Advanced Practitioner Examination Paper

3 hours
Open-book format (see notes below)

This question paper must be affixed to your answer booklets/sheets before handing them to the invigilator.

Instructions

1. Read the entire examination question paper through before answering any of the questions.
2. All questions asked in this paper are compulsory and therefore must be attempted.
3. Write your answers in blue or black ink. Do NOT use coloured pens or highlighters.
4. Start each new part of the question on a new sheet of paper.
5. Write on one side of the paper only.
6. Write your candidate number on every sheet of paper.
7. You need a minimum score of 38 marks to achieve a pass in this paper.

NOTES

This is an open-book exam and, as such, candidates may bring into the exam any material they feel will be helpful and relevant. HOWEVER, bear in mind that answers which are no more than repeats or paraphrases of any information brought into the exam are unlikely to command many marks.

All questions are based on the documentation in the MSPCare Case Study for the 2011 edition of MSP, plus supporting documentation provided with this examination paper. Reference to, and use of, the MSPCare Case Study will be expected throughout your answers.

Answers should be written according to the guidelines provided in ‘Advice for Advanced Practitioner Examination Candidates’ and demonstrate levels of competence as described in the MSP syllabus.

Date of Examination:

Candidate Number:    MSPR/_______
Answer both Questions 1 and 2 (75 marks available)

Question 1 – Stakeholders and Communications (40 marks)

You are an experienced MSP consultant. You have been briefed by Christine Day and Michael Jones about the Health Solutions contract (see Part 1 of Exhibit 1). Your task is to prepare materials to explain stakeholder engagement and communications in order to help inexperienced Change Team members at MSPCare manage the impending change more successfully. Using Parts 1 and 2 of Exhibit 1, answer the following questions as if you were preparing notes to advise staff at MSPCare on this subject.

a) Select four stakeholders from Exhibit 1, one from each of the following categories:

   i. Governance
   ii. Users/beneficiaries
   iii. Influencers
   iv. Providers.

   Explain and justify ways in which the information held in the Stakeholder Profiles document about each of your selected stakeholders could be used by the Change Team members in the MSPCare Change Programme. Your explanations should show how the Change Team could gain commitment from these stakeholders to the MSPCare Change Programme, and help them respond appropriately to the circumstances described in Exhibit 1.

(12 marks)
Question 1 continued

b) Choose only ONE of the stakeholders you selected for part a) of this question. Within the context of their relationship with the MSPCare Change Programme personnel:
   
i. Describe and justify their current position at the point in time identified in Exhibit 1. Describe and justify a suitable target position

ii. Explain and justify the possible consequences for the MSPCare Change Programme if you were not able to move them from their current position

iii. Explain and justify how you might engage with your chosen stakeholder to achieve and maintain that target position.

(12 marks)

c) In order to demonstrate to MSPCare Change Programme personnel the importance of good communications, address the following points for ANOTHER of the stakeholders you identified in part a):

i. In the context of Exhibit 1, provide and justify relevant examples of good programme communication that could be delivered to this stakeholder via an appropriate channel. In each case, provide an explanation of the purpose of the communication

ii. Explain and justify relevant ways in which MSPCare Change Programme personnel could use feedback or other mechanisms to ensure these communications are effective

iii. Based on the examples above, explain and justify the likely impact of these communications if they were constructed badly or delivered via an inappropriate channel

iv. Explain and justify ways in which one of the other stakeholders could help with programme communications to maintain or improve the commitment of your chosen stakeholder.

(16 marks)
Exhibit 1

Part 1: Background

MSPCare decided to focus the first tranche in the Change Programme on forming the new partnership with Health Solutions. The decision was made because the partnership requires a significant change to the way MSPCare will be run.

The MSPCare Change Programme is now just a few weeks away from transition in the first tranche.

The MSPCare Change Programme has concluded negotiations with Health Solutions. It has been agreed that Health Solutions will provide services for specified medical procedures. The contract is due to be signed in the next month. Administrative procedures at MSPCare have been amended and are ready to be implemented, so that qualifying patients can be referred to Health Solutions for treatment.

Plans have been drawn up for restructuring MSPCare. Some MSPCare staff will transfer to Health Solutions. Some will remain at MSPCare but will take on a different role. Some will take voluntary redundancy. This last group consists mainly of those close to retirement. Discussions with the Staff Association representing MSPCare staff have been completed. The Staff Association has accepted the restructuring plans but it is clear they will scrutinize this change closely. Other staff members at MSPCare, not directly affected by this change, are worried. Some of them are not convinced that this arrangement for treating patients will work and are worried that potential future changes may lead to further redundancies.

Health Solutions has appointed James Kildare as its lead contact with MSPCare. MSPCare is considered to be so important by the Chief Executive at Health Solutions that James Kildare is working full-time on the relationship with MSPCare. Staff members at Health Solutions are enthusiastic about the new contract. However, the Chief Executive (Charles Eggington) and James Kildare share some concerns:

- Charles Eggington was originally concerned about the lack of commercial awareness and competence of the MSPCare Board. Whilst Maria de la Sancha successfully led the procurement process and secured a good commercial deal for MSPCare, Charles Eggington and James Kildare remain concerned about how well the MSPCare provisioning managers will cope with the day-to-day running of the contract
- Charles Eggington is still concerned about the capability and capacity of the MSPCare staff to manage so much change at one time
- Charles Eggington has increasing concerns about the MyLand national and regional health organizations (NHOs and RHOs). He is worried about the extent to which they really want to sustain long-term, private sector partnerships. The ability of the MSPCare Board has shown no sign of improving its resistance to, and management of, political and economic pressures. There is increasing negative influence from the media.

Exhibit 1 continues on the next page
Part 2: Recent News Story in The Bugle

Your health at risk. Jobs axed.

MSPCare, paid for by the citizens of MyCity, is signing a contract with Health Solutions to transfer patient treatment to the private sector. Health Solutions has provided medical equipment to other Local Health Organisations (LHOs), but carrying out medical procedures is a new undertaking for them. Is it reasonable to put patient health at risk just to save money?!

Hundreds of local, experienced medical staff at MSPCare will lose their jobs. What an incredible waste of scarce skills. This is medical stupidity.

The citizens of MyCity must not be placed at risk. Stop this madness. Contact your elected government representative or call the editorial desk at The Bugle. NOW!
Question 2 – Benefits Management (35 Marks)

Position yourself as Michael Jones. Jo Smith has asked you to coordinate the preparation of a draft Benefits Realization Plan for the MSPCare Change Programme. This request has been made of you because of your experience and knowledge of MSPCare. You have agreed to this request.

a) Explain and justify why a Benefits Realization Plan is important for the success of the MSPCare Change Programme

(5 marks)

b) Explain and justify to your Director why it is appropriate for you to coordinate the preparation of the Benefits Realization Plan

(7 marks)

c) Explain and justify who else needs to be involved to produce an optimum Benefits Realization Plan. These people can be named individuals or named roles from MSPCare or any other relevant organisation. Your answer should state what the named individuals or roles will have to do as part of their involvement

(10 marks)

d) With reference to the draft Summary of Tranche 1 in Exhibit 2 propose and justify pre-transition activities that are needed to ensure the transition for Tranche 1 is successful.

(13 marks)
Exhibit 2

Background

A draft Programme Plan has been produced by Jo Smith. She and those who assisted her are reasonably clear about the projects for Tranche 1. However they have not yet determined what other activities should be carried out in Tranche 1.

Position yourself as Michael Jones, with some experience in change management and with a good knowledge of MSPCare. Jo Smith, the Programme Manager, has asked you to co-ordinate and facilitate work to produce a draft Benefits Realization Plan for the MSPCare Change Programme. Jo Smith has offered to help where necessary, especially as she has a greater understanding of the projects in the draft Programme Plan.

Exhibit 2 continues on the next page with a draft summary of Tranche 1 from Jo Smith’s draft Programme Plan. These notes explain the diagram:

1. The diagram represents Tranche 1, NOT the whole programme
2. Implementation of outputs from projects P1, P2, P4, P5 and P6 takes place during the transition period
3. The output from project P3 is the money raised from the sale of estates, which will be reinvested in this programme. The land and buildings on these estates are empty and unused
4. The programme team will use any lessons learned from Tranche 1 to refine plans for further tranches. These further tranches will include work to develop more process improvements for other parts of MSPCare.

Exhibit 2 continues on the next page
MSPCare Change Programme – Summary of Tranche 1 (from draft Programme Plan)

Key:
- D Major Design Review
- P1-P6 Component Projects of Tranche 1
- B1-B3 Components of Benefits Realization Plan

Planned Tranche start Jan 20XX

Year 1
- B1. Pre-transition
  - P1. Holystone
  - P2. Hospital Acquisition
  - P3. Sale of Estates
  - P4. Process Improvements
  - P5. Technology & Infrastructure
  - P6. Partnerships

Planned Tranche end

Year 2
- B2. Transition

Year 3
- B3. Post-transition

Projects schedule

Holystone to be embedded into the Programme

Complete system test

Benefit Measures

END OF TRANCHE