

### Chapter 5.1.3

## HEALTH SERVICE MANAGEMENT TRAINING FOR RURAL DOCTORS

Ian Couper

*University of the Witwatersrand, South Africa*

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### Introduction

Managing health services is not something that comes naturally to health professionals. Many rural doctors think that they are suited to this task without any additional qualification and training but in reality we need specific skills in management in order to do this competently.

It is thus important that a process of training is offered to doctors and other health professionals who manage health services. This may be incorporated into undergraduate education, postgraduate residency or vocational training, or as specific postgraduate programmes such as certificates or masters degrees. Whichever approach is used, it is critical that this training is not only classroom-based but that theory is applied in practice and that students are given a chance to try out the elements that they are learning.

It is helpful to think of management training as needing to address the following key elements:

- Managing people (the staff of the health service)
- Managing resources (budget, equipment, facilities, etc.)
- Managing clients (patients and/or communities)
- Managing self (the manager him or herself)

The New Zealand Medical Council has defined medical administration as 'utilising the medical and clinical knowledge, skill and judgement of a registered medical practitioner, and capable of affecting the health and safety of the public or any person. This may include administering or managing a hospital or other health service, developing health operational policy, or planning or purchasing health services' (1).

The focus of this chapter is not on hospital management, however, but on doctors managing health services at a community or district level. The exact nature of and name for such positions will differ across the world. However, in some contexts, hospital managers are also responsible for the community served by the hospital, and thus for the health services provided to the population in that area.

There are many books on management and much information is available on the topic. The purpose of this chapter is to give principles for training in the management of rural health services, not to describe the contents of management training per se.

## **Discussion**

Clinicians have a major contribution to make to improve health care service delivery, at an administrative and governance level. Health professionals are already leaders in their own right – and a caring competent leader earns the respect and support of staff. Managers who show by example that they function on the basis of a sound value system and work ethic inspire others (2).

Much has been written about the differences between leaders and managers. Leadership is about articulating a vision and getting people to move with you towards the goals that you have set. Management is about directing people and resources within the existing system, and making sure the day-to-day tasks are carried out. To be effective, clinicians in management positions need to show leadership as well as to be competent as managers.

The focus of management training should thus enable clinicians to be better leaders and thus more successful in their management role. The challenge is to provide training to enable clinical leaders to do that. Teaching and learning about emotional intelligence and team work are useful in this process – so, for example, while managers need to know the details of strategic planning, there is a greater need for them to be inspired by the purpose of strategic planning.

For health professionals it is helpful for them to understand management in the same way as they understand patient care, so that the health service that is being managed is like a patient that is being treated; all the same principles that we use in training health professionals to manage patients more effectively can be used in management training. Just as with managing patients, students/trainees need to understand that managing a health service is a team activity.

As one of the major weaknesses in health systems is failure to use information effectively, training in gathering and using information effectively at a local level is critical. Once information is gathered it needs to be used effectively to develop priorities and solve problems. Skills need to be developed in data analysis, the process of prioritisation, the identification of risks, and different methods of solving problems.

Many tools are available for managers - and ideally they should have a whole box of tools that can be used in different situations and purposes. Any training programme should be introducing them to some of the tools to give them the possibilities.

### **What is the evidence?**

The field of medical management is growing and a number of countries have specialised programmes in this field, the generic principles of which will apply to rural health services, though the contextual issues will often require different responses of managers.

The evidence for the role of doctors in management is limited and often conflicting; it depends on what is measured. Kuntz and Scholtes have shown that, in the hospital environment where clinicians are very involved in management and decision-making, doctor-patient and nurse-patient ratios are better – which means lower efficiency if this is measured from a financial perspective (3). In other words, doctors may improve quality of care at the expense of costs!

A report commissioned by the Royal Australasian College of Medical Administrators (RACMA) on *Factors affecting recruitment and retention of medical managers in Australian hospitals* indicated that a number of common themes could be found in the literature. Among these is that the doctors' sets of values mean that they often respond better to other doctors than to non-medical administrators; doctors need autonomy balanced with accountability to ensure that their clinical perspectives can be incorporated effectively; and changing health needs of communities demand a flexible approach with tailoring of services to health care delivery requirements (4).

There is little literature available on the roles of medical managers, however. Where they exist, roles described include leadership and management of medical staff; strategic development and advising executives; clinical governance, including quality and risk management; and operational functions that benefit from clinical and management skills (5).

RACMA has developed a Medical Leadership and Management framework, based on the seven CanMEDS role competencies – namely medical expert, communicator, advocate, scholar, professional, collaborator and manager - integration of which develops capability in executive management and leadership (6).

One literature review describes dwindling numbers of medical managers, and thus the urgent need to encourage more doctors to go into management and for organisations to employ doctors in key leadership roles (5) - and thus also a need for the education of medical managers. Even in the UK's National Health System (NHS), doctors receive little guidance, training or support for their roles as executives and describe a process of changing professional identity, for which managers need to be prepared (7). There is clearly a need for formal management education. The RACMA review indicated that in the American and British literature, effective leadership is the key component in training programmes for medical administrators (4).

McAlearney et al describe the process of educating clinician managers as one of cultural adjustment. Where medical culture is largely characterised by autonomous decision making, a reactive approach to problem solving, and a focus on individuals, a managerial culture focuses on building consensus for decisions, attempts to be proactive about problem solving, and maintains a focus on the needs of the overall healthcare system (8). The focus in education should thus be to merge the skills of doctors, which bring a vitally important dimension to management, with newer skills in collaborative team work, vision-orientated planning, and systems thinking.

## **A case study**

Dr Ben Gaunt, working at the remote Zithulele Hospital in the deep rural Eastern Cape in South Africa, describes how they impacted on perinatal outcomes, substantially reducing their mortality rates (9). The success did not come through having more staff, better equipment or more finances; rather it came through developing an organisational culture of focussing on quality improvement, and giving time and attention, with diligence, to the problem, as a team. It is clear that this was only achieved because of leadership; though Dr Gaunt carefully gives credit to the team (a mark of a good leader), it is his vision as the team leader, in his role as the medical manager, that provided the motivation and facilitated the commitment that led to this improvement.

## **Broader applicability**

The approach described above should be applicable to general health service management, to hospital management, to team-based practice management, etc. The approach is to develop a philosophy of and vision for leadership and management, with the understanding that skills in these areas will enable clinicians to develop the administrative and management on skills required. Lifelong learning is as much part of management as it is about medicine.

## **Practice pearls**

### ***Key issues***

- Health services, and district health services in particular, can be understood with the analogy of a patient (10). When a patient presents with a problem, the first step is to gather information. The second task is to analyse that information; and then, having made an assessment, the third step is to develop a management plan to address the critical issues.
- Strategic planning is critical in providing management with vision and direction. Training in strategic management involves facilitating an understanding of oneself as a part of a management team, understanding the health service, and understanding the role of the management team in relation to the health service. It also entails providing tools for identifying the critical problems, and setting objectives, actions and timeframes for the way forward.

- Another important task is to develop priorities and solve problems. There are practical tools that can be provided and taught for information gathering and problem solving strategies.
- Various tools and checklists are used to assess day-to-day services, which facilitate information gathering in the same way as one would do a clinical assessment and diagnosis.
- There is a need for risk identification and management, as well as systems to minimise and prevent risk, which are like the emergency care of acute problems and prevention of illness.
- The provision of quality care is critical; quality improvement planning is an integral part of managing health services and must be incorporated in any educational programme.

### ***Lessons learned***

- Relationships are key. Training health service managers occurs best in the context of a team.
- A commitment to the health service and a sense of vision are prerequisites. For specific postgraduate programmes, this could be used for selecting students to such courses, as it is difficult to create these where they do not exist.
- Management occurs in a context; understanding the structure and systems of a context as well as the historical ethos and communication systems is critical.
- Community involvement is essential for an effective health care service and therefore for management. Training in community engagement needs to be included.
- Much time is wasted on ineffective meetings. Efficient and purposeful meetings can be mirrored by the way the training is structured.
- Quality improvement processes should underpin everything.
- Arrogance is an impediment to good management (11).

### **What to do**

- Ensure trainees (clinicians undergoing management training) work in teams in their activities.
- Teach about emotional intelligence.
- Help trainees to understand the importance of and differences between leadership, management, governance and administration.
- Model enthusiasm for effective health service management.
- Provide practical skills such as financial planning, budget control, human resource management, chairing meetings, etc.

### **What not to do**

- Don't set lengthy tasks and assignments that students can complete without reference to practical reality.
- Don't spend lots of time on the theory of management and leadership that is very well covered in many books (but make sure that such books are prescribed and read).
- Don't take up lots of time with discussion of non-executive level administrative issues, such as scheduling, development of agendas, ordering, spread sheets, etc. A motivated manager will learn these skills.

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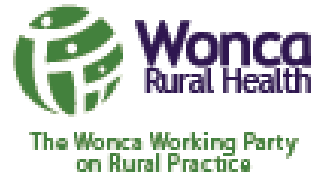
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12A-05 Chartered Square Building  
152 North Sathon Road  
Silom, Bangrak  
Bangkok 10500  
THAILAND



[manager@wonca.net](mailto:manager@wonca.net)

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