SUPPLEMENT

Training for Reorganization: Seminars for Clinicians

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Major organizational changes require training programmes to explain the rationale and objectives of the change and to stimulate job satisfaction and efficiency. The recent N.H.S. reorganization has generated a multitude of training courses at different levels for professional, technical, administrative, and other personnel. For clinicians the Department of Health and Social Security has sponsored residential seminars on a regional basis "to help clinicians gain a clear understanding of the main features of the reorganization and to give them an opportunity of considering in depth the new means by which they will be able to play a part in the management decisions through representation on the district management team and their relationships with other members of the team, including the community physician." This paper reports the experience of the Health Services Research Unit at the University of Kent in mounting four such seminars in the South East Thames Region in 1974. It deals, firstly, with the structure and administration of the seminars, secondly, with the reactions of the participants to the sessions, and, finally, with some suggestions about future training needs.

Structure and Administration

The seminars were held monthly, from midday Friday to Saturday afternoon. Feedback from participants indicated that this was generally the most convenient time. The seminars, which were advertised in the medical press and through executive councils, drew initial applications from 52 general practitioners and 60 consultants and were eventually attended by 32 general practitioners, 47 consultants, three D.H.S.S. regional medical officers, and 18 others, including area and district officers. The exchange of views between people in different parts of the service was felt to be a valued feature of the seminars.

Participants had a varied experience and knowledge of N.H.S. administration and reorganization. Some had been active in regional hospital boards, hospital medical committees, executive councils, Cogwheel divisions, or local medical committees, and some were members of area health authorities, district management teams, or district medical committees. Others "had heard that something was happening on 1 April and wanted to find out what." Generally, however, the participants were probably more aware of management and organizational issues than clinicians generally. Nevertheless, for most doctors their principal aim in attending was simply to gain more information about reorganization. Only one doctor in five specifically reported in the follow-up questionnaire the aim of learning more

about the opportunities for participation in management decisions.

The structure of the seminars was changed after the first two in response to this expression of need. Initially the seminars assumed a fairly high degree of knowledge by the doctors but the programme was revised in mid-course to allow more time early on for the basic features of the new service to be explained. In the last two seminars, therefore, the opening sessions consisted of a factual exposition of the reorganized N.H.S., a talk by the regional medical officer on the new opportunities offered to clinicians, and a panel discussion on key features of reorganization—professional advisory machinery, family practitioner committees, health care planning teams, community health councils, and joint consultative committees. Each topic was introduced by a panel member then discussed by the seminar.

The last session on the first day of each seminar, on the work of the specialist in community medicine, was introduced by the academic registrar of the faculty of community medicine. The two sessions on Saturday morning comprised talks on the task of management in health services (by senior associates of McKinsey and Company) and working relationships at district level (by a member of the Brunel University health service organization research unit). In the first session on Saturday afternoon a senior nurse and social worker presented their views and expectations of reorganization. A deliberate balance was struck throughout the seminars between imparting information and stimulating questions and discussion.

Each participant received a 70-page reorganization handbook containing, as well as the programme, a set of charts of the old and new structures, the D.H.S.S. notes (1A) on reorganization, and relevant extracts from the "Grey Books," the White Paper, the Hunter Report, and reorganization circulars. The handbook thus presented an "official" view of reorganization rather than an "interpretative" view which might be challenged on factual or ideological grounds. Few doctors had digested the material before each seminar and those who had were understandably discouraged by its obscurity and size. The seminars sought deliberately to illuminate the material, however, in the hope that it would subsequently become a valued reference book. Half the doctors said later that the handbook was "very useful," two-fifths "useful," and a handful "not useful at all."

The cost of the seminars (excluding the doctors' travelling expenses and locum cover) was borne by the D.H.S.S. even though the Department sought no influence over content or style. The programmes were devised entirely by the unit. The final cost of the four seminars was about £1,900, or £23 per doctor attending. Almost two-thirds of this sum was spent on accommodation, almost one-third on speakers' fees and expenses, and a small proportion on central administrative costs.

Evaluation

Of the 79 general practitioners and consultants attending the four seminars, 69 returned questionnaires recording their evaluations. The replies should be taken as no more than immediate impressions recorded at the end of the seminars. The

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request for feedback in this way enabled the organizers to assess reactions to each part of the seminars and to make appropriate adjustments, provided a rough estimate of the value and acceptability of the seminars, and gave the doctors the opportunity to monitor the activities of others. The concept of monitoring had understandably aroused anxiety, but it was experienced with surprise (and relief) as a rather innocent but useful activity.

After first noting their aims in attending the seminars the doctors were asked whether these were met completely, partly, or not at all. Twenty-five of the 69 felt their aims were met completely and only two that they were not met at all. The nature of the doctors' aims did not affect the extent to which they were met, but there were some differences between general practitioners and consultants. Half of the former but only a quarter of the latter reported fulfilment of their aims. The high proportion of doctors reporting only partial fulfilment suggests that closer attention should be paid to individual needs and that one brief seminar should be seen as part of a larger educational programme.

Doctors were asked to rate each session as very valuable (3 points), moderately valuable (2), or not valuable at all (1), and an average score was calculated for each session. The higher the average score the higher the value rating of the session. Each session was rated, on average, between moderately and very valuable (see table). The sessions on working relationships in the district management team, the background and structure of the new N.H.S., and the work of the specialist in community medicine were considered the most valuable. No consistent differences emerged between the general practitioners and consultants in their valuations of the sessions.

Doctors' Assessments of Value of each Session

Session	Average Score
The new N.H.S.: its promise and potential*	2.3
The structure of services at district level*	2.2
Questions about future, structure of services and present progress in reorganization*	2.5
The new N.H.S.: its background and structure	2.6
The new N.H.S.: its promise and potential	2.2
Professional advisory machinery	2.2
Family-practitioner committees	2.3
Health care planning teams	2.5
Collaboration: joint consultative committees and community health councils	2.4
The work of the specialist in community medicine	2.6
Working relationships in the district management team	2.8
The task of management in health services	2.4
The views and expectations of a social worker	2.0
The views and expectations of a nurse	2.2

*These sessions were replaced in the last two seminars by the next five listed.

Doctors were also asked to rate the presentation of each session as good, adequate, or poor, independently of their assessment of its value. The replies varied, on average, from adequate to good. The average scores obtained for the presentation of each session were positively correlated with those for value, suggesting either that the best speakers just happened to have the most valuable topics or, more probably, that the quality of presentation enhanced the perception of value. Clearly it is important to select good speakers in this kind of seminar: they are more likely to impress their audience with the value of what they are saying.

Twenty-eight suggestions were made for other subjects which the doctors would have liked to have included in the seminars. Five concerned management in hospitals and general practice below the level of the district management team, four concerned the relationship between general practice and other parts of the service, and the remainder were for fuller discussion of particular activities (the role of the Department, management services, policy making, financial control, etc.). These suggestions illustrate the obvious point that a two-day seminar cannot

cover all topics of interest. Nevertheless, the feedback indicated that the seminars were reasonably successful in introducing clinicians to the reorganized service and in stimulating their interest in management issues. Though the ultimate value of such seminars in improving management remains unproven training programmes of this kind are worth continuing.

Future Training Needs

Experimental training programmes should continue in five main areas. Firstly, there is a need for continuing opportunities for newly appointed consultants, senior registrars, and general-practitioner principals to make a critical review of the services in which they work. The present seminars brought clinicians into contact with administrative and medical staff from district, area, and regional levels, with academic research workers interested in health services, and with regional and area health authority chairmen. Organized as these seminars were on a regional basis they allowed the sharing of different experiences and viewpoints within a common context. Yearly teaching seminars of this kind, on a regional basis, might fulfil this first need.

Secondly, the training needs of the longer-established clinicians, who have an interest in contributing actively to the management of health services, should be recognized. Participants in the present seminars were sometimes surprised and encouraged that management and organizational problems could be examined, analysed, and discussed against a background of theory and accumulated experience. They saw the analogy between the systematic approach to management problems and their own approach to clinical problems and they expressed an interest in pursuing such themes. A programme of seminars to meet these particular needs would involve the views of different groups within the health and allied services and would seek to offer a framework for analysing divergencies of opinion and practice. It might begin with a review of the health services as a whole and then concentrate particularly on relevant themes and issues. Possible themes which emerged from the present seminars included the determination of priorities, communication systems, decision-making processes in committees and teams, and the deployment of time between clinical and management activities. The latter problem, of finding time to participate in the management of services, was raised at each seminar, especially by the general practitioners. Incidentally, the same basic problem arises in different terms for members of management teams and teams of officers.

A third need for further training may come from precisely these members and officers. Much of the discussion about the district management teams was cast in normative terms, for at the time of the seminars the teams were only in the process of formation and had little actual experience of roles and procedures. In time, however, questions and problems may arise. Teams will doubtless differ in their approach to problems and some may struggle for solutions while being unaware of the causes of their difficulties. A neutral forum in this context for an analysis of the working methods of district management teams and committees could be provided by a university, with its own staff and invited speakers contributing as disseminators and interpreters of relevant knowledge and theory. The object of these seminars would be to stimulate a critical discussion and analysis of the procedures and problems encountered by teams and committees in carrying out their tasks. There would be some common ground between the subject matter of these seminars and those described above, but levels of involvement would differ.

Fourthly, there may be a need for the training of members of health care planning teams. Such seminars would involve all interests and professions represented in the teams. They would include an examination of planning techniques and common sources of data, and a summary of data relevant to the particular

concerns of each team might be presented. The programme might also concentrate on the relationships between professional contributions and those of other statutory and voluntary agencies and on new developments in health care policy. In the average region there will be about 75 health care planning teams involving perhaps 700 or more people. For each "subject"—that is, old people, child health, mental handicap, maternity, etc.—100 or more people would be involved. One or more seminars on each "subject" may therefore be required each year in each region, with cross-fertilization of ideas with speakers from other regions.

Fifthly, members of community health councils may benefit from the chance to think through their objectives and methods in a seminar context. Councils have not initially contained active clinicians (though they may do so in future) but it is essential for council members to have contact with clinicians and other professionals engaged in medical care. These seminars might concentrate on the organization of health services and their relationship to local government, problems of planning and management of health services, and fostering mutual understanding and respect between council members and the health professions. They would also help councils in the early stages to reflect critically upon their procedures—for example, in acquiring and disseminating information. The health services research unit is currently providing a series of seminars on

behalf of the regional health authority for community health committee members in the Kent area.

The programme of seminars that has been suggested may total 12 or more seminars a region each year, thus underlining the need to consider training programmes on a regional basis to limit travelling time and costs and to provide examples relevant to those participating. It is difficult to see exactly how each seminar might be structured, but several components common to the series (such as the use of data, the relationship of management to the clinical practice of medicine, and problems of organization and management) suggest the desirability of involving a limited number of people in each region in planning a total programme. In this way experience can be concentrated and the seminars adapted and improved to become increasingly effective. Two issues requiring further consideration are the sources of finance and the relationship between a programme of this kind and other regional and area training programmes.

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Twenty-eighth World Medical Assembly: Stockholm, 1-6 September

At its 28th annual Assembly the World Medical Association entrusted the conclusions of the International Conference on the Physician and Population Change to its member associations to study.

The Declaration of Helsinki on clinical trials was considered to have defects and is being examined by a Scandinavian committee. The Assembly rejected a procedure recommended by the council by which inquiries would be made of people on a special list to find out whether racial discrimination exists in a country. The B.M.A. is to set up an expert committee to report to the W.M.A. on medical problems of interrogation and force-feeding, and the Irish Medical Association wishes to be associated with the report.

In a world hammered on all sides by rising costs the World Medical Association once again had some critics in its midst at Stockholm to question its role.

At the 28th World Medical Assembly the retiring president, Professor Ernst Fromm, of Hamburg, recalled some of its pronouncements on ethical matters. Among these were the Declarations of Geneva on clinical practice, of Helsinki on research, of Sydney on organ transplanting, and of Oslo on therapeutic abortion. But, he asked, should a doctor always use every available technique in all cases? Should one, must one, always lengthen human life? He was not talking of euthanasia—he was opposed to it—but of the artificial prolongation of human life. Whether a man had a right to die was being considered now. Another problem was the selection of patients for treatment. It was impossible to give everyone everything. Who were they not going to assist? The role of the W.M.A. was to continue to advise doctors in the future and to give them general yardsticks to go by. What could be more important than the removal of prejudices and their replacement by tolerant co-operation in a world at peace?

The new president of the W.M.A., Dr. Stig-Bertil Nilsson, who is also president of the Swedish Medical Association, took up the theme of what their objectives should be. He emphasized the need for the highest standards in their service to humanity, and they must bring doctors from all parts of the world to study the problems. On the specific problems of the W.M.A. he thought that membership must be increased, especially among the developing countries; Eastern countries must be attracted to it; the U.S.A. must be persuaded that it was worthwhile to rejoin; the association must review its working methods; national member associations and their members must be activated; and it was not enough to meet just once a year. They had neglected hospital doctors and concentrated too much on general practitioners. How could the W.M.A. help developing countries? he asked. It must act.

Value Judgements

The Prime Minister of Sweden, Mr. Olof Palme, then welcomed the delegates, speaking in faultless English. After the rapid expansion in medical services during the

last decade, he said, they were now confronted with rising costs in country after country. Thus there were difficult decisions on priorities, and value judgements must have great influence. If market forces decided, there would be great class differences in medical care. This should not be allowed.

The population problem affected all countries. But, he said, "a sick social structure cannot be cured by contraceptives." Family planning alone was not enough. It must be part of improved health and social services. A new international economic order was needed, with greater equality in utilization of the world's resources.

Finance and Functions

Three main problems stood out in the financial affairs of the W.M.A., presented to the assembly by Dr. H. D. Roberts (Canada), chairman of the Finance Committee, and Professor H. J. Sewering (West Germany), treasurer. There was the cost of moving the headquarters from New York to Ferney-Voltaire in France (\$70,000), the cost of retaining an office in New York, and the expenses of meetings. The British delegation made itself unpopular by moving that part of the budget should be referred back for reconsideration, but after a debate and a timely interval for coffee it withdrew its amendment.

The costs of moving to Europe seemed inescapable. What was challenged was the New York office. It would cost \$47,000 a year, and some speakers did not see how such a sum could be recouped. The treasurer defended it as an investment decision.