



Administrative Medicine Part II Fellowship Examination 2012

Case Study 2

3. You are the Director of Medical Services at a teaching hospital under the management of Hospital Authority (HA). Your hospital treats both public and private patients and a percentage of private patient fees are allocated to a fund (The Private Patient Fund or PPF) which is primarily intended to promote educational activities for non-medical hospital staff. PPF is also occasionally used to procure pieces of discretionary medical equipment not funded under the region's infrastructure funding mechanism.

You receive a telephone call from a surgeon in your capacity as a member of the PPF Committee. He explains that he is contacting all members of the Committee to gain support for the expenditure of PPF money to refurbish an older operating theatre as an angiographic, vascular and interventional radiology theatre. He states that there is a very limited window of opportunity to obtain the necessary medical equipment for the proposed theatre at a significant discount (35% less than the normal price) as offered by one particular vendor. He further argues that HA is currently reviewing all trust funds, including the PPF, and that a number of the PPF Committee members believe that there is a 'spend it or lose it' situation. He has requested one of the business managers to draw up tender specifications for the equipment.

On further investigation, you find that the surgeon has already approached the Chief Executive Officer of the hospital (who chairs the PPF Committee) and has persuaded her of the benefits of such a theatre redevelopment including an increase in private revenue. You also know that the CEO needs to keep this particular surgeon 'on-side' as the intended next Chief of Service for the Department of Surgery.

Your hospital does not currently have any clinicians specifically credentialed for endovascular surgery (which is normally provided by another teaching hospital as a territory-wide service) although the lobbying surgeon does have an interest in this field and has some training background in insertion of vascular stents and other minimally invasive vascular surgical techniques.



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You know that the PPF cannot be used for this purpose but realise that this telephone call may be the beginning of a possibly significant new proposal, which requires at the very least, a feasibility plan.

How do you proceed?



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Key Points for Examiners

“Entrepreneurial surgeon”

Template for jottings of expectations, extra notes to assist Censors in jurisdictional differences etc. Whilst the candidate is providing her/his answer Censors will be considering the depth of demonstration of the RACMA competencies that are relevant.

Notes are neither ‘model’ answers, nor are they exhaustive in content.

Dimension	Important points that should be discussed:
1. Key issues	Clinical service planning Introduction of technology new to facility Managing up
2. Answering the question – Clinical service planning	Need clinical services plan for new service before committing funding – clinical demand, projected case mix, cost, benefits, staffing, support issues and other risk management issues; how does this fit in with broader clinical service plans e.g. state-wide or region-wide services? Highlight that having a source of funding does not necessarily justify equipment purchase especially in the absence of clinical and business planning. Return on investment?
3. Answering the question – Introduction of new technology	Governance arrangements around introduction of new service, reduction of risk. Have negotiations with suppliers already taken place? (issues of propriety potential or perceived conflict of interest) Credentialing Support staff – specialist nurses, radiographers, theatre technicians Ongoing cost – consumables etc.
4. Answering the question – Managing up	Hospital politics. CEO needs advice on good governance and data re service provision. Risk of ‘white elephant’. Conflicts of interest in potential tenderers
5. Knowledge Medical management expert,	Planning, contracting



scholar	Manager, Communicator, Medical Expert
6. Skills Manager, communicator	Manager, Communicator
7. Attitude/behaviours Collaborator, advocate, professional	Collaborator, Professional
8. Country context	<p><i>This situation would not occur in NZ as there are not have private patients in public hospitals. However the issues involved should be evident even if the candidate has not worked in a situation like this. It could be presented as funds from a bequest, or some community service group, and the additional revenue could come from attracting patients from out of region (which would attract revenue transfer from their home District Health Board)</i></p> <p><i>Ask the examiners to acknowledge to any NZ candidates who might answer it, that this difference is acknowledged, and they should answer it as if they were in that situation. Public private provider differences have been covered in a webinar so they do have access to training."</i></p>