Principles for medical engagement within the NHS
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The link between good medical engagement and better outcomes and reduced risks to patient safety is widely evidenced and acknowledged. The BMA therefore has called for greater medical involvement, through engagement, in the design and planning of healthcare.

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

In November 2017, we hosted two workshops for BMA committee members to explore their views and experiences of medical engagement within the NHS. The widely recognised definition of medical engagement by the academic Peter Spurgeon was used as the starting point for discussions:

‘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

This definition was broadly accepted by participants, although their additional reflections are outlined in our summary of the workshops. These discussions helped inform the development of the following principles, which form the foundation of what good medical engagement should look like and will help develop a culture of engagement throughout the NHS.
Engagement should be:

1. **Inclusive**
   Successful engagement encourages input from a wide range of perspectives and experiences. Everyone working in the NHS should feel empowered and able to engage and know that their contribution will be taken on board.

   For our members, this means doctors from all backgrounds, all healthcare settings, throughout their medical careers, starting as medical students. This includes doctors, such as junior doctors and specialty and associate specialist doctors, who often face greater barriers in engaging.

2. **Given time and resource**
   Engaging experts who provide care to patients in how to improve quality and outcomes should be at the heart of how the NHS operates. Therefore, opportunity should be given to staff to do so in a way that is practical for every job. Pressures within the NHS are widely acknowledged, but time and resource must be found for engagement in spite of the constraints on all parties involved.

   For our members, this means ensuring that they have time and space to engage within their job roles, for example having time to attend relevant meetings included within rotas.

3. **Open and transparent**
   There must be a clear understanding of the expectations for engagement from all those involved, along with regular and honest communication, including feedback following a decision.

   For our members, this means clarity around engagement. For example, the purpose, how doctors can assist, what is in or out of scope, the time frames, the process, who else is engaging and how the decision will be communicated.

4. **Timely and ongoing**
   Engagement must take place before any decision is made. It cannot be a one-off event or tick box exercise, and relies on relationships being developed over time. Engagement should be early in the process and be continuous, at points where contributions can be taken on board as appropriate. It should be a conversation between all those involved in a workplace.

   For our members, this will help to build trust between all participants, develop a team spirit and a collective sense of direction. It will take place for all decisions whether big or small, such as a large service redesign or changes to a rota, and therefore help establish a culture of consistent engagement.

5. **Active and collaborative**
   Engagement should be a two-way, proactive and responsive conversation. This means not coming with fixed outcomes, recognising that clinicians are an essential part of the process and holding meaningful discussions that lead to co-productive decisions. It also means a willingness to delegate tasks to the most appropriate person to generate active involvement.

   For our members, this means engagement is a partnership between doctors, management and others working within that workplace to develop ideas and solutions to improve a service. It also means recognising that engagement is an important and necessary part of a doctors’ role.
6. A range of engagement methods
Engagement should be sought through a range of means, both through formal structures and informal interactions. Engagement requires mutually agreed approaches, and should be flexible and responsive to the needs of individuals and the characteristics of their workplaces.

For our members, this may mean engagement through formal consultation events with an NHS organisation, by BMA representatives on their behalf, through informal conversations, or by social media.

7. Receptive to new ideas and to challenge
Engagement should be done in a way that people feel comfortable to both challenge and raise new ideas. This means building an ethos of a no blame culture.

For our members, a significant concern is that expressing new ideas or challenging proposals is seen in a negative light and may have wider consequences for that individual. Removing this real or perceived limitation will encourage greater engagement that leads to better results.

8. Evidence-based
Discussions should be evidence-based. This means engagement should take account of the ideas and expertise of front-line staff caring directly for patients. Decisions should be driven by evidence, not by financial pressures without proper consideration of patient safety and quality of care.

Our members have clinical expertise that can help develop evidence-based discussions and decisions. This expertise sits alongside their wider local knowledge of what works and what obstacles or barriers exist.

9. Part of a learning culture
Engagement should be part of a learning culture, where outcomes are evaluated and discussed, and where individuals can learn from each other.

For our members, this means ensuring the right training is available to doctors throughout their careers and that engagement supports this learning by providing an opportunity to share and develop solutions.

10. Regularly monitored and evaluated
Engagement should be an essential part of how the NHS functions. It has a fundamental role in addressing challenges and improving patient care. Therefore, regular monitoring and evaluation of engagement is essential in all NHS workplaces to ensure it is taking place effectively.

For our members, regular monitoring and evaluation should be done in a way that is most appropriate for individual workplaces. This may be a national Medical Engagement Scale survey, as has been undertaken recently by the NHS in Wales, or this may be done through individual team meetings to encourage engagement in specific projects.
References

1 BMA (2017) *Engagement within the NHS*

2 BMA (2017) *Resolutions – 2017 annual representative meeting C10 2016-17*
   www.bma.org.uk/collective-voice/committees/arm-2017

   University of Dundee and University of Glasgow.