The junior doctor manager

Rachel L Hooke

Several organizations are employing junior doctor managers to help them implement and maintain controls on the hours worked by their colleagues, and to improve conditions. A person who has worked as a junior doctor is in a good position to understand these issues.

The concept of junior doctors as managers is a relatively new one. Traditionally, medical management has been at consultant (including public health) or general practitioner level in an NHS trust or health authority. However, the signing of the New Deal (NHS Management Executive, 1991) gave scope to a new kind of medical manager.

Junior doctors can work in a variety of management settings. They may be based with a regional task force, trust, health authority or deanery. Posts may not be confined to one particular organization, and the doctor may have sessions in clinical work as well as administration (Hooke, 1999).

These posts are not necessarily recognized for training, although some juniors have been fortunate enough to obtain approval. There is no established career structure, but postholders can gain useful experience and insight for when they become consultants or GP principals.

Contracts are usually limited to 6 months or a year, with (in some cases) the option of extension up to a further year. After such a time, the junior will tend to return to a conventional training scheme. Pension rights and continuity of employment will normally have been retained all along. Salary during the management period is often related to the doctor's training grade.

DUTIES OF THE JUNIOR DOCTOR MANAGER

Duties include supervision of New Deal hours' monitoring projects, inspection of accommodation and catering services, compilation of new working patterns (e.g. partial shift, hybrid), project work, assistance with 6-monthly returns and the writing of handbooks and protocols.

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Monitoring of hours

Monitoring of hours is a process whereby doctors on call or on shifts keep a record of the number of hours they are working and resting and of the duties they are required to perform.

The junior doctor manager can act as a coordinator to inform the doctors of the project, explain the method (e.g. diary cards, dictaphones, questionnaire) and ensure that adequate accounts are obtained during the chosen period. This may involve actually shadowing the doctors on call. He or she will usually analyse the results, determine whether the working pattern fits New Deal criteria, highlight inappropriate tasks and make recommendations for change (Hooke, 1999).

Catering and accommodation

The New Deal also covers catering and accommodation, and the junior doctor manager may undertake to look at these facilities, bring to light any inadequacies and make recommendations. Security is also an issue. Juniors working with regional task forces often travel to visit different trusts and assess their provisions.

Working patterns

Knowledge of how to work out the average weekly hours (including additional duty hours; ADHs) is an asset. When one is presented with a complex hybrid system with prospective cover and days off, this can become quite complicated, but the junior doctor manager can take a pride in having this extra piece of expertise that his or her colleagues might feel is out of their league. Many juniors on traditional on-call rotas know how to work out their ADHs, but the calculations for alternative patterns are something that they may not learn until they are working in a management post.

The designing of new partial shifts and hybrids is not always simple, and there are good systems and bad systems. The junior doctor manager often develops a feel for what may or may not work, based on his or her own experiences and those of other people. Some regional task forces produce guides on how to do this, and examples abound. The doctor may consult many people for suggestions, including other doctors and managers, and also acute trusts where successful patterns are in place.

Other duties

Project work covers a wide variety of concepts. A junior doctor manager working in a trust may be asked to compile an audit into the use of locum tenens medical staff, and one working for a task force may undertake a study into juniors' knowledge of the New Deal. Projects may lead to publication.

The 6-monthly returns are forms required to be completed by all trusts to inform the regional task force how many juniors are working on which rotas, the number and class of ADHs paid and times of shifts. Junior doctor managers may have input at trust or task force level.

Writing handbooks and protocols is something that clinical doctors may have the skills to do but not necessarily the time. The junior doctor manager has the knowledge from previous or current working and also the time to compile these documents and gain approval from other members of the trust.

There are many other tasks that a junior doctor manager could be involved in. He or she can be a useful intermediary, who may be able to 'sell' an idea to other juniors which would perhaps be rejected outright if proposed directly by trust management or by consultants.

The junior can carry the credibility of having worked in the system relatively recently, or even currently (Hooke, 1999). He or she will have insight as to which duties are appropriate or not. However, this does not always work, and the junior doctor manager may merely be regarded as: 'another manager who wants to cut our wages and force us onto partial shifts'.

POSSIBLE PROBLEMS

Conflict of interests can arise, particularly if a junior is working for more than one organization. For instance, a monitoring exercise coordinated by a doctor at a trust may reveal that the juniors deserve Class II ADHs. The trust may put pressure on the junior doctor manager not to reveal that information to the task force, even if that doctor works there for part of the week.

Another example may be that of a junior working with the region to decide on the allocation of training posts to different trusts. If that junior does clinical work for a certain trust, he or she may be tempted to argue the case more strongly for that trust than for the others. Even if the junior doctor manager is only in one place, such as a trust, there may be conflict between managerial interests and sympathy with other juniors. Tact and diplomacy are required.

Liaison with the kinds of staff that the junior doctor may never even have heard of before is often necessary, e.g. personnel managers, directors and chairmen of different departments and directorates. A rapport needs to be established with many key people whose authority can be used to implement a scheme. Traditionally, juniors and managers have sat on opposite sides of the fence, and this needs to be crossed. Junior doctors on the wards may have a particular complaint that can be fed through the junior doctor manager to a higher level within the trust. If the junior doctor manager can state the case in such a way that management is sympathetic, then something has been achieved.

The junior doctor manager rarely works alone. It is very much a team effort. Regional task forces usually consist of a task force manager and chairman, whom the junior works alongside. Junior doctor managers in hospital trusts often work with medical personnel managers. There may also be other juniors in the same position, who can support each other and exchange ideas.

GETTING A JUNIOR DOCTOR MANAGER JOB

Currently, these management posts are rather few and far between. Some of the regions have one or more juniors (full-time and/or part-time), and some innovative trusts employ them. Anyone who wants to do this kind of work has to keep a careful eye on national advertisements and a careful ear to the grapevine. Unfortunately, start dates are not always August or February, as organizations may not receive confirmation of funding in time to coincide with the standard changeover. Junior doctor managers may therefore find themselves out of synchronization with other doctors. Once in post, however, juniors often find that a whole new world has opened up to them.

Job titles vary — examples are: 'Junior Doctor Coordinator', 'Junior Doctor Project Manager', 'Task Force Medical Adviser', 'Junior Doctors' Hours Project Officer' and many others. There is no national standard.

Some postholders have the opportunity to take an extra qualification in business or management. Even without this, just being in post can further their 'personal development'. Learning about health service management structures and relationships, attending meetings, giving presentations and reading health service circulars is all ongoing education. Some doctors study for membership or fellowship during this time, particularly if they have reasonably regular hours and little or no on-call burden.

It is difficult to predict the future for junior doctor managers. Hours' issues are ongoing, and guidelines have recently been revised (NHS Management Executive, 1998). If the European Working Time Directive is introduced for doctors in training, then there may be more of a need for this kind of work. Whether it will ever become an accepted career option for medical staff remains to be seen.

CONCLUSION

A junior doctor management attachment is a useful way to broaden one's horizons and gain alternative knowledge and insight. Juniors who have interspersed their clinical training with such a post generally find it very useful. It can also be a refreshing break from clinical medicine, even if only on a part-time basis, and the experience is never wasted. **HM**

Hooke RL (1999) Task force junior doctor. *Student BMJ* **7:** 29–30

NHS Management Executive (1991) *Junior Doctors. The New Deal.* NHS Executive, London

NHS Management Executive (1998) *Reducing Junior Doctors' Hours.* HSC 1998/240. NHS Executive, Leeds

KEY POINTS

- There is an increasing realization of the need for managers at junior doctor level.
- Such posts form a worthwhile interlude between training jobs.
- There is no formal career structure as yet, nor universal funding.
- Junior doctors have a unique insight and perspective which they can bring to their management posts.