Sponsor’s breakfast

Associate Professor Grant Phelps
Leadership development – whose responsibility and how?

Building capability for the Physician of the Future

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President Adult Medicine RACP
RACP Congress Wed 18th May
We have a professional obligation to leave the health care system better than we found it
Quick background

• 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

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Abstract. Although it has long been recognised that doctors play a crucial role in the effectiveness and efficiency of healthcare organisations, each 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 healthfulness 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.

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Introduction

Doctors are known to play a crucial role in the effectiveness and efficiency of health organisations, each patient experience and clinical outcomes. 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. Further, a systematic review of a decade of research evidence demonstrates that clinical leadership and management have a positive effect on a range of outcome measures. Much of this evidence is derived from US and UK contexts, although similar patterns have been identified across Europe, Canada, 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.

Australia currently lags behind other countries in its healthfulness 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. What is evident on medical engagement shows is that there are no easy answers and our understanding of the wider conditions that influence this process remains underdeveloped. 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. However, the engagement of doctors in health has another dimension of importance given the nature of health organisations as professional bureaucracies. Professional bureaucracies have an inverted power structure in which staff at the bottom of organisations generally have greater power over decisions made 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
Leaders or Leadership?

- 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
Leadership is...

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

• 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

- 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
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
Leadership development

• .....not a ‘curriculum’ but a comprehensive network of processes designed to support the continuing development of leaders outside the classroom..

What do we know about leadership development?

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

McKinsey Quarterly 2014
Health LEADS Australia: the Australian health leadership framework

- Leads self
- Engages others
- Achieves outcomes
- Drives innovation
- Shapes systems

Leadership for a people focused health system that is equitable, effective and sustainable
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.

<table>
<thead>
<tr>
<th>Capabilities</th>
<th>Descriptors</th>
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<tr>
<td>Is self aware.</td>
<td>Understands and manages the impact of their background, assumptions, values and attitudes on themselves and others.</td>
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<tr>
<td>Seeks out and takes opportunities for personal development.</td>
<td>Actively reflects on their performance as a leader and assumes responsibility for engaging in learning and growth.</td>
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<tr>
<td>Has strength of character.</td>
<td>Is honest, trustworthy and ethical and models integrity, courage and resilience.</td>
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What is a “good” medical leader?
What is a “good” leader?

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.

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<th>Examples of good behaviours</th>
<th>Examples of poor behaviours</th>
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<tr>
<td>Remains calm under pressure, working methodically towards effective resolution of difficult situations</td>
<td>Displays inability to make decisions under pressure</td>
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<td>Resolves team conflicts quickly and appropriately</td>
<td>Fails to provide appropriate feedback to staff</td>
</tr>
<tr>
<td>Acts as a role model to others in all aspects of physician and health professional practice</td>
<td>Blames subordinates for errors and does not take personal responsibility</td>
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<tr>
<td>Consistently acts with integrity and fairness</td>
<td>Loses temper repeatedly or inappropriately, has tantrums or is abusive to others</td>
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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.
• 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
  o Diversity
  o Coaching-mentoring
• Support professional development of members as leaders
  o Multisource feedback for individuals/patient care
What can the college do?

• 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 probably a lot better at building other skills.
Bear in mind the user pays principle
What else can the college do?

• Within our current and future capability?

• By networking / collaborating?
“I never really lose, I just run out of time”

Jimmy Connors
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