CHIEF MEDICAL OFFICER'S CLINICAL ADVISORS SCHEME

Information for applicants
2010/11
Chief Medical Officer’s Clinical Advisors Scheme 2010-11

Thank you for your interest in the Chief Medical Officer’s Clinical Advisors Scheme.

The Clinical Advisors Scheme has been running successfully for three years, allowing promising junior doctors the opportunity to enhance their skills and knowledge in health care management, leadership, and policy. Clinical advisor posts are full-time and last for one year.

The scheme was created by Sir Liam Donaldson, Chief Medical Officer for England and Chief Medical Advisor to the United Kingdom government. Sir Liam has had clinical advisors working full-time with him for a number of years, supporting him in both his UK and his international work. Seeing the value of the role, in 2008 Sir Liam worked with a number of his colleagues in senior management posts to expand the number of Clinical Advisor posts available and so to create the Clinical Advisors Scheme. Its creation reflects an increasing realisation of the need to develop future medical leaders, and significant demand from junior doctors wishing to expand their skills in this way.

Clinical advisors work in an apprenticeship model. They work directly to doctors in senior roles at national and regional level. They develop a range of skills through their work: policy development, project management, research and analysis, writing and publishing.

There will be approximately 15 clinical advisor posts available for 2010-11. These will be based with the Chief Medical Officer, the NHS Medical Director, and a number of other senior medical leaders in the Department of Health and associated agencies.

In addition to their own portfolio of work, members of the Chief Medical Officer’s Clinical Advisors Scheme meet regularly for formal learning sets led both by the Chief Medical Officer and by external organisations providing specific skills training. Regular events are held, to which current Clinical Advisors and alumni are invited to hear from and meet a prominent figure in NHS leadership.

Successful applicants will start in post on September 6th 2010. Posts run for a year (or until August, if clinical advisors’ clinical training recommences at that stage). Clinical advisors continue to be paid by their clinical employer and are seconded to the scheme.
You are invited to make an application to the scheme in general. Prior to interview, short-listed applicants will be invited to an information session hosted by the Chief Medical Officer. Full details of available posts will be given at that stage, allowing interviewees to rank their preferred posts.

We hope that this information pack will answer your questions. In addition, short-listed applicants will attend a full information session before having to make any decisions. If you have any further queries, please e-mail cadrecruitment2010@dh.gsi.gov.uk.
INSTRUCTIONS FOR SUBMITTING AN APPLICATION

Applications must be received by 11.59pm on Monday 8th March 2010.

To apply, please send:

- A covering letter
- A curriculum vitae of no more than 3 sides of A4 in length
- A completed Diversity Monitoring Questionnaire (downloadable from www.dh.gov.uk/cmo)

to cadrecruitment2010@dh.gsi.gov.uk.

In your e-mail subject line, please enter your name and the word “application”. For example, Dr John Smith would use the Subject line:

John Smith application

Short-listed applicants will be invited to attend an information session and an interview. We will inform applicants whether or not they have been short-listed by 26th March. The information session and interviews will be held in central London in mid-April.

Successful candidates should be able to express important information concisely. You are asked to keep your CV to a maximum of three sides of A4 in length. Your covering letter should be no more than one side of A4. Your covering letter should explain your motives for applying to the scheme and highlight your most relevant achievements to date. Your application will be scored based on the person specification provided.
PERSON SPECIFICATION

All criteria will be judged against the norms for each candidate’s career level. Evidence will be sought to support possession of the following characteristics, through CV, covering letter, interview & references:

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<th>ESSENTIAL</th>
<th>DESIRABLE</th>
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<tr>
<td><strong>Academic / Professional</strong></td>
<td><strong>Honours/Distinctions in undergraduate degree</strong></td>
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<tr>
<td>☐ Primary medical qualification</td>
<td>☐ Additional degree (intercalated, masters or doctorate)</td>
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<tr>
<td>☐ Registration with GMC</td>
<td>☐ Academic prizes</td>
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<td>☐ Junior doctor in, or eligible for, training. Must NOT have completed specialist training before 6th September 2010</td>
<td>☐ Academic publications/presentations</td>
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<td><strong>Knowledge</strong></td>
<td><strong>Clear insight into issues facing the English healthcare system</strong></td>
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<td>☐ Good basic knowledge of the English healthcare system including education, research, service provision, regulation, career structures, medical politics and ethical issues</td>
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<tr>
<td><strong>Interests</strong></td>
<td><strong>Experience of using audit to deliver service improvement</strong></td>
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<td>☐ Design of healthcare systems</td>
<td>☐ Other involvement in service improvement</td>
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<td>☐ Delivery of safe effective healthcare systems</td>
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<td>☐ Involvement in audit</td>
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<td><strong>Skills</strong></td>
<td><strong>Writing experience</strong></td>
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<td>☐ Quick to understand new information</td>
<td>☐ Experience of presenting complex information</td>
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<td>☐ Team worker</td>
<td>☐ Leadership skills gained within the NHS or elsewhere</td>
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<td>☐ Clarity of thought and expression</td>
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<td><strong>Personal</strong></td>
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<td>☐ Reliable</td>
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<td>☐ Friendly and personable</td>
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<tr>
<td><strong>Title</strong></td>
<td>Clinical Advisor to ... (The Chief Medical Officer / The NHS Medical Director / The National Patient Safety Agency etc)</td>
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<td>-----------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
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<td><strong>Duration of post</strong></td>
<td>1 year</td>
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| **Details of post** | All posts involve working directly to the lead doctor in the organisation. The post-holder's programme of work will be very varied. Some posts are for a single individual; others involve a small intelligence team. Tasks can broadly be divided into 5 areas:  
  - **Research**: High-level analysis of areas of specific interest to the organisation's management, liaising within and outside of the organisation, in order to identify key facts and themes.  
  - **Presentations**: Research and preparation of material to inform speeches and presentations given by supervisor to a wide variety of audiences in the UK and, in some roles, abroad.  
  - **Projects**: In depth involvement with particular work streams, working in advisory and/or project manager capacity  
  - **Advice**: Occasional provision of advice in relation to areas relevant to the post-holder's own background and field of expertise.  
  - **Regular publications**: Involvement in the preparation of major publications.  

Opportunities may arise to become involved in work relating to topical areas of specific personal interest.  

Six-weekly learning set with the Chief Medical Officer and additional coaching from external experts  

Part of formal and informal network with other clinical advisors |
| **Salary** | On clinical scale at current grade, with 1A banding. (London weighting for jobs in London) |
| **Hours** | At 1A banding level |
| **Contractual** | By secondment from NHS Trust or University department (on existing terms and conditions) |

Job descriptions for each specific post will be made available to applicants shortlisted for the scheme, prior to interview.
FREQUENTLY ASKED QUESTIONS

1. Is it possible to work part-time, to combine this with my clinical training?
No. This possibility has been evaluated as part of this pilot. These posts are intensive and you are unlikely to gain the full experience in a part-time role.

2. I have a clinical training post. Would I have to give this up?
No. You would need to negotiate with your deanery. Deaneries are generally very supportive of trainees being seconded to this role for a year. Depending on your training arrangements, you should arrange to come to this role as out-of-programme experience (or equivalent). You are advised to start this conversation with the deanery early.

3. I am currently applying for a clinical training post that starts in August. What should I do?
You should continue with that application in parallel to this one. If you are appointed as a clinical advisor, you would then need to negotiate you’re your deanery to defer entry to your clinical training post.

4. What is the salary?
You would be paid at the clinical salary point that you would be on in September. These posts are banded at 1A (this is appropriate to the workload associated with the posts). Posts in London attract London weighting as usual.

5. What will my terms of employment be? Will I still be contributing to my NHS pension?
You will be continue to be employed by your trust (either your current trust or the trust that would employ you in September). You will be seconded from this trust to the organisation where you work as a clinical advisor. You will therefore retain your existing terms and conditions, pension arrangements, etc.

6. Can I count this role towards my training?
In general, no. Most people see this as valuable out-of-programme experience, rather than contributing to core clinical training. Depending on your specialty, however, it is possible that you could arrange for all or some of this post to count towards training.
You may also be interested to read the following:

1. An article in BMJ Careers, written by the CMO's clinical advisors in 2008:
   
   www.careers.bmj.com/careers/advice/view-article.html?id=2893

2. An article in the Health Services Journal, written by a clinical advisor after a few weeks in the job:
   
   http://www.hsj.co.uk/workinglives/columnists/2008/11/benjamin_ellis_on_clinicianmanager_rivalries.html

3. An interview in BMJ Careers with an ex-clinical advisor:
   
   http://careers.bmj.com/careers/advice/view-article.html?id=3173

4. The attached personal perspective, written by a previous clinical advisor to the Regional Director of Public Health for London
Mobasher Butt  
Clinical Advisor to the Regional Director of Public Health, NHS London 2008-2009  

Personal experience as a clinical advisor  

The leap out of clinical medicine into a heady concoction of policy, politics, leadership and management has been exciting and challenging. By virtue of the fact that you are reading this I am hoping you have already started to feel the first sparks of excitement!  

As the inaugural clinical advisor at NHS London there was the inevitable anxiety on my part as to what it was I would actually be doing on a day to day basis. However NHS London took this in their stride and set up two interviews prior to my job commencing to tailor the projects I am currently leading to account for my existing skills, knowledge and experience.  

Coming to the post from surgical training lead to my main areas of current work being very much 'cutting edge!' Two of my key work streams have been implementing the WHO Safe Surgery Checklist in the UK and establishing data sharing between Emergency Departments and their local Crime and Disorder Reduction Partnerships to help tackle knife crime in London.  

Both of these pieces of work have involved working with a diverse range of professionals. The WHO Safe Surgery work has involved collaborating with the Harvard School of Public Health, the National Patient Safety Agency and local surgical teams and their respective NHS trusts. The data sharing work has had an equally broad focus on partnership working and I work in a team with representation from the Home Office, the Metropolitan Police, the regional department of Public Health and the Government Office for London.  

To give you a flavour of my daily work I have taken some highlights from a 10 day period of my diary –  

- Attending a Summit on Serious Youth Violence  
- Chairing a meeting of A&E and Public Health consultants at King’s College Hospital with Metropolitan Police and Home Office colleagues  
- Meeting the Head of Ethics and Standards at the GMC to discuss sharing of patient data  
- Participating in a weekly international teleconference with colleagues from Boston and Geneva to organise the European launch of the WHO Safe Surgery checklist  
- Presenting at a Great Ormond Street Anaesthetic Dept breakfast meeting  
- Attending the National NHS Medical Directors’ Conference  
- Learning set with Sir Liam Donaldson  

Hopefully this captures a little of the enormous variety of opportunities that this post offers on a daily basis as well as reassuring you that it most certainly does not involve being chained to a desk in an office. (Although I
must add the novelty of actually having my own desk has not quite worn off just yet!)

Thinking back to what inspired me to take up this post when I was at the stage you are at now, brings to mind a quote from an e-mail I received from an existing Clinical Advisor who has been a pioneer of this scheme:

“The aim is to start to forge a new cadre of clinical leaders capable of translating the clinical world into policy” (Claire Lemer - 2008)

I hope this inspires, excites and motivates you as it still does me.