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Training matters

Management training – what do we need?

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I have just finished a one-week non-residential course on management skills for senior registrars. Like many of the people who attended the course I had put my name down in order to get a better idea of what the post-1-April era would mean for my professional practice. We had by and large no major interest in a career in management and yet we were keen to acquire 'management skills' in order to 'produce' what was required of us by the 'cultural' changes affecting the NHS.

I am left wondering what I have really learnt.

Looking through the weekly programme again I note that the major issues I was expecting to address were all there: Griffiths and the White Paper, medical audit, resource management, to name but a few. With the exception of medical audit, however, most of the experiential workshops and discussion seminars were heavily biased towards general philosophical concepts of management, not always in relation to the NHS. I, like others on the course, asked myself again and again: is this what we really need?

We are being urged to train in management before taking up consultant posts and yet, are they really equipping us for the task in hand? I read Richardson's article (1990) on a consultant's experience of management training and note that a full month's residential course did not achieve the goal for him/her. This residential conference was geared towards people from various manufacturing and service industries and Dr Richardson felt it was not relevant to an NHS consultant's needs.

How much time should we spend on management training? It is difficult at this stage to know to what extent the majority of doctors will be involved in 'management' tasks. It was yet another question that I had hoped the course would answer for me. If a week or a month are not enough to learn the basics, how much time is needed to come to grips with these elusive management skills?

With these questions in mind, I would like to make a few comments about the training of psychiatrists in management skills. It is not my intention here to cover all the items that could theoretically be included in a management training course for clinicians (see Waters, 1985). The focus is rather on a few areas which, in my view, need critical review.

First, non-medical course organisers should perhaps be aware that psychiatrists are used to questioning models. An appraisal of different management theories would not go amiss in a course aimed at doctors, who are likely to be quite sceptical of what is presented to them.

A cursory look at the general literature on management is enough to make any one realise that many of the gospels of NHS management are based on assumptions which are disputed among the research specialists in the field. Take for example, the controversy about the conditions which make for effective leadership in groups or organisations. A classical paper by Fiedler (1978) argued that it is a leader's situational control in an organisation that really determines the leader's effectiveness, rather than the leader's personality or style. Situational control is understood in terms of the strength of the leader's (official) position of power and of the degree of structuredness of the task facing the group. Fiedler therefore saw the effectiveness of training in management as the ability to "diagnose and modify situational control". Nevertheless, two or three of the workshops on my course highlighted the personal issues of leadership style.

More recent authors have suggested that it is the over-riding values of the organisation which are primarily important in determining its efficacy (Peters & Waterman, 1982). The over-riding concern of the NHS as an institution was until recently explicitly centred on patient care. This model might explain why the NHS in Britain has been considered a cost-effective institution when compared to the health services of other Western countries, such as the USA, which actually spend more of their annual income on health. It augurs badly for its performance in the future as much confusion is beginning to reign on a day-to-day basis as to the relative value of budget-keeping and patient care.

Despite these considerations, management training is generally agreed to be necessary to enable managers to cope more effectively with their task. The effect of training, according to Fiedler, may be

quite similar to that of experience, provided of course that the training is relevant and reflects the experience of others who have been successful in the position (Fiedler, 1978). This was not always the case in our short training week. An exercise on decision-making for example was centred around budgeting in a local authority setting. Although I am sure that it is useful to look at other service industries to get a different perspective on management problems, I felt that too little of the course was directly related to our experience of the NHS.

Referring to participative and non-directive approaches to leadership training, Fiedler stated: "It is . . . not always clear what effects training will have on leadership control. On the other hand, task training almost certainly will increase the perceived structure of the assignment and the leader's situational control". From my own experience of this course, I would say that experiential learning is fun but that to be useful it must be channelled to the material to be learnt. Participative exercises certainly increased my receptiveness to the group discussions that ensued. A few of the exercises, however, were badly designed and left the group simply feeling stuck with no opportunity for further structured learning.

Having the opportunity to hear Health Service managers talk about their work is interesting but in our case it was another frustrating case of listening to a non-medical manager with no time to listen back. But perhaps, as someone pointed out, the best way to learn about management would be to follow a manager around for a day or a week at a time. As we were also told that managers sometimes choose to withhold information in order to be more powerful, I am not sure how keen they would be to take up this suggestion. This aspect of informal managerial practices has certainly been emphasised in the literature (Kanter, 1979).

In terms of factual information about the NHS, a historical introduction and brief reviews of the Griffiths Report and the White Papers would have been welcome. A parallel workshop could be run for further discussion on their implications for those who are already quite familiar with their content. Medical audit could be taught by using real-life examples with two or three parallel workshops using different specialties or clinical situations. Some of us felt that quality measurements are almost impossible and yet we recognised that we would be called upon to make them. After a general discussion on the problems of quality assessment, group work on specific examples using the participants' own experience would enlightening. It became evident during our session on quality assessment that the discussion was seriously hampered by the leader's non-medical background.

As someone with a 'prioritised' interest in clinical practice and research, it is not yet clear to me to what extent I will have to draw on management skills in the future. At the end of the day, if all I am required to 'manage' as a member of the multidisciplinary team is the number of items for a medical audit meeting, I needn't have troubled to come on this course.

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