

Training matters

Management and leadership training: the need for an educational strategy

R. J. McCLELLAND, Professor of Mental Health, The Queen's University of Belfast,
The Whitla Medical Building, Lisburn Road, Belfast BT9 7BL

It is increasingly recognised that effectiveness and efficiency of health care delivery depends on sound clinical leadership. Few would now disagree that if doctors are to carry out their clinical and management roles effectively within the NHS they must have a full appreciation of the organisation within which they work and possess the necessary management and leadership skills. Good management is an integral part of good clinical practice.

Many experienced practitioners and organisers of postgraduate training now emphasise the importance of training in management and leadership. As early as 1985 the Royal College of Psychiatrists formally supported the provision of management training for senior registrars (Birley, 1985). Smith *et al* (1986) from the University of Wales College of Medicine recommended that management should be an integral part of postgraduate training. The GMC in their recommendations on the training of specialists includes "mastery of the skills required to work within a team and where appropriate assume the responsibilities of team leader" (GMC, 1987). In spite of this upsurge in interest in postgraduate training, a strong expression of unmet need can be heard from our own CTC Working Party on Management Training (1990). The provision of management training in postgraduate programmes is highly variable in both amount and quality (Gadd, 1990). Several regions now provide training opportunities either as part of local multidisciplinary training or by secondments to courses elsewhere. In other regions specific postgraduate courses have been developed for medical trainees.

Leadership concepts

While there are special problems for leaders and leadership training in the public domain in general and in the health service in particular, we can learn much from the industrial sector. There is a common misperception that leadership is only of relevance at the top and concerns itself with the big issues in the system. As Tom Peters (1987) in his latest bestseller *Thriving on Chaos*, observes "Leadership at all

levels is about giving a vision, managing by example, looking after one's staff, listening, delegating". More than anything else leadership is about enabling and empowering others.

Leadership training

The more cynical might question the balance of nature and nurture and turn to such clichés as "Leaders are born not made". However the simplicity of this view has been challenged by several investigations within the industrial and military domains where the leadership issue has been centre-stage for generations. Those concerned with the leadership function of managers currently focus on what successful leaders do and what skills they need for successful action. Sashkin (1984) stresses the importance of training skills including awareness and situational diagnosis and skills training. The leadership training programmes of the Industrial Society modelled on the concepts of John Adair (1988) stress the importance of precise individual actions relevant for task attainment, team work and staff development.

Within the industrial sphere it has been shown that formal courses have an important part to play in providing a foundation of knowledge, skill training and attitudinal change. However it is important to generalise these insights and skills to the real work situation. A balance is required between formal training, supervised clinical experience and peer support.

An educational strategy for management and leadership training for psychiatric trainees

The psychiatric tutor, as the cornerstone of postgraduate psychiatric training, has yet another important role in establishing and developing programmes for leadership training (McClelland, 1989a,b). This task must be given priority and supported by postgraduate training committees and postgraduate deans.

Four dimensions in management and leadership training can be identified: formal teaching, management courses, in-service experience, and action learning.

(a) Postgraduate seminars

Seminars on management awareness, the recognition of management issues in medical practice and a knowledge of the context in which it is practised, should form part of general professional training. Topics such as quality of care, medical audit and resource management can be integrated into regular postgraduate teaching in conjunction with the academic programme. These can be reinforced by half-day awareness seminars on a yearly basis. Within this programme, doctors should be made aware of the roles of and their relationships with the other professions with whom we work. Formal discussion on such themes as team work and team building should be encouraged.

(b) Management courses

Residential courses in management training should be made available for all trainees at senior registrar level. This is particularly appropriate during the third and fourth years of higher professional training. Tutors play an important role in negotiating for the establishment and development of such courses and ensuring that all trainees are given an opportunity to attend. Tutors are well positioned to stimulate the development of specific management programmes for medical trainees and to this end should liaise with other specialty tutors through their postgraduate committees.

(c) In-service experience

There are many opportunities for trainees to gain exposure to management and leadership situations. These include trainee representation on medical staff and other medical committees. Tutors should also negotiate on behalf of trainees to allow them to shadow senior doctors at multidisciplinary meetings, for example, district committees. This should be seen as a legitimate part of higher professional training and again the support of postgraduate committees can be sought where resistance is met.

(d) Action learning

The tutor can play an important role in providing supervision for trainees who wish to get involved in 'action learning': trainees meet in small groups on a

regular basis to provide peer support for specific management activities carried out in their own work situations. For example, a senior registrar may wish to evaluate the effectiveness of efficiency of a specific clinic situation or prescribing practice within an in-patient unit.

It is essential that the work environment accepts this activity and here again the tutor's negotiating skills will be important.

Conclusion

Given the rapid changes in service organisation and modes of clinical practice, the leadership and management functions of tomorrow's psychiatrists will be even more critical for the quality and comprehensiveness of service provision.

The expectation that all trainees will obtain appropriate training in management and leadership can only be secured through its formal inclusion within the postgraduate programmes of every training scheme. A balance must be maintained between management information, management appraisal, and supervised experience.

Psychiatric tutors should be provided with opportunities to develop their own management awareness and leadership skills. This will increase their understanding and confidence as mentors for trainees.

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