Involving doctors in management: experiences from Denmark

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Presentation at the panel on 'Doctors-in-management: international comparisons and perspectives for Italy', COST Action IS0903 conference, Milan, 6 November 2012
Outline

(1) Clinical management roles in hospitals
(2) Training of clinical managers
(3) Future perspectives
(1) Clinical management roles in hospitals

The context of the healthcare system

› National health service - funded by central/local taxes, with large, mainly public hospitals
› Decentralised health governance by regions with increasing influence of central government
› Publicly embedded medical authority – co-operative/integrative norms govern relations between doctors and the state
› Corporatist style NHS – doctors have ready access to policy process, additional influence through prominence of bottom-up initiatives, but no traditional professional self-regulation
(1) **Clinical management roles in hospitals**

**Doctors in hospital management**

- Close ties between doctors and state at level of health systems mirrored at level of hospitals
  - Where doctors are highly integrated across different levels of management
  - Where doctors are included in management of both cost and quality
  - Where there are few separate (formalised) professional controls

- With New Public Management reforms in 1980s introduction of new management model combining economic and professional responsibilities

- Since late 1990s partly superseded by unitary management model, often with doctors in charge; however considerable local variations
(1) Clinical management roles in hospitals

Doctors in hospital management – example of Aarhus University Hospital

› Doctors are involved in
  
  Generic vertical management structures

  Specific vertical management structures

  Specific horizontal management structures
(1) Clinical management roles in hospitals

Doctors in generic vertical management structures

› Top management includes medical director as part of ‘troika model’; joint responsibility for budgets, human resources, quality assurance, logistics and organisational development

› Clinical centres are led by leading doctor (sometimes together with leading nurse) in addition to administrative director

› Management at level of clinical departments typically encompasses leading clinician besides a leading nurse; Responsibilities include: budget, day-to-day running of department, including quality of services
(1) Clinical management roles in hospitals

Doctors often included in specific vertical management structures
› For example in relation to quality organisation
› With quality department at the level of the hospital administration and quality committees at the level of the individual departments

Doctors often included in specific horizontal management structures
› Include wide range of committees at different levels of the hospital
› Relate to specific issues such as: patient safety, risk assessment, administration of medicine and cancer treatment
(2) Training of clinical managers

› Substantial part of leading doctors in management have formal management training

› Already in 1999, 41% had between 1 to 4 weeks training and 34% more than 4 weeks training (quoted in Kirkpatrick et al. 2011: 497)

› After 2000, module on ‘organisation and management’ has been compulsory part of postgraduate education of doctors

› More recently, Danish Medical Association sponsors nationally accredited course in ‘clinical leadership’; attended by about a quarter of leading clinicians (quoted in Kirkpatrick et al. 2009)
(3) Future perspectives

- Formally, highly integrated managerial and professional controls that limit the space both for strategic action by doctors and ad-hoc interest driven hierarchical interventions by management; However, salient challenge of getting doctors to respect the authority of general management remains

- Changing demands on doctors in clinical management with larger and more specialised hospitals; Requires greater working together across management of individual specialties
References