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Opinion

Management Matters: Why should medical education of Japanese doctors include management and leadership topics?

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Abstract:

Worldwide societies are aging fast, demanding more and the rising burden of chronic and behavioural related disease increase pressure on healthcare systems. These healthcare challenges are alongside with the fact that formally Japanese doctors occupy a central role in the daily management of Japanese healthcare, as heads of departments, heads of hospitals in large urban settings or in the country side, and as responsible for thousands of clinics countrywide. This paper presents why we feel management education should be provided in medical education programs for Japanese doctors, how it could be structured and why it is relevant in today's Japanese healthcare. It further discusses some of the contents that ought to be taught, including the critical management area of leadership. We conclude that: i) Physician education in management is relevant as change management skills, leadership and motivation are increasingly called upon by new healthcare challenges; ii) The good aspects of Japanese healthcare need to be maintained and doctors' knowledge of management and leadership can prepare them to better defend and develop them with management and politicians; iii) Management education should be "spiral", maybe starting with Japanese doctors who are heads of healthcare units possibly with a combination of workshops, residential and online courses.

Key words: doctor, management, leadership, education, Japan

Introduction

The rising burden of chronic and behavioural related disease increases pressure on healthcare systems, especially in aged societies like Japan[1]. Japanese, used to a previously reliable and affordable health system, are now more critical but live in an economy which no longer blooms. Spectacular management strategies brought in by visionary healthcare leaders are called for. In Japan most health organization are owned, run or board-chaired by physicians[2] who are heads of departments, heads of hospitals in large urban settings or in the country side, and responsible for thousands of clinics countrywide. *Management Matters* to Japanese doctors who are responsible to maintain one of the world best health system in face of new challenges. The mechanism of hospital financing[2] and the incorporation of most family/general practice in large organizations which had worked quite effectively for the last 40 years are being questioned by specialists[3]. The difficulty in controlling a pay-per-act system based on the "fee scheme" together with rising costs in healthcare is leading to reductions in government support and ques-

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tions about the quality of care[4]. Concerns for patient safety rise and may hinder Japanese medicine achievements in the long run. These pressures are already erupting through new issues, such as public hospitals in severe financial difficulties, increased discontentment with doctors' shortage and overwork, and difficulty of acquiring and applying new medical treatments or technologies when not fairly priced. In addition, as modern Japanese are more afflicted by life-style-related diseases, health education is likely to become a crucial task of healthcare systems.

Large and small health organizations face rising demands for leadership and system change. However, very little management education is being provided to doctors in Japan and none covering effective leadership and entrepreneurship. The disproportion between Japanese physicians crucial role in healthcare and their management and leadership education has been filled with on-the-job/lifelong learning. We feel, however, this would benefit from an additional formal education. This opinion paper aims to explore why medical education of Japanese doctors should include health management topics and leadership skills, how such could be structured and why it should be offered to senior doctors first. We present this paper here as we feel such discussion is worth the attention of the medical education audience. Most readers are more likely to be decision-makers / implementers about what components are taught to medical students and doctors be it in hospitals or even medical schools, since they carry out the responsibility of training future and current Japanese physicians. This opinion thus aims to clarify this lacking area of health management education, make suggestions and point ways which we think are useful for medical curriculum enhancing.

Relevance of Management education to Japanese Physicians

Structured medical training is now almost 2500 years old, in contrast, management training for doctors is a recent concept worldwide[4] recognised as desirable[5] and highly relevant[4]. Although interlinked areas, management knowledge and skills differ from leadership. Leadership is about changing and altering the *status quo*, whereas the latter, consists of strategies to run resources aiming to maintain ongoing performance. Although this distinction exists academically in practice most good management education programs include subjects akin to leadership and inversely there is no way one can teach leadership without solid basis of economics and management subjects.

Healthcare, in Japan, is likely to need doctors with skills in both of these broad areas and with the judgement to understand when to choose each of them. An example is the increasing debate on the impact of Japanese healthcare organisational factors on patient safety. The dominant causes of major adverse events involve the organisations themselves and the way they shape a safety culture. Such culture in each organization can be greatly influenced not only by individual healthcare providers' motivation, morale, and attitude to management, but also by management's commitment, its communication style, and its leadership[6]. These skills will be needed if changes in this area are to take place in Japanese Hospitals and clinics and thus require the education of those directing them. Health management education with leadership components is relevant to Japanese physicians as it is for doctors worldwide, but additionally also because:

Health management education for many will be the [first] occasion to gain knowledge of the fundamentals of health economics and organiza-

tion management of complex healthcare units. Such is useful even for their daily work - as dependent on relationships and teamwork as on scientific knowledge and expensive technologies.

Secondly, it introduces new and useful concepts to doctors who already function as health managers triggering awareness to old problems and new solutions. For example, knowledge of preferred styles of leadership is important and may be affected by culture. In current Japanese hospitals "more autocratic" styles are becoming the norm which is not what most Japanese physicians' desire and better relate too[7].

Thirdly, introducing doctors to a management language allows better understanding with professional managers sprawling in Japanese healthcare, and with whom they have to learn to partnership. In addition such "language" is also critical for doctors' useful political influence in society and health policy making.

Lastly, potentially more difficult, but surely highly needed in Japan, good leadership courses can provide momentum and trigger skill development to bring to fruition new ideas, innovative solutions and bust up motivation, all of which are said to be desperately lacking in Japanese health sector.

Spiral Heath Management education structure

In healthcare, management and leadership skills require knowledge of health economics and many aspects specific its different fields like marketing, strategy or organizational behaviour. These skills and an understanding of healthcare systems, policy and epidemiology of diseases make what we can call Health Management. This education can be useful at the different stages of a physician career and are likely to be taught best in a progressive manner, in a spiral educational structure which can be split into four main stages of a doctor's career (**table 1**). In addition, not only it may be important to provide more economics content at one stage than another, but also the focus within the same topic can be different. For example, for strategy, in stage 2 (junior doctor) this would refers to personal strategy (time and career management strategies), whereas in stage 4 would entail organizational strategy. The specific contents in each cell can be detailed but such is beyond the scope of this paper, with the exception of some suggestions for courses for the fourth stage.

In many EU countries, like UK or Portugal, management and leadership training[8] tends to be introduced at a post-graduate stage in the doctor's career (and textbooks reflect this[9]) although some examples of undergraduate programs exist. In the US there are so called masters' programs like health-MBAs, combined MD/MPH and MD/MBA[10]. A frequent issue with the MBA format for doctors provided in business schools is that, with the exception of some real health-MBAs, most other courses are not really healthcare-specific or worse physician centred. Thus, they provide good knowledge and skill development in the broad economics and management areas but often fail to bridge it effectively into healthcare and its many current idiosyncrasies, like the semi-controlled insurance-let market in Japan. This is different when programs are designed with clinicians, as was the case in Portugal for example. Here this sort of education has been provided over the last fifteen years largely to heads of healthcare units, and some programs[9] are accredited by the Portuguese Medical Council (PMC). This accreditation means all finalists obtain a, so called "competency", certificate from the PMC which in future may become a requirement to be accepted for certain career positions. This course runs traditional management disciplines but also emphasises team leadership, organizational strategy and integration modules of clinically-based management and formal Business Case[9].

Table 1 Spiral health management education structure. This shows the relationship between the health management and leadership topical/content areas and four possible stages of a doctors' career. The signs in each cell represent the relative weight of each as components of M&L education for doctors. For stage 4 concrete educational contents are shown. Legend: Orgs- Organizations; Mgt- Management; IT- Information systems; KM- Knowledge Management

	1. Med Student	2. Junior Doctor	3. Head sub-unit/ clinical team (intermediate directorship position)	4. Head of department/health unit (full directorship position)	*Content examples*
Health Economics	2 +	+	2 +	2 +	*Macroeconomics of healthcare*
cost-efficiency	2 +		3 +	+	
Management					
Human Resources	+	2 +	3 +	2 +	
Org Behaviour	+	3 +	2 +	3 +	*Organizational and Sector Strategy*
Marketing			+	3 +	
Strategy		+	+	3 +	
Accounting/Finance			+	3 +	*Accounting and finance*
Operations Mgt	+	2 +	3 +	+	
IT & KM	3 +	3 +	3 +	4 +	*Knowledge management and Information systems*
Quality Mgt	+	+	2 +	3 +	*Medical error, quality management and monitoring*
Leadership					
Change Mgt	+	+	3 +	4 +	*Leading organizations for change*
Teamworking	3 +	2 +	3 +		
Negotiation	+	3 +	+		
Project Mgt.		+	3 +	+	
Business Case			2 +	+	*formal business case*
Health systems	3 +	2 +	+		
Health policy	+		+	3 +	*policy and prioritization*

Management and leadership courses for doctors who are heads of Health Units

Heads of healthcare units have always been the larger population of physicians enrolling in management and leadership courses worldwide. This is possibly a result from a need to obtain more knowledge and develop management skills at a stage when it is highly relevant for their new daily functions. Factors like more available resources to fund their education and a larger capability to manage their own schedule may also act as contributors when compared with equally motivated intermediate level specialists who would otherwise enrol on similar courses to develop their functions as head of a sub-unit or

a group of health professionals. Doctors at this stage are likely to benefit equally from the same courses provided that it is likely that they reach a senior directorship position in the short term, so as to put in practice some of the acquired knowledge and skills.

Organizations who commit some of their physician staff time to such education are likely to gain doctors who do their clinical work more effectively and efficiently. In addition, they can expect them to better contribute to the improvement of the overall organizational performance of each Japanese hospital. Lastly these doctors are more likely to be good candidates for future leadership positions in their institutions. If they display such motivation to participate in such a program this should be valued and supported. Motivation for such education is not contrary to clinical dedication but rather a different way to enhance the manner by which one is better able to provide health care.

What should be taught and how?

Table 1 details the topics which would need to be covered when considering a course for doctors at the directorship level. Accounting for the challenges facing the Japanese healthcare system[4], topics on knowledge and quality management and leading change are likely to be particularly relevant. In fact the lack of these skills has been identified as a problem and their presence will become a competitive factor for recruiting staff and capturing patients. Information systems present challenges of their own which worldwide are being tackled with successes and failures. Their use in medicine offers potential gains but the investment is large and the organizational efforts very significant and distressing so specific education to deal with these issues is needed. Good leadership skills in physicians will be crucial for when their organizations decide [or are forced by market] to make change happen.

Regarding format there are two very different and surely complementary options. One is to provide doctors, often quite busy, with short courses (2 to 5 days) maybe complemented by previous online education. The other, is to organize a longer course, where the same contents are covered but much more extensively. In either one the involvement of local faculty from medical and management areas as well as of experienced heads of health units is crucial, and needs local optimization. Obtaining certification from the Japanese Medical Association for these courses would equally be desirable.

Conclusions

Japanese doctors occupy a central role in healthcare system daily management. In other countries physician education in management and later in leadership has started some years ago, has been increasing as change management skills and motivation are increasingly called upon by new healthcare challenges.

Some specific aspects of Japanese healthcare are very good and need to be properly maintained and managed in a context of increased pressure from resource scarcity. For doctors working on the grounds to provide contributions that are effective their knowledge of management and the dynamics of business-like world is important so that they are able to engage productively with management and politicians. Their wish for change can benefit from leadership skills which will make them more capable of bringing about the necessary improvements.

Management and leadership education should be "spiral", starting from medical school up to senior posts. In Japan, it may be interesting to start with doctors who are heads of healthcare units possibly with a combination of workshops, residential and online courses, for which the recognition of the Japanese Medical Association should be sought. This education can contribute

to more pro-active Japanese physicians who are thus better able to deal with behavioural health related problems/diseases which increasingly afflict the Japanese population.

Disclaimer

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