

# CORE TRAINING FOR DOCTORS

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Rachel Hooke

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## WHAT THEY DON'T TEACH YOU IN MEDICAL SCHOOL

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# A guide to entering NHS management

Management training for junior doctors is becoming popular as more schemes are established, and management competencies are increasingly important in specialty training. Traditionally, junior doctors have often considered that management should be left to the managers. However, many aspects of what a junior doctor does routinely can constitute management, from drawing up a rota to negotiating with other staff over getting a task completed.

Many doctors in training want to take this further and gain some formal management experience.

## Why enter NHS management?

Some doctors want to take time out to explore something different and broaden their experiences. Preparation for becoming a consultant is increasingly focused on gaining management and leadership competencies. Some of these can be obtained during normal training, but some doctors feel they want something extra. Others want to leave clinical medicine altogether.

## How to do this

As a junior doctor wanting to experience management, there are various options (Stanton and Warren, 2010), which include:

- Taking time out of a rotation, or in between jobs, to perform a management role as part of a scheme for junior doctors
- Entering NHS management.

## Junior doctor schemes

Management jobs for junior doctors or those who have recently completed training are nothing new. However, in recent years, there has been more emphasis on this, with various programmes set up to enable opportunities to gain dedicated management and leadership experience.

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These are full- or part-time and may be combined with clinical work.

NHS London has a clinical leadership development programme known as Fellowships in Clinical Leadership (formerly 'Darzi' fellowships, named after Lord Ara Darzi). This is a year-long 'out-of-programme' experience in a variety of NHS organizations. Applicants need to be enrolled in a specialty training programme on commencement of the post. Application is for an annual cohort. Other regional/deanery clinical leadership fellows may also be advertised on an ad-hoc basis at various times in publications such as *BMJ Careers*.

The day-to-day life of a 'Darzi' fellow varies from trust to trust, and will depend on the projects involved (Dr T Hillman, personal communication, 2011). Activities can include contracting meetings with external providers, negotiations with GPs, internal meetings with senior pharmacy and nursing staff, presentations to patient in partnership groups, meetings with estates, and training sessions for junior doctors, nurses and other staff. The doctor may attend board meetings, executive team meetings, meetings with the Local Medical Committee and sit on trust committees. There are also opportunities for regional conferences on topics such as education or commissioning. Clinical days (the London scheme allows fellows to do up to three sessions a week) can enable the trainee to pursue specialty training.

There is no specified timetable, enabling fellows to learn key skills such as self-management, independent working and scheduling work to reach targets, rather than follow a set schedule and do whatever work turns up (a more common experience for clinical trainees).

The NHS Medical Director's Clinical Fellows Scheme (formerly the Chief Medical Officer's Clinical Advisors Scheme) is open to all doctors in training, not just registrars. It is hosted by the Faculty of Medical Leadership and Management. Applications open annually,

early in the year, to start the following September. They are advertised in *BMJ Careers* and are for 1 year, full-time.

Junior doctors can also become involved in managing junior doctors' hours via deaneries or regions. Again, this is not a new concept (Hooke, 2000) and there would often be just one doctor appointed at any time. More recently, NHS North West has been successfully running a team of junior doctor advisers. Such jobs will be advertised in *BMJ Careers*, NHS Jobs or on individual strategic health authority or deanery websites. Appointments may be up to 1 year, full-time or part-time.

### NHS management

Junior doctors can also go into general NHS management. Do not make the mistake of thinking that management is an easy option. Doctors who have gone into this field have anecdotally expressed the view that management is more difficult than medicine.

For opportunities, look on the NHS Jobs website or in the *Health Service Journal*. Job titles and descriptions that may be suitable for junior doctors can include:

- Patient safety, quality and clinical governance
- Clinical effectiveness
- Research
- Audit
- Medical staff efficiencies
- Medical human resources or staffing.

Alternatively, you may apply to the NHS Graduate Management Training Scheme, which has an annual intake. You can choose from various specialisms, such as finance, general management, human resources and health informatics. The scheme lasts for 2 years (except for finance, which is 2.5 years long).

If you are still registered with the General Medical Council, it is perfectly acceptable to apply for a job whose advertisement and/or person specification states that you must be registered as a nurse, midwife or allied health professional. Recruiters are often happy to consider any clinician, but will not specify a doctor because of the differing pay scales. Do not be put off by other criteria, such as a Master's qualification being an essential requirement, as this is often specified to

justify the designated banding. If competition is not high, you may still be short-listed. In terms of experience, draw on examples from your clinical work to demonstrate that you meet the criteria and have got transferable skills. You should put these on your application form and be prepared to describe them (or others) at interview.

Some jobs involve so-called operational management, where you are managing a service and answerable to queries throughout the day. This is similar to a junior doctor holding a bleep. Others are more project-based or advisory. If you are enrolled on the NHS Graduate Management Training Scheme, you will be given various work placements where you are the actual manager in post.

You can apply for NHS management jobs in any NHS organization. Do not be put off if all your experience to date has been in hospital. At the time of writing, the NHS is in significant flux, with jobs in some organizations (such as primary care trusts) disappearing, whereas new ones are opening up around clinical commissioning groups.

NHS management jobs have a nominal basic working week of 37.5 hours, but you may be expected to work more hours to get the job done and/or to take part in a management on-call rota.

### When to do this

Any doctor at any stage of training can enter NHS management. Traditionally, doctors only entered management at clinical or medical director level once they were established consultants. There were slots for junior doctors on regional task forces for junior doctors' hours (Hooke, 2000), who would take 6 months or a year out of a rotation, working part-time or full-time. However, the range of opportunities for doctors at all levels, including post-Certificate of Completion of Training, has expanded in recent years. It may be advisable to complete your foundation years and obtain those competencies first.

### Where can you do this

Management jobs can be with any NHS body, including acute trusts, mental health trusts, primary care trusts, clinical commissioning groups, strategic health authorities, deaneries or national organizations.

### Who typically does this (and what qualifies someone to do this)

Doctors who enter management are likely to be those with a natural bent in this direction. However, there is no reason why a doctor who does not consider him- or herself to be managerially inclined should not take time out before returning to the desired clinical arena. There are not necessarily any specific qualifications required, particularly for out-of-programme attachments designed specifically for junior doctors. Some more general management posts may specify particular management or other qualifications, but it may be worth applying anyway.

### How to return to clinical medicine

Whether or not you return to clinical medicine depends, to some extent, on your initial plans and whether you are taking a defined period of time out of your rotation. However, your opinion may change along the way.

Think carefully before making an irrevocable move to management and/or giving up registration or licensing. Seek advice from your educational supervisor or other equivalent person in authority if appropriate. In NHS management, you generally have to plot your own career path, as traditional supervisors and mentors may feel powerless to help. They may try to persuade you to return to medicine and predict negative consequences if you continue in management. Do not be put off by this, but follow what feels best for you while keeping your options open.

In days gone by, doctors were advised to obtain General Medical Council registration before leaving medicine. Nowadays, it would be sensible to complete the foundation programme, so that you have got your competencies and can more easily go back into medicine. If you are registered and licensed to practise, you need to think about maintaining your registration and/or licence and also about revalidation. You will need to find a suitable responsible officer, but you should be able to identify someone during any management job.

### Pros and cons of NHS management

The points for and against entering NHS management can be summarized as:

**For**

- Broadened experience and new perspectives
- Better position for consultant working.

**Against**

- Less or no patient contact
- Loss of clinical skills
- Revalidation needs to be considered.

**What makes a good clinical or non-clinical NHS manager**

One of the most important aspects of any job is how to get on with other people. You may have all the skills in the world, but if you cannot work effectively with others to put them into practice, then you will fail. Good leaders will be able to persuade other staff to follow them and back up their ideas, which enables improvements to be made.

**Other roles that allow a combination of management and clinical work**

Traditionally, junior doctors so inclined have been directed towards public health training as an acceptable way to enter management. Public health involves populations rather than individual patients. It is a mixture of concepts such as management, epidemiology and health protection. In the morning, you may be devising a tobacco policy and in the afternoon, you may be visiting a meningitis patient on a ward.

You can enter public health as a medic or non-medic. Think carefully before selecting the route and seek advice. The non-medical route may be appropriate for doctors who have been out of clinical practice for more than 3 years. This route is not considered conventional for doctors who have evidence of foundation competencies and are in current or recent clinical practice. It can create confusion if you are medical but have been recruited via the non-medical channels.

Public health training (both medical and non-medical) is advertised annually along with other specialty recruitment. It lasts for 5 years full-time, although part-time training is possible. It involves rotation through various placements. Other non-medical public health jobs can arise at any time during the year, particularly on the NHS Jobs website and in the *Health Service*

*Journal*. Again, registration, licensing and revalidation need to be considered, as for NHS management.

At the time of writing, public health organization is changing and it is advisable to be aware of the current and possible future situations before applying.

**Tasters**

For those wishing to get a taste of management, it is worth devising and working on a project of your own (Dr T Hillman, personal communication, 2011). Improving a local service or even your own working patterns would be a suitable introduction. There are learning initiatives which allow junior doctors to work with managers, for example involving each new graduate management trainee being paired with a junior doctor to enable each side of the clinical division appreciate the other more fully, and to work together on service improvement.

**Conclusions**

Methods for junior doctors to experience management are not new. However, there

have been new schemes introduced and there is more emphasis on management and leadership competencies for this group. If you want to experience management or leadership, you need to consider through which route. Seek advice and think carefully before making an irreversible decision to leave medicine. If possible, obtain at least your foundation competencies and leave the door open to return to medicine. If entering NHS management or public health via the non-medical route, decide whether or not to keep up your General Medical Council registration and licensing. **BJHM**

*Conflict of interest: Dr R Hooke has worked in both management and medicine. Her views are her own and do not necessarily reflect those of her employer or any other organization that she is associated with.*

Hooke R (2000) The role of task force junior doctor. *BMJ* Nov 4(Suppl 2-3): [Career Focus]  
Stanton E, Warren O (2010) Leadership opportunities for trainees. *BMJ Careers* Jan 1: 5-7 (<http://careers.bmj.com/careers/advice/view-article.html?id=20001744> accessed 21 October 2011)

**KEY POINTS**

- Management work for doctors in training is not a new concept.
- There are several current formal schemes for junior doctors to gain dedicated management and leadership experience.
- Some are part of specialty rotations and others are stand-alone posts.
- Think carefully about obtaining foundation competencies, General Medical Council registration, licensing and returning to medicine.
- Seek advice appropriately, but be aware that some mentors may consider your choice unconventional.

**Useful Websites**

- NHS Medical Director's Clinical Fellows Scheme ([www.fmlm.ac.uk/clinical-fellow-scheme](http://www.fmlm.ac.uk/clinical-fellow-scheme))
- Fellowships in Clinical Leadership (Darzi Fellows) ([www.london.nhs.uk/leading-for-health/programmes/fellowships-in-clinical-leadership](http://www.london.nhs.uk/leading-for-health/programmes/fellowships-in-clinical-leadership))
- NHS Graduate Management Training Scheme ([www.nhsgraduates.co.uk](http://www.nhsgraduates.co.uk))
- NHS Jobs ([www.jobs.nhs.uk](http://www.jobs.nhs.uk))
- Health Service Journal jobs section ([www.hsijobs.com](http://www.hsijobs.com))
- UK Faculty of Public Health ([www.fph.org.uk](http://www.fph.org.uk))
- The Network (an online community connecting medical students, doctors and other health-care professionals to improve the quality of care) ([www.the-network.org.uk](http://www.the-network.org.uk))