

Dutch Framework Medical Leadership Competences (version 1.0)

English version

Ondersteund door

knmg
voor verantwoorde
medische zorg

UNIVERSITEIT TWENTE.



Platform
Medisch
Leiderschap

Introduction

There is no unanimous and clear description for ' Medical leadership '. For some, it is synonymous with clinical leadership, for others it refers to driving healthcare organizations in excellence and transformation and yet there are those who see it as personal leadership. This Dutch Framework for Medical Leadership (FML, version 1.0) has been developed to seek consensus on the definition of this concept and hence define the guiding principles for developing and demonstrating medical leadership in physicians.

FOR WHOM?

The FML is intended primarily for medical physicians and students, to provide them with insight into the knowledge and skills needed for leadership development in medical practice. This framework can also be used by clinical instructors (trainers), medical educators and providers of continuous professional training programs, to design leadership training modules. In addition, the FML is a valuable resource for nurses, non-medical managers, patients and other interested stakeholders.

RELATIONSHIP WITH CANMEDS

The FML aligns with the new CanMEDS (2015) framework, in which core competencies of physicians are described based on seven distinguishable professional roles. All physicians in the Netherlands currently undergo their respective training programs based on the CanMEDS competency based curricula. In the reviewed CanMEDS 2015 framework, the role of 'manager' was replaced with 'leader'. Therefore, in the FML those competencies specific to the 'leader' role have been described as explicitly and distinctly as possible.

Other competencies such as 'collaborator', 'communicator' and 'health advocate' are described in less detail in FML, as these are elaborately described in other CanMEDS roles. Nonetheless, medical leadership is not a standalone competency as physicians are expected to be competent in each of the seven CanMEDS competencies.

FML STRUCTURE

The FML consists of twelve competency domains that can be represented in three overlapping dimensions. These dimensions stand for those specific competencies that focus on the "individual", on "others" and on "society" in general (see figure).

FML DEVELOPMENT

The FML was developed from scientific research, which emerged from a collaborative initiative between the Foundation Platform Medical leadership (PML) and the University of Twente (UT). The FML is based on in-depth interviews with a diverse group of physicians and also non-medical stakeholders, systematic research of the Dutch literature on medical leadership (both from professional and empiric research), an online survey and focus group meetings with physicians from the various domains of health care delivery.

The discourse of medical leadership and its development into competency profiles is at various levels of development in several countries, e.g.: MLCF (UK) and LEADS (Canada). Hence, in order to be able to properly reflect the situation in Netherlands, we refrained from a literal translation of existent competency profiles, and developed one that aligns with the Dutch health care context.

FUTURE DEVELOPMENTS

Medical leadership changes over time. On the one hand, due to the changing role of physicians and on the other, due to the increasing amount of research related to the development and assessment of medical leadership. As a result, the current FML version 1.0 shall, together with various stakeholders, be subject to continuous development in the coming years. As FML 'custodians', PML and UT will continue to collaborate and work on this framework, preferably in association with other researchers and parties in Dutch and European healthcare systems.

CONDITIONS FOR USE

It is permitted to use the content of the FML in part or in whole with full reference to its source as indicated: "© 2015, Platform Medical leadership /University of Twente".

ABOUT THE PLATFORM MEDICAL LEADERSHIP

The Platform Medical Leadership is a partnership between several organizations representing medical specialists in the Netherlands. The foundation is supported by the Dutch association for family physicians trainees and the Royal Dutch Medical Association.

ABOUT THE UNIVERSITY OF TWENTE

Development and maintenance of FML is harboured within the Dutch Institute for Research and education in Medical leadership and interdisciplinary collaboration (DIRMI), hosted by the Department of Change Management and Organizational Behavior, Faculty B.M.S., under supervision of Wouter Keijser MD and professor dr. Celeste Wilderom.

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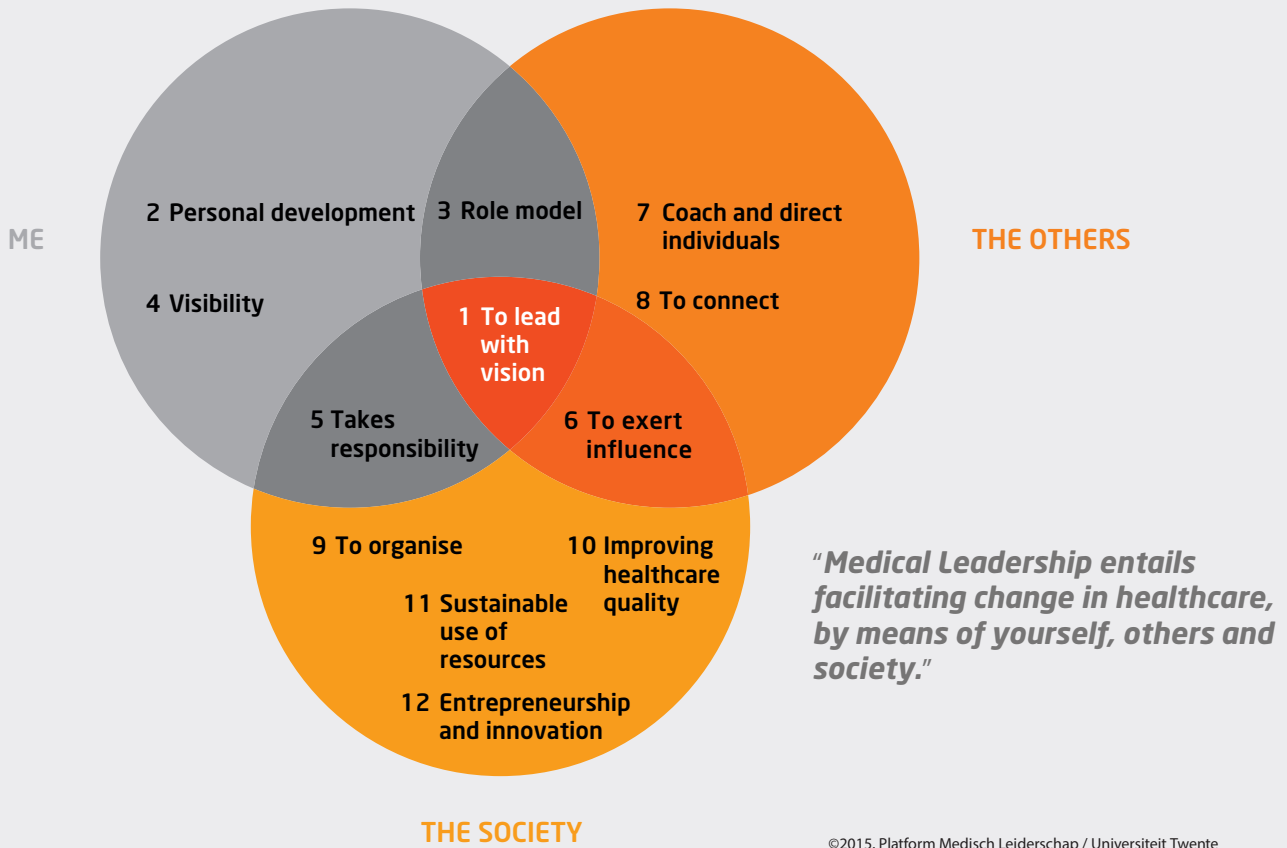


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Framework Medical Leadership



1. **TO LEAD WITH VISION*** The physician** as a leader is aware of the importance of having both a personal as well as a shared vision.
2. **PERSONAL DEVELOPMENT** Is aware of the importance of the continuous and optimal development of own knowledge, attitude and behaviour.
3. **ROLE MODEL** Is aware of the impact that an individual's attitude and behaviour can have on others, and the importance of paying attention to this.
4. **VISIBILITY** Is aware of the importance of a physician's availability and visibility in various positions and roles.
5. **TAKES RESPONSIBILITY** Is aware of a dual responsibility: (a) shared responsibility for the healthcare process and (b) end-responsibility for the medical process.
6. **TO EXERT INFLUENCE** Is aware of the physician's capability to exert influence at various levels (e.g., workplace and management, within and outside own specialisation, nationally and internationally), in the interest of, e.g., patients, carers, other (healthcare) professionals, organisations, and society.
7. **COACH AND DIRECT INDIVIDUALS** Is aware of the formal and informal coaching and steering role of physicians regarding others in training, working in different disciplines or with other professional background.
8. **TO CONNECT** Is aware of the importance of collaborating with patients, colleagues and others in, e.g., multidisciplinary team, chain and network collaborations.
9. **TO ORGANISE** Is aware of the role and influence of physicians in effectively organising healthcare and healthcare processes.
10. **IMPROVING HEALTHCARE QUALITY***** Is aware of the influence of physicians in maintaining and improving healthcare quality, clinical governance and process management.
11. **SUSTAINABLE USE OF RESOURCES** Is aware of the importance of responsibly financing, funding and budgeting healthcare.
12. **ENTREPRENEURSHIP AND INNOVATION** Is aware of the importance of innovation and development, within and outside the medical domain.

*The term 'vision' is related to terms such as: 'overview at macro and micro level', 'helicopter view', 'to have a mission'.

**The term 'physician' (synonym: '(medical) doctor') in this text refers to all doctors, consultants and specialists in public health, primary care and secondary care.

***Unless stated otherwise, the term 'healthcare quality' in the FML refers to (one or all of) the following 8 healthcare quality domains: (1) safety, (2) effectiveness, (3) efficiency, (4) patient centeredness, (5) timeliness, (6) equality, (7) accessibility and (8) sustainability.

Acknowledgements:

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Medical Leadership Competences

1. TO LEAD WITH VISION*

The physician** as a leader is aware of the importance of having both a personal as well as a shared vision.

1. Works on the continuous development of a personal vision and, in collaboration with others, on a common vision. Draws inspiration from people and events within and outside healthcare.
2. Actively conveys the shared vision and facilitates support for it in such a manner that the team, the organization and others participate based on mutual interest.
3. Integrates both a personal and shared vision into daily activities, in a manner that these reinforce each other.
4. Works calmly and patiently in collaboration with others to achieve personal and shared visions.

2. PERSONAL DEVELOPMENT

Is aware of the importance of the continuous and optimal development of own knowledge, attitude and behaviour.

1. Is capable of recognizing and regulating own emotions and behavioural styles. Is aware of the influence of own standards, values and convictions (on others).
2. Has insight into and works on personal qualities and challenges related to optimally organising own activities, e.g., time management.
3. Organises continuous feedback concerning own attitude and behaviour, and is able to translate this feedback to improve own actions and personal effectiveness.
4. Endeavours to develop own career optimally with a healthy work/life balance, based on a specific plan and advice from others.

3. ROLE MODEL

Is aware of the impact that an individual's attitude and behaviour can have on others, and the importance of paying attention to this.

1. As a person and a physician, strives for credibility, integrity, authenticity, high moral and ethical awareness, empathy, consistency in word and actions, making and observing realistic agreements, having patience, resilience and flexibility, even in stressful situations.
2. Dares to present her-/himself as vulnerable and open for appraisal from peers and others.
3. Demonstrates an enthusiastic and positive attitude towards her/his work and motivates peers through acknowledging positive behaviour and initiatives from others.
4. Always strives to be a role model for others.

4. VISIBILITY

Is aware of the importance of a physician's availability and visibility in various functions and roles.

1. Strives to be accessible and approachable to others.
2. Is recognisable as a 'leader' and exhibits authority in and outside of the own group, depending on the situation.
3. Is able, if necessary, to step forward as a 'leader' and to be assertive.
4. Is able to act as an ambassador on behalf of the team, organisation or stakeholders, while sharing experiences and best practices.

5. TAKES RESPONSIBILITY

Is aware of a dual responsibility: (a) shared responsibility for the healthcare process and (b) end-responsibility for the medical process.

1. Demonstrates social accountability and is aware of a joint responsibility of physicians for an optimally operating healthcare in society, at the macro, meso and micro levels.
2. Strives to be continuously accountable for own actions and decision-making.
3. Actively takes on joint responsibility in decision-making processes. Is also able to make decisions in the interest of others, e.g., patients, colleagues, organisations and society.
4. Is able to initiate relevant, shared decision-making processes and facilitate them towards acceptable outcomes, regardless of prevalent culture, norms, social pressure or other barriers.

6. TO EXERT INFLUENCE

Is aware of the physician's capability to exert influence at various levels (e.g., workplace and management, within and outside own specialisation, nationally and internationally), in the interest of, e.g., patients, carers, other (healthcare) professionals, organisations, and society.

1. Knows the organisation, and is able to communicate at various levels throughout the organisation depending on the situation.
2. Actively seeks for possibilities to exert appropriate influence within different contexts and based on the right interests.
3. Employs own influence to achieve goals for example through lobbying, networking, negotiating, and engaging in politics.
4. Is capable of exerting influence, regardless of hierarchical relationships, differing interests or beliefs, as well as own emotions or points of view.

7. COACH AND DIRECT INDIVIDUALS

Is aware of the formal and informal coaching and steering role of physicians regarding others in training, working in different disciplines or with other professional background.

1. Possesses relevant social and communication skills, e.g., showing empathy, putting others at ease, providing and receiving feedback, listening, inspiring and creating enthusiasm, which enables her/him to create, convey and receive trust.
2. Is able to coach others in their roles and duties in healthcare processes, while providing guidance, corrective instructions if necessary, and is able to transfer responsibilities to encourage autonomous responsibility in others.
3. Interacts based on a personalized, stimulating and engaged attitude, taking into account others' desires, needs and possibilities for development, and actively contributes to their growth and development.
4. Actively contributes to creating and sustaining an optimal climate for learning ('a learning oriented organisation').

“Medical Leadership entails facilitating change in healthcare, by means of yourself, others and society.”

8. TO CONNECT

Is aware of the importance of collaborating with patients, colleagues and others in, e.g., multidisciplinary teams and network collaborations.

1. Is able to have people and groups collaborate in an engaging manner, for the purpose of specified goals and common interests, e.g., by taking the lead or by following, depending on the situation.
2. Strives to connect and motivate groups, by creating and sustaining an optimal and safe work and team environment. Builds a culture of mutual respect, by fostering accountability, trust, transparency, and harnessing each other's competencies.
3. Sets clear and realistic goals in collaborations with individual team members and the team as a whole. Also facilitates regular evaluation and adjustment of goals, where needed.
4. Has insight into differing interests and views within collaborations, takes these into account for achieving mutual goals and is able to recognise and identify conflicts and misunderstandings, and to take on an active role in resolving them.

9. TO ORGANISE

Is aware of the role and influence of physicians in effectively organising healthcare and healthcare processes.

1. Possesses the relevant knowledge, skills and experience required for organising processes in healthcare, for example financial reporting, effective meetings, information technologies, human resources and health administration.
2. Takes on an active role in managing healthcare processes.
3. Is focused on goals and performance and is able to contribute to an optimal operational process through negotiating, prioritising and delegating.
4. Is able to oversee and analyse complex care processes, in order to contribute -based on a certain level of abstraction- to process improvements and, if necessary, to recruit additional expertise.

10. IMPROVING HEALTHCARE QUALITY**

Is aware of the influence of physicians in maintaining and improving healthcare quality, clinical governance and health care processes.

1. Possesses knowledge and experience related to healthcare quality, quality systems and improvement methods.
2. Critically examines healthcare quality delivered by her-/himself and by others, and is continuously in search for opportunities for improvement.

3. Actively contributes to initiating, implementing and sustaining quality improvements, through, e.g., development of knowledge and protocols.

4. Makes healthcare quality measurable and transparent, and is able to create, access and interpret information on quality efficiently (not limited to general indicators).

11. SUSTAINABLE USE OF RESOURCES

Is aware of the importance of responsibly financing, funding and budgeting healthcare.

1. Has knowledge of direct and indirect costs and benefits of prevention, diagnostics and treatment.
2. Recognizes risks of waste and is familiar with opportunities for preventing waste in own work environment and organisation, and in healthcare in general.
3. Continuously performs his duty, aware of the costs involved and strives to deploy available resources in a sustainable manner, and encourages this.
4. Is able to gauge short and long-term effects of the use and distribution of resources.

12. ENTREPRENEURSHIP AND INNOVATION

Is aware of the importance of innovation and development, within and outside the medical domain.

1. Has knowledge of relevant innovations and is up-to-date with the possibilities/impossibilities of technological and information technological (e-health) applications in healthcare.
2. Ventures to be progressive and a pioneer in own work. Views problems as a challenge and takes calculated risks. Demonstrates the drive and perseverance to make change happen.
3. Encourages an innovative work climate, actively seeks for and initiates innovations in healthcare, while putting knowledge development as well as change and implementation management into practise.
4. Is aware of opportunities to attract resources (financial or otherwise) for innovation.

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