Medical Leader	
Medical Expert	•
Communicator	•
Advocate	
Scholar	
Professional	☐
Collaborator	
Manager	

After-hours Staff Parties

2013 Q5

You are the Director of Medical Services of a large metropolitan training hospital and have been in place for four years. The hospital is situated in an area which has the lowest socio-economic indicators in the city. There is a significant drug sub-culture in the surrounding district.

On a Saturday morning, you are phoned by the Chief Inspector from the local Drug Squad. He tells you that there had been a police raid on a private party in a neighbouring suburb the previous evening. The unit belonged to a Registrar currently working at your hospital. The party was an "after work function" attended by junior doctors, nurses and allied health professionals and the Inspector advises that there were also several senior consultant staff in attendance.

The Police had seized a small amount of cocaine and a number of ecstasy tablets (no-one had been found actually using these drugs) and had arrested one person (previously known to the police) who was to be charged with selling a prohibited substance.

While the person arrested was not a staff member of the hospital, the Inspector advises you that a number of your staff were "spoken to" and issued warnings over the use of marijuana found at the party. Police had taken a full list of names of all those in attendance.

An old friend, who happens to be the crime reporter from the major city newspaper, phones to say that he has heard a rumour about drug taking amongst doctors at your hospital and requests an off-the-record comment.

Your Chief Executive Officer has also got wind of this issue and requests a speedy report from you about how this is to be managed.

How do you proceed?

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Three (3) core requirements for this question

1. Management of potentially dysfunctional medical staff with possible wider implications for patient safety.
2. Management of drug and alcohol issues amongst medical staff
3. Human resources processes, natural justice and privacy considerations

Initial approach – background

Liaison with police, how is the information managed? Will he release names?
Consider meeting staff named as attending the party by police, as individuals or as a group. Information could be a pointer to examine specific workplace performance.
Talk to senior medical staff e.g. supervisor of registrar training, Clinical Director/Heads of Department
Needs formal Human Resources review and advice – is a formal internal investigation required? Is a 'warning' for cannabis reportable to employers; doctors have obligation to report certain criminal offences to AHPRA, but we assume this isn't reportable. Mandatory reporting guidelines
Notify media unit, prepare media plan, statements,
A good candidate would outline the privacy issues – is this of any direct concern to the hospital?
Based on what you now know, is this a real problem or not? Establish whether the organisation of the party had any formal links with the hospital e.g. run as a function by the Doctor's Social Club? Is it a "canary in the mine" situation that may indicate a potential problem amongst hospital staff? What are the limits of what you can put in your report?

Clinical governance

Are there any known drug-related incidents involving staff members?
What does the organisation's code of conduct say with respect to drugs and alcohol?

General management

Work with your pharmacy to monitor unauthorised drug use in the hospital. Even if it's only paracetamol staff are taking for personal use, there need to be controls on unauthorised drug access, and an audit of compliance with security and tracking of controlled drugs would also be a good additional strategy.

Should one be differentiating an episode of recreational drug use from a more systemic acceptance of drug use within the staff culture? Medical and other clinical staff are at much higher risk of drug and alcohol misuse and addiction so I'd be wanting some serious discussion with the clinical HODs, intern supervisors, heads of nursing and allied health about the culture and professionalism among clinical staff. Presumably all your hospitals are smokefree - you might want to start by checking on staff compliance with and support for being smokefree. Do you have written standards of conduct and professionalism? MCNZ has several documents on its website which set out the rather higher societal expectations of doctors. If your organisation didn't already have suitable statements about conduct and professionalism in its policies, it would be a timely to get them drawn up, and involving the various professional groups in their formation and adoption. Something like a Grand Round on the issue might help to keep the issue visible in the wider organisation without giving away specific information.

The organisation's drug and alcohol service would be able to provide context around the general drug use in the community and how to approach this issue with staff, many of whom would not be involved and might be totally unaware of concerns. There are support services for doctors supported by NZMA and either MAS or MPS, I can't remember which, and we also have the Doctors' Health Advisory Service for doctors to self-report or for others to anonymously seek help for a colleague or family member. Providing a supportive context for any staff who might be part of the local drug scene would be critical, and this might also include support for smoking cessation which would be a more neutral topic in this difficult situation. EAP would be worth a specific mention.