11 Management: Overview of the performance areas

Management is the third of the RDMp clusters and is made up of three domains from the competence framework, these being:

- Primary care administration and IMT
- Community orientation
- Maintaining performance, learning and teaching

The term management is used here in a broad sense and as Tim Norfolk points out it is related to the wider handling of our professional responsibilities to patients and colleagues, i.e. it is not simply related to the administrative work that our practice managers undertake. (Norfolk TD, Siriwardena AN. A unifying theory of general practice: relationship, diagnostics, management and professionalism (RDM-p) *Quality in Primary Care* 2009; **17**)

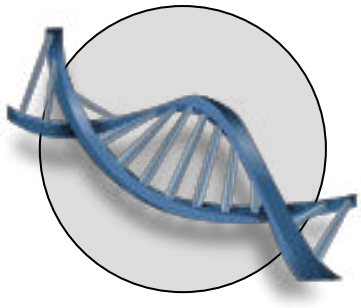
To understand our management skills, let's think of them as the filling in the following sandwich. Firstly, we must accept that the broad area of management is part of our personal responsibility as doctors. By accepting this responsibility, we are demonstrating an important aspect of professionalism, which we discuss in more detail in the section on 'Fitness to practise' on page 199. This is the top layer of the sandwich.

Next come the management skills, which comprise the filling. In more detail:

Management is all about improving outcomes by exercising the right amount of influence or control. It refers to our ability to manage issues, events, relationships and ourselves over time.

The first requirement is learning which situations are readily amenable to being managed and which are less easily influenced. The spectrum is broad, for example we might *manage episodes* such as the sequence of events in a consultation or *ongoing situations* such as our responsibilities as the leader of a project. We can also use management skills with *relationships*, for example by planning to develop a relationship of trust with the patient through continuity of care, or with colleagues through discussion on how to work together effectively. Importantly, management skills include the ability to continually keep track of situations and adjust to them. For example, we 'manage' ourselves by *monitoring* our performance and professional development and more widely, by monitoring our mental and physical well-being.

By so doing, we take steps to work as effectively as we can and keep doing so throughout our careers. To be effective at management, we also need to learn that



our influence has a narrow therapeutic range. Too little brings no benefit whereas too much can be toxic to ourselves and the people around us!

The final layer of the sandwich is the realisation that we and the situations we are involved with, such as the treatment of patients, are influenced by *other* people's attempts to manage. Just as we try to exercise some control in order to improve the outcomes, others around us do the same and part of our professionalism is to fit in with this to the appropriate degree. To give a clinical example, a colleague may suggest to the patient that if the symptoms did not improve, certain tests or a referral may be needed. We would certainly need to consider these thoughts and maybe 'fit in' with the colleague's plan.

The deeper features are our DNA. Although few in number, they underpin all the behaviours described in the competence framework and are described in terms of knowledge, skills, attitudes and personal qualities. The behaviours being tested in the 'Management section are shown in the table below, where the categories indicate the degree of weighting.

The behaviours are shown in the left-hand column. We will describe these in greater detail to clarify what they are. As you read them, use the table to cross-reference them to the domains that they underpin. This will increase your understanding and help you to develop the skills you need for each area of performance. The weighting will help you here. For example 'community orientation' requires problem-solving skills and the ability to cope with pressure (e.g. from the conflict created by rationing decisions) whereas primary-care administration and IMT do not.

If you are (or your trainee is) having a problem with performance in a domain, look at the deeper features for guidance on where the problem might lie and therefore which behaviours need working on.

	Primary care administration and IMT	Community orientation	Maintaining performance, learning and teaching
Clinical expertise			Low
Problem-solving skills		Medium	Low
Empathy & sensitivity	Low		
Team involvement & managing others		Low	Medium
Learning & personal development			High
Coping with pressure		Low	
Organisation & planning	Medium		

Clinical expertise

Uses evidence from guidelines, medical literature and audit activity to inform clinical judgement.

Problem-solving skills

Trying not to have a restricted mindset, but *thinking around issues*. For example, in trying to understand the epidemiological, social, economic and ethnic features of the local population and what effect (positive and negative) these features might have on healthcare.

From a mass of detailed and complex information, being able to *identify key points*, for example the most relevant features of the local community that might have an impact on the doctor's services. Similarly, identifying the key points from research and guidelines that are relevant and transposable to the care of our local population.

Being *open to new ideas/possibilities*. For instance, rather than just accepting that healthcare is the way it is, being prepared to think about changes both in terms of what is needed and what is possible and being able to suggest changes, for example by describing new forms of service delivery in the community. Likewise, being open to new ideas on patient management as suggested by the medical literature

In situations of complexity such as the dilemmas created by rationing ,trying to square the needs of individual patients with the needs of the community, being able to *use an ethical framework* to problem-solve. Also, given a mass of information from guidelines, research and audit, being able to use a framework to decide what the data shows and what weight it carries. These are the problem-solving skills of *critical appraisal*.

Empathy & sensitivity

Having a co-operative and inclusive approach, for instance in taking care to make records that others find useful.

Showing sensitivity to the patient by making efforts to counter the adverse effects on communication and relationship of using the computer in consultation.

Team involvement & managing others

Being *participative, non-confrontational and flexible*, for instance when dealing with rationing or talking about commissioning within a group of local providers. Similarly, *working collaboratively* with colleagues to learn from audit and significant events.

Negotiating and *being consistent* so that decisions are not unfairly influenced by prejudice or the pressure generated by those who can lobby most effectively.

With clinical governance, respecting the views of others, being prepared to *compromise* in order to achieve improvements.

Delegating and showing leadership where these are appropriate.

Learning and personal development

Being able to learn from experience, using this to *acknowledge limitations and identify learning needs.*

Continually *monitoring* performance.

Keeping *regularly updated* on clinical and other job-related skills in line with the changing GP role

Coping with pressure

Remaining *calm and under control* in situations of tension for example when, in the face of anger or opposition, deciding how limited resources should be used . Similarly, when faced with the demands of patients for time, attention and resources that the doctor may not feel are reasonable.

Not losing sight of the wider needs of situation, for example in balancing the needs of individual patients with the health needs of the local community.

Organisation & planning:

The ability to understand what the administration & computing systems are capable of doing and *working within these capacities*.

Organize information in a structured and planned manner, for example with medical record-keeping.

Recognize deficiencies and limitations in the IT and admin systems and *recommend appropriate changes.*

Being able to think ahead about what might be needed in the future and on the basis of this, make appropriate plans for the populations healthcare needs.

Understanding limitations and constraints, for example *limited healthcare resources*, and being able to work within them.

Understanding where priorities are in conflict with each other and being able to *make appropriate choices,* for example between the needs of the patient and the needs of the wider community.