

## Doctors and managers need to speak a common language

Rifat A Atun

Changes in the NHS since the 1980s have resulted in a systematic shift of control away from clinicians to managers. This has led to a doctor-manager divide and an unhealthy “them and us” culture. Unsystematic efforts to bridge this divide have had limited success. New approaches are therefore necessary.

Most doctors have little involvement in management, perceiving that it conflicts with professional duties and adds unnecessary work. Those who are willing to participate are prevented by a lack of formal management training. The most important barrier is the fact that managers and doctors speak different languages. The highly codified tribal dialects become more difficult to understand as seniority increases.

Dialogue between doctors and managers is critical to efficient and effective functioning of health systems.<sup>1</sup> Doctors bring different experiences and perspectives to management.<sup>2</sup> This ensures a balance between the dimensions of patient ethics, equity, efficiency, and choice.

Mintzberg identified 10 roles for the manager (box).<sup>3</sup> Like doctors, managers require knowledge and skills in several areas.<sup>4</sup> The art of management is the application of these skills, just as good clinical practice is the art of application of medical science.

Training of doctors in management has been unsystematic and limited to a few courses in leadership, managing change, and teamwork. More systematic interventions, such as multidisciplinary management education in medical school and formal postgraduate training are needed to produce doctors who can contribute to management of their organisations. This is a challenging but necessary activity for all professionals.<sup>5</sup>

A unique initiative that was started five years ago jointly by the Business School and the School of Medicine at Imperial College London aims to develop doctors who understand management. Undergraduates can take a one year BSc in management as one of the science year BSc options. This course is popular, and students have commented that it prepared them for better teamwork, broadened their horizons, and enabled them to think more innovatively about delivering services. A detailed evaluation of the foundation block of the BSc, which focused on the managerial and organisational issues affecting implementation of evidence based care in the NHS, exposed high demand for training in teamwork and change management. These are key skills needed in the NHS.

Management training early in their careers is enabling medical students to appreciate key managerial and organisational issues that affect patient care. Giving doctors formal management training can help improve dialogue with managers. Early investment in such training is needed to help overcome the doctor-manager divide and improve NHS management.

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### Mintzberg's 10 roles for the manager<sup>3</sup>

Figurehead  
Leader  
Liaison  
Monitoring  
Disseminating  
Spokesperson  
Entrepreneur  
Disturbance handler  
Resource allocator  
Negotiator

## Clinical networks for doctors and managers

Hilary Thomas

Improved patient outcomes stem from decision making within multidisciplinary teams. Working effectively in teams is about building relationships and developing trust. Managed clinical networks are based on such teamwork, enabling doctors and managers to work together constructively. These networks link groups of health professionals and organisations from primary, secondary, and tertiary care, enabling them to work together in a coordinated way, unconstrained by professional and organisational boundaries to ensure equitable provision of high quality, effective services to patients.

As my own network (in oncology) has developed, the leaders (including clinicians and managers) have emerged and enabled teams to improve delivery and quality of care across the network as well as in their individual organisations. Improvements have included

closer working between primary and palliative care in the training of staff—for example, district nurses being trained in palliative care skills—and in developing a palliative care strategy. We all have a better understanding of the key challenges facing us and of our shared responsibility for tackling them.

At their best, clinical networks offer flexibility, inspiration, and mutual benefit.<sup>1</sup> Communication, trust, and the development of longstanding relationships among major players all contribute to success.<sup>2</sup>

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