Summary: Medical engagement workshops

December 2017

The link between weak medical engagement and poor outcomes and risks to patient safety is widely evidenced and acknowledged. The BMA has therefore called for greater medical involvement, through engagement, in the design and planning of healthcare.

Improving the culture of engagement within the NHS is also essential as services adapt to challenges and continue to improve patient care. Furthermore, the culture of engagement will empower and increase morale amongst doctors and the wider workforce.

In November 2017, we hosted two workshops for BMA committee members to explore their views and experiences of medical engagement within the NHS. This paper summarises the main discussions from these workshops.

The themes from the discussions will be used to progress our work on medical engagement. Specifically, the outputs will be used to shape a set of UK principles on what good engagement should look like.

---

The following motion was passed at the 2017 Annual Representative Meeting:

Motion by the agenda committee (proposed by the Welsh council): That this meeting recognises the acknowledged links between poor medical engagement with risks to patient safety and poor outcomes for patients and:

i) recognises that promoting greater medical involvement in the design and planning of healthcare is crucial in ensuring that improved patient services are properly designed and effectively implemented

ii) calls for radical change of the management culture in the NHS from the current hierarchical focus on narrowly based targets towards a clinically based system adapted to the needs of patients

iii) calls for all NHS organisations to agree and sign up to a new medical engagement charter that will facilitate the positive involvement and engagement of doctors who are willing to work in close cooperation with other clinical and non-clinical healthcare staff.

(ARM 2017, #16)
What is meant by engagement in the NHS?

Participants at both workshops were asked what was meant by medical engagement. The widely recognised definition by the academic Peter Spurgeon was used to stimulate the discussion. The definition was broadly accepted by participants. Additional reflections on what engagement is were also made and these are outlined below.

‘The active and positive contribution of doctors within their normal working roles to maintain and enhance the performance of the organisation which itself recognises this commitment in supporting and encouraging high-quality care’ Spurgeon, 2008

It was agreed that it is equally important to engage with all staff in the NHS. Engagement should not be restricted to a single group or subset. At the same time, however, it is important to recognise the unique perspective clinical staff can bring to a discussion. As the BMA represents doctors we often speak about medical engagement but this was acknowledged as a subset of wider engagement within the NHS and many of the themes are the same.

It was clear from discussions that engagement should involve all doctors, including the future workforce of medical students and junior doctors. Another significant theme from both workshops was that engagement should be initiated and driven throughout the NHS or other workplaces of doctors, such as local authorities or universities. It should also be from both the general workforce, such as doctors, and by management. Engagement should not be only a top down management tool.

There was also discussion about how the culture within the NHS should encourage engagement but at the same time recognise that not everyone will want to. It should therefore not be compulsory for individuals to engage but it should be obligatory for an organisation and workplace to.

Engagement should happen across all healthcare and public health settings. Engagement should reflect the needs and characteristics of each of these settings rather than being a generic template. Workshop participants highlighted that engagement can mean different things depending on where you are working and in which role. For example, junior doctors tend to move workplaces regularly during their training; they are therefore more likely to want to engage on issues within their immediate environment rather than take a longer-term perspective.

There was also extensive discussion about how feedback in engagement should be given and how it is perceived by peers. Generally, it was felt that engagement should be positive and constructive. There is however a role for constructive critical engagement, where appropriate, as well. Engagement should not be only consensus or collusive, but rather an open conversation to meet the ultimate aim of achieving safer, more effective care.

b  Spurgeon’s 2008 definition of engagement is widely recognised and used within the NHS. It has also formed the basis of the development of the medical engagement scale that has been widely used within the NHS in England and Wales, as well as Malta and Australia.
The benefits of engagement in the NHS

Workshop participants identified a wide range of benefits associated with engagement in the NHS. These benefits impacted individual doctors, the wider workforce and their organisations. Many of these benefits have also been widely acknowledged and evidenced in academic discussions on the subject.³

The list below summarises the main benefits identified by workshop participants.

Successful engagement can:

- **Enhance patient care** by prioritising issues to improve the efficiency, quality and the safety of services
- **Deliver better results**. Better working relationships between doctors, general management and the organisation as a whole can deliver positive and more timely results. It can help doctors develop ideas and facilitate change, as well as mitigate against weaker suggestions and support the implementation of any changes
- **Bring financial benefits**. Successful engagement could reduce organisational cost, as reflected in evidence where clinicians were involved in procurement processes. It would also save costs, as some of the recruitment and retention challenges within the NHS would be addressed
- **Better workforce morale and job satisfaction** by increasing the feeling of being valued. Many participants at the workshops linked improved morale to helping address the recruitment and retention challenges facing the NHS. It can also improve team dynamics, performance and commitment to the organisation
- **Improve and develop the role of a doctor**. It can provide opportunities for doctors to take a shared leadership role with management to progress projects, develop ideas and solutions as well as challenge existing organisational policies or behaviors where appropriate

Risks of engagement in the NHS

While all workshop participants agreed there were significant benefits to engagement, there were also a range of risks involved.

These risks included:

- **Superficial engagement**. either because representative views were not gathered or views were not fully engaged with. Thus, engagement could become meaningless. For example, it is important that hard to reach groups of doctors, such as SAS doctors or locum GPs, are engaged with to ensure a representative view
- **Overtly prescriptive engagement** restricts the impact of engagement and creativity of ideas. This can lead to disengagement of the workforce and a breakdown of relationships within a workplace
- **Never being able to please everyone**. Successful engagement could encourage many ideas and involvement from a wide range of individuals. It is unrealistic to expect any solution to meet all these expectations and suggestions
- **Concern of those engaging that they will be seen as individually responsible for the outcome even if it was a compromise**. There is an anxiety that doctors would find themselves ostracized by peers if the result was a compromise from a clinical perspective

These risks and the difficulties in mitigating them were acknowledged by workshop participants. There was however an overwhelming feeling that this should not stop engagement, and it was precisely these risks which made good engagement so important within the NHS.
What are the barriers preventing doctors engaging?

Throughout the workshop discussions, several barriers for doctors engaging were consistently cited. Some of these were perceived and some of them real. Participants felt it was important to acknowledge these barriers as they will be important when developing a set of principles on what good medical engagement should look like.

Barriers to engagement from a doctor’s perspective:

- A previous negative experience of engagement, such as feeling contributions did not have an impact or not receiving feedback from management, reduces the willingness to engage again. This can lead to ‘learned helplessness’ amongst doctors.
- Constant changes to senior management within organisations, particularly within hospitals, reduces opportunities to build good relationships. It also means it is difficult to develop a culture of engagement with management.
- The loss of the firm (team) structure in hospitals for doctors means it can be difficult to establish stable relationships and feel part of a team. This is particularly challenging for junior doctors, and the relative isolation can make it harder for doctors to engage.
- Peer apathy or active peer undermining of engagement process.
- A lack of understanding and acknowledgement by management on the positive impact medical engagement can have. This reduces the importance given to it and results in a feeling of disempowerment amongst doctors.
- Anxiety by doctors that challenging or presenting different ideas within engagement is seen as negative rather than constructive discussion. This is particularly a concern for junior doctors who may be apprehensive about engaging due to level of experience or being perceived as being ‘difficult’ and this affecting future career paths.
- Organisational or job pressures meaning individuals do not have the time or opportunity to engage.
- Lack of awareness by doctors of organisational structures, processes and responsibilities.
- Geographical distances, such as in rural areas or where an organisation is spread over several sites, can make engagement more of a challenge.
References