Session 5 - Negotiating skills
Presentation slides and speaker notes

Doing things
When you started medicine as clinicians you did so because you wanted to do things to treat patients. This therefore is your prime job and you are within your comfort zone in doing it.

Maintaining things
When you first started considering medical management, it tended to be about ‘maintaining things’. To do this you attend meetings, complete returns and handle problems. Again, this is in your comfort zone.

Changing things
However, you are sometimes asked to ‘change things’, outside your comfort zone because it involves a different interaction with people - leadership and influencing.

There is a wide spectrum from ‘influencing’, via ‘negotiating’, to ‘dealing with difficult situations’.

In fact, we subconsciously use these skills throughout the day during our interaction with people, but the step to being required to do it is often seen as gigantic. Each of these uses aspects from the other. Negotiation can also be seen as a spectrum from a one-to-one conversation to teams sitting across the table. In this presentation we will be looking at the first, although some of the lessons and techniques are borrowed from the latter.
In any form of negotiation these four phases take place. There may well be different emphasis from one negotiation to the next, but all need to happen.

Bear in mind that each person in a negotiation is there because they want a solution. Not everyone wants the same solution, which is why a negotiation takes place.

History can be a strong component – not only history between the two people but between departments, directorates or teams. Remember, history is not always correct and if you believe it is getting in the way then bring it to the surface.

Negotiation is a complex communication process. This slide indicates the two most common types of negotiation. You really have to strive to want a co-operative negotiation. The note that accompanies this presentation goes into a lot of detail on this point.
Things to think about before starting the conversation.

These should mould your own strategy on entering the negotiation. Do not let them become too fixed or rigid, or you may not achieve your goal and appear a dictator in embryo.

The amount of time you set aside for this self reflection will always vary. You may also need to take advice from the chief executive, non-medical managers and medical colleagues.

See previous slide notes.
This should help crystallise precisely what you want to achieve.

This is how you think through the bargaining process that you will use.

Agreements are usually reached by concessions being given and received. Concessions have two elements: cost and value. It is best to give away a concession with little cost to you but high value to the consultant.

Know your limits, and the limits of your authority. You cannot obligate the Trust to a course of events that runs counter to its strategic direction. You may have a limit on the financial deals you can strike.

Once you have reached any of your limits and lost bargaining power you have to do the most difficult thing in a negotiation – stop it. Walk away. Find a good reason to do so. It is worse to agree a concession which then gets removed by a higher authority than not to agree it in the first instance. Your own pride and status takes a big fall if you don’t.
Successful negotiators have thought out the way ahead. They are well prepared, self-confident and structure the negotiation so that they remain in control.

Although it seems formal to agree an agenda, it should be done. It gets everything out on the table and puts some timescale around them. Don’t dive into detail. You cannot see a forest by looking at each tree. Keep as general as possible, that is how you may flush out inter-related issues.

Do try and gain commitment to the process and a buy-in of the agreed solution. You, too, will have to commit, as the end result may not be what you thought.

You will already have gathered information, but you may now find out more. This is a two way sharing of information. Now it is about listening and probing to find out as much as you can, first hand. You may find out items you didn’t expect, so you are advised to go through this step.

Don’t give ground until you believe you know the whole game plan.

Beware, if it subsequently becomes known that you knowingly withheld information there may well be a significant backlash and a breakdown of trust.
In a negotiation you can start from a defensible extreme and give ground. You may gain more than you expected to. If so, do not be surprised and don’t ever let it be known that you have gained more.

If an impasse looks likely then seek alternative solutions.

The closing stages are vital. Appearing over eager is bad in closing deals – think about the extra concessions you have gained from car salesmen. You may want to do it deliberately in order to ‘give’ away a concession to prevent others you can see coming over the horizon, but only do so if you are experienced.

Don’t toss out concessions at the end for free – why would you want to? In a one hour negotiation most concessions are given in the final 3 minutes!

It is vitally important that you both record and agree the position at the end. It is very easy to “remember” later. Doesn’t need to be just factual - emotions and expectations can be recorded.
This slide and the next are self-explanatory but contain very important messages, so stress every point.

Some pitfalls - 1
• Failing to prepare effectively
• Being intimidated by status
• Forgetting the consultant has things to gain
• Making assumptions about what the consultant wants
• Talking too much and failing to listen effectively

Last point is very important.
A good note to end on:
These can be difficult discussions but the anger or other emotions are being directed at the post you hold, not at you as an individual.

Some pitfalls - 2
• Giving away concessions for nothing
• Conceding on important issues too quickly
• Assuming deadlock means agreement is not possible
• Being inflexible
• Taking things personally