Junior Doctor Managers

The Path Less Travelled

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The current government is keen to support an increased role for doctors in NHS management, going as far as aspiring to have more doctors in Chief Executive roles in the near future. This direction of travel intuitively makes sense, many other countries across the world already utilise medical managers to lead their health services.

This does however raise serious challenges on how to create the appetite for these roles amongst a medical profession for whom these concepts are relatively new or poorly understood. How then should any enthusiasm be harnessed and supported in an unknown career path to a variety of possible final destinations – from Clinical Director, Medical Director, Chief Executive, Post Graduate Dean to future Chief Medical Officer?

Current proposals consider the inclusion of management/ leadership training for all doctors from undergraduate level upwards. This should provide the skills and competencies required for future generations of Clinical and Medical Directors for example, however, will it inspire some to depart from clinical training to undertake a full time managerial role such as Chief Executive?

I am always fascinated at the need to get more medics enthused about management, as I have never really understood how there could be any lack of interest. Firstly management is likely to be an integral part of many future clinical roles that colleagues will undertake, so it only makes sense for doctors to understand and have experience in management settings before applying in to their own area of practice. Secondly it is not crazy to imagine good doctor-managers may be best placed to deliver the highest standards of health care services. Finally, I have always had a passion for medical management and quite simply cannot understand those that do not. But then I have been recruiting junior doctors into such roles for the last 5 years; It's officially too late for me, I've been fully converted.

When I qualified in June 2000 and completed my house jobs I knew I wanted to do more. Many of the historic systems in place in the acute sector had frustrated me, I could see wasted resources and lost opportunities and had no idea where to start to change things, and perhaps even lacked insight or belief that I could. My involvement up to that point creating care pathways and implementing new rotas had really interested me. So, when nature itself presented me with an 'out-of-programme' experience and I found myself expecting towards the end of my house-jobs I took the opportunity to reflect on the career options available to me.

It turned out that a 'pregnant pause' at precisely that point upon my path was just what the doctor had ordered. The flexibility of locum work gave me time to research medical management options available to someone fresh from registration, and examine my own likes, dislikes, strengths and weaknesses. Funnily enough I suspect this was the first time in my life I had ever done this. Going straight from school to university and then to work, there had never been time to stop and think, and limited careers guidance in my teens consisting of "good at sciences – should do medicine" had been far from informative. I soon realised, outside of the choice of hospital medicine vs. general practice, or pharmaceutical options mainly based in London, no one could really advise on anything else, as it seemed the path I was looking to follow was one never attempted before. The prospect of waking up ten or twenty years down the line in a job I really didn't enjoy as I did not have the courage to make a move out of clinical practice much earlier in my career made me dream that there had to be more.

So I 'got brave' and started with baby steps on a different direction of travel. In the early days I remember trawling through the jobs section of local newspapers and the often overlooked general appointments section of the BMJ Careers. I rang a local HR department regarding a medical staffing post. The salary was low but I wanted to gauge the response and had no idea what level of post I may be qualified to apply for in NHS Management, given that I was just a junior doctor. At least that's how I felt. I next attended a university graduate fair with the view of selling my medical degree as comparable to a 2:1 at least in any reputable course. I was met with incredulity. The concept of a doctor working as anything other than a doctor was apparently unheard of. The fact that no one had done it before, or heard of it before, paralysed the listeners from offering any constructive advice. But from what I could see there was no reason I could not start again and therefore ignoring the lukewarm sentiment I applied for the BUPA Management Training Scheme.

This whole experience was eye opening and the competition intense. It started with verbal and numeric psychometric testing, which I had never encountered before, followed by a day long assessment centre. This consisted of a variety of activities from group work to individual on-the-spot presentations. The final round was a traditional interview in London. Whilst I made it through these stages, I was unable to meet the travel requirements of the post with a baby on the way and deep down still harboured desires to remain in the NHS. I had missed the deadline for the NHS Management Training Scheme, having heard nothing about it and only discovering it on a website at a later date, so the search continued. I later learnt that the salary on this NHS scheme would probably prevent many juniors pursuing it as a viable risk. In amongst my voyage of discovery that year I finally uncovered a NHS managerial post specifically for junior doctors – Medical Adviser to Regional Taskforce on junior doctors' hours of work.

Three weeks post-partum I was interviewed for this post and much to my surprise successfully appointed. Having spent limited hours preparing with a newborn, and my baby waiting outside the interview, I was more than conscious others would have been less distracted. On reflection my passion for the post must have clearly come through, and a desire to use this opportunity to move in to NHS management had the panel intrigued. Pay protection on the junior doctor scale was offered as well the opportunity to commence a higher degree in Health Services Management, and so I started full time 4 months later in August 2002.

Reporting to the Regional Taskforce manager based in Warrington and the local Postgraduate Dean I had responsibility for ensuring all junior doctors in North Western Deanery would meet all New Deal requirements for hours of work by 1st August 2003. This involved approximately 2000 junior doctors across 20 trusts, all vastly different organisations with differing challenges. I had to get up to speed with an understanding of all the different sites quickly, how they fit in to the overall NHS structure we learn so little of at medical school, start meeting key local people and engaging local stakeholders. The challenge was to quickly become an expert in an area you have little pre-existing knowledge on, in order to provide expert advice to others. I discovered with time this situation was something to get used to and within weeks I was providing training sessions for others, from local medical staffing departments to the Regional BMA team, whilst presenting on key issues to Trust Boards and Deanery-wide forums. I welcomed the strategic overview I was privileged to have.

The team was also charged with the responsibility of acting as independent adjudicator when appeals regarding pay arose locally. Sitting in the middle of disputes often involving your peers was also a challenge, but this allowed me to develop an independent, critical eye quickly as I was keen to ensure all decisions could be easily evidenced and that someone else given the same facts would draw the same conclusion. This approach, amongst my other analytical and communication skills, team working and leadership experience could be drawn from my training as a doctor and applied to this different setting. Equally my knowledge of front-line working meant I instantly understood the feasibility of proposed solutions better than non-medical peers, both when considering impact upon service as well as that on training. This reinforced for me the tangible and very real benefits of clinicians working in management.

During my first year as a Taskforce Medical Adviser the team was disbanded and merged in to the local Workforce Development Confederation (WDC). This I learnt was one of the many NHS organisational changes I was to face over the next six years, an unnerving reality for medics who have grown up believing in a job for life. The move was a fortunate one for me as it pulled the junior doctors' hours agenda into more central NHS business. My Regional Manager was replaced with the HR Director overseeing my project and personal development. As I excitedly repeated my experience to date, a real love for my current post and desire to move onwards and upwards in NHS Management, I found my first real enthusiastic response. I was promoted to Medical Workforce Project Manager and given a budget and junior doctor Medical Adviser to manage myself. Regularly reporting to a project steering group, I was now tasked with implementation of the European Working Time Directive (EWTD) for junior doctors by August 2004, having proved myself and successfully delivered on the New Deal in 2003.

The WDC's were thereafter merged in to Strategic Health Authorities (SHA's) and again this potential threat in fact transpired to be an opportunity to mainstream junior doctors' hours further into core NHS business and secure further funding for the team to meet 2004 EWTD targets. Following this I was able to expand the team further to include a nursing adviser to support specifically on projects around large scale service reconfiguration, which the team had become an integral part of as our vision now was to work towards EWTD compliance for August 2009.

At the same time I was in regular conversations with the Postgraduate Dean, who has been incredibly supportive throughout my journey to date, regarding my own future career options. I had successfully supported one of my Medical Advisers to obtain a post in Public Health and this made me investigate this specialty, to which we had had minimal undergraduate exposure. One of the three key strands of Public Health includes the very thing I had grown passionate about – improving health

services. Completing a module in Public Health as part of my Masters in Health Services Management had also whetted my appetite for preventative medicine. More than aware that changes to postgraduate medical training and revalidation were afoot, I applied to return to F2 training part time alongside my management post, and was successfully appointed. So from 2005-7, with the support of my Dean, I worked as a part-time manager, part-time clinician and full time mother of two. The aim is to apply for an ST1 in Public Health with deferred entry for August 09, to allow time to complete my Masters and see the EWTD through to completion.

As my career welcomed another change in direction, the next round of NHS reorganisation were not far behind. Creating a patient-led NHS in 2006 led to the third organisational change I had witnessed in four years, and the three bordering SHA's were merged into one. Now a dab hand and less frightened by uncertainty I was encouraged by my new SHA boss to seize the day. I put forward a business case to expand the team significantly with a vision to deliver full EWTD compliance for all junior doctors one year ahead of national deadlines. I proposed a team of six full time junior doctor Medical Advisers to work from August 2007-2008 and much to my delight was given the go-ahead.

This served two purposes. By now I had a good track record for delivery and was keen to repeat the same for the EWTD for August 2008. I had long since realised it was much better to get involved with change and influence decision-making, rather than stand back and have change forced upon you. If doctors were uncertain of this message before, the MTAS experience, whatever your view, has sharpened minds in this area. Recruiting a large team of junior doctors would give the frontline involvement needed to deliver on such a challenging agenda and maximise our success in balancing a reduction in working hours against service delivery and education and training.

Secondly and equally exciting, I relished the chance to provide senior managerial and leadership experience to our junior doctors. Whether they undertook a year with the team with a view to take their learning back to their clinical specialty, or whether this gave others like myself the opportunity to experience "the dark side" to inform future career choices, I had developed the skills and networks to support either. Having successfully supported all previous team members on their career paths to get to where they wanted to be, I wanted the opportunity to do more.

And this brings me neatly to the current day. I now have a team of 6 juniors' doctors operating across the second largest Health Authority in the UK, with 38 Trusts and approximately 6000 junior doctors, working hard to implement the EWTD for all junior doctors by August 2008. Our national profile is rising, I sit on the national Programme Delivery Board for the EWTD and have presented at national conferences.

There is great diversity within the team when you look at their specialty backgrounds, years of experience and future career aims, and I have found some company. Some of those appointed are using this year as a clear stepping-stone into NHS management. I can mentor them through their path, which seems much clearer these days than the tortuous journey I faced at times. The time is right, the environment more welcoming. One has already been successfully appointed as Directorate Manager at a local trust and I am sure he will write about his experiences to date in subsequent issues. Others are enjoying their time thoroughly and picking up a vast range of leadership and management skills which will serve them well as future Consultants and GPs. Whichever route they take, whether they take their skills back to clinical practice or use their time in the team to move into full time management, without doubt the NHS and patients benefit from both. I can see future Medical Directors and Chief Executives in the making.

What might I have done differently if then was now? That's a hard question to answer. Having managed to have two children, been recruited to and lead teams, completed a Masters in Health Services Management with merit, started and finished F2 training and secured an ST1 in Public Health, I am not too sure what else I could have squeezed in within the last 5 or 6 years. And all this was only possible with the full support of my Dean who inspired me to work hard and think big. My advice to readers is to never be afraid to ask, the opportunities are often there for the taking.

However, where would I have been with someone of my experience to mentor me from the outset? Perhaps having bypassed all this and gone straight into frontline operational management posts necessary to move towards CEO. But I do love my job to this day so it is hard to imagine the scenario in a parallel universe somewhere. I'm itching to get to work come Monday morning and sometimes so full of ideas I cannot sleep in anticipation of the day ahead. Sad but true. I also look forward to acquiring the skills that Public Health training will equip me with in order to make significant changes to NHS services some point in the not too distant future. I cannot deny, however, at the back of my mind are fleeting guilty thoughts of following the NHS managerial ladder towards Chief Executive and beyond. But there's no real rush…

I guess the future remains uncertain for those without CCT pursuing primary careers in NHS management. This might change and many of us hope it will. A CCT in Medical Management as a stand alone qualification is something I can only dream of for now. I dearly hope we will keep people such as myself, and my brave Medical Advisers, currently taking the leap, within the pastoral care of medicine and indeed the NHS. Don't forget many colleagues have already been lost to a different "dark side" of the private sector and this, for all the taxpayers' investment in training, seems a crying shame. I hope in the near future we can provide a less scary journey on this path less travelled.