FOR PRIVATE CIRCULATION ONLY

King Edward's Hospital Fund for London

TRAINING IN HOSPITAL ADMINISTRATION

A Report by P. H. Constable, M.A., F.H.A.,
House Governor of St. George's Hospital,
after a study of American University
Courses in Hospital Administration.

AUGUST 1950

HOGA:FN Con

KING EDWARD'S HOSPITAL FUND
FOR LONDON

TRAINING IN HOSPITAL ADMINISTRATION

A Report by P. H. Constable, M.A., F.H.A.,
House Governor of St. George's Hospital,
after a study of American University
Courses in Hospital Administration.

AUGUST 1950

Offices:
10, OLD JEWRY, LONDON, E.C.2
TELEPHONE MONARCH 2394

INTRODUCTORY NOTE

Through the kindness of the Rockefeller Foundation, the King's Fund and my own Board, I was able to visit the United States of America and Canada to study the University Courses in Hospital Administration and to see how far we could apply to our own projected Staff College the lessons learned by them in the several years that they have been running and also, with an eye to the new St. George's, to study certain aspects of hospital construction and organisation—in particular the ward or nursing unit, and the food or dietary service. This report deals only with the training of administrators; a further short report with copies of several ward-units and other plans is being prepared.

In this mission I received the greatest kindness and help from everyone, and in particular I wish to thank Dr. George Payne of the Rockefeller Foundation, Mr. Graham Davis of the Kellogg Foundation, Dr. John Gorell of Columbia University, Mr. James Hamilton of Minnesota University, Dr. Edward Crosby of Johns Hopkins, and Dr. Harvey Agnew of Toronto. At these Universities, I was given a chance to see the Course in Hospital Administration in operation, and by formal and informal talks with the students gain a good and, I think, reliable impression of their methods and results, from which we can draw many useful lessons. I should like also to express grateful thanks to the Directors of Courses, Hospital Administrators, Architects, Physicians and Surgeons and many others for their advice, help and most generous hospitality.

It was altogether a stimulating experience. With their resources in material and technical skill, they have made

great advances, especially in hospital design and equipment and in the techniques of hospital management, many of which we can adapt to suit our own system, and our less plentiful resources.

My only regret is that I was not able to make this visit earlier in my hospital career, and my hope is that I may have an opportunity at no distant date to go again.

August, 1950

TRAINING IN HOSPITAL ADMINISTRATION

It was necessary at the outset to get a clear idea in mind of what we mean by hospital administration and what it is we are trying to do in our projected schemes of training in England. There is no exact counter-part in America or Canada to our proposed resident refresher courses for men already holding executive posts, and this report and recommendations deal chiefly with training the new entrant and those already in hospital service who may be selected as suitable, with further training, to hold senior posts. Many of the lessons may, however, be applied to our refresher courses.

The Boards of Governors and the Management Committees are responsible to the Minister or the Regional Boards for the care of the sick and injured in all the hospitals that now come under the National Health Service. They are corporate bodies, with full legal responsibility, composed of voluntary members appointed for a term of three years, or more, and served as to their Executive or Chief Administrative Officer by a Secretary, who sometimes has another title such as House Governor; in most instances he will have a Deputy, and there will be Assistant Secretaries in each of the hospitals comprising the Group. It is these men that are chiefly in mind in this context as hospital administrators, although I am not suggesting that our Staff College should restrict its activities to this group; many others in the hospital service need some training in administrative principles and detail.

The hospital's task is to care for the sick and generally, within a comprehensive health service, to "co-operate in all measures for the improvement of the mental and physical health of the people, and the prevention, diagnosis and

treatment of disease." This includes the clinical phases of medical education and the practical training of all other hospital workers. To do this requires many kinds of institution, large staffs of highly skilled men and women and many technically unskilled—the total staff ratio to patients to-day is nearly two to one—every kind of plant and apparatus, and an enormous consumption of stores and materials of infinite variety. Many hospital groups have budgets exceeding a million pounds a year. These highly expensive concentrations of men and material must be brought to bear all the time upon the patient's proper needs, and for the patient most in need, and this must be done efficiently, with economy, and with the greatest regard for the patient as a human being. But this is not necessarily the full extent of the part the hospital may play in the Service. Not only may the General Hospital become much more general by including such work as fever, mental, and tuberculosis, but it may become much more the centre of the public health interest of a community than it is at present. Already Committees are at work considering how to bring about better co-operation between teaching hospitals and others, between Boards and Executive Committees, and how to give the general practitioner his proper share and responsibility in the whole Service. We may not look on hospitals in the future so much as buildings to which patients come as the place where services are generated and housed, to be carried out when and where they are needed. At any rate the part the hospital will play must increase in importance rather than grow less, and the role of the administrator correspondingly.

The Administrator is the Executive Officer of the Governors or Committee, and it is upon him that the most direct responsibility will fall for seeing that the hospital's task is accomplished, that is, for seeing that the services are so co-ordinated and used as to achieve the purpose. He must be given authority to match his responsibility, for

he is accountable to the Board just as the Board is accountable to the Minister. His functions include those ordinarily understood by the term "managerial direction," exercised within a committee system with ultimate control resting on a corporate body. Responsibility must be placed fairly and squarely on his shoulders and it must be an overall responsibility including finance.

What manner of man is needed? What background of experience and what training are necessary to make sure that our hospitals are in fact so served, and what are our plans now and for the future to give that training? Do we have the right men available and are the attractions sufficient to bring them in? No elaboration is needed to show that the hospital administrator must be a man of real calibre, calibre equal to that of any of those with whom he will work in the hospital and in the hospital's community of interests, and that he should have an aptitude for the work. It is for us to work out the best way of giving proper training in the art and science of hospital administration, not in substitution for the former rather haphazard apprenticeship, but supplementary, or complementary, to a carefully chosen apprenticeship in the practice of his chosen profession. Further, we must have top management in mind throughout, and all of us now holding senior appointments must surely take some responsibility for the education of our successors.

It was with this general conception and these questions in mind that I studied the work being done and results achieved in the University Schools of Hospital Administration in the United States and Canada, to see how far we could make use of their experience.

By great good fortune my arrival coincided with the first Conference held between the Directors of the Courses and the Kellogg Foundation, which had sponsored several of the courses established since the war. The Schools were represented by their Directors of Courses and Associates,

and there were several others there with a vital interest in the success of the training from the American Hospitals Association and the American College of Hospital Administrators. They met to appraise results and to see what changes should be made in the light of experience. The ground covered was:—

(1) Student supply and Selection.

(2) Curriculum Content, teaching methods and resources.

(3) Job opportunities for graduates.

(4) Research in hospital administration.

Mr. Graham Davies of the Kellogg Foundation, had himself provided a preliminary general survey and some time beforehand a working party was set up to prepare a report on each topic, and it was, therefore, possible to cover a lot of ground in the four days we were together. We could learn a few lessons from the thoroughness with which this preliminary work was carried out and, indeed, from the way in which results can be achieved by the conference method.

There is no doubt that Hospital Administration has made much more progress towards acceptance as a profession in the United States and Canada than it has in this country, and for this position those who started and developed these schools are largely responsible. In all but one case, the school is associated with a university, often with the School of Hygiene, admission is usually restricted to graduates, and on completion of the course a degree or diploma in hospital administration is awarded. There is now an Association of University Programmes in Hospital Administration which, without seeking to create a rigid uniformity of programme, is none the less determined that only those who can offer adequate evidence of good methods of selection, and thorough training under adequate and competent

staff will be admitted to membership. The almost general insistence on graduate standing on admission to the course, and the award by Universities of the highest standing of degrees such as Master of Hospital Administration, in themselves now help to keep up a high standard. Although in our first projected efforts in London, we are not so associated, we can still make good use of facilities the University has to offer, and perhaps we may justify ourselves sooner than we now think and obtain some degree of university recognition.

Before this Conference a two-day preceptor training course, the first to be held, took place in Chicago. This was attended by the Directors of Courses and some 40 hospital administrators—the preceptors—who accepted students for their practical training. The College of Hospital Administrators had earlier appointed a Co-ordinator of Graduate Education and the first task centred round this field of preceptor training. We know here how comparatively lightly the administrator may accept the presence of a pupil, an apprentice, and if we are to profit from their experience in America, we shall give this part of our whole scheme very careful thought. The subjects covered following an excellent introductory session were: the qualifications of the preceptor; available aids to the administrator in directing the apprenticeship; the content of the practical year; and the teaching resources available to the hospital. The general conclusions at this Conference were: This practical year, or "residency" as it is called, must be aimed at top management; the primary goal is to develop a high level of administrative skills and hospital ideals. "The content of training must be inclusive enough to provide a complete orientation and development of the student by personal contact with all elements of the hospital organisation. Definite assignments should be made to the various departments for observation, study and survey, but flexible enough to meet the strengths and weaknesses of the individual

student." It pre-supposes the co-operation and good-will of the governing body, as well as the administrator, and, as they found in America, the good-will of the medical and other senior staff.

I have not set out in detail the make-up of the individual University courses in Hospital Administration, but instead I have picked out what seem to me to be important points and applied the lessons learned to our own situation as I go along. Examples of the content of one or two courses are given at the end. It must be remembered that the greater number of American and Canadian Hospitals are still voluntary, and that they face a critical situation due to the swift rise in costs since the war. If the Courses seem to have a bias towards business management, it is understandable and it does not mean that the patient is out of sight.

These Courses have had a fair run, many adjustments have been made in the programmes and they are still learning, but it is a fact that there is now practically no wastage of students, and that the men they turn out are sought after by Hospital and Public Health Bodies.

1 Kind of Man and Age of Entry

The courses themselves are on the graduate level, and it is the general opinion that admission should be restricted to those who have had a University training and obtained a degree in arts, economics, law or business administration for example. Exceptions are sometimes made, but the degree is not awarded on completion of the course. Of the 196 entering the eleven courses this year, 22 were doctors, 23 nurse graduates, and 151 were laymen. There are a great many small hospitals in America of under 100 beds.

These are often administered by nurse graduates who also direct the nursing service: this is particularly true in the hospitals conducted by religious orders. I mention this because at first sight it might appear to be a high annual intake. There was some indication that they would like to see more doctors taking the courses; one director said it was a good thing to have "a leavening of doctor administrators." On the other hand, some fears were expressed of possible medical "domination" in the hospital and, therefore, administration was better in the hands of non-medical administrators. This is a difficult subject, and I should be prepared to discuss it thoroughly at some better time, but I have always held that our task is to train first-rate hospital administrators whether doctors or laymen: if medical qualification is not essential to the administrator, as I think, it certainly is no bar.

It would be foolish to lay down a rigid age limit, but candidates should have a certain maturity, some experience of life in such work as gives an indication of their suitability for hospital work, and if they are to be graduates or at graduate level, it suggests that between 26 or 27 and the early thirties is the best age group. There would seem to have been a change in America in the last few years in this respect, for the age on entry is now rather higher. My own view is that it is too big a risk to lower the age of entry much below 26, the wastage due to unsuitability would be too high. I spoke formally and informally with several groups of students, and was most favourably impressed with them, particularly their thirst for information about hospital systems other than their own present system. It is impossible on a short acquaintance to weigh up a man's ability to handle people, which is perhaps one of the most important factors of all, but there was no doubt of the average good quality of entrants. None the less, the Directors were not complacent; they all realised that the standard of entrant could be raised even further.

2 Size of School

One of the schools takes 75 students but the average is 25; some deliberately limit the class to 12 in order to give individual attention to the student's needs. This is an important point to consider for clearly the students will vary widely in their background and earlier experience; one may have had no business training, another no hospital or social service experience, while doctors attending will hardly wish to be given lectures on orientation in medical staff questions, or medical terminology. In any case, the curriculum and timetable should be capable of adjustment to meet individual needs. If there are sufficient and competent teachers, lecturers, and demonstrators, the size of the class may safely reach twenty-five; I should not advocate more than that and I do not think it is likely that we shall ever need to exceed that number.

Before we decide on the optimum size of our own school, we should make careful enquiry into the number of "job opportunities." Having seen the full record of posts obtained and now available in America and Canada, and making the best estimate I can, allowing for the greater number of small hospitals there and the greater population, I think there will be an annual need in England for about 50 to 60 administrators, senior, deputy and assistant. We must not expect to supply all the needs, but I think we might safely plan for a scheme that eventually reached an annual entry of 25.

In no case do the students live together in one building, but some do share rooms in university hostels. In my opinion it is an advantage that the men in training should as far as possible live a corporate life together in the one building, which is what we propose. The student-to-student process of learning in the instructional year is important and I can imagine some of the most useful discussions being those that go on, or used to go on, into the small hours, much outside the published curriculum.

3 Methods of Selection

The Courses are now well-known and most schools have applications running into hundreds from all over the United States, Canada, and Latin America. A personal interview with the Director is, therefore, often impracticable. Applicants must complete a very full form of application and write at length explaining why they wish to follow hospital administration as a career. Referees' reports are obtained and after a first and necessarily drastic weeding out process, interviews are arranged for the remainder with the nearest senior hospital administrator who sends in his evaluation of the candidate. The Director and his Associates study the results, and, where possible, interview the candidates. There is, and always will be, a certain element of risk in making the final selection. No personality or other aptitude tests are used, so far, but I think they would be used after some research had been carried out. My own view remains that these tests have their place, with other means at our disposal, in helping to find the right men, or at least in making fewer bad mistakes. The calibre of the man and his flair for getting on with people are so important that no trouble should be spared in this process of initial selection. Candidates with previous hospital experience or in an allied field have an advantage; occasionally a promising candidate without such experience will be advised to obtain a post in a hospital and then apply again.

While I do not think that we can insist on previous hospital experience or arrange pre-course training in all cases, it would be a great help to have the opinion of an experienced administrator on the qualities shown by a candidate in such training. This points to a selection of students well in advance of the course so that some deficiencies can be made good. It is, for example, an irritating drawback if the student has not even an elementary knowledge of accounts, bookkeeping and economics. In general, our present methods of selection are good, but we

might add aptitude and personality tests, at least experimentally, and also make use of administrators outside London for preliminary interviews of applicants.

4 Length of Course

All the programmes in the United States and Canada last two years. The first year—usually three terms of about 13 weeks each—is spent in the School and the second year in a hospital, preferably in residence. In most cases the student finds his own hospital and usually spends most of the time in that one hospital. Although there are some advantages in this—the student may have a future post in mind and he may respond to one administrator's guidance and not another's—yet it is not, perhaps, the best arrangement, either in the strict separation of the course in two halves or in the reliance placed on experience gained in only one hospital. It might be better to give, say, six months in the school followed by three months' practice, a further period in the school and further practice, with a final brushing up in the school. Given good material, two years would seem to be sufficient to turn out men trained sufficiently to be started off in a junior post, where they will learn on the job, with a reasonable hope that in some four or five years they will be capable of running their own hospital.

If a school is associated with a University, it is not possible to split up the instructional year in this way, but although it would be more difficult to arrange, I think that as we are free of the restriction imposed by an academic year, we might well consider merging the instructional and practical years in the way suggested. Any periods when the school was vacant as a result of this could be well used for shorter residential or non-residential courses for matrons, finance officers, supply officers, and others.

5 Staff Required

In America and Canada the Directors of the Courses are not whole-time, with one exception. In nearly every case they hold a hospital appointment as Director or as a Hospital Consultant. The associate directors are usually whole-time and for a school of, say, 25, the staff would be the part-time director, an associate director whole-time, one other associate, and at least a dozen part-time lecturers who would be paid on a regular basis for their services. In one or two of the Courses there were as many as 30 outside lecturers.

The best teaching resource available to us is the experience of men practising in the hospital and allied fields. We could not be better placed in this regard, for not only have we the University and the Medical Schools and Hospitals —all the post-graduate—but we have invaluable experience accumulated by the King's Fund itself on which to draw, and I am sure on all others holding positions of influence in the Service including the Ministry of Health.

6 Curriculum or Course Content

There is a good deal of variation not only in the subjects listed and the time allotted to each, but in the relative importance given to the lecture and demonstration, the field trip, seminar and discussion. A great deal of study has been given in the last few years, by means of working parties and most recently by a Commission, to the make-up of the Courses. This Commission, with the advantage of an analysis that had been made of the problems that commonly confront the hospital administrator, although not giving undue weight to the result, found that there were six chief "areas" that should form the basis of the course content. These were, in order of importance: —

(1) Working with the medical staff.

(2) Personnel management.

(3) Departments and their organisation.

(4) Medical care programmes.

(5) Finance and Budgetary control.

(6) Community relationships.

Comparing their findings with what we have heard in some recent discussions with Management Committee Secretaries, and my own experience, there is much in common. Certainly the importance of "working with the medical staff" can hardly be exaggerated. In the appendix I have given one or two examples of curricula, but it will serve no useful purpose in this report to describe them in great detail. In short, on an average, about 70 per cent of the time spent in the school is given to hospital administration, 20 per cent to related public health topics and the balance to such subjects as the written word, speech, conference technique, and in obtaining an elementary knowledge of the medical and technical terms used in a hospital. It must be borne in mind that some of these schools are attached to the Schools of Hygiene and the training so arranged that graduates can enter the field of public health service, and though we may not go as far as they do in this respect, I think we have hitherto under-estimated the importance of giving the administrator an understanding of the Service as a whole Service.

Opinion seemed to me to be growing that at least the co-ordination of public health services might become a proper task for non-medical administrators, and that the hospital should become increasingly the centre of the community's public health interests.

The following outline is made up from several of the courses. The figure in brackets is a general guide expressed

in percentage of the allotted time for lecture and discussion. Of 30 planned school hours weekly, 24 would be allotted to lectures, discussions and demonstrations, and about six hours, or one day, to field trips. This would still leave a good amount of free time for the student to browse in the library, write papers, and refresh himself with his own choice of diversion.

(*a*) Organisation and Management (25%).

(i) Provision and maintenance of facilities and resources, including plant, equipment, supplies and personnel.

(ii) Departmental Organisation, Administrative Policy, Committee procedure and control.

(*b*) Personnel Management (8%).

(*c*) Accounting and Budgets (8%).

(*d*) Relationships with Medical and other staff (8%).

(*e*) Records and Hospital Statistics (5%).

(*f*) Food Service and Dietary (5%).

(*g*) Purchasing and supplies (5%).

(*h*) Legal aspects of hospital administration (5%).

The actual time allotted is not necessarily a measure of the subject's importance.

Overriding or running through all the training years, whether in the School or the Hospital, must be a constant reminder of the part the administrator must play in the human side of the hospital-patient relationship. He runs the same risk in America that we do here, though for different reasons, of getting overwhelmed with the business side of running the hospital and so having little time to give to the fundamental question of patient care in the broad sense. This will not be corrected merely by having sufficient

deputies and a good system of delegation to carry out routine work; it needs also a conscious effort so to organise your days that some part of them brings you in touch not only with physicians, surgeons, matrons, almoners, and others, but with the scene of their activities. I do not mean that it is necessary to watch operations or indeed, as a rule, any actual treatment, but that you go into the areas where the patients are being cared for. It is a refreshing change from the office chair and nothing takes its place in helping the administrator to understand and discharge his responsibility. Never lose sight of the patient: remember that he is human and not often at his best mentally and neither are his anxious relatives. The medical and nursing staff see and treat, as a rule, only a part of the patient; there may be a dozen or more people concerned in his treatment and it is somebody's business to see that by some means or other the patient is "seen through" his stay in the hospital and his subsequent rehabilitation. It is the administrator's responsibility to see that this is so.

7 Teaching Methods and Resources

Lecture, conference, demonstration and application are the basic methods as in most schools of advanced training. Many audio-visual aids are now available, such as the film, film-strip, model, chart, and diagram, and they are all freely used. The straight lecture, even by the good lecturers, was not highly rated. It was more common to find the class participating with the lecturer and it was certainly preferred by the students, who are not, however, always right! For the most part, the sessions were two hours long and at first I thought this too long, but gaining a little experience there with a class or two, who were only too ready to participate, I did not find it exhausting. I was particularly impressed with their use of "case studies" and "task assignment." The whole class is given the "case" —an administrative or personal problem—and each presents his own diagnosis and line of proposed treatment;

these are then discussed by the class as a whole and an ideal solution agreed upon. The author of the "case," if present, then says what in fact was decided and what was the result. This and other means of bringing realism into the instruction are good. It should not be difficult for us to draw up from our own experience a list of actual cases that have presented us with administrative and personal problems: I can imagine many an entertaining and useful after-dinner session led by some candid administrators. "Task assignment" consisted of the student visiting a neighbouring hospital to study a particular problem that had arisen, e.g. the admission system or the dietary service. He would prepare a report which would be discussed by the whole class and with the director, or the associates, and as a rule some good solution would be worked out which would be of help to the co-operating hospital. Failing any problem presenting itself the student would make a "survey" of the whole or part of a hospital. Clearly it is essential to get the co-operation of the administrators in all the hospitals that we propose to use and, in particular, when making assignments of this sort of task, to make them worth while.

The courses were conducted in a rather freer and more intimate manner between staff and students than is usual here, but there was certainly no slackness. Set exercises were thoroughly well done and critically discussed, and there was plenty of opportunity for individual discussion of 'problems.' Directors and their associates were constantly on the look-out for weaknesses in the students' make-up and seeking ways and means to correct them. So too when they went out for their practical work the tutors kept in close touch with them and with the administrators —preceptors—in the selected hospitals, producing what seemed to me an excellent relationship, inspiring confidence in the student and preserving a good balance between theory and practice.

RECOMMENDATIONS

1. That a two-year Course be established for new entrants to the profession and those already serving in hospitals, of which time approximately nine months should be spent in residence in the college, and a little over one year in at least two and possibly three hospitals, preferably in residence; at least one of these should be a non-teaching hospital. A short time should also be allowed for work in the offices of the Regional Boards, and if it were possible, in the Ministry of Health.

2. That the first Course, to begin in April, 1951, should consist of not more than 12 students. If warranted, the number could be increased in the next course to 20, which might begin in 1952 or, in the formative period, be deferred until 1953.

3. That a general description of the proposed course with a syllabus of Training be drawn up as soon as possible, and that we let our objectives be widely known, particularly to the Chairmen of governing bodies.

4. The Course itself should be on the graduate level of instruction. It may not be right or wise to insist upon University graduation for admission, but it would be both right and wise to have a high graduate level in mind when selecting. From the outset we must insist on the highest possible standard of entrant; education and social background, previous training, experience, and aptitude. If these men can be found within the present Service, so much the better; we ought to make a special effort to find them and make it possible for them to take the course.

5. That an early start be made in selecting men for the first course; advertise, interview and perhaps arrange for

pre-entry service in a hospital in suitable cases. Without laying down a rigid age limit, 27 to 32 might be in mind as about the optimum.

6. Steps should be taken to find out which hospitals and their administrators are willing and suitable to take these men for their practical experience. Some time, say in January next, we should arrange for these Preceptors to meet together at the College either for a week-end or for at least two days for first briefing and to arouse their interest, and they should be given a recognised standing in our scheme.

7. That a panel of lecturers and demonstrators be appointed, some to do their work at the college and some in their own hospitals or institutions. These lecturers should be asked to make the maximum use of audio-visual aids and the expense of preparing approved aids should be borne by the College. They should be asked to supply a bibliography, and in all cases a short summary of the lecture should be made available to each student. The lecturers should be paid at an agreed rate for their services: I think £5 5s. 0d. for the ordinary lecture is the right amount, and it would probably be best, after the experimental period, to enter into an annual agreement. The term "lecture" and "lecturer" is used only for want of a better word.

8. Further enquiry should be made to see what advantage can be taken of lectures and courses conducted by the University of London, e.g. at the School of Hygiene.

9. During the several months in the year that this part of the College will be vacated by the students, courses should be arranged, resident and non-resident, for others in the hospital service for whom some training in the principles of hospital administration may be desirable and welcome, e.g. matrons, finance and supplies officers.

10. A judicious selection should be made from the many books on hospital and associated topics published in America and Canada for inclusion in our library, and subscriptions taken out for the regular supply of at least two copies of "The Modern Hospital" and "The Hospital."

11. Much more attention should be given both to the selection of hospitals or other places for field visits and to the organisation of the visit. Much of the value of these visits is lost through lack of preparation: opportunities should be given for questions and discussion, and the leader of the visit should have clearly in mind the result that the visit is expected to yield.

12. Hospital administration makes a particularly heavy demand on the patience and understanding of the administrator's wife. We should, therefore, arrange to bring the wives into the School, from time to time, so that they may understand what their husbands are trying to do and give them the support and encouragement they will need throughout.

13. We have said in our published declaration of objectives that we will make a constant study of problems of hospital administration. It is, however, easy to become so absorbed in the task of completing the prescribed course that this special study or research may never get done. All forms of research depend largely upon having the right men with sufficient time available, and we may have to consider offering research fellowships on a much more carefully planned footing if we are to get results. One of the subjects that should receive special attention is how to make the best use of the available beds in the hospitals. This means not only keeping a bed-state showing occupied and unoccupied beds in such a way as to enable admissions to be arranged up to the limit of capacity, but also through discussion with the medical staff to see that the beds are

made available for the patients who most need them and for only so long as is necessary. Every empty bed that could have been filled by good organisation means the loss of about £1,000 a year, and I should be surprised if there are not as many as 1 per cent of all beds in acute general hospitals unnecessarily unoccupied. In an 800 bedded hospital or group, this means a dead loss of about £8,000 a year—and that some 150 patients have failed to obtain admission.

Another subject is that of finding yardsticks not only to measure the costs for budget purposes, but as tests of efficiency and effectiveness. One of the chief dangers at present is that financial considerations may lead to the wrong kind of control which will impede the development of the Service.

14. My overriding observation is that we must insist on getting the right calibre of man—that is to say, a man of good character and background, one who is fitted to shoulder responsibility and use authority in the proper way. It is our business to train him to become a hospital administrator. The two-year course is only a preliminary to the most important time of all, and that is the self-education or learning on the job during the first actual appointment. In my opinion it takes as a rule in these circumstances about 6 or 7 years to bring a man to a point when he can be properly left in sole administrative charge of a hospital or hospital group.

Conclusion

Looking back on my own experience, I do not think that the picture in the opening paragraphs of the administrator's role is overdrawn. We all know how far short our own performance falls of the ideal and that is perhaps because for many of us our introduction to hospital life was fortu-

itous, and we never had the opportunity of receiving a planned training and apprenticeship in the Service. I should not hesitate to recommend hospital administration as a career to the ablest man of action, provided he showed a flair for handling people and was otherwise suitable to exercise managerial direction within a Committee system. Without in any way under-rating the need for adequate material rewards and incentives, I should still say that hospital administration offers rewards far beyond those found in most other careers. As mutual confidence grows between members of the Board, the Medical Staff, the Nursing Staff and, indeed, of all those who make up the hospital community, the administrator's personal relationships are enriched and become one of the most satisfying and enduring features of his work. With all the uncertainties and especially in stringent times the frustrations and delays, the life is never dull, and at its best, as a piece of social engineering, is a challenge to the creative urge and the desire to render service to our fellow-men in a way that few other careers can match.

APPENDIX

Summaries of the Courses in Hospital Administration now in operation in the Universities of Toronto, Minnesota and Columbia.

APPENDIX

UNIVERSITY OF TORONTO: SCHOOL OF HYGIENE

COURSE: 2 YEARS. DEGREE: DIPLOMA OF HOSPITAL ADMINISTRATION

CURRICULUM

The curriculum includes lectures, conferences, laboratory instruction and field visits in the following subjects which are presented in the academic session of thirty-two weeks, and are supplemented by the practical experience in the work of the second year.

1 HOSPITAL ORGANISATION AND MANAGEMENT (132 hours. 13%)

The course discusses the history and development of hospitals, ownership, governing authority, constitution and charters; the organisation and responsibilities of the Hospital Board of Trustees, its relation to the administrator, to the medical staff and to the public; the administrator's responsibilities as relating to the work of the various departmental heads, attending and resident staff, and nursing service; ethics of hospital relationships; the hospital as an educational institution; planning and construction of hospitals including architectural and engineering aspects and interior decorating; the legal aspects of hospital administration relating to medical and nursing practice.

2 DEPARTMENTAL MANAGEMENT (240 hours. 24%)

The course presents the work of the various departments; professional services including nursing school administration, education and service, the dietary department, clinical departments, medical social service, medical records, central supply and special services such as radiology, pathology, physical medicine, and pharmacy; non-professional services including laundry and linen, housekeeping, engineering and maintenance purchasing and stores, and volunteer help. This course includes

frequent field trips to general and special hospitals in Toronto and vicinity, for observation and study of departmental services. Seminar discussions precede and follow field trips.

3 BUSINESS MANAGEMENT (275 hours. 27%)

A course designed to study the elements and principles of administration, organisation and operation, business economics and finance, the principles and practices of cost and hospital accounting, collections and credits, purchasing procedures and the general principles relating to business writing.

4 PERSONNEL MANAGEMENT (75 hours. 7%)

The course provides a review of basic psychology in human relations; techniques and tools in personnel administration and the study of personnel and public relations' programmes with special emphasis on practical problems.

5 SOCIOLOGICAL AND ECONOMIC ASPECTS OF HEALTH CARE (120 hours. 12%)

An explanatory lecture course on present sociological legislation; voluntary and compulsory health care plans in this country and elsewhere; public medical care; relationships of hospitals to community welfare services and organisations; social work and its place in hospital care; psychology (for candidates without adequate background).

6 PUBLIC HEALTH (120 hours. 12%)

A course presenting public health administration, federal, provincial and local. The course covers epidemiology and vital statistics, including a study of morbidity data and the social and economic aspects of health and disease; physiological and industrial hygiene problems, particularly relating to ventilation, illumination, noise, etc.; environmental sanitation, including control of water supply, sewage, food and milk, insects and rodents; the basic principles of a normal diet and dietary studies; dental health services; public health programmes relating to tuberculosis, cancer and venereal disease, etc.

7 MEDICAL SCIENCES' BACKGROUND (45 hours. 4%)

An introductory lecture and demonstration course designed to provide the necessary medical knowledge for candidates with a non-medical background. The candidate is given instruction in the broader aspects of human anatomy, physiology and biochemistry; the more common medical terms, diagnostic tests; commonly used clinical equipment, X-ray and physiotherapy apparatus; aspects of common diseases of concern to the administrator.

RESIDENCY IN HOSPITAL ADMINISTRATION

Candidates for the Diploma in Hospital Administration at the University of Toronto are required to serve as residents in hospital administration for a period of twelve months in selected hospital in various cities. During this period they will be under the supervision of the Department of Hospital Administration and the direction of the hospital superintendent. These months supplement the instruction received during the academic year and provide experience in practical situations. The resident is presumed to be continuing post-graduate training.

Seminars, conferences, attendance at Committee and Board of Directors' meetings and administrative assignments constitute part of the resident's experiences. As the resident gains in experience (after 8 months) responsibility for certain administrative aspects of the hospital may be assigned. During the residency, monthly reports are submitted by the resident to the Department of Hospital Administration on hospital experiences and assigned subjects. The hospital preceptor may also require monthly reports or reports on request concerning the resident's experience.

The standing obtained in the course will be based on examinations held at the close of the academic session and on the work as a resident during the residency year. Students are required to submit a thesis before the diploma is granted.

APPENDIX

UNIVERSITY OF MINNESOTA: SCHOOL OF PUBLIC HEALTH

COURSE: 2 YEARS. DEGREE: MASTER OF HOSPITAL ADMINISTRATION

SUMMARY OF COURSE—(extracts)

1 History and Development of Hospitals.

Lectures and seminars in: orientation to the hospital field; history of hospitals; development of hospital functions; promoting and building new hospitals; integrated hospital service. (1st term.)

2 Principles of Organisation and Management of Hospitals.

Lectures, seminars and field trips in: organisation principles; nursing service, nursing education, medical staff; business office, accounting department, admitting, purchasing and stores department, personnel, volunteer service, power plant, maintenance, housekeeping, laundry, dietary. (1st term.)

3 Principles of Organisation and Management of Hospitals.

Lectures, seminars and field trips in: medical records, outpatient department, X-ray, laboratories, anæsthesia, pharmacy, physical therapy, occupational therapy, medical social service, library, mental hospitals, tuberculosis hospitals, chronic hospitals, convalescent hospitals; group practice, training of internes and residents, relations with trustees, and hospital ethics. (2nd term.)

4 Principles of Organisation and Management of Hospitals.

The personnel department in the hospital, organisation and functions, development of sound policies and procedures. Hospitals from a legal standpoint; negligence liability. Analysis of financial reports and methods of preparing and utilising the operating budget. (3rd term.)

5 Hospitals in Community Organisation.

Lectures and field trip; hospitals and their relationship to Health Departments, City Health Departments, Public

Relief Agencies; Welfare, Child Welfare, Family Welfare, Council of Social Agencies, and to National Health Agencies. (2nd term.)

6 Hospital Clerkship.

Assignment to local hospital for survey or solution of special problem. (2nd term.)

7 Management Problems in Hospital Administration.

The assignment and solution of specific managerial problems of varying degrees in scope and in major importance. (3rd term.)

8 ORIENTATION TO MEDICAL SCIENCES

Orientation to medical sciences including medical terminology basic roots, prefixes, suffixes, and units used in medical vocabulary; normal physiology; fundamentals of medicine and surgery. (1st term.)

9 Administrative Residency.

Field work of one calendar year's duration in an approved hospital. Orientation to the specific hospital, weighted rotation through hospital departments, and the performance and solution of special problems. (The student is required to prepare a report on a suitable topic for review and acceptance).

ADDITIONAL SUBJECTS

1 *Preventive Medicine.*

Environmental and biological factors concerned in the maintenance and transmission of disease, and the possibilities of control or prevention.

2 *Environmental Sanitation I.*

Methods for promoting man's health and comfort by controlling his environment; water supply sanitation, food sanitation, etc.

3 *Vital Statistics*

Study of official sources of vital statistics.

4 *Public Health Administration*

Structure, basic functions, and activities of public health agencies.

5 The Community Health Education Programme.

6 Social and Economic Aspects of Medical Care.

A survey of social and economic forces affecting administration and financing of medical care.

7 Introduction to Industrial Relations.

8 Municipal Administration.

Other Courses—Background and Optional Subjects

1 Human physiology. General Bacteriology.
2 Elementary accounting: combined course.
3 Business law: contracts.
4 Statistics survey.
5 Credits and collections.
6 Business policy.
7 Cost accounting survey.
8 Cost accounting.
9 Government Regulation of Business.
10 Labour problems and Trade Unionism.
11 Public administration.
12 Recent Social Legislation.
13 Psychology in Personnel Work.
14 Fundamentals of speech.
15 Advanced public speaking.

APPENDIX

COLUMBIA UNIVERSITY: SCHOOL OF PUBLIC HEALTH

COURSE: 2 YEARS. DEGREE: MASTER OF SCIENCE HOSPITAL ADMINISTRATION

ORGANISATION OF THE HOSPITAL AND ITS COMMUNITY RELATIONS

HOSPITAL ADMINISTRATION—INTRODUCTION: 16 hours

A survey course on hospital organisation and management for those interested in public health; included are medical staff, personnel, nursing, and all major services related to the care of the hospital patient.

ORGANISATION AND MANAGEMENT

(i) General principles of hospital organisation and administration developed by use of field trips. Emphasis on patient care as related to medical staff, nursing, dietary service, medical records, in- and out-patient services, business office, and adjunct services. (48 hours—1st term.)

(ii) Hospital ownership, charter, constitution, and by-laws of trustees; administrative organisation; function; control; hospital communication; out-patient department; pharmacy; medical social service; qualifications, duties, and techniques of the administrator. (48 hours —2nd term.)

(iii) Physical plant; dietary service; housekeeping; radiology; anæsthesiology and clinical laboratory; nursing service and education; group practice; administration of two or more hospitals. (48 hours—3rd term.)

HOSPITAL AND THE COMMUNITY

Community organisation to meet social and health needs; hospital relationships with other agencies; the hospital in the public health programme, as a health centre; the hospital's obligation to the needy sick; hospital relationships with the medical profession; hospital and medical insurance; group medicine and the hospital; the hospital and the community

chest; the hospital council; regional, state and national associations; the hospital as an educational institution for the physician, nurse, dietician, etc.; the hospital in health education. (16 hours.)

ADMINISTRATION OF SPECIAL HOSPITALS

The administrators of eight special hospitals will each present the characteristics of his institution and relationships to community medical staff, standards, costs, and necessary resources. Included are hospitals for the care of diseases of eye, ear, nose, and throat; tuberculosis; mental disease; contagion; the chronically ill; children and women. (16 hours.)

PRINCIPLES OF BUSINESS LAW

Contracts, agency, negotiable instruments, business organisations, personal property, security relations. (16 hours.)

HUMAN RELATIONS

PERSONNEL MANAGEMENT

(i) Review of basic psychology in human relations; development of sound policies in employment training, promotion, grievance handling and discharge; standard job analysis and specifications; the hospital personnel department. (16 hours—1st term.)

(ii) The personnel department in the hospital, organisation and selection of the department head; records, office staff, and reports; leadership in personnel relations from the trustees to the rank-and-file employee. (16 hours—2nd term.)

(iii) A conference on personnel policies and their application to specific problems. Emphasis is placed on executive control. (16 hours—4th term.)

TRUSTEES.

The Hospital Board of Trustees and its committees; organisation, responsibilities, and relationship to medical staff and public. The policies of the Trustees and the working relationship to the administrator. Actual situations are used to demonstrate problems, their analysis and successful solution. (16 hours —4th term.)

APPENDIX

Legal aspects of Hospital Administration

Hospitals from a legal standpoint; responsibilities entailed in admission of patients. Negligence liability for acts by nurses, doctors, students, and employees; unauthorised operation; loss of valuable personal property by patients. Licensure, accident, anæsthesia; the student nurse, the interne; pharmacist and pharmacy. Law as to dead human bodies and necropsies; medical malpractice. (16 hours—4th term.)

The Hospital Medical Staff

The hospital's responsibility for medical education, medical resident training, and speciality recognition; physician in the hospital; organisation of the medical staff; medical records; professional accounting. A detailed analysis of the constitution and bylaws of the medical staff. (16 hours—3rd term.)

Medical Staff Problems

A brief review of medical staff development and its relation to the care of the patient in the hospital. Responsibility of the staff to trustees, administrator, and personnel. Staff organisation as represented by a formal constitution, bylaws, and committees. Primary responsibility of the medical staff; medical staff policies and practices related to teaching, research, staff appointments, ethics, consultations, medical records, fees, division of hospital services, and care of free patients. Current trends in group practice and legislation are stressed together with aspects of economics and progress of medicine as they influence the problems of the medical staff. (16 hours—4th term.)

Control and Departmental Management

Accounting and Budgetary Control

(i) A study of the underlying principles of accounting, with particular emphasis on the contents and construction of financial statements; discussion of the various books of accounting required to record financial transactions; proper accounting classification of income and expenses. The organisation of the accounting department and the planning of staff assignments are also covered. (16 hours—1st term.)

(ii) This course deals primarily with accounting records and procedures for the recording of cash receipts and disbursements, accounts receivable, accounts payable, payroll and inventory transactions. Special attention is given to policies and procedures relating to certain basic transactions such as purchasing and receiving of supplies. (16 hours—2nd term.)

(iii) This course deals with analysis of financial reports and with methods of preparing and utilising the operating budget. Statistical requirements are discussed with special emphasis placed on factual data needed in the preparation of budgets having analysed financial reports and in computing operating costs. The various methods of computing operating costs are also discussed. (16 hours —3rd term.)

PHYSICAL PLANT

(i) Discussion and investigation of a hospital structure, its development and design, with mechanical equipment, including power plant; heating; air conditioning; process steam systems; distribution and use of electricity; laundry equipment and operation; housekeeping. Field trips. (16 hours—3rd term.)

(ii) Building structure; mechanical maintenance including elevators, communications, professional and hospital apparatus. Physical plant department, organisation, personnel, costs. Field trips. (16 hours—4th term.)

PURCHASING AND SUPPLIES

The purchasing functions; relationship of purchasing department to administration and to other departments; methods of purchasing; standardisation. Centralised buying; its policies and ethics; reciprocity. Relations with public and vendors; selection of source, quality, quantity. Stores and inventory control. Catalogue systems. Selection and employment of the purchasing officer and his legal status. (16 hours—4th term.)

FOOD AND DIETARY SERVICE

Basic concepts of diet in health and disease; general departmental organisations, feeding of patients and others; dietary

standards and systems; food purchasing; storage, requisitioning; menu control, preparation, and service; the administration of food service personnel, cafeterias, dining rooms, and lunch counters; school of dietetics, students and responsibility; food research. Stress is placed on problems to be solved jointly by the head of food service and the administrator. (16 hours—3rd term.)

NURSING SERVICE

The organisation of the nursing department; development, execution, and reporting of nursing care; schedules; responsibility and supervision of nursing care of patients; management of nursing care in operating room, out-patients, and other special departments; selection, training, and utilisation of auxiliary workers in the nursing department; private-duty nursing. (16 hours—3rd term.)

NURSING EDUCATION.

The organisation and administration of the school of nursing; its relationship to the administration of the hospital; the student nurse and patient care; affiliates; postgraduate nursing education, its costs and administration, duties, hours of work. (16 hours—4th term.)

In addition to the above compulsory subjects, students are expected to take sufficient optional subjects to give a well-rounded programme.

PRINTED IN GREAT BRITAIN BY
ALDEN & BLACKWELL (ETON) LTD.
ETON COLLEGE