

Management training – practical aspects

G. J. R. RICHARDSON, Consultant in Child, Adolescent and Family Psychiatry, and
Medical Services Consultant Adviser, York Health District

This article addresses Jadresic's quandary (1992) on management training. Learning about management requires the same process as learning about medicine; it is not just another topic or qualification to add to a CV. Doctors need to incorporate management skills into their everyday working lives to ensure the effective delivery of care to their patients. All trainees manage. They organise duty rotas by negotiating with colleagues, they prioritise their clinical workload etc., so they have a sound management base.

See a bit

Management skills are like listening skills, we all have them, so we must recognise and develop them. This is easily done by observing someone we consider is a good manager of his or her patients and practice. Certain characteristics in good managers show through:

- they are interested in providing a good service
- they have clear aims and objectives
- they are able to set priorities
- they manage their time well
- they understand the environment in which they work and how it is changing
- they demonstrate respect for those with whom they work
- they know how to delegate
- they have good listening skills
- they are more interested in problem solving than complaining
- they are open minded
- they have a sound knowledge base
- they have self awareness.

Good finance managers, personnel managers or general managers, as well as clinicians, will all demonstrate these characteristics, regardless of their professional base. So to become an effective manager one must first learn to manage oneself. The first management course to consider is, therefore, one which addresses self development in personal object setting, prioritising, time management, interpersonal skills etc. When such courses are well organised, they help enormously in understanding one's own contribution to situations in which one finds oneself, as well as being considerably more interesting than ones on the changing structure of the Health Service.

If this first course imparts knowledge about an ongoing personal difficulty such as lack of assertiveness, it may be useful to consider a second course specifically to address that.

Do a bit

Like therapeutic skills, management skills have to be practised on return from a course. A helpful bit of homework might be to list personal objectives, e.g. (not in priority order):

- acquire a BMW
- have a child
- complete a research project
- obtain a senior registrar post
- work for the MRC Psych
- buy a house
- become an MP.

and then put them in priority order. Factors such as being pregnant give certain objectives high priority. Such prioritisation helps allay the frustration of not achieving low priority objectives.

Being able to manage time is one of the most rewarding skills. It prevents that perpetual feeling of being pestered. Clarifying a personal timetable, in the light of priorities, is another essential on return from the course. Ensure the timetable is updated on a regular basis

It may be helpful to identify a specific management project to practise management skills and develop confidence. Support for such work may be available locally, as in Yorkshire where senior registrars, who so wish, do a six month placement, one day a week with a hospital management team. This enables the senior registrar to spend a day with different members of the management team and observe them at work, before embarking on a management project such as the reorganisation of a hospital site (O'Hara, 1991) or the evaluation of a new service. If such a scheme is not available, there may be an aspect of your local service available which would benefit from the change. With your consultant's agreement it may be possible to work up a development plan for that change, incorporating all aspects, not just the clinical. Development plans, especially if they do not increase expenditure, are usually gratefully received by busy managers and, if your development plan is accepted, you should then be involved with the

implementation. However, management training is best done with colleagues, to ensure mutual support and advice is available.

With continued practice you should now become a good clinical manager, and know whether management in the health service interests you. You will have to become a consultant before you can take on an ongoing management position, but you will be very well trained to give an excellent service to your patients when you gain that post, and you may then consider whether you wish to leap into new areas of management knowledge.

Read a bit

If the topic interests you, you will want to do some reading. A handbook *Management Training for Psychiatrists* (1992) has recently been published. For insomniacs interested in the workings of the business world Tom Peters' books make thought-provoking reading, especially *Thriving on Chaos*, which seems particularly appositely titled for the NHS in the '90s (Peters, 1989). If you can digest the term 'Total Quality Management' the two articles by

Berwick *et al* (1992) describe the essential integration of management with clinical services.

If you wish to consider a more specific course on a discrete management topic such as financial management or business planning, you will be in a better position to take advantage of the new material you learn because of your previous experience.

Management training is much like clinical training, you see a bit, do a bit, read a bit and go on a course. I hope that for you it is as productive.

References

- BERWICK, D. M., ENTHOVEN, A. & BUNKER, J. P. (1992) *Quality Management in the NHS: the doctor's role*. *British Medical Journal*, **304**, 235–239 & 304–308.
- BHUGRA, D. & BURNS, A. (eds) (1992) *Management Training for Psychiatrists*. London: Gaskell (The Royal College of Psychiatrists).
- JADRESIC, D. (1992) Management training – what do we need? *Psychiatric Bulletin*, **16**, 86–87
- O'HARA, P. (1991) My Weekly Metamorphosis: Six Months Experience in Management. Presentation to the North East Division of the Royal College of Psychiatrists, 7 June 1991.
- PETERS, T. (1989) *Thriving on Chaos*. London: Pan Books.

Psychiatric Bulletin (1992), **16**, 701–702

Trainees' forum

Overseas doctors' training scheme

R. A. ADENIRAN, North Wales Hospital, Denbigh, Clwyd LL16 5SS

About a year after applying to come on the Overseas Doctors' Training Scheme (ODTS), I was offered a post. The letter arrived about two months before I was to start work in the UK; it contained pertinent information about my job, the training programme, and the community I would live in. The information and its early arrival enabled me to make adequate preparation for my trip.

I arrived in the UK ten days before I was to start work and so had enough time to register with the General Medical Council, and get to know about my job, the hospitals and the community. This was a

crucial period, particularly because I came with my family and needed to sort out many things as part of settling down that could become difficult once my work had commenced. The issues of importance were accommodation, finance, and job orientation. When I learnt of my post, I wrote to my UK employers requesting suitable accommodation and before I left my country they had informed me of the accommodation arrangements. As soon as I was certain I made known the day I would arrive, which made it easy to check me in within minutes of my arrival. A financial predicament was prevented by