



## **Administrative Medicine Part II Fellowship Examination 2011**

### **Case Study 1 (Compulsory)**

- Q.1 You are the Chief Medical Advisor for a regional public hospital network. The Clinical Director, Radiology has brought to your attention a recent rise in the referral for MRI by ENT Consultants of patients for screening for Asymmetric Sensorineural Hearing Loss (ASHL).

He tells you that this rise began about 6 months ago. This practice is essentially a screening procedure with a 2% chance of diagnosing acoustic neuroma. He feels that referring patients routinely is an extravagance and a misuse of public resources. Given the significant demand for MRI by higher acuity patients, he wants to stop accepting routine patients, although he remains prepared to scan patients with more severe symptoms.

He has brought this to your attention because his efforts to convince the ENT surgeons have been unsuccessful. They claim that MRI is the 'gold standard' for excluding retro-cochlear pathology in all these patients. Once a patient has developed more severe symptoms, it is frequently too late for surgery to be fully successful.

**What would you say to the Clinical Director now and what will you do over the next six weeks?**



## **Administrative Medicine Part II Fellowship Examination 2011**

### **Case Study 1 (Compulsory)**

#### **Key Points for Examiners**

The candidate needs to show some understanding of evidence-based medicine, and approaches for establishing the evidence. A high mark would require a description of various approaches to levels of evidence. The candidate needs to understand the issues around prioritisation. Some jurisdictions have a centralised approach while others, such as New Zealand, have no national body which determines what services are offered.

The candidate needs to describe a decision-making approach for the organisation which includes clinical leadership such as a Clinical Board. The approach should reflect an understanding of:

- Clinical implications for patients, including an estimate of patient volumes
- Financial costing, implications and possible re-prioritisation
- Potential medico-legal issues
- Potential media attention and how to manage this
- Potential political implications and how to manage this
- The issue of 'turf wars' between specialties and potential effect on all clinicians
- The power and influence exerted nationally and locally by patient lobby groups