

Addressing the Clinician – Administrator Divide Within the New South Wales Public Health System

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On a background of continued and highly publicised critical incidents in New South Wales (NSW) public hospitals, Peter Garling SC was commissioned by the NSW Governor to investigate and recommend changes addressing these issues¹. Garling found that ‘the divide between health service managers and clinicians was identified as a key impediment to improvement in the safety and quality of patient care’. His key recommendations included the development of leadership and management training for clinicians. He also recommended that more focus be placed on non-clinical post-graduate education, and that quality assurance and performance evaluation become career-long priorities.

Aim: The aim of the current study was to investigate and highlight the major issues impeding cooperation between clinicians and administrators and to develop an educational program designed for advanced trainees to address these issues.

Method: Using a qualitative, open-ended interview process, the opinions of a large group of senior clinicians and health system administrators were evaluated. Equal numbers of clinicians and administrators working within four metropolitan hospitals in NSW public health were interviewed. Participants were selected to encompass a broad range of speciality areas.

Results: The interview process demonstrated a significant lack of understanding, communication and trust between clinicians and health system administrators. Key problems revolved around conflicting agendas, particularly patient-centric versus resource allocation issues. There was overwhelming support for the development of an educational program. This is particularly important in anaesthesia where there is increasing awareness of the importance of non-technical skills training.

Discussion: The interview process demonstrated clear agreement with the key findings of the Garling report. On this basis, an educational program was developed addressing the key issues highlighted. The aim of the program is to promote communication and collaboration between public health senior clinicians and administrators, and to develop life-long management and leadership skills with a positive impact on patient care. The core components of the program are a focus on the development of key management skills, including financial management, human resources and governance structures, with a focus on experience-based learning and career-long accountability.

Conclusion: The development and implementation of an educational program addressing the key areas impacting on clinician-administrator communication represents a major step in improving clinician management and leadership skills, with a positive impact on patient care in New South Wales.

¹Garling P, 2008