Chapter 3
The Role of Health Professionals

ABSTRACT

Staff governance is a major challenge for the NHS. It refers to the framework for managing employees in the National Health Service (NHS). Professional practitioners, in particular doctors and nurses, have a key role to play in the running of the NHS, but there are many challenges in managing staff and especially ensuring high retention levels. This chapter begins by explaining the power relations within the NHS and among some of the key actors. It then highlights some of the key challenges including those posed by the loss of European Union (EU) staff following the UK's decision to leave the EU. In particular, it explains why it has become increasingly difficult in recent years to retain staff in the NHS. It then discusses some of the measures to stem the haemorrhaging of staff.

INTRODUCTION

While the move from public administration forms of governance to New Public Management (NPM) has diminished the influence of professional practitioners, especially in England, doctors and nurses do still have a key role to play in the running of public health services and can influence policymaking. Alford underlines the key role that professionals play in health politics governed by a combination of 'professional monopolists' (i.e. health professionals) who represent the dominion interests, 'corporate rationalisers' (executive

managers from the private sector) who may challenge those interests and the 'community population' (patients) who may repress these interests (Alford, 1975). Although the drafting in of managers from the private sector may have altered the nature of governance, it has not necessarily reduced the influence of doctors and medical professionals (Ham, 2009). Indeed, Ham argues that the decline of corporatist governance may have weakened doctors' power in influencing national policy but they still have significant influence at the micro-level. This chapter will thus consider the role of professionals in the governance framework. It will then examine some of the main workforce challenges of the National Health Service (NHS), namely staff shortages and future departures following Britain's vote to leave the European Union (EU).

POWER RELATIONS AND FRONTLINE STAFF

The medical profession is represented at all levels of decision making in the NHS. For example, in the Department of Health, the Chief Medical Officer and NHS Medical Director are senior doctors. National clinical directors from this professional corpus are also present in the department to lead policy on clinical priorities such as cancer and coronary heart disease (Ham, 2009). In the Clinical Commissioning Groups (CCGs), which now govern the administration of health services at the local level in England, many of the senior managers have a medical background (for example many of the clinical leads and other CCG managers are senior nurses). The principles of resource management are based on involving senior practitioners in the management of hospitals and primary care, inherited from the clinical governance framework set up by New Labour.

According to historian Rudolf Klein, the creation of the NHS in 1948 was not necessarily welcomed by doctors. He underlines that the NHS has continued to have a power struggle ever since of 'keeping the doctors happy' while still making them accountable and adhering to reforms and governance principles (Klein, 2013). Politicians and health managers continually struggle to push through reforms because of the influence of doctors and nurses resisting them. The essential governance struggle between politicians, administrators and clinical practitioners has been over the latter arguing that the former two do not understand clinical needs, and therefore any political actions regarding the NHS will have unforeseen results. Since its conception, doctors have seen

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