

EVOLVE
EDUCATE
ENGAGE



Sponsor's breakfast

Associate Professor Grant Phelps



Leadership development – whose responsibility and how?

Building capability for the Physician of the Future

A/Prof Grant Phelps MBA FRACP FRACMA GAICD FAIM
Associate Professor of Clinical Leadership @ Deakin University
President Adult Medicine RACP
RACP Congress Wed 18th May



The Royal Australasian
College of Physicians

**We have a professional obligation to
leave the health care system better than
we found it**



Quick background



The Royal Australasian
College of Physicians

- 20 years public and private practice in Gastroenterology/Acute Medicine
- Long involvement in RACP
 - Workforce
 - Physician Training
 - Safety and Quality
 - Governance
- Deliberately sought Leadership and Management qualifications & experience
- Longstanding interest in system level leadership for safe, high quality care
- Deakin Masters in Clinical Leadership (google it..)

Future of medical engagement

Helen Dickinson^{1,5} BA, MA, PhD, Associate Professor

Marie Bismark² MBChB, LLB, MBHL, MPH, FAICD, FAFPH, Senior Research Fellow

Grant Phelps³ MBA, FRACP, FRACMA, GAICD, FAIM, Associate Professor

Erwin Loh⁴ MMBS, LLB(Hons), MBA, MHSM, PhD, FRACMA, Clinical Professor

¹Melbourne School of Government, The University of Melbourne, Vic. 3052, Australia.

²School of Population and Global Health, The University of Melbourne, Rm 442, Level 4, 207 Bouverie Street, Carlton, Vic. 3010, Australia. Email: mbismark@unimelb.edu.au

³Deakin University Medical School, Geelong, Vic. 3220, Australia. Email: g.phelps@deakin.edu.au

⁴School of Public Health and Preventive Medicine/School of Clinical Sciences at Monash Health, Monash University, 246 Clayton Road, Clayton, Vic. 3168, Australia. Email: Erwin.Loh@monash.edu

⁵Corresponding author. Email: helen.dickinson@unimelb.edu.au

Abstract. Although it has long been recognised that doctors play a crucial role in the effectiveness and efficiency of health organisations, patient experience and clinical outcomes, over the past 20 years the topic of medical engagement has started to garner significant international attention. Australia currently lags behind other countries in its heedfulness to, and evidence base for, medical engagement. This Perspective piece explores the link between medical engagement and health system performance and identifies some key questions that need to be addressed in Australia if we are to drive more effective engagement.

Received 28 October 2014, accepted 17 August 2014, published online 21 September 2015

Introduction

Doctors are known to play a crucial role in the effectiveness and efficiency of health organisations, patient experience and clinical outcomes.¹ Over the past 20 years the topic of medical engagement in health services has started to garner significant international attention. Greater medical participation in hospital board-level discussions has been demonstrated to have an effect on clinical quality outcomes, including care and mortality, higher quality ranking of hospitals, greater hospital occupancy and operating margins and patient experience.^{2–8} Further, a systematic review of a decade of research evidence demonstrates that clinical leadership and management have a positive effect on a range of service outcomes.³ Much of this evidence is derived from US and UK contexts, although similar patterns have been identified across Europe,⁹ Canada¹⁰ and other jurisdictions, suggesting that it is likely these trends also hold in an Australian context. Indeed, the importance of medical managers to contemporary healthcare organisations has been previously argued in this Journal.¹¹

Australia currently lags behind other countries in its heedfulness to, and evidence base for, medical engagement. This situation is problematic because a lack of medical engagement has been shown to have serious consequences in terms of patient safety.^{12–14} What the evidence on medical engagement shows is that there are no easy answers and 'our understanding of the wider

conditions that influence this process remains undeveloped'.⁶ It is therefore important that health systems think carefully about how to respond to and shape the medical leadership and management agenda. This Perspective piece explores the link between medical engagement and health system performance and identifies some key questions that need to be addressed in Australia if we are to drive more effective engagement.

Why engagement is important

Engaging doctors, both individually and collectively, is crucial because of the important role these professionals play within health organisations and their role in providing high-quality patient care.¹⁵ However, the engagement of doctors also has another dimension of importance given the nature of health organisations as professional bureaucracies.¹⁶ In professional bureaucracies, front-line staff have a significant measure of control over the content of work by virtue of their specialist training and knowledge. Consequently, hierarchical directives issued by those nominally in control often have limited impact and, indeed, may be resisted by front-line staff. Professional bureaucracies have an inverted power structure in which staff at the bottom of organisations generally have greater effect over decision making on a day-to-day basis than those in formal positions of authority. Control of the business process is often driven by professionals who use collegial influences to secure coordination of work. Collegial influences depend critically on the



Engaging professionals in organisational governance:
The case of doctors and their role in the leadership
and management of health services

Helen Dickinson, Marie Bismark,
Grant Phelps, Erwin Loh, Jen Morris
and Laura Thomas

ISSUES PAPER SERIES

October 2015



**MELBOURNE
SCHOOL OF
GOVERNMENT**

Leaders or Leadership?



The Royal Australasian
College of Physicians

- Positional vs distributed leadership
- Leadership is about behaviours which encourage other people to do things differently

**Leadership is the capacity and will to rally
men and women to a common purpose and
the character which inspires confidence**

Field Marshall Montgomery



The Royal Australasian
College of Physicians

Leadership is..?



The Royal Australasian
College of Physicians

- Authentic vs transformational vs transactional vs
- Is about change
- Understanding and interpreting the complexity of the operating context in order to achieve a benefit



- Healthcare in 2016
 - Is not safe enough
 - Is too costly
 - Is of variable quality
 - Is still too supplier centric

Clinical Leaders should act as champions for improvement



The Royal Australasian
College of Physicians

- Participate in setting the safety and quality agenda
- Take responsibility for implementing that agenda
- Help determine priorities for allocation of resources to support best practice
- Attach professional and organisational status to safety and quality activities
- Take the lead in prioritising & implementing improved processes of care
- Ensure training and organisational support are available to support involvement

My definition of clinical leadership



The Royal Australasian
College of Physicians

Clinical Leaders enable effective change
which benefits patients, organisations,
society and self

....they make good things happen

Leadership and learning are indispensable to each other

John F Kennedy



The Royal Australasian
College of Physicians



-not a 'curriculum' but a comprehensive network of processes designed to support the continuing development of leaders outside the classroom..

Tichy, N. 1997. *The Leadership Engine: How Winning Companies Build Leaders at Every Level*, New York, HarperCollins Publishers.

What do we know about leadership development?



The Royal Australasian
College of Physicians

- Leadership development programs fail because
 - Context is overlooked
 - Reflection is delinked from work
 - Mindsets are underestimated
 - Results not measured

Health LEADS Australia: the Australian health leadership framework



Leads self

Leaders are always a work in progress. They know their strengths and limitations and commit to self reflection and improvement. They understand and display self-awareness, self-regulation, motivation, empathy, and social skill. They demonstrate integrity in their role and context, and show resilience in challenging situations.

Capabilities	Descriptors
Is self aware.	Understands and manages the impact of their background, assumptions, values and attitudes on themselves and others.
Seeks out and takes opportunities for personal development.	Actively reflects on their performance as a leader and assumes responsibility for engaging in learning and growth.
Has strength of character.	Is honest, trustworthy and ethical and models integrity, courage and resilience.

What is a “good” medical leader?



The Royal Australasian
College of Physicians



What is a “good” leader?



The Royal Australasian
College of Physicians

Leadership and Management

Leading that inspires others

Retaining a calm demeanour when under pressure and emphasising to the team that he/she is under control in a high-pressure situation. Adopting a directive manner if appropriate without undermining the role of other team members.

Examples of good behaviours

- Remains calm under pressure, working methodically towards effective resolution of difficult situations
- Resolves team conflicts quickly and appropriately
- Acts as a role model to others in all aspects of physician and health professional practice
- Consistently acts with integrity and fairness

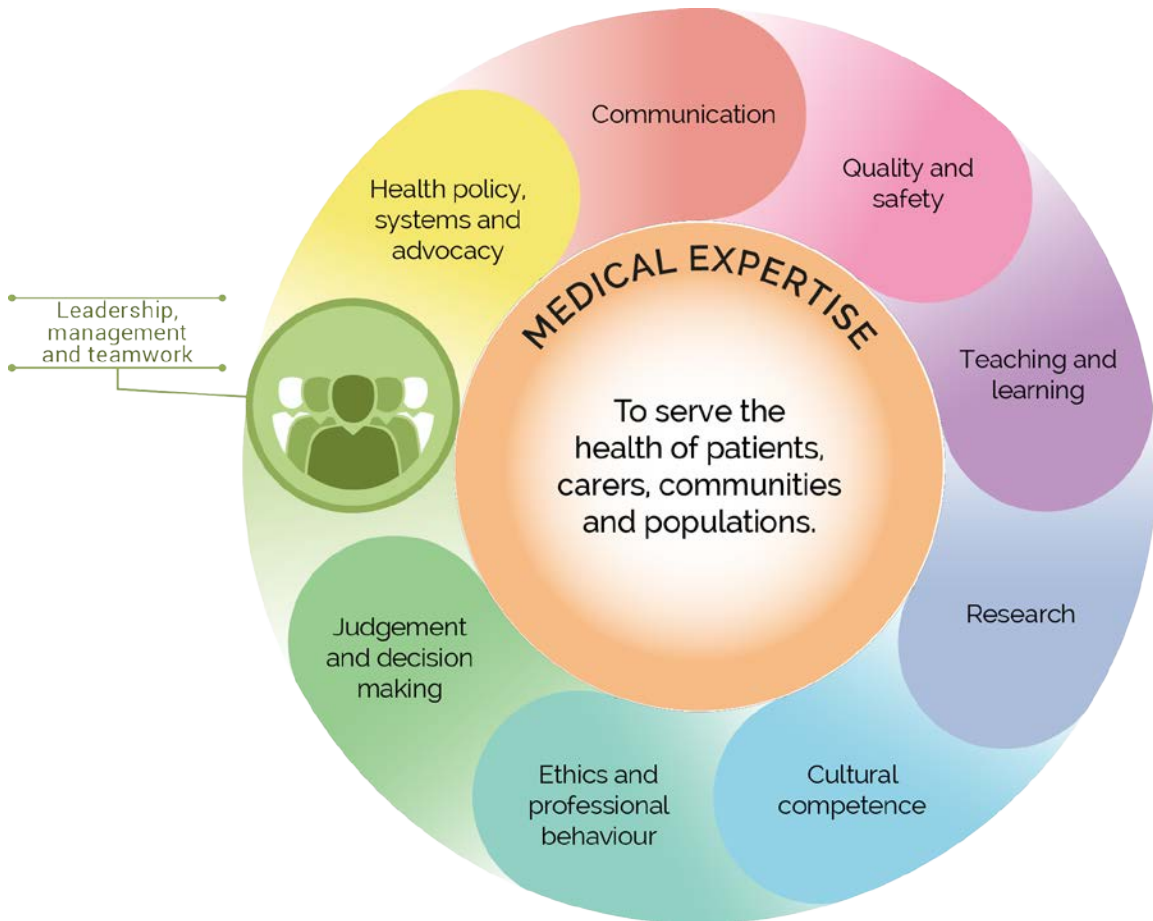
Examples of poor behaviours

- Displays inability to make decisions under pressure
- Fails to provide appropriate feedback to staff
- Blames subordinates for errors and does not take personal responsibility
- Loses temper repeatedly or inappropriately, has tantrums or is abusive to others

RACP Standards Framework



The Royal Australasian
College of Physicians



Leadership, management and teamwork

Physicians inspire others, recognise and respect the skills of others, and engage collaboratively to achieve optimal outcomes for patients and populations.

Physicians contribute to and make decisions about policy, protocols and resource allocation at personal, professional and organisational levels.

Tri-nations Leadership Workshop March 2016 - Suggested outcomes



The Royal Australasian
College of Physicians

- Cross-Colleges young leaders program focusing on cultural diversity and cultural competency
- Set values to support a culture of great medical leadership
- Set up a “one stop shop” for existing leadership development resources
- Support leaders
 - Diversity
 - Coaching-mentoring
- Support professional development of members as leaders
 - Multisource feedback for individuals/patient care

What can the college do?



The Royal Australasian
College of Physicians

- We currently ... Develop Standards and assess against them
 - Training
 - Ongoing performance – revalidation(?)
 - Generic, largely focussed on clinical expertise, rather than non technical skills
- If we support members to develop Leadership expertise, it will need to be...
 - In the training program
 - Through the CPD program, either directly or through recognising the CPD activities that members undertake
 - Through provision of tools e.g. behavioural assessment through MSF tools
 - Through mentorship / coaching models

**Bear in mind that whilst colleges are great at building technical experts,
other organisations are a probably a lot better at building other skills**



Bear in mind the user pays principle



What else can the college do?



The Royal Australasian
College of Physicians

- Within our current and future capability?
- By networking / collaborating?

“I never really lose, I just run out of time”

Jimmy Connors



EVOLVE
EDUCATE
ENGAGE



Sponsor's breakfast

RACP Congress 2016



WWW.RACPCONGRESS2016.COM



Twitter
@the RACP
#RACPCongress16



Facebook
facebook.com/theRACP
#RACPCongress16