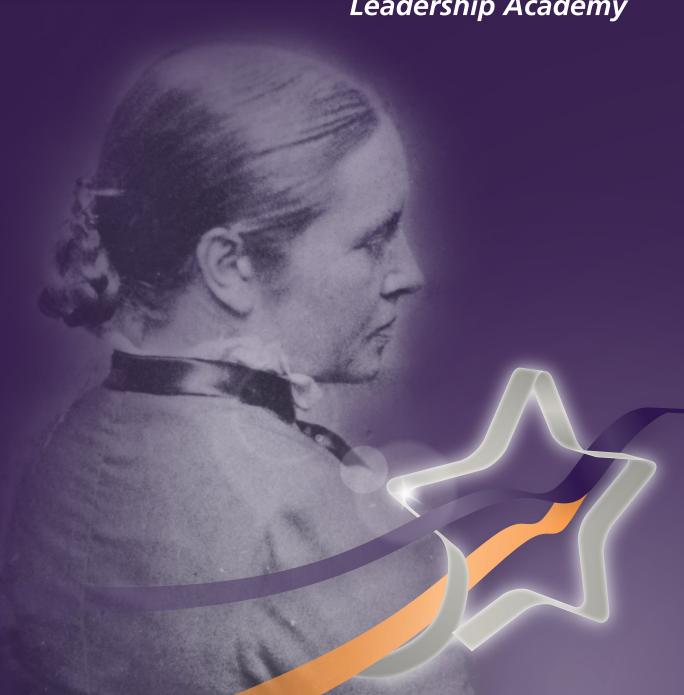


Participant Handbook

The Elizabeth Garrett Anderson Programme - Leading Care II 2013/14



Preface

The NHS Leadership Academy, in collaboration with our partners, has designed five Leadership development programmes to provide targeted development for people from all backgrounds and levels of experience. The programmes have been co-designed with National Voices in order to strengthen the voice of patients, service users, carers and families.

Information on all of the leadership development programmes can be found on the NHS Leadership Academy's website via the link below:

http://www.leadershipacademy.nhs.uk/ growleadership-development-programmes/

Improving compassion and the quality of patient care

Four key leadership principles run through all of our leadership development programmes. They are closely aligned and together define what high quality leadership should look like in today's healthcare system.



Making person-centred co-ordinated care happen

The programmes provide a rich perspective on the needs of the patients or users that you and your team members support directly or indirectly; challenging you to explore how patients, service users, carers and families can be involved in developing better and more joined-up services.



Improving the quality of the patient experience

The programmes explore what it means to provide a positive, respectful and compassionate care experience for patients, carers, service users and families, as part of delivering safe and effective care. This includes holding others to account and challenging effectively those practices or circumstances which might compromise these priorities.



Creating a culture for quality

A vital part of leadership is creating a workplace culture that encourages the workforce to give their best. When the workforce feels valued and respected in their working environment, they in turn are able to help patients, users and carers feel valued and respected.



Understanding self to improve the quality of care

Working in health or social care can evoke strong emotions; care staff may struggle to balance compassion and empathy with more disturbing emotions in response to dealing with vulnerable or suffering patients. Defining an individual's values, behaviours and optimal working methods is essential to develop strong leaders who can engage with the complex emotional life of careproviding workplaces. In recognition of the rigorous work needed to achieve such self-knowledge, the Elizabeth Garrett Anderson Programme makes much use of behavioural workshops.

Welcome

Building a Better and Brighter Healthcare System

Welcome to the Elizabeth Garrett Anderson Programme - Leading Care II.

Elizabeth Garrett Anderson was the first British woman to qualify as a doctor and surgeon. She was also the first British woman to become a mayor and a magistrate. She was tenacious, challenging and resolute; an unstoppable force for women's rights.

Elizabeth championed womens healthcare; founding the New Hospital for Women and the London School of Medicine for Women. Through self-learning long after her formal education ended, she broke down barriers with her vision for a more inclusive, compassionate and capable health service.

Elizabeth Garrett Anderson is an inspiration for leaders in our healthcare system. Our leaders are driven by a need to improve the care of all our patients and to see a leadership community more representative of those we serve.

The Elizabeth Garrett Anderson Programme - Leading Care II will immerse you in innovative and intensive leadership development. It will give you the theoretical knowledge and practical understanding needed to deliver inspiring leadership. You will emerge from the programme with the professional skills to thrive in a more senior leadership role, ready to play your part in building a more compassionate NHS.

The NHS Leadership Academy has worked with KPMG, a leading advisory practice, to co-design this leadership development programme.

We have created a consortium of partners which include National Voices because we want to ensure the patient voice is at the heart of what we do. Our consortium also includes a number of internationally renowned academic experts. These experts include the University of Birmingham, Manchester Business School, Harvard University, Erasmus University of Rotterdam and the University of Pretoria. Other consortium partners are Line Communications, Unspun and Cumberlege Eden & Partners.

This programme is particularly designed to develop those aspiring to become leaders of people who themselves manage teams of their own, or leaders of people who themselves manage large and complex projects.

It will provide you with intensive personal leadership development, helping you to lead others more effectively and enabling you to make a real difference to patients, the workforce and the service as a whole.

We are committed to improving the quality of experience and outcomes for patients, service users, families and carers. To build your capability, you will learn from world-class healthcare experts. To ensure the programme is as relevant to you as possible, you'll be able to tailor your learning around the areas which will most benefit your leadership.

By taking part in this programme, you will be connecting with colleagues across the country to build a powerful regional and national support network that will continue to support and challenge you over the coming years.

Successful completion of the Elizabeth Garrett Anderson Programme will lead to an NHS Leadership Academy Award in Senior Healthcare Leadership and an MSc in Healthcare Leadership. We hope you will find your experience of the Elizabeth Garrett Anderson Programme both rewarding and inspiring.

I wish you every success.



Karen Lynas

Deputy Chief Executive The NHS Leadership Academy

NHS Leadership Academy Consortium























The NHS Constitution

66

The NHS belongs to the people.

It is there to improve our health and well-being, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives.

It touches our lives at times of basic human need, when care and compassion are what matter most.

NHS values

The NHS Constitution sets the values which the NHS supports:

- Working together for patients
- Respect and dignity
- Commitment to quality care
- Compassion
- Improving lives
- Everybody counts

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1.0 Introduction

The Elizabeth Garrett Anderson Programme has been designed around one core outcome: ensuring that patients have good quality, safe experiences in the healthcare system.

The Elizabeth Garrett Anderson programme is first and foremost a practical leadership development programme, and secondly an academic masters programme. To this end successful completion of the programme leads to two accreditations:

 The NHS Leadership Academy Award in Senior Healthcare Leadership celebrates impactful and capable leadership, and, over time, will become recognised throughout the NHS as the standard of exemplary senior leadership.

Receiving this award is not an automatic consequence of attending an Academy programme; it is only awarded when excellent leadership practice has become your normal way of working. The Academy Award is given 3-6 months after the end of the programme, and only when individuals are considered ready and capable of being a senior leader in healthcare.

The NHS Leadership Academy Award in Senior Healthcare Leadership is given in recognition that knowledge gained through the Elizabeth Garrett Anderson Programme is being applied, that skills are being used in practice and that the participant demonstrates the behaviours and attitudes expected of a compassionate leader.

 The MSc in Healthcare Leadership is a joint award from the Universities of Birmingham and Manchester and denotes the high level of knowledge and critical thinking expected of senior leaders in health and social care.

The programme seeks to develop your knowledge, understanding, intellectual, practical and personal skills through a blended learning approach.

The MSc in Healthcare Leadership is earned by successfully completing the academic assignments and fully participating in the learning community throughout the programme.

The primary aim of the programme is to develop you as a leader through practical, relevant and applied learning that adds value to you and your workplace, both now and in the future.



The Elizabeth Garrett Anderson Programme – Leading Care II

We have created this handbook to provide an easy reference guide to help you find your way around the Elizabeth Garrett Anderson Programme - Leading Care II. It is the principal source of guidance on the structure and content of the programme and helps you understand what we expect of you as a participant on the programme.

1.1 Key learning aims

In addition to the four key leadership principles that run through all the NHS Leadership Academy programmes, the Elizabeth Garrett Anderson programme is built around the following learning aims and designed to integrate with the overarching themes:

- Ensuring that patients have good quality and safe experiences
- Understanding how you, as a leader, can make a difference to improving care quality and the patient experience
- Enabling others to give their best to improve care quality and the patient experience
- Enabling others to give their best to improve care quality and the patient experience
- Making person-centred co-ordinated care happen
- Making decisions based upon the best available evidence to improve care quality and the patient experience
- Creating value for patients and the public

We focus on leadership impact at three levels: individual, team and organisation.

2.0 Your programme

2.1 Structure of the programme

The programme consists of a 24 month learning journey; comprising eight study modules, and exploring the knowledge, skills and behaviours that are important for leading others when building a culture of patient-centred care within the healthcare system.

This programme is specifically designed to enable you to put your work role, tasks and experiences to practical use in your study of leadership, while also providing intensive personal and professional development.

You will be working for around 10-15 hours per week online and in your workplace. The structure below outlines your additional face-to-face commitments.

Each module focuses on the programme aims and related learning outcomes, and comprises both face-to-face and online learning activities. A table summarising the module learning outcomes, credits and assessment requirements is set out in Section Five of the handbook.





2.2 Learning modules



Module 1: Understanding and developing leadership practice

This module introduces you to a range of leadership theories and models that can be applied to improve the quality of care and the patient experience. You'll explore current thinking and best practice at the level of the individual leader and, with support, you will critically evaluate your current leadership practice and examine how this may (or may not) make a difference to the quality of care for a diverse range of patients. You will focus on understanding your current levels of self-awareness, the ways in which you use reflection 'in' and 'on' action, how you manage yourself in your leadership role and the identification of areas for learning and development.



Module 2: Building foundations for team effectiveness

This module focuses on teams. You will have a critical introduction to the literature and research evidence relating to effective team working and other relevant models relating to team effectiveness. Through the application of relevant theories, models and reflection on practice, you will develop a clear understanding of the team you lead; its purpose, membership and team community.

This will help you to develop the foundations for effective team working, such as creating a safe team climate, discuss concerns, make suggestions and provide constructive debate. Topics will include team member engagement and team dynamics, understanding the effects of diversity on team effectiveness, team conflict resolution and developing team positivity, as well as exploring inter-team working and situational constraints.



Module 3: Making sense of organisational values, engagement and service delivery

This module focuses on the organisation as a whole, and begins by introducing you to models and concepts relating to values and stakeholder engagement, firstly exploring the alignment of values at individual, team and organisational levels, and then identifying conflicts, and steps that can be taken to create change.

You'll be asked to explore and understanding the context within which your services are situated, before looking more generally to apply these concepts beyond the immediate services and organisation.

This sets the scene for a multi-faceted examination of the structures, processes, behaviours, culture and patient experiences of services. This includes examining the wider system, evaluating and using a diverse range of information and viewpoints, and understanding the regional, national, international and multi-cultural contexts and drivers for change.

This organisational analysis will help you understand and focus on what needs to change to improve service delivery, care quality and patient experience.



Module 4: Delivering system wide co-ordinated care

Building on module 3, this module focuses more strategically on quality, efficiency and effectiveness. You will examine the use of resources with a view to the future, look where duplication and waste can be reduced and increase the use of shared resources across system boundaries. This requires working across multiple services and care pathways, understanding models of governance, analysing inequalities in services and building strategic relationships and networks to support this work.

Learning will focus on how to enable your team to work in interdisciplinary, complex and ambiguous contexts more effectively through evaluating shared roles and accountabilities and working with the tensions this brings. Sharing decision making with patients, carers and the public will be explored so they have greater choice and take control of decisions about their health and care



Module 5: Creating engaging and learning cultures

This module continues to build on the learning commenced in module 2; delivering care quality and service improvement by emphasising accountability and cohesive team dynamics. You will make use of the evidence, theories and models focused both on creating engaging and learning cultures, and optimising your potential as a leader so that teams are led effectively and dynamically.

Learning will be demonstrated through measurable work-based learning activities that further develop innovative team leadership and team working in order to improve patient experience, safety and care.



Module 6: Evaluating my leadership behaviours and impact

In this module you will build on the learning outcomes and the theoretical approaches introduced in module 1 and continue to evaluate the ways in which your leadership practices are making a difference to patient care. This will involve a more intense focus on your leadership behaviours and how you respond to patient, staff and organisational needs, as well as how able you are to challenge behaviours and performance in others which have a negative impact on patient experience and outcomes.



Module 7: Developing organisational research study skills

This module will prepare you for your healthcare leadership case study. You will learn how to collect and analyse information and make sense of this through different theoretical approaches that govern the way you understand the world and in turn influence your leadership. The outcome will be a fully worked up dissertation proposal.



Module 8: Healthcare leadership case study

In this module you will implement the healthcare leadership case study proposal developed in module seven.

Working independently, you will conduct and write up your case study which will be a critical evaluation of the way in which care quality, diverse patient experience, and patient involvement, has improved as a result of your own and your team's learning and actions.



Conference, reflection and celebration

Your programme concludes with a two day conference, reflection and celebration event.

For the first day of the event, each cohort will work together to plan and deliver a conference for 150-200 attendees. The purpose of this conference is to share how you have improved the patient experience by showing better care and better leadership as a result of your learning.

The second day of the event will include reflections on and celebrations of the achievements you have made throughout the course of the programme.

2.3 MSc Healthcare Leadership learning outcomes

Module 1: Understanding and developing leadership practice

- Systematic understanding of management and leadership theories and debates
- Critical awareness of the theories and methods of reflective practice
- Critically apply management and leadership theories to your own leadership practice and in the context of change
- Apply theories and methods of reflective practice
- Demonstrate practical use of appropriate management and leadership skills and approaches to improve the quality of patient care
- Undertake a critical reflection to demonstrate selfawareness, self-reflection, and management of self
- Identify development needs in relation to leadership practice

Module 2: Building foundations for team effectiveness

- Systematic understanding of the theories and debates relating to team based working, team effectiveness and the development of effective team climates
- Analyse and critique the evidence relating to effective team working and quality of patient care
- Apply theories and methods that develop an effective team climate

- Apply theories and methods of reflective practice
- Demonstrate practical skills in leadership practice at individual, team and organisational levels
- Create a team climate which is inclusive and promotes positive attitudes and behaviours

Module 3: Making sense of organisational values, engagement and service delivery

- Theoretical and practical knowledge of values based leadership and decision making
- Critical awareness of the theory and practice of organisational development and change
- Analyse and critique values based leadership and decision making
- Evaluate apply the theory and practice of organisational development and change
- Apply theories and methods of reflective practice
- Demonstrate practical skills in engaging different stakeholders including staff, patients, carers and local communities
- Demonstrate practical skills in making sense of quantitative and qualitative organisational data
- Demonstrate taking responsibility for engaging stakeholders including staff, patients users and local communities in processes of organisational development and change

Module 4: Delivering system wide coordinated care

- Critical awareness of the national and international evidence of effective system wide co-ordinated care
- Theoretical and practical knowledge of complex adaptive systems
- Critical awareness of approaches to shared decision making and their practical application
- Critically evaluate evidence of system wide coordinated care
- Apply theories and models to aid understanding of complex adaptive systems
- Analyse and critique the practical application of approaches to shared making
- Apply theories and methods of reflective practice
- Demonstrate practical skills in networking, influencing and sharing decision making
- Demonstrate practical skills in making sense of quantitative and qualitative organisational data
- Demonstrate skills for implementing and evaluating system wide co-ordinated care

Module 5: Creating engaging and learning cultures

- Critical awareness of the theory and practice of creating engaging and learning cultures
- Critical awareness of theory and innovative practices to improving care quality and patient experience
- Critically apply theories of engaging and learning cultures to your workplace
- Apply theories and methods of reflective practice
- Demonstrate practical skills in building a trusting culture and inclusive practice
- Demonstrate taking responsibility for creating and maintaining an engaging and learning culture

Module 6: Evaluating my leadership behaviours and impact

- Critical awareness of leadership behaviours and performance that impact on care quality and patient experience
- Critically evaluate leadership behaviours and performance that impact on care quality and patient experience
- Apply theories and methods of reflective practice
- Demonstrate practical skills in leadership practice at individual, team and organisational levels
- Undertake a critical reflection to demonstrate selfawareness, self-reflection, and management of self

- Identify development needs in relation to leadership practice
- Demonstrate confidence and ability to challenge poor behaviours and performance

Module 7: Developing organisational research study skills

- Systematic understanding of organisational research methodology and its practical application
- Devise and carry out a coherent plan for the dissertation research, analysis and completion
- Apply theories and methods of reflective practice
- Demonstrate practical skills in planning a rigorous research project / leadership case study

Module 8: Healthcare leadership case study

- Employ rigorous case study design, located within relevant theories and concepts from the published literature on healthcare leadership
- Demonstrate practical skills in designing, executing and reporting a case study in healthcare leadership, drawing practical and relevant implications from an academically rigorous piece of work
- Demonstrate continuous understanding of your role in ensuring that the experience and quality of care provided to patients matches what you would want for the people you love most
- Demonstrate taking personal responsibility for understanding and implementing equality and diversity in your workplace

Further detail linking these learning outcomes to assessments can be found in section titled MSc Healthcare Leadership learning outcomes, module and assessment summaries.

2.4 Who's who

Programme sponsors

Your programme sponsors are both from the NHS Leadership Academy: Karen Lynas, Deputy Managing Director, and Chris Lake, Head of Professional Development.

Your sponsors will:

- Provide leadership around the culture and values of the programme
- Support the programme directors and tutors
- Manage any programme risks

In addition to his role as programme sponsor, Chris Lake chairs the Academy's Validating Board which confers the NHS Leadership Academy Award in Senior Healthcare Leadership.

Programme directors

The programme directors have overall responsibility for the Elizabeth Garrett Anderson Programme including; the ongoing development of the programme, staffing and quality assurance and enhancement.

Your programme directors are Deborah Davidson from the University of Birmingham, and Ann Mahon from Manchester Business School. Jackie Robinson, from KPMG, is the consortium programme director.

Programme cohorts

The Elizabeth Garrett Anderson Programme is designed to support, encourage and facilitate learning.

The members of your cohort will be your primary learning support. By working and learning together with other participants on the programme, you will be able to tackle the real issues that matter in your day-to-day working environment, and address your individual learning needs. You will be putting your learning into real practice; developing your skills and knowledge through the work you do every day in your organisation.

Your cohort will operate as a learning community, using the experience of the programme as a source of study and a vehicle for learning. It is essential that everyone actively participates, and takes responsibility for meeting their own learning needs as well as those of fellow participants.

Cohort tutors

Each cohort of 48 participants will work with a team of three tutors. One of these tutors will also act as a cohort director. The three tutors will also be your workshop tutors and action learning set facilitators throughout the whole programme. Your tutor will be assigned to you at the start of the programme.

Full tutor details can be found on the virtual campus.

Cohort (48 participants)

Tutor groups (16 participants)

Action learning sets (8 participants)



3.0 Learning methods

There are three principal learning methods:

- 1. Action learning sets
- 2. Face-to-face learning at workshops
- 3. Online via the virtual campus

3.1 Action learning set (ALS)

Your ALS provides you with a forum to explore the links between individual, group and organisational dynamics, in order to equip you with practical skills to craft your leadership role, style and skills.

The ALS meets eleven times during the programme for full day working sessions: eight times facilitated by your tutor and three times self-managed by the set. Each session offers opportunities for individuals:

- To raise issues about the programme and apply their learning
- To share and develop ideas about their work place and work roles
- To give and receive consultation on leadership issues as they arise in the work place

The process will be both supportive and challenging; it is designed to enhance your impact and effectiveness as a healthcare leader. As such, roles given and taken by individuals in an ALS, both consciously and unconsciously, offer insights into what shapes relationships between leaders and organisations when working with development and change.

3.2 Face-to-face learning

Workshops

There are four residential behavioural development workshops during the course of the programme. The focus of these workshops will be on your personal and behavioural development in context; they take full advantage of face-to-face group work, experiential and simulation learning activities and social networking opportunities.

Work-based Learning (WBL)

WBL takes as its focus the work you are already doing and uses this as the basis for your learning. Much of your online learning will relate to your work place. It focuses your attention on what is practical and works, and helps to lighten the study workload, as some of the learning is within your day-to-day job.

3.3 Virtual campus

The NHS Leadership Academy virtual campus has been designed to feel like an inviting space; delivering what you need in an interactive learning environment.

The virtual campus is where you can find all the resources you will need for your studies. It provides a range of different learning formats such as e-learning nuggets, simulation events, webinars, videos, psychometric assessments, surveys, electronic journals and books, tutorial and discussion boards, learning journals, social networks and more.



If you have any difficulties when using the virtual campus, please refer first to the 'How To' guide which can be found in the help section on the virtual campus.

If your issue is technical, you can also refer to the 'Technical FAQs' and/or the 'Technical Spec' sections. Alternatively, please contact the helpdesk via a web form that can be found in the help section of the virtual campus.

Academic learning

The programme topics have been structured into four week blocks to help focus your learning and make it manageable. Each block will specify the learning outcomes you will address during that four week study period. You can generally work through each block as quickly or slowly as you wish, provided it is all completed in the four week period, to help you accommodate your working requirements.

Discussion forums

A discussion forum is an online area where you can discuss relevant topics with your cohort, tutor groups and action learning sets. You can also have one-to-one discussions. These discussions will take place in the form of posted messages.

There will be a number of different forums available via the virtual campus. These include:

- A tutor group forum
- A one to one forum
- An action learning set forum
- An open forum

More information on the discussion forums can be found in the 'How To' guide located in the help section on the virtual campus.

Tutorials

Your tutor will be available for you throughout the programme to:

- Review your overall learning and its relationship to your work situation
- Discuss any academic, work-related or personal issue you wish to raise that are relevant to your progression on the programme

The tutor will:

- Monitor and discuss your progress with you
- Help you think through any academic, work-related or personal issues you currently face, and provide appropriate guidance and support
- Identify action that may need to be taken on the basis of your evaluation of your progress through the programme

You will have four individual and five group tutorials over the duration of this programme. These will take place during specified weeks, but the day and time of tutorials (including evenings and weekends) will be mutually agreed with groups/individuals. Tutorials will take place either online, by telephone or face-to-face.

E-researcher

For the Masters element of the programme you will conduct an organisational case study dissertation. There is a dedicated online facility to help you develop your knowledge and understanding of methodologies, research methods and writing skills.

E-brary

Copies of relevant papers / journals will be provided in the 'Explore Further' section of the virtual campus. If you require more information or wish to do further research, you can use the library service.

Library access is supported by the University of Birmingham, who are based at the Health Management Services Centre on the University of Birmingham campus.

Details on how to access the library facilities can be found in the Other Information section

4.0 Assessment and marking

4.1 NHS Leadership Academy Award in Senior Healthcare Leadership

The NHS Leadership Academy Award in Senior Healthcare Leadership celebrates impactful and capable leadership, and, over time, will become recognised throughout the NHS as the standard of exemplary senior leadership.

Receiving this award is not an automatic consequence of attending an Academy programme; it is only awarded when excellent leadership practice has become your normal way of working. The Academy Award is given 3-6 months after the end of the programme and only when individuals are considered ready and capable of being a senior leader in healthcare.

The Award is given in recognition that knowledge gained through the Elizabeth Garrett Anderson Programme is being applied; that skills are being used in practice and that the participant demonstrates the behaviours and attitudes expected of a compassionate leader.

The Award is linked to the final assignment which is both critically reflective and reflexive. Regardless of passing the rest of the academic programme, you must pass the final piece of work outright to receive the Academy Award. Additionally, within 2-4 months from the programme's formal close, participants submit their Leadership Case study undertaken in Modules 7 and 8, with additional information on its impact, to the Academy website in an 'evidence of learning and impact space'.

A pre-prepared template will be available to complete and successful participants will have their work published on the Academy website as a resource to the healthcare community as a whole.

Information on how this evidence will be submitted and assessed will be provided throughout the course of the programme.

More information about the process and requirements for receiving the NHS Leadership Academy Award will be available when you commence your leadership case study in modules 7 and 8.



4.2 MSc in Healthcare Leadership

In addition to the NHS Leadership Academy Award in Senior Healthcare Leadership, you may achieve an MSc in Healthcare Leadership.

Each module for this award will be assessed by the submission of two types of assignments that, together, are designed to encompass all of the learning outcomes on the module. For each module, participants will submit a critical assignment and supporting work-based evidence. The length of the critical assignment and the amount of work-based assignments varies for each module and details can be found below.

There are a total of eight submission deadlines during this programme All assessments are based on your work role, tasks and experiences, supported by theory and concepts you have learned. Assessments for Modules 1 to 6 will consist of a critical assignment of between 1500-3000 words, supported by work-based evidence, that will enable you to demonstrate your learning in different ways.

The work based evidence will take a variety of forms:

- Personal development and learning plan
- Online presentations
- Team feedback
- Critical reflective reports
- Peer assessments
- Working notes (organisational analysis)
- Patient journeys

- Multi-choice questionnaires
- Service development action plans.

For Modules 7 and 8 there are two assessments:

- A 3,000 word dissertation proposal
- A 10,000 word organisation case study (dissertation)

4.3 Guidance on assignments

Assignment length

Assignments **must not exceed** the specified length. Reference lists and Appendices, where applicable, are not included in the word count.

Penalties for exceeding the word count will be applied as follows:

- Up to 5% over a deduction of 5%
- 5% over to 10% over a deduction of 10%
- More than 10% over a deduction of 20%

There is no minimum word count, but clearly you will lose your opportunity to develop your argument if you are significantly under the specified number of words

Format of assignments

- Assignments must be double line-spaced
- Assignments should be presented in size 12 Ariel or Times New Roman font
- Pages must be numbered
- A cover sheet must be attached to your electronic submission

 The assignment must be saved as a pdf document using your Birmingham ID number as the title for administrative purposes

Please check these points carefully before submission, as once you have uploaded your assignment on to the virtual campus it is classed as an examination paper and you will not be able to make any changes to it.

You should submit your assignments electronically in pdf format via the virtual campus where they will be formally recorded. Assignments should not be posted, faxed or sent directly to University staff, or submitted in any other way. The deadline for submission is 5:00pm on the submission due date.

Instructions on how to submit your assignments via the virtual campus can be found on the virtual campus in the help section.

Assignment cover sheet

A cover sheet must be attached to your copy of your assignment giving the following information:

- Your University of Birmingham ID number
- Module title
- Assignment title
- Actual length
- Date due
- Date submitted
- The plagiarism statement read and confirmation box ticked

Citations and references

Please make sure you fully understand the University's policy on plagiarism. It is essential to cite the source of all material used in your assignments. This applies not only to verbatim (word-for-word) quotations or tables, but also to material you have drawn on for facts and ideas.

Your assignment should not contain sections of text copied (or lightly paraphrased) from books, articles etc. You should write in your own words, whilst still fully acknowledging the source of the material. Where you do wish to use verbatim quotations, you must indicate this by the use of quotation marks ("or") or another accepted method, such as an indented paragraph for slightly longer (but not too long) quotations. In addition, the exact page number from which the quotation is taken must be given.

For referencing, The University of Birmingham uses the Harvard System, as described in the leaflet Preparing and Quoting References (http://www.is.bham.ac.uk/ppm/publications/skills/preparing.pdf).

When using the Harvard System, you should cite the surname and date of publication in a bracket, e.g. (Smith, 2001), (Jones & Robinson, 2000) or (Jones et al, 2001). If you use direct quotes in the text you should also give the precise page number of the quotation, e.g. (Wilson, 1996, p.216). At the end of the assignment you should provide a full list of references, in alphabetical order by family name of the (first) author, giving full details of the source as outlined in the leaflet mentioned above.

The exact page number must be specified in the case of direct quotations and statistical data and is strongly advised in other cases, for example, indirect quotations and, in particular, when the material cited comes from a

book. As a general rule, a citation/reference should give sufficient information for an interested reader to be able to consult the source themselves.

There are no standard conventions for the citation of material accessed via the Internet, but the general principle is that you should give as much information as possible. Where you are accessing published material via the Internet, you should give the full reference as if you had accessed the printed source (e.g. if it is a journal, give full details of the journal, volume, number, pages etc. in the same way as if you had accessed the hard copy).

In other cases you should give full details of the 'owner' of the site, the name of the author (if relevant), date of publication etc. In addition, in all cases you should give the web address (URL) and the date of access (as websites can be temporary). It is not sufficient simply to give the web address.

You are accountable for credibility of the materials and sources you choose to use. Articles in popular journals are likely to be less authoritative than those in refereed academic and professional journals; equally, material published for political purposes is more likely to be biased. Caution should be exercised when using material accessed on the internet which is not also published in conventional (hard-copy) form, as generally speaking such material has not been refereed or subject to other forms of quality control.

Try to cross-check sources, especially in relation to facts and dates. This is especially important as today increasing amounts of misleading material relating to health services (including the NHS) is being published.

Always give the year of publication of your sources. For books, the date should be the original date of publication of the edition being used – not the date of the latest printing of that edition.

Take care in following the advice on citing material from edited books. The name of the author(s) of the actual paper/chapter should be cited and also included in the reference list, along with the title of the paper and the title and editor of the book.

Where you have not been able to access a source directly yourself, you should indicate clearly in the text that a secondary citation is being used e.g. 'Jones (1999) cited by Smith (2000, p.8) found that' or 'Smith (2000 p.8) reports that Jones (1999) found that'. Full details of both sources e.g. Smith (2000) and Jones (1999) should be given in the reference list.

Check the sources cited in the text carefully against the list of references at the end of your assignment.

4.4 Marking of work

Tutors will mark every assignment anonymously. A selection of work is then moderated to ensure continuity, accuracy and fairness. The moderator also focuses particularly on marginal fails and scripts close to classification borderlines.

Finally, we send a selection of course work from each module to the External Examiner. Please note that all grades given to you are provisional until confirmed by the Board of Examiners and provided for information only.

Marking Conventions - Masters Level

From an early stage in the programme, working alone and with other students, participants must demonstrate an ability to evaluate significance, worth and/or usefulness (of the concepts they study and the data they research). At the same time they are required to develop new approaches, to solve problems and to add to the understanding of the issues they study.

Some of the key descriptions of Masters level work include:

Analytical

What? When you take it apart, what is it saying?

Critical

So what? Ideas (yours and from reading) and other frameworks to judge the merit

Evaluative

Now what? What's the value in this? How useful is it? How worthwhile?

Academic rigour

Testing knowledge, intelligence and critical ability – being able to look, see, and think again about both practice and the presented wisdom of theorists, AND take (and express) perspective on both. It's about demonstrating some scepticism, showing logical proof, showing you've read and understood the theories in the field of study AND defensible opinions about these theories and their application.

Critical thinking

Demonstrating analytical, critical and evaluative thinking to form a judgement that reconciles evidence with theory, received knowledge and common sense. Critical thinking leads to judgement; when evidenced (normally in writing) it demonstrates that the participant has not simply accepted the information they have received but instead searches for the weaknesses and the agreements between evidence, and from this arrives at new meaning.

Reflexivity, or 'self' referencing

This is more emphasised in some Masters programmes than others and is particularly important in executive (applied) courses and programmes of professional practice. This is where the participant looks back on their own assumptions in undertaking research. Reflexivity means 'turning in on oneself.' It is about asking 'where am I in this?' and 'how can I use the concepts and categories I am using in studying the external world to examine/critique my own practice, motivations and self?' This is often connected with an interpretivist paradigm or phenomenological position – i.e. showing awareness that when observing a system one's presence or observations will affect the very situation being observed.

Use quotes if you feel they help emphasise and support your argument, but do not over-quote, as this tends to fragment the flow and weaken the sense of your own arguments. The aim is to write an essay that reads as your work but which shows knowledge of, and builds on, the work of others.

You are encouraged to make use of diagrams, figures and tables within your assignments where appropriate. Make sure that all diagrams, figures and tables are clearly labelled and numbered, and their source given.

You will also be expected to demonstrate your ability to relate theory to practice. This might involve, for example, using theories of leadership to understand examples of reforms or workplace scenarios. You should try to draw on examples of policy and practice to help you explore the validity of different theories, concepts and perspectives. Some assignments will ask you to draw specifically on your own work-based experiences. Regardless of the nature of the assignment, you will need to substantiate and justify the arguments and conclusions you put forward.

You should aim for an analytical style of writing. Do not just describe the circumstances, models or issues under consideration; try to question them, examining them through more than one perspective, highlighting their strengths and weaknesses, advantages and disadvantages etc. It is always good to consider the counter-arguments to the propositions that you are putting forward to ensure that you are taking a balanced perspective.

As there is a word limit, it is important to pitch your assignment at a suitable conceptual level – i.e. to highlight the 'big picture' arguments and to beware of getting into too much unnecessary detail. Often it will be easier to establish your conceptual framework and/or agenda of key points first and then use this to organise

your writing – highlighting your evidence to illustrate each aspect in turn – rather than working the other way round of starting with the evidence and then trying to conceptualise from it.

There is no one-model structure to be followed in your assignments. However, it is helpful to use your introduction to set out the issues you want to address; this provides an overview of how you are going to organise your material and establishes the main line of argument. It is also good practice to have a conclusions section that summarises your key arguments and develops your findings more fully, particularly in terms of their implications for practice, or recommendations to the audience as appropriate.

Generally you should write your assignments in an accessible 'layman's' style, even though the markers may know the topic rather better. Do not be afraid to introduce the topic in simple terms – you can build up the depth and complexity of the subject as the argument proceeds.

Your assignment should be well argued, but you don't have to adopt an unduly personal stance; be careful not to appear dogmatic in the views that you present and beware of adopting a melodramatic writing style, particularly in the first person, or failing to provide a balanced account of the issues

Good presentation helps. Careful 'honing' of your draft assignments, to highlight the really important arguments, to express yourself concisely and clearly, and to get the spelling and punctuation right, is really important (see the hints about referencing, style, grammar, evidence and argument on the following pages). Often this is the stage that transforms an average script into a very good one; it can take just as much time to 'craft' your piece as it does to get it down

on paper. This is worth bearing in mind if you tend to leave writing assignments close to the deadlines!

Our marking criteria on the following page sets out general and underlying expectations about issues such as use of evidence, argument, practical application and structure. It is crucial that they reflect the learning outcomes and levels of understanding that are necessary at M-level.

4.5 Criteria and descriptors for marking scheme - M-level modules

Level	Criteria and outcomes	Mark range	Grade descriptor
Distinction	Evidence of substantial preparation (reading, research, planning). Demonstrates an authoritative grasp of concepts, methodology and content. Evidence of originality, insight and learning beyond the curriculum. A sense of what is contextually appropriate. Ability to sustain an argument or idea. Ability to think analytically/critically & to synthesise material effectively. Ability consistently to produce comprehensive & appropriate ranges of original & creative solutions to problems.	77% + 73-76% 70-72%	Outstanding Performance Consistently outstanding Trivial Defects only Fulfils 'distinction' criteria to an exceptionally high standard Excellent Outstanding in most respects Very few minor defects Displays all the 'distinction' criteria to a very high standard Very good, some excellent Some outstanding and excellent work Some minor defects Displays all the 'distinction' criteria
	Excellently structured and articulate work, which communicates ideas coherently using a range of appropriate methods of presentation.		
Merit	Evidence of use of a wide range of appropriate sources. Demonstrates a sound, consistent and above average level of understanding of concepts, methodology and content appropriate to the subject. Evidence of critical judgement and insight, ability to	67-69%	Very Good Work consistently of a very high standard Any defects minor Displays all 'merit' criteria with greater insight and originality
	synthesise with some originality of thought. Work demonstrates a very good degree of accuracy, clarity, critical analysis and some originality. Ability to produce appropriate solutions to problems, showing some creativity. Very well structured and good standard of	63-66%	Good, some very good Work of a high standard Some defects Displays all 'merit' criteria

Level	Criteria and outcomes	Mark range	Grade descriptor
	presentation, which illustrates pertinent issues within a clear framework.	60-62%	Good Work of a high standard
			Deficiencies more significant
			Displays all 'merit' criteria but with less originality and insight
M-Level Pass	Achieves the relevant M-level learning outcomes for that module but with some deficiencies/shortcomings.	57-59%	Satisfactory
	Evidence of sound preparation and reading.		Sound work with few significant defects
	Sound understanding of key concepts, methodology and content appropriate to the subject.		Demonstrates all 'M-level pass' criteria with a reasonable degree of critical analysis and originality
	Work demonstrates a good degree of accuracy, clarity, critical analysis and occasional originality.	54-56%	Satisfactory, some weaknesses
			Sound work, but with some notable deficiencies
	Ability to produce appropriate solutions to problems, some of which may show creativity.		Displays all 'M-level' pass' criteria
	There should be no major omissions or misunderstandings.	50-53%	Significant weaknesses, but achieves relevant M-level learning outcomes
	Well-structured, reasonable standard of presentation, which illustrates pertinent issues within a clear framework.		Work meets 'M-level pass' criteria, but with some significant and/or recurring deficiencies
Fail at M-Level	Does not achieve M-level outcomes.	47.400/	Marginal fail at M-Level Just fails to achieve M-level learning outcomes May demonstrate some critical analysis and originality but with major omissions or misunderstandings
	Some evidence of sound preparation.	47-49%	
	Some deficiencies or shortcomings.		
	Some understanding of key concepts, methodology and content appropriate to the subject.		
	Outcomes may be routine but work will demonstrate a degree of accuracy and clarity.		

Level	Criteria and outcomes	Mark range	Grade descriptor
	Ability to produce appropriate solutions to problems. Some major omissions or misunderstandings. Reasonable presentation and organisational structure.	43-46%	Fail at M-Level Routine work, which may display some evidence of engagement with concepts and possibly with clear presentation, but with little critical analysis
		40-42%	Clear fail at M-Level Displays some evidence of engagement with concepts, but with defects in presentation and analysis
Bad Fail at M-Level	Inadequate with major deficiencies and shortcomings. Little evidence of preparation and reading.	35-39%	Bad fail at M-Level Displays some evidence of engagement with concepts, but with serious defects.
(cannot be 'excused' on averaging)	Very little understanding of key concepts and methodology. Little content relevant to the subject.	30-34%	Weak Work demonstrates serious defects and misunderstandings
	Major omissions and misunderstandings. Poor structure and presentation with errors that interfere with communication of ideas.	< 30%	Very Weak Work does not meet basic requirements

4.6 Marking work-based assignments

Work-based application of learning is an important part of this MSc and needs to be assessed, so each module will require you to undertake specific work-based assignments to support critical assignments.

For each piece of work, you may upload a draft copy for tutor comments (once only), prior to submission, for formative feedback. Because work-based assignments are formative they are classified as 'internal hurdles' with a pass or fail assigned to them. Failing this internal hurdle will result in failure of the whole module (in accordance with Regulation 7.2.6(b)).

Where you fail a module due to the failure of an internal hurdle, the mark will be capped at one mark below the pass mark for that module. However, you will have the chance for one resubmission of the work-based assignment, as you would if you failed the critical assignment. If you pass the module at re-sit stage, the mark will be capped at the pass mark (50%), as per 7.2.6 (j).

4.7 Consistency of standards

To ensure consistency of standards, all cohort directors, tutors and set advisers attend training and supervision. This ensures that they are deeply attuned to the ethos and aims of this programme.

All set advisers submit samples of the work of their set members to a fellow adviser to assess for total objectivity. They discuss any differences, and report these in ongoing supervision sessions with a senior set adviser. All set advisers attend supervision sessions with their peers on any given cohort where any matters of practice, including consistency, are discussed.

4.8 Plagiarism

You should consult the Code of Practice on Plagiarism (http://www.birmingham.ac.uk/Documents/university/legal/plagiarism.pdf). This provides detailed and definitive information on how the University will deal with plagiarism and how the Investigating Committee operates.

Plagiarism means stealing other people's words or ideas. Please ensure you also read the section regarding Auto Plagiarism carefully. It is considered a form of cheating and penalised very heavily by the University.

Each time you submit an assignment, you are obliged to electronically sign the assignment cover sheet confirming that it is your own work. If you have any queries or doubts about what constitutes plagiarism, please discuss these with your programme director, your academic tutor and/or module tutors.

One of the University's strategies to combat plagiarism is to require the use of software which can detect plagiarism. To enable such software to be used, you will be asked to submit assignments electronically. You will be given full details and instructions regarding electronic submission. If you use word-processing software other than Microsoft Word, make sure that you can convert your files into pdf format in order to submit assignments electronically.

The most common forms of plagiarism are:

- cut/copy and pasted material from the Web
- copying the work of another student (past or present), including essay material, laboratory data or computer source code
- copying course material or lecture notes

copying material out of a textbook or journal

It is important to realise that plagiarism may occur in a number of other forms, as well as in conventional written work. Another participant may be involved, or the plagiarism may arise from the misuse of sources outside the University. None of the activities listed above are, of themselves, necessarily wrong – the key is proper attribution of source material.

Plagiarism is a serious matter for the University. If not dealt with, it will ultimately devalue all University degrees to the detriment of both students and the University. It also creates an unfair bias when the work of a cohort is being assessed, which is likely to lead to the undetected plagiarist obtaining better marks and a better degree than a student who is playing by the rules.

You are expected to submit work that demonstrates compliance with two important prerequisites:

- a level of independent thought, grounded in the teaching received
- the provision of clear referencing to all sources consulted, both within the main body of the work submitted and in any separate listing of sources

It should be clear why plagiarism is unacceptable. By definition, a piece of work that has been plagiarised will never be able to meet either of the above criteria. So before submission, asking yourself if your work passes both tests is a useful way to tell if there is likely to be a problem with plagiarism.

It is ironic that students sometimes go to great lengths to hide the sources that they have been consulting when proper referencing of these will normally be reflected in a good mark for the work submitted. This is because the appropriate use of source material is considered to be a crucial part of academic life, and the marking process acknowledges this.

The material issued by your school should always be your main source of guidance; however the following web page may be of interest:

http://www.i-cite.bham.ac.uk/

A referencing software package (Endnote) is also available for use by postgraduate researchers. For details and information on training please see:

http://www.i-cite.bham.ac.uk/endnote.htm

Plagiarism-detecting software

Universities are now making use of software systems, in addition to the very effective methods that rely on the marker's knowledge of their subject. This programme uses *Turnitin*.

Rest assured that academic judgment is always brought into play when analysing the results of these systems. A University will not take action against you for plagiarism as a result of the findings of Turnitin unless it has looked very carefully at the report obtained from the software and assured itself that there are sufficient grounds for concern. You will be able to see the relevant report and to challenge the case if you are accused of plagiarism following a software-based analysis of your work.

Most importantly, the systems of software detection will be used openly and transparently by your school. These systems are not intended as a trap. However, the University reserves the right to protect its academic integrity by whatever means available, in order to protect those students who did not plagiarise.

How schools deal with plagiarism

This is a complex area. In broad terms, these are the various stages:

- If your school is sure that any plagiarism is accidental
 on your part and might be due to unfamiliarity with
 the referencing conventions required for University
 study, then it may simply provide guidance and a
 warning concerning your future work. Obviously, this
 position will not be taken with a student where it is
 reasonable to expect that they would know how to
 cite source material properly and would normally only
 apply to Level C study and to the early stages of a
 postgraduate programme
- If your school believes that some form of sanction might be necessary, it will first ask you to attend an interview where you will be able to explain relevant circumstances in more detail. You can also ask to review the evidence presented against you if you think that the allegation of plagiarism is unreasonable
- Following on from the interview, the School will determine the level of plagiarism (if any) that it believes has arisen. There are three general categories:
 - 1. low-level plagiarism
 - 2. mid-level plagiarism
 - 3. serious plagiarism
- If your School considers that a warning is insufficient, it may do one of the following:

5.4.1 or 5.4.2 of the Code of Practice on Misconduct and Fitness to Practise Committee (PDF, 50KB, opens new window).

The Investigating Officer will report the alleged offence in writing to the Head of College for consideration by the College Misconduct Committee or College Fitness to Practise Committee.

You should also consult the **Code of Practice on Plagiarism (PDF, 44KB, opens new window)**. This provides detailed and definitive information on how schools will deal with plagiarism and how the Investigating Committee operates.

The Learning Agreement and Plagiarism

This is a bipartite contract that sets out an agreement that you, for your part, will not submit plagiarised work and that your school, for its part, will help and support you to avoid plagiarism. It is seen by the University as a helpful expression of good faith by both sides of the academic partnership involving you and the University.

4.9 Penalties

Assignments submitted after the module deadline, without good reason, will incur a penalty of **5 marks deducted per working day late** from the original submission date. Late assignments will be marked normally, with the penalty applied after the marking process is complete. Thus, it is essential to ensure your assignment is received by the stated deadline.

4.10 Examination Boards

University Examination Boards are held twice a year. These Boards include an External Examiner (a senior academic from another University). They consider and confirm the marks for each module and make decisions (or recommendations to the University) about programmes and your progress.

Where programme requirements have not been satisfied, one re-sit is permitted in each failed module. Where programme requirements have not been satisfied and all rights to re-sit exhausted, an Examination Board may recommend the award of an alternative qualification.

All individuals considered to have passed the programme will be referred to the NHS Leadership Academy Validating Board who will award the NHS Leadership Academy Award in Senior Healthcare Leadership.

4.11 Re-sits

University regulations give the right to one re-sit in each failed module. Normally, a re-sit takes the form of reassessment. The Examination Board will determine what form of reassessment is required, which may consist of all or part of the original assessment or may take a different form. Marks for re-sits are capped at the pass-mark for that module.

Even if you fail one or more module, you might still satisfy the requirements for your programme, as some fails are permitted under specified circumstances. If you have satisfied the programme requirements, you can still elect to re-sit any failed modules. All modules classed as serious fails (under 40%) **must** be re-taken to Satisfy Taught Requirements.

4.12 Appeals

You have the right to make representations against any progress decision that has a negative effect on you, or your future career. The University calls these representations 'Appeals', or in the first instance 'Primary Appeals':

https://intranet.birmingham.ac.uk/as/registry/policy/complaint-appeal/appeals/primary.aspx

Under certain circumstances you may make representations against the outcome of a Primary Appeal, this process is called a 'Senate Review':

https://intranet.birmingham.ac.uk/as/registry/policy/complaint-appeal/appeals/senate.aspx

If the case is dismissed, you will be informed of your right to submit a complaint to the Office of the Independent Adjudicator, and you will be issued with a Completion of Procedures letter.

For further information on the processes outlined above, please select from one of the links below:

- Primary appeals https://intranet.birmingham.ac.uk/as/ registry/policy/complaint-appeal/appeals/primary.aspx
- Reasonable diligence (PDF 116KB) http://www. birmingham.ac.uk/Documents/university/legal/ student-attendance-reasonable-diligence.pdf
- Senate Review https://intranet.birmingham.ac.uk/as/ registry/policy/complaint-appeal/appeals/senate.aspx
- Grievance to Council https://intranet.birmingham. ac.uk/as/registry/policy/complaint-appeal/grievance aspx

5.0 University guidance and regulations

admission

The MSc in Healthcare Leadership is a joint award from the Universities of Birmingham and Manchester and you will be a registered student at both institutions. The programme works under the University of Birmingham's guidance and regulations and these are described in some detail in this section of the handbook.

When you are accepted onto the programme, you will receive an email from the University of Birmingham welcoming you and outlining the steps you need to take to complete your registration. The email will give you a username and password for you to access www.mybham.ac.uk.

When this arrives, please complete the registration process as soon as possible so your entry onto the programme isn't delayed (further details will be sent to you about this).

Re-registration will automatically take place at the beginning of your second year and you will be notified about this.

5.1 Participant registration and **5.2** Attendance requirements

It is a condition of acceptance to, and successful completion of, the programme that you attend 100% of face-to-face modules (workshops and learning sets) and complete all the e-learning elements.

If you are unable to attend, you must discuss your reasons with your tutor. Authorisation for nonattendance will only be granted in exceptional circumstances, for example, events of such seriousness that they would bring you back from an overseas holiday (a busy workload, important meeting, or job change would not qualify). The tutor will consider the circumstance and recommend acceptance or otherwise to the programme director.

Unauthorised absence will generally result in a fail at the assessment stage.

If, under special circumstances, such as long term illness or accident, you are unable to continue the programme or submit work, you can make a case to the programme director for inclusion in future programmes. Such requests will be dealt with on a case-by-case basis. Intermission or temporary withdrawal is not possible given the nature of this programme.



5.3 Extenutating circumstances

This guidance should be read in conjunction with the University Code of Practice on Extenuating Circumstances and Fit to Sit Procedure which can be found at:

http://www.birmingham.ac.uk/Documents/university/legal/extenuating-circumstances.pdf

Guidance, together with the relevant forms, can be found at:

http://www.as.bham.ac.uk/sca/extcirc/index.shtml

Your first point of contact is your academic tutor, who will give general advice and support. Requests for extenuating circumstances to be considered should not be made directly to the academic tutor.

The documentation should be sent to the Executive Programme Manager, Tracey Gray (t.gray@bham. ac.uk) and cases will be considered and assessed by the programme directors, Deborah Davidson (d.c.davidson@bham.ac.uk) and Ann Mahon (ann.mahon@mbs.ac.uk).

More details about the process for requests relating to extenuating circumstances are given below.

The process for submitting Extenuating Circumstances Forms (ECFs)

The University policy is clear that extenuating circumstances are circumstances that are "exceptional or unforeseen" and "over and above the course of everyday experience". For health issues to be considered as extenuating circumstances, there must be "significant illness, accident or injury", not minor illness.

In all situations where you think you may have

extenuating circumstances, you should discuss these with your academic tutor at the earliest opportunity. It is your responsibility to bring these issues to the tutor's attention and to complete an ECF. The form can be found at:

http://www.as.bham.ac.uk/sca/documents/ec_ Notification_of_Extenuating_Circumstances_Form_26_ Sept_2011.pdf

An email request is insufficient. Extenuating circumstances will only be considered if submitted on the ECF. This can be sent as an email attachment. The ECF must indicate the outcome (A, B, C or D) you have requested. You are required to detail both the extenuating circumstances and the impact these have had on your ability to complete your academic work. This should be supported by up-to-date, independent third party evidence. To be adequate, the evidence must:

- Confirm that the circumstances referred to in the ECF have applied at the relevant time periods for the areas of study or assessment that you state have been affected.
- 2. State how the circumstances have affected you.

The ECF and evidence should be submitted to Tracey Gray. If there are exceptional reasons why the evidence is unavailable at the time of completion of the ECF, you should provide this at the earliest opportunity subsequently, but at the latest within five working days of completion of the ECF. If no evidence is provided within this time period, the request will normally be refused.

The programme director will consider the circumstances you have outlined and the supporting evidence. A final decision can only be made when the evidence is provided, either agreeing or refusing your request. At

this stage, the Extenuating Circumstances decision form will be completed.

The programme director will have a conversation with you to consider the implications of the proposed course of action for other assessed work. The forms will then be passed to the Admin Office, who will send a copy of the decision form to you, complete the checklist form and file the documents.

It is expected that in most circumstances, you will submit your request to allow sufficient time for it to be processed. However, in the event that an urgent response is needed and the contact identified above will not be available for more than 24 hours, the ECF should be passed directly to the programme director. If no evidence is attached, the decision can only be provisional. It will depend upon receipt of satisfactory evidence which must be provided at the earliest opportunity and within a maximum of five working days. In these circumstances, the ECF will be passed back to the programme director who will hold it in until the evidence is provided. If no evidence is provided within five working days, a refusal form will be completed.

If the extenuating circumstances are of a highly sensitive or personal nature, you can request that the evidence is retained on your file in a sealed envelope, following verification by the relevant member of staff.

If you do not wish to disclose the extenuating circumstances to the programme director, the circumstances and evidence can be discussed with the Welfare Tutor. In this situation, the Welfare Tutor will verify the evidence on behalf of the tutor and record on the Extenuating Circumstances form and decision sheet that the evidence is held by the Welfare Tutor. The Welfare Tutor is Hilary Brown (h.i.brown@bham.ac.uk).

If extenuating circumstances are approved, you will receive confirmation by email. The new deadline then becomes your formal deadline for that assignment. Please note that where extenuating circumstances have been approved past the set submission date, the assignment will appear as 'late' on the virtual campus. No late penalties will apply in this instance.

5.4 Leave of absence

Full information regarding Leave of Absence procedures, guidance and a request form can be found at:

http://www.birmingham.ac.uk/Documents/university/legal/leave-of-absence.pdf

Completed forms will only be considered if accompanied by relevant supporting documentation.

Leave of Absence is not an automatic entitlement and therefore it may be refused depending upon the circumstances and the evidence provided. It may also be recommended by the University rather than requested by you, as per the Code of Practice on Suspension from Study on Health Grounds.

In the first instance you should contact Tracey Gray (t.gray@bham.ac.uk).

5.5 Inappropriate conduct

The University requires students to conduct themselves properly at all times, both on and off campus. This is essential to the functioning of an academic community and the University will take appropriate action where a proven breach of its regulations has occurred.

For programmes of study where Fitness to Practise applies, you are required to sign a professional specific code of conduct further to the regulations that govern

your conduct. For more information on Fitness to Practise, please see the Fitness to Practise page (https://intranet.birmingham.ac.uk/as/studentservices/conduct/ftp/index.aspx).

For more information on the processes relating to conduct and discipline, please select from one of the links below:

- Guidelines on student discipline investigations (PDF - 31 KB) https://intranet.birmingham.ac.uk/ as/studentservices/conduct/documents/public/ guidelinesondiscipline.pdf
- Regulation 8: Student Conduct (PDF- 55KB) http:// www.birmingham.ac.uk/Documents/university/legal/ regulations-part8.pdf
- Code of Practice on Misconduct and Fitness to Practise (PDF - 50KB) http://www.birmingham.ac.uk/ Documents/university/legal/misconduct-fitnesspractice.pdf
- Submission form for appeals to the University
 Misconduct and Fitness to Practise Committee
 (Word 72KB) https://intranet.birmingham.ac.uk/
 as/studentservices/conduct/documents/public/
 unimisconductappealform.doc
- Code of Practice on Discipline in Residences http:// www.birmingham.ac.uk/Documents/university/legal/ discipline-in-residences.pdf



5.6 Recommendation for MSc Healthcare Leadership award

Pass Marks

The MSc module Pass mark is 50%, 60% for Merit and 70% for Distinction (i.e. for Master's (M-level) modules, a module mark of at least 50% is required to obtain credits in that module).

For the award of a Masters degree you must:

 Have gained at least 80 credits at Level M (50%) in modules taken as part of the taught component of the programme

AND

 Have gained credit in dissertation components with a total credit value of 60 credits at level M (50%)

AND

• Have gained a weighted mean mark of at least 50% in the taught component of the programme

AND

Have achieved a mark of 40% or more in all taught modules

For the award of a Masters degree with Merit you must:

• Pass all modules taken as part of the programme

AND

 Achieve a weighted mean mark of at least 55% in the taught components Achieve a weighted mean mark of at least 55% in the dissertation component

AND

Achieve a weighted mean mark of at least 60% calculated across all modules

For the award of a Masters degree with Distinction you must:

• Pass all modules taken as part of the programme

AND

• Achieve a weighted mean mark of at least 65% in the taught components

AND

• Achieve a weighted mean mark of at least 65% in the dissertation component

AND

Achieve a weighted mean mark of at least 70% calculated across all modules

5.7 MSc Healthcare Leadership learning outcomes, module and assessment summaries

The tables below set out the academic learning outcomes, module summaries and assessment requirements for each of the modules on the programme leading to the award of MSc Healthcare Leadership.

Module

1

Understanding and developing leadership practice

10 credits

Module summary

This module introduces you to a range of leadership theories and models that can be applied to improve the quality of care and the patient experience. You'll explore current thinking and best practice at the level of the individual leader and, with support, you will critically evaluate your current leadership practice and examine how this may (or may not) make a difference to the quality of care for a diverse range of patients. You will focus on understanding your current levels of self-awareness, the ways in which you use reflection 'in' and 'on' action, how you manage yourself in your leadership role and the identification of areas for learning and development

Learning outcomes

Knowledge and Understanding

- Systematic understanding of management and leadership theories and debates
- Critical awareness of the theories and methods of reflective practice

Intellectual Skills

- Critically apply management and leadership theories to your own leadership practice, in the context of change
- Apply theories and methods of reflective practice

Practical Skills

 Demonstrate practical use of appropriate management and leadership skills and approaches to improve the quality of patient care

Transferable Skills and Personal Qualities

- Undertake a critical reflection to demonstrate selfawareness, self-reflection, and management of self
- Identify development needs in relation to leadership practice

Assessment

One 1500 word critical assignment (100%).

One work-based assignment (pass/fail). Indicative word length 500 words. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

2

Building foundations for team effectiveness

20 credits

Module summary

This module focuses on teams; you will have a critical introduction to the literature and research evidence relating to effective team working and other relevant models relating to team effectiveness. Through the application of relevant theories, models and reflection on practice, you will develop a clear understanding of the team you lead; its purpose, membership and team community.

This will help you to develop the foundations for effective team working – such as creating a safe team climate, discuss concerns, make suggestions and provide constructive debate. Topics will include team member engagement and team dynamics, understanding the effects of diversity on team effectiveness, team conflict resolution and developing team positivity, as well as exploring inter-team working and situational constraints.

Learning outcomes

Knowledge and Understanding

 Systematic understanding of the theories and debates relating to team based working, team effectiveness and the development of effective team climates

Intellectual Skills

- Analyse and critique the evidence relating to effective team working and quality of patient care
- Apply theories and methods that develop an effective team climate
- Apply theories and methods of reflective practice

Practical Skills

 Demonstrate practical skills in leadership practice at individual, team and organisational levels

Transferable Skills and Personal Qualities

• Create a team climate which is inclusive and promotes positive attitudes and behaviours

Assessment

One 2000 word critical assignment (100%).

Two work-based assignments (pass/fail). Indicative word length 500 words each. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

3

Making sense of organisational values, engagement and service delivery

30 credits

Module summary

This module focuses on the organisation as a whole, and begins by introducing you to models and concepts relating to values and stakeholder engagement – firstly exploring the alignment of values at individual, team and organisational levels, and then identifying conflicts, and steps that can be taken to create change.

You'll be asked to explore and understanding the context within which your services are situated, before looking more generally to apply these concepts beyond the immediate services and organisation.

This sets the scene for a multi-faceted examination of the structures, processes, behaviours, culture and patient experiences of services. This includes examining the wider system, evaluating and using a diverse range of information and viewpoints, and understanding the regional, national, international and multi-cultural contexts and drivers for change.

This organisational analysis will help you understand and focus on what needs to change to improve service delivery, care quality and patient experience.

Learning outcomes

Knowledge and Understanding

- Theoretical and practical knowledge of values based leadership and decision making
- Critical awareness of the theory and practice of organisational development and change

Intellectual Skills

- Analyse and critique values based leadership and decision making
- Evaluate and apply the theory and practice of organisational development and change
- Apply theories and methods of reflective practice

Practical Skills

- Demonstrate practical skills in engaging different stakeholders including staff, patients, carers and local communities
- Demonstrate practical skills in making sense of quantitative and qualitative organisational data

Transferable Skills and Personal Qualities

 Demonstrate taking responsibility for engaging stakeholders including staff, patients users and local communities in processes of organisational development and change

Assessment

One 3000 word critical assignment (100%).

Three work-based assignments (pass/fail). Indicative word length 500 words each. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

4

Delivering system wide co-ordinated care

30 credits

Module summary

Building on module 3, this module focuses more strategically on quality, efficiency and effectiveness. You will examine the use of resources with a view to the future, look where duplication and waste can be reduced and increase the use of shared resources across system boundaries. This requires working across multiple services and care pathways, understanding models of governance, analysing inequalities in services and building strategic relationships and networks to support this work.

Learning will focus on how to enable your team to work in interdisciplinary, complex and ambiguous contexts more effectively through evaluating shared roles and accountabilities and working with the tensions this brings. Sharing decision making with patients, carers and the public will be explored so they have greater choice and take control of decisions about their health and care.

Learning outcomes

Knowledge and Understanding

- Critical awareness of the national and international evidence of effective system wide co-ordinated care
- Theoretical and practical knowledge of complex adaptive systems
- Critical awareness of approaches to shared decision making and their practical application

Intellectual Skills

- Critically evaluate evidence of system wide coordinated care
- Apply theories and models to aid understanding of complex adaptive systems
- Analyse and critique the practical application of approaches to shared making
- Apply theories and methods of reflective practice

Practical Skills

- Demonstrate practical skills in networking, influencing and sharing decision making
- Demonstrate practical skills in making sense of quantitative and qualitative organisational data

Transferable Skills and Personal Qualities

 Demonstrate skills for implementing and evaluating system wide co-ordinated care

Assessment

One 3000 word critical assignment (100%).

Three work-based assignments (pass/fail). Indicative word length 500 words each. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

5

Creating engaging and learning cultures

20 credits

Module summary

This module continues builds on the learning commenced in module 2, delivering care quality and service improvement by emphasising accountability and cohesive team dynamics. You will make use of the evidence, theories and models focused both on creating engaging and learning cultures, and optimising your potential as a leader in order that teams are led effectively and dynamically.

Learning will be demonstrated through measurable work-based learning activities that further develop innovative team leadership and team working in order to improve patient experience, safety and care.

Learning outcomes

Knowledge and Understanding

- Critical awareness of the theory and practice of creating engaging and learning cultures
- Critical awareness of theory and innovative practices to improving care quality and patient experience

Intellectual Skills

- Critically apply theories of engaging and learning cultures to your workplace
- Apply theories and methods of reflective practice

Practical Skills

 Demonstrate practical skills in building a trusting culture and inclusive practice

Transferable Skills and Personal Qualities

• Demonstrate taking responsibility for creating and maintaining an engaging and learning culture

Assessment

One 2000 word critical assignment (100%).

Two work-based assignments (pass/fail). Indicative word length 500 words each. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

6

Evaluating my leadership behaviours and impact

10 credits

Module summary

In this module you will build on the learning outcomes and the theoretical approaches introduced in module 1 and continue to evaluate the ways in which your leadership practices are making a difference to patient care. This will involve a more intense focus on your leadership behaviours and how you respond to patient, staff and organisational needs, as well as how able you are to challenge behaviours and performance in others which have a negative impact on patient experience and outcomes.

Learning outcomes

Knowledge and Understanding

 Critical awareness of leadership behaviours and performance that impact on care quality and patient experience

Intellectual Skills

- Critically evaluate leadership behaviours and performance that impact on care quality and patient experience
- Apply theories and methods of reflective practice

Practical Skills

 Demonstrate practical skills in leadership practice at individual, team and organisational levels

Transferable Skills and Personal Qualities

- Undertake a critical reflection to demonstrate selfawareness, self-reflection, and management of self
- Identify development needs in relation to leadership practice
- Demonstrate confidence and ability to challenge poor behaviours and performance

Assessment

One 1500 word critical assignment (100%).

One work-based assignment (pass/fail). Indicative word length 500 words. Detailed guidance on the work-based assignment will be given which will form consistent criteria for assessing pass or fail. Participants will submit the work-based assignment to their tutor (once only), prior to submission for formative feedback.

Developing organisational research study skills

20 credits

Module summary

This module will prepare you for your healthcare leadership case study. You will learn how to collect and analyse information and make sense of this through different theoretical approaches that govern the way you understand the world and in turn influence your leadership. The outcome will be a fully worked up dissertation proposal.

Learning outcomes

Knowledge and Understanding

 Systematic understanding of organisational research methodology and its practical application

Intellectual Skills

- Devise and execute a coherent plan for the dissertation research, analysis and completion
- Apply theories and methods of reflective practice

Practical Skills

 Demonstrate practical skills by planning a rigorous research project / leadership case study Assessment

One 3000 word Healthcare Leadership Case Study proposal (100%).

8

Healthcare leadership case study

40 credits

Module summary

In this module you will implement the healthcare leadership case study proposal developed in module seven.

Working independently, you will conduct and write up your case study, which will be a critical evaluation of the way in which care quality, diverse patient experience, and patient involvement, has improved as a result of your own and your team's learning and actions.

Learning outcomes

Knowledge and Understanding

 Employ rigorous case study design, located within relevant theories and concepts from the published literature on healthcare leadership

Practical Skills

 Demonstrate practical skills in designing, executing and reporting a case study in healthcare leadership, drawing practical and relevant implications from an academically rigorous piece of work

Transferable Skills and Personal Qualities

- Demonstrate continuous understanding of your role in ensuring that the experience and quality of care provided to patients matches what you would want for the people you love most
- Demonstrate taking personal responsibility for understanding and implementing equality and diversity in your workplace

Assessment

One 10,000 word Healthcare Leadership Case Study (100%).

5.8 Regulations

Full University of Birmingham regulations can be found at:

http://www.birmingham.ac.uk/university/governance/legislation.aspx

Codes of Practice, Policies and Guidance can be found at:

https://intranet.birmingham.ac.uk/as/registry/legislation/codesofpractice/listcodeofpractice.aspx

5.9 Graduation

Passing the Elizabeth Garrett Anderson Programme – Leading Care II is a great achievement, giving you a kite-marked accreditation to progress to the next level of leadership.

There will be an NHS Leadership Academy graduation/celebration event and details will be provided during the latter part of the programme. Once you have passed the University assessed parts of your programme, you will be eligible to attend the Degree Congregation Ceremony.

Full graduation information can be found at:

https://intranet.birmingham.ac.uk/as/studentservices/graduation/index.aspx

If you have any queries regarding degree congregations, you should contact the Examinations Office:

Email: graduation@contacts.bham.ac.uk

Telephone: 0121 414 7174



6.0 Other information

Dress code

In general, you should adopt a smart casual dress code for the face-to-face learning.

Disability support

The University of Birmingham offers support for a range of disabilities. We are here to give as much help as possible and to make sure that you can take full advantage of a university experience, whatever your disability or support needs. If you tell us about your disability as early as possible, we can identify any support that you might need. For more information contact the Admin and Learning Support office.

6.3 Administration and learning support

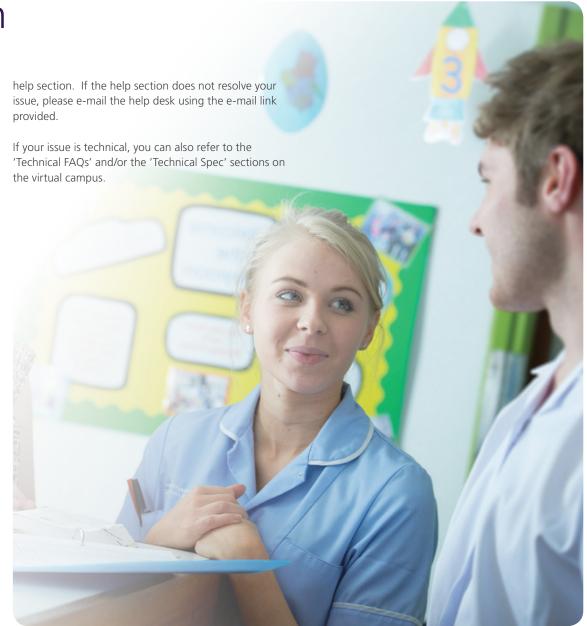
The Programme Administrators provide a vital service, making sure that the day to day logistics and administration involved in running the programme are taken care of. They also act as the conduit, where and when necessary, between you and the programme team.

The programme administrators can be contacted by telephone or e-mail.

Tel: 0121 415 9966

e-mail: andersonadmin@contacts bham ac uk

For any online / virtual campus queries, you should use the help desk facility found within the virtual campus



6.4 Library access

Accessing library information remotely

The library's website is located at: http://www.birmingham.ac.uk/facilities/hsmc-library/ and is a gateway to health related information.

The site gives you access to electronic journals and databases, the library's online catalogue, current awareness bulletins, details of library services, study skills information, current awareness services, and much more.

You can also catch up on library news via Facebook and Twitter.

Services provided

- Book loans
- Postal loans
- Photocopying facilities
- Induction and training sessions in health information searching skills using electronic databases

- Current awareness bulletins
- Inter-library loans
- Reference and enquiry services
- Blackboard support

Library base

Health Services Management Centre (HSMC)

Park House

40 Edgbaston Park Road

Birmingham

B15 2RT

Opening times

Mon - Thurs 09.00 - 19.00

Fri 09.00 - 16.00

Contacting the library

By phone: 0121 414 3672 / 7060

By e-mail: hsmc-library@contacts.bham.ac.uk

Website: http://www.birmingham.ac.uk/facilities/hsmc-library/

Skype: hsmclibrary

Facebook: HSMC Library



6.5 Student representation

The University has a system of student representation to ensure that the Student Body are heard. When this system works, it has enormous benefits for both students and staff. Being a student representative gives you great transferable skills; the wider student body benefits from having a systematic way to contribute and give feedback that shapes the development of their programmes; and the school benefits from students who have a sense of ownership over their education.

The role of a student representative is to:

- Liaise between students and staff on matters of concern
- Provide two-way feedback on the quality of course units, programmes and teaching
- Promote active student involvement in the development of programmes

The programme has a Programme Management Committee which meets once or twice a year. They plan, monitor, review and develop the MSc in Healthcare Leadership. Two participants will be nominated by their peers to attend these meetings, which can be held virtually or face-to-face. Further details will be available on the virtual campus.

6.6 Feedback

We want to know as much as possible about your experiences on the programme and how we can improve. The programme sponsor / directors, administrators, cohort directors, tutors and other contributing staff, are keen to receive your feedback.

At the end of each module and at other specific

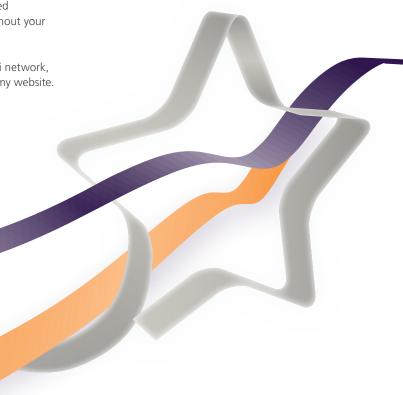
points in the programme, we will provide evaluation questionnaires, which all participants will be asked to complete (these can be returned anonymously if you prefer).

If you have any concerns or complaints about aspects of the programme which you feel cannot be dealt with satisfactorily by the administrators or the cohort directors, please bring it to the attention of programme directors.

6.7 Alumni

Staying connected with the NHS Leadership Academy helps you to create a network of likeminded professionals that can support you throughout your career.

For full details of how to access the alumni network, please refer to the NHS Leadership Academy website.



Contact us

Please note that all our programmes are continually refined and updated to ensure they remain current and relevant.

For the latest details or to register please contact:



www.leadershipacademy.nhs.uk