

Getting down to business

Doctors' training has largely ignored the skills to manage people and organisations, but as **Jo Stephenson** reports, this is beginning to change



Attempts to improve leadership in medicine are gathering pace in the UK and elsewhere. Doctors, academics, and healthcare leaders around the world are pondering key questions including the type of management skills doctors need, when they should start management training, and how to ensure they can put learning into practice.

The enhancing engagement in clinical leadership project—a joint initiative between the NHS Institute for Innovation and Improvement and the Academy of Medical Royal Colleges—is leading the way in the UK but has taken inspiration from abroad.

“In other countries you find a pattern very similar to our own,” says Chris Ham, professor of health policy and management at the University of Birmingham, who researched international approaches to management for the project. The numbers of doctors in chief executive or leadership roles are not much higher than in the NHS and their training programmes are usually voluntary.

But there are some exemplars. One is Kaiser Permanente, an integrated healthcare provider in the United States that has a high proportion of doctors in leadership roles. This is partly because of the organisation's structure. Regional Permanente Medical Groups are entirely governed by doctors, and there is an expectation doctors will take on extra responsibility and management roles as their careers progress.

“But they don't just expect people to take on those roles without giving them training and support,” says Professor Ham.

Medical groups offer clear career structures, which allow doctors to undertake clinical and leadership responsibilities in different combinations, supported by a comprehensive programme of skills development and leadership training. Doctors on the first rung of the ladder can access training on finance and decision making. As they move up they can take courses in performance management

and conflict resolution and go on to do middle management, advanced management, and executive leadership programmes.

Much of the education and training is provided in-house by specialist trainers employed by the medical

groups. “There is a long term commitment to training and education that we can learn from,” says Professor Ham.

Change in culture

In Denmark mandatory leadership training for doctors at postgraduate level seems to be paying off. “Management skills are seen as just as important as cardiology or other specialties,” says Erling Birk Madsen, medical director at Frederiksberg Hospital in Copenhagen.

The training is based on demonstrating competence in seven roles such as “the physician as a leader and administrator.” It includes a 10 day leadership course provided

by the Danish regions and the National Board of Health.

Doctors are also offered a five day leadership course after they are appointed as specialists. The training encompasses personal leadership (such as communication skills), general leadership (managing a team, etc), and medical leadership (the skills needed to champion medical advances). Dr Madsen believes this approach has encouraged more doctors to get involved in management and leadership.

“They see leadership and management issues can be just as important as medical issues. Sometimes it's a bit of an eye opener,” he says. “In the past few years I've seen younger consultants who are much more engaged in leadership issues than those, say, 15 years ago, when we did not have these mandatory courses.”

Early start

However, many people would like to see management skills introduced earlier in doctors' training. In America there are a growing number of dual MD/MBA courses on offer. Harvard set out to create a truly integrated programme, explains Richard Bohmer, medical professor at Harvard Business School.

Students concentrate on medicine for the first two years but do a management internship in a hospital or healthcare firm between the two years. In their third year they continue medical training as well as doing several management courses, including looking at management problems on the wards.

“Students are getting clinical experience. At the same time we're teaching them about

“Being a good doctor does involve being more than a clinical expert. It involves working within a team, working with other teams, communication skills, service improvement”



PETER DAZELEY/GETTY

Jenny Simpson, chief executive of the British Association of Medical Managers, believes medical school is the right place to start.

“Many doctors in management learnt the hard way by making mistakes. They do some management training and feel quite angry because they think ‘I wish I’d known this all along,’” she says.

But it is important doctors get the right management training, which should feature general management principles that help

them look beyond “the way it has always been done” and make real changes.

The training programmes offered by the American College of Physician Executives are a good example. Most doctors taking courses are at least five years out of their residencies, but students are getting younger, says its chief executive, Barry Silbaugh.

The courses make the most of learning from other industries. For example, doctors can learn how the dynamics of the high reliability systems seen in aviation can apply to health care.

The physician in management seminar offers 150 hours of basic management and leadership education. Students can use it towards a masters degree in medical management or business administration at one of four partner universities. There is an emphasis on putting skills into practice through assignments based on doctors’ workplaces, which lead to change on the ground.

“There may be a backlog in the emergency department and patients are waiting a long time,” says Dr Silbaugh. “A student can take the basic principles of systems thinking, team work, and the language of the finance officer and use those to model what’s going on and improve that flow.”

Professional recognition

Many doctors combine management with clinical work, but in Australia and New Zealand it is possible to be a registered specialist in medical administration by becoming a fellow of the Royal Australasian College of Medical Administrators. Doctors with three years’ postgraduate clinical experience can go straight into a three year training programme

providing supervised medical management experience in posts such as deputy medical director.

Alternatively, senior doctors trained in other specialties can gain fellowships in a minimum of 18 months depending on previous experience.

This approach has boosted the status of medical managers. Fellows can command higher salaries, and in some states fellowship is a requirement for directors of medical services.

“There is that feeling that a doctor who has gone into administration has gone over to the dark side. Making it a recognised vocational skill certainly goes a long way to dispelling that myth,” says college president David Rankin.

Despite the numerous examples of innovative approaches to management in medicine in other countries, John Clark, director of medical leadership and international relations at the NHS Institute for Innovation and Improvement, believes the UK is now at the forefront with a medical leadership competency framework. The framework describes the leadership competences that doctors need to become more actively involved in the planning, delivery and transformation of services and is based on the idea that leadership is not restricted to those who hold designated leadership roles. “We believe we are the only country that has an integrated model of a leadership competency framework that applies to doctors at undergraduate and postgraduate levels,” says Mr Clark.

“Management skills should be related to the rest of clinical training,” he says. “Being a good doctor does involve being more than a clinical expert. It involves working within a team, working with other teams, communication skills, service improvement. We can start to integrate this notion very early on in medical school and that should then go right through to postgraduate and onwards into becoming a consultant or general practitioner.”

But Professor Ham thinks we still have much to learn. “The key message is that if we want to get more doctors in leadership and management roles and see more chief executives of hospitals with a medical background then it’s not going to happen through spontaneous combustion,” he concludes. “We need to learn from overseas examples and invest in training and support for doctors who want to take on those kinds of roles.”

Jo Stephenson is a freelance journalist, London
jo@jostephenson.com

Competing interests: None declared.

Cite this as: *BMJ* 2009;339:b4595

some of the organisational issues they’re seeing,” says Professor Bohmer.

During the fourth year they do an MBA with a clinical rotation and in the fifth and final year they complete their MBA and clinical rotations.

“We’re quite deliberately trying to train a generation of physicians who have the management skills required to take senior leadership roles in complex delivery organisations,” says Professor Bohmer.

Harvard is also working with local hospitals to offer management residencies and is developing a management skills programme for residents who may be some way into their training.

Meanwhile other US medical schools are introducing leadership elements into graduate medical education, such as Dartmouth Medical School’s leadership preventive medicine residency. It is a two year programme on top of a traditional three year clinical residency, offering the chance to earn a masters degree in public health and gain skills to lead change and improvement in health care.

The programme includes clinical leadership rotations and a major practical assignment in which trainees are expected to apply what they have learnt to a real health service situation.

America, along with other countries such as Australia and New Zealand, is looking at introducing management skills into all medical school curriculums. “What we really have to think about hard is how we prepare all doctors to operate effectively in complex organisational settings,” says Professor Bohmer. “Are there management issues that should be taught in medical school like team work?”