

# Management training as a senior/specialist registrar

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A placement involving management training is described and discussed in relation to the current specialist training requirements. The placement was unusual in that it included some practical involvement which was extremely rewarding.

The specialist training requirements (Royal College of Psychiatrists, 1995) specify the following as educational goals of higher training in management:

- (a) Basic competence in time management.
- (b) Adequate knowledge of trends in management and implications of management structures within the health service.
- (c) Ability to develop new services and training through involvement in the setting and monitoring of contracts and advising purchasers. Experiences in personnel issues, group management, service planning and shadowing a manager are recommended.

I have been lucky enough to have had the opportunity to explore these objectives in depth during a placement which offered management experience to specialist registrars.

The experience was for one session a fortnight over one year and involved shadowing the medical director and other directors, attending management meetings, meetings with purchasers and fund-holders and receiving copies of management documentation 'as it happened' day-to-day. I attended a generic management course and had some direct teaching from the directors and visiting speakers.

I struggled with the training objectives in the training requirements. Why was time management the key personal skill identified? The second objective seemed immense and unfocused for a beginner such as myself. What was the crux of what I needed to learn? To tackle this, and because I felt unstructured 'sitting in' on activities could be too passive a way of learning, I developed some formal learning objectives: attitude, skills and knowledge (see Table 1).

My experience was particularly valuable because I was lucky enough to observe management in a small, flexible trust where the management was largely effective. The trust gave high priority to mental health and had open and flexible boundaries. At times there were worries about confidentiality and at some meetings, notably the trust board, certain people would request my exclusion from certain items. However, most of the time my non-threatening role as a trainee, to an extent from outside the service, allowed people to be extremely open towards me. Attending the same meetings over a prolonged period allowed me to feel involved in the real issues for the trust.

Observation was no substitute for being involved, and I did not really grasp what developing and contracting services were about by attending purchasing meetings. I was fortunate to have the opportunity to participate in 'real' management by writing a business plan for the trust and I helped present it to the purchasers. This was my most valuable experience of the year. I experienced the pressure of management deadlines and of dealing with conflicts between clinicians. I experienced the frustration of wanting to develop a model that was good enough for service users and of having to make it sound attractive to managers' and purchasers' agendas, and having to make it cheap, so that the plan would be viable. By then I had some idea of what management could do for me (and the service) and a more realistic idea of the difficulties.

When confronted with this complexity, initially I felt ill prepared. Management training had previously seemed 'something for the CV' and seemed divorced from my role as a clinician. Medical training in many ways teaches us to look for the convergent solution, 'the diagnoses', and gives us experience in hierarchical structures with fairly simple power relationships. This was a different place. I began to be thankful that psychiatrists are better prepared for management than many other specialities – our experience of persuasion, communication, managing conflict, group dynamics, systems theory, team working etc. (British Association

Table 1. Summary of learning objectives (Bhugra & Burns, 1995; Reder, 1996)

Objective	Outcome
<p><b>Knowledge.</b> To be able to:</p> <ul style="list-style-type: none"> <li>Discuss methods of management in organisations and basics of organisational theory and discuss critically in relation to NHS.</li> <li>Discuss theories of team-working.</li> <li>Discuss critically management roles and responsibilities of NHS consultant.</li> <li>Define concepts of need, demand, resource management, rationing.</li> <li>Gather information on mental health objectives of primary care groups/purchasers.</li> <li>Discuss management issues particularly relevant to mental health, e.g., interface with Social Services, risk management.</li> <li>Describe the functions of key management positions including the role and influence of medical director.</li> <li>Define basic financial methods (costing, budgeting, contracting, funding).</li> <li>List the important personnel issues relevant to consultant role (health and safety, employment law).</li> </ul>	<p>During my placement the structure of the NHS changed and some knowledge acquired became out of date. It seemed more important to learn where to access information especially which management personnel could be worked with as a resource than seek extensive, possibly out of date knowledge myself.</p>
<p><b>Skills.</b> To be able to:</p> <ul style="list-style-type: none"> <li>Prepare the outline of a business plan.</li> <li>Observe and describe different styles of chairmanship, presentation, decision-making.</li> <li>Perform mock appraisal.</li> <li>Perform basic negotiation.</li> <li>Be observed chairing team meetings and presenting a management topic and be provided with feedback.</li> <li>Demonstrate awareness of own interpersonal strengths and weaknesses particularly as regards leadership and team-working.</li> <li>Manage time.</li> <li>Prioritise.</li> </ul>	<p>These were the most difficult and personally threatening objectives but I felt them to be the most useful.</p> <p>These objectives were not fully achieved, e.g., I would not feel confident that I was skilled in appraisal, but it highlighted need for further learning.</p>
<p><b>Attitude.</b> Show:</p> <ul style="list-style-type: none"> <li>Awareness of discrimination and equality issues.</li> <li>Awareness of scope and nature of future management role and personal vision.</li> <li>Respect for skills and knowledge of other professionals and managers.</li> <li>Ability to work constructively on aims of organisation with other professionals and managers.</li> </ul>	<p>Close exposure to management helped widen my attitudes.</p>

of Psychotherapists, 1989). At various times I was told by psychiatrists that management was like group therapy, family therapy (between purchasers and trust), parenting, manipulation, power and creativity. As I slowly realised how essential clinicians are to the management team for knowledge of the day-to-day issues and our proximity to the service users' needs, I also became grateful for the skills and perspective of managers. Interestingly, when I discussed the specialist training requirements with managers they felt they were not the things they saw as a priority. Rather, they were interested in educat-

ing doctors on the management process, the management perspective and gave high priority to health and safety issues and legal issues concerned with personnel.

**Acknowledgements**

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## References

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## 1999 Annual General Meeting

28 June – 2 July 1999



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