Management for Anaesthetists as a Career Interest?

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National Health Service

- Established in 1948, Aneurin Bevan
  - free to all at the point of care

- 4th largest employer in the world
  - Chinese people’s liberation army
  - Walmart supermarket
  - Indian railways

- 2012 - £110 billion
  - 80% budget on patient care

- 1 million patients every 36 hours
- Highly complex
- Management from political level to patient interface

*Putting the patient at the centre of all we do*
What does the Organisation look like?

University College Hospitals London NHS Trust

- Medicine Board
- Surgery Board
- Specialist Hospitals Board
The challenge of medical leadership

- All doctors have a management role
- Modern and inclusive concept of leadership
- NHS Institute for Innovation and Improvement with Academy of Royal Colleges

Medical Leadership Competency Framework
Anaesthetists as Managers?

Qualities of a good anaesthetist
- Self awareness
- Working in teams
- Managing resources
- Ensuring patient safety
- Making decisions and assessing change
Anaesthetists as a resource

- 15% consultant workforce
- Wide range of services – anaesthesia, pre-admission, ITU, pain management (acute and chronic), outreach, palliative care

Organisational overview
- Operating lists
- Large departments – rota
- Adaptable responsible service
My Role

- Consultant neuroanaesthetist
- Director for Quality and Governance
- Deputy Clinical Director
- Clinical Lead

Link between clinical staff and management
Clinical Management in UK

- Few full time managers
- 3.5 clinical days per week plus on call duties
  - Theatres 2 days, NCCU 1 day, GA MRI list
- Paid additional 4 hours / week for management
- Difficult to assess the exact number of management hours per week
Clinical Management Team

- Weekly management meeting (1-2 hour)
  - clinical and non-clinical managers, senior nurses, finance, human resources

- Rolling programme where all key areas present past successes and achievements with future plans

- Discuss finance, quality issues and key developments
Clinical managers and the departments

- Monthly meetings with head departments – formal or informal
- Explain the hospitals management plans to the department
- Learn of clinical issues within the department
- May offer advice to progress problems or take issues back to management team
What Clinical Managers Don’t Do

- Routine finance or target discussions within department
- Manage department
- Directly influence the clinical focus within the department
- Deal with day to day problems
- Manage routine minor and moderate risks within the department
What Clinical Managers Do?

- Help, support & develop clinicians within the department, by
  - Appraisal
  - Job planning
- Investigate serious incidents
- Balance individual departmental needs vs hospital focus
- Service development
  - New consultant posts
- Manage difficult consultants
Appraisal

- Performed for all consultants in NHS annually
- Retrospective
- Formal process – revalidation
- Individual performance – activity and outcomes
- Continuous Education & Professional Development (CEPD)
- Action plan for personal development
- Time to reflect
Job planning

- Service delivery
- Annual and prospective
- Consultant’s contract with the NHS
- Ensure fair working week for all
- Includes elective / emergency work
- Time for activities to support clinical work
  - Clinical audit, committees, examining
Managing People

- **Understand**
  - *The context, my responsibilities, tasks constraints, opportunities, risks*

- **Decide**
  - *My aims, priorities, options, solutions, plans*

- **Communicate**
  - *Clearly and empathically, listening and responding*

- **Motivate**
  - *Set an example, enthusiasm, respect, establishing trust / earning respect*
The Blue Sky Thinker

The Problem
- International expert
- Head of department
- Grand plans for massive future development at UCLH
- Message that development blocked by ‘management’
- Department in chaos
  - 3 locum consultant posts
  - Long waiting lists
  - Complaints
- Resigns – no stability
- What next?

The Process
- Meeting with senior members of department
- Explained the need for clear departmental plan
- Supportive of expansion
- No expansion until short term problems clarified
- Time to reflect

The Solution
- Departmental Head continues
- Additional individual for the detail!
Arguments in public

- Dr A and Dr B do not like each other
- Dr A busy operating list
- Dr B urgent difficult tracheostomy. Only list with short cases is Dr A’s list. Theatre manager suggests this list for tracheostomy
- No discussion
- Patient arrives in anaesthetic room
- Major row in theatre corridor
- Another theatre has to be found for case
The following day both consultants complain about each other
Theatre staff all discussing the argument
Something must be done!

The solution
- Arrange to meet both consultants
- Structure to discussion. Not personal.
- What was supposed to happen?
- What did happen?
- Why was there a difference?
  Both apologised and agreed behaviour unacceptable
Management learning

- Understand that you will never keep everyone happy
- Change is hard
- Uncertainty is harder
- People will always be suspicious of management
Keep a sense of perspective and a good sense of humour!