



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
4th March 1998

Dear Colleague

**GUIDANCE ON THE APPOINTMENT OF NHS TRUST
MEDICAL DIRECTORS**

Summary

1. This letter encloses guidance on the procedures for appointing NHS Trust Medical Directors. The guidance is aimed at clarifying the roles of the participants in the appointment process, particularly where Medical Director posts combine management and clinical duties.

Action

2. Trusts should note the guidance which is contained in the Annex to this letter.

Yours sincerely

GERRY MARR
Director of Human Resources

4 MARCH 1998.

Addressees

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GUIDANCE ON THE APPOINTMENT OF MEDICAL DIRECTORS

Background

1. Doctors are increasingly being appointed to senior management positions, but there are no standardised procedures in Scotland for appointment to these posts. This particularly applies to Medical Director posts where there are combined management and clinical duties. In several instances recently, this had led to conflicting views about the roles of the different participants and how best to conduct the selection process.

Guidance

2. This guidance sets out the principles involved in the appointment of Medical Directors, and suggests possible models of appointment that could be adopted by Trust management.

3. Consultant medical and dental appointments are subject to the NHS (Appointment of Consultants) (Scotland) Regulations 1993 and associated guidance, in which the composition of the Advisory Appointments Committee (AAC) and the respective roles of the employer and the National Panellists are clearly laid down. Consultants must be on the GMC Specialist Register before they can take up their appointment.

4. Appointments to senior executive posts within NHS Trusts are, however, a matter for the Trust Board. The appointments of Executive Directors are covered under the NHS Trust (Membership and Procedure) (Scotland) Regulations 1991. This lays down that: "A committee consisting of the chairman and the non-executive directors of an NHS Trust ... with the addition of the chief officer shall appoint ... the executive directors ...". Although not laid down in the Regulations, Trusts should ensure that there is an external assessor on an Appointments Committee for a Medical Director and preferably someone who has been or is an experienced Medical Director.

5. It is essential to ensure that all employment legislation, particularly that relating to equal opportunities is fully complied with for all appointments.

6. Consultant medical and dental appointments (including part-time posts) should be advertised nationally in the medical press in accordance with the Consultant Appointment Regulations. All Medical Director appointments should also be widely advertised in the national medical press, whether they are part-time or full-time.

7. Medical Directors can be appointed either with no clinical sessions, or part-time with some clinical responsibilities. Applications for these posts will usually come from NHS consultants or honorary consultants, or from general practitioners.

8. In the case of NHS consultants, there are several different models of appointment, namely:

- 8.1 Full-time or part-time Medical Director with no clinical contract
- 8.2 Full-time Medical Director with an honorary consultant contract
- 8.3 Full-time Medical Director with a retained consultant contract from the individual's previous role within the Trust
- 8.4 Part-time Medical Director with a consultant contract for a designated number of other sessions where clinical duties were previously undertaken within the Trust
- 8.5 Part-time Medical Director with a designated number of other sessions for consultant duties to fill a specific clinical service need
- 8.6 Part-time Medical Director with a designated number of other sessions for consultant duties, but with no pre-determined clinical area in which these are to be provided.

The appointment procedure to be followed by the Trust Board will be determined by the job description of the Medical Director's post.

9. Full time appointments (8.1, 8.2 and 8.3) are a matter for the Trust Board and would not be subject to the consultant appointment regulations, whereas part-time appointments may be. If only internal candidates, who already hold substantive consultant appointments within that Trust are being considered (8.4), then no Consultant AAC needs to be convened. If, however, there are external candidates, or the duties of an internal candidate are to be changed substantially to a different clinical area of expertise (8.5 and 8.6), then a Consultant AAC is necessary.

10. Where a Medical Director is being appointed with part-time clinical sessions (8.5 and 8.6), the Trust Board should consider how best to conduct proceedings. The Board should be free to choose the best available candidate for the Medical Director's post, but should not present a Consultant AAC with a "*fait accompli*". The Trust Board should be responsible for drawing up the shortlist, so that any Consultant AAC will see only those candidates who are being seriously considered for the Medical Director appointment. The responsibility of the AAC is confined to the clinical sessions within the appointment, and does not extend to the Medical Director's management sessions.

11. Where the clinical duties have been previously determined (8.5), the Consultant AAC should be held before the Trust Board Appointments Committee. The choice of National Panellists will be determined by the speciality in the job description. The Consultant AAC, at its conclusion, should recommend to the Trust Board the names of any candidates it considers suitable for the part-time consultant post, and also those candidates whom it considers are not suitably trained or experienced for the post in question. The Consultant AAC should not recommend an order of preference, so that the Trust Board is free to choose from any of the candidates whom the AAC has recommended.

12. Where no pre-determined clinical speciality is laid down (8.6), the choice of National Panellists will be determined by the specialities of the shortlisted candidates. It is a matter of

judgement whether the AAC should be held before or after the Trust Board Appointment Committee. In most cases, applicants will be moving from an established consultant post in another trust and likely to be taking up similar clinical duties as a part-time consultant in the new Trust. Under these circumstances, the Trust Board may consider it more appropriate to hold a confirmatory Consultant AAC for their preferred candidate.

13. Applicants who are general practitioners can also be appointed as full-time or part-time Medical Directors. If part-time they may wish to retain or arrange some general practice sessions, or alternately continue previous hospital practitioner sessions. The appointment of a general practitioner to a Medical Director post is a matter for the Trust Board as described in paragraph 4 above, without the need for a separate Consultant AAC.

14. If there are any queries or difficulties about this guidance on the procedure for appointing Medical Directors, please contact either:

Mr G Marr, Director of Human Resources
or
Dr D J Ewing, Secretary, National Panel of Specialists
at
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