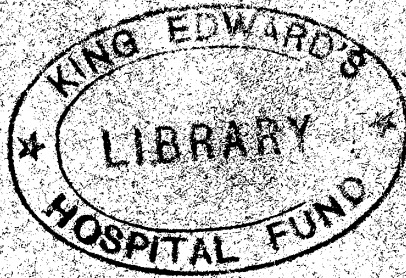


KING EDWARD'S HOSPITAL FUND FOR LONDON



THE CAREER
OF HOSPITAL
ADMINISTRATION

Published by the

HOSPITAL ADMINISTRATIVE
STAFF COLLEGE

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INTRODUCTION

Those who are considering their future careers have, as a rule, certain conditions which the prospective job must fulfil. Frequently, satisfactory answers to such questions as these will give a clue as to whether the job in question is really attractive or merely superficially so.

1. Is the job itself worth while?
2. Does it make full use of such qualities as I possess?
3. Are the people with whom, and the surroundings in which I shall work likely to be such that I can respect and like the one, and be reasonably happy in the other?
4. Is there a reasonable prospect of promotion on merit and good security of tenure?
5. Is it a purely sedentary job?

This pamphlet is an attempt to give an answer to these questions as they concern the profession of Hospital Administration and, more particularly for those men and women who add to their list of conditions, "Does it offer an opportunity of serving other people?".

If, when you have read what follows, you feel you would like to have further information about Hospital Administration, you are invited to apply to The Recruitment Advisory Service at the Hospital Administrative Staff College, No. 2 Palace Court, Bayswater, W.2, which will gladly give what help and advice it can.

hospitals do visit patients in their own homes and, of course, general practitioners send their patients if they so wish for specialist advice to the out-patients department of hospitals. It is, however, with the Hospital Service that this pamphlet is concerned.

The organisation of the hospital and specialist services, together with all other parts of the National Health Service, is ultimately the responsibility of the Minister of Health who has delegated authority to the Regional Hospital Boards of the fourteen regions into which England and Wales are divided and to the Teaching Hospitals which are directly responsible to him. The Regional Hospital Boards are responsible for administering the hospital and specialist services throughout their regions on the Minister's behalf so as to make available services of the highest possible quality to all who need them. Within each region there are a number of Hospital Management Committees* which are responsible for the day-to-day administration of several hospitals of different types grouped together in order to give as complete a hospital service for a district as possible, and the specialists attending these hospitals are appointed according to different needs by the Regional Hospital Board.

A Hospital Management Committee† group is usually composed, therefore, of a number of constituent hospitals each with an individuality and character of its own and, in many cases, serving a special need as, for instance, children's hospitals, maternity hospitals and orthopaedic hospitals.

The Teaching Hospitals are outside the Regional Hospital Boards' sphere of responsibility, although they are closely allied to them. It is their job not only to provide hospital facilities but also to provide facilities for undergraduate and postgraduate medical and dental education. They comprise in the main a group of hospitals similar to that of a Hospital Management Committee Group and are administered by Boards of Governors directly responsible to the Minister.

The hospitals in this country can, in the main, be divided as follows:

(a) General Hospitals.

* *Hospital Authorities in England and Wales*
Total number of Hospital Management Committees=387.
Total number of Teaching Hospital Groups=36.

† *The Management Committee of a mental hospital is usually responsible for only one institution of very considerable size, and the same applies in the case of a few very highly specialised hospitals.*

efficiently, and with economy consistent with those needs; to give facilities for training, for keeping records, and for research; and to ensure that the hospital plays its full part in contributing to the public health."

THE REGIONAL HOSPITAL BOARDS

Whilst Hospital Management Committees are responsible for providing the best service they can to meet the needs of a locality, Regional Hospital Boards must take a wider view to ensure that, as far as possible, the service of all Hospital Management Committees, together in their region, meet the needs of the population as a whole in the region. The population of the regions vary from 1,425,900 in the Oxford region to 4,567,100 in the South-west Metropolitan Region.

It is through the Regional Hospital Boards that the Minister of Health exercises his general responsibility to Parliament and he appoints the members of Boards who serve in a voluntary capacity. In like manner the Regional Hospital Boards appoint members to manage groups of local hospitals, who also serve in a voluntary capacity. It is a general principle that members are appointed because of the contribution they can make as individuals and not because they represent some particular interest.

The Boards' control over the services in their regions is maintained in three main ways. Firstly, they appoint the consultants and senior medical staff who are responsible for the treatment of patients. Secondly, they decide, after consultation with the Hospital Management Committees, the kind of work the hospitals should do, and how they should be modified, adapted or extended to meet the needs of the area. Thirdly, the Boards examine the Hospital Management Committees' financial estimates of expenditure and relate them to the work being done and, ultimately, approve the Hospital Management Committees' budgets.

To carry out their functions, Regional Hospital Boards have appointed a Senior Administrative Medical Officer, who advises the Board generally on hospital function, planning and development. The Secretary, who is the Board's business manager, has on his staff a number of other administrative officers who are responsible to him for the various branches of the work. There is also a Regional Treasurer to advise the Board on financial policy, as well as an Architect and an Engineer, who are concerned with all the building and engineering work.

WHAT THE WORK INVOLVES

As has been shown above, the Minster delegates responsibility to Regional Boards, and in their turn Regional Boards delegate the day-to-day management of groups of hospitals to Management Committees. So, the Group Secretary who is the chief executive officer of the Management Committee delegates departmental responsibility to the heads of the different branches of hospital work.

As a rule, the work of certain departments is centralised at group headquarters, with a responsible officer in charge. The main examples of this are Finance and, in many cases, Supplies, though there may well also be a group engineer and possibly a group medical records officer. The team which comprises these, and perhaps a few other group officers, work in close relationship with one another, dealing with all matters of concern to the group as a whole.

It is, generally speaking, their responsibility through the Group Secretary to advise the Committee on all matters of policy, though the chief financial officer has certain statutory duties to perform.

In each hospital of any size there is usually a Hospital Secretary responsible to the Group Secretary for the day-to-day management of the hospital and concerned with the smooth running of the enormously wide variety of departments and activities which make up hospital life. The work of many of those employed in a hospital will be his direct concern, while the work of others will only indirectly touch his department, and the responsibility will be shared with the medical and nursing staff.

It would be tedious to give a complete list of all those departments and activities which exist in a hospital, but the following will give some idea of their variety. Those marked "A" will be the direct concern of the Hospital Secretary, and those marked "B" are those for whom responsibility is shared with the medical staff:

"A" — Catering, Maintenance Staff, Laundry, Porters, Stores, Gardeners, Transport, Librarian, etc.

"B" — Dietitian, Laboratory, Technicians, Medical Records and Medical Secretariat, Instrument Mechanics, etc.

The above is an attempt to describe something of the work of the Group Secretary and the Hospital Secretary in their roles as administrators, but the Group Secretary always, and in many cases the Hospital Secretary as well, have a second function in their capacities as Secre-

taries of Committees. The Group Secretary will be responsible for the proper convening and organising of the Management Committee and its sub-committees with all the necessary paper work involved. He is the chief executive officer of the Committee on all official matters, and it is his responsibility to ensure that the decisions of the Committee are conveyed to the appropriate officers and departments.

The Hospital Secretary will have less committee work, but may in many cases act as the Secretary to the House Committee or Visiting Committee of his particular hospital. The functions of these committees, though varying very widely from hospital to hospital, can fairly be described as advisory rather than executive and are primarily concerned with the welfare of patients and staff.

MENTAL HOSPITALS AND MENTAL DEFICIENCY HOSPITALS

As has been said above, rather more than 40 per cent of the hospital beds in this country are occupied by mental patients and as there are certain differences in the administration of these hospitals, it is better to treat them separately.

These hospitals, unlike the general hospitals, have always to cater for a large number of patients who are physically fit and able in many instances to do some physical work.

Mental hospitals and some mental deficiency hospitals are often much larger than general hospitals. Frequently they are situated in very large grounds and in many instances somewhat remote from towns. Many have between 1,000 to 2,500 patients and involve administrative work which differs in many ways from that of the administration of a general hospital. For example, these hospitals will have a series of workshops where the patients are able to do such work as bookbinding, printing, boot-repairing, tailoring, carpentry, etc. The hospitals also have, in many cases, farms of some hundreds of acres under the control of a farm bailiff. Many patients work on the farms and gardens and help with the domestic work of the hospital. These special features, together with the responsibility of the Secretary for the proper safeguarding and accounting for patients' money and the like, make the work of an administrator of a mental hospital different in many ways from that of a general hospital.

Every mental and mental deficiency hospital by statute has a Superintendent, usually a Medical Superintendent, who is the Chief Officer of the hospital.

APPENDIX A (1)

QUALIFICATIONS AND TRAINING

GENERAL COMMENTS

The usual method of entry to the Hospital Service is by application in response to public advertisement in the Hospital Journals and in the national and local press. The successful candidate should, however, be prepared to move from one type of Hospital work to another with reasonable frequency during his or her early years in the Service to gain as wide an experience as possible. Several Teaching Hospitals and Hospital Management Committees arrange training schemes within the framework of their employment for new entrants to the Service, and the Hospital Administrative Staff College organises training courses for selected candidates employed mainly in hospitals in the four Metropolitan Regions.

The total number employed in the Administrative branches of the Hospital Service in England and Wales is approximately 29,000, of whom some 21,000* are in one of the clerical grades. It has been calculated that on average approximately 60 posts at the level of Hospital Secretary and above fall vacant each year.

Appointments to junior posts are usually made by Chief Administrative Officer or the departmental head, and to the more senior ones by the Board or Committee or some Sub-Committee. In most cases, vacancies are advertised.

GENERAL ENTRY

The usual minimum academic qualification for the administrative work in the hospital is the General Certificate of Education at approximately the level required for exemption from Matriculation. This academic standard is a considerable advantage, but it must be emphasised that qualities of character are of as great importance. New entrants to the Service will, in the main, start in Grade "A" of the salary scale, doing mainly routine work.

Promotion will depend on the candidate's proven ability and in many cases on attaining the appropriate professional or technical qualifications.

* Ministry of Health figures, December, 1950.

APPENDIX A (2)

THE INSTITUTE OF HOSPITAL ADMINISTRATORS

The Institute is the professional organisation of Hospital Administrators and is the recognised examining body in the profession of Hospital Administration. It offers a diploma to successful candidates in the final professional examination with the right after election to the initials A.H.A., provided the candidate has had not less than five years in approved hospital administrative service.

Election to Fellowship (F.H.A.) is conferred on those who are eligible for or possess the A.H.A. and have at least five years' service in an approved post as a senior administrative Officer.

ADMISSION TO THE EXAMINATIONS

Admission to the examinations—Intermediate and Final—is restricted to persons holding appointments in the Hospital Service whose names are on the Institute's Register of Students or members registered for the examination under similar regulations as apply to the Register of Students.

REGISTER OF STUDENTS

Full details can be obtained from the Secretary, Institute of Hospital Administrators, 75 Portland Place, W.1.

SALARY SCALES

The duties and responsibilities of senior administrative officers in the Hospital Service holding what are known as designated posts vary with the numbers and types of beds and of hospital units included in the Management Group. These factors are taken into account in grading the salary scales of these officers which are assessed on a points basis.

The more senior posts are those of Group Secretary, Finance Officer, and Supplies Officer and their Deputies, and salary scales here range at the maximum for chief officers from £1025—£1900 for Group Secretaries, and approximately £800—£1500 for Finance and Supplies Officers. The deputy posts in each case carry approximately two-thirds of the chief officer's salary.

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