

The Difference We Make:

Human Stories of Impact from the MSc Leading People-centred Integrated Care.



Compiled by
**Helen Rainey and
Professor Anne Hendry**

October 2025



International Foundation
for Integrated Care
IFIC Scotland

UWS UNIVERSITY OF THE
WEST of SCOTLAND

Introduction

As we mark the 10th anniversary of the Public Bodies (Joint Working) (Scotland) Act 2014, this anthology brings together powerful reflections from students and alumni of the MSc Leading People-centred Integrated Care (LPCIC) programme delivered by the University of the West of Scotland. These case studies offer a compelling narrative of how accredited education can shape leadership, influence systems, and drive meaningful change across health, social care, and community settings.

The stories shared here are more than academic reflections—they are testimonies of transformation. They illustrate how learners have applied theory to practice, navigated complexity with compassion, and led with purpose in diverse roles and sectors. From frontline practitioners to strategic leaders, each contributor demonstrates the ripple effect of people-centred, integrated thinking in action.

The insights offer rich learning for the Scottish Approach to Change. Several key themes emerge across these accounts:

- A shift from operational to strategic leadership, grounded in values and systems thinking.
- Enhanced confidence and credibility, enabling career progression and broader influence.
- Real-world application of learning, leading to service improvements, policy contributions, and cultural change.
- Strengthened cross-sector collaboration and networks, fostering shared purpose and collective impact.
- A deepened commitment to evidence-informed, person-centred, and relational approaches to care.

These case studies also highlight the resilience and adaptability of our learners—many of whom balanced study with demanding professional and personal responsibilities. Their journeys reflect the very essence of integrated care: working across boundaries, embracing complexity, and keeping people at the heart of everything we do.

This anthology celebrates the achievements of our Masters students – in their own words.

"I feel proud to contribute to the ongoing work of integrated care in Scotland and grateful to be part of a community of leaders working towards a shared vision."

We hope it inspires many others across Scotland to join this community who are leading and transforming care with empathy, curiosity, and courage.

Together, we are creating the conditions for people-centred integrated care to flourish.

Summary of Key Themes and Learning

1

Transformational Leadership Development

- Shift from operational to strategic thinking.
- Confidence, clarity, and compassionate leadership.

2

Career Progression and Role Evolution

- Promotions and expanded responsibilities.
- MSc as a catalyst for advancement.

3

Application of Learning to Practice

- Real-world implementation of theory across diverse practice.

4

Cross-sector Collaboration and Networking

- Stronger relationships across sectors.
- Diversity of perspectives and peer learning.

5

Empowerment and Confidence Building

- Increased self-belief, resilience, and credibility.
- Advocacy and articulation of value.

6

Evidence-informed Practice and Quality Improvement

- Use of data and evidence to drive change.
- Dissertation projects leading to service improvements.

7

Person-centred and Values-driven Care

- Relational leadership and co-production.
- Emphasis on listening, empathy, and shared purpose.

8

Challenges and Resilience

- Balancing study with work and family.
- Peer support, flexibility, and reflective practice.

9

Learning Outcomes Evident from the Programme

- Strategic Thinking: Aligning local practice with national priorities.
- Leadership Toolkit: Adaptive, lateral, and servant leadership styles.
- Integrated Care Literacy: Understanding models, policies, and systems.
- Reflective Practice: Self-awareness and continuous improvement.
- Collaborative Influence: Building trust and leading across boundaries.
- Evidence Use: Applying research and data to inform decisions.



Helen Rainey

Programme Lead MSc Leading
People-centred Integrated Care,
Senior Associate, International
Foundation for Integrated Care

It is with great pleasure and considerable professional pride that I share these Alumni stories of impact. This landmark moment prompts me to reflect on my own professional journey and my transition from clinical practice to academia in 2002, after a 16-year nursing career within NHS Scotland.

For the first 10 years, my focus at UWS was on undergraduate nurse education. Publication of the Christie Commission report in 2011 sparked my personal interest in integration across public services. It prompted a professional commitment to shift to developing transdisciplinary academic programmes.

As Programme Lead for the BA Integrated Public Service from 2012, I led development and validation of the BA (Hons) Integrated Health and Social Care (BAIHSC) programme, recognised for its student-centred ethos, collaborative design, and responsiveness to the distinct cultures and needs of different sectors. Later, inspired by insights from global faculty and fellow students at IFICs Summer School in 2016, I set out to create the [MSc Leading People-centred Integrated Care \(MScLPCIC\) programme](#). With thanks to Robin Miller, Professor of Collaborative Learning in Health & Social Care, University of Birmingham, the programme successfully validated in 2018 as a unique postgraduate programme with authentic real-world assessments fostering inter-professional and cross sectoral learning and career-long development. The demonstrable impact of this programme is evident throughout this anthology.

I am passionate about creating learning experiences that empower professionals to lead integrated, person-centred services fit for the future. My teaching is consistently commended for its participatory approach, authenticity, and alignment with policy drivers, ensuring that programmes remain relevant and impactful.

My transformational shift as an educator has seen my lens move from uni-professional to interdisciplinary learning, and from siloed working to cross-sector collaboration and systems thinking. This shift in my compass has shaped my contribution to new university CPD offers on [Frailty: It Matters to Us All](#) and on [Cultures and Leadership for Integration](#). My insights have also deepened through an exciting Transnational educational collaboration with the University of Sao Paulo and in contributing to IFICs Education and Research Special Interest Group and report on [The State of Education and Training in Integrated Care Worldwide](#).

This is an exciting time to be an educator and help prepare the workforce for the transformational change we need.

Ultimately, I am a nurse, will always be a nurse, but my nurse's hat is now sitting beside me and not on me! None of us are as smart as all of us learning together.



Kirsty Allan

Interim Service Manager H@H/HFRS
NHS Greater Glasgow and Clyde

Embarking on the MSc in Leading People-Centred Integrated Care (LPCIC) marked a turning point in my professional journey. Before starting the course, my role was primarily focused on service delivery—meeting targets, coordinating care, and ensuring operational efficiency. While important, this focus often left little room for critical reflection on how we lead and why we do what we do. LPCIC shifted that. It helped me see leadership not just as a function of management, but as a relational, values-driven process grounded in empathy, collaboration, and systems thinking.

Since beginning the programme, my responsibilities have evolved. I've become more engaged in strategic planning and cross-sector collaboration. I now approach integrated care with a broader view—seeing patients not as passive recipients of services, but as active partners in co-producing their own care. I have developed greater confidence in facilitating conversations across organisational boundaries and championing change that is truly people-centred. One of the most powerful takeaways from the programme was the emphasis on compassionate leadership. It reminded me that real change begins with listening—listening to colleagues, to communities, and to those who use our services. This shift in mind-set has improved not only how I lead but also how I relate to others across the system. The LPCIC programme hasn't just enhanced my professional skills—it's reignited my sense of purpose.

I started the programme as nurse team leader, was then promoted to senior nurse manager and now I am undertaking an interim service manager role. I believe the course has been pivotal in this journey, instrumental in shaping my professional growth and preparing me for career progression. LPCIC equipped me to lead with purpose, clarity, and compassion in a system that urgently needs those qualities. It challenged me to reflect on my own leadership style, while introducing me to frameworks that could be applied in real-world settings. I have a better understanding of the importance of adaptive leadership—especially in complex, multi-agency environments where change is constant and outcomes are deeply personal. The programme also helped me see beyond traditional service silos and appreciate the interdependence of health, social care, and community systems. It gave me the tools to navigate uncertainty, consider wider determinants of health, and foster collaboration across professional boundaries. These insights have since enabled me to step into roles requiring broader strategic oversight and influence.

The collaborative learning environment was invaluable. The feedback, support, and challenge from fellow practitioners inspired me to think more critically and lead more confidently. Before the programme, I often saw collaboration as task-driven—bringing people together to achieve specific outcomes. Through the LPCIC, I've come to understand that how we connect is just as important as why. The course fostered a more relational, human-centred approach to leadership, which has significantly strengthened my ability to build trust, influence across boundaries, and develop networks grounded in shared values. Engaging with peers from diverse sectors—health,

social care, voluntary services, and beyond—created a rich learning environment that modelled true integration. The collaborative nature of the programme encouraged me to step outside my organisational silo, listen with curiosity, and lead with empathy. These experiences have directly influenced how I now approach system leadership: with greater humility, inclusivity, and confidence in co-producing solutions. Importantly, the LPCIC also helped me recognise the power of informal leadership networks. I've built lasting connections with fellow students, and lecturers, people I will now regularly reach out to for advice, support, and shared learning. These relationships have become an invaluable resource in my day-to-day leadership, especially when navigating complex change or challenging organisational dynamics.

One of the most meaningful outcomes has been the direct influence of my academic learning on my team and wider service—particularly through my dissertation project on the role of restorative supervision in supporting senior leaders working in high-pressure, emotionally demanding environments. The findings reinforced what many of us intuitively feel but often overlook: leaders need protected, reflective spaces just as much as frontline staff. Drawing on evidence from my dissertation, I began a conversation between senior leaders in order to plan regular reflective sessions for peers, using a structured yet relational approach rooted in psychological safety and emotional resilience. These sessions aim to create space for honest conversation, shared learning, and mutual support—something that had been missing amidst the pace and pressure of system-level leadership. The impact of this conversation has been noticeable. Leaders have fed back that they feel they will be more supported, less isolated, and better equipped to respond to challenges with clarity and compassion. In many ways, this project represents the essence of the LPCIC programme: turning learning into leadership, and theory into transformative action. By applying the insights from my dissertation, I've not only advanced my own practice, but also begun to shape a more supportive, resilient culture within our team. That process reminded me that change doesn't always have to be huge or structural to be meaningful. Sometimes, it starts with one conversation, one session, one leader feeling just a little less alone.

I've become more intentional about creating space for reflective dialogue within my own teams. I now prioritise relationships over hierarchy, and connection over control. This has fostered stronger, more resilient teams and has enhanced my ability to influence upwards and across services. In short, the LPCIC didn't just teach me what good leadership looks like—it showed me how to live it through the relationships we build. The networks I've developed, and the way I nurture them, are now central to my leadership practice.

This wasn't just a course—it was a journey that shaped how I think, lead, connect, and care. The LPCIC gave me the language, confidence, and academic grounding to lead with empathy, to value reflection as much as action, and to see vulnerability not as a weakness, but as a strength in building trust and driving change. I emerged not only with a degree, but with stronger leadership capacity, greater empathy, and renewed belief in the importance of compassionate, people-centred systems. What I'll carry forward most is a deep commitment to building systems that are not only integrated, but truly people-centred—where leaders are supported, voices are heard, and care is co-produced with those who receive it. I'm grateful for this experience, for the relationships it's fostered, and for the renewed clarity of purpose it's given me as I move forward in my career.



David Brady

Lecturer, HNC Health Health and Social Care, City of Glasgow College

I was nervous about coming to study at Masters level but this programme has reaffirmed what I already know about integration and helped me understand where opportunities could open up for me in future.

The programme enhanced my learning from the BA (Hons) Integrated Health and Social Care programme and has helped shape the education I currently deliver in the HNC Healthcare practice programme. Since starting the Master programme, I more clearly recognise my own knowledge, experience and ability to span boundaries. The programme has given me the confidence to impart this knowledge and experience to various groups of students through an integration and person-centred lens. I regularly share learning from the programme with other colleagues so this can be embedded within wider College educational resources.

All modules had a positive impact on me. The Leading and Transforming together module helped me continue to build my own leadership skills, particularly from a lateral leadership perspective. I now actively seek opportunities to take on more leadership roles. I have embedded my learning from the People and Communities module within my own teaching and developed this further. I have always had professional networks but these have grown and widened since starting on the programme. My health and social care experience has mainly been with the third sector so hearing from the public sector perspective and building wider professional networks has been beneficial personally and professionally. I enjoy the opportunity for cross-sectoral shared eLearning in the academic support sessions.

Time-management has been my biggest challenge but I now recognise my work and learning pinch points. This is central to managing and prioritising my workload going forward.

Christine Breslin

Occupational Therapy Service Manager, North Ayrshire Health & Social Care Partnership / NHS Ayrshire & Arran

The overall accumulated experience from the modules supported my confidence in preparing for career progression. Since starting the MSc Leading People Centred Integrated Care Programme I have increased responsibility for occupational therapy health services across a specific locality. This includes participation / representation on a range of local health and social care governance and development groups in addition to responsibility for clinical services that are not core to my clinical expertise. Increased confidence in my understanding of my leadership style and in collaboration with colleagues and leadership / management. Use of networking to support integrated care.

Creating the conditions module provided the opportunity to develop my thinking and understanding of person-centred integrated care and models to support this. It gave me a structure to consider health and social care delivery across systems and I regularly reflect on this structure when planning and in discussion with colleagues. The Leadership module gave me exceptional insight into management and leadership and provided me with the time and scope to think about my style of leadership / management and reflect on that of others and our interactions. The opportunity to reflect across my career and define when I had demonstrated a leadership style allowed me to remember opportunities beyond the scope of my most recent role and use this to inform the interview panel of my skills. The inclusion of a CV as part of this module was so helpful in defining my skills. This module also offered me the opportunity to discuss my leadership style with my manager and via a local forum and supported reflection and discussion with colleagues. The interview panel was multi-disciplinary across Health and Social Care and I was able to draw on my own experience across my career and from this course and also to recognise that learning is a core part of my ongoing practice.

The research module was a personal challenge. That said, this was a beneficial module in promoting my confidence in searching for and using evidence to practice and colleagues have commented on the impact of the course: that I refer to the need for evidence when change / improvement is being considered. The variance in style of module delivery supported learning and maintained interest in the topics and skill development. The requirement to provide a presentation with voiceover was a great opportunity to develop skills, particularly in being concise in evidence / information. Developing this skill is ongoing and the MSc has seen a change in my writing style.

I had the support of my employer throughout my time on the programme and continue to do so with them providing me with opportunities to meet my learning needs and develop skills. I have shared my learning journey with colleagues where there has been interest and where I have been asked questions. This has included discussion of models of integrated care and in discussions of service delivery. Within this, there has been discussion of how process impacts on people who receive the service and on staff who deliver services. Learning has been shared through discussion and presentation including on themes found through systematic review for the dissertation. I am aware that I now have more emphasis on the value of evidence to support practice and this has been commented on. I also now value the challenge to evidence and the discussions from this. The course also focussed my attention on looking to process and timing in developing integrated services and to leadership and support within this.



Gayle Carlin

Service Manager, Glasgow City Council

When I started the MSc I was employed as a Senior Social Worker within a local authority, managing the peripatetic team of three experienced Social Workers working across all six localities within Community Care. My role also included undertaking improvement work in relation to Planned Date of Discharge as well as supporting the implementation of the Home Assessment Team. I was successful in obtaining a post within the locality community care team, leading and managing the older adult team, (seven social workers) whilst also retaining responsibility for the Peripatetic Team. The locality team were responsible for assessment, planning, review and safeguarding, working in accordance with the Adult Support and Protection and Adult with Incapacity Acts.

Coming from a Social Work background and passionate about older adult and unscheduled care I found myself becoming increasingly frustrated due to the barriers/ challenges faced when attempting to implement change across Health and Social Care. It became obvious social work lagged way behind my colleagues in health in terms of quality improvement, the ability to derive and share data to drive meaningful projects.

All of the modules supported me to grow professionally, however creating the conditions for integrated care and leading and Transforming Together were most impactful. For example, Creating the Conditions supported me to understand the different perspectives and contexts of Integrated Care and examine cultures within health and social care.

Leading and transforming Together supported me to understand the key role leadership has when managing change. The work of Kotter has had a significant impact on my own leadership style when managing change, identifying resistance and barriers to change.

The learning from the programme supported me to undertake several tests of change within my previous post. One example being work with the older adults Community Mental Health Team (CMHT). Relationships had become fractured with the CMHT mainly due to misconceptions regarding Adult Support and Protection around the referral process and outcomes of Adult Protection referrals submitted. The locality provided bespoke training to the CMHT to enhance their understanding of the act as well as the local authorities process and procedures. Members of the team spent time with each other almost like 'a day in my shoes,' In doing so, this improved collaboration between both teams supporting the staff to have a newfound respect for each other's roles. Despite both teams working very closely together our IT systems did not share information, often leading to duplication and waste, resulting in service users having to repeat their story to multiple professionals. Both the team lead of the CMHT and I looked at the current processes and agreed to streamline process as well as conduct joint home visits to reduce repeated assessments.

As my learning from the course progressed, I became increasingly aware of the lack of quality improvement within Social Work, a "good idea" seemed to drive forward new initiatives as a pose to evidence base driven/ progressed by utilising quality improvement methods. I made the decision to leave the organisation for a position where I could use the knowledge and skills gained over the duration of the MSc to drive forward change both from an operational and strategic perspective. I was able to demonstrate my learning from the MSc both within my application form and during interview for my current post. For example, my leadership skills, my ability to identify, explore and challenge cultures as well as my ability to lead and manage change.

I obtained a promoted post with Glasgow City Council as a Service Manager/ registered manager for Meadowburn Hub, a residential facility, supporting 120 residents across eight units (15 residents in each) as well as two day services. My role includes leading and managing high quality, sector leading, person centred services and support to older adults. The post has a strategic element, to support, design and improve services, as well as having responsibility for the budget and management oversight for over 100 staff, (Social Care Assistants, Social Care Workers, Day Care Workers, Day Care and Operations Managers).

Recently, I have supported a significant change in service by introducing the enhanced care service. Two units within the Older People Residential Services now support unscheduled care by providing an environment for individuals who are clinically fit for discharge however unable to return home due to continued assessment being required or alternative care arrangements/ environments being sourced. My Head of Service has asked me to lead on this piece of work chairing discharge planning meetings with our colleagues in health as well as completing SBAR's/ reports to be presented to the IJB. I have guided this piece of work by professionally challenging initial ideas and imparting my knowledge and learning from the MSc as well as my previous experience in unscheduled care to support and grow the initiative. I believe there is further scope to transform Older People's Residential Services. I am currently challenging the focus on delayed discharge to shift the focus to the front door, (admission prevention) which will seek to support people to have better outcomes by preventing admission which often leads to deconditioning/ poorer outcomes.

The course has also supported me to develop networks and access events that I was not previously aware of. For example, I have attended several webinars hosted by IFIC to learn/ understand initiatives/ projects in other countries. I am interested in continuing to develop wider networks and ensuring my learning continues.



Vicki Cloney

Partnership Facilitator, CVS Inverclyde

I found all of the MSc LPCIC modules relevant to my role and was immediately able to apply the learning to my day-to-day work. Creating the Conditions module gave me the first opportunity to explore cross-sectoral partnership working. I was able to analyse the third sector's role in integration. This included how the sector is described by the Christie Commission and where the sector sits within the Public Body (Joint Working) (Scotland) 2014. Likewise, this module also discussed different modes of integration. Understanding the principles of normative integration was a game-changer for me, helping me to more effectively bridge the values of the third and public sectors that at times, can feel incongruent.

An assignment for the Leading and Transforming Together module required students to critically analyse previous leadership related experiences using literature and other relevant resources. I found this incredibly uncomfortable but the assignments I disliked most were always the ones I learned the most from. True to that, the Leading and Transforming Together portfolio transformed who I am as a leader.

The assignment for the People and Communities module was to create a webinar looking at a public health approach towards a chosen issue. I work closely with the local Community Justice Partnership and used this assignment to better understand the legislation and policy around community justice. After completing the module, I have used the webinar as a training resource for local third sector organisations to improve their understanding of community justice and how they contribute to a public health approach to reducing reoffending in Inverclyde.

The Value for People, Professionals and Organisations was all about strategic planning, which was very relevant to my role within the TSI. Key learning from this module's assignment was the critical analysis of the words effective and efficient in relation to service development and delivery. While public and third sector providers must be responsible with public monies, efficient services do not always offer effective support to meet the needs of communities. This demonstrates the importance of a cross-sectoral integrated approach to support and services. Together we can do more for less, providing people with holistic support at the time that is right for them. This underpins everything I do as the Partnership Facilitator.

Soon after beginning the MSc LPCIC programme, I was given additional responsibility. The programme increased my understanding of how to bring about meaningful change across both organisations and the systems within which we work. My learning has made me a more effective leader, and I now have a key role in strategic decisions about my organisation. I am the Chief Executive's proxy in all matters and support her in the delivery of our organisation's strategic priorities.

I have led the local work to challenge stigma in Inverclyde. The Inverclyde Challenge Stigma Training Programme is a collaborative piece of work hosted by CVS Inverclyde's Resilience Network and is being developed with professionals from all sectors, people with lived experience and the general public. The MSc LPCIC programme also taught me that stigma is a public health issue that requires a community involvement. Community issues require community solutions.

The working group met throughout the summer of 2023 to launch a training module as part of Inverclyde's Recovery Month activity. This work included regular consultation with people with lived and living experience and the people and practitioners who support them. Many of these conversations were led by working group members with living experience of addiction. This empowered those group members and resulted in more authentic conversations, which ultimately determined the course of the work.

The project team worked closely with a local filmmaker to create video content for the training module which was developed to look at substance use through a trauma informed lens and to respond with compassion. The working group recognised that aggression will not change hearts and minds, but kindness and compassion can.

The feedback from the module was positive, with many participants stating that the videos were very powerful. The individuals with living experience highlighted how much they enjoyed being part of the group and contributing to the development of the module. This had a positive impact on their confidence, which influenced how they approached the other people they were in treatment with. Furthermore, this confidence also impacted how they approached their own recovery journey, helping them to complete their treatment programmes earlier than expected. This project demonstrates how the deeper understanding of effective leadership, meaningful citizen involvement and systems change acquired through the MSc LPCIC programme can result in a tangible impact in communities.

I have always been a strategic thinker, but it was the programme's Leading and Transforming Together module that helped me to understand what strategic thinking is and how to further develop that skill. This has been instrumental in my role within the TSI. I naturally see connections and potential opportunities and my learning has helped to more effectively bring people along the journey with me. Equally, my learning has enabled me to be more influential with both third sector organisations and our public sector partners. While the ability to quote relevant health and social care policy and legislation definitely comes in handy, it is the critical appraisal of policy and literature that has made the biggest difference in my day-to-day work. I challenge, support and collaborate with cross-sectoral partners to keep the people we serve at the centre of all we do.

In addition to the part-time post graduate programme, I also worked full-time, coordinated a busy household and managed a long-term health condition. However, it was the programme that helped me to recognise that I can do hard things. It significantly enriched my day-to-day work, which became a protective factor during a difficult time. It helped me to become more confident and resilient in all areas of my life.



Jennifer Clydesdale

Physiotherapy Team Lead
Unscheduled Care & Stroke Rehab,
NHS Ayrshire & Arran

The programme was well rounded. Every module provided relevant learning. Creating the Conditions helped consider the wider culture, relationships and encouraged me to build my networks. Leading and Transforming helped me develop my leadership skills, allowing me space to reflect on examples of leadership I had experienced and what made me flourish. After doing this I looked for ways to demonstrate and role model behaviours, and had the confidence to ask others what their expectations of me were in a leadership role. The People and Communities webinar assignment provided new skill in creating webinar for sharing information. The Frailty in Later Life module really helped me adapt my practice to meet the changing demands on the service. It also encouraged me to apply the integrated principles to consider how we provide services that meet the needs of this patient group. Especially as people experiencing frailty are seen in all settings.

The People and Communities module was the first module where I started to really link my learning to current practice. The webinar assignment allowed me to fully explore the impact of deprivation and poor social support on those experiencing frailty. This learning mimicked and added depth to what I see in clinical practice. I have used this webinar as a teaching tool with new staff working in our physiotherapy team. Frailty is such a current topic within health and social care. This learning gave me the knowledge and confidence to be involved in discussions about how to shape the physiotherapy provision for the new frailty pathway, looking at improving the journey for patients by looking for ways to improve continuity and reduce duplication. My dissertation was a QI proposal to introduce a training programme for non-registered staff within the frailty pathway. I am currently liaising with colleagues and managers to implement this proposal.

I have made links throughout the programme with others doing the course across many different health boards and we provided each other with support and peer supervision. Having a better understanding through creating the conditions allowed me to better understand some of the factors influencing change and what language was powerful in different situations. This gave me the confidence to attend a wider variety of meetings and add my thoughts as an active participant rather than attending as an observer.

While my role is unchanged since starting the MSc LPCIC my responsibilities have increased. I have a better understanding to the local and national drivers which are impacting on service provision. This has supported me to suggest ideas that will support the drivers and improve patient centred care provision, by improving integration and reducing barriers. In the last 6 months I have worked with colleagues to introduce a weekly AHP rehab meeting to discuss patients in the acute hospital who are waiting on step down beds in Biggart hospital. These meetings give an opportunity for teams to discuss the patients and problem solve/ investigate other possible support options to facilitate discharge home or to a homely environment which are more specific to meet the needs of the patients. I have also been involved in developing a spreadsheet which shows up to date

reflection of patient's activity with AHP staff. This is used in weekly meetings to help indicate where patients are on their journey through the acute hospital and ensure plans for discharge/ home care/ SW occur at the optimum time.

Critical analysis of the words effective and efficient in relation to service development and delivery. While public and third sector providers must be responsible with public monies, efficient services do not always offer effective support to meet the needs of communities. This demonstrates the importance of a cross-sectoral integrated approach to support and services. Together we can do more for less, providing people with holistic support at the time that is right for them. This underpins everything I do as the Partnership Facilitator.



Rachel Cochrane

Practice Development Practitioner
NHS Lanarkshire

The MSc LPCIC has strengthened my identity as a practice development practitioner, supporting my transition from midwifery into a role spanning NMAHP in NHS Lanarkshire. Its focus on people-centred, integrated care equipped me with the confidence, language and frameworks to move from “project support” to “change leadership,” shaping aims, measures and facilitation across services. I now contribute more effectively to Board-level quality governance and have taken on a national representative role, linking local practice with wider strategic priorities. The MSc LPCIC came at the perfect time, ten years after the Integration Act and Excellence in Care. It has strengthened my role by turning EiC into a driver of integrated, person-centred improvement and reshaped my leadership to focus on curiosity, compassion, and shared decision-making. My practice development work is now relational and evidence-informed.

The course has been central to my transition from midwife to practice development practitioner, giving me the confidence and knowledge to work across NMAHP in NHS Lanarkshire. Learning about integrated care frameworks and Scottish policy enabled me to align local practice with national priorities, while modules on facilitation, reflective practice and co-production strengthened my ability to support teams and lead change. The programme’s emphasis on equity and outcomes reinforced the value of person-centred approaches and its practical leadership tools now guide my use of Excellence in Care to drive improvement and support colleagues across professions.

The MSc LPCIC enabled me to use Excellence in Care as a driver for learning and person-centred improvement, rather than just assurance. It also strengthened our teams leadership development programme, where I now design and deliver sessions on facilitation, reflective practice and team leadership. Using these tools and frameworks, I support colleagues to embed EiC principles in daily practice and build confidence in leading local improvement.

Learning from the MSc LPCIC has given me the confidence to work across boundaries, uniting colleagues from nursing, AHP, social care and governance around shared priorities. It equipped me with leadership tools (facilitation, reflective practice, and co-production) that I now use with Excellence in Care and quality improvement to build relationships, influence decisions and embed person-centred change. This learning also enabled me to take on a national representative role, linking local practice with wider networks and strategic priorities.

Learning through the MSc LPCIC while balancing full-time work and family commitments is challenging. Careful planning, boundary-setting and the strong support of the programme leader and academic team, combined with the flexibility of online learning, helps me manage deadlines and prioritise effectively. This support is a key strength of the programme, enabling me to overcome challenges, build resilience and develop the collaborative skills that now shape how I lead teams and manage change in practice.



Eilidh Gallagher

Head of Primary Care, Argyll and Bute HSCP

I'm exceptionally proud of my achievement with the course and my subsequent career. I feel the course has given me a solid grounding to build a rewarding career around and I've been lucky enough to secure promoted posts as a result including the role of Clinical Service Manager across a complex regional and national multidisciplinary portfolio, Head of Person Centred Care and most recently have joined Argyll and Bute HSCP as the Head of Primary Care in August 2025. Without the learning and growth that I gained both professionally and personally from the course, none of this would have been achievable. I've established new practices in both leadership and person centred care grounded in evidence based practice and theory. The course has helped me to not only elevate my practice but also improve my analytical thinking and writing style, enhancing my ability to provide high quality reports and develop policies and strategies. I've reconsidered my approach to person centred care and what meaningful engagement really looks like.

I found the leadership and quality improvement modules most beneficial in relation to my career progression. The leadership module better supported me to lead across complex networks where varying values and priorities lead to challenge in delivering change and defining shared aims and goals. The QI based modules helped me consider the evaluation aspects of QI and how we can make the most from change through data driven analysis and iterative changes.

The course has helped me to see leadership as a toolkit rather than a singular style or approach. I've used the skills learned to support staff in varying complex situations using the right approach for the circumstances and the person in front of me. Furthermore, I've strengthened my willingness to advocate for a positive culture and address poor behaviours. I have been appointed as strategic lead for culture programmes in two prior posts since completing the course which allowed me the opportunity to influence the organisational vision around values and behaviours across the whole system.

I continue to use, and share, the knowledge that I've gained in the course to promote best practice amongst my teams and wider organisation. As Head of Person Centred Care I held a corporate portfolio which gave me the privileged opportunity to influence across the whole system. I shared my knowledge around person centred feedback, learning from feedback and on best practice in relation to meaningful engagement.

Sarah Harkins

Complex Care Supervisor, Homecare Scotland

Since starting the programme, I have been able to apply what I have learned directly into practice. For example, I developed greater confidence enabling myself to progress into a management role within complex care. My abilities of leadership, partnership working and reflective practice were all strengthened from the MSc programme. This significantly supported my carer progression into complex care. The MSc has influenced my direction by helping me to see myself as not only a practitioner but also a leader who can drive positive change along with co-ordinating high quality care managing services. It has equipped me to make informed decisions, support staff Development and advocate to ensure clients live a good life with complex conditions. Overall, the programme has been a key factor in my career progression into management and continues to shape the way I lead and support staff along with promoting and implementing person-led care.

The conditions for integrated Care Module gave me a strong foundation in understanding how systems, policies and partnerships need to work together (Joined up approach) to deliver person-centred care / Outcomes. This was especially valuable for my current role where I often coordinate across services and ensure care is not delivered in isolation but in a joined – up way that meets individual needs. The leading and transforming module was particularly influential in building my confidence as a leader. The focus on change management, leadership styles and empowering others helped me to reflect on my own practice and to develop strategies to support and motivate teams. I found the assignment useful as it allowed me to apply my learning and the theory behind it to my work life along with being creative in looking at different solutions to improve service delivery. Overall these two modules enabled my skills to progress within my carer and continue to have a positive influence.

Through the leadership skills I have developed from the programme I have been able to guide my team in making positive change, such as improving communication, implementing more structure into the services. I have been proactive in influencing staff to look at their own personal development goals and really getting to know the clients along with the staff. I have and continue to be more present going out and about to client's homes to observe staff and to ensure the clients and families are happy with the care and support provided.

The programme has given me more confidence in my ability to collaborate and influence others. This is from having the evidence to back up ideas of how to improve practice to be more Person-led. Being able to say if we implement or make changes a certain way the evidence suggests this will improve outcomes for clients, staff and the organisation.

Anonymous

Policy and Planning Role

During my time on the MSc LPCIC, there has been significant change within the HSCP that I am employed. A combination of the challenging fiscal climate and a major senior management overhaul resulting in organisational restructure has meant that my role and remit have changed completely. This has been a very challenging period for me and my colleagues, and we now operate within a very different context and environment. At times, the scale and pace of change have made me doubt my knowledge and skills. I feel that continuing with the MSc programme has grounded me. It's provided me with space to reflect on my own practice and knowledge and to learn about the wider health and social care system through listening to other people's perspective. Although my role is not clinical, the root causes of many of the challenges that I face are the same as frontline staff and partners. I feel validated through learning and widening my perspective.

Two modules have been particularly out of my comfort zone but have also been the modules that I've most enjoyed in terms of professional growth.

Frailty in Later Life was not what I would consider to be an area of interest or relevance to me, however almost every part of the module aligns to the policy and planning work that I'm involved in. The Leadership module also challenged me because I have not previously been reflective in my practice – or rather, I haven't been aware of being reflective and making improvements based on experience and learning.

Before starting the MSc, I was critically aware that despite over 20 years of experience, members of my team are more highly qualified than I am. I feel more confident in my own knowledge and feel more confident in using evidence to form and back my work. I am far more aware of my own leadership style. I feel this has helped me to adapt to support my team through a very challenging time.



John McVeigh

Lecturer/SVQ Coordinator
City of Glasgow College

Being from a Social Care background, I really enjoyed the extra learning around the “Health” side of the Integration. Also having a been a manager for many years, I enjoyed the learning journey through the leadership aspect and adding to my Leadership Toolkit through the leadership module. Having put these together, I feel it has made me a better Manager, Leader, practitioner in all areas of my job including the continual push for real integration within Health and Social Care.

As programme lead for the Care Service Leadership & Management Qualification (SCQF level 10), I have used many different parts of the MSc programme to inform the teaching of the course and to help the students understand their role in being a leader. I particularly enjoyed being part of the new Integrated Health and Social Care SVQ development and found that I used all the learning from the MSc Course to support the development of the new Qualification, making sure that the new qualification had the most up to date information around Integrated Care and was at the correct level for practitioners - Integrated Health and Social Care SCQF level 7 - SQA

I still have a few connections with the other students from the course, in which our paths cross periodically and it allows us to discuss what we have been up to and our continual journey within Integrated Care. I continue to be a part of the International Foundation for Integrated Care (IFIC), attending webinars and roundtables. I have also been part of the “Integration In Action” events led by the Alliance

I really enjoyed the whole course, all the teaching but especially the learning from the other students and their backgrounds and job roles. I made some lifelong connections throughout the course and the subsequent networking. Having the MSc Leading People-centred Integrated Care has opened a few doors to further learning and some other interesting avenues that I may not have gone down.

Gill Main

Integration Manager (Strategic Planning, Performance and Improvement), Midlothian HSCP

Initially, the early modules of the programme provided a wider view of health and social care and helped me explore and re-evaluate my own assumptions about improving health and wellbeing for people and communities. As the modules progressed, topic specific learning was interesting and highly applicable in my role, but it was the ability this gave me to talk more confidently about the evidence behind my choices and deepening my knowledge base that prepared me for taking the next step in my career.

Refreshing my own academic skills has supported me to promote, adopt and maintain a more rigorous approach to quality improvement and evaluation across the services I manage and strategically support. Developing a new perspective on the difference between performative reporting and evaluation for learning and improvement has changed my view on a meaningful balance of efficiency, effectiveness and efficacy. Developing more effective methods of performance management that can describe how integrated health and social care has contributed to people achieving what matters to them most has been a focus of my current role and influenced national thinking.

One of the most beneficial elements of formal learning is the opportunity to find and explore new theories, hypotheses, and methodologies adjacent to the area of your research and the people who work with them. The unexpected connection to new people and their work has broadened my thinking, helped me to apply new practice, and supported me to build a wide network across health and social care in Scotland, and the UK.

As a mature learner, both my professional and personal life frequently raised challenges to academic study. Taking the time to really understand my learning style and the conditions in which I am most productive has been helpful. I have also tried to focus on how learning opportunities could be complementary to any concurrent professional challenges or could be used an opportunity to catalyse either my learning or professional projects.

Across my time on the programme, I have transitioned from a head of service role to an executive leadership role. This is a change in direction from operational management to strategic leadership and from single area planning and delivery to whole system thinking planning and evaluation.



Stewart Marshall

Interim Head of Community Health & Care services, South Ayrshire HSCP

The learning on the MSc LPCIC programme has provided me with the evidence to support and validate my thinking and has therefore increased my confidence. When starting on the programme I was a Service manager within a local Health and Social Care partnership. I then progressed to a Localities Senior manager within one of the other Health and Social Care Partnerships and to interim Head of Community Health and Care Services within South Ayrshire HSCP. My career progression and appointment to the substantive post has been influenced by an ability to connect theoretical learning with practical application. The programme validated my long-standing practice of learning from role models and reinforced the value of curiosity, psychological safety, and respectful engagement. The application of learning to practice gives confidence, validity and credibility to the work I do.

Leading and Transforming Together provided a valuable opportunity for reflection on my leadership style and helped me validate my empathetic and visible approach to leadership. I recognised that listening actively and empowering staff not only fosters autonomy but also promotes a sense of belonging and contribution within the workforce.

Reflecting on concepts such as servant and lateral leadership further shaped my approach. I learned the importance of creating the right conditions, building meaningful relationships, and signposting support – all of which encourage a culture of shared risk and collective responsibility.

The programme also deepened my understanding of the wider determinants of health. While I had always acknowledged their significance, the theoretical grounding offered by the course gave me the confidence to advocate more effectively for vulnerable individuals and communities. This has strengthened my professional voice and credibility.

My learning from the programme has equipped me with the confidence and credibility to influence others and drive positive change. Through building my confidence on the programme, I took the opportunity to grow and build my networks. This has included linking in with colleagues from Toronto after reviewing papers written by them for my dissertation and then taking the opportunity to link with virtually via a colleague.



Fiona Paton

Lead Nurse/Child Health Commissioner
NHS Dumfries and Galloway

As I worked in Children's services I worried that the course might not fit with my environment and be more adult care focussed, however the theory and research was adaptable and aided me in considering the wider aspects of integration within the context of families and communities. It is helpful to focus assignments to your own specialism.

I believe the Leadership module helped me define my professional growth within previous and existing roles and offered recognition that I was leading in integrated Children's Services. The People and Communities module was excellent in developing my presentation skills, especially at a time when webinars became necessary due to Covid 19 pandemic. The inequalities subjects of Child Poverty and Disability are areas I closely work within in my current role. Completion of my Dissertation gave me a real sense of achievement.

Since completing my MSc LPCIC, I have been honoured to take on the role of Child Health Commissioner in NHS Dumfries & Galloway, in addition to my existing Lead Nurse role. This position is recognition of the role I played as Lead Nurse for Child Health within the wider Dumfries and Galloway Multi- agency Children's Services Partnership. Becoming the CHC provides a greater strategic leadership focus for GIRFEC and UNCRC incorporation for the NHS.

I have developed strong relationships with Education, Social Work, Third Sector and other health colleagues working in Children's Services. I lead on Sharing Practice Roadshows alongside Education colleagues to bring teams together to network and showcase their work to children, families and colleagues throughout the region. These roadshows have been well attended with extremely positive feedback from all stakeholders, who have benefited from making connections and learning about the services that are available to support children and young people locally and nationally.

I currently chair the Disabled Children with Complex Care Needs Workstream within our Children's Services Plan 2023-26, one particular area of multi- agency work within the workstream has been considering Transitions; this has been influenced by the study and quality improvement protocol developed during my Dissertation. I have facilitated others to develop the multi agency transition pathways for children and young people across their life-course from early years to primary to secondary and into adult services. This work is not yet complete to share, but is progressing well with input from children, families and a vast range of multi-agency partners.



Pauline Robbie

NHS, Head of Service, Renfrewshire
HSCP

Doing the MScLPCIC programme and prescribing module are where I have learned so much personally and professionally. I was working as a lead nurse then moved into a Service Manager role and am now in a Head of Service role. The Masters programme further developed my confidence and enabled me to empower and lead staff to develop their own confidence. It also helped with my self-awareness on how to react. I now slow down, listen and pause before speaking or responding.

I made the decision to start in 2020 mid the pandemic. This was challenging but gave me a focus that wasn't COVID. I had a period of interrupted study but was able to step away without feeling guilty.

The learning from the programme has brought to life everything I can struggle with. It has helped me realise that I am not alone and that there is evidence out there to explain what I was experiencing. The research module in Year 2 helped me critique subject matter and question more deeply. I now read, write and ask questions in a more academic way.

Key learning that has enhanced my ability to collaborate, influence, or connect with others include the topics on Integrated care, collaborative working, respectful relationships, whole systems thinking and person-centred values- based care. Building on my existing knowledge of quality improvement methodologies, this new learning has given me a licence to change. I think about this learning and apply it all the time, in all my change conversations. It helps take the emotion out of difficult conversations making them more objective. It also supports me in having courageous conversations, removing the blame culture and recognising that civility saves time.

I definitely noticed a difference in my knowledge base from the start to the end of the programme. The learning got easier as I went along. Once I finished the programme, I had a great feeling of achievement and I am delighted to have an accredited qualification.



Selina Ross

Chief Officer, West Dunbartonshire
CVS

Having spent my career working in the third sector, I have had only limited access to the career development education opportunities available to partnership peers. This left me in a position of being, at worst, under-skilled to maximise career opportunities and, at best, viewed as not properly credentialed to progress. I have not changed role since my time on the course, but feel that having the qualification has changed how my expertise is potentially viewed across a range of work settings, as the course itself becomes better recognised across the health and social care sphere. This has potentially opened the door for future progression both within and outwith the third sector.

Although I felt I had a good understanding of theory and models of integration, it was fascinating to reflect how theory and practice collided in my own setting and what actions I could take to improve things. I found the master's dissertation element hugely impactful. The subject of my dissertation had been a thought on my 'to explore' list for some time before choosing it for the course – and this was just the nudge needed to turn the quality improvement protocol submitted into a functioning entity, supporting third sector providers and those living with long term health conditions to create better self-management partnerships. Without the focused time to develop this, and the support of my supervisor and course lead, it may have continued on the 'to-do' list.

An important element of the course was the opportunity to learn alongside and network with a wide range of colleagues from across sectors and disciplines. It can be hard to do this in the local context due to the weight of workloads and perceived organisational boundaries. The openness of everyone on the course to share insights, challenges, perspectives and even contacts in some cases was invaluable in improving my networking and relationship building skills. I feel I am now more able to look at collaboration from a shared-gain perspective.

Self-management is a pro-active process, often lead through health charity service provision, in which patients are supported to develop the knowledge and confidence needed to live well with a chronic health condition. In public policy terms, self management is a vital tool in promoting personalised, holistic care and addressing the challenges posed by chronic illness and multi-morbidity. Providing self-management support, within my work local authority boundary area, has proved complicated in the past due to a lack of systemic awareness and the many different schemes and providers available. My dissertation topic was a quality improvement proposal to increase the delivery of patient-focused chronic disease support, delivered through two engagement initiatives - a comprehensive information portal and a public-facing self-management assembly event. Through these activities, levels of local knowledge of self-management from both a universal and condition-specific perspective, will be increased.

Since completing the course, the initiative has began to be implemented by myself and my team.
<https://wdcvs.com/self-management-assembly/>

Robyn Scott

Healthcare Public Health Programme Officer NHS Ayrshire & Arran

I started the MSc LPCIC at the same time I stepped into a seconded leadership role – which, if I'm honest, I felt wildly unprepared for. I genuinely don't think I would have made it through in one piece without this course. It gave me the grounding I needed to lead with confidence and clarity in an extremely complex environment.

The course helped me shift from a largely operational mindset to one that is far more strategic and systems-focused. That shift has had a profound impact on how I approach my work, how I engage with others, and how I see myself as a leader. It gave me the language, tools, and frameworks to navigate uncertainty, build trust, and lead change in a way that felt both purposeful and people-centred.

The experience has also given me the confidence to apply for more permanent leadership positions, knowing I've already put the theory into practice. Although my current role isn't a traditional leadership position, it is within a team that is focussed on transformation and quality improvement – work that inherently involves challenging the status quo and having difficult conversations with partners. The course has equipped me to navigate these situations effectively and with integrity.

The MSc LPCIC has helped me build relationships that feel genuinely meaningful. I've developed strong connections across health, social care, and third-sector partners – relationships grounded in shared values, mutual respect, and a common purpose. One of the most important lessons I took from the programme is that leadership isn't about having authority – it's about building trust, aligning goals, and creating space for others to lead. That shift in mindset has completely changed how I work with others. I now approach collaboration with a focus on inclusion and empowerment, and that's made my leadership more effective.

One of the things I found most valuable was hearing about the experiences of people working in other sectors across Scotland. Although I don't work directly in those areas, I often collaborate with colleagues from health, social care, and the third sector. Being able to see things from their perspective was hugely helpful in building stronger relationships and understanding the wider system I'm working within. That said, the real-world relevance of the course meant I was constantly applying what I learned in my own setting, which was a huge benefit.

What stood out to me most was how practical and immediately relevant the learning was. Each module felt like it had been designed with real-world challenges in mind. The concepts around integration, leadership styles, and systems thinking weren't just academic – they were things I could apply straight away in my role, and I could see the benefits almost immediately. The course also created space for reflection and peer learning, which was incredibly valuable. Sharing experiences and hearing perspectives from colleagues across sectors helped me deepen my understanding and refine my approach. It strengthened my confidence and gave me clarity on how to lead with purpose. More than anything, it shaped my mindset. I now approach leadership as a collaborative process – one that's rooted in relationships, shared values, and a clear sense of purpose, not just outcomes.

I can't recommend this course strongly enough - not just for the content, but for the way it's delivered. It's thoughtful, inclusive, and genuinely transformative. It helped me step outside of my usual way of thinking and see the bigger picture, both in terms of leadership and the wider system I work within. Now, I feel equipped with the knowledge and confidence to take the next steps in my career. The course has opened doors - not just for progression, but for meaningful opportunities to lead with purpose and create lasting change. I'm looking forward to continuing to learn and grow as I progress through the rest of the programme.

The ripple effect of this course has been significant. In my work developing cancer prehabilitation pathways, I've drawn heavily on what I learned to bring people together around a shared vision. The course helped me understand how to lead from the ground up - how to build trust, foster collaboration, and create space for honest and meaningful conversations, even when resources are tight and systems are complex. We've tackled barriers head-on, and by focusing on shared goals and values, we've laid the foundations for real, lasting change.

Although my leadership role was temporary, the groundwork we put in has created the conditions for this work to continue. We've supported the systems and relationships needed for others to take the lead and carry the work forward. That, to me, is one of the most powerful outcomes of the MSc LPCIC - it's not just about individual growth, but about enabling collective progress. The learning I've applied has helped shape a culture of collaboration and momentum that will outlast my time in the role.



Mark Simpson

Professional Advisor in Social Work/
Social Care, Scottish Government

The 'Creating the Conditions' module gave me a much broader understanding of integration, my experience had only really been around the impact of the Public Bodies (Joint Working) Act 2014. The opportunity to learn about global concepts, contexts and what has been effective in terms of integration are resources which were particularly useful. Studying organisational culture and other enablers/barriers to integration are resources that have been hugely beneficial in my improvement work with HSCPs and continue to influence how I engage. What I apply most from 'Value for people, professionals and organisations' is improvement methodology obviously but also using evidence in practice and for change. Understanding hierarchies of evidence and the contribution of knowledge brokers has made accessing relevant and up to date research evidence so much easier and more meaningful.

'Leading and Transforming Together' is the module that has done most to enhance my professional confidence as a system leader. I had relied a lot on intuition and learning from others in developing my leadership style, but the grounding in leadership models, styles and skills gave me cause for a lot of self-reflection. I have undoubtedly become more collaborative and compassionate as a leader. I found studying the case for transformational change in health and social care to be energising and the new knowledge and skills I have developed around transformational change have equipped me well. The section on communication is something I find myself putting into practice daily, particularly the 'making communication memorable' part.

I have become even more convinced of the importance of collaborative and whole system leadership and have become much more confident in challenging 'silo thinking' when I see it. My leadership networks have become much broader as a result, across all public sector providers but also into the voluntary and private sector. 'People and Communities' helped me appreciate that the extent to which the NHS itself can improve health outcomes is tiny when compared to public health initiatives such as improving what people eat, increasing activity levels, or addressing poverty and deprivation. I've become acutely aware of the need to empower individuals and communities and much better at involving them in the design and delivery of solutions.

My role continues to have a policy component but has evolved in the last 6 months to be more focused on leading and supporting improvement, specifically within the integrated space between unscheduled care and HSCPs around admission avoidance, patient flow and discharge. The work is closely aligned to the NHS Scotland operational improvement plan recently published by ministers. I can't say with certainty that this change is directly linked to my time on the course but it is certainly linked to me having the new knowledge to articulate the case for collaborative working, the importance of prevention and the importance of further shifting the balance of care.

I've recently been able to use learning from the 'Frailty in Later Life' module to start conversations with other parts of Scottish Government, local authorities and IJB Chief Officers around whether there would be value in working towards a cross system strategy on Frailty and whether this should be national. Much good work is taking place in the area of frailty, along with significant investment, but whether this is happening in a coordinated way and considering all life stages from identifying pre-frailty right through to end-of-life care is less clear. If there is appetite for a Frailty Strategy I will go on to use my learning to make the business case. This module has also given me a lot of hope, in that that I now appreciate that we do actually already have a lot of the knowledge, tools, and skills to identify early and intervene early – something that is essential for the medium to long term sustainability of the health and care system given the demographic changes we are facing with an older population.



Sarah Wroe

Learning and Development Manager
Sense Scotland

My professional background has not been in front-line social care, so developing a deeper understanding of the intricacies and ways of working within the sector has been invaluable. This has helped me to better empathise with the challenges social care professionals face and to collaborate more effectively in addressing them.

The MSc has strengthened my ability to collaborate with senior leaders and external stakeholders. It has given me a stronger evidence base and language to advocate for integrated, person-centred approaches. I now feel more confident in influencing decision making, whether that's at organisational board level or in partnership discussions.

I initially struggled with the research module, as it isn't my natural style of working or learning. However, I came to appreciate the importance of research in underpinning evidence-based practice, and by the end of the module I could see how it all connected. I may never feel fully fluent in the language of research, but the experience has stretched me and given me skills I can apply in my professional context.

There haven't been changes to my role as such, but through the projects and work I'm involved in I now have a stronger underpinning knowledge in areas I didn't before. Really being able to bring some of my learning into change initiatives, especially those affecting the workforce has been invaluable.

I feel proud to contribute to the ongoing work of integrated care in Scotland and grateful to be part of a community of leaders working towards a shared vision.



