Management and medical leadership – evaluation of training needs and pathways

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ABSTRACT
Management as a component of training for doctors is well recognised. However, management training is not always a planned component of training and both the access to and content of training are variable throughout the National Health Service (NHS). In this article we emphasise the importance of management and leadership skills for trainees. We discuss alternative routes to attain the relevant competencies and share our experience on the value of formal qualifications versus ‘on the job training.’ Two authors (OW and AS) are pursuing a Master’s degree in management. One author (AJS) took the route of ‘on the job training’ to attain competencies in management. Another author (DF), who has an MBA, is the Medical Director and Deputy Chief Executive of a mental health trust and organises management training for trainee psychiatrists in collaboration with the Director of Medical Education. The article is written from the perspective of psychiatric trainees although the content is largely generic and is of relevance to all specialties.

Introduction
There has been a concerted attempt by government to engage doctors in management and the importance of medical management in psychiatry has never been greater. This commenced with the Griffiths Report on management within the National Health Service (NHS) but had renewed emphasis 25 years later in Lord Darzi’s report. The NHS Next Stage Review Final Report ‘High Quality Care for All’ sets out a vision for an NHS with quality at its heart. It places a new emphasis on enabling NHS staff to lead and manage the organisations in which they work. It pledges to incorporate leadership and management training into postgraduate medical curriculum. The proposal that management training should be integral to the training of all doctors, including psychiatrists, is not new.

Although management as a component of training for doctors is generally accepted, new consultants are often poorly prepared to deal with the complex organisational issues involved in taking on managerial responsibility. This is partly to do with prior training and partly because learning in this area needs to be based on experience. It is essential that they be adequately prepared to fulfil the responsibilities. Recent psychiatric literature has pointed to the need for psychiatrists to have skills to develop their management and leadership roles and has called for more than ‘on the job training.’

Management training for trainees – why?
It is important to recognise that all doctors will have some management responsibilities and it is a requirement of all doctors to fulfil these duties effectively as part of appraisal and revalidation. Medical training has traditionally focused on the clinical skills necessary to be a safe and competent clinician. It is increasingly important that doctors are not only competent clinicians but also have the skills to enable them to function efficiently and effectively within a complex healthcare system.

The aim for the doctor in training is to develop management skills in readiness to take on the responsibilities of a consultant. The management role of consultants is becoming more widely accepted and continually increasing, e.g. this may involve responsibility for teams, people, and the resources they use. Furthermore, the changing role of consultant psychiatrists calls for consultants to have skills to fulfil management and leadership roles. However, while not always recognised, all doctors including trainees are required to achieve some managerial functions from an early stage in their careers. Acquisition and application of leadership and management skills will enable them to contribute to the effective delivery of healthcare for patients.

The fast pace of change within healthcare provision means that it is important that current trainees have the appropriate skills for effective delivery of healthcare. It is clearly no longer acceptable that development of management and leadership competencies is left as optional.

What are the competencies that we need to acquire?
Leadership and management are a key part of a doctor’s professional work and the development of appropriate competencies needs to be an integral part of a doctor’s training and development. The objectives of the skills of all psychiatrists in training has relied on a number of documents which include Good Medical Practice produced by the General Medical
The Royal College of Psychiatrists recognises that psychiatrists will need to acquire a basic level of management skill, and this is reflected in the curriculum which outlines the knowledge and experience to be gained during specialty training.

The intended learning outcomes for trainees are to demonstrate the ability to work effectively with colleagues including team-working, developing appropriate leadership skills, and demonstrating the knowledge, skills and behaviours to manage time and problems effectively. Furthermore the MLCF describes the leadership competencies that doctors need to acquire (Box 1). The MLCF was introduced in response to the recognised need to enhance medical engagement in leadership and was jointly developed by the Academy of Medical Royal Colleges, GMC and the NHS Institute for Innovation and Improvement.

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<thead>
<tr>
<th>Box 1: Leadership competencies to be gained during specialty training</th>
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<td>1. Demonstrating personal qualities</td>
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<td>• Continuing personal development</td>
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<td>• Acting with integrity</td>
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How to attain competencies in management and leadership - formal qualifications Versus ‘On the job training’

It is important to realise that the acquisition of management competencies is an ongoing experience which starts early in one’s career. Any trainee embarking on management training should consider very carefully the alternatives, assess their needs, and determine their own aims and objectives. It is often necessary to choose and tailor an individual training package. We share our experiences of two routes that can lead the trainee to acquire the relevant skills. For the convenience of the reader we will discuss these under the headings of ‘formal qualifications’ and ‘on the job training.’

**Formal qualifications (MSc in Health and Social Care Management)**

There are many advanced courses on offer, leading to a management qualification, usually lasting several years. Some of these courses are MBA (Health Executive), MSc in Health and Social Care Management, MSc in Health and Public Leadership, Masters degree in Medical Leadership, and Masters in Medical Management.

We (OW and AS) are pursuing an MSc in Health and Social Care Management, through the Faculty of Health and Applied Social Sciences in Liverpool John Moores University, on a part-time basis using our dedicated special interest time (six sessions per month). This degree has been specifically designed to provide all health and social care professionals the opportunity to develop their knowledge and skills to facilitate their role as managers. The programme is structured in such a way as to facilitate the part-time student and enhance their learning experience.

The MSc is modular in structure. In the first year the student will undertake three core management modules. In the second year the student will undertake a research methods module, management module and an individual work-based project. The final year culminates in a dissertation involving a significant piece of research. The student can choose to register for CPDs and there is an option to exit after one year (60 credits) with a Postgraduate Certificate or after two years (120 credits) with a Diploma. University regulations allow students to gain credit for demonstration of relevant prior learning, whether certificated or not. The course format is shown in Box 2.

The ratio of coursework, in-house teaching and self-directed learning varies between modules. Each module usually requires half to one-day attendance of in-house teaching per week. The programme uses a variety of assessment procedures that include a written assignment of 2000–5000 words, video role-play, seminar presentations and work-based projects. Completion of the assignments represents the greatest challenges to time and requires commitment and motivation.

**Box 2: Format of the MSc in Healthcare Management at the Liverpool John Moores University**

- Improving service delivery through human resource management (20 credits)
- The economics of World Class commissioning (20 credits)
- Advancing leadership for quality (20 credits)
- Research methods and data analysis (30 credits)
- Strategic management and entrepreneurship (20 credits)
- Individual study or work based learning (10 credits)
- Dissertation (60 credits)
Strengths and weaknesses of an MSc in Health and Social Care Management

Whilst on the course we were able to learn a variety of concepts that were completely new to us, but the main challenge was to put them into practice. As part of the course we had to work on management related projects in our workplaces, so that we could apply the learnt concepts in real time.

We believe that the MSc course has undoubtedly improved our understanding of team working and leadership whilst working on a work-based project. The projects were specific supervised experiences linked to key developmental objectives and enhanced our problem-solving and decision-making, the ability to analyse and reflect on situations, as well as the expected understanding of resource management and change management.

We have been able to analyse personal development needs to enhance personal effectiveness and leadership skills. It helped us to critically evaluate the impact of action learning for organisational development. We have gained an insight into the concepts of commissioning and the role of economic evaluation. We were able to critically appraise the impact of government policies on the commissioning process. Our skills and knowledge of human resource management within a framework of contemporary policy context has increased. We really do feel that it has improved our insight into change management.

We hope that completing a significant research project within an academic setting will further develop our research skills. So far it has been a valuable and stimulating experience that has provided us with both skills and knowledge in management. The teaching and learning approaches for all modules draw into the experiences of the workplace. All core module assessment tasks are linked to the workplace, which is particularly useful.

However the process of developing a dissertation proposal, finding a supervisor, gaining ethical approval and proceeding with the research is time consuming and at times frustrating. The financial cost is a significant consideration but can be partially funded through the study leave budget. Furthermore, there is funding available for some modules through the Strategic Health Authority. As we were using most of our special interest sessions to pursue the degree, we had to put an extra effort to develop additional clinical interests.

‘On the job training’: what does that mean?

On the job management training may entail clinical managerial experience (e.g. organising outpatient clinics, developing systems for prioritising clinical work, managing teams, and drawing up on-call rota), specific skills (e.g. chairing meetings, organising training days, and representation on committees), specific management experience (e.g. participation in service development) and resource management (non-clinical aspects of management such as human resources and finance).

The clinical setting provides many opportunities to gain knowledge, skills, attitudes and behaviours that are identified in the management and leadership curriculum. The diversity of daily clinical practice will enable the acquisition of appropriate skills and trainees need to take advantage of all the formal and informal learning opportunities.

These range from workplace-based ‘learning sets’ and project based learning. It is the responsibility of the trainers to ensure adequate and appropriate educational opportunities are made available to the trainee. In turn the trainee should be enthusiastic and proactive in identifying their own gaps in knowledge, skills, attitudes and behaviour.

It is important to bear in mind that such training should be supplemented by selected formal courses. Some training schemes offer no organised management training, whilst some provide training as a short and often intense course. A variety of courses have been developed for trainees, both at regional and national level. Trusts, Deaneries, independent organisations, universities and the Royal Colleges run such courses. These courses are normally short, lasting a week or less. The components of ‘on the job training’ in Merseycare NHS Trust and generic management courses offered by Mersey Deanery are listed in Boxes 3 and 4 respectively.

**Box 3: Components of ‘on the job training’ in Merseycare NHS Trust**

- Appropriate involvement of trainees in clinical teams
- Appropriate involvement of trainees in service development
- Shadowing arrangements in placements
- Undertake a management project
- Senior managers in the trust as mentors to trainees
- Action learning sets for trainees
- Trainees developing teaching and supervisory skills with junior colleagues
- Management seminars
- Representation on committees (e.g. school board, local negotiating committee, local education board etc)
- Two-day and three-day residential management training for higher trainees
- Generic management courses run by the deanery
- Personal development and management courses hosted by the College

**Box 4: Generic management courses offered by Mersey Deanery**

- Management and leadership
- Mentoring, appraisal, interview skills
- Effective team-working
- Managing change
- Time management
- Preventing and managing stress
- Negotiating skills
- Managing meetings
Strengths and weaknesses of ‘on the job training’

‘On the job training’ may vary from one placement to another depending on the availability of resources and mentors. Achieving ‘on the job’ management experience depends on the enthusiasm of the senior trainee. It is more personalised and individually driven. Higher training posts do provide exposure to management issues, but do not necessarily provide in-depth management experience.

It is easier to gain experience in clinical management skills but it can be difficult to achieve specific management experience including resource management. Trainers with formal management roles do not routinely engage trainees in this aspect of their work, and similar experiences have been expressed in other training schemes. Even if there are opportunities available to get involved in service development and other operational issues, one may struggle to commit any time.

Furthermore the loss of protected training (reduction of special interest to only two sessions for specialist trainees) to service provision has impacted on training. The formal courses are confined to development of skills such as leadership, teamwork and management of conflict. Residential management courses are available, providing one week or less of intensive training. The amount of management theory and techniques that can be learned on such courses is limited. The limited theoretical training in management means that trainees are unlikely to be adequately prepared for the extensive management role.

Which one is for you?

Managing services and leading organisations is not for everyone. Nevertheless, the medical role has inherent elements of leading and managing patient care and therefore doctors are often involved in service improvement and development. Perhaps the key issue is whether qualifications alone are sufficient to equip a doctor to be an effective manager, or is experience simply enough? It is important to remember that management qualifications tend to involve real-time application of concepts (which may be the same as the job training) but at the same time gives a solid knowledge base. Furthermore, limited experience (involvement in local management) is unlikely to be sufficient and therefore experience should ideally be supplemented by selected formal courses.

However, even with the most impressive portfolio of formal training, trainees will nevertheless have to demonstrate competence in leadership and management in their work. All trainees are adult learners who ought to take responsibility for their own education. Which route the trainee wants to take depends not only on what the trainee intends to do in his future role but also on where he trains and what resources are available. Training needs will differ depending on past experience, competence, and capabilities. It is important for the trainees to recognise that the training needs will differ depending on their interests and the type of consultant post to which they aspire.

Formal qualifications would suit those with a well-developed interest in management and a desire to make this a significant part of their ongoing career. If the trainee intends to take a lead management role it may be necessary and useful to complete a Master’s degree. It will provide the trainee with both skills and knowledge in management and a well-recognised and formal degree in management. Having established that, it is worthwhile appraising the variety of courses available, as they vary significantly. It is helpful to determine the course’s content, assess its relevance, and establish how much in-house teaching and self-directed learning is expected. For those who want to acquire management skills for better day-to-day functioning in their job, it is useful to analyse their personal development needs and complete relevant modules according to these needs. This could be attained through ‘on the job training’ if resources can be identified and secured. A final point to bear in mind is the Royal Colleges’ direct contribution to developing management and leadership in trainees. For example the Royal College of Psychiatrists promotes engagement of doctors in management and has a dedicated Special Interest Group for management.

References

13. Medical Leadership Competency Framework. NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges 2009.
15. Medical Leadership Competency Framework. NHS Institute for Innovation and Improvement and Academy of Medical Royal Colleges 2009.