



While clinical staff are answerable to an official organisation within the medical profession, it is claimed health service administrators lack a similar body

CHRIS RYAN

## NHS managers need regulatory council

CAMILLA CAVENDISH highlights the single greatest frustration affecting clinical staff in the NHS – aggressive and incompetent management (“Fear will stalk our hospital corridors until the bullies are driven out”, Comment, last week). Rather than appointing a “guardian”, the simple solution is to introduce a general management council similar to the one for doctors. Managers should require training, qualifications and regulation.

Like clinical staff they should undergo annual appraisal and five-yearly revalidation. Poorly performing or bullying managers should be suspended or struck off the management register rather than having revolving-door redundancies. Currently managers retain the authority while clinical staff are expected to bear the burden of responsibility, particularly when things go wrong.

To date, there has been no political appetite to change this arrangement, as bureaucrats will tell their political masters what they want to hear, whereas clinicians will tell them the truth.

*Paul Nolan, Consultant Trauma and Orthopaedic Spinal Surgeon, Belfast*

### FRENCH CURE

Doctors take the Hippocratic oath but management staff take no such pledge and follow the much criticised principles of business and banking. A group of senior staff – half medical and half administrators – should spend six months living and working in selected units in large French cities and the countryside to see how things work. At 81 I have very real experience of the superiority of the French system of healthcare.

*Geoff Taylor, Pouzols-Minervois, France*