Managing Innovation and Change: the science and the art of decision-making

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Stakeholder engagement in system development followed an approach incorporating 3 components/simultaneous stages:
1. Communication and engagement (on all project aspects): initiated throughout all phases of system development.
2. Adoption & Advocacy: recruitment of “champions of change/early adopters”, across each stakeholder group/organizations, who acted as advocates of the program and served as communication channels to deliver messages and feedback. The use of early adopters was a key contributor for the success of stakeholder engagement and overall project development.
3. Education and support: providing educational sessions (e.g. on system requirements and CPD framework) and hands-on training (e.g. on the use of online CPD modules, e-portfolio, etc.) both through collaborators and early adopters

Early adopters were included on three task forces addressing: the credit system, competence framework, and education and communication.

A crucial facilitator to the change management process. In the adopted model, decision making was based on alignment rather than consensus, an approach that was found to be both time saving (as proved by timely deliverable development) and successful (as proved by the continuing increase of stakeholder representation on the taskforce, high percent of stakeholder and practitioner awareness of system components and requirements

Summary/Conclusions:
Managing change associated with introducing a mandatory national CPD system in Qatar was a challenge that necessitated close stakeholder engagement and followed a comprehensive change process that included an iterative decision making model that proved successful.

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References

Review & Discussion:
Managing change is a complex, dynamic and challenging process (1). It is about evaluating, planning and implementing strategies to overcome challenges to change and ensure that the change is worthwhile and relevant (2).

Challenges to implementing change in healthcare practices and enabling environment are numerous including:
- Awareness and knowledge (of what needs to change),
- Motivation – external (e.g. provision of incentives or penalties) and internal (e.g. self-motivation, drive and desire to improve),
- Acceptance and personal beliefs (e.g. perceptions of the benefits of the proposed change versus the costs or other evidence),
- Available and required skills, practicalities (e.g. lack of resources or personnel, or difficulties in establishing service delivery) and external environment (financial and political environment e.g. leadership support) (3)

Qatar Council for Healthcare Practitioners and its partner, the Royal College of Physicians and Surgeons of Canada, considered the challenges to change associated with the development of the Qatar National CME/CPD System and developed a strategic plan for the system change to be:
- Informed by evidence
- Respectful of cultural needs and context
- Responsive to health system needs
- Commitment to stakeholder engagement in system development

Consideration of the development of the system, the effectiveness of the system and the system’s role in the overall change management process are necessary in order to ensure the successful implementation of the system change.

Figure 1: CPD Taskforce

Figure 2: Iterative Decision Making

Background:
In 2013, Qatar Council for Healthcare Practitioners (QCHP) assumed the responsibility to establish a national CME/CPD system that included developing, assessing and monitoring adherence to a set of CPD accreditation standards. The national CME/CPD system is applicable to all healthcare practitioners and participation in CPD is mandatory for all licensed healthcare practitioners by March 2016.

Introducing the new CPD system was associated with challenges that necessitated following a model for implementing system change across all health professions.

Purpose:
1. To identify emerging challenges of introducing a new CPD system applicable to all healthcare practitioners
2. To describe a model and process for implementing system change

Figure 1: CPD Taskforce

Credit System
80 CUs
40/40
Annual/ Category
Competence
Education And Communication

QCHP-RCPC
RCPC
QCHP
RCPC
QCHP

80 CUs
40/40
Annual/ Category
Competence
Education And Communication

Considering the effects of procedural rationality and governance, the collaborators introduced and implemented an iterative strategic decision making model

Figure 2: Iterative Decision Making

QCHP-RCPC
RCPC
QCHP
RCPC
QCHP

• Meetings
• Discussions
• Desktop review
• First draft
• Second draft

• Meetings
• Discussions
• Desktop review
• First draft
• Second draft

• Comments
• Third draft