Medical Engagement and Organisational Performance

NSW Health

28th September, 2010

Professor John Clark
NHS Institute for Innovation and Improvement
Project Goal

This UK wide project aims 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 Benefits

Benefits to the NHS and medical professionals include:

• Greater commitment and capability to effect service change and improvement
• Support the drive towards the new medical professionalism (e.g. CanMEDS)
• Greater awareness by medical professionals of the importance of effective management and leadership in both operational and strategic activities
• Increase and strengthen the pool of medical managers and leaders available to take on senior roles within the service
Changing Nature of the Medical Profession

CanMEDS Roles Framework (Frank 2005)
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
- Medical Chief Executive Study
- Medical Leadership Competency Framework
  - Describes the leadership competences doctors need in order to become more actively involved in the planning, delivery and transformation of health services
Influencing Countries were asked about how they prepared doctors for leadership and what training and support was provided to doctors in leadership roles.
Medical Engagement and Organisational Performance
Key Assumptions of Current Approach

• Improvement in healthcare needs the positive involvement and engagement of doctors who are highly influential in planning and delivering service change

• Competence can be thought of as what someone “can do” but engagement requires a “will do” attitude

• Reliable and valid measurement and monitoring of medical engagement is critical since this will inform and shape the effective management of change

• Many definitions of engagement focus solely on individual aspect of engagement whereas the current approach also incorporates organisational conditions
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 NHS 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 scale is particularly useful in supporting QIPP strategies and initiatives.
- The MES is now available to NHS Trusts (primary and secondary) on a commercial basis through Applied Research Ltd.
Medical Engagement and Organisational Performance
Potential Impact of Monitoring Medical Engagement in Leadership

The Medical Engagement Scale (MES) can be used to monitor key improvements in organisational performance.

- **Organisational Change**
  - Improved team effectiveness within and between traditional professional boundaries

- **Patient Care**
  - Improved patient journey and better outcomes

- **Financial Efficiency**
  - Improved productivity and management of financial & performance targets

- **Working Relationships**
  - Improved interpersonal relationships between all professional staff
Medical Engagement Scale Model

The MES model emphasises the interaction between the individual doctor and the organisation.
The Levels of Medical Engagement

- **Embedded**: Doctors are fully involved at all levels in leading the design and delivery of service innovations.

- **Expanded**: Doctors’ traditional roles have become expanded to embrace some aspects of managing healthcare.

- **Energised**: Doctors are keen to become more involved in the planning, design and delivery of services.

- **Expectant**: Doctors understand the importance of becoming involved in the management agenda.

- **Excluded**: Doctors are not part of the management process and confine their activities to their traditional roles.
# Scales and Definitions

<table>
<thead>
<tr>
<th>MES Scale</th>
<th>Scale Definition</th>
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<tbody>
<tr>
<td><strong>Index:</strong> Medical Engagement</td>
<td>...doctors adopt a broad organisational perspective with respect to their clinical responsibilities and accountability</td>
</tr>
<tr>
<td>Meta Scale 1: Working in an Open Culture</td>
<td>...doctors have opportunities to authentically discuss issues and problems at work with all staff groups in an open and honest way</td>
</tr>
<tr>
<td>Meta Scale 2: Having Purpose and Direction</td>
<td>...Medical Staff share a sense of common purpose and agreed direction with others at work particularly with respect to planning, designing and delivering services</td>
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<tr>
<td>Meta Scale 3: Feeling Valued and Empowered</td>
<td>...doctors feel that their contribution is properly appreciated and valued by the organisation and not taken for granted</td>
</tr>
<tr>
<td>Sub Scale 1: [O] Climate for Positive Learning</td>
<td>...the working climate for doctors is supportive and in which problems are solved by sharing ideas and joint learning</td>
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<tr>
<td>Sub Scale 2: [I] Good Interpersonal Relationships</td>
<td>...all staff are friendly towards doctors and are sympathetic to their workload and work priorities.</td>
</tr>
<tr>
<td>Sub Scale 3: [O] Appraisal and Rewards Effectively Aligned</td>
<td>...doctors consider that their work is aligned to the wider organisational goals and mission</td>
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<tr>
<td>Sub Scale 4: [I] Participation in Decision-Making and Change</td>
<td>...doctors consider that they are able to make a positive impact through decision-making about future developments</td>
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<tr>
<td>Sub Scale 5: [O] Development Orientation</td>
<td>...doctors feel that they are encouraged to develop their skills and progress their career</td>
</tr>
<tr>
<td>Sub Scale 6: [I] Commitment &amp; Work Satisfaction</td>
<td>...doctors feel satisfied with their working conditions and feel a real sense of attachment and reward from belonging to the organisation</td>
</tr>
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The MES Scale Hierarchy

- Medical Engagement
  - Working in an Open & Fair Culture
    - Climate for Positive Learning
    - Good Interpersonal Relationships
  - Having Purpose & Direction
    - Appraisal & Rewards Effectively Aligned
    - Participation in DM & Change
  - Being Valued & Empowered
    - Development Orientation
    - Commitment & Work Satisfaction
Level of Medical Engagement and the Core Quality Commission NHS Performance Ratings (2008/9)

<table>
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<tr>
<th>TRUST ID</th>
<th>OVERALL MEDICAL ENGAGEMENT SCALE INDEX</th>
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## Level of Medical Engagement and the Core Quality Commission NHS Performance Ratings (2008/9) cont’d

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<td>52.1</td>
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<tr>
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</table>
Medical Engagement and Organisational Performance

Available at our website www.institute.nhs.uk/medicalleadership

Enhancing Engagement in Medical Leadership

Engaging Doctors
Can doctors influence organisational performance?

Enhancing Engagement in Medical Leadership

Patrick Hamilton
Peter Spurgeon
John Clark
Julia Dean
Kirsten Armit

Enhancing Engagement in Medical Leadership Scale

Research has shown that medical engagement is one of the key factors to influence organisational performance. Are you interested in learning how engaged doctors are in your organisation, and ways this may be improved?

"Medical engagement” includes both those who have clinical responsibilities and those who support. Regardless of whether the term is used for medical practitioners, nurses or for other clinical staff, organisations need to understand its impact on performance, staff retention and patient outcomes.

High-Quality Care in All NHS Trusts: Stage Review Final Report, Department of Health 2010

Who is the scale developed for?
The Medical Engagement in Medical Leadership project is a two-year initiative being led by the Academy of Medical Royal Colleges and the Institute for Innovation and Improvement. It aims to encourage doctors to become leads in changing behaviour in the planning, delivery and evaluation of services, and to help them create a culture of continuous engagement in the organisation in which they work.

What does the scale measure?
The Medical Engagement in Medical Leadership Scale (MELS) is designed across medical engagement and leadership in NHS organisations. The MELS attitudinally assesses the individual’s personal degree of engagement and the organisation’s arrangements of engagement. It also includes a framework of organisational strategies to enhance medical engagement and performance. The scale is particularly useful as a tool to support planning and service delivery.

Who developed the scale?
The scale has been developed by an academic and independent company Applied Research and will conduct all data analysis, prepare benchmark scores for each trust and maintain the comparative database.

How was it tested?
The MELS was piloted in four trusts and shown to have validity and construct validity. The tool is used in the MELS in late 2008, with the evolving line of work and continuous development building a comprehensive database. The tool is now being used to monitor the changes and progress within the NHS.

What are the key benefits?
The MELS will help trusts improve governance, clinical and organisational performance. The tool will help trusts improve governance and organisational performance by providing evidence of the impact of medical engagement.
Medical Chief Executives Study


- Purpose of study was to understand the facilitators and barriers facing doctors in becoming chief executives in the NHS in order to inform ways in which this transition might be supported.

- A clear message from the study is that a more structured and systematic approach to medical leadership is needed in the NHS.
Medical Chief Executives Study

• Recommendations were to:

  – strengthen career planning, training and development, including the use of coaches and learning sets
  – develop clearer career paths that enable doctors to see how they can gain experience in different roles on the way to becoming chief executives
  – use existing medical and non-medical chief executives as role models, mentors and advisers
  – review pay differentials and use clinical excellence awards to recognise the contribution of medical leadership where appropriate
  – consider the establishment of a faculty of medical or clinical leadership to address the question of professional identity and to promote high standards of practice
  – develop a framework for continuing education and professional development that defines the competences and skills needed by medical leaders
  – enable medical chief executives to undertake clinical retraining as happens in Denmark, should they wish to return to clinical work.
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 project commenced February 2010 to test the applicability of the MLCF for all clinical professions. Due to be completed July 2010.
Medical Leadership Competency Framework

www.institute.nhs.uk/mlcf
Medical Leadership Competency Framework Development

**Review & Analysis**
- Medical Curricula

**Consultation**
- British Medical Association
- NHS Employers
- NHS Confederation
- Medical Schools Council
- General Medical Council
- COPMeD
- PMETB
- AoMRC
- AoMRC Patient/Lay Group
- Project Steering Group
- Reference & Focus Groups
- Test Sites

**Medical Leadership Competency Framework**
Enhancing Engagement in Medical Leadership
Second Edition: May 2009

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Medical Leadership Competency Framework

All MLCF domains apply to medical students and doctors. However, application will differ according to the career stage of the doctor and the type of role they fulfill. The following graphics demonstrate the emphasis that is likely to be given to the domains at each stage:

- Undergraduate
- Postgraduate
- Continuing Practice
Demonstrating Personal Qualities

Doctors showing effective leadership need to draw upon their values, strengths and abilities to deliver high standards of care.

**Developing self awareness:** being aware of their own values, principles and assumptions and by being able to learn from experiences

**Managing yourself:** organising and managing themselves while taking account of the needs and priorities of others

**Continuing personal development:** learning through participating in continuing professional development and from experience and feedback

**Acting with integrity:** behaving in an open, honest and ethical manner.
Working with Others

Doctors show leadership by working with others in teams and networks to deliver and improve services.

**Developing networks:** working in partnership with patients, carers, service users and their representatives, and colleagues within and across systems to deliver and improve services

**Building and maintaining relationships:** listening, supporting others, gaining trust and showing understanding

**Encouraging contribution:** creating an environment where others have the opportunity to contribute

**Working within teams:** to deliver and improve services.
Managing Services

Doctors showing effective leadership are focused on the success of the organisation(s) in which they work.

**Planning:** actively contributing to plans to achieve service goals

**Managing resources:** knowing what resources are available and using their influence to ensure that resources are used efficiently and safely, and reflect the diversity of needs

**Managing people:** providing direction, reviewing performance, motivating others and promoting equality and diversity

**Managing performance:** holding themselves and others accountable for service outcomes
Improving Services

- Doctors showing effective leadership make a real difference to people’s health by delivering high quality services and by developing improvements to service.
- **Ensuring patient safety:** assessing and managing the risk to patients associated with service developments, balancing economic considerations with the need for patient safety.
- **Critically evaluating:** being able to think analytically, conceptually and to identify where services can be improved, working individually or as part of a team.
- **Encouraging improvement and innovation:** creating a climate of continuous service improvement.
- **Facilitating transformation:** actively contributing to change processes that lead to improving healthcare.
Setting Direction

- Doctors showing effective leadership contribute to the strategy and aspirations of the organisation and act in a manner consistent with its values.
- **Identifying the contexts for change:** being aware of the range of factors to be taken into account
- **Applying knowledge and evidence:** gathering information to produce an evidence-based challenge to systems and processes in order to identify opportunities for service improvements
- **Making decisions:** using their values, and the evidence, to make good decisions
- **Evaluating Impact:** measuring and evaluating outcomes, taking corrective action where necessary and by being held to account for their decisions
Integration of MLCF at Undergraduate Stage

- The revised *Tomorrow’s Doctors* publication (September 2009) includes the MLCF competences (mapping available online at [www.institute.nhs.uk/medicalleadership](http://www.institute.nhs.uk/medicalleadership)).
- Project team have worked with a consortium of undergraduate medical schools to develop guidance to identify minimum levels of attainment across the domains to assist in development of appropriate assessment.
- Project team is contributing to Medical Professionalism Roadshows across the UK (with Royal College of Physicians, King’s Fund, University of Liverpool, Student BMJ and GMC).
Integration of MLCF at Postgraduate Stage

- All Medical Royal Colleges and Faculties have incorporated the Medical Leadership Competency Framework into specialty curricula.
- Project team supporting Medical Royal Colleges with integration:
  - Development of e-Learning for Healthcare (DH) material that will be available to all doctors in training, regardless of specialty, in 2010.
  - Supporting the delivery of the new curricula with tools and support for training clinical tutors.
LeAD
An e-learning resource supporting doctors to develop leadership

Web-based education resource to support the Medical Leadership Competency Framework (MLCF).

- Created in partnership with DH e-Learning for Healthcare Programme: freely available to NHS
- Integrates with specialty e-learning material produced by Medical Royal Colleges
- Primarily aimed at specialist trainees, tutors, trainers and educational support staff
- Blended learning approach to support other training and development opportunities

Covers knowledge elements of post graduate Medical Leadership Curriculum
LeAD is 50 sessions of highly interactive e-learning covering the five leadership domains outlined in the Medical Leadership Competency Framework (MLCF) delivered in themes relevant to clinical settings.

- Based on Shared Leadership, including patients and colleagues
- Emphasises the trainee acting as an agent for change
- Focuses on improving big issues in small manageable ways, addresses health service priorities
- Integrates in with clinical practice – real life situations & scenarios
- Appropriate to all specialties and understanding across healthcare systems
- Emphasises teamwork and collaboration
- Supports trainers as well as trainees
Integration of MLCF for Continuing Practice

Revalidation will be introduced from 2011 and the project team are working with the relevant regulatory bodies to ensure the MLCF is included in the guidelines.
Contact Details

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Questions and Comments