MANAGER DEVELOPMENT IN AMC-A SURVIVAL KIT

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ABSTRACT

A systematic exposure of all personnel of Army Medical Corps to the basics of management may be one of the eminent ways of improving productivity and effectiveness in the Corps. The expansion and refinement of the existing infrastructure smeared with a strong willingness from the top may enhance the process of Manager Development. It may even prove to be the key for survival in the future.

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Introduction

Medical profession and Management had contrasting beginnings. Stuck to the world of fantasy and supernaturalism since inception, the Medical profession enjoyed a status of high esteem unlike the business profession which was looked down upon by Aristotle as a 'profession of unnatural money making' and scorned by Napoleon by calling England as 'a nation of shop keepers'. While the code of morals, the dignity of thought and the divinity of tradition propelled the Medical profession to new heights, the business profession remained an object of contempt and a precipice of stupefaction. But then it was in the past. A recent resurgence of Management as a science and an art enslaved not only the business but all professions in the world including the Medical profession.

For centuries, all health problems of a locality were managed by a single physician just as all functions are carried out by a single celled amoeba. But as in evolution, the inevitable differentiation has to take place. It has made the hospital & the Medical profession complex with high rising buildings, costly equipments, highly paid medical professionals and operators and thrilling medical procedures. The resultant is sky rocketing of the cost which is to be borne by the individuals, communities and the governments. They are eager to know how their money is being spent. Nobody will be funding without knowing the cost & quality of service. Even in the Medical world, there are overlapping, competing and conflicting organisations. A number of new ideas like giving more importance to prevention than cure, improvement of health through im-

provement in sectors other than health, changing patient-doctor relationship into patient-doctor team or patient-institution relationship, replacement of individual payment by state or social security schemes, rapid decline of 'family doctor' concept have made the medical profession look different. That left traditional medical world in a fever of apprehension and in a state of unalloyed reluctance for a while.

The health services present an array of special management problems. The objectives of the health services remain, often, obscure even to the medical personnel. Therefore it is no wonder that the communities and the governments remain insensitive to the objective. As the health care establishments are service units, the outcome may remain intangible and unquantifiable. Health earns a priority only in case of emergency, zealous effort is required to co-ordinate assorted professional manpower of each health care centre. That gives a glimpse of the hard task ahead to manage many of such centres of varying magnitudes and locations.

But then, health profession is trained in medical technology only. At the sametime, most of the management techniques are developed in the non-health sector and the medical profession is unaware of them. Medical profession neither has any organised method of developing its own techniques nor has the willingness to attract the general management talent. Talented management experts also avoid health field for lack of medical professional insight and adequate incentives & challenges. As a result, inexpensive techniques may prove expensive, when tried in the health care sector. Shortage of management experts in the health sector is

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a perennial problem. There is a scarcity of volunteers from the health professionals for training. It is compounded by lack of institutions trainers and experience.

Coping with management techniques

Management techniques are tools to assist managers in decision making. They neither replace management functions nor managers themselves. The decision may be to try an ideal to use a new equipment or to discard a policy. Decisions are taken at all levels like lower, middle and top for varying periods like short term, medium term & long term pertaining to management functions. Decision making is selection from alternatives. But there may be uncertainties over the effects of alternatives, the values of the effect of alternatives & even the effects of decision itself in future. They may be remedied to a certain extent by application of operation research techniques, behavioural science techniques and other. As a general guideline, the lower level managers may practise net work analysis, work study, simulation studies, behavioural science principles etc, the middle level may apply statistics, simulation studies, cost benefit analysis, system analysis etc & higher level may consider operation research techniques, manpower planning, statistical trends etc. These techniques have universal applicabilities in specific fields like selection of manpower, methods, procedures, practices, training, placement, promotion, fixing of emoluments, funding & evaluation in all organisations including Army Medical Corps.

Quiet flows the Army Medical Corps

Army Medical Corps has a history of over two centuries. It has an established hierarchy. It has own system of developing its manpower-Medical, Nursing, paramedical & auxillary. Such human resource development is directed towards technical training, military training and management training. However management training has not been accepted as an essential requisite at any level of decision making. Many are lamentably locked to the idea of 'Commonsense administration'. But commonsense comes through knowledge, practice and imagination as it is almost specific to a trade/profession. A well structured organisation like Army Medical Corps runs quietly, but managerial exposure to the executives is necessary to run it with innovation, creativity & progressiveness. What matters is not how one gets the exposure but how much one gets it. The basic hospital functions can be given a new dimension through professionalism. The management techniques can be effectively used in distribution of resources, avoiding duplication of serv-

ices, placement of hospitals, wards, and departments, procurement of equipments, selection and training of manpower, conduct of problem oriented research and estimating the satisfaction level of the clients. Thus it has a universal applicability in all wards, departments, specialities & establishments. Therefore the need of the hour is the manager development.

Melting Gibraltar

Manager development is the progress a manager makes in learning how to manage. Manager must know the functions of management like planning, organising, staffing, leading and control and learn technical, human and conceptual skills. It is required to develop competence in the managers at the present post, to prepare them for the future assignments, and to satisfy personal goals and subsequently organisational goals.

The Army Medical Corps has basically six levels of managerial/working manpower. They are top managers, senior managers, middle managers, Junior managers, supervisors & front line workers. It is interesting to observe that managers at each level may be doing floor level technical jobs too. Another variance is that the top manager at a particular unit may become a middle level or junior manager in the Corps level.

If a hospital is taken as an example, the Commandant is the top manager. He may be given exposure to short courses for 2 to 4 weeks. The Registrar, Principal Matron & Advisors may be grouped under senior managers. The senior administrative officers may be selected from those who are trained in long courses like MHA, DHA, MBA etc or trained in establishments like College of Defence management or National Defence College while senior specialist officers may be given short courses. The middle level managers include specialist, Matron and other administrative staff. Short courses may be arranged for such officers. They may be also encouraged for off-the-job training & self training. Junior doctors, nurses & other administrative staff may be given orientation courses & may be encouraged to undergo formal specialisation training in technical or management courses based on their career anchor. All others in the hospital are supervisors/front line workers. They may be given orientation training which includes job description policies & procedures, human qualities, leadership qualities, terms & conditions of service etc.

Ideally an individual is selected for manager development after identifying the career anchor (medical professional/managerial) after assessing the maturity level, after observing the attitude and after monitoring

the satisfaction level. And then appropriate type of training programme like on the job training, off the job training & self learning may be advised. However, in the Army Medical Corps, such personalised screening may not be possible. What is feasible, is generalisation.

Army Medical Corps has establishments like Armed Forces Medical College & AMC Centre & School for manager development. Certain officers are trained in management at Officers Training School during various obligatory courses. A few selected officers are also getting opportunity to get trained at college of Defence Management & National Defence College. The paramedical and the auxillary staff are also given graded levels of exposure during Senior Cadre Course & Intermediate Cadre Course. These courses have established curricula & are run by qualified trainers.

Thus it is seen that Army Medical Corps is on the right track. But there are certain shortcomings. All are not trained in management adequate enough to practice the techniques & early enough to have sufficient time for practice. Our corps has not got an inbuilt informative, diagnostic & consulting service. There is no systematic effort for adaptation, improvement & simplification of the management techniques. Similarly there is no rational monitoring, evaluation &

problem & customer oriented research. The bottom line is that the hard core medical professionals have not accepted the importance of management training as an essential requisite. In the present scenario of cadre amalgamation, the turning point will be when some of the superspecialists take to long courses of management voluntarily. The organisation also should respond to it favourably. The existing infrastructure needs to be expanded to cover larger batches & refined to train top executives. The curricula should be reviewed based on realistic feedback.

Conclusion

The Army Medical Corps has existed for centuries with its own ingenuity & in-built reflex for change. A change in perception towards managerial training may assist a common administrator & specialist to achieve uncommon performance. It may help them to convert their knowledge into productivity leading to competence & effectiveness. In this world of scarce resources, adequacy can be achieved only through maximisation of the resources with the application of modern management techniques. The survival will be one of those who produce more from less. Army Medical Corps has the infrastructure. Initiative & willingness for change, additional productivity and thus for survival.