

"Provider Practice and the Frontline Management Initiative"

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§1. Introduction

The paper reports on part of an Australian Research Council (ARC) project which is being undertaken during 2000. The ARC project involves a critical investigation of the application of frontline management training in the community services and health industry in Victoria.

The overall research project is seeking to establish, given the findings of the Industry Task Force on Management and Leadership (Karpin Report, 1995):

- the appropriateness of the Frontline Management Initiative (FMI) to the community services and health (CS&H) industry;
- how widely the FMI has been taken up in the CS&H industry in Victoria;
- which providers and users are involved; and
- how management training for frontline managers in the CS&H industry can be improved.

This paper focuses on provider practices, as revealed in eleven interviews with provider organisations during June, July and August this year. Subsequently, interviews with users of the frontline management initiative training are being undertaken. These interviews are under way, are not yet completed and will be reported subsequently. It is intended that comparisons will then be made between provider and user perspectives in a paper for the AVETRA Conference in Adelaide next March.

The project is a partnership between Monash University (Chris Selby Smith is a Professor in the Department of Management and a Director of CEET), the University of Melbourne (Ian Roos is a Senior Lecturer in the Centre for Human Resource Development and Training in the Faculty of Education) and the Community Services and Health Industry Training Board (Liz Wright). Although the research is confined to the community services and health industry in Victoria, the interviews revealed that the operations of some providers extended beyond Victoria.

The paper contains seven sections: this introduction; some background to the overall study; a brief literature review; an outline of the providers (who remain anonymous, as agreed) of FMI training to the CS&H industry; findings from the interviews with these providers; discussion of five specific aspects; and four concluding comments. We express our appreciation of the

co-operation received from all of the providers, without which the project would not have been possible.

§2. Background to the Study

Karpin Report: The Industry Task Force on Leadership and Management Skills, chaired by David Karpin, reported to the Federal Government in February 1995. Its report, Enterprising Nation (Karpin Report, 1995), argued that improvement in the performance of Australia's managers is critical if the Government's wide-ranging micro-economic reform, export enhancement and workforce training initiatives were to be achieved. The Task Force concluded that "better educated and trained managers will increase the speed by which these initiatives secure significant economic benefit through workplace restructuring, improved business processes and increases in the productivity of Australia's human and capital resources." The 28 Task Force recommendations were wide ranging (Karpin Report, 1995, Appendix I, pp. 361-383), but they included emphasis on the need for an "enterprise culture"; the importance of small business; the widespread impact of globalisation; the diversity of Australia's skill base, experience, international contacts and human resources in general; the increasing significance of life long learning; and the need to strive continually to achieve best practice in enterprises and education institutions.

Recommendation 11 in the Karpin Report was that "there be established a national training program for frontline managers" (page xli). The Karpin Report envisaged that participants would not have had any formal management training and that they would be "working in enterprises which are able to demonstrate the application of quality principles in their operations and their human resource development processes." The Task Force estimated that about 180,000 frontline managers in Australia were without formal management training; and estimated that approximately 80,000 to 100,000 of these would qualify "by working in quality committed enterprises". The target was to provide access to management training for 80,000 of them over five years. It was envisaged that participants would be released, at the employer's cost, for up to twenty days of structured training, which would be spread over a period of twenty to forty weeks. There would be approximately ten units involved in the course. TAFE was expected to be a major deliverer of the FMI program, supplemented by industry associations and private providers. The report noted that "upgrading of TAFE's capacity to deliver management development courses, is critical to the success of this proposal." The training would be funded by the Commonwealth "in a manner which allows the enterprise to select the provider which most suits its requirements". The Committee recommended that the course materials be competency based and that delivery be via a variety of mechanisms, but "preferably on site". Open and distance learning course materials were to be provided. The

training course, termed the "National Certificate in Workplace Leadership", was to be integrated into the national qualifications framework in order to ensure articulation with other programs. The Task Force envisaged that there would be provision for the deliverer to customise their program to meet enterprise requirements and to undertake assessments of competence.

Subsequent Developments: Flowing from the Karpin Report, print based learning materials have been prepared to support FMI delivery in Australia (ANTA, 1998a). These learning materials include eleven Learning Guides for the Certificate and the Diploma of Frontline Management (ANTA, 1998b). Some VET providers have delivered the courses and some enterprises have participated. The first critical Australian study, by Barratt-Pugh et al, was funded in 1999 by the Australian National Training Authority through the National Research and Evaluation Committee, but the final report is not yet available. The project by Barratt-Pugh et al is studying the impact of the Frontline Management Initiative at individual, organisational, business and strategic levels. A preliminary report was presented at the AVETRA Conference in Canberra in March this year (Barratt-Pugh, 2000). They have stated that their study does not include the CS&H industry. Also, their study is national in scope, whereas the present study is confined to Victoria.

The CS&H industry: The present research project is investigating how the FMI programs have been delivered, and what can be learned from experience to date, in the specific context of the CS&H industry in Victoria. Every industry has its own characteristic features, which are relevant for the training of frontline managers; and the CS&H industry is no exception.

- The CS&H industry represents 10.4% of Gross Domestic Product (AIHW, 1999a; and AIHW, 1999b), so that it is larger than agriculture and mining put together.
- It is a diverse industry, including hospitals (38.4% of total health expenditure in 1997-98), medical services (19.3%), pharmaceuticals (12.1%), nursing homes (7.5%), dental services (5.9%), community and public health (4.8%), aids and appliances (1.9%), ambulance services (1.5%) and research (1.5%) (AIHW, 2000). A variety of challenges face frontline managers in these different sectors of the industry.
- The CS&H industry is of concern to both the public and the private sector. 70% of total health expenditure in 1998-99 was derived from the government sector (AIHW, 2000), but compared to other OECD countries the proportion derived from the non-government sector (at 30% in 1998-99) is relatively high in Australia. The non-government proportion is higher in Victoria than in Australia as a whole. In some sectors of the CS&H industry the public and private sectors are rather separate (eg. community health compared to dental services for most adults). In other sectors of the industry there is strong competition, for

example, between public and private hospitals. In 1997-98 public hospitals represented 30.1% of total recurrent health expenditure nationally compared to 8.3% for private hospitals, but the former had fallen from 34.3% in 1989-90, whereas the latter had risen from 6.3% (AIHW, 2000). While the challenges facing frontline managers are often similar in the public and private sectors, there can also be significant differences, for example in objectives, processes and accountability.

- The CS&H industry is a contested area between the different levels of government. The industry is of concern to all three levels of government in Australia, although the financial dominance of the Commonwealth Government has been increasing. For example, the Commonwealth share of total health services expenditure in Australia rose from 42.2% in 1989-90 to 47.1% in 1998-99, whereas the State and local government share fell from 26.1% to 22.9%. By 1998-99 the contribution by State and local governments was only about three-quarters of the contribution from the non-government sector (and less than half that of the Commonwealth). Management expectations and approaches can differ between the three levels of government.
- It is an industry where labour is the critical input. Labour costs represent some two-thirds to three-quarters of total health expenditure. Labour costs are much larger than all other inputs put together, even without taking into account the substantial amount of contributed service (eg. by religious orders) and volunteer activity. Labour is also critical for the processes of care and for the relationships between the providers and users of healthcare. There is a large variety of different staff in the CS&H industry, many of whom are highly trained and experienced, and most of whom produce healthcare services in combination with other labour inputs rather than individually. This complicates the challenges facing managers in the industry.
- Frontline managers in the CS&H industry, like those they manage, do not share all the characteristics of managers in other industries, such as manufacturing. The great majority of staff are female; disciplinary perspectives are strong and varied; many staff work part-time; and have other important responsibilities. Also, compared to many other industries there is a high proportion of staff who hold formal educational qualifications, often at degree level or above (although not normally in management), there is a tradition of continuing education and training, often with an expectation that it will lead to a qualification, and familiarity with articulation.

Can generic approaches, such as the FMI, meet the specific needs and opportunities of frontline managers in individual industries; and to what extent do they need to be specifically tailored for the CS&H industry (or parts of it)?

Purpose: There are five purposes of the overall research study. First, what is the relationship between the FMI and the findings of the Karpin Report? And how do the FMI and the Karpin recommendations relate to management theory in this area? In particular, is the approach congruent with the particular features of the CS&H industry, at organisational level and at the level of the individual manager? Secondly, there is the question of the contextualisation of frontline management training. This is a strategic issue, which is important in all industries, not only in the CS&H industry. Thirdly, how has the FMI developed in the CS&H industry and against what background of existing training for frontline managers? Fourthly, how widely has frontline management training been taken up in the CS&H industry, where and how? Which providers are involved (eg. public or private providers; in the city, other large centres or in more remote locations); and which users (eg. large or small organisations; health or community services; public, private sector or religious and charitable organisations; metropolitan, rural or remote locations)? Also, why are other providers not offering FMI and other users not accessing the FMI initiatives? Finally, how can the skills, performance and productivity of frontline managers be improved overall, in specific workplaces and for specific client groups. This matter is of particular interest to the CS&H Industry Training Board.

Dissemination is not being reserved for the completed report. It is occurring throughout the project as "sustained interactivity" (Huberman, 1990), which has been shown to be beneficial for the linkages between R&D and changes in policy and practice. The ITB is keen to consider the findings as they emerge during the project and intends to act on them, if appropriate, when the project is completed. Discussions and dissemination of findings by the Industry Training Board include contacts with ITB members and with users, potential users, providers and potential providers, including through the ITB's website and newsletter. The research partners hope that the project will lead to further collaborative research in the industry, including a survey of individuals delivering and receiving FMI, or other frontline management training, in the CS&H industry; and focus groups drawn from provider and user organisations to explore the outcomes of the interview and survey material.

§3. Literature Review

There is a wide range of literature relevant to FMI in the CS&H industry:

- The management literature, particularly that pertaining to the nature of the management function, the roles of managers and management theory, particularly that on first line management.
- The education literature, particularly that relevant to adult learning, instructional theory, training, evaluation and assessment.
- The literature regarding management competencies.
- Relevant literature about the CS&H industry, its structures, culture and operations.

- The literature specific to management of health professionals.

Within this broad range of relevant literature there are subsets, such as management education, education issues for health professionals, management issues for the health sector and the economics of both health and education, each with their own specific literature.

It is not feasible to review the full content of this literature here, but aspects of each are relevant. In addition there are various reports which have led to FMI type programs, including the Handy Report (1987) and the Constable and McCormick Report (1987) in the UK, the Karpin Report (1995) in Australia, and the material generated by them.

The Karpin Report recommended the development of the FMI, although it was only one of 28 recommendations. The Karpin Report focussed on the role of management in Australia becoming a more competitive player in the global economy. Much more was said about senior management than about frontline management. The report was substantially based on the results of 27 research projects, which have been hotly debated. In discussing the FMI Ellerington says, "If we accept the results of the research that led Karpin to his assessment, then these skills obviously need to be developed" (Ellerington, 1998, p. 177).

The Karpin Report and the Frontline Management Initiative Competencies

The Karpin Report (1995, p. 687), listed ten competencies as being essential for frontline managers, as seen by senior managers. These competencies were selected from a larger list developed by Collins and Saul, who undertook research into the matter for the Karpin Committee. These ten competencies are listed in Table 1, together with the eleven competencies of the FMI, as set out in the eleven learning guides published by Prentice Hall.

It can be questioned whether the FMI learning guides and their contents bear any close relationship to the original competencies identified by Karpin. The implementation is certainly different in that the specific recommendation from Karpin (p. 371) was for a National Certificate in Workplace Leadership, consisting of "up to 20 days structured training spread over a 20 to 40 week period" with participants to be released at cost to the employer.

Management Competencies

The concept of management competencies and what they consist of has been the subject of much debate, and this debate continues. For example, see Dunphy et al, 1997; Jubb and Robotham, 1997; Robotham and Jubb, 1996; Currie and Darby, 1995; McFarlane and Lomas, 1994; Maclagan, 1992. However, there needs to be some consideration of the functions of managers

in determining what they need to be competent at. Thus, it is necessary to give some consideration to different schools of management thought.

Table 1: The Ten Karpin Competencies and The Eleven FMI Competencies

<u>Karpin Competencies</u>	<u>FMI Competencies</u>
Knowledge of job and its context (technical specialist competencies).	Manage personal work priorities and professional development.
Problem and opportunity definition (anticipation and planning).	Provide leadership in the workplace.
Problem solving and decision-making.	Establish and manage effective workplace relationships.
Situational insight.	Participate in, lead and facilitate work teams.
Communication (what and how).	Manage operations to achieve planned outcomes.
Influence (ability to influence peers, superiors and subordinates).	Manage workplace information.
Team management.	Manage quality customer service.
Self-insight (understanding own strengths and weaknesses).	Develop and maintain a safe workplace environment.
Drive (energy and initiative, persistence).	Implement and monitor continuous improvement systems process.
Adaptability (adapts behaviour) to situation.	Facilitate and capitalise on change and innovation.
	Contribute to the development of a workplace learning environment.

Source: Karpin Report, 1995, p. 687; and Prentice Hall, FMI Learning Guides (ANTA, 1998b).

The functionalist or classical school of thought, typified by the arrangement of most introductory management textbooks (for example Robbins et al, 1999;

Bartol et al, 1999), classifies the functions of management as Planning, Leading, Organising and Controlling. This functionalist perspective is distilled from such writers as Fayol (1916), Gulick (1937), Barnard (1938) and Drucker (1954). Essentially the focus of these management theorists is on generic functions and principles of management applicable in any organisation in any situation.

The human relations school introduced the concept of the "social" manager, placing a very high value on workers as individuals. This body of theory has had a major influence on subsequent understanding of the behaviour of people within organisations. It tends to have an optimistic set of assumptions and values. The most pervasive themes deal with: motivation; group behaviour; leadership, work teams and empowerment; the effects of a particular work environment; and organisational development (Ott, 1996). A central assumption is the link between worker satisfaction and productivity (Stawb, 1984), and that managers can learn to release the intellectual potential, creativity and productivity of workers (McGregor, 1960).

Other writers such as Mintzberg (1980), Kotter, (1982a, 1982b) and Stewart (1982) developed contingency views of managerial work, based on observations of managers at all levels in a variety of organisations in different countries. These writers concluded that the nature of the management task was essentially one of roles and work agendas.

The various theories of what constitutes management can be reduced to "what" and "how": that is, what is the manager's task and function; and how do managers undertake job responsibilities (Shenhar and Renier, 1996)? How the various bodies of theory relate to competence becomes definitional. For example, if competence is seen as a "combination of knowledge, technical skills and performance management skills" (Dunphy et al, 1997, p. 236), this would support Carroll and Gillens' assertion that "the classical functions provide clear and discrete methods of classifying the thousands of activities that managers carry out and the techniques they use in terms of the functions they perform for the achievement of organisational goals" (1987, p. 48).

There is much debate as to what constitutes management competencies, whether they are measurable and what role they should have in management development. A number of studies have examined the role of competency based approaches to management development. However, as Strebler (1995) indicates, there are many other variables that differentiate those using competency based approaches from those that do not. For example, there are differences in the amount of money allocated to management development, the level of evaluation of training effectiveness, and the degree to which training is aligned with business needs. Competency based trainers tended to be significantly higher on all of these measures. The criticisms of competency based approaches focus mainly in two areas: the definition of management competence (for example: Hayes et al, 2000; Jubb and Robotham, 1997;

Maclagan, 1992; Kilcourse, 1994); and the assessment of competencies (for example: Robotham and Jubb, 1996; Loan-Clarke, 1996; MacFarlane and Lomas, 1994). Other criticisms made by the same authors include the assumptions of generic management and the modularisation of management development based on competence approaches (Currie and Darby, 1995). Their argument is that there is a significant contingency factor in management between different organisations, so that 'competences' have to be tailored to specific situations and being competent is greater than having gained a series of competences. There is also the danger that lists of competencies may simply be a reversion to trait theory, particularly if the Boyatzis (1982) definition of competence as a "trait, skill, aspect of one's self image or social role, or a body of language which he or she uses" is adopted.

The term 'frontline manager' encompasses the first level of line management. It replaces terms such as 'supervisor' and 'foreman'. In Mahoney et al's (1965) analysis of the functions of managers by level, leading was a major function of first line managers, with organising the next most important, and planning and controlling taking less than 25% of the time allocation. However, with the delayering of organisations, decentralising of authority and decision making, and implementation of such concepts as 'self-managing teams', or 'autonomous work groups', it is more difficult to conceptualise just what constitutes first line management. Jacques' (1990) extensive investigations over 35 years into the time span of decisional authority at various levels within the organisation, suggests that there is a natural hierarchy within organisations, independent of the structural hierarchy (or lack of it). At the frontline management level Jacques concludes that the responsibility time span is of the order of three months, that is, the longest task or project that the individual must consider. Clearly, many of those within the health sector, such as unit managers, have responsibility time spans which are greater than this, which has implications for the application of the FMI to such positions.

There is a large literature on management development and this has recently been reviewed (Garavan et al, 1999). These authors have also summarised the various approaches to management development and the advantages and disadvantages of each. Their article raises a fundamental issue regarding management development and the nature of management. As they indicate, whilst the action learning/ reflection theorists, such as Schön (1988), suggest that managers need to be educated to be reflective practitioners, learning by reflection rather than being taught, theorists from the contingency school indicate that successful managers are action oriented and not reflective (Mintzberg, 1980).

Applicability of FMI to the Health Sector

Ellerington (1998) in her summary of the FMI highlights a number of the themes that are potential issues for the CS&H industry. For example, she characterises the profile of the typical frontline manager "most probably a

person who has left school at age 15"; "gained a vocational qualification and become technically proficient". The FMI offers "a national management qualification--and all he or she has to do is demonstrate workplace performance". Her summary of the FMI also highlights some of its underlying assumptions, such as the irrelevance of 'off-the-job-training' and that employers are capable of providing appropriate learning opportunities when gaps in skills are identified.

The literature on the FMI focuses on the relevance of the FMI to the organisation's strategy, that the success of the enterprise in no small way rests on the competence of its frontline managers and that these managers are important links to achieving the business goals of the enterprise (ANTA, 1996).

The educational theory underpinning the FMI is that of adult learning, particularly androgogy (Dailey, 1984), but with a new emphasis on practical learning and competencies, particularly those for professionals (Beckett, 2000). This is of special interest to the CS&H industry, sections of which are highly advanced in this area (ANCI, 1998). For example, they are familiar with the organic nature of practical learning, the importance of mentoring and the notion of lifelong learning (Beckett, 1999; Beckett, 2000; Hager and Beckett, 1998; Ballou et al, 1999; UNESCO, 1999). However, this may be an example of what Argyris and Schön (1974) identify as the dichotomy between espoused theory and theory in use, as studies have shown that health professionals are not keen on work based learning, particularly work based assessment (Loan-Clarke, 1996; Currie, 1998). Further, the evidence from two studies into management development of health care professionals (Loan-Clarke, 1996; Currie, 1998), raises questions about the relevance of competence based programs and qualifications such as the FMI. Both of these studies found that health professionals, particularly graduates, attached little value to nationally certified vocational qualifications based on demonstration of current competence.

Kolb's learning cycle (Kolb, 1984) grounds management education and management development in experience and reflective practice. This has been affirmed with management development programs for health professionals (Currie, 1995). However, it is often overlooked that Kolb's learning cycle includes moving from abstract concepts to testing their implications in practice. Thus it accommodates both deductive (moving from abstract concepts to testing) and inductive (experience and reflection approaches) (Vince, 1998). Consistent with this is the application from modern psychological theory of the distinction between declarative and procedural memory, leading to an understanding of the dynamic relationships between memory and learning (Thurston, 2000). This emphasises that "the acquisition of skills through procedural learning depends initially on the conceptual knowledge that she has acquired through conceptual learning" (Thurston,

2000, p. 13). For example, a carpenter who has mastered woodworking skills cannot apply these effectively in the absence of an understanding of the principles of structural design (Kim, 1993). Thus, in the management arena, it is important for managers to have a basic understanding of the capability of organisation systems and why they function in the way they do, for otherwise they "lack the systemic understanding necessary to apply basic problem solving skills effectively to complex organisational issues" (Thurston, 2000, p. 13).

Both the management literature and the management education literature stress the relevance of theory. Many of the management theorists, such as Mintzberg (1999), Weick (1994), Morgan (1994, 1997) and Schön (1994), address educational issues. Bigelow, writing as editor of the *Journal of Management Education*, says:

Theory is essential for effective management education. Good theory generates relevant organisational and management learning and outcomes. Theory activates complex insights and catalyzes foresight about causes, patterns and consequences of important organizational and management behaviors (1998, p. 678).

Fayol (1916) argued that management would not be taught effectively until it had a theoretical analysis of management activities, whilst Reynolds (1999a, 1999b) espouses the importance of a critical pedagogy in management education. All of these management theorists stress the need for both theory and critical reflection in management learning.

Whilst most of the health management literature is taken up with issues such as case management and financial concerns, or the more general issue of professional development, there is a consistent thread of literature concerning matters that affect management within the healthcare industry (Guthrie, 1999; Cunningham, 1999; Newman et al, 1996; Johns, 1996). Of interest is that the industry is currently taking up the concept of evidence based practice (Cowling et al, 1999), which is consistent with the demonstration of current competence approach of the FMI. However, mention has already been made of the reservations that some health care professionals have expressed about competence based approaches to management development (Loan-Clarke, 1996; Currie, 1998). It is suggested that two factors contribute to this particularly. First, health care professionals tend to be primarily concerned with personal career development, rather than enhancing their contribution to the general management competence of the organisation. Secondly, they dislike what they perceive as the overly mechanistic approach to management development of competence based training.

§4. Interviews with Providers

The perspective of those who provide FMI training is the focus of this paper. We have been informed that it is not included in the NREC funded study being undertaken by Barratt-Pugh et al; their survey is apparently concentrating on users.

Interestingly, it did not prove easy to locate providers. Initially, the data available at the CS&H ITB was used to identify them. Other providers were found subsequently by using each of those who were interviewed. Further providers were located through our teaching activities; and through various contacts in management education and the CS&H industry, including the State Department of Human Services. Finally, the work-in-progress presentation on the project which was given at the CS&H ITB Conference in June resulted in some additional providers (and users) making themselves known to the research team.

Diversity: Eleven providers have been interviewed. They are diverse. First, they were diverse in terms of their location. Five of the providers were located in Melbourne and the other six were located elsewhere in the State. The six non-metropolitan providers covered five different areas of Victoria. They included two providers in a large non-metropolitan city and three in smaller country centres. There were providers located throughout the State ie. north-west, west, north-east and east.

Secondly, the providers varied greatly in size. There were some large providers. One organization had run 44 FMI courses already this year by the time of the interview, with an average of twenty participants in each course, including three courses specifically for an organisation in the CS&H industry. Another provider stated that they were running about 30 FMI courses a year at present, with "hundreds of participants". Those interviewed were generally sensitive about precise student numbers, costing and other matters which were seen as commercial-in-confidence. Other providers, especially those in the country, were much smaller. For example, one provider in a country centre was providing FMI training for two groups in outside organisations within the community services and health industry, with ten and six participants respectively. Another country provider had thirty FMI students this year, including eight from the CS&H industry.

Thirdly, there were FMI providers who were public providers and there were also private registered training organisations (RTO's) involved. Overall, there were six public providers and five private RTO's, of which two and four respectively were located outside Melbourne. All of the six public providers were TAFE colleges. Of the five private RTO's two were in adult and community education (together with other activities); one was a major metropolitan provider of management training which operated throughout the State and also outside Victoria (although less than a tenth of its FMI courses in 2000 (prior to the interview) were in the CS&H industry); one was a community based organisation in a major non-metropolitan centre; and one

was providing FMI for a particular organisation in the CS&H industry. Some of the public providers were using profile hours for FMI, others were using fee-for-service through their commercial arm, while there were cases where both approaches were employed. Some TAFE Institutes were providing frontline management training in a part of the institution focussing primarily on community services, health and related activities, while in other public providers the programs were organised through the area concentrating on business studies and management education generally ie. not specifically for community services and health.

Fourthly, there was a difference between providers who were undertaking FMI training primarily for themselves and others who were primarily providing FMI training for frontline managers in other organisations. Nine of the providers, of which six were public providers and three were private RTO's, were focussed on providing FMI for external organisations. Most of these providers, especially the largest ones, were in the metropolitan area, although not all. Of the two providers (both private RTO's) which were only providing FMI training programs internally, as part of the development of their own frontline managers, one was a large organisation operating in the CS&H industry in the metropolitan area, while the other was a private provider with a substantial range of activities operating in a large non-metropolitan centre. Interestingly, about a third of all the FMI providers who were interviewed had both emphases, generally having used FMI initially for the management development of their own staff and then proceeding to offer it to external organisations. As one provider put it: "After the experience of providing FMI training to our own staff we feel we have a product to offer". These FMI providers were generally smaller organisations and tended to be located outside Melbourne.

The Interviews: Ten of the interviews were conducted face-to-face, while one with a provider in country Victoria was conducted by telephone. Interviews lasted for about three-quarters of an hour, ranging from half an hour to an hour and a quarter (plus a related discussion over lunch in one country centre). All interviews were taped and the transcripts, after typing, were checked against the tape for accuracy. Each provider signed a consent form, as agreed in the ethics committee approval process.

The interview was conducted by reference to a semi-structured interview schedule. Most interviews followed a similar pattern, although there was variation to cover the diverse situations of different providers and exploration of particular points of interest which arose. Additional written material was sought, although relatively little was provided. The interview was structured around four main areas of interest:

- i. What FMI programs was the provider offering for the CS&H industry in Victoria?

- ii. What were the reasons why they were providing FMI training for the CS&H industry?
- iii. What did the provider see as the main strengths and weaknesses of the current provision of frontline management training for the CS&H industry in Victoria?
- iv. In what ways, if any, would they change the provision of FMI training in the light of their experience?

§5. Findings from the Provider Interviews

The FMI programs provided: There were considerable differences in the details of how the FMI programs were provided by the eleven organisations. There were also some differences among participants, with the majority having chosen to participate in the frontline management training, while a few had been instructed to go ("they were the ones who were most difficult to deal with"). However, there were three broad models. In the first model FMI was essentially viewed by the providers as being conceptually similar to programs of management development which they had provided previously. In this model regular workshops were held for participants approximately once a month for most of the year, but varying by the level of the FMI program being offered (which ranged from AQF3 to AQF5). There were work-based projects, generally of a very applied and practical nature, to be undertaken by participants between the workshops. Reading, application of principles identified in the workshops and a heavy element of contextualisation were all involved. Stress was placed on the role of mentors and/or coaches. Considerable emphasis was also given to assessment. The provider assumed responsibility, not just for an appropriate assessment process, but also for assessing that the specific competencies had been attained and were being applied by the participants in their workplace. As one provider commented: "The whole point is along the lines of you actually are achieving competence, so you might need to go back until you achieve competence and giving them something to work towards. ... You've got that opportunity to go back into your workplace and work until you achieve that competency". There was a close partnership between the FMI provider, the participants and their organisation throughout the training program. This model of FMI provision was the one adopted by the largest public and private providers of the program.

The second model placed more reliance on workplace assessment and the identification of gaps in experience or management competencies. There was less emphasis on workshops, on management theory and on assessment by the provider of management competency levels achieved by participants. There was a greater relative emphasis on the proper process for assessments and a greater reliance on the industry partner for the assessment. This model could work well in certain circumstances, and it may be the only model in which particular enterprises would participate. It was argued in the interviews that this approach is better able to accommodate the realities of

work pressures in the modern workplace and permits short term adjustment to other organisational priorities when necessary. In a number of cases where the provider adopted this approach assessor training was an important part of the FMI program. Where gaps in competencies were identified for a participant, and sometimes this was due to the nature of the participant's work role in the organisation, an effort was frequently made to incorporate particular development opportunities or relevant project work. Where organisations face new challenges, are seeking to operate in improved ways, and believe that FMI training can assist them in pursuing their objectives more effectively, it was argued in the interviews that this approach can raise industry interest and generate continuing commitment from both the organisation and the participants. However, it was less clear what mechanisms would operate to identify promptly any problems which might arise and how they might be adequately addressed. Some respondents, especially the larger training providers, both public and private, expressed particular concern in this regard. In general, the providers who adopted this approach tended to perceive the FMI as conceptually different from many earlier programs of management development, believing that learning was strongly focussed in processes and reflection within the workplace.

However, providers taking both approaches tended to agree that industry has a tendency to focus on training to meet short term needs. For example, one provider commented that "time and again we actually have to cancel or postpone training sessions because there's been a sudden influx"; and another provider noted that "there still tends to be a fairly strong culture of just responding to the immediate need." In contrast, they saw the FMI as a strategic process which contributes to enhancement of the competencies of frontline managers in the longer term and which has the potential to influence the wider organisation in which they work. Providers taking both approaches saw a need to educate industry about the differences between FMI training and many traditional management development activities. One provider commented that "one of the things that worries me about what I have seen about some of the FMI information that's available, particularly on the internet, is that it's just another course. And its value is in effect that it's not."

In the third model the providers were using FMI to improve their own operations and not for external organisations. Two of the providers who were interviewed were in this position, while three others started in this way and then proceeded to provide FMI programs to external clients. Again they were diverse. In relation to the providers who had focussed on using their FMI program only for the purpose of improving their own frontline management, one was in the country and one was in Melbourne; one was a community-based adult education organisation and the other was a service organisation in the CS&H industry. One was a small organisation and the other was large, with 1,200 staff and an annual budget of \$45-50 million. In each case the primary focus appeared to be the organisation itself and the FMI program

reflected the particular needs and aspirations of that organisation. Of the other three FMI providers who started by using the approach internally and subsequently offered programs to external clients one was very small and located in a small country centre, another was a TAFE college serving a country region and the third was a community provider based in a non-metropolitan city. Initial efforts to use the FMI internally had often required substantial modification, suggesting that even experienced educators may have difficulty in taking full advantage immediately of the opportunities afforded by the FMI.

Interestingly, while the FMI learning materials were generally found to be helpful, the interviews revealed that none of the providers were relying on them alone. Partly this was because the needs of participants in the FMI programs varied, as did the activities of the various organisations and their level of management sophistication. Issues were raised in three related areas:

- First, the level of general management theory required for FMI participants, especially for those primarily undertaking FMI in the workplace, in a specific organisation with a limited mission, or for providers coming from a management education focus. As one large private provider said: "We don't use the Prentice Hall books. We are glad they are out there in the market, but we have developed our own material." When the largest public provider was asked how much of the eleven Prentice Hall modules they actually used in their FMI programs, the response was: "I don't think we use them a lot ... We think it was a very good start ... And I know they have revised it ... But our facilitators would not be drawing on it very much, because to be honest we didn't find it very helpful."
- Second, the extensive contextualisation which occurred, so that the FMI was often the initial platform from which a management training program was developed, rather than the training program itself. Contextualisation has important benefits, but it presents difficulty for those whose workplace only involves the opportunity to exercise a limited range of management competencies. One respondent stated that "I've always taught it [FMI] with an emphasis on the workplace". Another comment concerned the particular characteristics and culture of organisations in the community services and health industry: "A lot of people in human services don't see management and human services sitting well together. The whole two years they are here, sometimes they struggle with those concepts. ... they don't like the concept of management, because we're caring and sharing people, and management doesn't really sit well with our philosophy." Another large public provider of FMI programs emphasised that they "adhered very much to the adult learning principles, which is that you need to look at the individual adult learner and to give them recognition and a

process whereby you provide an individual development plan that is suited to their situation, their experience and their needs. And that links directly to their actual job."

- Third, if participants move elsewhere, will they be able to demonstrate competency in the areas, perhaps rather different areas, required by the new organisation for frontline managers? "Yes, ... the transferability of the skills. And that goes back to the assessment, in my opinion, ... Now what we say is, that unless the person can demonstrate the 157 competencies on the job, we will not find them competent, no matter whether they've got an MBA or whatever they've got." Other comments stressed the importance of current competency, rather than competency some time ago. A country respondent asked: "if that person left and went to another ... like, industry, would that company agree that they are competent?" Also, contexts are likely to vary greatly over a working life of 30-40 years, and a training program which is heavily based on a particular context, rather than underlying principles, may limit longer term competence and flexibility. One provider stated that "we incorporate the FMI competencies, but we go beyond them."

Four other points are noted. First, not all of the providers were providing FMI training currently to the CS&H industry. Secondly, only one of the providers was offering FMI at AQF level 3, AQF level 4 and Diploma level, which is interesting in the light of one provider's comment that "people start off modestly and then actually find that they're actually doing a lot more, or that there are other things that they could be doing. People are very hard on themselves." Most commented on the difficulty of clearly distinguishing the competencies at the different AQF levels. As one respondent stated: "when you look at, say something like the Certificate in Hospitality there is clear ... it's stipulated very clearly what a person has to do. This ... the FMI, it doesn't stipulate very clearly. It gives you a general view. It also doesn't distinguish between Certificate 3 and a Diploma. The same units and competencies are applicable ... Sometimes it is a pretty marginal distinction." Thirdly, only one of the providers had developed articulation pathways from FMI into other formal management development programs, although strong links were developing with in-service education in some other organisations. Some of those interviewed suggested that this was likely to be an area of future development; and it will be interesting to compare the views of the users of FMI programs in this respect. Finally, only in the case of two providers, one a TAFE college in a regional city and the other a TAFE college in Melbourne, were FMI participants from different organisations combined in the training program. Only in one case were students in an FMI program drawn from the CS&H industry and a completely unrelated industry (in this case agriculture): the arrangement worked well ("quite brilliant" said the respondent). And it is widely recognised in management education how valuable a learning

resource is represented by participants themselves. However, in all other cases the FMI program consisted of participants from the same industry, the same organisation and generally the same geographical locality.

Reasons for providing FMI training to the CS&H industry: The interviews suggested that there were two main pathways by which providers came to offer FMI training. First, they provided it as an extension of management education activities in which they had already been involved. For example, a TAFE college in regional Victoria had been providing management development programs for a major local business for a number of years. When the FMI materials became available they used them and this year they are running a Certificate 4 program with some thirty students, including eight in community services and health. The FMI material "is not a great improvement on what we had before", but it is an improvement nevertheless, especially in relation to assessment and contextualisation. However, the college's "mode and method of delivery had not really changed much."

Another regional TAFE college, which has been running FMI training through its commercial arm, had previously undertaken management development training in areas such as workplace leadership and business management. The college moved to FMI "because of the approach". There is "more opportunity to learn on the job". Participants can improve their skills and competencies "without having to be released from work". Little of this particular FMI program was undertaken outside of the job.

A private provider in a non-metropolitan city gave a similar response. They already provided management training, such as workplace leadership, their activities were growing and they "added FMI to the existing suite of programs". There was a demand for management training from local enterprises, it was profitable and the FMI provided the opportunity for workplace skills to be assessed and contribute towards achieving a recognised qualification. Another non-metropolitan provider gave similar responses, stressing their previous involvement with management training; their attraction to the FMI approach; personal interest, skills and connections of key staff; and their ability to provide FMI to a range of industries in their region, including CS&H.

The largest provider of FMI training was a private RTO based in the metropolitan area and specialising in management education and development. FMI is only a small proportion of their business; and FMI for the CS&H industry is less than ten percent of that. They had been involved with the Karpin Inquiry and saw the opportunity to add FMI training to their existing suite of programs, such as certificates in workplace leadership and in workplace development. The previous programs contained units "which employers did not want". The RTO "redesigned its programs to FMI". They also drew on the UK experience, including continuing international contacts in management education, visits and purchase of the rights to some UK

material. The development of their FMI training in the community services and health industry resulted from a senior executive from a CS&H organisation having been on one of the RTO's more advanced management development programs. They have subsequently run a number of specific CS&H programs in that organisation.

Similarly, two large metropolitan TAFE colleges commenced FMI programs following on from their previous provision of management training to clients in a range of industries, including CS&H. One of the colleges had been involved with the original pilot group for the FMI, saw an opportunity to develop activities in the area and has now developed to the stage where it is running approximately 30 FMI programs this year ("More than 30, probably, nationally"), which "range in size from 10 participants to over 200" and which are at AQF levels 3, 4 and 5. They have run specific programs in the CS&H industry, although most of their programs are in other industries. The second TAFE college has a substantially smaller suite of frontline management programs, but is more focussed on the CS&H industry, having been active in this area for five or six years. It was providing three programs in 2000. They used to teach at Certificate 3 and 4 levels, but are now concentrating at Diploma level, including inviting their previous students to update their qualifications to AQF 5.

For these providers FMI has been built on their earlier management development programs. It has provided some change of direction, especially for assessment and contextualisation, and some improved material. FMI provided an extended accreditation pathway which appealed to both managers and their organisations. They may also have been approached, in some cases, because of their established reputation in relation to management development. In community services and health the providers were dealing with staff who were relatively highly educated, who were used to a competency framework and to training being reflected in the award of formal qualifications. A number of the providers had also been involved in the pilot stages of the FMI's development and had a headstart on other competitors.

The second pathway arose from situations where organisations perceived a need for change and saw FMI as a part of the process for achieving it. Six of the providers had used FMI for their own staff development and organisational change processes. Three were public providers and three were private RTO's. One was located in the metropolitan area, two in a major non-metropolitan city, two in regional centres and one in a smaller country town. Once they had undertaken that management development process internally five of them saw the opportunity to provide FMI training for frontline managers in other organisations. Two were actually doing so at the time of the interview, while one had done so previously and another (public) provider referred potential clients, including from the CS&H industry, to its commercial arm. These providers stated that they felt more capable of

providing a good quality program having had the experience of using it internally. However, two organisations which had used FMI training (successfully) for developing their own frontline managers, including one very large organisation in the metropolitan area and one smaller organisation in a major non-metropolitan city, had never offered it outside their organisation. Given that it is early days with the development of the FMI and that it takes some time to move through the various stages it may be that the practice will become more widespread in future.

A number of those who were interviewed emphasised that when FMI is provided by them it is often for organisations which "are looking at change" and "seeking new ways of working". For example, four providers in country Victoria reported that they had used FMI to strengthen their own management and to facilitate organisational restructuring. On the other hand, in a large private RTO providing management education, and in two country TAFE colleges and three large metropolitan TAFE providers, which provided FMI to other organisations, FMI seemed to have had no impact in relation to internal management development or organisational restructuring. However, in relation to this latter group of providers, a client in the community services and health industry, to whom FMI training was being delivered (three courses in 2000 by this provider up to the date of the interview) had been faced with the need for major change. There was a new CEO, the organisation had been extensively restructured, senior management was seeking to change the organisational culture and there was external pressure to review policies and practices. FMI training was viewed as a significant element in the change process. Thus, the change motivation could be derived from internal pressures on the provider or external pressures which influence potential clients to seek frontline management training.

Another interesting example was provided by a large organisation delivering services in the community services and health industry. They were using FMI extensively as part of wider organisational changes. Their staff were mainly nurses, who were familiar with a competency framework, are generally more highly educated than frontline managers in many other industries and favourably disposed to linking training with the award of formal qualifications. The FMI program there is strengthening frontline management throughout the organisation, but also linking closely with in-service education and involving frontline managers with more senior managers as coaches ("not a role they had been keen to take on"). The organisation's FMI training program "brings in quite a bit of new knowledge which is not in the eleven FMI modules". They use regular workshops as part of their FMI training, but develop wider skills there and utilise the skills of an outside management consultant. The FMI has enabled them to provide a "better structure for the offerings in their in-service program". "There's a theoretical component running right through the year on each of the [FMI] competencies, but they're linked to the in-services for all staff". In future the organisation is

likely to explore the possibilities for further articulation and it indicated that it may seek to offer the course to outside individuals and groups.

Three other related matters arose in this interview. First, the organisation is starting to incorporate the FMI competencies into position descriptions across the agency. The position descriptions are being changed from task descriptions to a greater emphasis on competencies. For their part, staff are beginning to question what they need to bring as evidence when they come to their annual appraisal. Secondly, the FMI has provided, for the first time in the organisation, they argued, a framework for putting nurses and non-nurses together in relation to the consideration of management competencies for individuals and the management development requirements of the organisation. This was seen as a valuable additional benefit from the FMI training, which had not been anticipated initially. Thirdly, the FMI training for frontline managers had linked into top management's strategic plans for the overall organisation. Senior management had become more aware of the need to identify core competencies and how to achieve them. Strategic developments for the organisation imply the need to develop particular skills and competencies for individual staff, but in the past the links had not been so widely recognised. The enterprise argued that the FMI program had been valuable in making this connection more visible to staff throughout the organisation.

Strengths: In general, the FMI was supported as a useful development by the providers who were interviewed. The largest public provider commented that "I think they have got it basically right"; and the largest private provider stated that "I probably wouldn't want much changed". The providers noted four particular strengths. First, they emphasised the flexible and industry focussed nature of the FMI. As the largest public provider of FMI programs said: "Its strength is it is industry driven and client focussed. Client responsive". And the largest private provider of FMI said that "it encourages partnerships with industry" and emphasises the importance of "talking to the client". A large community services and health organisation in Melbourne argued that the FMI program it was running internally was proving good for frontline managers; good for their workplace relations with more senior staff; beneficial for organisational procedures (such as position descriptions, in-service education and performance appraisals); and for longer term organisational development. Another provider, this time a TAFE college in a non-metropolitan area, stressed the value of the FMI in providing additional opportunities for learning on the job by frontline managers. It enabled skills and competencies to be improved, assessed and supplemented without industry having to release their frontline managers from the workplace. "I think that's probably a major plus for the whole way that we run the FMI." Similar comments were made in the interviews with other providers.

Secondly, most of the providers had been involved with management education prior to the introduction of FMI. They commented that it had particularly strengthened assessment and contextualisation compared to what they provided previously. One provider delivered the program in "five individual ways for the five separate students". (They noted that "calling it a course is an aid to marketing".) A wide variety of assessment approaches were adopted, with all providers taking a role in ensuring that appropriate assessment processes were followed. But some providers did much more than others in relation to assessment of participants' possession of the actual competencies and demonstrated capacity to apply them in the workplace. However, many other aspects of FMI training, other than assessment and contextualisation, were argued to be not markedly different from previous management training programs which had been provided. Generally the FMI modules were supplemented with other material, sometimes very extensively. The management educators particularly stressed the importance of incorporating management principles in the program; the need for reading, reflection and consideration of other circumstances; and interaction with other participants. These aspects can be included in an FMI program, but they were not included as much by some providers as others. In general, the educators appeared to be more concerned about these matters than the industry partners in FMI programs.

Thirdly, the FMI provided the opportunity for workplace competencies to be assessed and for a formal educational qualification to be obtained where it had not previously been possible. This had both equity and efficiency implications. These improved opportunities were well-regarded by frontline managers themselves and by the senior managers in their organisation. One organisation noted that the FMI program had also provided the opportunity to improve the structure, delivery and outcomes of their in-service training. Recognition of competencies provides the basis for further education, training and articulation.

Finally, in a number of cases those interviewed commented that the FMI program had contributed to wider objectives. For example, it had enabled participants to increase their levels of competence in particular areas, to become competent in additional areas and to improve their overall performance in the workplace. It had also provided participants with a sense of satisfaction and achievement. The FMI had, in some instances, resulted in improved mentoring and on-the-job support for participants and led to improvements in workplace relationships. Providers stressed the "ongoing and continuing" impact of a successful FMI program. In one large community services and health delivery organisation in the metropolitan area the FMI was judged to be influencing the position descriptions in the organisation, moving them from tasks towards a greater emphasis on competencies; to have contributed to improvements in the performance appraisal arrangements; and to wider processes of organisational development. It had

also provided a common framework, which had previously been lacking, for discussion of management issues by nursing and non-nursing staff. At another private provider in a country centre it was noted that staff in disability services are used to links between competencies, performance, appointment, promotion and pay. "The FMI program is leading the organisation to examine its structure and operations. It has had a strategic flow-on, which was only partly expected at the beginning. FMI is identifying people who can give more to the organisation and who can develop further. ... FMI can be much wider than just a course." On the other hand, problems can arise in negotiating contracts initially and in constraining increasing demands on providers as FMI training uncovers new requirements for training and management development in the organisation.

Weaknesses: Although the eleven providers were generally supportive of the FMI developments, some weaknesses were also identified during the interviews. First, some concern was expressed about the extent of management theory and discussion of general principles in the FMI program, the degree of integration between context and overall principles which occurs, the limited time available for reading and reflection, and the extent to which some programs concentrate on the processes by which competencies are assessed rather than attesting themselves to the competencies having been achieved and their application in the workplace demonstrated. These concerns were articulated particularly by the management educators. There was general agreement that FMI can provide a high quality program of frontline management training, but some providers expressed concern about whether all of its variants necessarily do so. One non-metropolitan provider running FMI training for a range of industries, including community services and health, commented that the FMI program needs a reasonable length of time to be effective, but that "some organisations may want to do it quicker". This mirrors more general concerns expressed by Schofield and Smith about the quality of traineeship programs in Queensland (Schofield, 1999; Smith, 1999). In her review of the quality and effectiveness of the apprenticeship and traineeship system in Victoria, Schofield found a significant level of anxiety about the quality of training (Schofield, 2000). She noted that the apprenticeship and traineeship system is under pressure from clients, industry and governments who want training to be delivered more flexibly, and from the rapid diversification of contexts in which apprentices and trainees can now receive training. She concluded that the combination of multiple modes of delivery, multiple training providers and multiple and very different workplaces is making it far harder to manage, monitor and control what actually happens in all training for all apprentices and trainees across all sites.

Secondly, there was little interaction between participants. Only in three providers were there FMI programs in which CS&H participants from more than one organisation were involved, and usually this was only in some of the

FMI courses for CS&H participants (one of three courses, for example, in one metropolitan TAFE provider). Only one instance emerged from the interviews where the FMI program of the providers enrolled participants from the CS&H industry and also from another industry. In this case, a TAFE college in a non-metropolitan city, the interviewee stated that the program had been improved substantially. "[The participants] reflect from each other in terms of what happens in one work environment may not happen in the other, and the experience gained by listening and learning and interacting ... It really does contribute to the debate and discussion... And then there would be the interchange at the different experiences between the students that you'd facilitate through the college day ... having a diversification of people in the group ... it does prompt and bring discussion out in other people that may not occur if they work from the one workplace." The other FMI programs in community services and health enrolled participants from one organisation and generally from the same locality.

Thirdly, participants were overwhelmingly from large enterprises, such as hospitals and programs of the State Health Department. There were some participants from SME's, but not many it appeared, partly for cost reasons it was stated, partly because of their organisational culture and the difficulty of releasing staff from pressing operational tasks. This is a problem for many industries, including the CS&H industry, where there are many small and medium sized enterprises. A private RTO in a small country centre had developed a network for participants from the community services and health industry in their FMI program. It encouraged comparisons, discussion and reflection, but it had only been possible because the RTO had obtained extra funding from another source.

Fourthly, the providers generally supplemented the FMI modules and used the package of materials as a platform for frontline management training rather than as a fully self-contained program. For example, a large private provider in Melbourne supplemented the FMI material with other material available from its suite of management education and management development programs. And the largest public provider of FMI programs stated that they do not use the FMI modules much, although they recommend that their clients obtain them. "We did not find the material very useful ... our facilitators would not be drawing on it very much." Another provider in a non-metropolitan city commented that "they're useful tools those Prentice Hall books, but I don't think you really learn much from just going through them." A large community services and health organisation in Melbourne ran into difficulties with its first FMI program in 1999 and changed its approach for 2000. It still uses the FMI material, but has "brought in quite a lot of additional material", including more theoretical elements and a greater focus on underlying principles. It has also brought in a consultant in the area of management development, who works with the organisation in delivering the FMI to its frontline managers. Another private provider in a large non-

metropolitan city stated that "the FMI needed to be moulded, over two years, to really fit our needs".

Finally, there was some concern expressed by the providers who were interviewed about assessment. The largest public and the largest private provider of FMI emphasised that they took responsibility for ensuring that, to be certified as competent, participants had to demonstrate to the satisfaction of the training provider that they possessed the competencies at the appropriate level and that they could perform them on the job to the required standard. This was in addition to ensuring that the processes for demonstrating competence were adequate. However, in some cases the provider of the FMI training, while taking responsibility for ensuring the processes by which competencies were to be demonstrated were adequate, saw it as primarily the responsibility of the workplace and the managers and assessors there to ensure that competencies at the required level were actually demonstrated on the job by participants. One interviewee, for example, stressed the importance of performance and standards among assessors and the difficulties which can be faced by even large and responsible employers. Reference was made to "a large client ...we were brought in interstate to actually provide the assessment ... They were running their own assessments and they had the qualification. They had the Certificate 4. However, they found that it wasn't working for them and they asked us to come in and run it, so we run ... their assessments for them and provide a moderation and validation process ... you always have a real dilemma in balancing the education outcomes with the client requirements." Other interviewees commented on the need to provide training for coaches and mentors in the industry, as well as training for the participants in the FMI program.

Changes in the light of experience?: Towards the end of each interview those being interviewed were asked whether they would change anything, in the light of their experience, in relation to how they had been providing FMI programs, especially to participants in the CS&H industry. It should be emphasised that there is a substantial lead time in developing and introducing such programs. Few of the providers had been running FMI programs for more than a year or two, although (as noted earlier) such programs had often been built on earlier courses in a related area, such as workplace leadership, management training or business studies, sometimes with a specific focus on the CS&H industry.

In general, the providers who were interviewed were supportive of the broad approach which had been developed for the FMI, welcomed its flexibility and client focus compared to many previous approaches, and argued that it had improved the material which was available to them. However, they did make four suggestions for improvement in the light of their experience with FMI to date.

First, almost all of the providers emphasised the importance of the industry contribution to an effective FMI program and that it could be strengthened in many cases. A substantial private provider in a non-metropolitan city stated that there was "a need to crank up the role of the mentor". Another private provider in the city drew a distinction between a mentor, who provides "moral support and encouragement", and a coach, who can be "more directive and guiding". More assistance to coaches and mentors was frequently mentioned as desirable. A small private RTO in a country town asked for further guidance on the factors to take into account, and how to distinguish between AQF level 3, AQF level 4 and Diploma level. He said that the FMI "allows a lot of room for interpretation. Assessors can go into it rather differently. It is much less clear cut than in, say, hospitality". Another provider, a large public provider in Melbourne, argued for the development of a community of FMI practitioners, including the assessors, coaches and mentors in industry, to support each other and contribute to the maintenance of professional standards in the FMI program.

Secondly, the providers noted that the FMI was being provided primarily for staff in larger organisations, both public and private. Few participants were being drawn from small and medium sized enterprises, despite the importance of SME's within overall employment in Australia, for total new job creation and in the community services and health industry. And in those cases where FMI training was being provided for frontline managers in smaller enterprises some particular difficulties were noted. For example, in one large metropolitan TAFE college, where there were three groups from the CS&H industry, two from specific organisations and one which enrolled frontline managers from a range of different organisations, the relationships with employers and feedback from them relevant to the course were much less satisfactory for the third group. This appeared to be partly because of the difficulties of liaising with large numbers of employers (there were twelve frontline managers in this group) rather than just one, and the resultant time and cost implications for the provider. At a country provider the time and cost involved in interacting effectively with small numbers of FMI participants who were working in substantially separated locations was significantly greater than for those in one workplace located close at hand, with implications for the pressure on the staff of the provider, its costs of providing the FMI program and its decisions on resource allocation priorities. Another public provider in a country region had largely decided that FMI provision would be handled by fee-for-service (through its "commercial arm"), with the result that little was provided for the CS&H industry, and the public funds provided for profile hours were used elsewhere.

Thirdly, a number of the providers who were interviewed argued that more interactions would be beneficial, including interaction between participants in a program, interaction between FMI participants in different enterprises and industries, and interaction between different programs. Where it existed, at

one TAFE college in a non-metropolitan city, the interviewee commented that interaction between participants from different industries (including CS&H) had enhanced the learning environment considerably. A private provider in another non-metropolitan city said that they would welcome "improved opportunities for networking with other FMI programs". A large provider in Melbourne argued that there was a need for greater interaction between FMI providers, including for the maintenance of standards, for mutual support, for discussion of common problems with FMI and for the development of a community of concerned practitioners. Another public provider in the metropolitan area was participating in a network which discussed matters of common concern on a regular basis, but only a few providers were involved, no private RTO's or non-metropolitan providers were participating, and neither the largest public nor the largest private provider of FMI programs was involved.

Fourthly, not surprisingly perhaps, most providers stated that the provision of further materials would be helpful. Even the large private RTO in Melbourne which specialised in management education and management development said they would welcome more material, for example on negotiation. "I would welcome diversification". The FMI material, she said, "is very much meeting the needs, but please extend it". A large organisation in the community services and health industry, which is delivering FMI training to its frontline management staff in the metropolitan area, commented that "a lot of stuff in the workbooks is pretty basic ... It would be helpful if the content of the workbooks was re-examined". They were writing a considerable amount of additional material for their training, using the FMI "as a foundation". "We bring in quite a lot of new knowledge which is not explicitly in the eleven FMI modules." However, a number of providers suggested that their clients obtain the Prentice Hall material. As one large public provider in Melbourne stated: "We always recommend that the organisation have both ... [our] material and that material ... I say that it [the Prentice Hall material] is in the majority of our clients. They would have a copy of it."

§6. Discussion of Five Specific Aspects

Discussion of these five aspects is based on the interviews which have been held with eleven providers. Interviews with users of the FMI training programs are currently being conducted. It will then be possible to compare the responses from providers with those from users of the FMI programs in the CS&H industry in Victoria. It is intended that these results will be reported to the AVETRA conference in Adelaide next March. Neither has the survey been undertaken of individuals delivering and receiving FMI, or other frontline management training, in the CS&H industry in Victoria; or the focus groups been held with those from provider and user organisations to explore the outcomes of the interview and survey material. These additional stages of

the research project may throw further light on the material already obtained from the interviews with FMI providers.

Varied approaches: It is clear that the FMI providers who have been interviewed have adopted a variety of approaches. Training programs for frontline managers are not identical with FMI training. Also FMI training, and other management training for frontline managers in the CS&H industry, can fall under different organisational units in different providers. Thus, some providers have management training for frontline managers, including in the CS&H industry, in a department of business studies or general management education, whereas other providers are focussed on training in the CS&H industry, including training for frontline managers. A further important distinction which emerged was between provision through profile funding for frontline managers, including in the CS&H industry, and provision through fee-for-service arrangements.

Content and approach: The actual content and approach of the FMI training varies quite significantly between providers. Indeed, some argue that this industry-driven, client-focussed and flexible approach is one of the strengths of the FMI. For example:

- Some providers are starting from a management training perspective and providing programs, including FMI, which address the needs of managers in a range of industries, including community services and health. Other providers are coming from a service base in the CS&H industry, and seeking to enhance the management competencies of staff, including through use of the FMI.
- In some cases FMI is being used to assess the management competencies of existing staff ("a rear vision mirror approach", as one provider described it) and, on occasion, where key competencies are inadequate, to foster learning in these areas, for example through workshops or specific projects. In other cases the FMI program is being used as part of broader change processes in the enterprise. The catalyst for FMI activity was sometimes a restructure or a perceived need for significant change, work reorganisation and skill enhancement. As one large public provider noted: "We have to be very careful, because we impact on systems and processes of the organisation."
- Some providers were using FMI training to improve their own organisational performance, and some enterprises who had used FMI in this way (but not all) had gone on to provide FMI training for external organisations. However, the largest providers of FMI training were primarily providing it for external clients, rather than for internal purposes.

- Most providers, and the larger ones in particular, took responsibility for the processes by which the assessment of competency occurred and also for ensuring that the participant actually possessed the competencies at the required level and could demonstrate them in practice on the job.
- Most providers were using the FMI for groups of managers drawn from a single outside organisation. However, in one case frontline managers from different organisations participated together, specifically managers from a large private firm in the agricultural sector and nurses from the local hospital. There were calls from some of those interviewed for more interaction in FMI programs, including between participants from different organisations, different industries and different programs (so long as it did not endanger their competitive advantage).

Common elements: Despite the above, three common elements of particular interest emerged from the interviews.

- i. The FMI programs, especially those in the larger providers and in those providers which specialised in management education and training, were generally built on existing management development activities. For example, for one private provider outside the Melbourne metropolitan area management training was already some 15% of their total activity, it had been growing even before the introduction of FMI and it was a profitable area for them. Another large private supplier of management education in the metropolitan area had been conducting programs such as the Certificate in Workplace Leadership and the Certificate in Workplace Development prior to the FMI proposal being developed. Another provider, public this time, but located in a regional centre, conducted management development programs for a large local industry; and some 80 to 100 staff had participated in the four years prior to the introduction of the FMI. The TAFE colleges, including the largest public provider of FMI programs, had been providing management training and related organisational development activities for years, well before the development of the FMI. Interestingly, the speed with which individual providers had developed their FMI activities, while partly due to their prior knowledge, experience and contacts, was also attributed often to the vision, drive and leadership of particular individuals, including a number of those involved with the original Karpin Report and the subsequent FMI pilot program.
- ii. The FMI activities of these provider organisations were primarily conducted for large organisations. For example, those enrolled in one country TAFE program were from a large private agribusiness and the local base hospital. Those undertaking FMI at another organisation in

the community services and health sector were employed in an enterprise with 1200 staff and a current annual budget of \$45-50 million. One of the other private providers, in a major centre outside the metropolitan area, which was using FMI to develop its own frontline managers, employed some 200 staff, equivalent to 50-60 full-time staff. A large private provider of FMI training in Melbourne has provided eleven courses for one organisation so far this year. It also has other clients, which include large private sector firms, and a specialised health service covering the entire metropolitan area. They had virtually no clients from small or medium sized enterprises in their FMI programs. The smallest country centre was involved in FMI programs for staff in the organisation itself (which was quite substantial for a country centre with a population of only a little over 10,000 people), for the local abattoir and for regional staff in the State disability services agency. The largest public provider of FMI programs, which saw itself as the "market leader nationally in FMI", was providing FMI training to public and private enterprises, interstate and in Victoria, but they were large organisations such as the police, the railways, the Red Cross, a large church-based social welfare agency and public and private hospitals. In the few cases where interviewees commented on FMI programs delivered for frontline managers in small organisations it was apparent that it was more difficult to develop and maintain interactive relationships with employers and workplaces, that the cost per participant was higher for the provider and that it was generally not a prime focus for them.

- iii. Each of the providers stated that they found the FMI useful, but none of them felt it met their needs for frontline management training completely. They drew on material they had already prepared for management training; modified what was in the FMI modules, adding some material and supplementing other material; and raised the need for further material, change and updating.

Wider changes: It was striking how often the FMI initiative appeared to be related to wider changes in the relevant enterprise and workplace (in turn these may be reflecting changes in the broader industry). For example, the nurses in one FMI program in a country centre which was being delivered through a public provider were being affected by the transfer of the public hospital in which they were employed to a private organisation. A public provider in the metropolitan area commented on the changing situation facing many frontline managers, or aspiring frontline managers, in the CS&H industry in Victoria. She noted the feedback from participants from the CS&H industry in their FMI programs "that they are being offered jobs on the strength of having a management qualification. ... that's one way of securing a bit of a future". It is an industry undergoing major change and the demands on frontline managers, especially the managerial demands, have increased greatly. Another health and community service in the metropolitan area

which was providing FMI training for its staff had a major restructure last year. The provider commented that the FMI provided an opportunity to present many offerings in their in-service program "in a more integrated fashion"; the FMI competencies were being incorporated into position descriptions (with implications for staff and management); and a closer relationship was being developed between the enterprise's strategic plan for organisational development and the need for ongoing skills, competences and development among staff. The largest private provider of FMI commented that the FMI courses it was providing for a large metropolitan health service were greatly affected by the major changes occurring at the service. These included a new CEO, a change in the organisational structure and climate, and detailed public scrutiny of its operations and management. The largest public provider also commented, in relation to their overall suite of FMI programs, not just those in the CS&H industry, how often the impetus for FMI training was related to wider change processes affecting the broader organisation. As one provider said: "I don't think that an organisation can stop and say, we've done frontline management and we're all finished and done with. Because to me it is a continuous improvement process. And I see that the frontline management graduates become the coaches and mentors of the next lot and so you go on."

Funding, costing and charging: There are interesting aspects relating to the funding, costing and charging of the FMI training provided by these organisations. Few providers were willing to talk openly about these aspects and it was stated quite frequently that they were commercial-in-confidence matters. However, a number of relevant aspects did emerge:

- It is complex (as one provider stated "it is extremely complicated"), with some funding provided for FMI training through profile activities and other funding provided through fee-for-service arrangements. The charges to enterprise participants varied substantially from one FMI program to another (and sometimes even within the one program), with implications for enterprise and participant decision-making. One public provider in a non-metropolitan region commented that they concentrated their limited profile funding "on the minimum mandatory training required by legislation for our workforce". Other requests for frontline management training tended to be referred to the Institute's commercial arm and provided under fee-for-service arrangements, if at all. "And the biggest thing for people [in community services and health] to think about is the cost ... there's not a lot of money in the country for training".
- What services were provided to trainees appeared to vary, including their entitlements as students and the related aspects which the enterprise might request. These enterprise requests to the provider varied from enterprise to enterprise and from time to time. They often

proved difficult for the provider to estimate at the beginning of the training, especially for an enterprise which did not realise initially how much assistance in related areas it would require or might benefit from. This had been a problem for some providers; and for individual staff running FMI activities. One provider in a non-metropolitan city commented that "we've got a couple of community based organisations at the moment that are just causing enormous amounts of grief because ... we spend almost weekly time with them and none of that's costed... where the budget blows out is where you get an organisation who is just not prepared ... to work in an action learning model. And where you have to hold their hands."

- There are fixed costs of establishing an FMI program and the break-even point is lower with larger numbers of students (eg. in larger organisations or in the larger centres of population). As one public provider in the metropolitan area said: "We've got no problems with delivering the FMI, if we've got the participants to teach it to. It's still with money. If we don't have bums on seats we don't get payment. So I can't teach it to a class size less than twenty". Also it was apparent that the costs of the FMI were reduced if extensive management training activities had been developed previously by the training provider.
- There appeared to be differences between industries, with it stated that the CS&H industry is not as willing to pay for FMI training as many others. One public provider in Melbourne commented that "There's not much money out there anyway for training in community services and health is one thing that we find". FMI provision for the CS&H industry participants was apparently subsidised by some providers, both public and private providers, from other sources (eg. not having to pay its share of overhead or development costs) or supported financially from other sources, as in one small country program. As one provider commented: "Working with non-profit organisations there's never going to be any money. It's always going to cost you. What you hope to offset it is by getting into the industry stuff where the money is there to pay for it."

The largest public provider stated bluntly that the full FMI program cannot be delivered properly at the profile rate. One (public) provider commented that "in fact I have personally directed a number of [profile] hours into the community services area which wasn't necessarily ... which wasn't actually in my business interest to do so, but because I felt I had a commitment to do so. ... What I do is cross-subsidise community services by giving them all the material I've developed in my fee-for-service area. I cross-subsidise them, so they get the same package, although they're not really paying for it ... I'm not going to make real profit on those programs ... and the other thing is that ... I

put one of my gifted people who I don't want to run one of my big programs in there. And I mentor them carefully." The private providers, of course, sought to charge enough to cover their costs of providing the FMI; and some public providers had decided not to fund FMI for the CS&H industry through profile, but through their commercial arm (which limited business from the CS&H industry).

An effective FMI program also requires a considerable contribution of resources from industry. "This whole process depends very very heavily on an internal driver ... who has managed to grasp the conceptual aspect of frontline management in this mode. [Then] we've had a huge amount of success. But where people are flat, where the internal driver or core man has been floundering, there's lack of commitment. The other thing with frontline management which I think is absolutely critical for success is the commitment of senior managers of the organisation to it." A number of the providers argued for greater attention to the contribution of workplace coaches and mentors for an effective FMI program. As one provider commented, "I think realistically in the workplace, I think you're going to have to crank up the role of the mentor". Another provider commented that "I don't think the coaches were really comfortable enough and had enough structure themselves to know what they were actually supposedly doing with these people". Another provider stated that "the coach is critical in determining where they see their existing level of competence and where they need to move to ... The mentor encourages them and works with them. A coach can be a little bit more directive where necessary ... they've got to be able to be quite on the ball to know well look, in all of these competencies they seem to be good, but in this they just seem to be lacking and to be able to say, well I might need to be more directing. What they might need to do in getting from here to here, to achieve competence." Some providers had support programs for mentors and coaches, but they were not provided in all cases and warrant further consideration as part of the overall FMI program. Although the imputed cost of student time is part of the full cost of VET provision, it is not usually included in the provider estimate of course costs. When a program is developed, like FMI, which requires significant industry participation, this is part of the total cost; and the proportions falling on those who contribute to the total program (participants, training provider and enterprise) can differ substantially between programs and in comparison with more traditional training approaches.

§7. Four Concluding Comments

The interviews with the eleven providers of FMI training to participants in the community services and health industry in Victoria raised a range of interesting issues. Four are particularly noted here.

First, the training for frontline managers was varied. It met a variety of requirements in enterprises, there were significant differences between the FMI programs which were provided and there were important differences between the providers (eg. large and small, public and private, urban and rural).

Secondly, the FMI program was industry driven and client focussed. This was intended and can be a major strength of the approach. However, it was not apparent what safety net exists to prevent a deterioration in quality training and outcomes where the approach does not work well. The FMI approach is demanding for both the training provider and the users.

Thirdly, the FMI training was frequently related to wider changes in the enterprise. These matters are being explored further in the interviews with users. In fact, the interaction appeared to operate in both directions. The changes in the broader environment stimulated FMI training, while the FMI was part of the process which could result in continuous improvement and a learning organisation.

Finally, there are aspects relating to the funding, costing and charging of these FMI programs which can affect what FMI programs are provided, how they are organised and delivered, who provides them and who participates in them. These aspects can have significant implications for both efficiency and equity. The evidence of this study suggests that these matters warrant further attention than they have received so far in the changing marketplace for VET training in Australia.

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