MANAGEMENT ISSUES

The management series

The articles in the management series deal with common management issues faced by A&E consultants. The authors are practising A&E consultants and a media specialist who have provided their way of addressing these issues. It is hoped that this series will contribute to the discussion of common management problems which we all face and need to be better prepared for.

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- Committees—a personal view G Hughes

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- How to appoint a senior house officer H Guly
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Managing the managers

The title of this article is explicit and might be considered condescending to health service managers. On the other hand, I am sure that managers also talk about managing doctors. I have no special qualifications to write on this subject and my thoughts are based upon personal experience during 20 years as a medical practitioner, nine of them in two different consultant posts. In theory I should therefore have encountered twice as many local managers as would otherwise have been the case. However, many colleagues have similar experiences. My personal approach to this subject is outlined below.

Understanding managers

It is always best to try and define a problem before tackling it. In the context of managing managers, I therefore consider it essential in the first instance to try and understand them. Managers are political individuals who need to satisfy their superiors, be they senior managers, health purchasers, or full time politicians at local or national level. They are expected to take a position on all matters and this is a challenge, as they may have little experience of the subject under discussion and may be poorly briefed on several aspects, including clinical priorities. For this reason it is important that managers are appraised of pertinent clinical problems using explanations which are not too technical, assumptive, simplistic, or demeaning. This responsibility falls to the relevant clinician. As managers are obliged to understand the difficulties of providing a clinical service, it is inappropriate for clinicians to cease communication with them, even when previous discussions have gone awry. Each issue must form the basis of a new initiative aimed at succeeding where others have failed.

Many managers are on relatively short term contracts which can be extended if performance targets are reached. They rarely have the luxury of the open ended contract currently applied to most consultants. Short term contracts may encourage expedient decisions which conflict with long term clinical needs. Pressures associated with a short term contract may undermine the manager's confidence and ability to perform. Although only some managers admit to it, their self esteem may also suffer because clinicians tend to command greater public respect. If this is not immediately apparent, I would ask you to consider how frequently the news media focus on advances in clinical care as the basis of good news, and how rarely they and the public praise the efforts of health managers as opposed to clinicians. Put yourself in the manager's place!

What type of manager are you dealing with?

In my experience, there is no stereotypical manager any more than there is a stereotypical clinician. It is essential that you try to get to know your managers, their strengths and their weaknesses. Much information can be obtained directly or indirectly from the comments of other consultants. Reputations abound concerning all members of hospital staff and it is worth listening to these selectively, preferably after drawing your own conclusions during the first few weeks in post. I have seen several newly appointed colleagues develop similar problems to my own after the initial period of euphoria which always accompanies a consultant appointment. However, I have greater respect for colleagues who listen to warnings but draw their own conclusions.

Certain criteria should be considered in relation to any manager. These include honesty, trustworthiness, competency, subservience or aggression, desire for personal gain, communication skills, and whether the manager is pragmatic or an abstract thinker.

Honesty can only be deduced from knowledge of the person concerned. It is my sad experience that some managers lie blatantly and without apology. I have seen this happen in front of national news media despite incontrovertible written evidence which confirmed that the manager's comments had no basis in truth. For some years as a consultant I was naive enough to believe that such a thing could never happen since our own profession places utmost importance on the integrity of medical practitioners and expects them at all times to be truthful, whether they are