

3.5 Senator S.C. Ferguson of the Minister for Health and Social Services regarding the collegiate Medical Director:

Would the Minister confirm whether there are currently 4 doctors acting as a collegiate Medical Director and, if so, would she explain why this is the case when Verita recommended that a new independent Medical Director should be employed?

Deputy A.E. Pryke of Trinity (The Minister for Health and Social Services):

The Verita report recommends, and I quote: "That the Chief Officer should appoint a new Medical Director in advance of the current Medical Director's retirement as to ensure a smooth transition. As my department was to appoint a new Chief Officer the decision was to delay the appointment of the Medical Director until the new Chief Officer was in post. Naturally when a vacancy occurs, and to ensure cover of this important role, 4 experienced doctors, who are senior consultants and work very closely and are involved, took on the role of Medical Director. This was always a temporary measure. In conjunction with the Managing Director for the hospital, the Chief Officer has revised and expanded the Medical Director's team. In future there will be a Medical Director, Deputy Medical Director and 3 Associate Medical Director posts with particular focus on governance, which includes patient safety; training and education; and informatics. These posts are now being recruited to.

3.5.1 Senator S.C. Ferguson:

Given that there is this expansion of this department, is this just another expansion of the top level management in Health? Where are the savings going to be made by not increasing staffing in other areas or reducing staffing in other areas?

The Deputy of Trinity:

This is not increasing the numbers. We hope that it will be an internal post that will be filled to the Medical Director and also the Associates. It is strengthening the Medical Director's team that will have a Deputy Medical Director, so when the Medical Director is away on holiday or courses, or whatever, that there is someone there who will cover.

3.5.2 Senator S.C. Ferguson:

I do not quite understand. Does the Minister mean that there will be a Medical Director and then the rest of the team will be doubling-up as Assistant Medical Directors, Deputy Medical Director and also carrying out clinical duties?

The Deputy of Trinity:

As I said, the 3 Associates will be focusing... will lead. They will still continue their normal clinical activities but they will have a focus on a particular area. One of the areas will be training and education, governance, which includes patient safety, and informatics.

3.5.3 Senator S.C. Ferguson:

I am sorry I did not quite understand. Will these Assistant Medical Directors and Deputy Medical Directors and whatever Medical Directors, actually be running clinical duties as well as their medical duties? Will they be seeing patients?

The Deputy of Trinity:

Yes, I thought I already said that. Yes.

3.5.4 Deputy A.E. Jeune of St. Brelade:

Given that the Minister tells us that there will be additional people involved in the directorship of the hospital, the breakdown of clinical time as opposed to admin time will therefore be different. They will need more admin time to carry out their duties and giving less to clinical. As Senator Ferguson raised, how is that going to be dealt with from a cost basis?

The Deputy of Trinity:

As everyone should know, I am very aware of the cost pressures within the hospital, and this will be done within a set budget. The Medical Director is an important role, and I said about the Deputy Medical Director. But also what is important too is the Associate leads and they will continue their clinical practice, but they will have a speciality in those 3 areas.

3.5.5 Senator S.C. Ferguson:

We have not really got to the bottom of the fact that we are, for instance, bringing in a Director of Informatics, but does this mean that there will be a reduction in the informatics section in the I.T. (information technology) Department in the hospital?

[10:00]

The Deputy of Trinity:

No, let me make it very clear. We are not bringing anybody in. One of the consultants has a special affinity - if that is the right word to use - on informatics, and good for him because informatics will be important and are important, especially as we go ahead into the future. So to have a clinical specialist with his lead on informatics... as well as education training and governance, and patient safety, which must be my number one priority.