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The College

The CTC Working Party Report on Management Training

Since Sir Roy Griffiths' report (1983), doctors have been encouraged to perceive themselves at the centre of the NHS management process, that is that part of the NHS concerned with its organisation and not directly concerned with patient care. This report generated a new ideology in which management responsibility is explicitly recognised both in doctors' training and in their role in constructing a system of management budgets. To execute effectively their management and advisory roles within the NHS, it is essential that doctors fully understand the Health Service as an organisation and have acquired both management appreciation and skills. One of the main tenets of this new ideology is that "good management is an integral part of good clinical practice" (NHS Training Authority, 1986) and leading medical journals have come to support this philosophy: "Doctors will need to be aware of basic financial and economic principles, be able to combine concern for the patient, with a desire for efficiency, and integrate costs into clinical decision making. The aim must be to produce doctors who are safe, effective and efficient" (*The Lancet*, 1986). Apart from Griffiths' report, other pressures have emerged which have sensitised some doctors to the necessity of expanding their role into the management arena. These include an economic and political climate which places a great emphasis on reallocating funds, a growing awareness of consumer demands and satisfaction, and radical changes in the organisation and delivery of care, especially for the mentally ill and mentally handicapped. The result has been a stretching of resources which, inevitably has had effect on clinical practice. The CTC working party on management training was established in September 1988. It had two objectives:

(1) to ascertain what management training opportunities existed for psychiatrists in training at senior registrar level
(2) to make proposals concerning management training.

How the Working Party proceeded

A letter was sent requesting information on management training opportunities for senior registrars to all postgraduate deans and organisers for higher psychiatric training schemes in general psychiatry throughout the United Kingdom and the Republic of Ireland. A short questionnaire was also sent to all senior registrars in eight regions including those in the sub-specialties, which requested information on their attendance at management courses and on their practical experience of management. Enquiries were made about encouragement to attend management courses, how senior registrars heard about them and the format and relevance of such courses. Consultants appointed within the last two years were also sent the same questionnaire.

The second stage of our working party draws on the results of the information received from the above sources. We extended our knowledge base by canvassing a number of experts in the field of management both within the NHS and in industry. These included Sir John Banham, Director General of the Confederation of British Industry, Mr Graham Walker, Management Consultant for Arthur Anderson, a leading international firm of management consultancy and accountancy, Mr Russell Hopkins, a consultant dental surgeon, a Unit General Manager and the Chairman of the BMA General Managers' Group Committee, Mr Richard Gillingwater, Director with special responsibilities for staff at KleinWort Benson Merchant Bankers and Sir Roy Griffiths, Deputy Chairman, Sainsbury's. A Trainee's Forum held in January 1989, at the College's Winter Quarterly Meeting (Lovett, 1989) has further helped to inform our working party through the contributions of its three speakers: Dr McKim Thompson, Deputy Secretary of the BMA, Dr Dinshaw Master, Director of Mental Illness Services at Guy's Hospital and representing a major industrial conglomerate, Dr I. Thornley, Director of Personnel and Administration, Shell UK. Finally, we have referred to a number of documents and papers on management training (NHS Training Authority, 1986; The Northern Ireland Council for Postgraduate Medical Education Group, 1986; Parry, 1985; Working Party on Management Training, 1985).

Results of letters sent to Postgraduate Deans and Organisers of Higher Psychiatric Training

It should be stressed that all the information below dates from November 1988 and therefore some details may have since changed.

Twenty-four Postgraduate Deans (PGDs) were circularised and all but one (Dundee) replied, thereby providing information on management training opportunities for 14 regions in England as well as Wales, Scotland, Northern Ireland and the Republic of Ireland.

Thirty-six Organisers of Higher Psychiatric Training (OPTs) were circularised and 29 replied. These replies provided enough information to give us a good idea of the training opportunities which exist specifically for psychiatric trainees throughout England and Wales, Scotland, Northern Ireland and the Republic of Ireland. In addition, in many cases particular information arose about specific rotational schemes.

Many of the PGDs and OPTs expressed enthusiasm and interest about management training. However, two regions (NE Thames and Oxford) run no management course for trainee doctors and some regions have only recently organised programmes specifically for trainee doctors. For example, Yorkshire Regional Health Authority started in April 1989 an introduction to management programme for those senior registrars currently seeking consultant appointments. This has been based on programmes piloted for doctors during 1987 and 1988. East Anglia launched a new management development programme aimed at senior registrars in October 1988, which consists of three one-day modules only. However, although region centred management training courses may be absent or recently started, this does not imply that psychiatric trainees' management needs are being ignored. In some schemes, locally enthusiastic consultant psychiatrists meet the shortfall, such as at Leeds, where seminars and residential workshops have been run for psychiatrists since 1986.

Conversely, certain rotational schemes rely almost entirely on regional courses and do not provide specific courses for psychiatric senior registrars. This seems to be the case in Plymouth and Exeter in the South West, Leicester, Sheffield and Nottingham in the Trent Region, Charing Cross and St Mary's in North West Thames, King's College Hospital and the Maudsley in South East Thames, Mersey and Wales. However, it should be stressed that many of the schemes named above have access to an adequate regional management course, while many unnamed schemes have not made it explicit whether or not they offer specific management training courses for psychiatrists. The senior registrar responses would tend to indicate that they do not.

Schemes in Yorkshire and the Republic of Ireland clearly run specific unidisciplinary courses for psychiatrists. These would seem to be open to senior registrars from further afield. In Edinburgh, under the aegis of the Management Development Group and the Scottish Division of the Royal College of Psychiatrists, a one week residential course is available for senior registrars in psychiatry from all over Scotland. Unidisciplinary courses for psychiatrists are also offered by the Manchester Business School and Keele University.

Most courses, especially when residential, have an experiential input and some courses employ other forms of training. Trent and Yorkshire regions run action learning courses, Wales organises a Cook's tour of hospital departments (Smith *et al*, 1986) and Northern Ireland plans to base its courses on the Industrial Society model. Other centres, such as Aberdeen, run correspondence courses, under the aegis of the Community Medicine Department, in health economics and another in improving strategic decision making in the Health Service.

Only 50% of OPTs mentioned practical experience of management as part of the management training possibilities available. This is usually limited to attendance at committees, divisional and planning meetings and membership of working parties. Some schemes have been particularly innovative in finding ways of providing practical management experience for senior registrars and their example provides the foundation for some of our working party proposals. These include Northern Ireland, Northern Region and Mersey where at least one senior registrar has 'shadowed' general managers. In Aberdeen, two specific tailored senior registrar posts have been developed to provide management experience in the context of community and hospital rehabilitation. One of these posts involves responsibility for medical administration with the organisation and day-to-day running of hospital services for 390 patients; this post requires close liaison with the hospital administrator and assistant director of nursing services. In addition the post holder is responsible for co-ordinating rehabilitation efforts from a hospital staffed hostel (personal communication).

Some centres have declared an interest in developing management training at an earlier stage in doctors' careers, e.g. Northern Ireland. Bristol is developing within the undergraduate programme a formal commitment to an understanding of the management structures in the NHS and Aberdeen briefly introduces management concepts to undergraduates during the community medicine course. Other medical schools may do so as well, but we have not specifically investigated this.

The replies revealed some particular problems associated with management training. In-house courses are occasionally limited for lack of departmental funds and some popular regional courses can be over-subscribed. Courses are often targeted at consultants and pluridisciplinary courses may have little relevance for psychiatrists. One OPT expressed concern that his scheme offered little practical management experience.

Results from questionnaires sent to senior registrars and newly appointed consultants

Senior registrars and newly appointed consultants from eight regions were circularised with a short questionnaire. The average regional response rate from senior registrars was 70% (max. = 87%, min. = 35%) and from consultants 73% (max. = 100%, min. = 33%). Overall, we received 162 replies from senior registrars, 77 replies from consultants.

We asked specific questions about courses attended and practical managerial experience available: 41% of senior registrars and 29% of consultants had not attended courses; 43% of senior registrars who had not attended a course had been in post for 12 or less months. Of these who had attended courses, most described them as pluridisciplinary and consisting of an experiential as well as didactic teaching element. Some senior registrars and consultants had attended more than one management course; 90% of all senior registrars and consultants found the course they had attended relevant or very relevant. However, some senior registrars, particularly in the sub-specialties, regretted the multi-specialty nature of the courses and felt that courses should be tailored to psychiatrists or even to their own sub-specialty. The duration of most courses was five or less days. About half of all senior registrars and consultants had been informed of these courses through their Regional Health Authority, but the remainder acquired information through their peers or advertisements in periodicals; 30% said that they had received no active encouragement from their senior colleagues to attend a course.

Some SRs mentioned no practical managerial experience. The majority confirmed the information we had received from OPTs that they attended Divisional meetings, medical staff committees, etc, but they often found these boring and unhelpful. However, a small minority had very particular experiences: e.g. shadowing, tailored managerial senior registrar posts.

Issues

It became clear to the working party from the surveys described above and its consultations with experts in the field that a number of issues arise when considering how best to offer management training to trainee psychiatrists. These included timing, content of experience, how this experience should be delivered, who the trainers should be, the role of the College and how best to monitor training.

Timing

Current efforts in management training are focused on the senior registrar level. Support has been given to introducing management concepts and an understanding of the organisation of the NHS during the undergraduate medical curriculum and the pre-registration house officer year (Northern Ireland Council for Postgraduate Medical Information Group, 1986). It is not within the remit of this working party to consider pre-psychiatric training although introduction of this subject at an early stage of training would encourage doctors to perceive management skills as important as other skills.

Some psychiatrists believe there is a need to introduce management training at an early stage in psychiatric training, that is at the SHO and registrar levels. This would give trainee psychiatrists an appreciation of their responsibilities within the management 'culture' and sensitise them to the close integration of clinical decision making with management skills. By consciously involving trainee psychiatrists in management at an early stage, it may be possible to mitigate the effects of short-stay contracts which tend to prevent them from identifying with a particular hospital. Such contracts isolate doctors from the consequences of their decisions and long-term strategies. Higher training, that is at senior registrar level, could then concentrate on fine-tuning basic management skills, with the focus on imminent consultant responsibility. Further training should be available to consultants, especially those who wish to take on a specialised managerial role. With the prospect of consultants becoming budget-holders, this training will be particularly relevant.

Content of experience

Content should be aimed at meeting the objectives of management training. These can be broadly categorised as:

(a) *Management appreciation*: acquisition of knowledge of the organisation of the NHS and management arrangements locally; ethical considerations and resource constraints; resource procurement and allocation; legislation.

(b) *Management skills*: personal time management; staff management (recruiting, training, industrial relations) leadership, economic appraisal, budgeting skills, statistical and computer skills, social and political skills, performance evaluation.

It seems reasonable that content of experience should be related to level of training. Thus, it is appropriate to acquire a knowledge base early on in training, which could be extended to a cultivation of management skills in later years. However, to maximise the benefits of management training, it is arguable that it should be linked with clinical training, that is, what is actually done in out-patient clinics, day hospitals and wards. Therefore, it is perhaps

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better to offer didactic courses simultaneously with practical experience.

Responsibility for training and monitoring

In-service training ideally should be the responsibility of all consultants, but many would themselves require training. Any interested consultant or manager could take on the role of co-ordinator. The task of the co-ordinator would include taking responsibility for organising in-house seminars, study days and lunchtime meetings. The co-ordinator could also assume a supervisory role (or delegate this to others) to ensure a tailored programme of management experience, both didactic and practical for each trainee. To help co-ordinators of management training to carry out their role, a training course might be available for them annually in much the same way that one exists for clinical tutors.

The role of the College

The Royal College through the JCHPT could ensure that training occurs at senior registrar level by making it a mandatory requirement. At earlier levels of training, the College could highly recommend training. An incentive to fulfilling this recommendation could be the presence of questions both in the MCQ and essay paper of the MRCPsych examination. Further incentives for acquiring training could take the form of an exit examination for senior registrars or an instruction from the College that College advisers on Consultant Appointment Committees recommend non-appointment if applicants' management training appears inadequate; this would be in line with the White Paper's proposals. The Royal College could also take on responsibility through establishing a working group, composed of psychiatrists with particular managerial experience, e.g. as budget holders, UGMs or DGMs, for drawing up guidelines for management training.

How to achieve training

The previous discussion implies that both formal courses and practical experience have a role to play in management training.

Courses

The courses should be available locally as well as at management training centres run either by region or specialised business schools. Local courses would allow for a less formal format with time to discuss local management issues. They could also extend over a longer period of time. The role of regional courses would be to offer 'fine-tuning' and these courses may be more appropriate at senior registrar level. Both should be imaginative and experimental. For example 'action learning' allows for real management issues to be discussed and analysed in small groups in the presence of a facilitator. This form of training is claimed to be cost-effective, relevant and it allows for the group to identify its own training needs. Distance learning packages may be particularly appropriate to busy doctors especially if integrated with local management courses. They are cheap and require no travelling. There is debate over the relative merits of uni- and pluri-specialty/disciplinary courses at larger management training centres. It may be more relevant, particularly for those in the sub-specialties such as substance misuse and child psychiatry to seek out courses tailored to their specialty.

Practical experience

There are a number of possible options by which this may be achieved. These include:

(1) *Attendance* at Divisional or Planning meetings and Medical Staff Committees is an important aspect of management training. However, unless the trainee is invited to play an active role in these and/or has the opportunity to discuss issues which arise with a supervisor, this form of training is limited and may seem irrelevant to the senior registrar. Certainly, this was our impression gained from senior registrars' comments on their questionnaires. Moreover, in order not to waste the opportunities of a three to four year period spent in higher psychiatric training, other forms of practical management experience could be available to interest senior registrars.

(2) *Shadowing a manager*: This has been tried by a few senior registrars in psychiatry already. In one case a senior registrar 'shadowed' a UGM and a DGM for one week, on separate occasions (personal communication). The advantages of 'shadowing' are that it is in the tradition of medical apprenticeship and is not time-consuming. In addition it can afford invaluable insights into daily management issues. Disadvantages include difficulties in controlling the quality of experience since the standard of 'hosts' may vary. It has been suggested that it would be hard also to find enough 'hosts' but this is unlikely given that there are at least 190 DGMs, 570 UGMs and countless more hospital administrators in the country. Some, of course, may feel intimidated by being shadowed and fear the disclosure of confidential information. The former problem could be overcome by persuasive co-ordinators

of management training discussing this with their DGMs and the latter through establishing an exchange programme such that senior registrars shadow outside their units or even districts. Hopefully, such strategies should help to avoid the problem 'shadows' and 'hosts' might encounter as humourously illustrated in David Lodge's fictional account, *Nice Work*. Naturally, to consolidate such an experience, the senior registrar should discuss it with a supervisor and perhaps produce a written report.

(3) *Secondments*: This option would allow an interested senior registrar to spend some time actually working in industry. To be an effective training experience, tasks, goals and timing would need to be comprehensively worked out beforehand between the psychiatric co-ordinator and industrial host. Given that "the UK leads the world in management training expertise" (Sir John Banham, CBI), such an experience might be highly profitable if it is tightly controlled. Shell UK has already offered such opportunities to the Civil Service and head teachers, and in principle is willing to do so to doctors (Lovett, 1989). However, there are potential disadvantages to this option. It would be very time-consuming, requiring a senior registrar to be seconded for six months or more. In addition "few businesses have a real understanding of the world of medicine and many business issues are irrelevant to the world of medicine" (Sir John Banham, CBI). Nevertheless, Sir Roy Griffiths has advised "at the very least to ask companies to include trainees onto their short induction and exposure courses". Finally, there is the danger that some senior registrars may decide to leave medicine for the more lucrative prospects of industry.

(4) *Managerial tasks*: A two or three year managerial task could be assigned to the senior registrar on his/her appointment. The task would be set-up by the co-ordinator in conjunction with a manager/administrator and the senior registrar. Examples of such tasks could include assessing the efficiency of a service (e.g. an out-patient department), setting up and running a hostel in the community, taking on managerial responsibility for a hospital, or indeed an in-patient unit as pioneered in Aberdeen. Time would be allocated on a weekly basis to the senior registrar to perform the task and perhaps on a monthly basis for supervision, either from the co-ordinator or a manager.

(5) *Managerial-tailored senior registrar posts*: This has been attempted with success already in Aberdeen. The objective is similar to the previous option. The experience differs in that the task is intensified by limiting it to a 12 month job.

Recommendations

It was disturbing that the Working Party's questionnaire survey to senior registrars and newly appointed consultants revealed that many consultants had never attended a course on management and that information about such courses was often received through the grapevine rather than formally. In addition, many respondents indicated that they had not received active encouragement to attend a management course from their consultants or tutors. Practical experience of management seems to be in general confined to attendance of divisional or medical staff meetings. Many respondents found these boring and irrelevant.

The working party wishes to make the following recommendations which represent an ideal. We feel that attendance of a management course is an absolute minimum requirement.

(1) Management training should be recognised and endorsed as an intrinsic part of psychiatric training by the College.

(2) A management training co-ordinator should be appointed in all training schemes to oversee management training of individual trainees.

(3) Co-ordinators should have expertise in management and be required to attend special intensive courses designed to help them establish and supervise appropriate training.

(4) Management training should start early on in psychiatric training, that is before senior registrar level. College Approval Panels should highly recommend in-house training to encourage this.

(5) The JCHPT should firmly encourage management training at the senior registrar level and might consider making it a mandatory requirement for approval of higher psychiatric training schemes.

(6) Management courses must be supplemented by effective managerial 'hands-on' experience certainly at senior registrar level and possibly at registrar level as well. The various forms that this experience could take are discussed in this working party report and choice would be dictated by the interests of the senior registrar and restraints of the scheme. This experience should form part of a senior registrar's clinical commitments and not encroach on sessional research time.

(7) The College should form a working group, consisting of psychiatrists with particular management expertise, to draw up guidelines for management training.

(8) Uncertainty remains about the efficacy and efficiency of different forms of management

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training. The College should encourage research into this area. The results of such research should inform the updating of any guidelines on management training.

(9) Management training, like all postgraduate education should be seen as an ongoing process, which extends beyond consultant appointment. The College should ensure that this topic maintains a high profile at College meetings.

Working Party: Lisetta M. Lovett (Convenor), Helen Anderson, Sheila Calder, Michael Brownlee, Jan Falkowski, Gabrielle Milner, and Gareth Thomas.

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A fuller version of this report has been circulated to relevant College Committees so that its recommendations can be carefully considered.

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Obituary

Editor: Henry R. Rollin

MAURICE HERSCHEL FRIEDMAN, Honorary Consultant, Portman Clinic, London NW3

Dr Friedman died on 1 November, 1989, in his 65th year. He was one of the group of South African doctors who came to this country after the Second World War to practise psychiatry and psychoanalysis in a more tolerant, free and congenial atmosphere. He qualified MB ChB in Cape Town in 1947, obtained the DPM (London) in 1952, and was elected FRCPsych in 1973. He was also a Full Member of the British Psychoanalytical Society. He had been a consultant psychiatrist at the Paddington Centre for Psychotherapy for some years, but his real love was being consultant psychiatrist to the Kingsbury Child Guidance Centre. As one of the main builders and developers of the Centre, he was an outstanding child clinician, at home with the severe disturbance of members of the families that form so much of the work of these clinics. His colleagues and the staff around him acknowledged him as an excellent teacher and mentor for many of their difficult tasks. With a childlike enthusiasm and open enquiring mind, he was very sensitive to the moods and needs of others and this was combined with the qualities of compassion, in the best sense, and unusual tenderness, a word used by patients speaking about him after his untimely death. These qualities, combined with the toughness and skill, so necessary in the work of psychotherapy, made him a rare type of clinician.

He also worked for a number of years at the Brent Consultation Centre for Adolescents and was a co-author of a valuable paper on 'Attempted Suicide and Self-mutilation in Adolescence', published in *International Journal of Psychoanalysis* (1972). His private psychoanalytical practice was extensive; he tackled patients with extreme psychopathology ranging from violent acting-out character disorders to near-psychotic schizoid patients. His strong psychoanalytical framework was combined with the sort of intuition that had been so useful in dealing with disturbed children and families; he never gave up on a patient.

Maurice was a talented lovable man, artistically gifted with a strong sense of form and design. He explored painting and short story writing, and loved music. He battled manfully with a depressive illness that afflicted him in mid-life and overcame it successfully. He was married to Etta, herself a consultant at the Whittington, with whom he led a devoted and