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For Debate

What will the medical director do?

Ian H Johnston

Among the wide range of new arrangements and roles either implied or introduced by the new organisation of the NHS there is one which has received little attention, yet is potentially very significant—that is, the role of the medical director, one of the required (in most cases) executive directors of boards of NHS trusts.¹ It is curious that this development should have received such little attention. Most potential trusts are hospitals whose aim will be to deliver and develop good quality medical services, and ensuring this must be the prime focus of the boards of directors. Without such a focus a board would be equivalent to a manufacturer not being concerned with the quality of a product. The medical director will have the key responsibility both for ensuring that the focus is maintained and for informing the board of what is requisite. However, before attempting to clarify further the role of a medical director we should be reminded of some features of the post that may be deduced from the NHS and Community Care Act and the working papers which supplemented the white paper *Working for Patients*.

Firstly, the medical director is appointed by the chairman, the non-executive directors, and the general manager.² Though it would be preferable that the person appointed had the confidence of the medical staff, the post of medical director is not a representative appointment but an executive one, in which corporate responsibility is shared as a member of the board and responsibility is to the general manager. Indeed, no member of a trust board is a representative member, which is one reason why chairmen of medical advisory committees should not become medical directors. Doctors will continue to require independent representative machinery but it would be a confusion of role and interests if one doctor were to attempt to have both an executive and a representative role. (This is, of course, one of the problems that has had to be faced repeatedly by unit medical representatives over the years.)

Secondly, the original working paper says that it might be possible to combine the medical directorship with some clinical work.² There clearly exists an expectation that the position requires more than regular attendance at board meetings to represent the views of doctors. In fact, the most powerful reason why this position cannot be combined with a representative—that is, elected—position is that it actually requires a full time executive contribution to developing a trust's services. This assertion is based on an analysis of the work that will be required within the new arrangements for the NHS—in particular, on that required in a large teaching hospital with a wider range of specialties than most hospitals in the United Kingdom. The following is based on the needs of the General Infirmary at Leeds,

but is applicable to any large hospital considering NHS trust status.

The major general areas for which a hospital of this size requires appointment of a senior doctor with responsibility for development are as follows.

- Medical services
- Clinical research
- Medical education
- Medical input into contracts for services.

In these areas development can be led only by a doctor, and the position is referred to in the white paper as medical director. This does not imply any line management authority over consultant medical staff, nor does what follows here. What, then, will the medical director do?

Medical services

The medical director's responsibility is to develop the comprehensive provision of medical services and to advise how they contribute to the aims and priorities of the trust. Currently, unless the director of public health attempts this, no individual has this responsibility. The specific responsibilities that would flow from this include the following:

- To overview and advise on arrangements for ensuring that the general performance of medical services in all specialties is efficient and in line with current medical practice and to satisfy the general manager and the board that the arrangements are adequate. An important way of achieving this is through facilitating and supporting the implementation and development of medical audit
- To review existing medical services, identifying any shortfalls in the range of services provided and to proposing means for dealing with them
- To enhance the relation of medical specialties with one another, ensuring that they dovetail as appropriate, including undertaking any arbitration between specialties, as necessary
- To help the general manager in handling consultant contracts
- To develop and facilitate the participation of consultants in management, in particular, in giving direction to the trust
- To establish arrangements for obtaining medical opinions on priorities for development (or retrenchment) and ensure that these priorities are consistent with financial and other considerations
- The role of the board of directors should not be confused here with that of management boards, whose

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membership is substantially clinical directors; nor should the views of management boards be considered equivalent to a developed view of the medical hospital staff, whose development is the responsibility of the medical director.

Several of these responsibilities relate to developing and negotiating contracts for services, as outlined below, and one responsibility in particular will be to review the outcome of services and their impact on need in the population.

Clinical research

In clinical research, which is essential to the continuing successful development of a teaching hospital, the medical director's responsibilities will be as follows.

- To advise the trust on how research contributes to its aims and priorities
- To develop and maintain links with the university and other appropriate bodies
- To identify key priorities and sources of funding
- To develop policies which facilitate clinical research.

Clinical research is a particularly important issue. Universities are under pressure to do research, particularly basic science research supporting medical developments. Within the NHS it is essential that research aimed at improving clinical practice is continued and developed. Research in a teaching hospital cannot be managed directly as it relies heavily on personal innovation and interest of the staff. Nevertheless, it needs to be fostered and supported—for example, to ensure that it is properly resourced.

Medical education

Any trust will wish to ensure that it continues to provide comprehensively for undergraduate medical education. Though the responsibility for delivering undergraduate medical education rests with the university, in particular the dean of the medical school, the medical director has a role in ensuring that medical education is integrated with the trust's services.

In this context the responsibility of the director will be:

- To overview the integration of undergraduate education with the hospital's services
- To develop appropriate policies with the dean.

Both of these activities cover an enormously complicated area, particularly in relation to funding. The post of medical director provides within the trust someone with the status, time, and interest to get to grips with some of the issues which the France report raised.³ Postgraduate medical education will continue to be an essential activity of the trust, and the medical director will have to ensure that the activities of those involved in postgraduate education—including clinical tutors, postgraduate deans, clinical deans, and the royal colleges—are coordinated with the aims of the trust.

Contracts of services

The trust will need to respond to the views of the host district health authority and those of all other districts about the needs of the local community in relation to the services it provides. What is "medically needed" and possible will not be able to be defined by the formal management structures of the NHS. The trust will have its own views and will need to consult directors of public health in districts about the medical needs of the local populations and how they might best be met. There may be conflicting views about how

particular illnesses in the community can be dealt with most effectively.

Therefore the medical director will be required to do the following:

- To develop methods for reviewing the outcomes of medical services and their impact on need in the population
- To facilitate and coordinate the identification of new and changing areas of need relevant to the trust's services
- To represent the developed views of the trust to potential purchasers
- To ensure an appropriate public relations profile (for dealing with the potential conflict I mentioned above).

Developing relationships with general practitioners

Good relationships with general practitioners will be important to the success of any trust, and many staff will have a role in their establishment and development. The medical director's role will be to facilitate and encourage this process by several means, including, for example, ensuring that opportunities for professional development are accessible.

Development of medicine

All these responsibilities entail full time activity for a very senior person who can view the development of medicine within a hospital with a five to 10 year perspective. This is not a role that can readily be found in today's NHS. Somewhat surprisingly, the development of medicine as a function has not been a priority, and hospitals have in the main lacked an identifiable person responsible for that development.

What is meant by the development of medicine as a function? Are not consultants continually developing their services and has this not always been the case? What has been said here about the work of a medical director I hope shows that the current somewhat ad hoc approach to developing medical services as a whole will not serve either medicine or hospitals well in the future. Developing medicine as a function means developing clarity about the role and direction of medicine as an integrated whole within the hospitals; ensuring, in conjunction and cooperation with a wide range of other bodies—for example, the royal colleges—that doctors are appropriately trained; and ensuring that doctors are involved in managing hospitals and setting their direction. Trusts which fail to identify the clear responsibility for developing their medical services comprehensively will be those which fail to thrive in the new NHS.

Who could satisfy the role of medical director?

The role of medical director is demanding and challenging and, because of its novelty is not one for which training is available. The training for consultants in public health medicine is not in the main appropriate, although some of their epidemiological skills would be important. The medical director will probably be found among senior practising clinicians, and it is well that NHS trusts can set their terms of employment in order to remunerate suitable clinicians appropriately.

1 NHS Management Executive. *NHS trusts: a working guide*. London: HMSO, 1990.

2 Secretaries of State for Health, Wales, Northern Ireland, and Scotland. *Working for patients*. London: HMSO, 1989. (Working paper 1.)

3 Steering Group on Undergraduate Medical and Dental Education. *Second report*. London: HMSO, 1990. (France report.)

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