



Medical Leader	<input type="checkbox"/>
Medical Expert	
Communicator	•
Advocate	
Scholar	
Professional	•
Collaborator	
Manager	•

The Enthusiastic Registrar

2014 Day 1 – Q5 (Choice)

You are the Executive Director of Medical Services at a large tertiary teaching hospital.

You receive a letter from the College of Surgeons asking you to investigate a complaint that they have received about a senior surgical registrar working at your hospital. The College attaches a copy of the letter they have received.

While you are vaguely aware that the registrar concerned has a track record of difficult behaviours, you have not been made aware of any specific recent incidents.

The letter of complaint is written by a junior registrar in general surgery (the same team as the senior registrar about whom he is complaining). He is asking the College to consider not progressing the senior registrar, to whom he informally reports. The senior registrar has just past passed their final exam and is completing an additional year of supervised training that the College required following a poor performance review at their previous hospital attachment.

The letter of complaint cites a range of concerns. Most of them are third party reports including instructing junior staff not to record adverse observations, minimising complications in the medical record, withholding adverse findings from the senior consultants during ward rounds and purposefully setting trainees up against each other. The junior registrar's letter references one patient where he believes the senior registrar made a fundamental error in a recent surgical case. While the letter indicates the nature of the surgery, it includes no patient details.

You first talk to the Clinical Director for surgery. He confirms that the senior registrar is causing all manner of difficulties, though he believes he is providing basically safe care. He does not believe he is suitably competent to complete his training. He was aware that the junior registrar was planning to write the letter as he was party to a conversation between the junior registrar and the Director of Training for the College when he recently visited the hospital. The Director of Training indicated that the junior registrar should put his concerns in writing.

The senior registrar is apparently aware of the complaint and is said to be giving the junior registrar a very difficult time – in a rather passive aggressive way.

How would you manage this situation?



Censor's Notes

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Basic Answer requires the following:

Candidate identifies the following clinical governance issues:

1. Performance management issues within the Department of Surgery – it is apparent that the clinical managers in Surgery are struggling to manage this issue.
2. Apparent avoidance or minimisation of issues of competence of the senior Registrar within the Department of Surgery (paradox: the Clinical Director feels the Registrar is providing 'basically safe care' but is not 'suitably competent to compete specialist training')
3. Highlight that this is a significant risk to patient safety (poor care, allegedly being minimised by members of the Department of Surgery), with associated medico-legal and reputational risk to the organisation.
4. Management of bullying and harassment of junior staff.
5. Potential professional registration issues around falsification of clinical records to protect a poorly-performing clinician.

Immediate Action:

- Given the evident problems within the management of the Department of Surgery, assume control and responsibility for sorting this out.
- Morbidity and mortality data: have cases been reviewed? Despite the issues with potential interference with data, does the existing data reveal a problem (e.g. prolonged LOS for patients treated by the Registrar, other complications such as wound infection)?
- Has there been any formalised assessment of an appropriate scope of practice for this Registrar? Are there formalised objectives for the additional year of supervised training?
- Meet with Registrar, preferably with Clinical Director present. Candidate should discuss whether there are grounds for standing down the Registrar at this stage, or implementing strict supervision (e.g. no operating without a senior colleague present and scrubbed).
- Should the Registration authority be advised regarding the Registrar? Surgeon who altered the clinical record?
- Support for Junior Registrar and other junior staff – whistle-blower?
- Longer term: addressing governance and management issues in Department of Surgery; is there a need for formalised training in the management of governance issues?