



Lack of Clinical Leadership Competency in Continuing Education

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Dear Editor,

The landscape of medical knowledge is changing constantly. On average, 50% of medical knowledge becomes obsolete in every four to five years (75% in every eight to ten years). Continuing education is considered a general principle in the healthcare system. This concept has been recognized globally since 1974. In Iran, it was first integrated experimentally in 1990 and officially approved in 1996 (1).

The role of physicians in the health system is very important. Physicians are the main decision-makers in the health system, and their knowledge and attitude determine what services, in what form and at what expense, should be delivered to patients. The 2012 General Medical Council guidelines on health leadership and management particularly describe the physician's responsibility to be more than merely "a good specialist". The notion of "five-star doctor", which involves a combination of clinical skills and behavioral and managerial abilities, has been described in the clinical management literature (2).

In examining the effectiveness and challenges of continuing education, numerous structural and executive problems have been described, such as non-updated training, dysfunctional training, disease-oriented education rather than patient-centered education, and failure to perform educational needs assessment. However, recently, changes have occurred in continuing education, and educational plans have improved significantly due to changes, such as integration of online tutorials, increase in audience access, flexibility of different learning styles, and use of multimedia tools, which have created different scenarios in the context of continuing education.

On the other hand, an important and neglected problem in the context of educational programs, which requires serious review, is the lack of managerial training and clinical leadership competencies in physicians. Although the philosophy of continuing education is to pro-

mote physicians' professional skills, including clinical, managerial, social, and ethical skills, But it is very one-sided in practice and deals only with the clinical specialty (3). A question that arises is when to use continuing education to promote qualified clinical leaders.

In multiple studies, most medical students and physicians stated that management skills cannot be attained over time based on experience; on the other hand, they emphasized on the importance of training. In the medical training curriculum of Iran, no educational content has been designed for management competency training. Considering the nature of continuing education, lack of well-trained physicians and managerial issues are common after graduation (4). Generally, continuing education should be result-driven rather than process-oriented.

Some researchers believe that the challenge of management is the most fundamental challenge of the 21st century. This issue is becoming more and more important in healthcare organizations because of the great importance of public health in the community. Drucker believes that "if you educate managers, everything will be right" and that "leaders are made and not born", as consensually agreed upon in the management world. Based on this concept, competency-based training was developed. Design of competency-based training programs includes three basic steps: (1) design of a competency model; (2) identification of educational needs; and (3) implementation of management development plans (5).

Competence development involves a cluster of knowledge, skills, abilities, and behaviors required for career success. Continuing. Training in systematic vision, clinical integration, and performance improvement have essential weaknesses.

Continuing education programs can be successful only if they engage doctors via strategic planning and landscape design of hospitals. Therefore, it is necessary to

change a process-centered approach to a result-oriented one so that continuing education becomes a strategic asset.

Overall, it is necessary to benchmark top medical universities in the world. Continuing education programs for physicians' management and leadership development should be practical and provide appropriate feedback. Despite the progress of the world's top medical schools due to the incorporation of leadership training and development programs in medical education, Iran has a poor status in this area. In the post-graduation period, the main training of physicians is done through continuing education, while there is no option for leadership training, thereby creating a large gap (2, 3).

To improve the performance of healthcare organizations, it seems that training of effective management methods, management of globalization and multiculturalization, development of problem-solving skills, crisis management, managerial skills in human resources, business management, and introduction of economic issues and strategic planning, and understanding operational planning and other management topics can be effective. Therefore, it is important for decision-makers to consider the abovementioned issues in the future.

Footnotes

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