

Recommendation 91

Managers as healthcare professionals should be subject to the same obligations as other healthcare professionals, including being subject to a regulatory body and professional code of practice.

We agree in part. We do not think it is practicable to establish self-regulation for senior managers. We do agree that the standards expected of senior NHS managers should be explicit. We favour a code of conduct, stronger performance management and tighter contracts rather than regulation.

Recommendation 92

Where clinicians hold managerial roles which extend beyond their immediate clinical practice, sufficient protected time in the form of allocated sessions must be made available for them to carry out that managerial role.

We agree. Under the Government's proposals for the new consultant contract, consultants' job plans will specifically address the time commitments needed for managerial duties.

Recommendation 93

Any clinician, before appointment to a managerial role, must demonstrate the managerial competence to undertake what is required in that role: training and support should be made available by trusts and primary care trusts.

We agree. Clinical director and medical director development programmes are to be rolled out from January 2002.

Recommendation 94

Clinicians should not be required or expected to hold managerial roles on bases other than competence for the job. For example, seniority or being next in turn are not appropriate criteria for the appointment of clinicians to managerial roles.

We agree. The values and behaviours framework for leadership is in the final stages of development and will be distributed to all Trusts by the end of February 2002. This will be applied to clinicians moving into managerial roles.

Recommendation 95

The professional and financial incentives for senior clinicians to undertake full-time senior managerial roles should be reviewed: the aim should be to enable senior clinicians to move into a full-time managerial role, and subsequently, if they so wish, to move back into clinical practice after appropriate retraining and revalidation.