



ASSOCIATION OF SALARIED MEDICAL SPECIALISTS

TOI MATA HAUORA

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DHBS NEED TO LIFT THEIR GAME WHEN IT COMES TO CLINICAL LEADERSHIP, SURVEY SHOWS

“Hospital specialists are very disappointed at the lack of progress district health boards have made on distributive clinical leadership in recent years,” says Ian Powell, Executive Director of the Association of Salaried Medical Specialists (ASMS).

“Our latest survey of members shows there has been almost zilch movement since the last survey on this which we carried out in late 2013. That survey sent DHBs a clear message that they needed to lift their game – and these latest findings tell us they haven’t.”

Mr Powell says ASMS asked its DHB-employed members about their DHBs’ commitment to clinical engagement, also known as distributive clinical leadership. Survey questions looked at the DHB’s overall commitment to clinical engagement, how supportive the DHB’s culture was, and the extent of the chief executive’s and senior management team’s commitment.

A total of 1182 members responded to the survey; a response rate of 32%. The findings are still being analysed but Mr Powell says they are already providing valuable insights, especially when compared with members’ own reported experiences of clinical engagement within their DHBs.

Key findings from a question about DHB commitment to distributive clinical leadership include:

- Canterbury DHB was – again – ranked highest on DHB commitment to distributive clinical leadership, although there were indications of some decline.
- In only three DHBs did at least 50% of members answer with a ‘yes’ to the question – Canterbury, Northland and Hawke’s Bay (the latter two improving since the previous survey).
- Previously highly-rated Lakes DHB has dropped to the middle of the DHB pack.
- Waikato DHB has noticeably declined.
- Hutt Valley and Southern DHBs have both performed abysmally remaining at the bottom of the pack.

The results are summarised in the following table:

Do you believe your DHB is genuinely committed to distributive clinical leadership?*

2015				
Ranking	DHB	Yes	No	Don't know
1	Canterbury	53%	28%	18%
2	Northland	53%	32%	15%
3	Hawke's Bay	50%	36%	14%
4	West Coast	42%	17%	42%
5	Whanganui	42%	50%	8%
6	MidCentral	35%	41%	24%
7	Nelson Marlborough	34%	48%	18%
8	Auckland	33%	46%	20%
9	Lakes	30%	49%	22%
10	Waitemata	30%	41%	30%
11	Bay of Plenty	29%	51%	20%
12	Counties Manukau	24%	40%	36%
13	Wairarapa	22%	56%	22%
14	Taranaki	18%	55%	26%
15	Capital & Coast	18%	45%	37%
16	Waikato	16%	66%	18%
17	Tairāwhiti	13%	67%	20%
18	South Canterbury	13%	75%	13%
19	Southern	11%	71%	19%
20	Hutt Valley	6%	71%	23%

*Percentages may not total 100% due to rounding.

National result 2015	
Yes	29%
No	48%
Don't know	23%

“What DHBs are still failing to understand in any meaningful way is that clinical engagement and leadership offers them so many benefits,” says Mr Powell.

“Hospital specialists specialise in complexity and are natural problem solvers. If our health bosses actively supported them to be in the engine room of decision-making this would lead to significantly improved quality of patient care and financial performance.

“Health bosses who don't support comprehensive leadership by hospital specialists are guilty of wasting a tremendous resource and condemning their DHBs to being struggling performers.”

The ASMS has published a plain language advisory for members about distributive clinical leadership, available from the ASMS website at <http://www.asms.org.nz/wp->

[content/uploads/2015/07/ASMS-Advice-Making-Distributive-Clinical-Leadership-Work_163930.pdf](#)

ENDS

A handwritten signature in black ink, appearing to read 'Ian Powell', with a stylized flourish at the end.

Ian Powell
EXECUTIVE DIRECTOR

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