

Guidance on the role of the Clinical and Divisional Director

Medical Managers Subcommittee

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Introduction

The Medical Managers subcommittee, formerly the Clinical and Medical Directors Subcommittee was established in October 1994 to represent all senior hospital doctors who are either clinical or Medical Directors. There are seven representatives each for Medical Directors and other medical managers elected by ballot across the United Kingdom. There are also four representatives of medical managers in primary care and four representatives of the general body of consultants who hold or have recently held management positions. The Subcommittee speaks for Clinical and Medical Directors in national negotiations on terms of service issues and has previously produced guidance on the role of the Medical Director. The current members of the Subcommittee come from a variety of specialties and all types and sizes of hospital. All nations and most regions in the UK are also represented on the subcommittee.

This guidance outlines the roles and responsibilities that a Clinical or Divisional Director may be expected to undertake and the different options for remuneration for this work. However, it is important to note that Clinical Directorates and Clinical Divisions in the NHS have developed rapidly although not uniformly, and that structures, responsibilities, autonomy and remuneration varies considerably across the country. Hence, as noted in our Guidance for Medical Directors, this Guidance will have to be adapted to suit local or personal circumstances. The Guidance is therefore also applicable to Clinical Leads, Divisional Directors and those with similar titles.

In this Guidance the term Clinical Director should be taken to apply to Divisional Directors, Clinical Leads and all those in similar positions.

Overview Of The Role Of The Clinical And Divisional Director

All Trusts (and equivalent bodies in the devolved administrations) have a Board, composed of executive and non-executive members. This is the statutory body in which responsibility for the organisation's affairs is vested. In addition, most organisations will have a separate operational management body. Under a system of Clinical Directorates, management responsibility is decentralised and devolved from unit to sub-unit level. Generally, a Clinical Director will be answerable to the Chief Executive, often through a Medical Director. In larger hospitals, there may also be an Assistant/Associate Medical Director or equivalent to whom the Clinical Director is accountable. The Clinical Director is not just responsible for the smooth operation of their Directorate; they also have responsibilities to develop and support the strategic aims of their organisation and will be required to:

- Participate in the development of the Trust's/Board's strategy and objectives, and in the management of operational issues, through the Management Executive and equivalent bodies
- Participate in negotiations with commissioners (where the commissioning process operates) to ensure agreements are deliverable and protect patient safety and the effective delivery of clinical care
- Participate in relevant internal operational and strategy groups.

To be an effective Clinical Director, doctors should have appropriate time to undertake their role and it is our view that new Clinical Directors should not be expected to undertake their management work in addition to their existing clinical work. Therefore, when considering undertaking the role of Clinical Director, doctors must be conscious that they will have to surrender some of their clinical or academic work and it is important that members of their clinical team are willing to support them in this. Indeed, it is important for Clinical Directors to have the support of their team when undertaking the role as they will be required to lead the Directorate strategically in line with the organisations objectives and work with staff to

- Develop a shared vision with your colleagues
- Inspire, and communicate with your team
- Value others
- Develop trust
- Enable change and improvement

For further advice on the skills required to be a Clinical Director and information on the support available for the development of Clinical Directors, visit the NHS leadership centre at the following link <http://www.leadershipdevelopment.nhs.uk/>

The Core Activities Of The Clinical And Divisional Director

As already stated, it is recognised that there is a wide variation in the way that Directorates have developed locally and that this has resulted in differences between the duties expected of Clinical Directors across the country. Although these variations reflect local priorities and needs as well as different national NHS structures, the BMA believes that in order to promote some consistency in the role, there should be a number of fundamental duties recognised as the responsibility of the Clinical Director, such as:

- assuming management responsibilities, including job planning and responsibility for clinical governance, within the Directorate for: consultants, specialty doctor, staff grade and associate specialists, junior doctors, the General Manager and the Directorate Nurse Manager/Senior Nurse.
- the design, implementation and maintenance of efficient management structures, and the development of effective communication systems both within the Directorate, with other Directorates and with Purchasers (where appropriate);
- the Development of a strategic plan for the Directorate;
- taking an active role in the contracting process, both internally and externally;
- negotiating the Directorate's annual budget and determining budget levels within the Directorate;
- delivering agreed service contracts within resource constraints;
- setting management objectives with the General Manager to ensure the most effective deployment of resources and the provision of services to a high standard;
- promoting the development of an information system for the purposes of facilitating audit, patient documentation and risk management;
- agreeing targets and objectives with individual members of the Directorate, and ensuring that those targets are met;

It is expected that appointees will automatically become members of the Board of Clinical Directors or equivalent managerial board.

1. Clinical And Divisional Directors' Medical Management Responsibilities

Key Roles

Ensure joint working and shared objectives with the General Manager on the following wherever appropriate:

- Agree and manage the Directorate or Divisional Budget
- Prepare / contribute to Business Cases for new developments
- Establish Directorate or Divisional objectives and contribute to Trust/Board objectives
- Lead on service development, patient safety and clinical governance
- Work to ensure that efficient and safe pathways of care are developed to speed patient management and optimize the quality of clinical care, work to ensure the optimal use of resources and that waste is minimised
- Establish effective channels of communication both within and outside the Directorate or Division
- Liaise with the management body and share information within and between Directorates and Divisions to communicate capacity and demand for services

The Clinical Director should take a lead role in the design, implementation and maintenance of efficient management structures, and in the development of effective communication systems both within the Directorate, with other Directorates and with commissioners (where the commissioning process operates). The management structure should support the direction and management of the services whilst allowing a smooth handover to successive Clinical Directors. It should be stressed that the Clinical Director's role should not, preclude appropriate delegation of specific tasks to other individuals within the Directorate if appropriate. The Clinical Director must also be able to call upon support from other services within the organisation when carrying out management functions. These would include 'expert' services provided by the finance, information contracting and Human Resources departments. Key features of the management structure include the following closely related activities:

Contracts for Services (if applicable): It is vital that the Clinical Director participates actively in the contracting and commissioning process, both internally and externally, although the degree of involvement will vary between Directorates. In general it will be the Medical Director who meets with local commissioners to agree the contracts but the Clinical Director must take an active role in the contracting process, either directly or through the Medical Director.

The Clinical Director has a responsibility to monitor internal and external service contracts and ensure the provision of a high quality cost-effective service, which takes account of resource constraints. The Clinical Director has a pivotal role in ensuring procedures are in place to:

- maintain an accurate income and expenditure account;
- maintain up-to-date information on the costs of treatments and care;
- monitor the use of resources by each purchaser, and individual patients where the care provided is unusually expensive;
- establish a system to provide information to Purchasers;
- establish systems for risk management

Strategic Business Planning: Clinical Directors should develop strategic plans for their Directorates which act as building blocks for the Trust's/Board's own future plans. The aim should be the ongoing improvement of patient care and the optimal use of the resources available. For example, training and staff development, appointment of consultants and bringing new sub-specialties to the Directorate should be part of the strategic plan. The Clinical Director should ensure that the General Manager produces business plans that reflect the strategic plan(s).

Resources Budgetary Responsibilities: The Clinical Director should negotiate the Directorate's annual budget with Trust/Board management; bearing in mind expected workload, service commitments and proposed changes to the service.

The Clinical Director is responsible for informing the Trust/Board when resources have not been made available or are insufficient. This should be done through the local reporting structure.

The Clinical Director should also have joint authority alongside the General Manager over the use of resources and determination of budget levels within the Directorate. In practice this means negotiating and agreeing workload levels within the Directorate and monitoring them against performance.

The Clinical Director should hold the budget for salaries for all medical and non-medical staff in the Directorate where appropriate.

Clinical Directors should only accept responsibility for such budgetary responsibilities when they have been fully involved in the budget setting process and have formally agreed the level of resources against workload. Budgetary authority needs to be stated and agreed by all parties.

Staff Management Responsibilities

The BMA supports the principle that individual doctors are accountable to their clinical manager, and will continue to be, professionally accountable to their relevant professional body and have ultimate and continuing clinical responsibility for patients admitted under their care. However, it should be noted that medical managers are being held to account by the GMC and sometimes the Courts for their decisions. Their colleagues, therefore, need to acknowledge this.

Clinical Directors may take on management responsibilities in their own right or have these delegated to them. These will be agreed with the Chief Executive/Medical Director. These responsibilities are explored below in relation to the staff groups: consultants, specialty doctors, staff and associate specialist grades, junior doctors, locums and the management team.

Clinical and Divisional Directors Responsibilities for Consultants

Key roles

- Ensure that the Organisation supports consultants, both personally and in terms of resources, in their ultimate and continuing responsibility for the patients under their care
- Annually perform or appropriately delegate responsibility for Annual Appraisal, Objective Setting, Personal Development Plans, and Job Plans
- Manage individual performance issues with appropriate support from the Human Resources Department
- Manage annual and study leave, and oversee detailed working rotas
- Manage sickness amongst medical staff, and ensure continuity of care for patients

Job Planning: Clinical Directors are responsible for ensuring the agreement of the job plan with consultants, specialty doctors, staff grade doctors and associate specialists, and its annual review. Job Plans should be annualised if appropriate.

The BMA has issued guidance to assist with this.

http://www.bma.org.uk/employmentandcontracts/working_arrangements/job_planning/Annualisationconsultants.jsp

Workload: Having played a part in agreeing contracts for services where appropriate, the Clinical Director should encourage effective distribution of the work and the necessary resources amongst the consultants in the Directorate. The Clinical Director will, however, need to take into consideration consultants' contracts of employment, including the job plan/work programme and referrals to individual consultants from GPs, in-house referrals and tertiary referrals.

With the forthcoming introduction of revalidation, Responsible Officers (ROs) will be responsible for managing the process of appraisal within their organisation and ensuring that every doctor undergoes an annual appraisal. ROs may delegate some elements of this process to Clinical Directors including the undertaking of the appraisal of consultants in their Directorate. The BMA has issued guidance on how job planning and appraisal can meet the requirements of revalidation and has provided a practical factsheet on how consultants can prepare for revalidation:

http://www.bma.org.uk/employmentandcontracts/doctors_performance/1_appraisal/Usingjobplanning0408.jsp This covers the likely portfolio of evidence that will be required, including: confirmation of participation in Continuing Professional Development (CPD), results of appropriately tailored Multi-Source Feedback (MSF), outcomes-based assessment of performance, robust audit data and peer review of departments (and not individuals).

If Clinical Directors have concerns about a consultant's work they may raise these with the individual concerned or discuss the problem with the Medical Director and should follow the agreed guidelines. If the matter of concern is of sufficient seriousness then the procedures outlined in *Maintaining High Professional Standards in the Modern NHS (and the equivalent in the devolved administrations)* should be followed. Guidance on these procedures can be found on the BMA www.bma.org.uk

Contractual and Personnel Matters (Annual Leave, Rotas etc): As part of their overall responsibility for managing the Directorate the Clinical Director should co-ordinate at Directorate level consultants' annual leave and on-call rotas. The Clinical Director is in the best position to ensure that the needs of the service and the Directorate are met whilst ensuring that consultants' contractual entitlements are honoured.

Contractual Matters and Study Leave – Continuing Professional Development: Study leave is a contractual entitlement, and it is up to clinicians to undertake appropriate CPD with advice from the Tutors of the relevant Medical Royal Colleges where necessary. The Clinical Director should assume a role in co-ordinating study leave and monitoring CPD at Directorate level. Clinical Directors should ensure that staff meet obligatory CPD needs and that this is allowed for in the contract with the commissioner (where appropriate). We would also suggest that Clinical Directors endeavour to ensure that the benefits of an individual's study leave be shared amongst the Directorate, for example via a conference report or discussions at a meeting.

Clinical Excellence Awards:

Clinical Directors might be asked by consultants to give general advice regarding their local Clinical Excellence Award applications (and distinction awards/discretionary points in Scotland). This may involve discussions around how achievements can best be expressed and maximised, advice on completing the form and presentation. They can also ensure consistency in submissions from the department.

Clinical Directors' Responsibilities for Specialty Doctors, Staff Grades and Associate Specialists

Key roles

- Ensure supervision is sufficient to ensure patient safety
- Ensure sufficient resources are available for CPD and audit
- Ensure that the supervising consultant manages any appraisal and performance issues, with support as required

Clinical Directors should hold responsibility for managing the contracts of specialty doctors, staff grade and associate specialists, and their work within the Directorate. All specialty doctors, staff grade staff and associate specialists are responsible to a named consultant, who may or may not be a Clinical Director. The Clinical Director should ensure the Trust/Board supports their doctors, both personally and in terms of their resources.

The Clinical Director should co-ordinate study leave for CPD within the Directorate and ensure that these doctors within the Directorate meet obligatory CPD requirements. They may also be required to manage individual performance issues with support from HR.

Responsibilities For Junior Doctors

Key roles

- Work collaboratively with the College or Specialty Tutor to provide an effective training and educational environment
- Ensure supervision is sufficient to ensure patient safety and an effective training and educational environment
- Ensure educational and clinical supervisors have sufficient time and resources to meet trainees' educational objectives

The Clinical Director is responsible for ensuring that they work closely with the Medical Director, Clinical Tutors and the Director of Medical Education in ensuring that all aspects of the junior doctors' contract are met, especially in relation to training commitments. This could best be achieved by the Clinical Director ensuring that proper agreed procedures are established in their Directorate.

Decisions about staffing levels and the appointment of junior doctors should be made with the full involvement of the Clinical Director, and the Director should be involved in the drafting of junior doctors' job descriptions and person specifications. The Clinical Director's role in disciplinary procedures should reflect agreed national and local procedures.

Responsibilities For Locums

Key roles

- Take responsibility for the recruitment of Locums
- Ensure locums are supervised and they are adequately supported

Clinical Directors will have responsibility to ensure that their Directorates are adequately staffed and will be required to employ locum doctors in their Directorate when required. They will have to prove that there is a clinical need to employ a locum and that those locums are provided with enough support and supervision to undertake their role satisfactorily. They will also have responsibility for ensuring that reports and evaluations of locums are completed accurately and that any clinical governance issues are dealt with through the appropriate organisation and agency systems.

Responsibilities For The Management Team

Key roles

- Ensure efficient and safe team working and continuing care across all staff groups

The role of the Clinical Director requires an interface at all levels. The Clinical Director should devolve appropriate tasks and responsibilities to others in the management team, but decisions about staffing levels and appointments (other than of senior medical staff) should always be made with the full involvement and approval of the Clinical Director. The Clinical Director should undertake regular reviews of the workload of all managers within the unit to ensure that the human resources are sufficient to deal with the volume of work.

The Clinical Director may have a role in the following management responsibilities for the General Manager and the Nurse Manager/Senior Nurse:

- Recruitment and selection
- Agreeing salary or performance related pay if the budget for the manager is held by the Clinical Director;
- Target and objective setting;
- Monitoring and appraisal;
- Disciplinary action in accordance with nationally and locally agreed procedures;
- Identifying training requirements.

General Manager: Most Directorates have a full-time General Manager (also known as a Directorate, Business or Service Manager). It is essential that the Clinical Director and General Manager have a good working relationship. The Clinical Director may be involved in discussions with commissioners and PCTs (where appropriate) to develop new services for the Unit. The Clinical Director should be the strategist and provide a lead on policy and service development for the Unit holding the responsibility for implementing the policies agreed by the Directorate team.

As already noted, there is a great deal of variation with regards to the level of management and the size of management teams dependent upon the size of the organisation. It is important that within all organisations there is clarity about which issues are dealt with by whom and a definition of responsibilities to ensure all staff are clear about their roles. Issues which have Trust-wide implications are locally dealt with at Medical Director or Chief Executive level, whereas issues which are local to a particular unit can usually (but not always) be dealt with at that level.

A Clinical Director may be expected to attend regular divisional meetings to discuss problems and solutions of Trust/Board wide importance such as Cost Improvement Programmes (CIPs), quality etc.

Nurse Manager/Senior Nurse: The Clinical Director may be required to manage the Nurse Manager/Senior Nurse and hold responsibility for their work, whether or not the budget for the Nurse Manager/Senior Nurse is held at Directorate level. The Nurse Manager/Senior Nurse would normally be professionally accountable within their own professional disciplinary structure.

Clinical Governance Responsibilities

Key roles

- Ensure the clinical governance framework meets the standards required to monitor all aspects of the Directorate
- With the General Manager, manage complaints, incident reporting and errors to ensure incident notification is optimised, and action is taken to remedy deficiencies
- Work to establish and promote a culture of improvement in clinical care and in the efficient use of resources

Clinical Directors will often take the lead in quality assurance initiatives and in supporting and developing clinical governance. Levels of involvement can vary, but Clinical Directors will work closely with the Medical Director to ensure practices conform to relevant external clinical governance standards and that processes and systems are in place for clinical audit, risk management and incident reporting. Key responsibilities will include:

Clinical audit:

- Ensuring the appropriate processes, information systems and reporting structures are in place to facilitate audit
- Using audit data to monitor whether targets and objectives of the Directorate as a whole are met and ensure issues which arise from audits are acted upon as required
- Feeding information gathered from clinical audit activities to feed into the monitoring and appraisal of staff within the Directorate
- Using audit data to anticipate and prevent cases of poor performance
- Taking part in the initial investigation and any disciplinary procedures as regards any concerns about the health or performance of colleagues in the Directorate

Clinical incident:

- Working with the Medical Director to develop effective reporting procedures for clinical incidents
- Taking part in investigations arising from patient complaints or safety incidents
- Taking the lead in ensuring that action is taken to prevent recurrence
- Communicating the causes of concern and the lessons to be learnt to the members of the Directorate.
- Providing appropriate feedback to complainants on the results and actions of investigations into complaints / incidents.

Contracts For Clinical And Divisional Directors

It is important that the work undertaken by a Clinical Director and remuneration for this work should be governed by a separate contract in addition to the individual's existing consultant contract with the Trust. It is clear that the nature of the contract will vary depending on the time commitment and extent of responsibility the post requires. For example, a Clinical Director for a small department will probably need a very different arrangement to someone who looks after an entire division of many specialties. Contracts should be negotiated locally and individuals should consider how they would like to be remunerated for the role and the effects that this may have on their existing contractual arrangements. There are four possible contractual options that should be considered when negotiating remuneration for the Clinical Director role:

- The first option is that Clinical Director duties are remunerated by a responsibility allowance in addition to the existing consultant contract. This would require a separate contract as it is not encompassed within the national model consultant contract. The additional contract would usually be a short document that refers to roles and responsibilities rather than a new set of terms and conditions. The advantage of responsibility allowances is that they can be negotiated locally and they are superannuable.
- The second option is that Clinical Director duties replace clinical commitments on the job plan without an overall increase in the number of Programmed Activities (PAs) worked. In this case there would be no overall effect on salary or superannuation.
- The third option is for Clinical Director duties to be incorporated into the job plan, substituting for clinical PAs and for the Trust to make use of its freedom to offer an increased salary to reflect the greater level of responsibility (in Scotland, additional remuneration can be agreed locally under paragraph 4.2.6 of the contract). This arrangement can also lead to substantial pension benefits, as a Clinical Director holding the post within three years of retirement would have superannuation contributions counted towards pension. The disadvantage of this arrangement is that the contract may be outside national terms and conditions.
- A fourth option is additional programmed activities. The advantage of this arrangement is that Clinical Director duties are remunerated at the same rate as the main contract. The main disadvantage is that additional PAs above the basic 10 PA contract do not count towards pension.

It is clear that the superannuation position will be an important factor in negotiating financial payment for Clinical Director duties. If the Clinical Director's income is not superannuable, employees may be able to purchase additional annual pension (APP) up to a maximum of £5000 pa, but not via a personal pension plan. If considering purchasing additional annual pension, care needs to be taken that the Inland Revenue limits at retirement are not likely to be exceeded. The BMA advises that it is sensible to seek independent financial advice. For further information about Additional Pension Purchase please see

http://www.bma.org.uk/employmentandcontracts/pensions/general_pensions_information/APP0408.jsp

If remuneration is through Additional Programmed Activities, these should be taken into consideration under CEA (or equivalent) payments. The Consultant Terms and Conditions of Service (TCS), schedule 13, paragraph 10 state 'The annual rate for an additional Programmed Activity will be 10% of basic salary; here basic salary includes the pay thresholds and any discretionary points or local Clinical Excellence Awards*. If you are contracted for Additional Programmed Activities for your Clinical Director duties, then your CEA payment should take these into consideration.

(*In Scotland, basic salary includes any discretionary points and for a consultant with a distinction award, it is basic salary plus the maximum of 8 discretionary points)

Whether a fixed term or 'rolling' contract is chosen, the CCSC advises that tenure must be sufficient to enable the appointee to learn all the facets of a post and to have sufficient time to put the acquired knowledge and skills into practice. The need to address the problem of succession to the post must also be borne in mind.

Further Information

The Consultant Handbook, BMA (2007) available to BMA members from askbma@bma.org.uk
There are also versions for Scotland, Wales and Northern Ireland also available from askBMA

Maintaining High Professional Standards in the Modern NHS (2005) available at:

<http://www.dh.gov.uk/assetRoot/04/10/33/44/04103344.pdf>

Management for Doctors, GMC (2006), available via the GMC website. (www.gmc-uk.org)

Code of Conduct for NHS Managers, Department of Health (2002), available via the Department's website. (www.dh.gov.uk)

Referring a Doctor to the GMC: A guide for individual doctors, Medical Directors and clinical governance managers, available via the GMC website. (www.gmc-uk.org)

Fit to Lead (www.fittolead.co.uk)

Salaried doctors, guidance for members from BMA Pensions available to members of the BMA via the BMA website. (www.bma.org.uk)

The Clinical and Medical Directors subcommittee has its own pages on the BMA website. (www.bma.org.uk/medicalmanagers)

Management Development and Leadership in Scotland

http://www.nes.scot.nhs.uk/business_administration/management_development/default.asp

NB Some documents may be easier to track down via Google rather than the relevant Organisation's own website.

