

# Are You Ready to Be Chief of Staff?

It's a tough job that requires special skills **By Susan Reynolds, MD, PhD**

**F**OR MANY years it was considered a great honor when mid- to late career physicians were elected to be chiefs of staff at their hospitals. They were elected by their physician colleagues because they were considered to be excellent clinicians as well as effective leaders. These chiefs of staff would dedicate a significant amount of time to their leadership duties, often with little or no pay, the only reward being the satisfaction that they had made a contribution to their medical staff, hospital and community.

Times have changed dramatically as has the position of chief of staff. At one of our biannual Chief of Staff Boot Camps, one chief said he became chief because "Nobody else wanted the job." That comment got a great laugh and considerable agreement from the other chiefs in the room.


The role of the organized medical staff is to make sure that all members deliver excellent quality patient care. The chief of staff has the ultimate responsibility to ensure the quality of care. Reimbursement is now based on quality outcomes and patient satisfaction more than fee-for-service, so overseeing quality in the hospital setting has become an increasingly important issue. In fact, most best-practice hospitals now have chief medical officers who are full-time administrators working in partnership with chiefs of staff to make sure that the quality of patient care, patient safety, and patient satisfaction are as high as possible.

With the arrival of hospitalist services and payment reform, physicians have become more

and more disengaged from hospital functions and medical staff affairs. Many don't even come into the hospital anymore or attend medical staff meetings, leaving a much smaller pool of candidates for the chief of staff position. The remaining physicians need new knowledge and skills so that they can succeed as incoming chiefs of staff.

These new chiefs need to understand the rapidly changing healthcare marketplace and learn how to lead change. They need to be excellent written and oral communicators who can persuade their colleagues to perform at the levels now required to maximize reimbursement. The time constraints and new performance pressures on physicians have led to increased levels of stress, disruptive behavior, and burnout in the physician community. Chiefs of staff as well as chief medical officers must learn how to deal with these issues.

Most chiefs of staff are now paid a stipend for their work, but many tell me it does not make up for lost time in direct patient care. It is certainly a tough job! Our Chief of Staff Boot Camps aim to ease the pain so that being a chief is once again an honor and a sought-after position. The Institute for Medical Leadership's next Chief of Boot Camp will be Jan. 27-28, 2017, at the DoubleTree Suites by Hilton in Santa Monica, CA. All CMS members will receive a \$100 discount when attending. Please go to [www.medleadership.com](http://www.medleadership.com) to register.

*Susan Reynolds, MD, PhD is president and CEO of the Institute for Medical Leadership. *

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## Medical Licensure Renewal Goes Online

Make sure your information is up-to-date

**T**HIS UPCOMING year, 2017, is a licensure renewal year. In an effort to make the process more efficient, the Illinois Department of Financial and Professional Regulation (IDFPR) has switched to a paperless licensing system. Online renewal means that it's never been more important to have all of your contact and professional data current with the IDFPR.

It's especially important to make sure that your primary email address is correct since IDFPR will automatically forward a renewal notice via email to each physician prior to the license expiration. Missing an IDFPR notice can lead to financial penalties and the risk that you'll miss renewing your license. IDFPR will conduct random audits of physicians for compliance with

the CME requirements.

For the July 31 renewal, licensed physicians are required to complete 150 hours of continuing medical education (CME). The CME courses must have been taken on or after Aug. 1, 2014.

Physicians should visit two areas of the IDFPR website to check and update their information. These two areas are the contact information page and the professional profile information page. Required information includes your primary office location, hospital affiliations, your program information for Medicare and Medicaid, board certification, and medical school and post-graduate education data.

For questions, contact the IDFPR at 888-473-4858 or email [FPR.LMU@Illinois.gov](mailto:FPR.LMU@Illinois.gov). 