

## **Committee for medical managers' (CMM)** Written report to the ARM 2023

### **Overview**

This session the committee has been chaired by Dr Ricky Bhabutta and deputy chaired by Dr Annabel Howell (representing primary care) and Professor Michael Rees (representing secondary care).

The committee's focus has been to maximise its ability to represent medical managers across the UK. In part this has involved outward facing liaison with a wide range of organisations and bodies, looking to remind them of the importance of well trained, high quality medical management as part of the solution to the many problems facing the NHS and healthcare.

There has also been continued liaison with BMA committees to ensure that the BMA delivers on its commitment to represent all doctors, including medical managers. There have been encouraging examples of this work bearing fruit, for example the BMA's support to Dr Rosalind Ransome with her employment tribunal in the Isle of Man. The CMM have also been asked to represent the BMA on a number of working groups and consultation exercises, for example the Messenger Review implementation group and the Kark review steering group.

As a result of the impact on healthcare services of the Covid pandemic, the workload facing medical managers working in UK healthcare, whether NHS or other, has been significant all session. Whilst this has inevitably impacted on the committee's capacity, an active prioritisation process has meant a high level of committee output has been maintained.

### **Changes to CMM structure**

During this session, changes to the committee's standing orders were approved by the Organisation Committee. The makeup of CMM has been amended to ensure the committee better reflects current organisational structures, changes in the way healthcare is being provided, evolving medical manager roles and the increasingly diverse approach to healthcare provision across the UK. The agreed proposal reserves seats for a medically qualified manager based in Scotland, Wales and Northern Ireland. It also includes a post for a medically qualified manager sitting on an ICB and a SAS grade medical manager.

These changes have been made to ensure the committee is able to better represent medical managers across the UK and remains relevant to its members. We have begun targeted engagement with colleagues ahead of this summer's elections, to maximise interest and participation. Of note, many medical managers who are members of the BMA have not registered themselves as such within their BMA membership registration. We are working with membership services to improve members ability to sub-classify their specialty and role to include any medical management roles.

### **Senior Salaries' Review Body**

In January, we submitted evidence to the Senior Salaries' Review Body (SSRB). The BMA is calling for pay restoration for all doctors, including those in senior medical management roles. The NHS needs to recruit and retain the best candidates for senior leadership positions; therefore the NHS must remunerate senior medical managers fairly in comparison to medical colleagues following other career paths in clinical practice. Their pay and conditions of service should reflect their expertise, responsibility and position in the organisation's hierarchy. The current situation means that doctors transitioning into the most senior medical management roles could earn significantly less than their medical colleagues. This does not create a sufficient incentive for doctors to undertake the training and development to transition from clinical to medical management and on to director roles.

We continue to engage with the Department for Business, Energy & Industrial Strategy's work to improve the NHS's Very Senior Manager (VSM) framework, seeking to ensure that appropriate fiscal incentives and protections are in place in future for medical managers looking to transition to these very senior roles.

## **The Messenger Review**

Following the committee's submissions to the Messenger Review last session, many elements of which were reflected in the final report, we have continued to engage with the implementation group. The head of the group, Christina Quin, has regularly briefed the committee on progress with implementation of the recommendations. This includes the possibility of CMM members testing the proposed solutions at a future committee meeting. We plan to continue working closely with the implementation group over the coming session.

## **Medical managers' survey**

The committee have been developing a survey to better understand the various contracts that medical managers across the UK are employed on. This will help the committee to identify good practice and work to ensure greater consistency and security for medical managers in the future. It also offers evidence to inform the future workplan of the committee, looking at improving terms and conditions for medical managers and how we might better engage with our members in future. We plan to launch the survey later in the summer and are hoping to hear from as many medical managers as possible.

## **BMA Liaison**

The committee has maintained an active programme of engagement with other BMA committees during the session, with meetings to explore areas of mutual interest and future development. Our mutual capacity to deliver on this work has been limited by IA planning and post-Covid workload pressures, but there are some excellent opportunities to ensure that the CMM member's expertise is put to good use across the BMA. The CMM remains an advisory committee to the BMA and will be more active in this regard in the next session.

Other areas of work have included engagement with the BMA's integrated care board group, ending sexism in medicine pledge roundtable, new clinical roles' working group, and responses to multiple BMA consultation requests on a wide range of topics, providing a medical manager perspective.

## **Final words**

The CMM is an advisory committee to BMA Council on matters relating to medical management. It does not have negotiating rights for medical managers pay or terms and conditions but has identified significant issues with their remuneration and terms and conditions which creates significant risk for individuals taking up these roles. We have also identified issues with ensuring that individuals taking up medical manager roles receive the appropriate training and development opportunities before they begin these roles, meaning they properly understand what they need to achieve, and how. Too often doctors find themselves thrust into these roles with no preparation.

Evidence from around the world shows that healthcare organisations led by properly trained medical managers are more effective, safer and better for patients and staff working in them. The BMA needs to take the lead in ensuring that medical management is developed as a realistic post-CCT career option for those interested in pursuing this pathway, making the system work better to enable doctors to do their very best. With the increasing complexity of healthcare, and the need to deal with the consequences of under-resourcing of the NHS and the post-pandemic backlog, such input has never been more needed than now.

Finally, I would like to thank CMM members for their input to our various workstreams over the last session, and to the BMA staff that have supported the committee so capably all session. I look forward to continuing to work with all of you over the coming session.

**Dr Ricky Bhabutta**  
**Chair, BMA CMM**

[Committee for medical managers overview](#)