do the job they can teach the skill. We must train staff to teach as effectively as possible and should encourage them to see this as an important part of their job. We must also encourage a few enthusiasts to specialise further, taking responsibility for coordinating teaching in their departments. This must be seen as a specialist task, on a par with other administrative duties and research commitments. Proper financial reward should go to those who undertake this important task. Teaching excellence should be rewarded, and there should be real penalties for individuals or units if they fail to fulfil their teaching obligations.

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London after Tomlinson

Managing change: the human aspects of the NHS

Eva Lauermann

Whatever ministers actually decide about London following the Tomlinson report, the changes are likely to be largescale and affect many staff and patients. Therefore how well those changes are handled becomes crucial to their success. The NHS has much to learn from other industries and organisations that have been through similar changes. Firstly, there needs to be an overall strategy for the change, rather than individual units trying to manage their own parts of it in an ad hoc way. Secondly, how well those made redundant are treated is an important factor in maintaining the morale of those who stay behind. For those affected by changes the NHS needs to provide full information, imagination, time, emotional and practical support, and money. Though decisions need to be made quickly, their implementation should take as much time as is necessary.

The changes identified by the Tomlinson report are of such a magnitude and involve so great a culture change that the planning and decision making will need to be made with a great deal of care and integration. The great danger is that each individual hospital or other part of the NHS affected will endeavour to tackle its own immediate problems without any awareness of help from practices elsewhere. The size of the changes demands that all parts of the NHS (at least in London) pull together to provide a coordinated response.

Parallels with British Airways

This article explains in more detail why establishing effective strategies for change is so important rather than leaving everything to ad hoc decision making. It draws on extensive experience of managing similar change in the private sector—namely, at British Airways, whose pilots and cabin crew in some ways resemble doctors and nurses. In particular, there are parallels between pilots and doctors. Both groups are highly skilled, they hold positions of great responsibility for other people's safety, and they have a public image to maintain. Both groups strongly identify with their professional bodies and tend to feel more allegiance to their profession than to their individual employer. In many cases they also have private

businesses outside their mainstream employment (many pilots run small businesses in their spare time).

At the beginning of 1991 British Airways decided it must reduce its workforce by 4500 within six months. The reductions were at all levels, including pilots and senior managers.

A traumatic change of this kind obviously raises major issues for the policymakers and the managers who have to bring it about. Equally, it raises major issues of a different sort for the individuals directly affected. How can the individual prepare best to manage the personal impact of the forthcoming upheaval?

For policymakers the key point to recognise is that the way that people whom the organisation wishes to lose are treated is paramount, not just for their sakes, but also for those whom the organisation wishes to keep. There is extensive empirical evidence to show that if people who are leaving are treated well the quality of the service or product is maintained. This is particularly true for staff engaged in delivering a service.1 Studies of turnover and productivity following changes support this. If the actions taken are brutal not only does the performance of the remaining staff deteriorate but the level of staff turnover also increases dramatically once good times return. As a previous personnel director of ICI once said, treating people well makes good moral sense—and even better business sense.

Need for a coherent strategy

On the policy side, the Department of Health and the NHS (Management Executive) need to create a coherent strategy for implementing the changes. The critical questions such a strategy needs to answer include:

- What policies to adopt? For example, will there be enforced redundancy? If so, what criteria will be used?
- What support will there be for redeployment and retraining: budgets, resources, relocation?
- What role will the human resources function perform?
- In counselling?
- In providing information?

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This is the ninth article in our

highlighted by the Tomlinson

care and medical research and

report into London's health

education.

series looking at the issues

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Treating people well makes good sense

— In pulling together best practice across the whole of London?

— In ensuring equality of treatment between different sites?

When similar restructuring exercises have happened in industry a core group of policymakers has met, initially to produce policy guidelines but then to take the issues identified by personnel managers on the ground and to develop policy guidelines to deal with them. A weekly exchange on progress, problems, people needing redeployment, opportunities, policy decisions, etc is needed between the policymakers and front line managers.

In the NHS these exchanges would need to include people from inner and outer London, at the very least, as outer London hospitals should provide opportunities for redeploying consultants and other staff displaced from inner London.

What employers should provide

There are five things that employers can provide for people affected by change—full information, imagination, time, emotional and practical support, and money. Some of these cost very little, if anything, but all have been shown to ameliorate the adverse consequences of change.

Full information

The earlier that people are told the full situation and the rationale for the proposals the better. People can begin to adjust and to think through their own preferences. Better information is known to aid speedier recovery for patients: the position is no different with redundancies.

Imagination

Full information right from the start also allows time for the second thing, which is imagination, meaning the development of creative solutions to the problems. In British Airways staff and their representatives were offered the opportunity to help generate ideas, and this resulted in very imaginative ways of reducing the cost of employing people without necessarily making them redundant or reducing their income. The ideas included people developing alternative careers while working part time for the airline. They also included the operation of "stand down," by which the airline retained scarce skills by allowing people to work elsewhere on part pay but having the opportunity to recall them at a month's notice.

Involving affected groups of people in creative problem solving can be very effective, both in arriving at novel solutions and in gaining their commitment and understanding for the changes.

Time

Time is another critically important commodity. People need time to think through what the changes will mean for them, time to retrain, time to deal with the process of bereavement (which this is), time to work out what skills they have which can be transferred to alternative jobs, time to seek other opportunities, time to reconcile the family to the situation. It is often tempting to bring about change rapidly, ostensibly to avoid protracted pain. A better strategy is to announce the changes quickly and then implement them slowly.

Emotional and practical support

Emotional and practical support is the fourth requirement. Ensuring that there are trained people available to listen and to provide practical help, including help with stress management and job hunting, is critically important. Resources should be switched from other areas to cover these crucially important roles. For a period of six months in British Airways all personnel and training staff were taken away from their normal duties and assigned to the task of helping with the process of change. The adverse effects of the changes were dramatically reduced as a result. A study showed that the level of stress related illness among employees in a department which provided support as described was much lower than in a similar department that did not take such precautions.

One especially effective initiative was a decision of the recruitment and training staff to turn themselves into an in house outplacement centre. They continued to provide both practical help with job hunting and emotional support until people were placed, staying with them for up to a year afterwards when this was necessary.

Money

Finally, financial support is obviously of great importance. People should receive a very clear statement of their financial position, together with the services of a financial advisor if appropriate.

Thinking through the principles

From the very beginning policymakers must make clear the principles which are going to inform their decision making. For example, will there be compulsory redundancies? Over what time scale will reductions have to be made? Will everyone who asks be given severance or early retirement or will there be a selection process depending on performance? Will there be help with relocation? And so on. It is far better to think through the principles in advance and to act consistently with them than to improvise. Management is on much stronger ground in doing so, and the results are much more likely to be fair.

Managers will need help to understand people's needs during a period of transition and also their own reactions to change. Both ICI and British Airways trained management and personnel professionals in counselling and change management before embarking on large programmes of change. Recognising that the NHS is much more fragmented than a large company, it would be highly desirable to bring human resource professionals and senior managers together across London to think through how to share best practice and learn from one another as the changes unfold.

The effect on individuals

What can the individuals affected by the changes do for themselves? A major difficulty is likely to be that doctors are usually on the side of giving support rather than receiving it and will probably find it difficult to recognise their own needs. But everyone needs support to deal with a highly demanding environment.

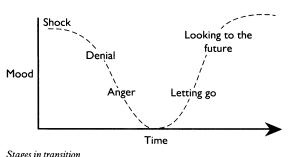
A medical officer of a large multinational company once described people as being like oil rigs. Of the three legs, one is home, one is social life, and one is work. It is possible to cope with one of these legs being shaky and under pressure but not two at the same time. Many people intent on pursuing an exciting and fulfilling career neglect the other two legs. Allowing home and social lives to wither means that there are no other sources of support when work fails. Given that many of the reforms proposed will not take place immediately, it is never too late to start building up these other important aspects of life.

A useful checklist to run through includes questions like: Is there someone I can trust to talk things through with? Is there someone who will challenge me? Is there someone I can bounce ideas off? Is there someone I can

laugh with? If not, how could I begin to build up a support network?

Once the first and crucial step has been taken of recognising that everyone needs help to handle what are very distressing events, the next step is to request and take advantage of all the support available. The stages that people go through during a transition are well charted (see figure). Understanding that the swings of mood are perfectly natural and that time is needed to work through all the stages helps the process. Sensitive counselling at critical periods can help greatly too.

Another key area of preparation is in the creation of "stability zones"—constants in one's life which it is



important to maintain. People can handle change more effectively if they keep one thing constant rather than allowing everything to change.² Now is the time to identify the constants and protect them. Safeguarding the security blanket can be very important in coping with considerable upheaval.

An obvious subject for preparation is to remind oneself of one's assets. It is easy to overlook the range of transferable skills and experiences that one has accumulated in the course of a career and will now stand one in good stead. Recognising that security really only comes from within, people need to recognise and appreciate those qualities that will help them to face an uncertain future. In particular, it is worth examining earlier occasions when change was handled effectively and then explore how it was done and what skills and methods were used.

If the policy makers are willing to learn from some of the mistakes made in industry, where hasty changes were made which led to a dramatic brain drain subsequently, the unpalatable adjustments that will need to be made in London should create less harm than will otherwise be the case.

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Countdown to Community Care

Reaching out—community care in Bassetlaw

Trish Groves

This is the fourth in a series of articles looking at the forthcoming changes to community care Bassetlaw is a mainly rural council district in Nottinghamshire, just north of Robin Hood's Sherwood Forest. Its population of 105 000 is concentrated in two market towns, Worksop—known as the gateway to the Dukeries because the wooded hills nearby once belonged to great ducal estates—and Retford, one of the oldest chartered boroughs in the country.

Unemployment among Bassetlaw's men last year was just less than England's overall rate of 9.7%. This could increase, however, if Retford's local coal mine, Bevercotes Colliery, closes. Its almost immediate closure was announced and then retracted last autumn, and its 600 or so employees are now waiting to hear how long the reprieve will last. Manton Colliery, near Worksop, is scheduled to stay open but is no longer recruiting staff to replace those who leave or retire.

In the population census for 1991 nearly one in seven of Bassetlaw's residents said that they had long term illnesses, health problems, or handicaps that limited their daily activities or work. How many of them need but do not receive community care is not known. From April, however, there will be closer cooperation among the various statutory and voluntary services that arrange and provide care and, in the long run, this might lead to more efficient recognition of ill or disabled people who need help with daily life. I visited Bassetlaw last month to see how its community care services work now and how they are set to change.

Making plans for Bassetlaw

JOINT PLANNING

Bassetlaw's community care services will change along with those for the whole of the county of Nottinghamshire. Despite goodwill and a developing sense of partnership among social services, health authorities, the family health services authority (FHSA), and the voluntary sector, the planning process has not been easy. The main reasons are broadly political.

Firstly, the county's health authorities and councils do not share the same boundaries, and those boundaries that do exist are changing. The district health authority of Bassetlaw, for example, merged with that in Central Nottingham last year to form a much larger North Notts district, and this year the nationwide reorganisation of council boundaries will reach Nottinghamshire. Secondly, some people I spoke to thought that local planning had been slowed by uncertainty about last year's general election and the possibility that a Labour government might have diluted or delayed the community care reforms.

Implementing the county's plans will not be easy, either, because of underfunding. The money being transferred from the Department of Social Security to Nottinghamshire for buying residential care will fall short of the amount needed by almost a fifth.

ASSESSMENT AND CARE MANAGEMENT

The government's guidance on assessment and care management is loose enough to allow different interpretations. In Nottinghamshire the social services departments will use teams rather than individual care managers to assess people and arrange packages of care. To test the new procedures, however, county hall decided to spend some of last year's specific grant for mental illness on four new care managers.

In Bassetlaw the care manager for mental health is on maternity leave and the existing social work team is trying out the new procedures. Joy Gibson, senior social worker for mental health, told me that about 50 people with complex needs are being helped in this way. Each gets a written care plan and a named key worker. When the plan is up and running and all

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