Level

Develop an organisational culture that celebrates diversity, role models inclusive behaviours, and takes accountability for addressing discrimination, bullying, and harassment

- Regular review of learning and implementation of policies relating to discrimination, bullying, and harassment occurs at board level and board members and senior leaders actively promote equity, equality, diversion and inclusion.
- The organisation partakes in national efforts to tackle discrimination and inequality in the health service, sharing examples of good practice outside of the organisation and implementing learning and guidance from national agencies.
- A healthy freedom to speak up culture exists where staff feel confident raising concerns, evidenced through formal feedback which is regularly acted upon.
- Active steps are taken by the organisation to build a diverse workforce including ensuring that recruitment activities reach diverse communities and supporting under-represented staff groups to develop their careers.

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1.2 Advice and Recommendations

- Incorporate training on equity, equality, diversity and inclusion into organisational induction processes. This training should be co-produced, involve people with lived experience, develop empathy and cultural competency, and raise awareness of organisational policies relating to discrimination, bullying, and harassment.
- Provide active bystanding training to empower staff to challenge poor/discriminatory behaviours in the workplace, and specific training for line managers focussing on effectively supporting colleagues who experience discrimination, bullying, or harassment.
- Ensure visibility of information on the organisation's intranet relating to the prevention and management of discrimination, bullying, and harassment. This should include who to contact if staff have concerns, and links to relevant guidance and services including how to access staff counselling and wellbeing support.
- Ensure that safe reporting mechanisms exist for staff to raise concerns without fear of negative consequences, including advertising the role of Freedom to Speak Up (FTSU) Guardians and Equality, Diversity and Inclusion (EDI) champions in supporting staff to speak out.
- Systematically conduct surveys and audits to understand staff experiences of discrimination, bullying and harassment and to assess compliance with relevant organisational policies preventing and managing these behaviours.
- Use information collated from staff surveys, incident management systems, and other reporting tools to develop awareness of the major facilitators and barriers to equity, equality, diversity, and inclusion within the organisation, including identifying staff groups and locations at greatest risk of experiencing discrimination, bullying, harassment, and violence. Use this information to devise and implement improvement plans aimed at addressing key issues and to inform organisational EDI objectives.
- Establish support networks and/or peer groups for staff with protected characteristics and their allies. Support these groups to meet regularly and establish clear mechanisms for them to provide feedback to management, ensuring their involvement in developing policies which directly affect them.
- Review the membership of organisational decision-making forums and ensure that there is appropriate representation of staff from various backgrounds and professional groups. This involves ensuring that there is diversity in leadership, that a broad range of perspectives are considered at organisational meetings, and that the impact of organisational policies on all staff groups is actively considered.
- Work with the communications team to ensure visibility and celebration of the diverse workforce in formal communications (e.g. in the staff newsletter, organisation website, intranet etc). This could include visually displaying the profiles of senior leaders, promoting the achievements of staff from diverse backgrounds, celebrating religious holidays, festivals, and special events across all cultures, and organising events to learn about different cultures.
- Work with external organisations, such as other hospitals, NHS England, the BMA, GMC, and Royal Colleges to share and learn from examples of good practice in relation to celebrating diversity and promoting equity, equality, diversity, and inclusion. This includes signing up to relevant charters or campaigns, such as the act against racism and sexual safety charter and implementing recommendations from national agencies.

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Actions and Indicators

1.3 Foundation Level

Recognise and reward the strengths and hard work of Clinicians from all backgrounds and career stages.

- Team meetings routinely include celebration of positive practice and individuals.
- Regular messages of appreciation are sent by senior leadership to Clinicians thanking them for their work and sharing information about its impact.
- Local recognition and reward schemes exist to formally celebrate Clinicians excelling in their roles.
- Rewards and benefits associated with working in the organisation are regularly communicated to staff, raising awareness and allowing people to take full advantage of them.

Actions and Indicators

1.3 Intermediate Level

Recognise and reward the strengths and hard work of Clinicians from all backgrounds and career stages.

- The positive work of individuals and clinical teams is communicated both internally and externally to the organisation by various means, with regular communications about people being valued by the organisation.
- Systems exist for formally capturing positive feedback from patients and carers, analysing this data, and passing on praise to named individuals and their line managers.
- Recognition and reward systems are routinely evaluated for impact and fairness.

Actions and Indicators

1.3 Mature Level

Recognise and reward the strengths and hard work of Clinicians from all backgrounds and career stages.

- A scheme exists where all staff can formally recognise and praise their colleagues, such as by sending recognition cards or online thank you letters.
- The organisation consistently engages with external recognition schemes, considering nominating talented Clinicians for regional, national, or international rewards/recognition (e.g. Royal College awards).
- Clinicians who are recognised for excellence are invited to share their skills and knowledge with others within the organisation through various events/activities.
- Reward and recognition schemes are continually updated and improved in line with data relating to impact, fairness, and the evolving needs and preferences of staff.

1.3 Advice and Recommendations

- Involve Clinicians in the design of recognition and reward schemes/packages, ensuring that these reflect the diverse workforce and what is valued by various professional groups.
- Ensure that recognition and reward schemes are inclusive, with recognition/rewards available for all career grades of Clinicians) from various backgrounds. Recognise and reward both clinical and non-clinical achievements, such as excellence in medical education, research, leadership and long time in service.
- Showcase the rewards and benefits associated with working at the organisation by creating and advertising a leaflet, webpage, and/or brochure where this information is easily accessible to staff.
- Create and advertise systems for patient and carer feedback to be formally logged, collated, and shared as appropriate, such as an electronic system where staff can input the details of patient thank you letters/cards.
- Create and advertise peer-to-peer staff recognition schemes where all staff can formally praise their colleagues, including staff recognising those outside their own professional groups and both junior and senior to them.
- Work with the communications team to collate and publicise successes of Clinicians within the organisation through various means such as by using social media, email, and having a dedicated space in the staff newsletter for staff recognition.
- Ensure that managers/supervisors regularly pass on praise and formally recognise staff and positive practice within team meetings. For example, a regular slot could be preserved for highlighting staff achievements and sharing good practice within the weekly departmental meeting.
- Organise annual rewards, such as an annual awards ceremony where staff can be nominated for formal organisation-wide awards, and time-specific rewards such as recognising long-time in service or major career milestones (e.g. promotions) with formal letters from senior leadership.
- Routinely evaluate reward and recognition schemes for impact and fairness by seeking the views of staff members through formal mechanisms such as surveys and analysing whether any specific staff groups are under-recognised and/or less engaged in such schemes.
- Maintain a log of relevant external award schemes and advertise these amongst the workforce, encouraging staff nominations within the relevant submission windows (e.g. Royal College awards).

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1.4 Foundation Level

Value the identity of Clinicians as clinical leaders, including them in multi-professional structures, organisational decision-making, and the design of clinical services

- A supportive organisational culture exists where Clinicians are empowered to lead and make decisions, ensuring that services are clinically led.
- Structures are in place to ensure that Clinicians can voice their views and be heard by senior leadership and management.
- The organisation works collaboratively with clinical leaders, such as medical staff advisory committees to improve working conditions for all Clinicians.
- Leadership functions, clinical leadership roles, educational roles, mentoring, quality improvement, research activity, and other important work that is not directly patient facing is formally recognised in job plans with appropriate renumeration, support, and resources to do this.

Actions and Indicators

1.4 Intermediate Level

Value the identity of Clinicians as clinical leaders, including them in multi-professional structures, organisational decision-making, and the design of clinical services

- Clinicians are actively encouraged and supported, through job planning, to lead quality improvement initiatives, using their clinical experience to identify problems in healthcare services and design, test, and implement solutions.
- Team building activities are in place to develop positive team identity and culture which values everybody's contributions and makes everybody feel part of the team.
- Clinicians are invited to join multiprofessional groups and collaborate with colleagues from other professions to continually review and improve clinical services.
- Clinicians are supported to see and help lead multiple aspects of clinical services beyond direct clinical care such as finance, workforce, and quality.

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Actions and Indicators

1.4 Mature Level

Value the identity of Clinicians as clinical leaders, including them in multi-professional structures, organisational decision-making, and the design of clinical services

- Clinicians are actively involved in all stages of service design, at departmental, organisational, and system level, using their unique expertise from the beginning to shape clinical services.
- Clinicians are given the opportunity, at all levels, to be involved in research and innovation.
- Feedback is regularly collated and acted upon to understand the views of Clinicians on how both the staff and patient experience can be improved. The organisation achieves high survey response rates and creates a culture where staff feel able to raise concerns and ideas without fear of negative consequences.

1.4 Advice and Recommendations

- Review the membership of committees and decision-making forums within the organisation, ensuring that there is adequate representation of Clinicians at all levels up to board level.
- Promote collaboration between Clinicians, other health professionals, and non-clinical managers in day-to-day work and build positive relationships through organised team events and team-building activities.
- Promote and actively support Clinicians in undertaking duties external to the organisation that are beneficial to the wider healthcare system, ensuring sufficient flexibility within job plans.
- Use multiple mechanisms to gather formal and informal feedback from Clinicians such as surveys, meetings, consultation events, and engagement with elected representatives. Track engagement with feedback mechanisms and tailor approaches used, accordingly, to maximise involvement.
- Measure Clinicians' sense of belonging to the organisation and wider healthcare system by using formal tools/surveys.
- Ensure that Clinicians have sufficient protected time (e.g.supporting professional activities' (SPA) time) to attend multiprofessional groups, undertake roles in leadership/education/research, and to contribute to the planning, design, evaluation, and improvement of clinical services.

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Supporting Clinicians' Mental and Physical Health

2.1 Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.

2.2 Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health

2.3 Create inclusive environments and engender positive attitudes towards Clinicians experiencing mental and/or physical illness or disability.

2.4 Make available or signpost to specific services and sources of support for Clinicians with mental illness, addictions, and neurodiversity.

Actions and Indicators

2.1 Foundation Level

Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.

- The organisation sends a strong message that managing workplace stress is a systemic issue rather than for individuals alone, and has policies aimed at supporting the identification, assessment, and management of workplace stressors.
- Circumstances and factors leading to work-related stress are routinely identified from various data sources, such as the NHS staff survey and local feedback initiatives.
- Workplace stressors are discussed during regular team meetings, and managers display commitment to improving/reducing these in line with staff views.
- Sufficient work and rest facilities are available for Clinicians, including access to appropriate offices, parking, canteen/s, information technology, on-call rest facilities, and equipment (this is not an exhaustive list).

Actions and Indicators

2.1 Intermediate Level

Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.

- Out of a wide range of potential causes of work-related stress, the organisation is able to identify factors affecting most staff and/or having the largest detrimental impacts and these are prioritised for systemic action with improvement plans in place.
- Staff workload is routinely monitored, and proactive measures are in place to avoid overwhelming staff including ensuring sufficient staffing and supporting staff to raise quality and safety concerns about work intensity.
- The organisation demonstrates a collaborative and sensitive approach to change management to reduce the stress associated with organisational change.
- Positive relationships between colleagues are actively promoted by the organisation, which act as a buffer against work-related stress.

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Actions and Indicators

2.1 Mature Level

Develop and embed an organisational culture focused on understanding and minimising causes of work-related stress.

- Employee feedback demonstrates that staff feel their views and concerns are routinely listened to and acted upon to reduce work-related stress.
- Clinicians are actively involved in co-producing interventions and system-wide changes to reduce work-related stress.
- Sickness data is analysed for trends such as high sickness absence in particular teams, locations, subspecialties or amongst particular staff groups to prompt investigation and resolution of issues affecting these specific areas/employees (e.g. exploring high risk of fatigue/burnout in specific teams).
- Positive stories of Clinicians who have experienced workplace stress and recovered with the right support from the organisation, and continued to thrive, are actively promoted.

2.1 Advice and Recommendations

- Collate information on factors associated with workplace stress through various means such as staff surveys, team meetings, and focus groups. Work with HR and occupational health departments to identify data trends, such as high rates of sickness absence in particular departments, and design and implement targeted solutions to address priority areas.
- Consider implementation of ‘you said we did’ initiatives or similar to demonstrate how Clinicians’ concerns about workplace stressors are being acted upon.
- Include dedicated time for discussion of staff wellbeing and identifying and addressing factors leading to workplace stress in team meetings.
- Organise regular team training, team building events, and foster peer networks to strengthen collegiate relationships, enhancing peer support for managing stress.
- Encourage Clinicians to complete quality improvement projects and join staff wellbeing groups/projects focused on minimising workplace stress.
- Ensure that Clinicians are consulted about organisational changes and able to influence decision making, that information about change is communicated in a timely manner, that Clinicians are aware of timeframes for any changes and how these will impact their working patterns/roles and provide access to appropriate support as they adjust to new ways of working.
- Review staffing levels and rotas, ensuring sufficient numbers of Clinicians to adequately meet demands on the service without overwhelming individuals and considering annual leave, study leave, and other leave. Mitigation strategies should be in place if the required staffing numbers cannot be achieved immediately.
- Conduct and regularly update risk assessments to identify workplace hazards including psychosocial hazards.
- Ensure that there is sufficient office space, parking, rest facilities, and personal IT equipment for all Clinicians working in the organisation. Work collaboratively with their elected clinical leaders to improve these facilities and working conditions for Clinicians.
- Support Clinicians to raise issues relating to missed breaks or staying late at work through formal mechanisms such as exception reports or other monitoring systems, with provisions available for time-in-lieu or additional payment.

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Actions and Indicators

2.2 Foundation Level

Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health

- The organisation recognises that workplace stress is a systemic issue that can impact all Clinicians and signposts them to a range of wellbeing support from various services, including both local and national resources.
- The organisation actively reduces ‘blame culture’ and builds trust amongst Clinicians by acknowledging and communicating the wide range of stressors in the health service (e.g. stretched finances, workforce shortages, complex service structures and organisational change, increasing societal expectations) and what it is doing to help combat these.
- Training is routinely offered for managers/supervisors to equip them with the skills to recognise Clinicians displaying early signs of impaired wellbeing and effectively support them.
- The organisation has a nominated Health and Wellbeing Guardian that attends board-level meetings, ensuring that staff health and wellbeing is central to organisational strategy.

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Actions and Indicators

2.2 Intermediate Level

Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health

- Specific interventions are routinely offered within the organisation to help Clinicians effectively manage stress and promote positive wellbeing such as psychoeducation, mindfulness, reflective groups, Schwartz rounds, job planning reviews, and healthy lifestyle interventions.
- Supportive wellbeing conversations routinely take place within team meetings to promote peer support, alongside being discussed during individual supervision sessions.
- A no-blame, fair learning culture exists for staff affected by safety incidents with an emphasis on co-produced learning, a systems-based learning response, and supporting staff to feel confident raising issues.
- Named health and wellbeing champions exist across services and teams, with mechanisms in place to support people in these roles and develop their knowledge/skills.

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Actions and Indicators

2.2 Mature Level

Promote staff health and wellbeing and provide support, at an early stage, for those experiencing work-related stress, burnout, or ill health

- A supportive culture exists where Clinicians feel confident and able to discuss experiencing early signs of stress and/or burnout with their managers/supervisors and seek support at an early stage.
- The organisation adopts a person-centred approach and creative solutions for promoting staff wellbeing, with evidence of staff co-designing and leading wellbeing initiatives.
- Barriers to Clinicians accessing relevant health and wellbeing support and services are regularly reviewed, and actions taken to reduce stigma and eliminate these barriers.
- Bespoke support services are available for staff affected by traumatic events, such as the death of patients, violence, adverse incidents, or referrals to the regulator.

2.2 Advice and Recommendations

- Create a folder of local and national resources to support the wellbeing of Clinicians and ensure that this is readily accessible and visible on the organisation's intranet.
- Ensure that funding is ringfenced for staff health and wellbeing initiatives, such as creative arts and humanities and healthy lifestyle interventions.
- Send regular communications to Clinicians acknowledging workplace stressors, including within the wider health service, and highlighting what the organisation and wider healthcare system are doing to address them.
- Seek feedback from Clinicians to understand any barriers to them accessing health and wellbeing support and work collaboratively with them to reduce these.
- Ensure that systems are in place to support and promote confidential reflective practice amongst peers.
- Organise team-level and creative organisation-wide health and wellbeing initiatives and advertise these through various means such as email communications, the intranet, and social media.
- Provide training for supervisors/managers which focuses on spotting early signs of stress amongst Clinicians, increasing awareness of relevant policies and health and wellbeing support available within and outside of the organisation, and how to support Clinicians on an individual basis. This could include review of job plans, workload, and working arrangements including opportunities to work in new settings/and or teams as appropriate.
- Caseload reviews are routinely conducted to ensure that workloads are appropriate and to proactively prevent Clinicians feeling overwhelmed or experiencing symptoms of burnout. These caseload reviews consider additional resources and time needed for managing clinical complexity.
- Ensure that systems and policies are in place to proactively support Clinicians experiencing potentially stressful events/processes such as those involved in adverse incidents, coroners case/s, and/or referrals to the regulator. This should include access to individual psychological support, compassionate communication, additional supervision and mentoring as required, and regular reviews of wellbeing. Learning from adverse incidents should be emphasised and such learning should be co-produced with staff.
- Ensure that systems and policies are in place to proactively support Clinicians who experience the unexpected death of a patient, or violence at work. .

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

2.3 Foundation Level

Create inclusive environments and engender positive attitudes towards Clinicians experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work

- The organisation proactively reaches out to Clinicians with mental and/or physical illness or disability and ensures assessment of their needs as appropriate, alongside sending a strong message of their work and insights being valued.
- Staff with mental and/or physical illness or disability are engaged in 1:1 conversation, from the start of their employment, to consider, implement, and review appropriate workplace modifications, reasonable adjustments, and support required, catering to their strengths.
- The organisation highlights the important role of carers and ensures that flexible working policies exist to support them in balancing their work and caring responsibilities.

Actions and Indicators

2.3 Intermediate Level

Create inclusive environments and engender positive attitudes towards Clinicians experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work

- The organisation enables a supportive environment where individuals with illness, disability, or caring responsibilities outside of work feel able to identify themselves as needing additional support.
- The organisation routinely collates feedback on the experiences of Clinicians with physical and/or mental illness or disability and those with caring responsibilities outside of work and demonstrates enactment of such feedback.
- The organisation participates in national events and initiatives, such as mental health awareness week and world mental health day, to raise awareness of conditions impacting the workforce and how to effectively support colleagues with these.

Actions and Indicators

2.3 Mature Level

Create inclusive environments and engender positive attitudes towards Clinicians experiencing mental and/or physical illness or disability and Pthose with caring responsibilities outside of work

- A platform/forum exists for colleagues with mental and/or physical illness or disability and their allies to convene to support one another, share experiences, advice, and information, and promote learning in relation to staff support.
- Staff networks for employees with illnesses, disabilities, or caring responsibilities, work closely with wellbeing champions and regularly review organisational policies for impact and fairness, with mechanisms in place to report to board.
- The organisation takes active steps to reduce stigma towards employees with mental and/or physical illness or disability including misconceptions about what they can and can't do.
- The organisation celebrates strengths and provides hope to those experiencing illness and/or disability by sensitively sharing the stories and achievements of consenting staff who have experienced these and thrived at work.

2.3 Advice and Recommendations

- Review physical working environments in the organisation, ensuring sufficient set up of offices/equipment, access to quiet places, and accessibility of facilities for all employees including those with physical disabilities.
- Create and advertise ‘champion’ roles within the organisation to advocate for individuals with physical or mental illness or disability, such as disability champions.
- Collate feedback from staff to understand the inclusivity of the organisation and how staff with mental and/or physical illness and disability feel they are treated and supported, including options for staff to give feedback anonymously. Be receptive to challenge and demonstrate how collected feedback has been listened to and acted upon by reporting back to staff and considering initiatives such as ‘you said we did’.
- Implement mechanisms by which staff with hidden disabilities can choose to make these visible to others, if they wish to do so, such as with the Hidden Disabilities Sunflower lanyard.
- Identify and implement any workplace adjustments, including flexible working options, and additional support that might be required for individuals with mental and/or physical illness and disability and those with caring responsibilities for a person with disability. Ensure processes are in place for involving occupational health and access to work when appropriate.
- Keep a log/calendar of important events aimed at reducing stigma and improving awareness of various conditions (e.g. world autism awareness day, disability month, carers week) and participate in these by sending out relevant communications and visibly displaying support for individuals with these conditions.
- Share success stories of Clinicians and other health professionals with mental and/or physical illness and disability, with their consent, through various means such as blog posts, newsletter articles, posters, and/or information on the staff intranet.
- Support staff networks of individuals with mental and/or physical illness or disability by ensuring they have sufficient time and space to meet and that there are clear mechanisms by which they can provide feedback to senior leaders and influence organisational policy.
- Use health or disability passports to record information about a Clinician’s health condition/s and reasonable adjustments that have been agreed. This allows them to present such passports to new line managers/supervisors when they move roles, and this can reduce barriers to disclosing information and seeking support.
- Provide training for line managers/supervisors on reasonable adjustments and how to effectively support and promote inclusive environments for Clinicians with physical and/or mental illness, disability, or caring responsibilities.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Actions and Indicators

Policies and guidance are in place for supporting Clinicians with mental illness, addictions, and/or neurodiversity. These are readily available to staff through the organisation's intranet page or other accessible means and promoted during staff inductions and at regular timepoints.

2.4 Foundation Level

Make available or signpost to specific services and support for Clinicians with mental illness, addictions, and neurodiversity

Clinicians with mental illness, addictions, or neurodiversity are signposted to relevant health and support services, including specialist services like NHS practitioner health and occupational health departments.

Regular communication and support are offered to individuals on sick leave and personalised support and rehabilitation on return to work.

Actions and Indicators

- Feedback is routinely collated and acted upon regarding the effectiveness of support services offered for Clinicians with mental illness, addiction, or neurodiversity.

2.4 Intermediate Level

Make available or signpost to specific services and support for Clinicians with mental illness, addictions, and neurodiversity

- Occupational health services are regularly evaluated for impact and quality.
- Regular communication and meetings are established between medical leadership, HR, and occupational health departments to enable timely support and appropriate help for Clinicians experiencing illness, including enhanced support for those who have been referred to the regulator due to a health condition affecting their fitness to practice.

Actions and Indicators

2.4 Mature Level

Make available or signpost to specific services and support for Clinicians with mental illness, addictions, and neurodiversity

- Reciprocal agreements are in place between organisations to provide specialist support (e.g. inpatient admissions) to Clinicians experiencing mental health problems, addictions, or neurodiversity.
- The organisation reviews barriers to Clinicians accessing help and support for mental illness, addiction, or neurodiversity and works collaboratively with them to identify and implement solutions.
- Clinicians and senior leaders who have recovered from chronic mental illness and/or addictions are supported to share their stories, if desired, to provide hope and demonstrate that they can be an enhanced version of themselves after illness.

2.4 Advice and Recommendations

- Create a folder of resources for Clinicians with mental illness, addictions, or neurodiversity with links to relevant policies, local guidance, and resources. Ensure that this is readily accessible on the staff intranet.
- Signpost to external support such as NHS Practitioner Health and BMA support lines (different services exist for different Royal Colleges)
- Refer Clinicians with mental illness, addictions, or neurodiversity to occupational health services to help protect and support them, including identifying adjustments required in the workplace.
- Empower managers to discuss initiatives and support available within the organisation to support Clinicians with mental illness, addictions, or neurodiversity such as flexible working arrangements, staff counselling, and peer support networks.
- Discuss and agree with Clinicians on sick leave how often managers/supervisors will keep in touch and who will contact them.
- Ensure that Clinicians returning to work after illness receive a personalised return-to-work plan in collaboration with occupational health services.
- Consider using blog posts, newsletter articles, social media, and/or the staff Intranet to share the stories of staff members who have recovered from mental illness or addiction, with their consent, and continued thriving at work.
- Seek feedback from Clinicians with mental illness, addictions, or neurodiversity through various means such as individual conversations, surveys, focus groups, and working collaboratively with peer support networks and health and wellbeing champions within the organisation. Ensure that feedback is collected exploring their experiences of support provided by line managers and the wider organisation, support during sick leave, barriers to accessing support, workplace adjustments, and the effectiveness of occupational health services. Demonstrate feedback is acted on through initiatives such as ‘you said we did’.
- Establish agreements with other health organisations to ensure that Clinicians requiring inpatient admission have the option to be cared for outside of their own organisation.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Supporting Clinicians' Career Planning and those considering leaving

3.1 Continually promote the retention of Clinicians through 'stay conversations' and proactive measures to help them achieve their career goals.

3.2 Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, staff working in the independent sector, staff working in locum, agency or temporary positions, LE Doctors/Clinical Fellows, less than full time Clinicians and those with carer responsibilities outside of work

3.3 Provide access to retirement planning discussions at an early stage and support those retiring and returning to work.

3.4 Have enabling conversations with Clinicians considering leaving or who have decided to leave the organisation/profession, ensuring that they feel supported, and their decision is a considered, positive choice.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

Actions and Indicators

3.1 Foundation Level

Continually promote the retention of Clinicians through ‘stay conversations’ and proactive measures to help them achieve their career goals

- Individual ‘stay conversations’ occur regularly with Clinicians and are embedded into organisational processes to explore what will help them to continue working in the organisation. These include enquiring about what is going well in their working lives and what could be improved.
- Managers/supervisors have regular team-level conversations about factors impacting work satisfaction and retention within their department/s.
- A systematic approach exists to collating and acting on feedback about the experience of Clinicians within the organisation, such as NHS Staff Survey data.

Actions and Indicators

3.1 Intermediate Level

Continually promote the retention of Clinicians through ‘stay conversations’ and proactive measures to help them achieve their career goals

- Managers/supervisors offer regular ‘career conversations’ with Clinicians, to help them reflect on their development, identify and achieve career goals.
- Coaching and continuing professional development activities are available for Clinicians to enhance their personal and professional development.
- Clinicians’ work and commitment are appreciated with specific positive feedback and communication about how this contributes to improved quality of care and organisational performance.

Actions and Indicators

3.1 Mature Level

Create inclusive environments and engender positive attitudes towards Clinicians experiencing mental and/or physical illness or disability and those with caring responsibilities outside of work

- The organisation demonstrates effective learning and continuous improvement in metrics related to staff experience and the retention of Clinicians, such as evidencing annual improvements in NHS staff survey scores.
- There is evidence of applying learning and good practice from external organisations/bodies relating to proactive staff retention initiatives.
- Clinicians feel confident that their organisation can address issues that might otherwise hinder their career satisfaction or development, including issues relating to specific staff groups and personal situations, enabling them to continue working with appropriate adjustments as required.
- The organisation offers creative and flexible career development opportunities, supporting Clinicians to pursue their specific interests and talents.

3.1 Advice and Recommendations

- Offer ‘stay conversations’ at regular intervals throughout a Clinician's employment and provide training for managers/supervisors in how to conduct these effectively. Consider an increased frequency of ‘stay conversations’ for new starters such as after 30 and 60 days in their role.
- Offer ‘careers conversations’ at regular intervals throughout a Clinician's employment to develop understanding of their career goals and how the organisation can support them to achieve these. Provide training for managers/supervisors to enhance their skills in conducting these conversations effectively.
- Consider offering a drop-in service with senior medical leadership where Clinicians can request and engage in the above ‘stay conversations’ and ‘career conversations’ on an ad-hoc basis.
- Provide regular communication to Clinicians about the positive impact of their work, sharing data relating to positive patient and carer experience and organisational performance at relevant departmental meetings.
- Provide and/or support coaching training for Clinicians in the organisation to coach other Clinicians, providing structured and time limited support to help them achieve specific desired developmental goals or overcome specific challenges.
- Review the organisation’s continuing professional development (CPD) offer for Clinicians, ensuring that they have sufficient access to internal and external training and development opportunities. Use allocated study budgets flexibly to support Clinicians with aspirations to complete specific courses or qualifications, including considering rolling over of budgets across financial years.
- Analyse retention and work satisfaction data by staff group and location. Design and implement improvement projects aimed at addressing specific metrics relating to the retention and job satisfaction of Clinicians.
- Offer a range of opportunities for flexible working for Clinicians, considering their preferences and any commitments outside of work, allowing them to progress their careers whilst implementing appropriate modifications to working patterns.
- Ensure flexibility within job planning and appraisal processes whereby Clinicians can request and be supported to make changes to their roles, as appropriate.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Actions and Indicators

3.2 Foundation Level

Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, staff working in the independent sector, staff working in locum, agency or temporary positions, LE Doctors/Clinical Fellows, less than full time Clinicians and those with carer responsibilities outside of work

- Organisational policies and guidance are in place to support relevant staff groups.
- These policies and guidance are clearly communicated and accessible to staff, with evidence of appropriate signposting and folders of resources.
- The organisation collates and regularly reviews data to determine which specific groups/profiles of employees are disproportionately represented amongst staff leaving the organisation.
- The organisation offers flexible working arrangements for Clinicians requiring this due to parental responsibilities, carer responsibilities, or other reasons.

Actions and Indicators

3.2 Intermediate Level

Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, staff working in the independent sector, staff working in locum, agency or temporary positions, LE Doctors/Clinical Fellows, less than full time Clinicians and those with carer responsibilities outside of work

- Organisational policies and guidance to support these staff groups are co-produced with individuals with relevant lived experience and regularly reviewed at board level.
- Feedback is regularly collated and acted upon to improve the experiences of these specific staff groups.
- Active steps are taken by the organisation to ensure that less than full time Clinicians and/or those requiring flexible working arrangements are not excluded from career development opportunities.
- The organisation regularly remains in touch with Clinicians on career breaks, ensuring that they feel valued, supported, and welcomed to return the organisation when appropriate.

Actions and Indicators

3.2 Mature Level

Ensure provision of targeted support for staff groups who might experience difficulties planning or navigating their careers e.g. new parents, those returning after career breaks, staff working in the independent sector, staff working in locum, agency or temporary positions, LE Doctors/Clinical Fellows, less than full time Clinicians and those with carer responsibilities outside of work

- There is evidence of applying learning and recommended best practice from external organisations/bodies to support these staff groups and sharing local examples of good practice externally.
- Peer support groups or networks are available for these staff groups to convene, discuss challenges, and share relevant knowledge, information, and resources.
- ‘Champion’ and/or ‘representative’ roles exist for these specific staff groups to advocate for and support them, including collating and sharing their views with organisational management to influence policy/practice.
- Mechanisms exist for sharing the stories of Clinicians who have navigated life events and/or non-work responsibilities alongside their job roles and/or who have returned from career breaks, to motivate and inspire others in similar positions and advertise support that is available.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

3.2 Advice and Recommendations

- Create a folder of resources including relevant information, policies, and guidance to support these specific staff groups with their career planning and work/life integration.
- Ensure that the above folder of resources, and links to support/guidance are clearly visible on the intranet and communicated to staff.
- Provide training for managers/supervisors focussing on how to effectively support these staff groups. This training should be co-produced and delivered with individuals with relevant lived experience.
- Offer flexibility of working hours/patterns and remote working options, where possible, to support staff groups balancing caring responsibilities inside and outside of work (e.g. new parents, carers) or requiring this for other reasons.
- Create a space for open discussions about work/life integration, responsibilities outside of work, and difficulties faced by specific staff groups.
- Signpost to relevant staff support groups and forums within the organisation (e.g. carers groups) and ensure that these are accessible.
- Proactively support these staff groups, anticipating when additional support might be required over certain periods and planning this in advance.
- Ensure that career development and training opportunities are offered flexibly to avoid excluding staff with flexible working patterns.

- Protocols/policies are in place to support retirement planning including flexible retirement options and access to portfolio careers.

3.3 Foundation Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work

- Procedures are in place to support Clinicians returning to work after retirement including the provision of information, resources, and appropriate training to ease their transition back into the workplace.

- The organisation clearly communicates the value of late career Clinicians and appreciation of their experience, skills, and organisational memory, raising awareness of the desire to actively retain them.

Actions and Indicators

- Medical managers proactively and routinely meet with staff heading towards retirement early on and discuss/explore their options.

3.3 Intermediate Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work

- The organisation raises awareness of retirement planning policies and options on a regular basis at appropriate departmental meetings and training sessions.

- Mechanisms exist to promote organisational learning from exit interviews of people retiring.

Actions and Indicators

- Formal careers advice talks/sessions, including pensions advice, are regularly facilitated for Clinicians approaching retirement.

3.3 Mature Level

Provide access to retirement planning discussions at an early stage and support those retiring and returning to work

- The organisation enables people to continue developing their careers, in keeping with their expertise, experience and interests with appropriate access to formal leadership positions and non-patient-facing responsibilities for Clinicians in retire and return roles.

- There is evidence of innovative practice to support retirement planning and/or people returning to work following retirement such as ‘retire and return champions’.

3.3 Advice and Recommendations

- Review existing retirement policies and ensure that there is sufficient flexibility within these to allow for a wide range of flexible retirement options including partial retirement (draw down), retire and return, step down, and wind down options.
- Identify staff approaching retirement and offer proactive and supportive conversations to discuss retirement flexibilities and how these can be applied on an individual basis. .
- Support staff who manage individuals or teams to have these retirement planning discussions by providing them with relevant training, information, and resources.
- Complete voluntary exit interviews for staff retiring and analyse key themes arising from these interviews to improve the staff experience.
- Collaborate with trade unions and external institutions to arrange careers talks and pensions advice sessions for Clinicians planning to retire.
- Engage in discussions before a Clinician retires on the role that they will be returning to under ‘retire and return’ options.
- Ensure sufficient flexibility and variety of roles for staff planning retirement, including career development opportunities and portfolio jobs plans encompassing leadership, education, and research opportunities in addition to clinical responsibilities.
- Provide a comprehensive set of resources for staff planning retirement, with all relevant information and links to external guidance and organisational support being collated together and being easily accessible.
- Provide information on re-registration and appropriate training and support for Clinicians returning to work after retirement, including mandatory training and opportunities to refresh clinical competencies.
- Consider paying employer contributions to the employee on leaving the NHS pension scheme.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Actions and Indicators

3.4 Foundation Level

Have enabling conversations with Clinicians considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice

- ‘Retention conversations’ routinely take place with staff considering leaving the organisation to understand factors influencing their decision-making.
- The organisation is responsive to the needs of staff who are considering leaving due to feeling unsupported or other workplace issues (e.g. bullying, harassment, discrimination, workplace stress). This involves working with such staff members to identify and implement solutions and supporting them to continue in their roles, if this is appropriate and desired.
- Voluntary exit interviews are routinely offered to all staff leaving the organisation and conducted sensitively.
- The effects of Clinicians leaving the organisation on those who remain are actively and routinely considered, with appropriate review of workload and resources occurring to avoid them becoming overstretched.

Actions and Indicators

3.4 Intermediate Level

Have enabling conversations with Clinicians considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice

- Processes are in place to identify early indicators of staff having negative experiences at work and/or considering leaving the organisation through various feedback mechanisms and data.
- The organisation demonstrates awareness of key themes arising from exit interviews and retention conversations, and action plans are in place to address common reasons for Clinicians leaving.
- Processes exist to support effective handover between staff leaving the organisation and those continuing working, ensuring that key knowledge, resources, and skills are passed on.

Actions and Indicators

3.4 Mature Level

Have enabling conversations with Clinicians considering leaving or who have decided to leave the organisation/profession before retirement age, ensuring that they feel supported, and their decision is a considered, positive choice

- There is evidence of an organisational culture where staff feel able to come forward and discuss thoughts of leaving the organisation at an early stage.
- The organisation demonstrates effective learning with measurable improvements being demonstrated in priority areas identified from exit interviews and retention conversations.
- Systems are in place to capture Clinicians leaving the organisation due to feeling unsupported as incidents and indicators of risk to the quality of care delivered.

3.4 Advice and Recommendations

- Offer training for supervisors/managers to have effective retention conversations with Clinicians.
- Offer drop-in sessions for Clinicians who are considering leaving the organisation or who wish to discuss their career options with senior leaders.
- Deliver training in how to conduct sensitive and effective exit interviews when Clinicians leave the organisation.
- Work with colleagues in human resources (HR) and organisational development (OD) to identify themes from exit interviews and retention conversations, and implement improvement plans to address these.
- Ensure that information collated from exit interviews and retention conversations related to staff feeling unsupported or unable to deliver quality care is recorded using incident management systems and/or flagged at the appropriate safety and quality forums.
- Proactively fill gaps left by Clinicians exiting the organisation through advance planning, recruitment to substantive roles, and appropriate allocation of resources.
- Encourage continued membership of the organisation so that Clinicians who leave can continue to feel connected and benefit from opportunities featured in communications.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Developing Clinical Leadership

4.1 Support Clinicians in leadership roles to remain motivated and deliver their best

4.2 Support the leadership skills development of all Clinicians from all career grades, recognising this as a core expression of professional identity

4.3 Develop managerial skills for all Clinicians

4.4 Create clear leadership development pathways and equitable opportunities for Clinicians to pursue leadership roles in line with the values of their respective Royal College and employer.

Actions and Indicators

4.1 Foundation Level

Support Clinicians in leadership roles to remain motivated and deliver their best

- Policies relating to job planning include clear recognition of leadership roles and responsibilities in clinical, educational, and academic work. Protected time (e.g. supporting professional activity (SPA) time) allocated to such roles is regularly reviewed as workload and responsibility changes.
- Appraisal processes for Clinicians include specific recognition of leadership performance and competencies within clinical, educational, and academic work.
- The organisation has networks in place where Clinicians in leadership roles regularly come together to share learning and support one another.
- Continuing professional development activities relating to building and maintaining leadership competencies exist within the organisation.

Actions and Indicators

4.1 Intermediate Level

Support Clinicians in leadership roles to remain motivated and deliver their best

- Clinicians in formal leadership roles have equitable access to 1:1 mentorship and/or coaching opportunities within the organisation or by facilitating their access to such opportunities externally.
- The organisation actively supports Clinicians in leadership roles to complete specialist leadership programmes and/or qualifications external to the organisation to further their development.
- Provisions are in place for leaders to routinely discuss and reflect on the emotional challenges of their work with peers such as through Balint groups, reflective practice sessions, Schwartz rounds or similar initiatives.
- The views, experiences, and achievements of Clinicians in leadership roles are routinely collated by the organisation through formal feedback and appraisal processes.

Actions and Indicators

4.1 Mature Level

Support Clinicians in leadership roles to remain motivated and deliver their best

- The organisation demonstrates regular appreciation of Clinicians in leadership roles through formal mechanisms such as letters, certificates, events, and awards to promote and celebrate leaders excelling in their work.
- Mechanisms exist to share good practice in leadership both within and outside of the organisation.
- Responsible Officer (RO) training is offered for all doctors in senior medical leadership positions so that decisions regarding referral to the regulator are taken proportionately and equitably.
- The organisation demonstrates, with appropriate evidence, that it routinely acts on feedback from Clinicians in leadership roles and enhances leadership experience at all levels, linking this to improved patient care.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

4.1 Advice and Recommendations

- Standardise and review job planning templates for leadership roles (including clinical, educational, and research leadership), ensuring that expectations of these roles are clearly delineated and there is sufficient allocated time and resource for Clinicians to perform them effectively. Current medical leaders should be involved in this review process and the unique demands of balancing leadership roles with clinical responsibilities should be clearly recognised and support given to manage this balance.
- Include recognition of leadership performance in organisation-wide staff recognition and reward systems and consider nominating Clinicians excelling in leadership roles for regional/national awards.
- Ensure that regular 360-degree feedback is collated for leaders and that this is used to recognise positive practice, inform their development, and set future objectives.
- Create coaching and/or mentoring opportunities for those in leadership positions by offering coaching or mentorship training, creating a database of coaches/mentors with their contact details, and routinely offering this to new clinical leaders.
- Advertise external leadership development courses, schemes, and qualifications to Clinicians in leadership roles and ensure that there is sufficient funding available to support them in these endeavours. Ensure that these courses, schemes and qualifications are tailored towards leadership at various levels.
- Implement weekly peer supervision, support, and/or mentoring to support the development Clinicians as leaders. In addition, encourage ‘reverse mentoring’ where senior medical leaders can learn from, as well as teach and support, their junior colleagues.
- Establish leaders networks, leadership development days, and good practice events where Clinicians in leadership roles can come together to share positive practice, discuss challenges and concerns, and provide mutual support. This includes reflections on managing the practical and emotional demands of clinical work alongside formal leadership roles.
- Ensure that leadership competencies and opportunities are discussed in appraisals by including this in appraisal paperwork/checklists, standardising appraisal processes, and offering appraisal training. There should be recognition that clinical leadership is unique and requires significant expertise juggling clinical and leadership commitments.
- Collate regular feedback from clinicians in leadership roles about facilitators and challenges to them achieving success in their roles, working with them and wider networks to identify solutions to challenges.
- Organise regular training and development opportunities for Clinicians in leadership roles, supporting their development of system leadership skills, understanding of the broader determinants of health, and the development of leadership within wider relevant systems across the four nations. This training should include effective onboarding as people begin leadership roles and continued training and development opportunities as they progress. For example, courses for clinical directors and aspiring clinical directors could include access to peer-support and action learning sets based on their area of work.

RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

Actions and Indicators

4.2 Foundation Level

Support the leadership skills development of all Clinicians from all career grades, recognising this as a core expression of professional identity

- Leadership opportunities and competencies are regularly discussed in supervision sessions, job planning or induction meetings, appraisals, and placement review meetings.
- A postgraduate teaching programme exists which includes teaching on leadership skills and meets the standards and curriculum requirements of the relevant Royal College. SAS doctors and LE doctors/Clinical fellows have access to this teaching in addition to resident doctors.
- The organisation promotes and supports Clinicians engaging in reflective practice, peer group discussions, continued professional development activities, and/or workplace-based assessments (WPBAs) focussing on leadership skills.
- The organisation actively enables specialty doctors to become Specialists and provides access to the portfolio route for SAS doctors to become Consultants if they wish to do so.

Actions and Indicators

4.2 Intermediate Level

Support the leadership skills development of all Clinicians from all career grades, recognising this as a core expression of professional identity

- Shadowing opportunities and/or opportunities to meet with senior leaders are advertised and made available for Clinicians from all career grades who are interested to find out more about these roles.
- Local leadership roles exist within the organisation for all groups of Clinicians to represent their peers, meet with management, and contribute to organisational development.
- Specific leadership activities are advertised to Clinicians in training, with protected time available for them to undertake these.
- The organisation provides practical and well-supported opportunities for Clinicians to develop their leadership skills, such as action learning sets.

Actions and Indicators

Special interest time, supporting professional activities (SPA) time, or other protected time, is made available for all career grades of Clinicians to pursue leadership interests/projects benefitting both the individual and the organisation.

4.2 Mature Level

Support the leadership skills development of all Clinicians from all career grades, recognising this as a core expression of professional identity

The organisation provides or facilitates equitable access to 1:1 mentorship and/or coaching opportunities for Clinicians demonstrating interest and potential in leadership.

SAS doctors are appointed to formal leadership roles and occupy team or committee level leadership positions within the organisation.

4.2 Advice and Recommendations

- Advertise leadership opportunities for Clinicians during their induction into their role/placement, allowing them to make the most of such opportunities early on and ensuring equitable access.
- Review the leadership training content within the local postgraduate teaching programme, ensuring that this remains up to date, is aspirational, and supports Clinicians in developing systems-wide leadership skills. For example, such training could include exposure to ICBs (in England), IJBs (in Scotland), LHBs and RPBs (in Wales), ICSs and AIPBs (in Northern Ireland), commissioning, transformation projects, and managing health inequalities and population health. Leadership training should additionally include practical experience, in addition to teaching relevant theory, through exposure to leadership activities and learning methodologies such as action learning sets.
- Encourage clinical supervisors to consider leadership competencies and opportunities for their supervisees in regular clinical practice (e.g. opportunities for them to chair ward rounds or team meetings), supervision and appraisal meetings, and when undertaking workplace-based assessments.
- Ensure that leadership training opportunities are offered equitably across all types and grades of Clinicians.
- Create a catalogue/database of opportunities available in leadership and advertise these amongst Clinicians in training, such as opportunities for them to help lead specific pieces of work, quality improvement initiatives, and contribute to organisational development and service design/re-design.
- Create and advertise formal leadership roles for all career grades of Clinicians to represent the views of their peers and work with senior clinical leaders to improve working practices and clinical outcomes.
- Organise ‘meet the leader’ sessions where Clinicians can network with senior leaders and role models. Extend this offer by arranging shadowing opportunities for those who are interested to shadow senior clinical leaders and learn more about their day-to-day work, responsibilities, and skills required.
- Offer mentorship and/or coaching training and maintain a database of Clinicians willing to provide mentorship or coaching to colleagues to enhance their skills and help them to navigate leadership careers.
- Advertise external leadership training, schemes, and relevant conferences to interested Clinicians. Foe example, Psychiatrists can be nominated for the RCPsych Leadership and Management Fellow scheme.
- Hold workshops and careers advice sessions to support SAS doctors wishing to become specialists, and doctors wishing to undertake the portfolio route to become Consultants if they wish.

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Actions and Indicators

4.3 Foundation Level

Support and develop managerial skills for all Clinicians

- Educational activities relating to managerial skills are incorporated into existing leadership training and development programmes within the organisation, including local teaching.
- The organisation ensures that Clinicians are equipped with the knowledge and skills to deal with issues relating to employment legislation, inappropriate workplace behaviours (including bullying, harassment, and discrimination), conflict resolution, and maintaining patient safety and professional standards.
- Awareness of the organisation being part of the wider ecosystem of healthcare is included in leadership development training.
- Clinicians of all grades are taught about basic finances and economics of healthcare and involved in decision-making relating to the use and allocation of resources within their teams, departments, and wider organisation.

Actions and Indicators

The development of managerial skills for Clinicians is enabled through action learning sets, case studies, project work, and other practical educational and training activities outside of generic teaching.

4.3 Intermediate Level

Support and develop managerial skills for all Clinicians

Clinicians of all grades are involved in efforts to measure, review, and improve clinical performance, such as through the completion of audit and quality improvement projects.

Clear mechanisms exist to collate feedback and celebrate good practice relating to Clinicians' experiences of managerial processes and their own managerial skills.

Actions and Indicators

4.3 Mature Level

Support and develop managerial skills for all Clinicians

- Senior leadership roles within the organisation include a focus on patient safety and quality in addition to representing and managing doctors.
- Healthcare organisations partner with academic institutions to support the development of managerial skills amongst Clinicians.
- Clinicians are supported to develop skills relating to assessing cost effectiveness, commissioning healthcare services and interventions, and understanding the economic implications of decision making.
- Values based and ethical decision making is promoted as an integral part of leadership and management training/development.

4.3 Advice and Recommendations

- Provide Clinicians with relevant learning resources, information, and policies relating to good medical practice, employment legislation, appropriate/inappropriate workplace behaviours (e.g. bullying, harassment, and discrimination), meaningful equity, diversity and inclusion, conflict resolution, the patient safety incident response framework, and maintaining high professional standards (MHPS).
- Provide specific training about supporting employees experiencing issues of bullying, harassment, discrimination, ill health, those requiring reasonable workplace adjustments, and those involved in incident investigations and/or investigations by professional regulators.
- Develop the skills of Clinicians in providing direct and honest feedback to others, building radical candour and promoting appreciation of positive workplace behaviours.
- Promote and advertise practical opportunities for Clinicians to test out and develop their managerial skills, under appropriate supervision where required, such as opportunities to lead clinical audits and quality improvement projects, participation in action learning sets, chairing meetings, and other project work.
- Encourage clinical supervisors and mentors to support the development of managerial skills amongst their supervisees/mentees.
- Foster trusting relationships between employees and managers, ensuring that people feel valued and listened to by promoting regular meetings and engagement in feedback processes.
- Ensure access to regular 360-degree feedback for people in managerial roles to help identify their strengths and areas for further development. Supplement this feedback from colleagues with data relating to managerial performance, such as team productivity measures and budget control.
- Build networks with local institutions offering leadership and management training and skills development courses such as local Universities/business schools.
- Develop relationships with clinical leaders and managers from other professional disciplines and non-clinical colleagues.

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Actions and Indicators

4.4 Foundation Level

Create clear leadership development pathways and equitable opportunities for Clinicians to pursue leadership roles in line with the values of the respective Royal College and Employer.

- At the beginning of their careers, Clinicians are regularly taught about their responsibilities beyond clinical work, their roles as healthcare leaders, and how their job relates to the organisation and wider NHS.
- Clinicians are supported to access CPD opportunities and leadership teaching/resources through study leave budgets and/or other allocated funding.
- Leadership development opportunities and resources are offered equitably, including proactively offering these to potential leaders from all backgrounds and those who might be less able or confident to access them.
- Clinicians appointed to leadership positions receive induction programmes that are specifically tailored to their roles, separate from the standard organisational induction for all staff.

Actions and Indicators

4.4 Intermediate Level

Create clear leadership development pathways and equitable opportunities for Clinicians to pursue leadership roles in line with the values of the respective Royal College and Employer.

- The organisation facilitates and funds access to external leadership development schemes for Clinicians
- The organisation advertises clinical, educational, and academic leadership opportunities to provide leadership experience for those with a wide range of interests and gives specific information about accessing them.
- Opportunities exist for interested Clinicians to shadow multi-disciplinary senior leaders in the organisation, seek careers advice, and access mentorship and/or coaching to further explore their leadership interests and build their potential.
- Events and programmes are organised where aspiring leaders can meet role models from diverse backgrounds who have developed their leadership skills through various pathways.

Actions and Indicators

The distribution of leadership roles within the organisation is broadly representative of the workforce and the population that they serve, with board-level accountability for ensuring equity and fairness of promotions and recruitment processes.

4.4 Mature Level

Create clear leadership development pathways and equitable opportunities for Clinicians to pursue leadership roles in line with the values of the respective Royal College and Employer.

Employees are actively encouraged to lead outside of the organisation, as well as within the organisation, and adopt regional, national, or international leadership positions

The organisation has a leadership development pathway or strategy which ensures that under-represented, marginalised, or underserved groups and those with protected characteristics are encouraged and supported in developing their leadership potential.

The organisational leadership strategy is regularly reviewed at board level and assessed as a core component of quality and safety of care.

4.4 Advice and Recommendations

- Include opportunities for aspiring clinical leaders to be involved in developing job descriptions and job planning for Clinicians. Job plans and recruitment processes should be flexible and implement reasonable adjustments, as required, to avoid excluding specific groups from applying (e.g. consider opportunities for job sharing of leadership roles).
- Incentivise leadership positions for Clinicians, ensuring appropriate renumeration and rewards for those undertaking additional leadership responsibilities and celebrating their roles/achievements.
- Review the distribution of clinical, educational and academic leadership roles across the organisation to identify under-represented groups of Clinicians. Work with these under-represented groups to understand barriers to them taking on leadership positions, and to support and develop their leadership potential in line with the principles of co-production.
- Work with existing clinical leaders to identify what they wish they would have known when they started in their roles and use this information to develop bespoke induction programmes for new leaders.
- Engage with Higher Education Institutions and work together to develop a pipeline for clinical leaders through talent spotting and defined routes into leadership roles.
- Ringfence funding for leadership development purposes, such as for funding formal leadership qualifications and courses for Clinicians who are interested.
- Consider organising ‘meet the leader’ sessions, networking events, and/or creating online videos/blogs where Clinicians can hear the stories of healthcare leaders from a wide range of backgrounds, feel inspired by them, and understand their roles, responsibilities, and pathways to success.
- Offer/organise mentorship and/or coaching training for leaders in the organisation to support the next generation of healthcare leaders. Trained mentors and coaches could be matched to new and emerging leaders, and/or those who are interested in leadership development pathways, to provide bespoke support.
- Create and advertise a repository/database of clinical, academic and educational leadership roles and opportunities within and outside of the organisation. For example, advertise a link to the medical directorate website and circulate emails when relevant leadership schemes open each year to encourage interested Clinicians to apply.
- Advertise and promote access to leadership and development pathways outside of the organisation such as opportunities and roles with national bodies. Encourage Clinicians to apply for these external leadership roles and ensure sufficient support and flexibility within their teams and job plans to facilitate this.

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