

DEPARTMENT OF HEALTH CLINICAL SENATE

Dial E for Engagement – Are clinicians on hold?

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Clinical Engagement: No longer an optional extra

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Developing Leaders››

Don't underestimate the importance of management and leadership

More patients suffer needless harm (and death) through poor management and leadership than due to clinical incompetence

The Importance of Medical Leadership

1. “the quality of clinical leadership always underpins the difference between exceptional and adequate or pedestrian clinical services which in aggregate determine overall effectiveness, safety and reputation....” (*Sir Bruce Keogh, 2011*)
2. “we are not trying to control the doctors, we are trying to get the doctors to control the system” (*Terry Clemmer, Intermountain Healthcare, 2002*)
3. “Fixing healthcare will require a radical transformation, moving from a system organised around individual physicians to a team-based approach focused on patients. Doctors, of course, must be central players in the transformation”. (*Lee, T & Cosgrove, T, (2014)*)

The King's Fund Leadership Reports



Developing Collective Leadership for Health Care

The King's Fund and Centre for Creative Leadership

May 2014

Collective Leadership cultures are characterised by all staff focusing on continual learning and through this, on the improvement of patient care. It requires high levels of dialogue to achieve shared understanding about quality problems and solutions.

Developing Collective Leadership for Health Care (The King's Fund 2014)

Leaders need to create cultures that:

- Focus on delivery of high quality, safe health care
- Enable staff to do their jobs effectively
- Genuinely value, support and nurture “the front line”
- Ensure that there is strong connection to the shared purpose
- Ensure collaboration across professional and organisational boundaries
- Achieve high staff engagement at all levels

- Enable and support patient and service-user involvement
- Are models of service user responsiveness
- Ensure transparency, openness and candour
- Accept responsibility for outcomes and learn from them
- Promote and value clinical leadership
- Support, value and recognise staff
- Create opportunities where leaders let others lead
- Have an overriding commitment to learning, improvement and innovation

Enhancing Engagement in Medical Leadership Project

Academy of Medical Royal Colleges & NHS
Institute for Innovation & Improvement

2006-2011

Faculty of Medical Leadership &
Management

2011 –

www.fmlm.ac.uk

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Project Goal

UK wide project aimed to promote medical leadership and help create organisational cultures to improve services for patients across the UK where:

- doctors seek to be more engaged in management and leadership of health services and
- non-medical leaders genuinely seek doctors involvement

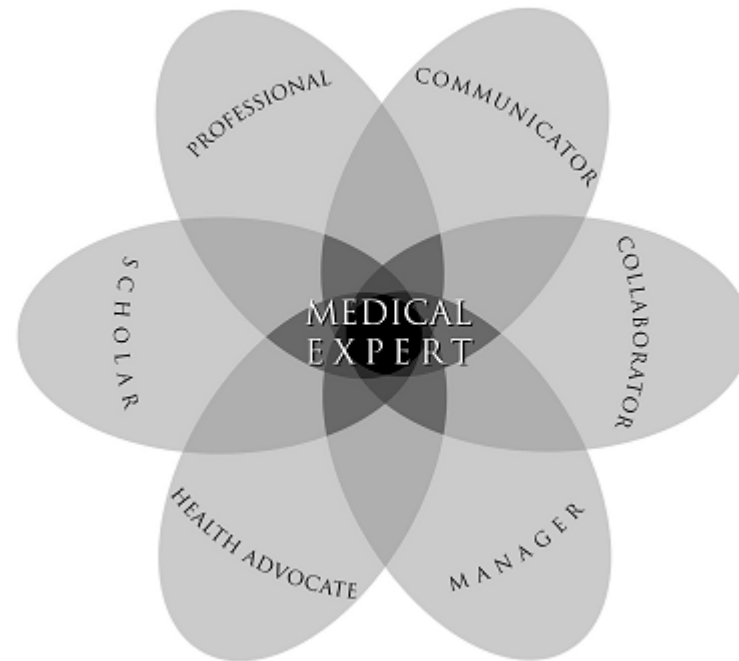
Project Products and Research

- International study on preparation of doctors for leadership roles
- Research into the link between medical engagement and organisational performance including
 - Literature review
 - Interviews with Chief Executives and Medical Directors
 - Development of a medical engagement scale
 - Engaging doctors publication
- Engaging doctors – findings from interviews with trusts with high levels of medical engagement describing actions and initiatives taken
- Medical Chief Executive Study
- Medical Leadership Competency Framework
 - Describes the leadership competences doctors need order to become more actively involved in the planning, delivery and transformation of health services



Changing Nature of the Medical Profession

- CanMEDS Roles Framework (Frank 2005)



Medical Leadership Competency Framework

- Describes the leadership competences doctors need to become more actively involved in the planning, delivery and transformation of health services. The MLCF applies to all medical students and doctors.
- The MLCF is being used to:
 - Inform the design of training curricula and development programmes at undergraduate and postgraduate stages of a doctors training
 - Highlight individual strengths and development areas through self assessment and structured feedback from colleagues
 - Assist with personal development planning and career progression
- Clinical Leadership Competency Framework (CLCF) now applies to all clinical professions

Medical Leadership Competency Framework



www.institute.nhs.uk/mlcf

Medical Leadership Competency Framework

All domains and elements of the MLCF apply to all medical students and doctors. However, the application of and opportunity to demonstrate the competences will differ according to the career stage of the doctor and the type of role they fulfill. The following diagrams demonstrate the expectation of depth and extent to which competences can be demonstrated at different career stages:



Undergraduate



Postgraduate



Continuing Practice

Key

- Depth and extent of competence will be limited. Lesser degree of emphasis on the domain due to fewer opportunities to demonstrate competence. However, should have developed the underpinning knowledge and skills as a foundation for future competence in this area
- Depth and extent of competence will be greater. Greater degree of emphasis with more opportunities to show competence in all elements of the domain
- Depth and extent of competence will be greatest. Greatest degree of emphasis with frequent opportunities to show competence in all elements of the domain

The New Leadership Challenge: the need for greater medical engagement

No longer an optional extra

- Changing nature of the medical profession
- Policy-makers recognition of doctors as critical to improvement in quality, safety and productivity
- Growing research evidence of relationship between medical engagement and clinical performance
- Increasing desire by medical students and trainee doctors
- Need to re-balance relationship between general management and clinical leadership

Medical Engagement and Organisational Performance

Our definition of Medical Engagement is:

'The active and positive contribution of doctors within their normal working roles to maintaining and enhancing the performance of the organisation which itself recognises this commitment in supporting and encouraging high quality care.'

[Spurgeon, Barwell & Mazelan, 2008]

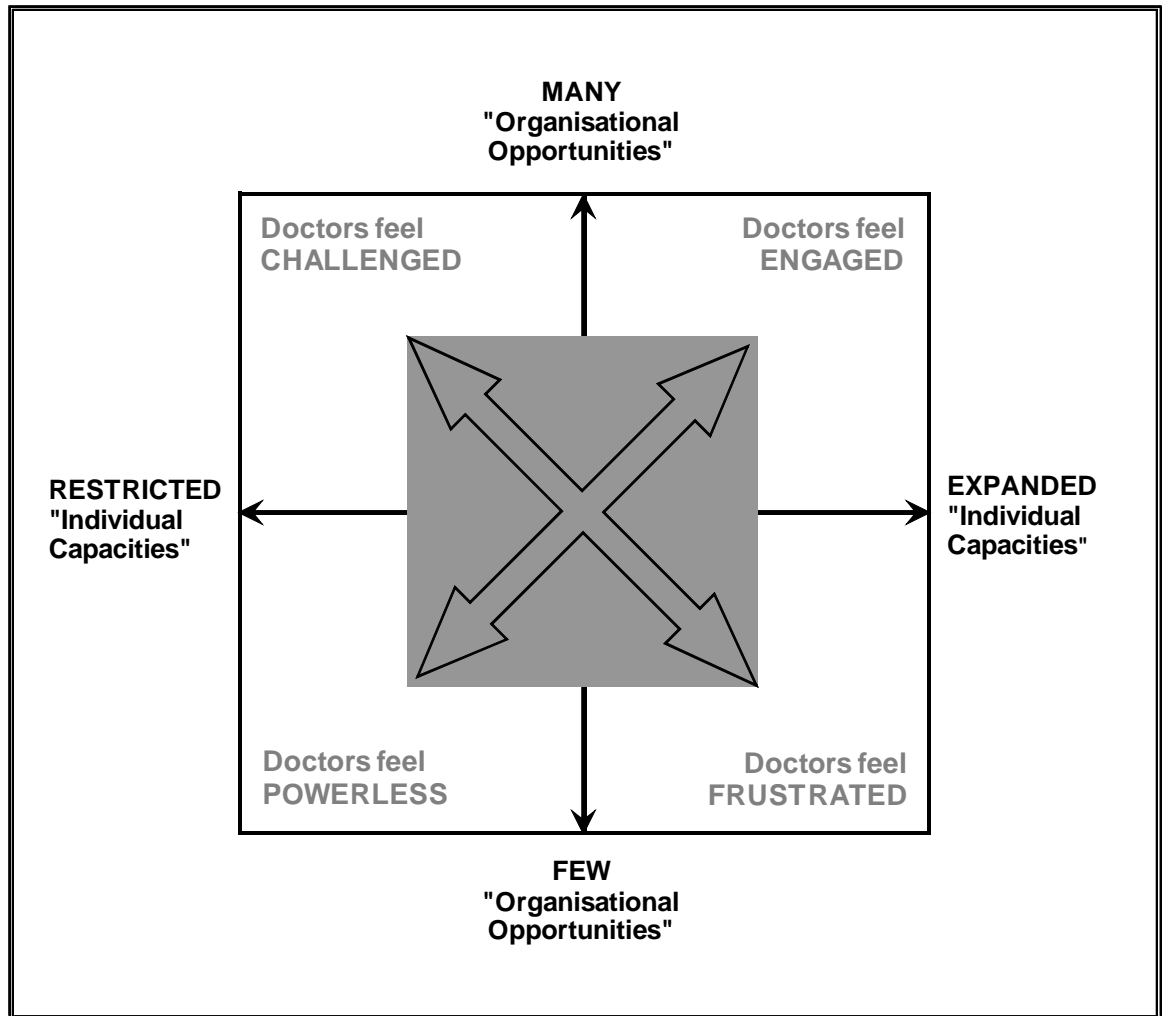
Medical Engagement and Organisational Performance

The Medical Engagement Scale (MES)

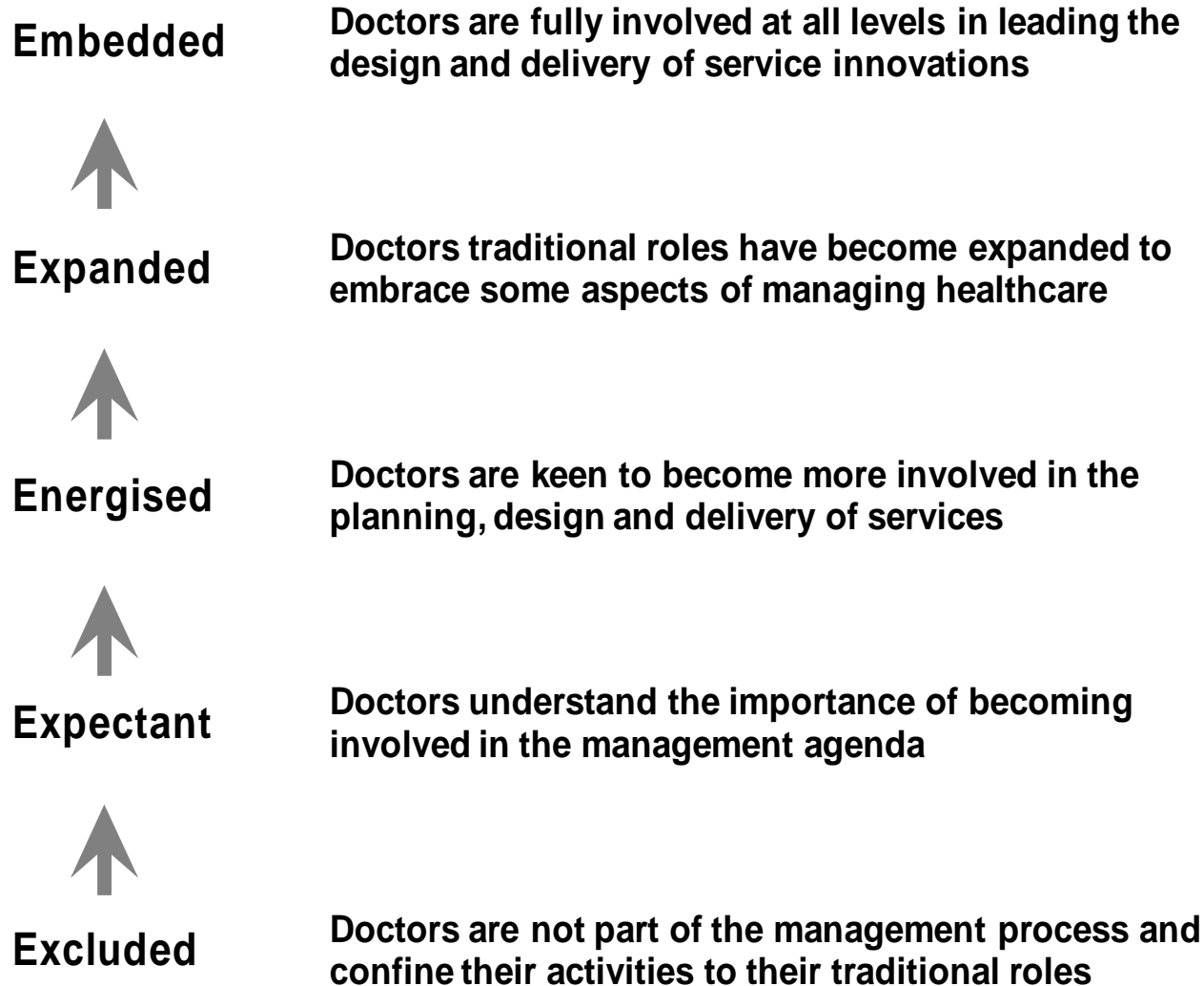
- It has been designed to:
 - Be quick and unobtrusive
 - Help organisations develop strategies to improve levels of medical engagement
 - Differentiate between the individual's personal desire to be engaged and the organisation's encouragement of involvement.
- The MES is now available on a commercial basis through Engage to Perform Ltd

Medical Engagement Scale Model

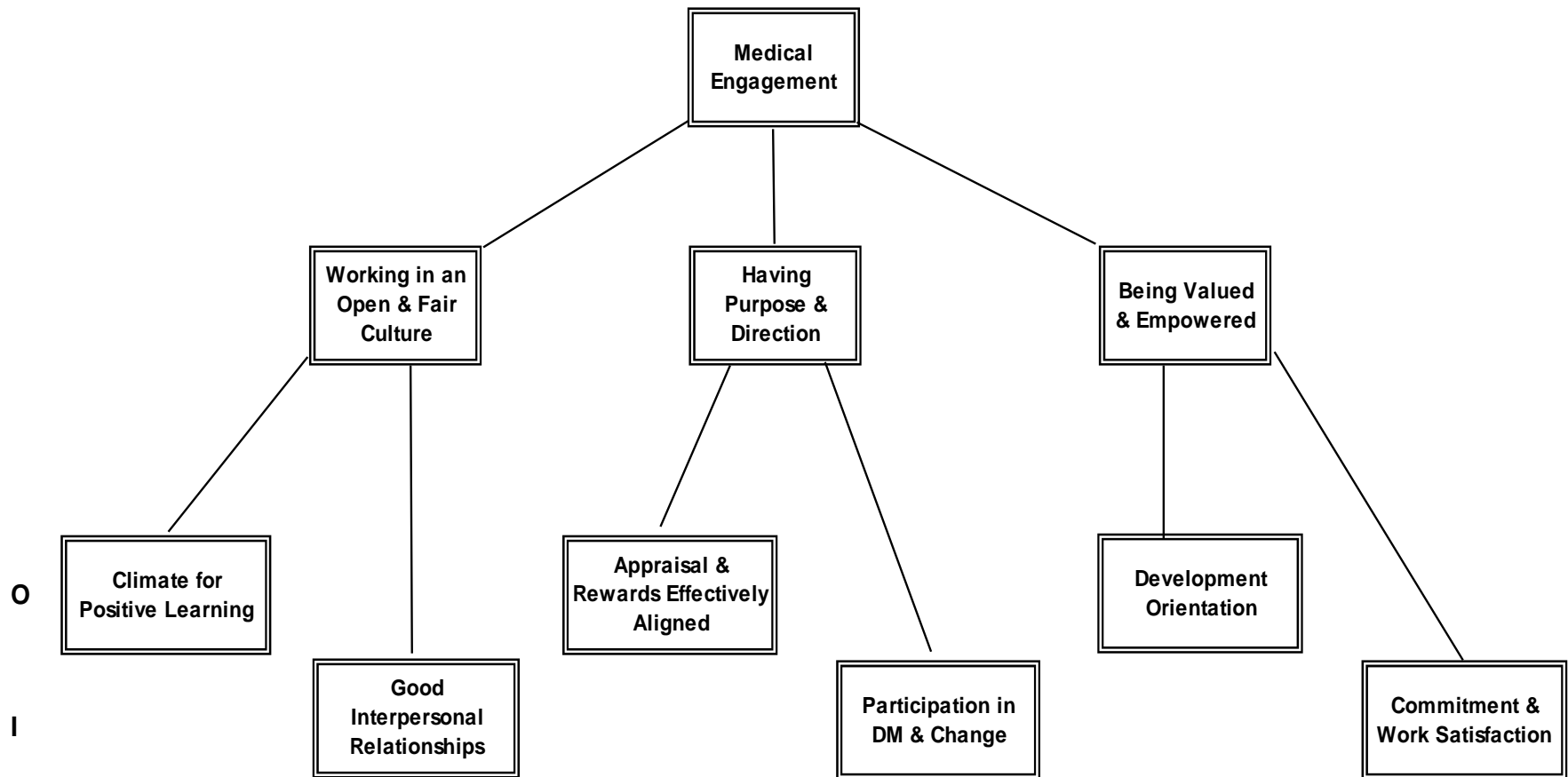
The MES model emphasises the interaction between the individual doctor and the organisation.



The Levels of Medical Engagement



The MES Scale Hierarchy



Level of Medical Engagement and the Care Quality Commission NHS Performance Ratings (2008/9)

TRUST ID	OVERALL MEDICAL ENGAGEMENT SCALE INDEX	OVERALL QUALITY SCORE	FINANCIAL MANAGEMENT SCORE
21	65.8	Good	Excellent
12	65.2	Good	Good
15	63.4	Excellent	Good
5	62.0	Excellent	Excellent
24	60.8	Good	Excellent
1	60.4	Excellent	Excellent
10	59.9	Good	Excellent
16	59.8	Good	Fair
14	59.7	Excellent	Excellent
11	58.8	Excellent	Excellent

Level of Medical Engagement and the Care Quality Commission NHS Performance Ratings (2008/9) cont'd

TRUST ID	OVERALL MEDICAL ENGAGEMENT SCALE INDEX	OVERALL QUALITY SCORE	FINANCIAL MANAGEMENT SCORE
25	56.8	Fair	Fair
4	56.7	Fair	Fair
22	55.7	Fair	Fair
23	55.3	Fair	Good
29	54.4	Good	Excellent
3	54.3	Fair	Excellent
26	53.1	Fair	Fair
8	52.7	Good	Good
18	52.1	Fair	Fair
20	47.0	Poor	Poor

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Ideas that change
health care

Medical engagement

A journey not an event

Authors

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July 2014



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Developing Leaders»

Medical Engagement : A journey not an event

Why the study?

- Growing and consistent research that confirms the relationship between staff engagement (including doctors) and clinical and organisational performance
- The importance of culture in creating the foundation for delivering high quality and efficient care
- Little written about how much medically engaged cultures are achieved
- Desire to share examples of good practice

Lessons

- Medical engagement needs to be part of an overall organisational approach to enhancing quality of care
- Cultures need to be created where doctors want to be “shareholders”
- Executives genuinely seek to work in partnership with and support clinicians
- Stable leadership
- Clear strategies based on embedding quality throughout the organisation and involving all staff, not just clinicians

- Strong medical leadership structures supported by professional management
- Authority is devolved to, and accepted by, divisional and departmental leaders
- Considerable effort given to selection of consultants and senior managers against Trust's values and competency frameworks
- Well developed appraisal, revalidation, talent management and succession processes
- Sustained investment in management and leadership development
- Encouragement to junior doctors to undertake service improvement initiatives
- Influenced by best practice nationally and internationally

Medical Engagement Checklist

For organisations

- Is there an organisational culture strategy that includes medical engagement as an explicit component?
- To what extent are the board and executive team fully committed to medical engagement?
- How is medical engagement promoted and brought to life by the chair, chief executive and other executives?
- Do the governance arrangements and organisational structure reflect a culture that seeks high levels of medical engagement?
- Is there an organisational goal for engaging doctors in positional and quality improvement roles?
- Is there a talent management and succession planning process for medical leaders?
- Are junior doctors offered leadership development opportunities, particularly around quality, safety and service improvement?

Medical Engagement Checklist

For medical leaders

- What activities are in place to attract, recruit, induct and develop consultants and medical leaders?
- To what extent do these processes connect and reflect aims, values and goals at an organisational and divisional level?
- To what extent are doctors at all levels involved in planning, prioritising and organisational decision-making?
- How do you ensure your organisation has the capacity and capability for developing leadership and supporting quality improvement?
- How seriously are job-planning, appraisal and revalidation undertaken?
- Is dedicated time given to doctors in positional leadership roles?
- Are all consultants, other senior doctors and medical leaders appointed through a competitive and values-based process?

McLeod Regional Medical Center Florence, South Carolina (USA)

“At McLeod Health, we understand that good health and good communication go hand in hand”.

- 453 beds
- Independent medical staff of 400
- 2010 American Hospital Association McKesson Quest for Quality Prize
 - safety
 - patient-centeredness
 - effectiveness
 - efficiency
 - timeliness
 - equity
- Medical staff engagement has been critical to McLeod’s ongoing quality transformation

Gosfield, A and Reinertsen, J (2010)

McLeod Regional Medical Center

Engaging and clinically integrating doctors

- McLeod has **asked** doctors to lead
 - “Physician-led, Data-Driven, Evidence-Based”
- McLeod asks the doctors what **they** want to work on
- McLeod makes it easy for doctors to lead, and to participate. In particular, McLeod doesn't waste doctors time
- McLeod recognises physicians who lead
- McLeod backs up its medical staff, with courage
- McLeod provides opportunities for its physicians to learn and grow

Gosfield, A and Reinertsen, J (2010)

Clinical Engagement: No longer an optional extra

Some WA Health Initiatives

- Strong commitment from DG & SHEF to creating more clinically engaged cultures
- Investment in leadership development for clinical leaders and consultants
- Investment in empowering junior doctors to embrace service improvement and leadership
- Management, leadership and service improvement being incorporated into u/g curricula
- Some encouraging initiatives are being introduced in different Health Services and Hospitals

Clinical Engagement: No longer an optional extra

Conclusions

- The evidence of the relationship between medical engagement and clinical performance is very powerful
- Clinical engagement needs to be part of an organisational and system-wide culture focused on the sustained delivery of high quality care and value
- Leadership and management are integral to being a good clinician
- Curricula for all clinical professionals should embrace relevant management and leadership competences
- Without effective clinical engagement any health reforms will be sub-optimal
- Clinical engagement cannot be an optional extra

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