

FOR EUMS
ON
TRAINING REQUIREMENTS FOR THE “SPECIALITY” OF MANAGEMENT AND
CLINICAL LEADERSHIP

CONSIDERATION BY HENRIQUE MARTINS, INTERNAL MEDICINE SPECIALIST, PORTUGAL

Having been asked by Dr João Deus to give my contribution to the debate and discussion on the creation/formalization in qualifications of Management and Clinical Leadership, for specialist doctors in Europe, being a Internal Medicine doctor, as well as a Professor of Management and Leadership I offer my contribution to the EUMS congratulating the openness and interest.

1) General Considerations

- 1) Management is different from leadership – while management searches the optimization of functions and processes, of both clinical, organizational or administration levels, leadership is about change induction, co-creation and movement/motivation, in personal career as well as vis-à-vis others and where we want to make them go;
- 2) Clinical leadership is different from Leadership per se, in that it blends leadership skills, knowledge and attitudes with profound knowledge of medicine, in its clinical sense, therefore using clinical judgment, experience and purposes to “lead” the leadership guiding and directing, of other and of organizations;
- 3) Management and Leadership for trained doctors cannot be thought only in hospitals/standard healthcare settings, the involvement of formal business schools with faculty on Management sciences and leadership, is relevant, as cross sectorial learning is key to the development of new knowledge in these areas;

2) On the Charter

- 1) There is a relevant and fundamental difference between the many ad-hoc, normally post graduate mini-courses that doctors do on Management, Health Management, Leadership, is different from “FORMAL QUALIFICATION” (Article 24-26 Directive 93/16/EEC of 5 April 1993) – CHARTER PREAMBULE

- 2) It is possible to create and respond, on requirement set forth by CHARTER C4 in the case of Management and Clinical Leadership, for:
 - a. Duration of training – using spiral curriculum methodology (see annex 2)
 - b. Contents of training – annex 2-4
 - c. Quality control – novel approach is needed to “qualify training sites, endorsed business schools etc, but this is doable
 - d. Control of capacity of training according to demand – in this case the risk of “overloaded institutions/lack of capacity to “host/teach” needed to be analyzed differently from “residencies in Internal medicine, cardiology, etc any of the “classic specialties) – more relevant to analyze the integration level between theory and clinical settings/”integrateability”
 - e. Procedures for entrance of training – these can be created and applied equally
 - f. Assessments or other means of qualification – certification of quality in management and leadership exist, if not more, equally well structured, see example of MBA rankings and others
- 3) On number 1.2 Article 2 of Charter – we need to understand that in the case of Management and Clinical Leadership teaching will be provided outside “classic training institutions” so either by Medical School faculty with PhD (minimum) in Management/Leadership, or by Business School Faculty

3) On the relationship with other Training requirements definitions/why individualize Management and Leadership

- 1) The difference in having a “speciality” in management and clinical leadership, or “covering those topics” like many will argue already exists in one way or another in other training requirements (eg Anesthesia) is not the SAME. The difference is, that in the second case, KSA (knowledge Skills and Attitudes) developed for Management and leadership Serve to PERFORM, as a INTERNIST, PEADIATRICIAN, ETC, better. The first case, it is the opposite. We are acknowledging that in certain positions in healthcare policy or practice, managers and leaders, can/should be doctors, and their “root” speciality will provide tools and leverage for them to be better managers and leaders in transforming healthcare and medicine. The first will for the most do clinical work (empowered by KSA in M&CL, while the Clinical Leaders will for the most work on exacting this: Managing and Leading health and healthcare.
- 2) On a quick analysis of other training requirements already approved by EUMS one can see to trends:

- a. “definable blocks” – for example Anesthesiology (https://www.uems.eu/_data/assets/pdf_file/0004/44428/UEMS-2013.18-European-Training-Requirements-Anaesthesiology.pdf) or clinical genetics (https://www.uems.eu/_data/assets/pdf_file/0006/47517/ClinGeneticsSpeciality_2017_approved.pdf)
 - b. “ill defined/very loosely defined components” for example Occupational Medicine (https://www.uems.eu/_data/assets/pdf_file/0005/44429/UEMS-2013.19-European-Training-Requirements-Occupational-Medicine.pdf) or Pediatrics (https://www.uems.eu/_data/assets/pdf_file/0016/44440/UEMS-2015.30-European-Training-Requirements-in-Paediatrics.pdf) in this case this is mixed with completely unrelated matters like research skills etc.
- 3) In both cases of 2), the level of description, impact and processes of teaching are so poorly defined that CHARTER C\$ criteria are almost impossible to scrutinize

4) On possible “parts” of a Training requirement for the Specialty of clinical leadership and management

- 1) A theoretical exercise can be done using material and experience, in my case much of the suggestions and ideas are published (annexes 1-4)
- 2) Would be important to create a group to reflect and latter a formal board
- 3) We should avoid “professional business academics” for the sake that rooting this requirements, the teaching and then its use in too theoretical or too distant from clinical practice fields of economy/business activity may create frameworks that are theoretically more correct but will not be well received or integrated by busy clinicians willing, nonetheless, to move to different field. Ie, boundary-spanner people are critical

5) About Author of this text, biosketch and relevant author publications

BIOSKETCH

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Biosketch: Prof. Martins is an Internal Medicine Specialist. He obtained his PhD degree from the Judge Business School, University of Cambridge with a thesis on “The use of Mobile ICT in clinical Settings”. He holds a Master in Management from the University of Cambridge and a Masters in HIV/AIDS from the University of Barcelona. He has several publications in the area of Mobile computing in healthcare and many conference presentations/keynotes in the area of eHealth.

He currently works as President of the Board of SPMS.EPE (www.spms.min-saude.pt) the Shared Services and eHealth/IT authority of the Ministry of Health in Portugal since 2013, after having served as Adjunct for Health IT to the Health Secretary of State in Portugal. He was responsible for setting up the Health Information Sharing Platform for Electronic Health Records. He is the representative for Portugal at the European eHealth Network since 2012, and coordinator for the new EU wide joint action for eHealth (ehealthAction). He has worked as CMIO – Chief Medical Information Officer at Hospital Fernando Fonseca for 5 years, where he started and coordinated for 3 years the Center for Investigation and Creativity in Informatics (www.ci2.pt). He has published and is reviewer for medical teacher journal on Management and Leadership, and he teaches health management, leadership and medical informatics in Portugal and abroad both at top management schools as well as medical and other health professionals’ schools for more than ten years. He introduced the first compulsory Management and Leadership subject in a Medical School in Portugal, in 2015, at the Faculty of Health Sciences, and is the Coordinator and teacher of leadership, informatics and change management at Financial Times-ranked Catolica Business School.

ANNEXES:

1. Martins, HMG, Detmer, DE., Rubery, E (2005) “**Perspectives on management education: an exploratory study of UK and Portuguese medical students**” *Medical Teacher*, Vol. 27, 493-498.
2. Martins, HMG, Tokuda, Y, Fukui, Tsuguya, (2008) “**Management Matters: Why should medical education of Japanese doctors include management and leadership topics?**” *Japanese Journal of Medical Education*, vol. 39:411-416.
3. Martins HMG (2009) “**Tetrahedron of medical academics: Reasons for training in management, leadership and informatics**”; *Medical Teacher*, Vol. 13:1-3.
4. Martins HMG (2010), “**Why management and leadership education for internists?**”, *European Journal of Internal Medicine* Vol. 21: 374-376 (DOI: 10.1016/j.ejim.2010.04.014).