

Valuing leadership development; exploring self-perceptions of leadership through a dedicated secondment opportunity

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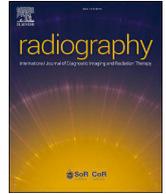
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Valuing leadership development; exploring self-perceptions of leadership through a dedicated secondment opportunity

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ABSTRACT

Introduction: Leadership is a recognised pillar of practice for all UK healthcare professionals and is critical at the advanced and consultant levels. A six-month national fellowship secondment provided experience and exposure to strategic level leadership activities for a cohort of imaging and oncology practitioners. During the fellowship, their self-perceptions of personal and professional leadership development were evaluated to identify the impact of the secondment.

Methods: Seven secondees were recruited to the fellowship in 2023. The multi-method evaluation comprised pre and post-secondment surveys alongside analysis of work activity diaries. Individual reflective diaries provided qualitative data subsequently analysed using narrative inquiry methodology.

Results: The surveys demonstrated a significant increase in self-rated confidence levels associated with leadership development and skills attainment in relation to communication ($Z = -3.42$; $p = 0.01$), networking ($Z = -4.61$; $p < 0.01$), policy ($Z = -4.11$; $p < 0.01$) and management ($Z = -6.7$; $p < 0.01$). In-depth analysis of the reflective diaries corroborated these findings, and four clear narrative threads were identified as being central to their experiences: self-belief, independence, partnering and visioning.

Conclusion: The fellowship opportunity improved the practitioner's self-perception of their own leadership skills development. The evaluation also highlighted specific areas of leadership which they had not been exposed to previously, and which then having experience in via the secondment, were identified as being of benefit to them in future strategic leadership activities.

Implications for practice: Non-medical practitioners working at advanced and consultant levels are not exposed to sufficient leadership development opportunities and therefore greater support for practitioners looking to align to higher levels of practice is necessary. Experiential opportunities working with leaders at system, regional or national levels, or dedicated education and training programmes that focus on key skills are required to successfully operate at this level of practice.

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Introduction

The NHS Long Term Plan clearly identifies the need to support and encourage positive cultural values and for leadership behaviours to be embedded within the workforce at every level.¹ A series of landmark NHS investigations over the last twenty years have linked leadership failings to inadequate care standards and have prompted calls for a stronger leadership culture across healthcare

services.²⁻⁵ Recent high-profile cases highlighted in the media, such as the criminal conviction of Lucy Letby and the events that led to Martha's Rule coming into force, means that patient safety, quality of care and NHS management are increasingly coming under closer scrutiny from the public.⁶ It is therefore critical that clinical leaders possess and demonstrate qualities that support effective service delivery, high-quality care and improved patient outcomes.⁷

Public satisfaction in the NHS is at an all-time low,⁸ influenced by a range of factors that affect the actual, or perceived, quality of care. This includes aspects such as communication, teamwork, situation awareness, workload management, error management,

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decision making, and human performance; all of which are enabled and facilitated through effective leadership.⁹ Shortcomings in both leadership and teamwork were factors identified in Bill Kirkup's investigation into failings at the maternity unit in Furness General Hospital, Morecambe Bay.⁴ Lord Darzi's recent investigation into the state of the NHS concluding that the trust and goodwill of frontline staff had been lost due to reductions in managerial capability and capacity.¹⁰

The situation is no different within imaging and oncology. Historically medical staff have dominated the service leadership space with the radiographer mainly undertaking activities pertaining to direct patient care.¹¹ In order to progress and gain any kind of leadership influence, many radiographers move into management roles,¹² often resulting in them having to step away from clinical practice. The need to increase service capacity led to an imaging skill mix strategy, published in 2003, and the introduction of the four-tier service delivery model.¹³ The subsequent revisions to the professional body career framework,¹⁴ have identified clear expectations around the knowledge, skills and attributes for all levels, from support worker to consultant, across the clinical, leadership, educator and research pillars. The clinical route includes progression to the enhanced, advanced and consultant levels of practice (collectively defined as 'advancing' practice), with a greater focus on leadership expectation of practitioners working at these levels.^{15,16}

This evaluation builds on recent findings from a scoping review that highlighted the limited availability of structured leadership development opportunities for radiographers, particularly at advanced practice levels.¹⁷

In a direct response to the challenges of leadership development, Health Education England (HEE), now NHS England (NHSE) Workforce, Training and Education directorate (WTE), developed an opportunity for seven individuals to join the Cancer and Diagnostic (C&D) programme as Clinical Fellows (CFs) on a six-month secondment. These nationally advertised roles were designed to provide a unique development opportunity for individuals working in a senior clinical imaging or oncology role. The roles would also deliver additional senior resources to influence the advancing practice agenda at a national level. Alongside the fellowship, an evaluation project aimed to measure the impact of these roles at an individual, organisational, system and professional level.

Method

The study design follows an interpretivist paradigm providing an in-depth exploration of personal stories, ideal for research that seeks to explore how individuals create and interpret meaning in their lives.¹⁸ Interpretivism also places emphasis on the social construction of reality, aligning to the narrative methods to understand individual perspectives in their social contexts.¹⁹ Additionally, Riessman highlights that narrative inquiry, grounded in interpretivist epistemology, enables researchers to explore the personal and contextual nuances of lived experiences.²⁰ Although typically associated with qualitative methods, interpretivist investigation can be used to understand 'what is going on' and thereby the meaning of the development opportunity and experiences of the CFs. Aligned with McChesney and Aldridge,²¹ both qualitative and quantitative methods were used in parallel and interpreted independently with subsequent patterns identified to construct meaning in the experiences.

Fellowship participants

The cohort comprised six radiographers and one clinical technologist. Two were therapeutic radiographers and the remaining

five worked within diagnostic imaging services. All had substantive roles working as either advanced or consultant practitioners within NHS trusts in England. The CFs were recruited to a 0.5 whole-time equivalent (WTE) secondment contract and for the remainder of their time continued to work in their substantive posts. They possessed a wide skill set that would be expected of their levels of practice and had substantial experience of working at a service provider level as well as underpinning postgraduate education. Two of the CFs also had additional responsibilities leading advanced practice projects at a trust or a regional level.

The secondment covered a 6-month period, and the CFs worked remotely within the NHSE structure in a home-based environment, separate from their substantive clinical posts. They were expected to participate in strategic decision making and influence the development of the enhanced, advanced, and consultant workforce within the diagnostic and therapeutic radiography professions. They worked in teams across nine separate projects supported by the national Programme Lead and two subject matter experts (SMEs) seconded to act as critical friends. This collective and collaborative working pattern supported and enabled a shared learning experience and the development of different skills, attributes, and behaviours. While the delivery of the projects was central to fulfilling these roles, the fellowship also acted as a unique personal and professional development opportunity. The CFs were given access to education and training resources during the secondment to support their understanding of strategic leadership and project management methodology.

Reflective practice and impact evaluation was embedded throughout the fellowship to provide insight into the CFs perceptions of their ability to participate and influence in strategy development and assess if, and how, this evolved over time.

Co-production

The CFs acted as both participants and co-researchers in this evaluation. Having discussed the potential study approaches and informed by a search of the literature pertaining to leadership development, the final study design was co-produced by the Lead Researcher and CFs with one of the SME's acting as a gatekeeper for the data collection process. Participant-led research is often undertaken by patients within clinical studies,²² and generates a different perspective from the objective external academic perspective. Within this study the participants (the CFs) recognised the risks and benefits of insider research,²³ and acknowledged the need for honesty and collaboration together with independent oversight to challenge and ensure credibility of outcomes.

Data collection

The methods included pre and post secondment surveys, work activity diaries and individual reflective diaries (Table 1). Synthesis of the data collected through these channels helped to establish and consolidate emergent themes within the timeline of the secondment. The primary data collection formed part of the fellows' secondment agreement and so there was no opportunity for them to withdraw from this specific part of the process. The only exception being where one CF left the secondment entirely due to ill health and so any data collected to this point was excluded from analysis.

All data collected were anonymised prior to analysis to reduce potential bias and increase validity of the results. Ethical approval was gained prior to data collection to provide assurance to the CFs and employing organisation.

Pre and post secondment survey

An anonymous electronic survey was undertaken at the beginning of the secondment to provide a baseline and again at the

Table 1
The timing of the data collection elements and analysis strategy.

Method	Secondment Month						Analysis
	1	2	3	4	5	6	
Survey	x					x	Independent and comparison
Work activity diary	x	x	x	x	x	x	Phase 1(Month 1–3) and 2 (Month 4–6)
Reflective diary	x	x	x	x	x	x	Individual and cross-referenced

end to establish any changes in confidence across a range of domain related tasks. The anonymous survey was hosted on the Joint Information Systems Committee (JISC) Online Surveys platform and sought basic demographic data and confidence against 34 key statements extracted from the CF job specification (Supplementary Table). These were grouped into four main domains: networking, communication, policy and management. The job specification had previously been reviewed through the organisational processes including Agenda for Change and was considered to be most relevant in measuring the confidence against the expectation of senior leadership and also minimise potential researcher bias. The questions sought self-rated confidence against a 5-point Likert scale ranging from 1 (not at all confident) to 5 (very confident). Both surveys also included open-ended questions to further enrich the data, particularly around the experience, the perceived strengths, weaknesses, and the success derived from delivering personal, regional, national and professional impact. The data were downloaded into Microsoft Excel for descriptive analysis.

Individual work diaries

Electronic diaries (Microsoft Outlook) were used within the CFs role to manage individual workloads and structure internal and external meetings and activities. The CFs were asked to categorise the variety and frequency of activities at a strategic level (individually and collaboratively) and any time dedicated to skills acquisition or continuous professional development (CPD). Annual/sick/other leave was also documented to allow full contract hours to be accounted for and to ensure accuracy; however, this personal data was excluded from the final analysis. The activities were recorded separately by the CFs onto an anonymous Microsoft Excel spreadsheet for collation and descriptive analysis.

Reflective diaries

Each CF recorded their experiences throughout the duration of the secondment. The nature and frequency of entries was collectively agreed with an expectation to undertake at least one entry every two weeks. A standardised reflective model template,²² was provided to help format the entries however they were afforded personal flexibility with this element.

Data analysis

A staged approach to data interpretation and analysis was taken with the pre and post secondment surveys and work activity diaries analysed primarily, and the reflective diaries reviewed shortly after. The data analysis was undertaken solely by the Lead Researcher, and all the CFs were given the right to withdraw their data. Careful documentation of the analysis process contributed to the transparency around coding and theme development decisions. Direct anonymous quotations from the CFs across the different data collection methods have been included to evidence personal experiences and facilitate external scrutiny.

Pre and post survey

The results of both surveys were compared to quantify and explore any changes in confidence relating to experience, skills, and knowledge gained. The confidence scales were treated as nonparametric data and analysed descriptively and statistically in SPSS (IBM, US, v27.0) using the Wilcoxon Signed-Rank test to identify any significant difference between the pre- and post-secondment responses. The free text survey responses were also examined for evidence of the impact on the CFs substantive role, their readiness to seek leadership opportunities within a wider scope, the influence of the secondment on their career prospects or plans and finally, to explore the influence of the peer group.

Work activity diaries

Work diary entries were categorised according to project delivery, meeting attendance, leading or presenting at a meeting or event, attendance at an external event, administration, CPD and reflection. The data was analysed in two phases: the initial three months (Phase 1) and then the remainder of the secondment (Phase 2).

Reflective diaries

The reflective entries were analysed using narrative inquiry as this supported the notion that information and data collected from participants tells a story, creating a chronicle of life experiences, events, and individual perceptions.^{19,24} This also affords the opportunity to connect individual stories and experiences to create a narrative of a culture, family, or community.^{25,26} Narrative threads are viewed as being central patterns that transcend individual accounts and form the beginning of the final texts prior to dissemination.²⁷ Evaluation was undertaken using Reissman's thematic analysis framework whereby themes within the stories are identified and what they reveal about the individuals' experiences, beliefs and events. In this respect, the emphasis is more around what is said than how it is said enabling a deeper exploration of specific aspects such as thematic content, structure, interaction, and social context.²¹

Primarily the diaries were initially read to identify potential themes which were then coded. Structural analysis through second reading of each diary enabled critical events and any other commonalities to be noted between the generated themes. Finally, four core narrative threads were identified as common to the individual stories, with conclusions drawn in respect to the research question. Subsequent independent review of the diaries and themes by another member of the research team confirmed their validity.

Results

There were six female CFs appointed and one male, with an average of 16 years post-registration experience (range 7–28). Two were employed in consultant radiographer roles with the remainder working at an advanced level of practice.

Pre and post secondment survey

Overall, the surveys confirmed a statistically significant increase in confidence over the secondment period across the domains (Table 2). There was variation across the individual responses, with at least one CF indicating no, or low confidence in relation to every key statement with the exception of those centred around communication skills. The management domain was the only area where there was still recorded levels of low confidence in the post secondment survey. On further analysis this was attributed to key statements relating to *monitoring budgets, financial systems and complex finance issues* (Supplementary Table).

In both the pre and post secondment surveys, high levels of confidence were reported against specific criteria within both the management and communications sections specifically in aspects such as *doing presentations, preparing communications, senior manager role, planning and developing collaborations*. Notably, one area of increased confidence over the secondment was within the policy category. This comprised five related key statements and at the outset there was a single 'confident' response from one CF with three of the fellows reporting they felt slightly or not at all confident. By the end of the fellowship, all CFs felt increasingly confident across statements here, with the greatest change seen in aspects such as *widening participation and understanding of the radiography workforce*.

The area which saw the least change was *operating in a political environment* however, when compared to the results from the pre-secondment survey, this still showed an increase in overall confidence. Similarly, the networking related statements indicated areas of low confidence at the start of the fellowship with limited

Table 2
Pre and post secondment confidence scores by category.

Category	Pre		Post		Z	p
	Mean ± SD	Range	Mean ± SD	Range		
Communication	2.7 ± 1.1	1-4	3.9 ± 0.5	3-5	-3.42	0.001
Networking	3.3 ± 0.9	1-5	4.2 ± 0.6	3-5	-4.61	<0.001
Policy	2.8 ± 1.2	1-5	4.1 ± 0.7	3-5	-4.11	<0.001
Management	2.8 ± 1.1	1-5	3.7 ± 0.8	2-5	-6.70	<0.001

'quite confident/very confident' responses. By the end of the secondment however, the CFs reported feeling 'quite confident' or 'very confident' overall in three of the five statements.

Work activity diaries

Activities varied between the CFs and were influenced by their individual project responsibilities (Fig. 1). The slight increase in project work between the phases was likely a response to increasing pressure in delivery towards the end of the fellowship. Interestingly, meeting attendance was consistent across both phases at 9.9 %, suggesting an element of regularity throughout. Decreasing administrative time suggests a concentration on early planning activities which then naturally tailed off as the projects moved forward.

Event attendance was greater in phase one, likely due to the timing of external conferences. Increasing meeting involvement was likely influenced by promotion of the CF profile with subsequent invitations from a range of stakeholders. In addition to this, each CF was given the opportunity to both chair and take minutes at the monthly assurance meeting and the national NHSE advanced practice meeting. Self-development (CPD) decreased between phases, likely due to the CFs early engagement with training courses and resources made available to them. Time spent on reflective activities however, remained consistent and in line with role expectations.

Reflective diaries

Analysis of the reflective diaries indicated the practitioners experienced a challenging but positive secondment, and each clearly indicated periods of growth, both personally and professionally. The range of emotions expressed were similar and whilst they could be grouped by thoughts and feelings, the differing extent and sequencing of these was acknowledged.

Ten initial themes (Table 3) were identified from the primary read through of the diaries. These were specifically related to self-belief, the impact of the peer group, challenges of the leadership role and potential influence of the secondment on their career direction.

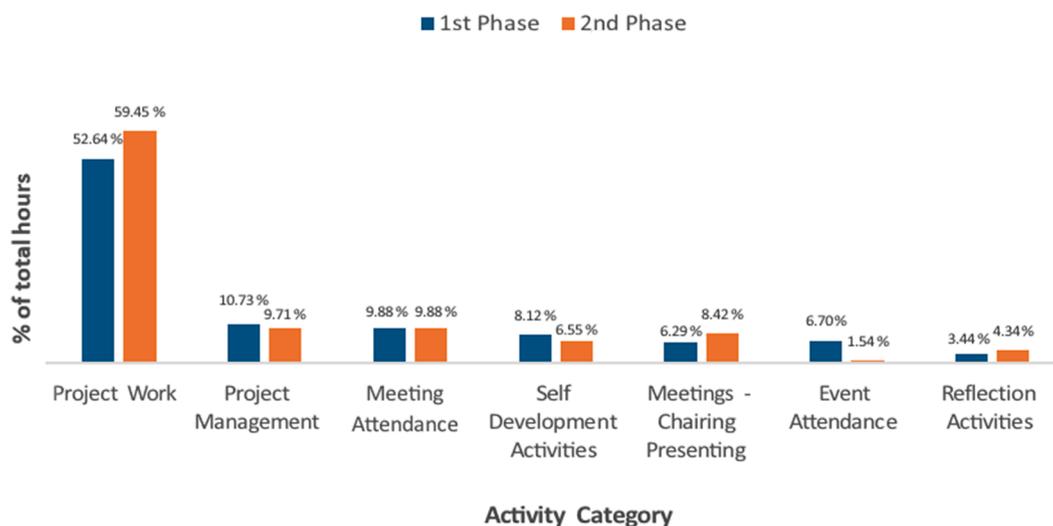


Figure 1. Time distribution per activity: Comparison of 1st and 2nd phases.

Table 3
Themes identified at the primary read through.

Themes identified
Limited self-belief and acknowledgement of self-limitation
Recognition of demands of working at a higher level
Acknowledgment of negative impact on self from peer group
Negative action or emotion noted within peer group
Acknowledgment of negative impact on self from others outside of peer group
Negative impact of fellowship – professional and/or personal
Acknowledgment of positive input/change by self
Acknowledgement of benefiting from peer support and others
Intentional future goal setting
Acknowledgment of positive impact of fellowship on future career development

During structural analysis of the diaries the timing context was considered. There was a total of five ‘critical events’ common across diaries that were highlighted as being significant including the adjustment periods at the start and end of the fellowship and completion of project work (Table 4). Additionally, five of the CFs represented the national team at the United Kingdom Imaging and Oncology (UKIO) conference and later in the secondment, the CFs were asked to individually ‘pitch’ the advantages and disadvantages of advanced practice to a range of stakeholders in a Dragons’ Den style setting.

To understand the overall fellowship experience and minimise the deconstruction of the narrative itself, four main narrative threads were drawn from the texts. These threads were common to all CF diaries in varying degrees. The breadth and depth of each narrative thread evolved from the beginning of the secondment, where the CF’s diaries depicted a survival type response, to the end of the secondment with more positive ‘thriving’ affirmations and feelings being noted (Table 5).

Discussion

The findings provide valuable insights into the self-perception and leadership development of individuals working in senior clinical roles across imaging and oncology. Mills et al. identified

Table 4
Critical events common to all CF diaries.

Critical Event	Diary extracts in response to critical event
Recruitment and Induction	<i>“It’s just a different way of working, a different mindset to being in a clinical role, not being able to stop for 5 min because there are patients waiting. I think there’s a sense of guilt around that”</i> <i>“A definite week of imposter syndrome. Getting my head around a new way of working, ensuring that I don’t get scared and let my voice be heard”</i>
National Conference Attendance	<i>“I think seeing those individuals presenting and the planning/nerves that they had was good for me to see. I just assume that people in national roles held everything together all the time”</i> <i>“Conferences are a great chance to professionally networkI can really see how this fellowship has improved my confidence and my insight to the wider radiography world”</i> <i>“The experience was also a lesson in how people in senior roles interact and conduct themselves in these situations. I also felt like I have to be on the ball and be able to engage in high level conversation at all times. This was a steep learning curve”</i>
Dragons’ Den activity*	<i>“I see this as another opportunity to develop and gain feedback on my knowledge and presenting skills. This is a privilege that I wouldn’t normally have in my clinical role and feedback from these people is invaluable”</i> <i>“Not being able to discuss with peers was stressful because on a normal scenario I would, I am not a competitive sort of person who hide their information until the last minute, so this was out of my comfort zone but not in a good way”</i> <i>“Whilst I was able to deliver the presentation, I don’t think I was able to do it justice whilst one of my strongpoints is the ability to pull together a high level presentation I do not always have the confidence to deliver it”</i>
Project work, completion and reporting	<i>“I’m very aware that we’re halfway through the project and I feel that I’m not getting anywhere. I’m very frustratedI feel the timing is just not good and I don’t quite know how to make the best out of what we’ve been able to do with it. Which is quite difficult”</i> <i>“It’s also made me think about developing my organizational and reporting skillsI am learning quickly how important it is to learn these skills quickly so that your project doesn’t suffer”</i>
Secondment end and next steps	<i>“The fellowship has been good for me. I have grown and developed but I think that may become more apparent after the fellowship”</i> <i>“I sometimes feel that in my clinical role I am constantly trying not to step on toes or inadvertently irritate people with my desire to innovate or make progress in the department/team. I am only now realising how much I have been suppressing myself I had not previously considered how much my working environment might be knocking my self-confidence or self-belief”</i> <i>“This fellowship has opened my eyes to a range of career opportunities and roles that exist I feel like my awareness of the ‘bigger picture’ has massively evolved and I am realising the ability to influence patients, services and the workforce from a slightly different position”</i>

*RCFs were asked to ‘pitch’ the advantages and disadvantages of advanced practice to a range of stakeholders.

significant gaps in radiography leadership development pathways and called for more experiential learning models within the profession.¹⁷ The fellowship clearly enhanced the participants’ confidence in key leadership areas, particularly in communication, project management, and strategic decision-making. The results reflect wider leadership literature, which underscores the importance of early and continuous development for healthcare professionals.^{27–30}

The study highlights that whilst the fellowship significantly improved participants’ leadership skills, this was not consistent, with financial systems and budget management being least influenced. We assume that this is related to limited exposure to this area of development with the CFs having no specific or designated responsibility for financial management during the entire secondment period. This finding is consistent with previous research that identifies financial acumen as a crucial, but often underdeveloped, skill in healthcare leadership.³¹

The collaborative nature of the fellowship played a pivotal role in this development, as peer support and shared experiences helped mitigate the stress associated with new leadership responsibilities. This mirrors other research findings, with Harding et al. also identifying similar value in mentoring and peer support to navigate and learn from unfamiliar and unsettling experiences.³² Across all diaries, the support from the SMEs and other senior leaders was noted and guidance from more experienced individuals has been acknowledged to facilitate the safe experimentation and exploration of styles and new found knowledge by emerging leaders.³³ Overall, this aspect had a positive and profound effect on the lived experiences of the CFs however they did signal frustration that contact was limited due to both workload and time restrictions. It is therefore important that the provision of a consistent and accessible mentoring resource is viewed as being a vital component to support leadership development. In addition, the timing and level of support provided along the secondment timeline should also be considered. The journey to autonomous leadership requires sufficient, though not stifling support, so that practitioners working in senior clinical roles gain independence without developing an over reliance on any key individuals supporting them.

Table 5
Narrative threads and exemplars.

Narrative Thread	Secondment Timeline		
	Beginning - Surviving	Middle - Emerging	End - Thriving
Self-belief	<i>I'm currently feeling very inadequate in my level of knowledge.</i>	<i>Maybe I am starting to realise my own value and what I can bring to a team.</i>	<i>This has made me realise I have a voice and ideas that are worth hearing amongst my peers and senior colleagues</i>
Independence	<i>The pressure was on for everyone, the team was tense and anxious, and we were asked not to discuss our ideas with each other which was difficult because I think we have a nice sense of collaboration so emotionally this was unfamiliar territory.</i>	<i>Like many times in this secondment there have been things which make me uncomfortable, and I have tried to ensure that I have not used the group setting to shy away from these.</i>	<i>I feel like I am taking new activities such as this more in my stride now and seeing them for the development opportunity they are</i>
Partnering	<i>I have felt like the others are achieving more than me, and sometimes, worry that I am not playing a big enough part in the shared workload</i>	<i>Being held to account for the projects at the meeting has added pressure this week and the ability to discuss with the other clinical fellows has been essential to decompress.</i>	<i>I've found that I work better with certain personalities than others, but I've actually learned more from working with people who think in totally different ways to me.</i>
Visioning	<i>I am finding myself in awe of many influential and successful people.</i>	<i>Person A is amazing - so knowledgeable and so supportive. The terminology they use and the way that they phrase things I think it's due to the experience that they have had in previous roles. I wonder if somebody would think that I had that kind of knowledge. I would like to hope so, but I'm not sure I'm quite there yet.</i>	<i>I left the session with a clear idea of who I would like to emulate and how I would like to be able to engage with an audience confidently.</i>

Exposure to national and strategic-level meetings enabled the fellows to understand the wider implications of their roles. This aligns and supports the NHS Long-Term Plans call for leaders to possess qualities that drive service delivery improvements and patient outcomes.¹ In the absence of other external drivers we surmise that the CFs ability and confidence grew as a direct result of these specific experiences. The inclusion of such activities should therefore be seen as integral to the success of the secondment and echoes current literature's emphasis on the need for healthcare leaders to foster strong and collaborative networks.³⁴

This study resonates with findings from other research which emphasise the importance of providing experiential type leadership experiences to foster personal and professional growth.^{32,35} Similar leadership development opportunities report the effectiveness of experiential project-based learning in providing context and application to any prior theoretical learning.³² The secondment model used in this study, where projects and outputs were specifically aligned to the individual's professional development objectives, could potentially serve as a framework for future initiatives. Whilst this opportunity has clearly aimed to solely support leadership development in the imaging and oncology workforce, this type of development could be adapted to support the wider healthcare professions, including nursing and other AHPs.

There are several limitations to this study. There were a small number of participants, and the individuals were known to the research team, although every effort was made to minimise bias during data collection and analysis. The Lead Researcher had been the initial instigator of the fellowship opportunity, led the recruitment process and acted as the CF's immediate line manager during the secondment period. To reduce potential bias and increase validity, one of the SMEs led on data collection and acted as gatekeeper including performing anonymisation. This process was also designed to assist on ensuring honesty in survey and diary completion, although it is acknowledged that there remains potential for response bias. The findings reported reflect the fellowship impact on completion of the six-month secondment and a follow-up evaluation focusing on the participants' career progression and leadership impact would provide further insights into the long-term benefits of this fellowship. This would also help

refine and improve leadership training programs for radiographers, ensuring that future practitioners are equipped to meet the leadership demands of modern healthcare.

Conclusion

This evaluation demonstrates that a dedicated secondment opportunity increased the participants' leadership skills and confidence. The fellowship provided a platform for strategic leadership development and fostered personal growth and self-awareness, vital for long-term success in advancing practice roles. However, areas such as financial management remain a challenge, and suggest an unmet training need.

The results indicate that future leadership initiatives should continue to offer experiential learning opportunities, allowing participants to engage with senior stakeholders and strategic projects. Additionally, peer support and mentorship were identified as crucial components of leadership development, underscoring the importance of a cohort-based approach. These findings therefore support and extend the conclusions drawn within existing literature and offers practical evidence in favour of utilising experiential secondments as a route to leadership development in radiography.

Informed consent

- Not applicable

Ethics approval

- Institutional ethical approval was gained prior to the study commencement and data analysis.
- Primarily, institutional ethical approval for the data collection phase was granted by the
- 14/08/2023 (EC27861) from the University of Bradford. The lead researcher then undertook the evaluation and analysis of the data independently. For this part of the study, ethical approval was on 08/03/2024 (ETH2324-1793) from the University of Derby.

Availability of data

- Data required for this study may be made available by the author(s) upon reasonable request.

CRedit author statement

KM: Conceptualisation, Methodology, Formal Analysis, Investigation, Writing (original draft), Writing (reviewing and editing)

BS: Methodology, Writing (original draft), Writing (reviewing and editing)

AW: Supervision, Writing (reviewing and editing)

MC: Writing (reviewing and editing)

Animal welfare

- Guidelines for humane animal treatment did not apply to the present study because no animals were involved

Declaration of generative AI and AI-assisted technologies in the writing process

Not applicable.

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- No funding was received in relation to the evaluation itself.

Conflict of interest statement

- The lead author was the initial instigator of the fellowship opportunity and led on the recruitment process. They also acted as the fellows' line manager during the secondment period. All data collected was anonymised to reduce potential bias and increase validity and whilst the data collection tools were co-designed, the lead author was not involved with the actual data collection itself. The data was analysed by the lead author after the secondment period had ended.
- There are no conflicts of interest with any of the other authors.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.radi.2026.103358>.

References

1. NHS England. *The NHS long term workforce plan* [pdf] NHS England; 2023. Available at: <https://www.england.nhs.uk/long-term-workforce-plan>. Accessed August 28, 2025.
2. Francis R. *Independent inquiry into care provided by Mid Staffordshire NHS Foundation Trust January 2005 – March 2009*. London: The Stationery Office; 2010. [https://www.gov.uk/government/publications/independent-inquiry-](https://www.gov.uk/government/publications/independent-inquiry-into-care-provided-by-mid-staffordshire-nhs-foundation-trust-january-2001-to-march-2009)

3. Francis R. *Report of the Mid Staffordshire NHS Foundation Trust public inquiry*. London: The Stationery Office; 2013. <https://assets.publishing.service.gov.uk/media/5a7ba0faed915d13110607c8/0947.pdf>. Accessed August 28, 2025.
4. Kirkup B. *The report of the Morecambe Bay investigation*. London: The Stationery Office; 2015. https://assets.publishing.service.gov.uk/media/5a7f3d7240f0b62305b85efb/47487_MBL_Accessible_v0.1.pdf. Accessed August 28, 2025.
5. Ockenden D. *Final report of the Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust* [pdf] London. HMSO; 2022. Available at: <https://www.gov.uk/government/publications/ockenden-review-of-maternity-services-at-shrewsbury-and-telford-hospital-nhs-trust>. Accessed August 28, 2025.
6. NHS England. *Ambulance quality indicators data 2023–24; 2023* [online] Available at: <https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/>. Accessed August 28, 2025.
7. Bornman J, Louw B. Leadership development strategies in interprofessional healthcare collaboration: a rapid review. *J Healthc Leader*. 2023;15:175–192. <https://doi.org/10.2147/JHL.S405983>.
8. The King's Fund and Nuffield Trust. *Public satisfaction with the NHS and social care in 2023: results from the British Social Attitudes Survey; 2023* [pdf] Available at: <https://www.kingsfund.org.uk/publications/public-satisfaction-nhs-social-care-2023>. Accessed August 28, 2025.
9. Gluyas H, Morrison P. *Patient safety: an essential guide*. London: Bloomsbury Publishing; 2013.
10. Darzi A. *Independent investigation of the National Health Service in England; 2024* [online] Available at: <https://assets.publishing.service.gov.uk/media/66f42ae630536cb92748271f/Lord-Darzi-Independent-Investigation-of-the-National-Health-Service-in-England-Updated-25-September.pdf>. Accessed July 26, 2025.
11. Yelder J. Leadership and power in medical imaging. *Radiography*. 2006;12(4):305–313. <https://doi.org/10.1016/j.radi.2005.07.006>.
12. Hudson D. Reflections on leadership within advanced and consultant practice in the UK. *J Med Rad Sci*. 2021;52:164–171. <https://doi.org/10.1016/j.jmir.2021.02.03>.
13. Department of Health. *Radiography skills mix: a report of the four tier service delivery model*. London: Department of Health; 2003.
14. College of Radiographers. *Education and career framework (ECF) for the radiography workforce; 2022* [pdf] Available at: <https://www.sor.org/getmedia/1ec4e156-d832-4ba9-a4e8-cab8106e6927/Scor-ECF-Interactive-v10a-1>. Accessed August 15, 2025.
15. Health Education England (HEE). *Multi-professional framework for advanced clinical practice in England; 2017* [Internet] Health Education England. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/multi-professionalframeworkforadvancedclinicalpracticeinengland.pdf>. Accessed August 28, 2025.
16. Health Education England (HEE). *Multi-professional consultant practice capability and impact framework; 2020*. Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Sept%202020%20HEE%20Consultant%20Practice%20Capability%20and%20Impact%20Framework.pdf>. Accessed August 28, 2025.
17. Mills K, Snaith B, Williams A. Opportunities for leadership development in radiography, a scoping review. *Radiography*. 2025;31(3):1–8. <https://doi.org/10.1016/j.radi.2025.102935>.
18. Clandinin DJ, Connelly FM. *Narrative inquiry: experience and story in qualitative research*. San Francisco, CA: Jossey-Bass; 2000.
19. Creswell JW. In: *Qualitative inquiry and research design: choosing among five approaches*. 3rd ed. Thousand Oaks, CA: Sage; 2013.
20. Riessman CK. *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage; 2008.
21. McChesney K, Aldridge J. Weaving an interpretivist stance throughout mixed methods research. *Int J Res Method Educ*. 2019;42(3):225–238. <https://doi.org/10.1080/1743727X.2019.1590811>.
22. Rolfe G, Freshwater D, Jaspar M. *Critical reflection in nursing and the helping professions: a user's guide*. Basingstoke: Palgrave Macmillan; 2021.
23. Grant AD, Wolf GI, Nebeker C. Approaches to governance of participant-led research: a qualitative case study. *BMJ Open*. 2019;9:e025633. <https://doi.org/10.1136/bmjopen-2018-025633>.
24. Ollerenshaw JA, Creswell JW. Narrative research: a comparison of two restorying data analysis approaches. *Qual Inq*. 2002;8(3):329–347. <https://doi.org/10.1177/10778004008003008>.
25. Czarniawska B. *Narrative in social science research*. London: SAGE Publications; 2004.
26. Polkinghorne DE. *Narrative knowing and the human sciences*. Albany: State University of New York Press; 1988.
27. Lovegrove M, Long P. Are radiographers prepared for the clinical leadership challenge? *Radiography*. 2012;18(4):230–231. <https://doi.org/10.1016/j.radi.2012.08.002>.
28. Bloom RC. Leading the way in radiography: radiography students' perceptions of leadership in the field, leadership opportunities, and themselves as future leaders. *J Med Rad Sci*. 2014;61(2):78–87. <https://doi.org/10.1002/jmrs.76>.
29. Johnson SL. Authentic leadership theory and practical applications in nuclear medicine. *J Nucl Med Technol*. 2019;47(3):181–188. <https://doi.org/10.2967/jnmt.118.222851>.
30. Hardy M, Snaith B. How to achieve consultant practitioner status: a discussion paper. *Radiography*. 2007;13(4):265–270. <https://doi.org/10.1016/j.radi.2006.04.003>.

31. Snaith B, Hardy M. Leadership in radiography: influence of personality and emotional intelligence on leadership styles. *J Radiogr.* 2007;13(2): 144–151.
32. Harding D, Lycett H, Avery L, Kumaresan T, Madden V. Building allied health professions' leadership self-efficacy through authentic experiential learning: a participatory evaluation of allied health professions leadership fellow secondments. *BMJ leader.* 2025 Jun 25;9(2):198–201.
33. Sonnino RE. Health care leadership development and training: progress and pitfalls. *J Healthc Leader.* 2016:19–29. <https://doi.org/10.2147/JHL.S68068>.
34. Kings Fund. *Leading for integrated care: leadership framework for health and care systems.* London: Kings Fund; 2022.
35. Health Education England. *Leadership development for allied health professionals.* London: Health Education England; 2023.