4 Leadership and Doctors

‘The doctors lead the technology, and therefore the pattern of service. Unless managers get the doctors with them, everything else is just window-dressing. That’s where you’ve got to get change.’
(DGM in the Templeton tracer study)

This chapter is addressed to doctors, and to all those who are in a position to influence doctors.

The DGM quoted above exaggerates – there is a lot else that leaders can usefully do – but by doing so he highlights a key leadership task. This is to enlist doctors’ cooperation in ensuring the provision of effective and efficient health care. It is a task that must not be avoided by those who should be seeking to influence doctors. These include the chairman, general managers and doctors themselves in positions where they have a responsibility for leadership.

THE IDEAL

The ideal attitudes and actions for doctors are listed first, because it is these ideals that leaders, whatever their background, should be seeking to achieve.

Doctors

1. Understand the need for management
   (a) Recognise that resources need managing and are always bound to be limited, so that choices have to be made about service priorities.
   (b) Recognise that resources can be used with varying degrees of effectiveness and be active in considering how to use them most effectively.

2. Be willing to contribute to management
   (a) Realise that if they are not willing to give the time to consider managerial problems, and to share in the taking of difficult resource decisions, they are leaving this task to managers without...
Leadership and Doctors

medical backgrounds, and may not like the results.

(b) Be willing to serve as general managers, clinical directors or programme managers, though only a few need to be willing.

(c) Elect representatives who will work with managers in making choices in service priorities.

3. Realise the value of learning about management
4. Place concern for patient care above professional loyalty
   So be willing to tackle problems arising from failings in individual doctors' performance whatever the cause.
5. Recognise a corporate responsibility for patient care
   Hence in bidding for resources accept that others may have a greater need for them.
6. Be active in reviewing their own performance
   (a) Seek to establish quantitative and qualitative measures of outcomes.
   (b) Compare their performance with that of their peers and seek to improve.
   (c) Support those doctors who take the lead in peer review.
7. Show appreciation of the contribution to patient care of nurses, paramedics, and other staff, and behave courteously towards them.
8. Recognise and adjust to the changing roles of other professions, for example, psychologists and biochemists.
9. Treat patients as intelligent individuals
   Be willing to discuss treatment options and their implications with them.

These ideals do not include the central medical ideals about patient care, because they are about doctors as members of an organisation. The last ideal is included because of management's responsibility for ensuring that communication with patients, as the clients, is good.

The ideals described below are those that leaders should pursue and seek to get accepted by all managers whatever their professional background.

Managers

Managers will:
1. Be resiliently proactive in trying to achieve the ideals listed above