

Graduate capabilities for health service managers: reconfiguring health management education @UNSW

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Abstract

The Master of Health Administration program at UNSW was extensively revised in 2006 to ensure that it effectively meets the challenging and dynamic environment of health service managers in local and global health contexts. This paper describes the innovative approach to the redesign of the health management program within the Faculty of Medicine. It outlines the method and considerations undertaken, particularly in identifying and embedding new graduate capabilities within the program. The paper concludes that using an outcomes-based approach and engaging with key stakeholders provides opportunity to identify and promote critical capabilities needed by managers to support the challenges confronting health services, including workforce flexibility. Further research is required on how such curriculum initiatives might impact on the performance of health service managers, but initial indications are that the health industry recognises the need and value of this approach.

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What is known about the topic?

Nurturing future health service managers who can integrate generic and transferable skills across the dynamic environments of health services is essential for optimal workforce performance. Determining which capabilities are required and how best to embed these meaningfully within postgraduate professional education programs for health service managers is difficult.

What does this paper add?

This paper outlines a qualitative approach used for contextualising and embedding generic capabilities within postgraduate education for health service managers. It describes the processes used to engage with key stakeholders from industry and academia to determine the agreed suite of capabilities for a postgraduate program with stronger relevance to workplace performance and contexts.

What are the implications for practitioners?

The approach suggests a strategy for equipping health service managers with a set of capabilities to strategically manage shifts occurring in the health workforce and health service contexts.

THE MASTER OF HEALTH ADMINISTRATION (MHA) at the University of New South Wales (UNSW) was established in 1956 with funding from the Kellogg Foundation, as the first postgraduate program in health management in Australia. Health managers from all over Australia and the region undertook the program through distance mode, and international students were able to complete the program full-time on campus.

The MHA has been regularly reviewed and revised, with a changing focus on hospitals, health services and health economics. In 1999 a Master of Health Services Management (MHSM) was created to meet the needs of health managers from less developed countries, following delivery

of the MHA offshore in Hong Kong. By 2005, the suite of local and international programs was serviced by 11 different core courses.

Despite high enrolments and industry support for the program, a recent horizon scan revealed a rapidly changing set of demands for health service managers, with added emphasis on leadership, risk management and workforce flexibility. This trend is matched by pressure for accreditation of health services personnel within a climate of increasing accountability and performance measurement in the workplace. Hence, a comprehensive redesign of the program including core curriculum was considered timely.

Why graduate capabilities?

Reform in health professional education across the globe has been a continual process for more than 20 years,^{1,2} with the most recent reforms leading to a greater emphasis on the outcomes of education.³⁻⁵ This move towards outcomes-based education is seen as significantly different to previous innovations that focused on the learning process rather than disciplinary content. For the last decade there has been significant pressure on higher education programs to be more workplace focused and nurture capabilities for lifelong learning and professional effectiveness.⁶⁻⁸ As a condition of government funding, every Australian university has a statement of the generic capabilities of its graduates.⁹ Other identifiable professional drivers include accountability to external stakeholders and program accreditation bodies for the competency of practising physicians¹⁰ and moves to establish a common set of standards for doctors in an increasingly globalised medical workforce.

Graduate capabilities or attributes are generally understood as:

... the qualities, skills and understandings a university community agrees its students should develop during their time with the institution. These attributes include, but go beyond, the disciplinary expertise or technical knowledge that has traditionally formed the core of most university courses.¹¹

This focus on attributes demands that academic programs move beyond traditional teaching and assessment, disciplinary knowledge and boundaries to a wider perspective. "Universities seek to graduate students who can 'do' as well as 'know', who are able to think critically, analyse, problem solve, and communicate".¹² As Richardson and Schneller argue, health management education for the 21st century needs to acknowledge the highly dynamic and challenging environment in which health managers operate — one of uncertainty within a multifaceted and complex health system. They state, "Health management educators challenged to prepare managers for a complex and volatile system will need to be bold in the design of new curriculum".¹³

As part of the redesign of the health services management program, it was recognised that effective health service managers need generic capabilities or attributes, such as strategic thinking and cultural competency, but that these need to be integrated and understood within health service contexts. Increasing complexity of medical work, an ever-expanding biomedical knowledge base, information and other technology advances, society's altered expectations of doctors, and the changing configuration of clinical work and multidisciplinary teamwork were some of the key pressures predicted to shape medical practice in the future. From these considerations two themes dominated the approach: the program should ensure the development of life-long learners; and it should explicitly address the personal and professional development of students. These set the stage for development of a set of desired graduate capabilities or educational outcomes.

Process — development and innovation

A series of data-gathering activities were used to identify and distil the dominant themes and needs of effective health service managers within local and global contexts. The approach is outlined below.

I The Master of Health Management (MHM) graduate capabilities

The MHM fosters in our students the following suite of graduate capabilities:

The applied knowledge and skills to:

1. Utilise information for decision making in health service delivery
2. Interpret the dynamics of the health care system and policy context
3. Lead and manage within own organisational context
4. Strategically plan and manage resources for health service delivery
5. Manage risk and quality in health service delivery

The interactional abilities to:

6. Communicate across a range of health service contexts
7. Work within and contribute to local, national and international communities
8. Enhance the capacity for collaborative and multidisciplinary teamwork

The personal attributes to:

9. Apply analytical and critical thinking for creative problem solving
10. Commit to ethical practice and social responsibility
11. Engage in lifelong learning and reflective practice

Environmental scan

We undertook a range of activities to determine a suite of graduate capabilities that would inform the program revision. These included:

- Review of the key literature, journal articles on health service contexts, health workforce trends and needs of managers;
- Review of professional competency standards in Australian and international contexts including the recent Australian College of Health Service Executives (ACHSE) Management Competencies for Health Professionals¹⁴ and the Royal Australasian College of Medical Administrators (RACMA) Competency Standards;¹⁵
- Key informant interviews with senior health managers working at both Commonwealth and state levels including representatives from: New South Wales Health; a number of Area Health

Services in NSW; the ACHSE; RACMA; the Australian Council on Healthcare Standards; the Commonwealth Department of Health and Ageing; and the Clinical Excellence Commission, NSW. Using a semi-structured interview protocol, we sought the stakeholders' views on perceived strengths and deficiencies of the existing program, as well as views about the critical capabilities needed for health service managers over the next decade.

Evidence from these three sources was analysed. Where key themes or nodes of data converged, this was used as the basis for identifying graduate capabilities for health service managers and the new curriculum. For example, the literature and professional competency standards indicated the importance of strategic thinking and change management, as did respondents to our interviews. This capability area then informed the new graduate capabilities, as well as what was to become a new core course in the program.

Identification of the proposed graduate capabilities

We distilled our findings of critical capabilities for health service managers into three categories: knowledge and skills; interactional abilities; and personal attributes. This format replicated the structure used in the UNSW undergraduate medical program, reinforcing coherence and the developmental relationship between undergraduate and postgraduate programs in the Faculty of Medicine at UNSW.

Critical to the process was the active engagement of the curriculum development team with the academics involved in our health services management education. Given the competing pressures within higher education delivery, this was sometimes challenging. However, as the graduate capabilities began to form, there was increasing interaction across the academic team. The development of the graduate capabilities became a way to discuss common understandings and values about the purpose and shape of health services management postgraduate education. The final set of graduate capabilities are summarised in Box 1.

2 Sample of the mapping of graduate attributes across the health management core courses

Knowledge and skills to:	Foundations in public health and health care systems	Health leadership and workforce management	Health care economics and financial management	Clinical governance and risk management	Strategy, policy and change	Evidence-informed decision making
<i>2. Interpret the dynamics of the health care system and policy context</i>						
i. Apply an understanding of population health and health care systems to health	xxx	x	xx		xx	x
ii. Compare health care systems across national and international contexts	xxx	x	xx		xx	x
iii. Interpret health policy and current issues impacting on health	xx	x	xx	xxx	xx	x

In the table, the core courses have been mapped against the graduate attributes to demonstrate the extent to which the course seeks to promote the graduate attributes determined for the Master of Health Management program.

Key:

X – Introductory: The course provides introductory material and learning activities for nurturing this attribute.

XX – Developing: The course provides content and activities to help students gain a developing capacity in this attribute.

XXX – Consolidating/Advanced: The course provides substantial in-depth content and activities that nurture students to gain consolidated and advanced capacity in this attribute.

Blank space: The course does not seek to nurture the specific graduate attribute.

Graduate capabilities as a reference point

Following consultation with the academic team, the program was restructured around six revised core courses to address the agreed capabilities and renamed as the Master of Health Management. The redesign used existing coursework as a platform, but with a stronger emphasis on features that were not previously core material, such as risk management and clinical governance, and evidence-informed decision making. In illustration, previously the program included a core course “Population Health, Epidemiology and Statistics”. Reference to the graduate capabilities made clear the need to reconfigure the course to one that included emergent trends in decision analysis for health managers, such as health informatics, as well as a more holistic approach to decision making across the program.

A critical aspect of the method was the mapping process of the graduate capabilities across the agreed health services management core courses. This allowed the academic team to meet and share their understandings of how, collectively, the core courses would foster the agreed graduate capabilities for the program outcomes. This process also ensured the identification of possible overlaps or gaps in the program once the mapping had been completed by each academic team member, and then dialogue on how this might best be addressed. Once this was determined and there was agreement on the weighting of graduate attributes across all the core courses, the academic team could clearly see where there were overlaps and possible synergies. This provided opportunity for a more integrated approach to be taken across courses in the new program to mutually address com-

mon concepts, themes and skills. For example, policy and practice in the area of risk management, patient safety and quality was identified as a strong theme that would be picked up across a number of the courses. A sample of the mapping is provided in Box 2.

Outcomes

The new program represents a significant shift from the previous one, where courses were largely conceptualised and developed within their own disciplinary area. The revised postgraduate health management program has been designed as a more holistic and integrated offering as well as being grounded in industry consultation, identified health management needs and professional standards.

A benefit of the approach has also been stronger collaboration among the academic team engaged in our postgraduate education. Although the new program is still being implemented, there is an interest in adopting more collaborative and innovative approaches to team teaching and scenario-based learning.

Challenges and lessons learnt to date

Contextualisation of graduate capabilities

It has been suggested by Milton¹⁶ that including generic graduate capabilities in professional education may divert programs from the real nature of professional practice; that it's perhaps more important for course teams to reflect on professional practice and what this means for course design, than determine the actual capabilities. Our experience suggests that Milton is right in that the process of considering what constitutes effective professional practice is productive for designing professional education within the health management context. However, we would argue that it is important and necessary to identify and determine the graduate capabilities that the program is seeking to nurture and this is fundamental to ensuring effective professional education for health managers.

Enhancing workforce capabilities for health service managers

Much of the current workforce debate is on policy reforms that will support new structures for the development and composition of the Australian health workforce. Of the range of interventions that could support workforce flexibility, Duckett observed that some are related to reforms in the way health education is provided in higher education. He calls for closer relationships between the health sector and universities and flags the possibility of new funding arrangements.¹⁷

We suggest that our innovative approach to the design of health service managers' professional education has potential to support policy reforms. The process was grounded in the recognition that current health service managers need to be nurtured with a suite of capabilities resilient to the broader changes driving health services. The interest in workforce flexibility has significant implications for the capabilities of health service managers in how they might shift in their own scope of responsibility as well as support changing health roles and identities. The graduate capabilities approach allows health service managers to be well positioned for future challenges. By embedding and nurturing the critical capabilities for health service managers to be life-long learners and resilient and effective strategic leaders, they can effectively manage the transitions that will be needed for a more flexible health workforce.

What next?

The next step in the graduate capabilities redesign program will be to monitor implementation and measure outcomes. This will include evaluation of student and academic responses to the graduate capabilities. A comparative study of recent graduates and future students will allow a measure of impact with a focus on workplace readiness and performance.

Competing interests

The authors declare that they have no competing interests.

For further information on the new Master of Health Management please go to:

<http://www.sphcm.med.unsw.edu.au/>

You can find more on the mapping of the graduate attributes at: <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/MHMAAttributes>

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