

How clinical managers (can) improve the health service

Service improvements and organizational change in the NHS are more effective when led by clinicians with management responsibilities than by full-time managers. The popular image that the NHS is overrun by managers with no medical expertise is inaccurate. Clinician managers, known as ‘hybrid’ managers because they combine managerial responsibilities with clinical or medical duties, outnumber the full-time general managers by four to one. But the role is frequently a tough challenge, partly because of a historical conflict between how medical professionals view themselves and their roles and their perception of management, and partly because in many cases they have had no management training.

Management: the one disease consultants did not think existed

Since the Griffiths Report (1983), there have been many attempts to encourage clinicians to accept management roles. But it was not until the advent of clinical directorates as a model of organizing hospital services that we saw a substantial number of doctors move into management roles as clinical directors (Dopson, 1994; Fitzgerald, 1994). Early research in the UK (Fitzgerald, 1994) examined the scope of clinical directors’ roles, their motivations to take on the role and the extent to which individuals had to modify their professional identity. Quotes exemplify some common responses:

‘I didn’t spend that length of time becoming an expert in a teaching hospital to chuck it all away and as I said, the symbiosis has got to be there. I’ve got to continue to practise, so that’s my first priority.’
‘It’s a challenging role I have. I look at it this way, that there are not many people who get the opportunity to start a new career at the age of fifty, which I have, and I find this very stimulating.’
 (Fitzgerald, 1994)

At this time, some individuals were pushed into the role, some were reluctant and some enthusiastic. Has it all changed? Recent research illustrates that circumstances and attitudes have not altered significantly (McGivern et al, 2015). This research identifies hybrid managers as falling into different groups, either ‘incidental hybrids’ or ‘willing hybrids’.

It is still apparent that the majority of medical professionals in all fields identify themselves as medics first and foremost. So if they take on a management role, some may see it as something of a sideline – either they have been asked to ‘take a turn’ (defined as passive professional obligation), or they feel that they need to ‘protect’ the profession from encroaching managerialism (reactive professional obligation). These incidental hybrid managers typically use their roles to keep medical professional work separate from the demands of politics and management and to protect it from change. They are not really interested in service improvement, seeing it as a ‘box-ticking’ exercise. To effect real change, the NHS will have to identify these incidental hybrids and find ways of either engaging them in genuine service improvement or encouraging them to vacate the role for others who wish to achieve this – those our research has called ‘willing hybrids’.

‘Willing hybrids’ can really make a difference

Research evidence suggests that willing hybrids are critical in several ways.

They lead front-line service improvements better

Hybrids can effectively lead front-line service improvements which impact on patient care (Fitzgerald et al, 2013). For this task, they have a better combination of experience and skills than general managers with no clinical experience. Essentially, clinical hybrids have more credibility with their clinical colleagues

and can therefore engage their support. They interface with patients and are in direct contact with clinical colleagues and this enables them to prioritize improvements. In our research, in different specialities, we observed individuals who were knowledgeable about national standards and aware of local needs, acting collaboratively, modelling services to fit, and customizing evidence-based medicine and policy standards. Hybrids used evidence to persuade and engage colleagues in improvements:

‘Whatever you do to influence, you’ve got to have done your homework and it’s got to be sound. It’s got to be evidence-based and credible.’
‘As I said, a little group of us who are the diabetes mafia for want of a better term, I think we’re all quite vociferous...’ (Fitzgerald et al, 2013)

General managers may lead certain types of change more effectively, such as developing systems of financial accountability or systems of procurement. And there were examples of hybrids sharing management roles with general managers and acting as part of collective leadership groups too.

Notably, there is also recent acknowledgement that taking on a hybrid role may involve a complex process of modifying and adapting one’s professional identity (McGivern et al, 2015). Hybrid roles may take professionals’ identities to the limits of legitimate professionalism. To avoid becoming a ‘management nark’, losing professional credibility and influence, hybrids either needed to conform to conventional professional norms or to realign norms with their personal self. When they were successful in these processes, they interpretively ‘influenced’ the reconstruction of professionalism as about delivering patient care collectively, which legitimated using and integrating managerialism and professionalism to create hybrid professionalism.

They may act as entrepreneurs seeking ways of innovative improvement and problem solving

Other research demonstrates that willing hybrids are also capable of acting entrepreneurially (McDermott et al, 2013). This research compared clinical hybrids in a wider range of hospitals across the UK and Ireland, and noted that many of the willing hybrids acted strategically. Using a combination of local knowledge of their organization and context, allied to a sound knowledge of the broader national/regional environment external to health care, they were able to leverage resources to creatively solve local issues. Many of them achieved a great deal with minimal resources in terms of people and finance. As one consultant states:

'I still spend a fair amount of my week scrounging money off everyone, not individuals, but corporate entities [meaning that] it's like running a small independent business.'

One striking feature of the positive cases in this research is the manner in which the clinical hybrids enrol other general and specialist managers, such as finance directors, to support their initiatives.

Better quality selection and support needed

Although research has suggested that it may be more important to learn how to be a hybrid than to do management, even the most proactive hybrid managers can be slowed down by a lack of knowledge of basic issues – which can be taught. On the basis of research evidence over a period of years and across specialities, greater recognition of the potential of clinical hybrids to improve our health service is needed.

One consistent emerging theme is that clinical managers frequently feel unsupported and falter or struggle with aspects of their role. This finding is widely demonstrated (Buchanan, 2013; Dickinson et al, 2013) which suggests that while managerial training and career paths for medical leaders may be improving, they remain patchy, providing inadequate support for many hybrids, and financial rewards do not appear to significantly motivate professionals to take hybrid roles either. Likewise, hybrids who were interviewed noted that the financial rewards from hybrid roles were small compared with those from private medical practice (Buchanan, 2013). So better management training alongside

professional training, as well as improved financial rewards for those taking on a hybrid management role, would have the benefits both of encouraging more professionals to become hybrids, and making them more effective when they do. **BJHM**

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KEY POINTS

- Service improvements in the NHS are more effective when led by hybrid managers – clinicians with management responsibilities – than by full-time managers.
- Some hybrid managers, 'incidental hybrids', take on the role reluctantly and less effectively, and the NHS needs to find ways to engage them or encourage them to vacate the role.
- All hybrids need better support and training to enable them to function in management roles.

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