

Brexit makes it urgent to professionalise management in the NHS

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In the face of Brexit, many social commentators are predicting what has been positioned as [a renewed attack on the NHS](#) and its basic principles. While the impact on the clinical workforce of the withdrawal of the UK from the EU will be heavily analysed, the role managers have to play in the maintenance of the NHS as it stands and how they can be supported to do this will be largely overlooked.

In times of crisis, NHS managers are frequently cast as scapegoats, the value of their [existence questioned, and usefulness often disregarded](#). While other staff groups within the NHS such as [nurses](#) and [GPs](#) also bear the brunt of political game-playing, managers are particularly vulnerable to the negative effects of this due to their lack of formal standing as a professional group. The professionalisation of management within the NHS has been called for by [various commentators](#), [strived for by supporting organisations](#) and [achieved in part by clinical factions of the NHS](#) due to the numerous benefits it can offer and a number of moves toward professionalisation have been made; however the arguments for its actual and total implementation have never been stronger than right now.

We need competent managers

A professional group is identified most commonly by the standardised education and training they receive. [The Rose Report](#), published last year, highlights the current need for centralised and standardised management training and education within the NHS. While a number of organisations strive to raise NHS managerial capability, what is being ignored is that the failure to mandate a specific baseline of knowledge, certification or accreditation will always result in the variance, and therefore distrust, of management capability.

Currently, those in management positions can be recruited in a number of different ways, from varied educational and experiential backgrounds. While a broad range of skills and previous experience is by no means a hindrance to effective management, there are currently no mandated prerequisites to become an NHS manager and in so, no way in which the competency of managers can be proved, monitored or defended.

This is in stark contrast to clinical professional groups who are not only required to obtain specific qualifications, but must [repeatedly prove the maintenance of this knowledge](#) in order to practice; it's time to start asking why their managerial colleagues are not held to the same standard. The NHS needs the best managers it can find during the move toward and through Brexit – we now need to work toward ensuring we know what ‘the best’ looks like and developing standards by which to hold managers to account to ensure this becomes a reality.

We need confident managers

Formally, professional groups are embodied by their relevant professional bodies. Membership of a professional body not only provides a sense of comradery, but offers various other benefits that can help to increase the confidence of professionals.

Firstly, in the context of the large-scale change the NHS requires, they provide support regarding transformational improvement efforts through consultation, negotiation and legal action. This has been highlighted by the work of the [BMA during the junior doctors' contract negotiations](#), a movement that will fail to be matched if the rights of managers are threatened in a similar manner.

There are many instances where the quality of care delivered and the levels of patient safety provided have been shown to fall below acceptable levels in the face of fear. Alone, managers are increasingly vulnerable to pressure and bullying regarding the achievement of service and finance targets. This pressure will only increase in the face of the predicted [Brexit triggered recession](#), [workforce crisis](#) and removal of [EU funding streams](#).

Individually, managers are less equipped to ensure their working practices enable the safe delivery of patient care in addition to ensuring their own working lives are protected. Ensuring they are recognised as, and are able to access the benefits of, a professional group will enable managers to make their mark on the tumultuous political journey that the UK will go through, ensuring patients are put first.

We need collaborative managers

Competition in the NHS has already increased following the introduction of the Health and Social Care Act in 2012 and while [remaining concerns regarding the TTIP](#) should now be quashed following the referendum result, competition is still set to increase. NHS services will be pitted against each other and those considered laggards closed down or ‘saved’ by private providers. The number of leagues and tables such as the [Learning by Mistakes League](#) are likely to increase, and managers will clamp down on the already limited knowledge sharing across the system, stalling system-wide improvement and reducing the effectiveness of the NHS.

The development of a professional group and accompanying code of conduct that is supportive of collaboration will unite managers across the country, pooling knowledge and in so, accelerating good practice across the country. It will provide them with additional reasons to reject the negative effects of this competition, seeking instead to share knowledge for the advancement of the profession when the advancement of the NHS as whole is not an attractive enough pull.

We need to be certain of our managers

Most importantly, managers need to be trusted. A manager's success is based on both the quality of their decisions and the extent to which these decisions are followed through by colleagues. Currently, NHS managers and the legitimacy of their decisions are consistently undermined by [politicians](#), [clinicians](#) and the [public](#). The development of healthcare management as a profession will improve these relations. By ensuring managers are held to the same standards and receive the same level of support as clinicians, confidence should rise in the ability of managers to carry out their role, lapses in ethical managerial practice should decrease and the value of managers should be more widely recognised, all to the benefit of the patient.



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