



WFMM

World Federation of Medical Managers

When Doctors Lead

www.wfmm.org | info@wfmm.org

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WELCOME TO WHEN DOCTORS LEAD

THE NEWSLETTER OF THE WORLD FEDERATION OF MEDICAL MANAGERS

WFMM Vision: To establish a recognized international network for the discussion of issues, research and development of standards and performance benchmark in effective physician leadership

WHAT IS WFMM

WFMM MISSION: To develop leadership skills in clinicians and demonstrate the value proposition for doctors and physicians in leadership and management of health services worldwide.

The WFMM members are physician leaders and medical managers. It was formed at a meeting in Hong Kong in September 2010, when a group of doctors in senior management and leadership of health services in eight countries came together to discuss the potential value of international actions to promote clinical (medical) leadership in advancing the quality of care and performance of health services. Since that time like minded organisations have signed a Memorandum of Understanding to collaborate and support each other to promote physician leadership and engagement.

The WFMM looks into the issues physician leaders and managers confront (such as development of standards and guidelines, research activities), workforce design/manpower planning and restructure, acquisition of technologies, provision of services, improving quality of care. The WFMM endeavoured to create a common/shared agenda between WFMM member countries.

2017 WFMM CONFERENCE

More than one hundred members and guests from across Australia and internationally converged on the Langham Hotel in Melbourne attended the first World Federation of Medical Managers (WFMM) event to be held in Australia.

Members from Hong Kong, Canada, UK, Sri Lanka and South Africa travelled to the three day event and contributed global perspectives to continuing discussions about medical leadership, change and innovation, workforce management, governance, education and

training. This was a particularly auspicious occasion in 2017, as RACMA celebrates 50 years since its formation as a medical college.

There were exciting talks from across the globe, and opportunities for RACMA Fellows to establish international links and learn from colleagues in places like Britain, Canada, Hong Kong, South Africa, Sri Lanka, Myanmar, and the United Nations.



Dr Lee Gruner (Chair WFMM) and WFMM Panel Members (left to right), Mr Peter Lees (UKFML&M), Prof. Fung Hong (HKCCM), Dr Jillann Farmer (United Nations), Prof. Graham Dickson (Canada), Dr Paul Eleftheriou (FRACMA) and Adjunct Prof. John Clark (UK)

Throughout the three-day event, a mix of energetic expert panel discussion and workshops provided opportunity for over 80 attendees to think and to talk through issues related to medical leadership. This has been particularly important for those contemporary healthcare services globally which face the challenges of medical and organizational complexity, and increasing costs versus tightening funding; these have made innovation and reform, driven by our medical administrators, a greater priority than ever before.

The highlights from the first day included discussion about the importance of building partnerships between doctors and medical administrators for change and reform. There was general agreement among both presenters and the audience that fostering medical engagement is a necessary precursor for true partnerships to form. Medical administrators, by virtue of their role as system leaders, often make the first steps to reach out to clinical staff, and actively involve and support them in organisational improvement activities.

Presenters and audience members then shared some of the best ways they have found to improve engagement with their doctors, from nominal incentives such as lunch provided at meetings, through to more ingrained practices of always ensuring people are listened to and provided feedback, even if a doctor raises an issue that cannot be addressed. Mr John Clark described the culture of engagement at the award-winning McLeod Regional Medical Centre in the United States. There, rather than change coming from “on high”, was a culture of “physician-led, data-driven, evidence-based change”, characterised by asking doctors what quality improvement issues they wanted to work on, and providing them the support and training to do so.



Mr Peter Lees (UKFML&M) leading discussions about junior doctor workforce issues.

Innovation and reform was the major focus of day two. The metaphor “repairing the plane while flying” was employed repeatedly to highlight the unique difficulties faced by healthcare organisations, which can’t just “switch off” care delivery in order to change or improve services. Presenters relayed some of their own successes, as well as failures, to implement change in their organizations. Dr Gershu Paul, for example, described success and ongoing challenge with attempts to modernize healthcare in the emerging economy of Burma/Myanmar through a state of the art private hospital that emphasizes patient-centredness and a multidisciplinary approach in a previously hierarchical and doctor-centred system. Across the cases presented, fundamental to success was the need to engage the different healthcare professions, as well as the community and patients; not just at the beginning, but all the way through.

In the afternoon, reform and innovation through the implementation of organisational, inter-organisational and national information technology (IT) systems were discussed. Dr Michael Cleary shared the success of the Princess Alexandra Hospital in Brisbane, which has been implementing a full digital system, while Dr Monica Trujillo relayed the strategies for engaging the Australian community in the development of the National Digital Health Strategy. Providing an international perspective, Dr Fung Hong described how an inpatient medication order entry system was implemented in only two years in public hospitals across Hong Kong; an innovation that led to reduced medication error and waste, and improved decision support and efficiency. Underpinning this success was the approximately 1,200 staff working in IT support, and the involvement of clinicians in the early stages of planning the project.



Dr Sarath Samarage, College of Medical Administrators of Sri Lanka (CMASL) outlining the training program for medical administration in Sri Lanka.

On day three, the topic of clinical governance took centre stage. In the morning, Dr Heather Wellington, informed by experience in medicine, law, and sitting on healthcare and other boards, advocated for conceptualizing clinical governance as distinct from quality and safety management. While day-to-day quality and safety activities are carried out by the organisation, governance should more broadly encompass the ongoing evaluation of system design and system architecture to ensure that safe and quality care *can* proceed. This, Dr Wellington said, is the remit of boards of management.

This was followed by an afternoon of debate about the role of medical administrators in clinical governance. These discussions will feed into RACMA's development of a framework for clinical governance. Based on previews at the workshop, the framework promises to be

well-suited to the shifting nature of care delivery, in which variation is sometimes an impediment to safety and quality, and occasionally, for complex cases and scenarios, highly necessary to achieve these goals.

Overall, attendees and presenters alike agreed that the Winter Forum provided an opportunity for thoughtful discussion of the roles and responsibilities of the medical administrator in engaging clinicians, patients and the community, and in reform, innovation and clinical governance.

Below is some initial feedback from people who have completed the June feedback survey about the 3 days.

Really excellent program and RACMA to be congratulated on the variety of countries represented at this forum. The discussions at the sessions and the networking opportunities were really enriched. Content was very good overall although a couple of sessions did not follow the objectives described in the program. Some sessions had no interaction with audience and therefore lowered the quality rating but others were really excellent and followed the template for panel discussions or workshops as applicable. Timing of day worked well. Session lengths were appropriate.

Lots of time for interaction, dialogue and questions. Good exercises to practice skills. Nice case studies and videos to showcase ideas within workshop.

An audience of CEOs and Board Members would enjoy this discussion (clinical governance session)

The presentation by the Canadians detailing their innovations was excellent.

Some provocative thoughts presented with excellent valuable participation from attendees.

Presentations from each of the presenters and sessions will soon be available from the WFMM web site at

<http://www.wfmm.org>

Do you wish to publish?

The WFMM will for the third year 'sponsor' a Special Issue of the e journal - *Leadership in Health Services* and you are invited to submit a paper for publication. The theme for this issue is *Manager and Leader: The Role of Physicians in Generating Health Reform*.

The aims of this special edition are to:

- Identify and profile research that has been done to inform better practice by physicians engaged in health reform and how that research can influence strategies to further engage physicians on many levels, from local to national health reform.
- Share knowledge about outcomes when physicians lead, manage and accomplish the changes that are being employed in many jurisdictions.
- Present analyses on the scope and effectiveness of physician lead change within collaborative inter-professional environments
- Leverage the intellectual knowledge and experience of the member countries participating in the WFMM conference and profile evidence-based practices presented at that international session.

Specific themes for invited articles are:

- The appropriate balance of leadership and management capabilities needed by physicians who wish to be active in health reform (i.e., locally, regionally, province/state wide, or nationally).
- The implications of health reform for physicians--how their role is being renegotiated in a patient-centred health system—and their role in that.
- Best practice leadership/management development for physicians (in training); as residents; as physicians in practice; as experienced medical administrators.
- Developmental challenges associated with growing physicians as leaders as opposed to managers; while retaining the complementarity of both.
- Effective impact models to measure the effect of leadership and management development programs.

Planning Your Content

- A special issue for Leadership in Health Services would normally consist of 8 articles, plus an optional guest editorial.
- Each article needs to be approximately 4000-7500 words long. The overall word count and number of pages for this issue would therefore normally be 46,000 words across 116 pages.

Getting to Know the ScholarOne System

- For transparency and ease of administration, it is essential that all of Emerald's journal content is submitted, reviewed and accepted through the ScholarOne online system. The appropriate site for this journal which can be shared with potential authors is <https://mc.manuscriptcentral.com/lihs>.
- General submission guidelines for authors can also be found [here](#).

WFMM VALUE PROPOSITION

WFMM have finalised the value proposition of the organization to be presented at the Annual meeting at Hong Kong in May 2015. Summary of the value proposition is outlined below:

Networking across borders through exchange information on physician management and leadership of health services and facilitation of collaboration, issue identification and analysis, benchmarking and research which will support the value of physician leadership.

Members of the WFMM have been collaborating for the last five years. In an interview with Dr Karen Owen from RACMA commented, *“It is a fantastic experience to work with such committed medical leaders from around the world. We meet by teleconference and we get together once a year in a different country. Over this time we have come to better understand each others issues and to share ideas. Now we are beginning to find opportunities to share resources – In Australia my college RACMA has published a couple of workforce reviews about professional medical leaders and managers and now in Canada the CSPE has undertaken the first nation-wide survey about physician leadership; Its great! I look forward to more of this collaboration”*

Education & Continuous Professional Development through support of international discussions on issues of significance for physician leaders and managers and promotion and enhancement of development of internationally recognized executive level education and professional development programs for physician leaders.

Collaboration through publication and comparative studies and facilitation access to relevant population samples and resources for the conduct of research about physician leadership, sharing inventories of evaluations, reports and published papers about medical leadership and management undertaken within the WFMM member organizations and countries and encouragement of exploring trends and gaps through research (such as linkage between effectiveness of physician leadership and clinical outcomes)

Development of recognized guidelines collaboratively and subsequently promotion and dissemination of leadership education and management training guidelines for the physician workforce and medical managers and exploration of the feasibility for evolving established guidelines into globally accepted standards for physician leadership and medical management; developing guidelines in any area of health services management; and exploration of the feasibility for evolving established standards in a globally recognized certification program for physician leadership and medical management

WFMM MEMBER ORGANIZATIONS

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| The Royal Australasian College of Medical Administrators (RACMA), Australia & NZ | Canadian Society of Physician Leaders (CSPL), Canada |
| College of Medical Administrators of Sri Lanka (CMASL), Sri Lanka | Danish Association of Medical Directors (DAMM), Denmark |

Faculty of Medical Leadership and
Management (FMLM), UK

Hong Kong College of Community Medicine
(HKCCM), Hong Kong

South African Society of Medical Managers
(SASMM), South Africa

Italian Society of Medical Managers (SIMM), Italy

FIND OUT MORE:

Visit our website: <http://www.wfmm.org> if you wish to know more about the World Federation of Medical Managers. Enquiries can be directed to Dr Karen Owen at kowen@racma.edu.au