MANAGEMENT AND MANAGEMENT DEVELOPMENT
FOR DOCTORS IN IRELAND

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1. INTRODUCTION

1.1 Doctors has always been involved in the management of their own professional practices. Over the past five or six years or so, there has been an increasing emphasis on introducing doctors to management in the hospitals and other organisations where they work. This trend is especially evident in OECD countries, and Ireland is no exception.

1.2 This paper:
- details possible reasons for this increasing interest in Ireland;
- identifies the major barriers to successful involvement of doctors in the management areas, and the critical success factors;
- outlines the management training and development opportunities for Irish doctors; and
- concludes with a framework for management development that meets doctors’ needs in the future.

2. BACKGROUND

2.1 Almost 5000 doctors work in the public health system; some 1100 consultants, 2100 non-consultant hospital doctors (about 660 of them registrars), 200 community care doctors and 1570 general practitioners.

2.2 There is a mix of public and private health care provision in Ireland. Consultants’ contracts with the public system permit additional private work, once their commitments to the public system have been honoured. General practitioners are independent contractors to the system, and are paid on a capitation basis for the public patients in their care. They are also entitled to attend private patients.
2.3 With a few exceptions doctors in Ireland have not yet been heavily involved in the management process. These exceptions include the Chief Psychiatrist role, the 'Master' system in the big maternity hospitals, the Director of Community Care post, which have a large managerial component, and involve the leadership of multi-disciplinary teams. Other doctors are members of medical boards, hospital management boards and - with the Hospital Administrator and the Director of Nursing - hospital advisory committees. These roles are representative, rather than executive, in nature.

2.4 Development of interpersonal skills, particularly communications skills, is included in the undergraduate curriculum in Irish medical schools; management studies per se are not part of the curriculum.

3. **INTRODUCING DOCTORS TO MANAGEMENT - THE IRISH CONTEXT**

3.1 **REASONS FOR INVOLVEMENT**

The major reasons for introducing doctors to management and involving them in clinical management can be summed up under four main headings:

- economic and political factors
- need for a multi-disciplinary approach to management
- new emphasis on quality
- contract of employment for consultants

The first three reasons are probably common to most other European health systems; the fourth is uniquely Irish.

3.1.1 **Economic and Political Factors**

In common with other OECD countries, the Irish health service budget expanded significantly in the late 1970s and early 1980s. This period of expansion was reversed with swinging cutbacks in the late 1980s; we were the only OECD country to suffer real reductions in the public health budget. It is now recognised that the health service will be lucky to keep its budget in line with inflation. These circumstances have led to a drive for efficiencies in the system. Since doctors' decisions determine in large measure how resources are allocated, their active involvement in resource management is seen as critical to cost containment and efficiency. From the doctors' point of view, contributing to more effective resource allocation could lead ultimately to improved patient care.
Health is also a sensitive political issue. The demand for healthcare always outstrips supply, and rationing is taking place, albeit implicitly. Doctors are involved in the rationing process, since their decisions about who to treat, and how, have implications for other patients. The difficult ethical and legal environment surrounding healthcare today has led to increasing interest (and concern) among doctors in the ethical/legal frameworks within which they operate.

3.1.2 Need for a multi-disciplinary approach to management

When health budgets were expanding in the 1970’s and early 1980’s, sufficient resources were available for service expansion and development. There was a perception at the time that the job of management was to negotiate the largest possible budget allocation. It was then the job of those delivering the service to decide how to spend it. Now, however, the budgetary process is much more stringent, and resources will continue to be limited. For example, hospital budgets in the future will be based on projected case mix, costed in accordance with a DRG system that is calculated on a ‘best practice’ basis. Negotiating the use of what limited resources are available will be a complex task, which is best approached on a multi-disciplinary basis.

3.1.3 New Emphasis on Quality

Increasing consumer expectations, and the apparently wide variations in medical practice and outcome, are putting pressure on doctors to justify the quality and outcomes of their work. Doctors are best placed to evaluate clinical quality and outcome. A clinical management approach provides the opportunity for doctors to exert peer pressure on their colleagues to conform to agreed standards of professional practice.

3.1.4 New contracts of employment for consultants

New contracts of employment which set out an expanded managerial role for consultants in the public health system were introduced late in 1991. Doctors are now to become involved in management:

- at individual level, through the drawing up and negotiation of individual annual practice plans, and through participation in medical audit;

- at unit/department level, through the development of clinical management systems, and
at hospital/institution level, through the appointment of Clinical Co-ordinators, to help align individual practice plans with the institution’s corporate plan.

Employing authorities are obliged to provide the resources and facilities specified in the agreed practice plan. They are also obliged to provide appropriate information for doctors, and the necessary support and organisational system for medical audit.

The process of bedding down the details of the contract are under way. Three hospital sites have been chosen to pilot appropriate forms of clinical management. They are St James’s Hospital in Dublin, Letterkenny General Hospital in Co Donegal, and the Regional Hospital in Cork. One of these hospitals (St James’s) has chosen to adopt a Clinical Directorate approach, and is working through the organisational changes needed to implement the new system.

3.2 MAJOR BARRIERS TO THE SUCCESS OF THESE EFFORTS
The major barriers can be grouped under the following three headings:
- Attitudinal
- Professional
- Financial
- Organisational

3.2.1 Attitudinal Barriers
Doctors are not convinced that being involved more directly in management will address their primary concerns:

- they value their clinical independence and are concerned that, if they become more involved in management, their role of advocate for the patient will be eroded without any suitable alternative being put in its place. There is also a lack of trust and a fear of “a hidden agenda”, of being given responsibility without power;

- there is a concern that taking on a managerial role of e.g. Clinical Co-ordinator, might affect one’s professional prospects afterwards;

- some doctors perceive that they may not be welcome in the managerial fold because managers will also feel threatened by their presence here;
there is also a fear of becoming alienated from one's professional peers, of being "neither fish nor fowl."

3.2.2 Professional Barriers
There are also professional barriers in relation to clinical service, research and academic development:

- consultants are concerned that their service would be diminished not only by the time they would need to devote to the management function, but also by the fact that, when not practising, their contribution to advances and development in their service will be disproportionately reduced;

- as regards research, very few consultants can afford to dedicate time specifically to this essential element of their professional contract, and this is the aspect most likely to suffer when even further time constraints are imposed on them through involvement in management;

- the consequence of not developing clinically or on a research level would have a negative impact on consultants' academic advancement.

3.2.3 Financial Barriers

- Doctors are concerned that, if they become clinical managers, the commitment will eat into the time normally available for private practice, and have an adverse effect on them financially;

- some are also conscious of the opportunity cost to their public patients of assigning a highly trained and scarce resource, i.e. a doctor, to a managerial role.

3.2.4 Organisational Barriers

- At present, there are no structures for clinical management except in one pilot site hospital;

- some doctors are concerned that the notion of clinical management, being counter-cultural within the organisation, would receive no support there;
until recently, there has been no significant pressure, from doctors or managers, for doctors to get involved in clinical management.

3.3 CURRENT FACTORS INFLUENCING DOCTORS INVOLVEMENT IN MANAGEMENT

These factors can be classified as:

- Attitudinal
- Experiential
- Organisational
- Environmental

3.3.1 Attitudinal

- a significant proportion of health workers, doctors among them, believe that things are changing and they want to be involved in leading that change;

- there may be a small minority who believe that having accomplished all that is possible at a professional level, they can now make their contribution most effectively through a managerial role;

- for a small minority of doctors, the commitment to public health is such that they will be involved in management, if that is what is required to achieve their ideal.

3.3.2 Experiential

Quite a few of the younger doctors in Ireland have trained and worked abroad. They are used to other systems and structures, and have seen how the service can be improved if doctors involve themselves in clinical management.

3.3.3 Organisational

The new contract for consultants has given notice that new forms of management and new structures for involving doctors and management will be adopted. New structures are being tested in the pilot organisations chosen, and more widespread application will follow. The introduction of casemix-based hospital budgets is also well under way. Clinicians' involvement in management is now being seen as not just relevant, but essential to the organisation's future.
3.3.4 Environmental
Within the wider health environment, the Department of Health is supporting the initiatives on clinical management and medical audit, and is financing some of the work on the pilot sites. Regional health agencies and independent voluntary hospitals are also supporting it.

3.4 REQUIREMENTS FOR DOCTORS TO SUCCEED AS MANAGERS
3.4.1 The success or otherwise of clinical management structures will depend largely on doctors being enticed, not pushed into the system. Being seen as "a tool of the system" will be the kiss of death.

3.4.2 The following need to be in place if doctors are to be encouraged into clinical management roles and structures:

- a clear strategic direction for the hospital, to which the doctors are committed;
- the conviction at every level in the organisation that "this is the way to go" and that the organisation's existence and future prospects will be more secure as a result;
- the co-operation, interest and support of colleagues will be vital, otherwise doctors see little chance of success for themselves or the proposed new arrangements;
- doctors taking on management roles need to be supported when they go back to full time medical practice. This implies that there will be a support system for doctors at the professional level, so that they can take up where they left off after their term of office (for example, as Clinical Director or Clinical Co-ordinator) is over. It also implies that the managerial role they take on will not affect professional relationships when their term of office is up and they go back to full time professional practice;
- assurances that the necessary information and other resources will be there to allow the doctor to manage. In particular if support staff are required, they need to be of suitable calibre, and doctors should have an input into their selection;
- appropriate training and development support for doctors who want to enhance their management skills and competencies.
4. MANAGEMENT DEVELOPMENT FOR DOCTORS

4.1 Management development is intended to improve an individual's managerial performance by providing him or her with opportunities to learn how to "do it better". Much of this development can take place "on-the-job", through conscious effort by the organisation to provide specific opportunities for learning (for example, through delegation of specific tasks or projects, job design and job rotation etc), or through individuals being aware of their own learning needs and taking advantage of learning opportunities as they present themselves. Organisations that appreciate the link between managerial performance and organisational success devote substantial resources to developing their managers through formal management development programmes and on the job learning. Well designed management development programmes will link these programmes to organisational goals, focus on individuals' own development needs, and use their work experience as an integral part of the learning process.

4.2 GOALS OF MANAGEMENT DEVELOPMENT FOR DOCTORS

The major goals of management development for doctors are:
- to sensitize doctors to general management issues and concerns;
- to enhance their interpersonal skills;
- to help break down barriers and encourage a multi-disciplinary approach to service provision, and
- to develop a management ethos within the health service.

4.3 MANAGEMENT DEVELOPMENT PROGRAMMES FOR DOCTORS

4.3.1 Until recently, interest in, and demand for, management development for doctors has been stimulated by organisations like the Institute of Public Administration and some of the professional organisations, notably the Royal College of Surgeons in Ireland, which have responded to needs they identified from their experience within the system.

4.3.2 The Institute of Public Administration conducts:
the Diploma in Healthcare Management (DHCM): a multi-disciplinary, 15 month programme;
team development workshops: for multi-disciplinary teams in community-based and psychiatric services;
the 'Doctors and Management' programme: a nine-day programme in three modules for consultants and senior registrars;
in-house programmes for different disciplines in hospitals; management development programmes for public sector managers, including doctors, that run for four weeks, over four modules.

4.3.3 The Institute and the Royal College of Surgeons in Ireland (RCSI) jointly deliver the one-year Diploma in Management for doctors.

4.3.4 The RCSI also conduct three-day introductory management programmes for doctors at regular intervals.

4.3.5 The Royal College of Physicians in Ireland also conduct short, introductory programmes on an occasional basis.

4.3.6 The Irish College of General Practitioners sponsors management courses for its members;

4.3.7 Post-Graduate training programmes, like the Masters Degree in Public Health, include a management component.

4.4 NUMBERS OF DOCTORS ON MANAGEMENT DEVELOPMENT
To date, some 300 doctors have participated in these programmes.

4.5 CRITICAL CONTENT AREAS
4.5.1 The content areas of these programmes vary somewhat, to reflect the needs of the participants. The following major content areas have been identified as key elements in IPA programmes by the doctors participating, the organisations where they work and the management development workers involved:

- Understanding the Health Environment
- Understanding the Organisation's Environment
- Managing Self
- Managing Others
- Interpersonal Skills
- Technical Skills

4.5.2 Of these, interpersonal skills, (especially communicating with patients and colleagues), working in teams, and understanding the wider health environment, have been identified as crucial.
4.6 TEACHERS AND TECHNIQUES THAT WORK BEST

From our experience of working with doctors on the various programmes, we make the following observations about what and who works best with doctors.

4.6.1 Doctors coming on management development courses expect that the techniques used will be the same as those they are used to from their undergraduate days - plenty of "talk and chalk" and "there is one - and only one - right way". They need to 'loosen up' before they can start to participate and get involved. Our normal strategy is to begin with a content-based topic, usually by describing a model of management which will be referred to from time to time during the programme, then moving as quickly as possible to a more participative format, using the doctors’ own experience as material for learning. We have found that, if we do not start from where the participants "are at", we come to grief.

4.6.2 As far as 'teachers' are concerned, credibility is an absolute prerequisite. Facilitators need to be seen as confident and competent, knowing the business, and not afraid to challenge. Having a doctor on the management development team is very helpful, especially at the beginning of a programme. Experts in their own field, e.g. top health service managers or civil servants, other health service professionals, who meet the 'competence' criterion make effective teachers. Most of the learning, however, comes from within the participant group itself, and this is one of the reasons why it is so important for them to be prepared to be as open as possible with each other.

4.7 EVALUATION OF MANAGEMENT DEVELOPMENT

4.7.1 Evaluation is a key element in any management development process. Evaluations are performed by reference to the programme’s objectives and participants’ expectations of it.

These objectives and expectations need to be identified and clarified at the outset; otherwise there is no firm basis for evaluation.

4.7.2 Programmes are evaluated by

- the participants themselves;
- senior managers
- independent evaluators and
- the management development team.
4.7.3 Participants are the principal evaluators of shorter programmes. Through a process of group feedback, they identify, in broad terms,

- what they learned,
- what aspects of their learning they have put into practice, and
- what action remains to be taken.

The feedback is used to inform subsequent programme design and content. On longer (e.g. annual) programmes, participants provide mid-programme and end-of-programme evaluations.

4.7.4 Senior managers take part in the evaluation of the Diploma in Healthcare Management.

- During the mid-programme review, they are asked to identify the impact of the programme on participants' performance, as well as areas for further development during the latter half of the programme.

- The Chief Executives of the participants' organisations take part in an end-of-programme review, where, in a closed session, they get feedback from participants on their experience of the programme. The CEOs' evaluations are reflected back to a Strategy Group which oversees the broad thrust of management development for senior health service workers in the health boards.

4.7.5 This programme has also been subject to independent evaluation by a team from the Centre for the Study of Management Learning, Lancaster University. The process included consultations with participants, facilitators, programme organisers and top managers.

4.7.6 On shorter programmes, the management development teams evaluate informally how well the team's objectives were met, and what techniques, activities and teachers worked well.

- During the course of longer programmes, facilitators meet regularly to share feedback on the progress of the action learning groups, and to take action on issues emerging from the programme.
5. CONCLUSION

5.1 HOW CAN MANAGEMENT DEVELOPMENT FOR DOCTORS BE SHAPED TO MEET THE NEEDS OF THE FUTURE?
Management development for doctors is a relatively new concept in Ireland. It has been approached on an opportunistic basis, where management development organisations have seen a need and have responded to it. It is now time to adopt a more planned approach. This requires a strategy that takes into account the needs of the doctors themselves, and the goals of their employing organisations.

The formulation of a strategy can be examined under the following four headings:

- What are the needs?
- What key people or organisations need to be involved and committed?
- How best can management development be delivered to doctors (and who should be delivering it)?
- How can the impact of management development best be evaluated?

5.2 WHAT ARE THE NEEDS?
As we see it, doctors' management development needs can be represented along the continuum of their career paths as follows:

5.2.1 At undergraduate level (probably at the commencement of clinical experience), there is need for:

- increased awareness of the scope of the public health service, the context in which the health services are operating, the problems and opportunities facing the service generally, and likely trends for the future;
- awareness of the importance of communication for good clinical practice and for effective teamwork, plus direct practice e.g. role plays, discussions with 'live' patients;
awareness of the structure of the organisations the students are working in and the roles of other disciplines and professionals (including management).

5.2.2 At post-graduate level (probably Senior House Officer), there is need for coverage of:

- personal awareness: e.g. identification of own personal style, contribution to team effort, style of influence etc;
- personal effectiveness e.g. time management, stress management, writing and presentation skills, etc;
- interpersonal skills e.g. behaving assertively, negotiating, influencing.

5.2.3 For recently appointed consultants, or Senior Registrars who are likely to be appointed consultants, issues needing to be covered (in addition to the above) include:

- management of others e.g. leading a team;
  encouraging creativity and innovation;
  setting performance objectives and assessing them;
  setting performance standards etc.

5.2.4 For Clinical Directors and Public Health Directors, in addition to the above, there is need for coverage of the following issues:

- working at corporate level

- working with other disciplines and professionals e.g. general management, finance, personnel, etc.

5.2.5 There will also be, for the foreseeable future, a group of consultants already in post for several years who will have had little or no management development. There is still a need for locally based courses for such people, similar to the central courses being conducted at present, to sensitise them to management concepts, the context within which they are working, and to enable them to enhance their personal awareness and interpersonal skills.
5.3 KEY PEOPLE AND ORGANISATIONS THAT NEED TO BE INVOLVED AND COMMITTED

5.3.1 The key actors are:

- the Department of Health and the Postgraduate Medical and Dental Board, which have been supportive of management development initiatives to date;

- the medical schools and colleges, especially the Deans, who need to be convinced that management is a key skill for doctors, regardless of their specialty and position in the organisation, and that it should have a place in the undergraduate curriculum;

- the doctors’ "trade unions", which will have a significant influence on doctors;

- the Chief Executives of the health service agencies, e.g. the health boards and voluntary hospitals, who will probably need to commit themselves financially to the costs of management development.

5.4 HOW BEST CAN MANAGEMENT DEVELOPMENT BE DELIVERED TO DOCTORS AND WHO CAN BEST DELIVER IT?

Our experience suggests that this issue is best approached by identifying the teaching/facilitating skills required on a programme-by-programme basis. In the nature of things, content areas are probably best addressed by people expert in the field. (This is especially true of the contextual material). Process issues are best dealt with by experienced facilitators, wherever they are located.

5.5 HOW CAN THE IMPACT OF MANAGEMENT DEVELOPMENT BE EVALUATED?

Evaluating the impact of any management development work can be difficult, and is too complex a topic to deal with here in any detail. Nobody has come up with a flawless system. What we have found from our experience is that it is crucially important to set objectives for the development work in advance of the programme. This helps in the design and format of what is delivered. Without specific objectives to refer to, it is almost impossible to provide anything more than the most general of evaluations, which are sometimes so vague as to be meaningless.
5.6 IDEAS FOR THE FUTURE
The following table summarises some ideas for management development for doctors in the future.
### MANAGEMENT DEVELOPMENT FOR DOCTORS IN THE FUTURE

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<th>WHAT?</th>
<th>FOR WHOM?</th>
<th>HOW?</th>
<th>BY WHOM?</th>
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<tbody>
<tr>
<td>Awareness of context</td>
<td>All, but especially Interns</td>
<td>* lectures, centrally or in-house,</td>
<td>policy-makers, academics</td>
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<td>of the health services</td>
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<td>* preferably multi-disciplinary</td>
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<tr>
<td>Familiarity with own services</td>
<td>SHOs, Registrars</td>
<td>* lectures, in-house, shadowing</td>
<td>Staff of parent organisation</td>
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<td>* preferably multi-disciplinary</td>
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<td>Communication skills</td>
<td>All, but especially Interns</td>
<td>* interactive, preferably in-house,</td>
<td>Management development workers</td>
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<td>* direct contact with patients, role</td>
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<td>plays, uni-disciplinary</td>
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<td>Management of self</td>
<td>Senior Registrars + new</td>
<td>* centrally based</td>
<td>Management development</td>
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<td>consultants</td>
<td>* uni-disciplinary</td>
<td>workers</td>
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<td>* interactive and participative</td>
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<td>* reading material</td>
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<td>* project work</td>
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<td>Management of others</td>
<td>Clinical Directors</td>
<td>* in-house</td>
<td>Management development</td>
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<td>Medical Directors</td>
<td>* multi-disciplinary</td>
<td>workers</td>
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<td>Public Health Directors</td>
<td>(with clinical team in fullest sense)</td>
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<td>after uni-disciplinary beginning</td>
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<td>Technical skills</td>
<td>Clinical Directors</td>
<td>* in-house (so organisation-based)</td>
<td>Management development</td>
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<td></td>
<td>Medical Directors</td>
<td>* shadowing in organisations</td>
<td>workers</td>
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