



Key points

- The PCN clinical director is accountable to member practices - not CCGs, STPs nor ICSs.
- This will be a practising clinician from within the PCN member practices - there is 'not an absolute requirement' that this be fulfilled by a GP.
- The PCN needs to determine and agree the role and responsibilities for its own clinical director that will enable delivery of the network contract specifications.
- The minimum requirements for the role of clinical director are set out in Annex E of the '[Investment and evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan](#)'. They are reiterated in section (4.4.2) of the '[Network Contract Directed Enhanced Service contract specification](#)'.
- The published minimum requirements were not written to be fully comprehensive; a PCN must ensure that the core requirements are reflected.
- The network contract DES payments to PCNs reflect funding for the clinical director. This is a population based payment using a baseline equivalent of 0.25 WTE per 50,000 registered population as at 1 January 2019 (contract specification 5.3.1).
- The PCN members appoint their clinical director.
- The PCN members decide the appointment process. This should follow a selection process, election process or both; the agreed appointment process should be included in schedule 1 of the PCN agreement.

Defining the role

- There are lots of template job descriptions (JDs) for clinical directors available through internet searches. Be very careful, the job title 'clinical director' is generic and is applied to many different clinical leadership roles that do not have the same role and responsibilities as a PCN clinical director.
- In some areas, commissioners are offering their view on the responsibilities of the role/producing JDs. Remember that this role has a specified level of funding attached to it, 0.25 WTE per 50,000 registered population. We recommend that you do not agree to a role description that goes beyond the responsibilities negotiated nationally, and cannot be delivered within the resources made available through the nationally-agreed contract.
- This role is likely to evolve, and therefore we recommend that the PCN states a review date for the JD.

Take home messages

- The core requirements are a good place to start in understanding the role and its responsibilities, and writing a job description.
- Ensure your network clinical director job description is deliverable within available funds.

If you are experiencing any difficulties in defining your clinical director's role, please contact us for support and advice – info@lmc.org.uk or share inappropriate requests via our [BEAM to LMC app](#).



Annex 1

Network clinical director - Description of role/core responsibilities

Each PCN will have a named accountable clinical director, supporting delivery. They provide leadership for networks strategic plans, through working with member practices and the wider PCN to improve the quality and effectiveness of the network services.

Together, the clinical directors will play a critical role in shaping and supporting their Integrated Care System (ICS), helping to ensure full engagement of primary care in developing and implementing local system plans to implement the NHS Long Term Plan. These local plans will go much further than the national parts of the Network Contract DES in addressing how each ICS will integrate care. The role of the clinical lead will vary according to the particular characteristics of the network, including its maturity and local context, but the key responsibilities may include:

- Providing strategic and clinical leadership to the network, developing and implementing strategic plans, leading and supporting quality improvement and performance across member practices (including professional leadership of the Quality and Outcomes Framework Quality Improvement activity across the network).
- Influencing, leading and supporting the development of excellent relationships across the network to enable collaboration for better patient outcomes.
- Providing strategic leadership for workforce development, through assessment of clinical skill-mix and development of network workforce strategy.
- Supporting network implementation of agreed service changes and pathways, working closely with member practices, the wider PCN and the commissioner to develop, support and deliver local improvement programmes aligned to national and local priorities.
- Developing relationships and working closely with other network clinical directors, clinical leaders of other health and social care providers, local commissioners and Local Medical Committees (LMCs).
- Facilitating member practices participation in research studies and acting as a link between the network, local primary care research networks and research institutions.
- Representing the network at CCG-level clinical meetings and the ICS/STP, contributing to the strategy and wider work of the ICS.
- The clinical director would not be solely responsible for the operational delivery of services. This will also be a collective responsibility of the network.

As outlined in section 4, each PCN will receive an additional ongoing entitlement equivalent to 0.25 WTE funding per 50,000 population size. This entitlement is a contribution towards the costs and not a reflection of the time commitment required to undertake the role.