Q: What job can I do after being a medical director?
A: Some medical directors find it difficult to go back to being a clinical consultant psychiatrist, although others manage this. However, the skills of a medical director are often highly sought after either within the same trust or by other bodies such as the Royal College of Psychiatrists, the Department of Health and the Care Quality Commission, so moving into a national role is a possibility. The skills involved in medical management are transferable and there are normally interesting opportunities for former medical directors.

Sources of further help and support

British Association of Medical Managers
Petersgate House, St Petersgate
Stockport
Cheshire SK1 1HE
Tel: 0161 474 1141
www.bamm.co.uk

British Medical Association
BMA House, Tavistock Square
London WC1H 9JP
Tel: 020 7387 4499
www.bma.org.uk

Medical Directors’ Forum
Royal College of Psychiatrists
Membership Relations Department
17 Belgrave Square
London SW1X 9PG
Tel: 020 7235 2351 ext. 289

Psychiatrists’ Support Service
Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG
Tel: 020 7245 0412
Email: psychiatristssupportservice@rcpsych.ac.uk

Further reading
General Medical Council (2006) Management for Doctors. GMC.
Doctors can and should be involved in the management of the NHS at all levels, for they are the most appropriate group for the task.  

Anthony E. Young

From its inception, the National Health Service has involved doctors in leadership and management; professional managers have always needed the clinical help and expertise of doctors. The skills of a psychiatrist are pertinent to this role: our clinical skills are needed to understand the needs of the population and we are comfortable dealing with systems and groups.

Why do it?

There are many reasons why psychiatrists choose to become involved with management:
- Some naturally enjoy leadership roles and political environments and seek out these roles and responsibilities
- Some become dissatisfied with managers not taking into account doctors’ views in mental health services, but instead of shouting from the sidelines they have chosen to try to improve this situation by their own involvement
- Although most psychiatrists concentrate on individual patients, centring their work on the doctor–patient relationship, others see that the best way of improving the mental health of patients is by looking at the whole population
- Some psychiatrists have chosen to take another career path as they have become bored, frustrated or tired of clinical work
- Others have a specific reason, for example personal development, championing their own services, financial reward.

What is medical management?

All psychiatrists are involved in medical management to some extent. For example, the role of a clinical leader within a multidisciplinary team uses management skills for the whole population served by that team. However, the more formal posts are understood slightly differently within each trust:
- **Clinical lead** may advise managers about the needs within a service, but normally does not have operational management responsibilities
- **Clinical director** is normally responsible for part of a mental health service and often has the budget for that service; they are not always medically trained and normally work in partnership with a professional manager
- **Associate medical director** is a deputy for the medical director and is normally primarily involved in the professional management of doctors, although some have operational responsibilities
- **Executive medical director** sits on the trust board and provides professional medical advice to the board and its officers, provides medical input to the development of strategy and communicates the trust’s perspective to clinicians; they support the work of clinical directors, are often involved in clinical governance and are a professional lead for the doctors within the trust; they have a corporate role, most obviously in foundation trusts.

Relationships with colleagues

Although a management role can be very rewarding for the doctor personally, tensions can develop with other consultant colleagues. Consultants treasure their autonomy, so having a management arrangement with a medical director can cause difficulties.

Medical managers have the difficult task of balancing responsibilities to patients, the profession and the organisation within which they are senior managers. This can be at its most challenging when having to manage close medical colleagues when difficulties arise over performance or service change and development. However, these are also the times when good medical management is vital for the public and the profession.

Medical managers are often criticised for switching camps – always having some clinical programmed activities will help.

Many medical managers are valued and respected by their colleagues for their work.

Practical steps if thinking about a career in medical management

- Talk to someone already in a medical management role.
- Get a mentor early on.
- Go slowly, start with small roles and build up so that you gain confidence in yourself and from colleagues.

Ensure you have clear training: the British Association of Medical Managers can help develop skills; generic negotiating skills training can be particularly helpful.

Ensure that any management role is clearly within your job plan in a manner that readily allows a return to full clinical activity.

Ensure that there is a job description that can be fulfilled within the time allowed.

Ensure you have practical support within the trust (e.g. administration, finance, human resources) and professional support outside the trust (e.g. attending the regional medical managers’ meetings).

Remember that you are a doctor and are answerable to the General Medical Council, which has clear expectations of the duties of medical managers, and a psychiatrist, who needs to meet the expectations of the Royal College of Psychiatrists.

Frequently asked questions

Q: How old should I be before considering a formal medical management role?
A: There is no definite answer to this question, but in general a newly qualified consultant needs to concentrate on their clinical work and get used to the role of being a consultant before taking on extra duties. If the trust is desperate for a medical manager, then beware if you are offered such a post when you are first appointed.

Q: How do medical managers get paid?
A: This can be done as either part of the programmed activities, i.e. by decreasing clinical sessions to enable the work to be done, or by paying extra programmed activities or a responsibility allowance.

Q: Will I get a clinical excellence award?
A: Clinical excellence awards are based on the quality and not the quantity of work. So extra programmed activities for management work may not result in an award. In order to be successful it is important to be able to address all five domains which are determined by the Advisory Committee on Clinical Excellence Awards. A medical management role makes it easier to complete the domains of developing medical services and managing clinical services. However, if the medical management role becomes large (e.g. medical director) it may be more difficult to provide clinical services and undertake research and teaching.
Doctors can and should be involved in the management of the NHS at all levels, for they are the most appropriate group for the task. Anthony E. Young

From its inception, the National Health Service has involved doctors in leadership and management; professional managers have always needed the clinical help and expertise of doctors. The skills of a psychiatrist are pertinent to this role: our clinical skills are needed to understand the needs of the population and we are comfortable dealing with systems and groups.

Why do it?

There are many reasons why psychiatrists choose to become involved with management:

- Some naturally enjoy leadership roles and political environments and seek out these roles and responsibilities
- Some become dissatisfied with managers not taking into account doctors’ views in mental health services, but instead of shouting from the sidelines they have chosen to try to improve this situation by their own involvement
- Although most psychiatrists concentrate on individual patients, centring their work on the doctor–patient relationship, others see that the best way of improving the mental health of patients is by looking at the whole population
- Some psychiatrists have chosen to take another career path as they have become bored, frustrated or tired of clinical work
- Others have a specific reason, for example personal development, championing their own services, financial reward.

What is medical management?

All psychiatrists are involved in medical management to some extent. For example, the role of a clinical leader within a multidisciplinary team uses management skills for the whole population served by that team. However, the more formal posts are understood slightly differently within each trust:

- **Clinical lead** may advise managers about the needs within a service, but normally does not have operational management responsibilities
- **Clinical director** is normally responsible for part of a mental health service and often has the budget for that service; they are not always medically trained and normally work in partnership with a professional manager
- **Associate medical director** is a deputy for the medical director and is normally primarily involved in the professional management of doctors, although some have operational responsibilities
- **Executive medical director** sits on the trust board and provides professional medical advice to the board and its officers, provides medical input to the development of strategy and communicates the trust’s perspective to clinicians; they support the work of clinical directors, are often involved in clinical governance and are a professional lead for the doctors within the trust; they have a corporate role, most obviously in foundation trusts.

Relationships with colleagues

Although a management role can be very rewarding for the doctor personally, tensions can develop with other consultant colleagues. Consultants treasure their autonomy, so having a management arrangement with a medical director can cause difficulties.

Medical managers have the difficult task of balancing responsibilities to patients, the profession and the organisation within which they are senior managers. This can be at its most challenging when having to manage close medical colleagues when difficulties arise over performance or service change and development. However, these are also the times when good medical management is vital for the public and the profession.

Medical managers are often criticised for switching camps – always having some clinical programme activities will help.

Many medical managers are valued and respected by their colleagues for their work.

Practical steps if thinking about a career in medical management

- Talk to someone already in a medical management role.
- Get a mentor early on.
- Go slowly, start with small roles and build up so that you gain confidence in yourself and from colleagues.

- Ensure you have clear training: the British Association of Medical Managers can help develop skills; generic negotiating skills training can be particularly helpful.
- Ensure that any management role is clearly within your job plan in a manner that readily allows a return to full clinical activity.
- Ensure that there is a job description that can be fulfilled within the time allowed.
- Ensure you have practical support within the trust (e.g. administration, finance, human resources) and professional support outside the trust (e.g. attending the regional medical managers’ meetings).
- Remember that you are a doctor and are answerable to the General Medical Council, which has clear expectations of the duties of medical managers, and a psychiatrist, who needs to meet the expectations of the Royal College of Psychiatrists.

Frequently asked questions

Q: How old should I be before considering a formal medical management role?
A: There is no definite answer to this question, but in general, a newly qualified consultant needs to concentrate on their clinical work and get used to the role of being a consultant before taking on extra duties. If the trust is desperate for a medical manager, then beware if you are offered such a post when you are first appointed.

Q: How do medical managers get paid?
A: This can be done as either part of the programmed activities, i.e., by decreasing clinical sessions to enable the work to be done, or by paying extra programmed activities or a responsibility allowance.

Q: Will I get a clinical excellence award?
A: Clinical excellence awards are based on the quality and not the quantity of work. So extra programmed activities for management work may not result in an award. In order to be successful it is important to be able to address all five domains which are determined by the Advisory Committee on Clinical Excellence Awards. A medical management role makes it easier to complete the domains of developing medical services and managing clinical services. However, if the medical management role becomes large (e.g. medical director) it may be more difficult to provide clinical services and undertake research and teaching.
Doctors can and should be involved in the management of the NHS at all levels, for they are the most appropriate group for the task.

Anthony E. Young

From its inception, the National Health Service has involved doctors in leadership and management; professional managers have always needed the clinical help and expertise of doctors. The skills of a psychiatrist are pertinent to this role: our clinical skills are needed to understand the needs of the population and we are comfortable dealing with systems and groups.

Why do it?

There are many reasons why psychiatrists choose to become involved with management:

- some naturally enjoy leadership roles and political environments and seek out these roles and responsibilities
- some become dissatisfied with managers not taking into account doctors’ views in mental health services, but instead of shouting from the sidelines they have chosen to try to improve this situation by their own involvement
- although most psychiatrists concentrate on individual patients, centring their work on the doctor–patient relationship, others see that the best way of improving the mental health of patients is by looking at the whole population
- some psychiatrists have chosen to take another career path as they have become bored, frustrated or tired of clinical work
- others have a specific reason, for example personal development, championing their own services, financial reward.

What is medical management?

All psychiatrists are involved in medical management to some extent. For example, the role of a clinical leader within a multidisciplinary team uses management skills for the whole population served by that team. However, the more formal posts are understood slightly differently within each trust:

- clinical lead may advise managers about the needs within a service, but normally does not have operational management responsibilities
- clinical director is normally responsible for part of a mental health service and often has the budget for that service; they are not always medically trained and normally work in partnership with a professional manager
- associate medical director is a deputy for the medical director and is normally primarily involved in the professional management of doctors, although some have operational responsibilities
- executive medical director sits on the trust board and provides professional medical advice to the board and its officers, provides medical input to the development of strategy and communicates the trust’s perspective to clinicians; they support the work of clinical directors, are often involved in clinical governance and are a professional lead for the doctors within the trust; they have a corporate role, most obviously in foundation trusts.

Relationships with colleagues

Although a management role can be very rewarding for the doctor personally, tensions can develop with other consultant colleagues. Consultants treasure their autonomy, so having a management arrangement with a medical director can cause difficulties.

Medical managers have the difficult task of balancing responsibilities to patients, the profession and the organisation within which they are senior managers. This can be at its most challenging when having to manage close medical colleagues when difficulties arise over performance or service change and development. However, these are also the times when good medical management is vital for the public and the profession.

Medical managers are often criticised for switching camps – always having some clinical programmed activities will help. Many medical managers are valued and respected by their colleagues for their work.

Practical steps if thinking about a career in medical management

- Talk to someone already in a medical management role.
- Get a mentor early on.
- Go slowly, start with small roles and build up so that you gain confidence in yourself and from colleagues.

Frequently asked questions

Q: How old should I be before considering a formal medical management role?
A: There is no definite answer to this question, but in general a newly qualified consultant needs to concentrate on their clinical work and get used to the role of being a consultant before taking on extra duties. If the trust is desperate for a medical manager, then beware if you are offered such a post when you are first appointed.

Q: How do medical managers get paid?
A: This can be done as either part of the programmed activities, i.e. by decreasing clinical sessions to enable the work to be done, or by paying extra programmed activities or a responsibility allowance.

Q: Will I get a clinical excellence award?
A: Clinical excellence awards are based on the quality and not the quantity of work. So extra programmed activities for management work may not result in an award. In order to be successful it is important to be able to address all five domains which are determined by the Advisory Committee on Clinical Excellence Awards. A medical management role makes it easier to complete the domains of developing medical services and managing clinical services. However, if the medical management role becomes large (e.g. medical director) it may be more difficult to provide clinical services and undertake research and teaching.
Q: What job can I do after being a medical director?
A: Some medical directors find it difficult to go back to being a clinical consultant psychiatrist, although others manage this. However, the skills of a medical director are often highly sought after either within the same trust or by other bodies such as the Royal College of Psychiatrists, the Department of Health and the Care Quality Commission, so moving into a national role is a possibility. The skills involved in medical management are transferable and there are normally interesting opportunities for former medical directors.

Sources of further help and support

British Association of Medical Managers
Petersgate House, St Petersgate
Stockport
Cheshire SK1 1HE
Tel: 0161 474 1141
www.bamm.co.uk

British Medical Association
BMA House, Tavistock Square
London WC1H 9JP
Tel: 020 7387 4499
www.bma.org.uk

Medical Directors’ Forum
Royal College of Psychiatrists
Membership Relations Department
17 Belgrave Square
London SW1X 9PG
Tel: 020 7235 2351 ext. 289

Psychiatrists’ Support Service
Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG
Tel: 020 7245 0412
Email: psychiatristssupportservice@rcpsych.ac.uk

Further reading


General Medical Council (2006) Management for Doctors. GMC.
Q: What job can I do after being a medical director?
A: Some medical directors find it difficult to go back to being a clinical consultant psychiatrist, although others manage this. However, the skills of a medical director are often highly sought after either within the same trust or by other bodies such as the Royal College of Psychiatrists, the Department of Health and the Care Quality Commission, so moving into a national role is a possibility. The skills involved in medical management are transferable and there are normally interesting opportunities for former medical directors.

Sources of further help and support

**British Association of Medical Managers**
Petersgate House, St Petersgate
Stockport
Cheshire SK1 1HE
Tel: 0161 474 1141
www.bammb.co.uk

**British Medical Association**
BMA House, Tavistock Square
London WC1H 9JP
Tel: 020 7387 4499
www.bma.org.uk

**Medical Directors’ Forum**
Royal College of Psychiatrists
Membership Relations Department
17 Belgrave Square
London SW1X 9PG
Tel: 020 7235 2351 ext. 289

**Psychiatrists’ Support Service**
Royal College of Psychiatrists
17 Belgrave Square
London SW1X 8PG
Tel: 020 7245 0412
Email: psychiatristssupportservice@rcpsych.ac.uk

Further reading
