

YCFM event #3

“Who's the boss? Doctors, managers and professionals”

24th February 2010
Royal College of Physicians

Why is management relevant to doctors?

All doctors, whether explicitly or implicitly, will be responsible for the distribution and allocation of resources during their day-to-day jobs through the clinical decisions that they make. Many doctors will also lead teams and be responsible for co-ordinating effort in a clinical setting to ensure a productive and welcoming working environment.

The General Medical Council defines management as

“Getting things done well through and with people, creating an environment in which people can perform as individuals and yet co-operate towards achieving group goals, and removing obstacles to such performance”

Doctors as Professionals

Management has not always come naturally to doctors, however, as some aspects – particularly considering the wider allocation of resources, can conflict with the Hippocratic Oath which says *inter alia* that ‘the health of my patient will be my first consideration’.

Indeed, the traditional notion of professionalism in medicine enshrined a large degree of independence, including: the development of a body of knowledge; control over entry to the group; control of training; the development and maintenance of standards; and *self-regulation*.

In return, doctors are expected to operate to high moral and professional standards: to be selfless, motivated, trustworthy and possess specialist knowledge and skills that make them a competent clinician.

The traditional notion has, however, come under increasing challenge in recent years, from:

- High-profile failures of self-regulation, such as organ retention at Alder-Hey and paediatric heart surgery at Bristol;
- Increased measurement of health outcomes and practice showing wide variations in standards;
- The dawn of evidence-based medicine, enshrined in NICE, which has moved medicine away from a purely 'intuitive' practice based on experience to one based on clinical evidence;
- Concern over 'waste' and pressures to view the use of resources through the eyes of the community (utilitarianism), not just the individual;
- The rise of 'managerialism' within the NHS under Thatcher and an increasingly target-driven culture;
- Wider societal changes towards increased audit and accountability.

Drawing on such pressures, the Royal College of Physicians has been instrumental in 'redefining' and leading the debate on professionalism in the 21st century. It defines professionalism as:

"Medical professionalism signifies a set of values, behaviours, and relationships that underpins the trust the public has in doctors.

Medicine is a vocation in which a doctor's knowledge, clinical skills, and judgement are put in the service of protecting and restoring human well-being. This purpose is realised through a partnership between patient and doctor, one based on mutual respect, individual responsibility, and appropriate accountability. In their day to day practice doctors are committed to: integrity; compassion; altruism; continuous improvement; excellence; and working in partnership with members of the wider health care team. These values, which underpin the science and practice of medicine, form the basis for a moral contract between the medical profession and society. Each party has a duty to work to strengthen the system of health care on which our collective human dignity depends."

Noticeable by its absence is any mention of self-regulation. Indeed, there is a growing acceptance that doctors are less independent practitioners, and more part of a managed system of care. For example:

- The Care Quality Commission now regulates standards of care in all care settings – hospitals and general practice;

- The GMC – the regulator of the medical profession – is now overseen by the Council for Healthcare Regulatory Excellence (a government-appointed body);
- NICE sets clinical guidelines that doctors are expected to follow;
- The Quality and Outcomes Framework in general practice, and the new Commissioning for Quality and Innovation (CQUIN) scheme for hospital-based care, link payment to the achievement of certain standards of care;
- The GMC (2009) has announced a revalidation programme for doctors, whereby registered doctors in the UK will have to relicense every 5 years to demonstrate to the GMC that they are continuing to uphold their criteria for standards of practice.

While designed to improve standards and provide additional safeguards to the public that they are receiving high quality care, there is a fine balance to be struck between this and the ability of a doctor to apply reasoning and respond to individual patient wishes.

There is evidence, from the QOF, for example, that it has radically changed the incentives now driving primary care, to its detriment. Some critics have also suggested that revalidation may mean the exodus of approximately 10,000 doctors, or about 4.5% of the total medical workforce.

What makes a doctor a good manager?

On the other hand, many clinicians have complained that medical leadership has 'been conspicuous by its absence'. Indeed, clinical leadership was a key theme of Lord Darzi's *Next Stage Review* of the NHS (2008) and there have been numerous efforts since to drive this – including the formation of a National Leadership Council.

Academic evidence also suggests that hospitals led by clinicians are typically better than those that are not.

The onus, in many ways, is now on doctors to learn management skills and take on managerial responsibility in their everyday practice.

Management roles may involve responsibility for teams, people and the resources they use. The seven principles the GMC believes are crucial to be a good manager are:

- Selflessness
- Integrity

- Objectivity
- Accountability
- Openness
- Honesty
- Leadership

In order to be a successful manager one must not only be knowledgeable in the main clinical issues of the department they manage. Medical managers must also be aware of:

- Key skills and contributions of other health professionals;
- Roles and policies of local agencies involved in healthcare;
- The needs of patients, carers and colleagues;
- The nature of clinical and other risks;
- The use and application of information and information technology;
- Limits of what is affordable and achievable;
- The structure and work ethos of the organisation;
- Lines of accountability in the organisation in which you work.

The list above highlights how demanding a managerial role can be, thus emphasising the importance of good organisational skills and leadership.

How can doctors become good managers?

With increasing doctors getting involved with management there are various organisations which offer guidance, including:

- [The Health Foundation](#);
- [Institute for Healthcare Improvement \(Open School\)](#);
- [British Association of Medical Managers \(BAMM\)](#);
- [Institute of Healthcare Management](#);
- [NHS Confederation](#);
- [NHS Institute for Innovation and Improvement](#).

Courses such as *Fit to Lead* have been set up to aid doctors become good managers.

As a medical student there are multiple opportunities to get involved in various aspects of management. Participating in closed looped audits that bring about improvements in clinical standards is a simple way of experiencing clinical management.

BAMM have recently set up a branch for medical students called BAMMdot (British Association of Medical Managers doctors of tomorrow), which run various management training days for its members.

Imperial College, London offers Management as an intercalated BSc, which includes health economics as one of its modules.

With the near completion of the Medical Leadership Competency Framework, medical students and junior doctors will soon have a specific management and leadership curriculum based upon the learning outcomes defined in the document.

Our speakers

Professor Sir Bruce Keogh

Professor Sir Bruce Keogh is Medical Director of the National Health Service in England. He is responsible for the quality framework, clinical policy and strategy and postgraduate education of doctors, dentists and pharmacists and postgraduate training of clinical scientists.

He is also responsible for the medicines supply chain in to the UK, including policy around the pharmaceutical industry, drug pricing, prescriptions and the role of pharmacy. He oversees the work programme of the National Institute for Health and Clinical Excellence (NICE) and the National Patient Safety Agency (NPSA).

Sir Bruce was previously a consultant cardiothoracic surgeon at a London hospital, prior to becoming Medical Director and clinical lead.

Mark Goldman

Mark Goldman has been Chief Executive of Heart of England Foundation Trust since 2001. Mark qualified in medicine and was an NHS consultant from 1985-2001 with a specialist interest in vascular surgery.

After becoming Medical Director to the Birmingham Heartlands Acute Trust, he then formed a part of the Modernisation Team which was instrumental in forming the 10 year NHS plan.

Mark has a particular interest in leading organisation change and leading clinical services. He also has several success stories under his belt including the turnaround of a deficit of £6m to a surplus of £1.7m at Good Hope Hospital.

Directions:

Address:

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References

- **Medical Leadership Curriculum.** NHS. 2009. Available at [http://www.institute.nhs.uk/images/documents/BuildingCapability/Medical_Leadership/Medical%20Leadership%20Curriculum.pdf]
- **British Association of Medical Managers (BAMM).** Available at [<http://www.bamm.co.uk/>]
- **The Health Foundation.** [http://www.health.org.uk/about_us/our_board/dr_mark_goldman.html]
- **Imperial College Intercalated Management BSc Programme.** Imperial College. 2010. Available at : [<http://www3.imperial.ac.uk/ugprospectus/facultiesanddepartments/businessschool/undergraduatecourses/bscprogramme>]
- **Institute of Healthcare Management.** Available at <http://www.ihm.org.uk/home>
- **On Being a Doctor. The King's Fund.** [http://www.kingsfund.org.uk/research/publications/on_being_a.html]
- **Management for Doctors – guidance for doctors.** GMC. 2006. Available at [http://www.gmc-uk.org/guidance/ethical_guidance/management_for_doctors.asp]
- **Doctors in society: Medical Professionalism in a changing world.** RCP. 2005.
- **The Senior Team. The Department of Health.** [<http://www.dh.gov.uk/en/Aboutus/MinistersandDepartmentLeaders/Departmentdirectors/Theseniorteam>]

YCFM Steering Committee, February 2010

