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Introduction

In 1998 the Department of Health and Children launched the Clinicians in Management initiative (CIM), which was designed to improve the quality of clinical service by moving decision making closer to the point of service delivery. A central aim of the initiative is to create and maintain effective working partnerships between clinicians and managers and heighten the involvement of senior healthcare professionals in the planning and management of services. Though notable progress under the initiative has been made in a number of hospitals the CIM experience has been variable. Full clinician involvement in decision-making and in the management of resources in hospitals is not yet the norm.

One of the overriding objectives governing healthcare policy is to ensure that patients are at the center of all service development, expansion and change. The aim of the CIM process is to support this ethos. Patient focus ensures that we never lose sight of the final goal - service delivery to patients and their families to the best of our ability. Patient-centredness was one of the key aims expressed in the national health strategy Quality and Fairness: a Health System for You (2001).

This position paper aims to define the rights and responsibilities of hospital consultants, senior hospital managers and clinical directors within the acute hospital setting. It is our intention that it will be used to help build and develop better working relations and collaboration between hospital consultants and senior management.

1.1 Origins of the Charter

This Charter developed from the discussions of a working group brought together to look at the CIM initiative in Ireland today. The working group was convened and facilitated by the Office for Health Management. Its invited membership comprised a mix of senior clinicians and managers so as to represent the views of both hospital consultants and hospital managers.

During the initial meetings, the group noted that there was a considerable lack of familiarity and understanding between the clinicians and the managers. It took openness, dialogue and a willingness to listen to others’ viewpoints to overcome these obstacles. The members of the group made considerable efforts to come together and work constructively on the project.

Over time individual members were pleased to see the group open up and develop mutual respect and trust. We could not have produced this position paper on the basis of the output of our initial meetings. Our experience mirrors the difficulties facing those involved in the Clinicians in Management initiative. Our group served to demonstrate that trust can be developed over time, with leadership and willingness by all parties to be involved positively in a context of open communication and mutual respect.
1.2 Scope and basis of work
The group set itself the task of developing a consensus view on what constituted the respective rights and responsibilities of clinical directors, senior hospital managers and hospital consultants working together within an acute hospital setting.

For the purpose of this document only, we confined ourselves to doctors working as consultants in the acute hospital setting of the public health system in Ireland. It is not our intention to imply that hospital consultants are the only clinicians involved in management in this environment. Indeed we are well aware that many of our clinical colleagues are already participating in the management process. Specific examples are nurse managers, hospital pharmacists and physiotherapists in management.

It should also be noted that we did not seek to exclude or deny the long-standing role consultant psychiatrists, general practitioners and public health doctors have taken in contributing to the management of and leadership within their individual medical environments. While some of the principles contained in this document are relevant to them, their unique work environment, particularly for those in community and primary care, will naturally give rise to rights and responsibilities that would be distinctive to them alone. Furthermore, we acknowledge the long-standing and successful mastership system of management that has been a central feature of maternity hospital management for many years. Individual hospitals may wish to consider some or all of the medical management systems adopted by psychiatric hospitals and maternity hospitals. We simply chose the acute hospital setting as a place to start. If any group of health professionals feels disenfranchised by this decision, we apologise but assure them that this was not our intention. It was better to start somewhere than not start at all.

Finally, it should be noted that this is a discussion document. It is, we believe, a solid framework which could be used to facilitate discussion in hospitals trying to set up a mechanism to involve consultants in their management structure. It could also be used in hospitals where a system is in place but is either clearly not working or has scope to improve on its present performance.

We are aware that negotiations are pending for new/revised contracts for consultants and junior doctors. We hope that this document will contribute to the process by facilitating discussion between the various stakeholders.

1.3 Some definitions
The term clinical directorate is used throughout this document. By this we mean a group comprising clinical specialties that has been brought together to work as a unit within an individual hospital structure. We have not defined the individual components of hospital groups. This is deliberate because we recognise that what works for one hospital will not necessarily work for another.

We noted that many different mechanisms have been developed to involve hospital consultants in management, such as hospital directorates, hospital divisions, clinical directors, medical...
directors, medical boards, executive hospital boards, chief medical officer, hospital master etc.

It is important that whatever system is in place is suited to the specific circumstances of a particular hospital. The aim is to have mechanisms in place which ensure that hospital consultants and hospital managers work together in agreed structures in dealing with shared agendas such as hospital quality assurance, clinical audit, outcomes performance, strategy development and service planning - particularly in an era when payment by results is being increasingly adopted in health systems globally.

Broadly speaking a clinical director is usually taken to refer to a medical doctor who has a leadership role for one or more specialities/departments within a hospital. Their medical colleagues usually elect clinical directors. The term of office would be for a defined time and could then rotate to other doctors within the group.

A medical director is more often a doctor who has overall responsibility and accountability for medical affairs throughout the hospital system. The medical director would have a seat on the hospital board and would generally not have direct involvement in the daily management or operations of individual departments. An open application and interview process is regularly used to appoint medical directors.

However, these are broad definitions. There is considerable variability and the terms clinical director and medical director are frequently used interchangeably. The terminology is less important than having a system that works and delivers for an individual hospital. In the pages that follow we have produced roles and responsibilities for consultants, hospital managers and for those doctors involved in wider managerial responsibilities as clinical or medical directors.

Within the scope of our document, we use the term clinician to refer to hospital consultants. This is because hospital consultants use the term ‘clinicians in management’ generically to describe their involvement within the hospital management structure. We recognise and acknowledge that a wide variety of healthcare clinicians (nurses, allied health professionals, laboratory staff etc) also have considerable leadership roles and positions of responsibility in hospital management in Ireland today.

It is our hope and intention that, as hospital consultants’ involvement in the Clinicians in Management initiative grows and develops this will lead to increased multidisciplinary collaboration among all health professionals and with hospital management, with a consequent improvement in the delivery of care to patients.
Approach and Methodology

Following the launch of the Clinicians in Management (CIM) initiative in 1998, the Department of Health and Children asked the Office for Health Management (OHM) to offer some support to the seventeen hospital pilot sites. Over the following years the Office provided workshops, seminars and a CIM development programme to the people involved. In 2003 a small and informal working group of hospital managers and consultants was convened by OHM in an effort to progress the Clinicians in Management initiative. The working group has focused on the goal of increasing co-operation and understanding between doctors and managers at both hospital and national decision-making levels and achieving meaningful involvement by clinicians in management. All agree that this is going to take time and it is probably wise to start small and progress slowly at a pace with which the parties are comfortable.

During the past year the group has met on a number of occasions and has devised a draft charter of rights and responsibilities for consultants, managers and clinical directors. This Charter is intended to set out the principles on which understanding between clinicians and managers can develop and grow in a spirit of genuine partnership.

The initial draft Charter was widely circulated, described in the medical press, supplied to all who sought copies and published on the OHM website. Clinicians and managers throughout the system were invited to consider the Charter, reflect on the spirit as well as the letter of it and convey their views.

Nearly thirty written responses in addition to a number of oral replies and emails were received. These were considered and are reflected in this document. This final paper represents the widest possible range of views available at this time.
Results

Rights of Hospital Consultants

I have the right to:

- Independent practice within the ethical guidelines laid down by the Medical Council
- Advocate for patients under my care
- Ongoing continuing professional development to ensure my clinical practice continues to be safe and effective
- Meet with other consultants/clinicians as part of my contracted working week
- Make a case, publicly if needs be, for my perceived view of the resources needed to safely and effectively treat patients under my care
- Management information on the allocation and utilisation of resources to allow me to make my case
- Access the hospital management and the board of the hospital - via an agreed process
- Make my views known to the medical representative on the management team and/or the board of management
- Treat private patients within agreed hospital/national norms and guidelines
- Be supported in my management of human resources and financial resources
- Influence national policy in an appropriate manner
- Be involved in government, statutory or regulatory bodies when the opportunity arises
- Receive resources and support for the clinical audit and quality improvement process.
Responsibilities of Hospital Consultants

I have the responsibility to:

- Ensure my clinical practice is safe and effective
- Take account of the impact of my clinical decisions on others, both other clinicians and their patients
- Ensure that all team members and I communicate with patients and families respectfully and appropriately at all times
- Actively participate in the clinical audit process
- Contribute to the development of safe hospital systems
- Work with the hospital management team in service planning and decision making
- Organise my clinical practice to enable me to participate in hospital decision making without unduly impacting on hospital finances, level of service or patient care
- In making public statements, consider the impact of my actions on the standing of my hospital in the system
- Practise safely and ethically as a clinician, and participate in the Medical Council Competence Assurance Scheme
- Act within agreed service plan provisions
- Take account of the multi-disciplinary nature of care and respect the contributions of other disciplines to patient care
- Take responsibility for the supervision and education of the NCHDs under my supervision; promote safe clinical practice and be cognisant of the budgetary implications of their practice
- Contribute to the hospital’s clinical governance system and processes
- Maintain effective two-way communication systems with GPs
- Communicate as appropriate with public health services, mental health services and community care services including the primary care team.
Results

Rights of Hospital Managers

I have the right to:

- Manage the hospital, in co-operation with consultants and all other disciplines
- Make decisions regarding requests for additional resources in the context of overall resource availability and having consulted appropriately
- Take the corporate view in making decisions (also a responsibility)
- Manage implementation of the Consultant Contract
- Information on patterns and outcomes of clinical practice by consultants
- Be informed by consultants about any public statements they intend to make about the hospital
- Develop hospital strategic and service plans
- Seek to influence national policy
- A respectful relationship with consultants and the consultants’ representative bodies
- Expect an efficient use of hospital beds and other resources
- Ask consultants to participate in hospital planning and decision making
- Ask consultants to organise themselves to achieve a) medical representation and b) medical co-ordination of services
- Advocate on behalf of my hospital
- Support clinical audit and quality review programmes within my hospital.
Responsibilities of Hospital Managers

I have the responsibility to:

- Meet with consultants, both individually and collectively, on an agreed periodic basis
- Take account of the views of consultants in making decisions on resource allocation
- Ensure that the hospital consultants operate safe systems and monitor their practice on a regular basis via clinical audit and quality review
- Manage the whole hospital as an integrated unit serving a population
- Measure operational and organisation performance of the whole hospital to ensure it meets defined patient needs
- Allocate resources efficiently and according to an agreed set of criteria
- Facilitate consultant participation in hospital planning and decision making
- Represent the interests of the hospital to the funding system in order to access the resources necessary to deliver services
- Ensure that data are available for hospital consultants to fully inform their decision-making
- Ensure that all staff have the skills necessary to fulfil their roles within the hospital, in conjunction with appropriate professional heads of discipline
- Ensure that hospital HR policies and procedures are developed and implemented within good practice standards
- Develop safe systems and ensure that consultants contribute to and observe the safety of the systems within their own practice
- Participate in continuing professional development
- Participate in clinical, operational and organisation audit of hospital management in relation to efficiency, effectiveness and patient safety
- Support consultants in their organisation of medical representation and co-ordination of services.
Rights of Clinical Directors*

I have the right to:

■ Manage the directorate (in co-operation with the rest of the hospital and in conjunction with the consultants and clinicians in my directorate)

■ Participate in the hospital corporate management structure

■ Contribute to the hospital/organisation strategic plan and service plan

■ Be given the authority and appropriate resources to meet the goals of the service plan

■ Have the freedom to make decisions within the parameters of the organisation goals

■ Lead and manage the directorate within the parameters of the hospital guidelines

■ Appropriate corporate support to enable me to fulfil my management role

■ Full and timely management information on the allocation and utilisation of resources within my directorate and within the hospital

■ Information regarding clinical and planning operations of other directorates

■ Access to the hospital manager and board of the hospital

■ Access to ongoing management training and continuing professional development as a clinical/medical director

■ Tap into a support network of other clinical directors nationally

■ Meet with colleagues and other clinical/medical directors as part of my contracted working week

■ Recognition of the time required to fulfil the clinical/medical director role

■ Receive additional secretarial support during my tenure as clinical director.

* The clinical/medical director is a consultant involved in a wider managerial capacity within the hospital. It is assumed that the clinical/medical director reports in a representative capacity to the hospital chief executive.
Responsibilities of Clinical Directors

I have the responsibility to:

- Contribute to the implementation of the strategic plan for the hospital/organisation
- Consult with the multi-disciplinary team within my directorate on the short-term goals and long-term strategic direction of the directorate
- Produce an annual service plan for the directorate, in conjunction with my business manager, within the allocated budget
- Engage the multi-disciplinary team within my directorate in discussions on the service plan of the directorate
- Monitor, review and report on the implementation of the annual service plan for the directorate
- Manage within agreed resources for the directorate and take such action as may be necessary to meet service plan targets
- Ensure that the work of the directorate is in line with best practice standards of care
- Develop a multi-disciplinary team approach to the management of all clinical issues arising in the directorate
- Collaborate with the business manager and others to ensure continuous quality improvement in patient services
- Audit clinical services to ensure that the directorate standards and performance are comparable with national/international benchmarks
- Review case mix to identify decision drivers, implications, costs and impact on other directorates
- Provide clinical leadership across disciplines within the directorate and across the hospital with other consultants
- Support and assist a hospital consultant who needs to provide clinical care and treat a priority patient who falls outside the service plan.
Frequently Asked Questions

A number of specific points were constantly raised during our consultation and we address them in the following terms.

- The group considers it important that there is a clearly designated person on the management team responsible for medical affairs within the hospital. The medical representation on the management team or board of management could be a number of people depending on the Clinicians in Management model adopted by individual organisations. The model chosen should be whatever works best for that organisation.

- One concern raised related to the appropriateness of clinicians being managerially responsible for a speciality with which they do not have practical experience. It was suggested that the findings of the Alder Hey and Bristol inquiries called into serious question the advisability of cross-discipline directorates. Taken to its logical conclusion this would mean that there is no role for clinical directorates, because each department would have its own leader and work independently of others. In essence, this is the system that still exists throughout many hospitals in Ireland today and is a position from which we are trying to move.

The intention of the Clinicians in Management initiative is to promote increased clinician collaboration and facilitate early identification of issues such as those that gave rise to the Alder Hey and Bristol inquiries.

It is neither advocated nor expected that clinical directors could ever be responsible for any inappropriate actions or misadventures of their cross-disciplinary colleagues within their directorate. However, they should have responsibility for ensuring that mechanisms are in place that allow for early warning systems of unusual activity outside normal performance measures. They would also be responsible for ensuring that when these issues are raised, they are addressed and managed appropriately within the context of due process. It would also be their responsibility to ensure that such issues are brought to the attention of the relevant members of the senior hospital management team/board via previously agreed communication policies.

- It is recognised that clinical directors will want and need to continue with their clinical responsibilities. Time taken from clinical practice to devote to their management responsibilities varies from one to three clinical sessions per week. Medical directors more frequently take up this role in a full-time capacity or not less than six sessions per week.

By ‘the authority and appropriate resources to meet the goals of the service plan’, we mean that clinical directors will be given leadership roles, clearly defined responsibility and appropriate resources to meet service development and delivery goals identified in a service plan to which they will have contributed. Their involvement will ensure
that they will be aware of the financial allocation made to their directorates and will work with their managers to define what services they can deliver within that allocation.

- In defining the rights of hospital consultants to access hospital management and the board of the hospital we are trying to define a mechanism to facilitate effective communication. It was not our intention to deny access to consultants. Should the agreed process break down it would be reasonable for a hospital consultant to take his/her views directly to senior hospital management.

- It was recognised in more than one response that within the context of a demand-led health system, to state that hospital consultants have a responsibility to ‘act within agreed service plan provisions’ could only be an aspiration. The difficulties posed are recognised but it is clearly important for clinicians and managers to collaborate early to identify when service provisions are insufficient for their population’s needs and to raise this deficit locally, regionally and nationally as required.

Clinicians and managers can only deliver services according to resources allocated. They have a responsibility to work together to ensure that they deliver the best service possible within their allocation.

The newly established Health Service Executive (HSE) will have to provide the framework for hospital consultants and managers to work together to lobby for sufficient resources for their population and report shortfalls in service provision based on population need due to under-funding by the HSE.

- Contribution to the hospital’s clinical governance system can vary from leadership involvement in the Clinicians in Management initiative down to individual consultant participation in different committees relating to their hospital’s evaluation and review processes such as the acute hospital’s accreditation process, risk management, audit, evaluation and quality improvement initiatives etc. No one hospital consultant can or should become involved in all these processes. But if each consultant’s individual involvement was co-ordinated at some level within the system, the hospital as an organisation could ensure that there was consultant contribution to all its evaluation and review processes.

- The rights and responsibilities of business managers who work with clinical directors to support the clinical directorate model have not been addressed in this document. These would be different to the rights and responsibilities of senior hospital managers that we have outlined.

- This Charter has been developed at a time when the health system is moving inexorably towards the greater use of modern technology of all kinds in hospitals. Opportunities to take the potential from these initiatives and translate them into tangible benefits for patients need consultant and management dialogue and collaboration with clinicians for...
The principles described in this Charter will facilitate the type of discussions that will need to take place in the future.

- The Information Age and e-health have given rise to new problems within the hospital environment. This Charter would provide the framework for consultants and managers to work together to address complex problems such as data protection and the obligations placed on individuals under the Freedom of Information Act and access to confidential information that is gained from membership in an organisation.

- It was suggested during the consultation process that potential exists for consultants and senior hospital managers to work together to develop a Code of Business Ethics that would serve both the professional and the service provider. This could be similar to a Code of Medical Ethics for an organisation, if one exists. If not, the same process could be used to develop one.
Conclusion

Increased collaboration between hospital consultants and managers will have a positive impact on service delivery and ultimately on the patient’s experience while in hospital. We expect that this Charter will facilitate and promote such doctor/management collaboration and deliver tangible benefits to our patients.

Ultimately, the health service is a dynamic system, constantly changing and evolving in order to adapt to current needs. Indeed, our health system in Ireland is facing and dealing with the largest and most widespread restructuring in thirty years.

It can be clearly seen from the breadth of this document that setting up a successful Clinicians in Management infrastructure within a hospital system is an enormous undertaking and should not be underestimated.

This Charter sets out a consensus view on the roles and responsibilities of hospital consultants, hospital managers and clinical directors. It has been developed in a collaborative manner with contributions sought and received from interested parties across the health system. As such, it represents a reputable and considered view that can be used to initiate and inform discussions at hospital and national level.

The hope is that the Charter will further enhance and promote doctor/manager collaboration and thereby deliver tangible benefits to our patients. Such improved collaboration and closer working relationships between consultants and senior hospital managers will enhance service development and delivery while ensuring that patient’s needs are kept central to the planned changes to the health system in Ireland.
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