being challenged. In the interests of the patients who need such treatments and of stability for the providers who prescribe them, the funding mechanisms for this aspect of care need to be urgently reviewed. Purchasers need to become more interested and more skilled in taking rational decisions about new products as they come on to the market. Those who wish to prescribe and those who wish to market such products will need to accept that the granting of a product licence is not in itself sufficient reason for a product to be used at public expense. Coordinated studies of cost effectiveness with the controlled introduction of selected treatments will be needed. National coordination, through the research and development initiative for major new treatments, and more locally organised schemes to authorise prescription of expensive products before they reach the primary care marketplace seem most

likely to allow high cost treatments to be introduced effectively and manageably.

We emphasise that the difficulties in ensuring a rational use of health technologies apply more widely than just to expensive treatments. We have drawn particular attention to this case because of the potential for cost shifting and the possibility that the care given to patients may be dependent on the extent of cost shifting in their area and the willingness of their general practitioner to bear the cost on his or her budget.

- 1 Drummond MF, Rutton FFH, Brenna A, Gouveia Pinto C, Horisberger B, *et al*. Economic evaluation of pharmaceuticals: a European perspective. *Pharmacoeconomics* 1993;4:173-86.
- 2 CRDC Standing Group on Health Technology. *First report to the Central Research and Development Committee*. Leeds: CRDC, 1993.

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Content of advertisements for junior doctors: is there sufficient detail?

C L Ingham Clark

Abstract

Objective—To determine whether employers follow BMA guidelines on advertisements when advertising for junior doctors.

Design—Survey of advertisements for junior doctors in the *BMJ*'s classified advertisements supplement from 12 March to 14 May 1994.

Subjects—300 advertisements for substantive posts for junior doctors.

Outcome measures—Compliance with BMA guidelines, compared by grade, specialty, and employer (trust or regional health authority); observation of any useful information not included in the guidelines.

Results—Only eight advertisements included all the recommended information. Amount of information given was related to grade, specialty, or employer in only one respect: advertisements for basic trainees were more likely than those for higher specialist trainees to include information on pay and hours of work ($P < 0.001$).

Conclusion—Advertisements for junior doctors in the *BMJ* do not comply with BMA guidelines and often contain little useful information for potential applicants.

Introduction

The classified advertisements supplement may be the most widely read section of the *BMJ*. Most junior doctor posts are advertised in this supplement, which contains around 500 such advertisements each week. The supplement also includes guidelines for employers on the content of these advertisements; the guidelines reflect BMA policy.

I analysed the content of advertisements for junior doctor posts in the *BMJ*. I collected information on whether the BMA guidelines had been adopted by advertisers and whether the amount of information given in the advertisement was affected by grade or specialty of the post or by the nature of the employing authority.

Methods

I selected 300 advertisements (every 10th advertisement, starting with a random number) for substantive

training grade posts advertised in the *BMJ* between 12 March and 14 May 1994. I recorded information on grade, specialty, employer, rotation, duration of post, and any description given. I assessed the advertisers' compliance with the BMA guidelines on content. These guidelines recommend that, at a minimum, advertisements should include:

- job title
- information on pay and hours of work:
 - the number of contracted hours
 - the number of additional duty hours
 - the class of additional duty hours
 - the work pattern
 - whether prospective cover is included
- a statement that a post has college or training approval
- a statement that a job description is available
- the closing date for applications
- the interview date
- the start date
- a contact name for further information.

In addition, the BMA guidelines encourage inclusion of details of ancillary back up (for example, phlebotomy); standard of on call accommodation; out of hours catering facilities; and whether 24 hour locum cover is provided for leave.

Information on pay and hours of work was scored from 0 to 5 depending on how many of the five recommended points were included. Information on the remaining descriptive content of the adverts was scored separately from 0-7 depending on how many of the remaining recommendations (excluding job title) on minimum content were followed and on whether any description of the post was given. Any information beyond the recommended minimum was noted. Scores were assessed to establish whether the level of information provided in the advertisements varied with grade of post, specialty, or employer—that is, regional health authority *v* trust. Statistical comparisons between groups were made with the χ^2 test.

Results

Twenty two per cent (67/300) of the advertisements did not give the duration of the post. Where duration was given, senior registrar and registrar posts were for at least a year whereas most of the senior house officer

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posts (62% (130/210)) were for six months. Rotation was not mentioned in 32% (8/25) of the senior registrar posts, 50% (6/12) of the visiting registrar posts, and 31% (11/35) of the registrar posts. In addition, most of the senior house officer posts (73% (154/210)) seemed to be non-rotating. Most of the advertisements for higher training posts were placed by regional health authorities (72% (18/25) of the senior registrar posts, 60% (21/35) of the registrar posts, and 92% (11/12) of the visiting registrar posts). In contrast, almost all basic training posts were advertised by trusts (98% (206/210) of senior house officer posts and 100% (18/18) of the preregistration house officer posts).

INFORMATION RECOMMENDED BY BMA GUIDELINES

Table I shows the relation between the content of an advertisement and the grade of post. Only eight of the 300 advertisements included all the recommended minimum information. Six of nine partial shifts and two of the 16 full shifts described apparently breach the December 1994 limits on hours of work¹ (all of these posts continued into 1995). Names given as contacts for inquiries were of personnel officers in 69 cases and of doctors in 54 cases. Three advertisements stated that posts were not approved for training. Some advertisements carried the description "good training experience," even though the jobs were based at private hospitals and were therefore unlikely to have training approval.

INFORMATION ENCOURAGED BY BMA GUIDELINES

Fifty eight advertisements gave minimal information about accommodation; the rest gave none. No advertisements gave information on catering, ancillary back up, or 24 hour locum cover.

ADDITIONAL INFORMATION

Eight advertisements offered job sharing schemes (six senior house officer posts, one registrar post, and one senior registrar post), and three posts were open to part time applicants (two registrar posts and one senior registrar post). Two advertisements mentioned an induction course, and one required applicants to demonstrate hepatitis B immunity. Increasing the size

TABLE I—Numbers (percentages) of advertisements for junior doctor posts that included information recommended by BMA guidelines or description of post, by grade of post

Information	Senior registrar (n=25)	Registrar (n=35)	Visiting registrar (n=12)	Senior house officer (n=210)	Preregistration house officer (n=18)	All junior doctor posts (n=300)
No of contracted hours	0 (0)	4 (11)	0 (0)	13 (6)	1 (6)	18 (6)
No of additional duty hours	4 (16)	18 (51)	3 (25)	124 (59)	8 (44)	157 (52)
Class of additional duty hours	4 (16)	15 (43)	0 (0)	97 (46)	6 (33)	122 (41)
Work pattern	3 (12)	18 (51)	4 (33)	140 (67)	13 (72)	178 (59)
Prospective cover	0 (0)	6 (17)	3 (25)	79 (38)	4 (22)	92 (31)
Training or college approval	17 (68)	15 (43)	4 (33)	119 (57)	2 (11)	157 (52)
Closing date	25 (100)	35 (100)	11 (92)	186 (89)	12 (67)	269 (90)
Interview date	5 (20)	9 (26)	2 (17)	15 (7)	0 (0)	31 (10)
Start date	8 (32)	30 (86)	8 (67)	198 (94)	18 (100)	262 (87)
Contact name	15 (60)	20 (57)	6 (50)	73 (35)	9 (50)	123 (41)
Description of post	18 (72)	33 (94)	9 (75)	161 (77)	11 (61)	232 (77)
Job description available	18 (72)	25 (71)	6 (50)	100 (48)	7 (39)	156 (52)

TABLE II—Numbers (percentages) of advertisements for junior doctor posts that included information recommended by BMA guidelines or description of post, by employer (regional health authority v trust)

Information	Region (n=55)	Trust (n=245)
No of contracted hours	3 (5)	14 (6)
No of additional duty hours	19 (35)	138 (56)
Class of additional duty hours	15 (27)	107 (44)
Work pattern	17 (30)	160 (65)
Prospective cover	5 (9)	86 (35)
Closing date	55 (100)	214 (87)
Interview date	10 (18)	21 (9)
Start date	47 (85)	224 (91)
Contact name	26 (47)	99 (40)
Description of post	6 (11)	190 (78)
Job description available	38 (69)	117 (48)

Key messages

- The BMA sets minimum recommended guidelines for job advertisements for junior doctors
- Most advertisers do not include all the recommended information
- Content of advertisements is largely unrelated to grade, specialty, or employer
- Employers wishing to attract job applicants for training grade posts may wish to review the content of their advertisements

of an advertisement did not always improve it: one region used a quarter page advertisement in which it failed to include a contact name, address, or telephone number for prospective applicants.

RELATION OF CONTENT OF ADVERTISEMENT TO GRADE, SPECIALTY, OR EMPLOYER

Information on pay and hours of work was included in a greater proportion of advertisements for senior house officers and preregistration house officers than for registrars and senior registrars ($P < 0.001$). In contrast, other descriptive information was not related to grade ($P > 0.1$). The only clear difference between advertisements for posts in different specialties was the increased likelihood of inclusion of a contact name (usually a doctor's) in advertisements for trainees in psychiatry (78% (14/18) compared with other specialties (medicine 46% (47/102), surgery 36% (26/72), paediatrics 45% (15/33), accident and emergency 30% (9/30), anaesthetics 32% (6/19), obstetrics and gynaecology 23% (6/26)). Information on pay and hours was more commonly provided by trusts than regions ($P < 0.05$) but this may be because trusts advertised mainly for senior house officers and preregistration house officers, whereas regions advertised mainly for higher specialist trainees. No significant difference existed between the overall amount of information about the post (other than pay and hours) between trust and regional employers. Trusts, however, were more likely to include a description of the post ($P < 0.05$).

Discussion

Many of the advertisements studied were for non-rotating posts, especially senior house officer posts. The design of this study led to the inclusion of a high proportion of these short term posts compared with longer term jobs in higher specialist training. Information about hours of work, working pattern, and college approval, however, is particularly important for senior house officer posts if employers wish to attract good quality applicants. The changes that are anticipated after the recommendations on specialist training in the Calman report are implemented² may lead to fewer such stand alone posts as more training rotations are established.

Although the BMJ publishes guidelines for advertisers, the recommendations are not followed by many employers. The higher rate of inclusion of information on pay and hours in advertisements for basic rather than higher specialist trainees may reflect more concern about hours by relatively junior doctors, who are more likely to be working intensively when on call.¹ Many juniors at all grades, however, remain concerned about the issues of appropriate pay for hours worked. They should request a job description and check the details on hours and pay, as recommended by the BMA, before accepting a post.

With regard to other recommended information, it would be particularly helpful if more employers could set interview dates in advance (in this study only 6% of advertisements gave an interview date). This would facilitate the planning of locum cover. It would also be useful if employers could give a contact name for inquiries, preferably someone who could provide useful information about the post. Only 18% of advertisements gave a medical name as a contact in this survey, although this was much more common in psychiatry than other specialties. The content of the advertisements did not otherwise seem to be affected by grade or specialty of the post or by employer. When the unified training grade is introduced as a result of the Calman report² junior doctors will usually seek one long rotation as a specialist trainee, rather than having to change jobs several times as the current system requires. Matching the right doctor to the right training programme will become even more important

for both employer and trainee as the two will usually be linked for five or more years. It would therefore help to include more information in advertisements for specialist training programmes.

Although certain specialties and geographical areas find it difficult to recruit suitable junior doctors, few employers seem to construct advertisements that are designed to attract applicants. Those writing advertisements for doctors in a training grade might wish to review their practice in relation to the BMA guidelines. More informative advertisements may attract more job applicants.

1 NHS Management Executive. *Junior doctors: the new deal*. Department of Health, London: 1991.

2 Department of Health. *Hospital doctors: training for the future. Report of the working group on specialist medical training*. London: HMSO, 1993. (Calman report.)

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Management for Doctors

Analysing your organisation and environment and setting its strategy

John S M Zorab, Ann Lloyd

This is the eighth in a series of articles dealing with issues arising as clinical practitioners increasingly take on managerial roles. The series is edited by Jenny Simpson, chief executive, British Association of Medical Managers

Frenchay Healthcare Trust was a second wave trust and came into being on 1 April 1992. It has an annual budget of £89m and employs 4000 staff. The organisational structure, comprising seven clinical directorates and four executive directorates, was introduced the previous summer.

The underlying philosophy of the organisational structure is that the delivery of the clinical service is the responsibility of those consultants who have been appointed as clinical directors. The clinical directors are central to the management process and are directly accountable to the chief executive. This places the clinical directors firmly within a general management context without any intervening tiers filtering the communication and accountability between them and the chief executive.

This, combined with the responsibility that goes with budgetary control and the management of staff and contracts, has enabled the relevant consultants and managers to work as unitary teams. Responsibility for setting the direction for each directorate within the whole organisation truly rests with the clinical director—together with the management and coordination of directorate activities.

An essential component of this system is that each clinical director is supported by a high quality general manager (grade SMP 13-15) together with, in some instances, a specialist grade senior clinical nurse. Nevertheless, both the general manager and the senior nurse are responsible to the clinical director for the work of the directorate. Thus the clinical director is not a medical manager but a director supported by a professional manager and a professional nurse.

All clinical directors sit on the management team, which advises the chief executive on all strategic, policy, and major operational issues. Clinical directors therefore influence decisions affecting the whole trust within which they must manage their directorates.

It is our firm belief that consultants do not need to learn to be professional managers. They do, however, have to learn the language and skills of their managerial role to function effectively as heads of specialties, clinical directors, or as medical directors. General

managers also have had to learn to understand better the clinical perceptions of their clinical directors.

Strategic direction of the trust

This management structure, however, has to work within, and be able to pursue, the strategic direction of the trust, as set by the trust's board in the light of advice from the management team. The mission statement of the trust incorporates the phrase "excellence in practice" and, at an early stage in the life of the trust, the trust's board agreed that the strategic direction to be followed should be based on the following precepts.

AIMS OF THE SERVICE

The service provided would:

- Respond to the needs of patients
 - By "excellence in practice," provide the highest possible quality of health care
 - Respond to the needs of purchasers
 - Play its part in the implementation and achievement of national strategies for healthcare.
- The above precepts also indicate the agreed priorities: patients come first.

STRATEGIC PRINCIPLES

The principles adopted by the management team to achieve this broad based strategy were:

- To build on the strengths of the organisation and its services
- To analyse and, where appropriate, implement service development opportunities
- To develop opportunities for services not currently provided by the trust

Board of Frenchay Healthcare (NHS) Trust

Chair and five non-executive members plus

Chief executive	Finance director
Medical director	Chief nurse
Business director	

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