香港社會醫學學院
HONG KONG COLLEGE OF COMMUNITY MEDICINE
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Part II Fellowship Examination in Administrative Medicine

Case Study 5

You are the newly appointed Director of Medical Services for a large private hospital which has had locums acting in the role for the last 6 months. In your first week you receive an email from one of the anaesthetists telling you that she and one of her colleagues will no longer work with one of the three Urologists because he is not safe, and they are also concerned about the new General Surgeon.

You also receive a visit from the Director of Anaesthesia demanding that you stop the Director of Emergency "doing anaesthetics in the Emergency Department".

You ask the Medical HR officer for the files on the Directors of Emergency and Anaesthetics and the surgeons in question.

You discover that the files show that none of the doctors has had their contracts reviewed or renewed in the last 4 years and there is no evidence of any formal credentialing for procedures, for any of the doctors.

The file for the Director of Anaesthetics contains a note dated 18 months ago suggesting that his Medical Board report should be discussed, with no further information.

The file for the Director of Emergency shows he is a foreign graduate who recently acquired Academy Fellowship in Emergency Medicine, and previously worked as an anaesthetist in his country of graduation.

The urologist's file shows that he is 68 and was originally appointed to the hospital 46 years ago. The most recent notes are 10 years old.

The general surgeon's file shows he is the most recently appointed of all the medical staff and is an Australian graduate who has recently returned from several years in a prestigious hospital in England. There are glowing references from his UK employer about his technical ability especially in the application of new surgical techniques and how lucky the regional hospital is to have someone like him coming to work there.

What are the issues?
How will you manage the medical staff appointment processes?

2006 Case Study 5 Key Points

For Examiner

Issues

- Appointment and reappointment processes for medical Staff
- Credentialing processes for procedural staff
- Medical Staffing in Regional Hospitals, problems attracting and retaining staff, and cliques which sometimes form
- International Medical Graduates in Regional Hospitals
- Medical Board Processes. Anaesthetists and risk. Communication between medical boards and hospitals
- New procedural techniques; recognition and management of these
- Safety of older procedural specialists, and of all older staff
- Turf war between critical care specialists

Action

Immediate

- Director of Anaesthesia's Medical Board issues
- Urologist who may not be safe
- General Surgeon who may be doing "new" procedures

Later

Develop Processes for:

- Medical Staff appointments and reappointments
    - Advertisements,
    - Application processes
    - Membership of Panels; Hospital and College (and University if appropriate; and with the proliferation of rural medical schools there is bound to be a Medical School interested in the hospital)
    - Referee checking
    - Documentation
- Credentialing, for all procedures, not just new ones
- Protocols for Emergency Department and anaesthesia