



6minutes News

Doctors alarmed by dollar-obsessed managers undermining care, inquiry told

Meanwhile, doctors' ideas for more efficient patient care are being ignored, anaesthetist Associate Professor Ross Kerridge said in his inquiry submission.



[Carmel Sparke](#)

10



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Associate Professor Ross Kerridge.

A respected anaesthetist has described his frustrations with a health system that has increasingly sidelined the wisdom of doctors in favour of measures that lead to waste and poor patient outcomes.

Associate Professor Ross Kerridge, a long-time staff anaesthetist at John Hunter Hospital in Newcastle, says it is resulting in a culture of antagonism, burnout and “bizarre” inefficiencies.

“I am confronted every day by the adverse impacts of the gulfs that have developed between clinicians and management in the NSW health system,” Professor Kerridge wrote in a submission to a state inquiry into healthcare funding.

“These huge schisms between senior management, middle management and clinicians have led to widespread staff dissatisfaction, frustration and burnout across the health system.”

Professor Kerridge went on to say he had a “long list of examples of waste, inefficiency and poor quality outcomes” that have resulted from hospital managers refusing to implement simple and inexpensive innovations identified by clinicians “at the coalface”.

5089

“Internal funding allocation models have been based on historic or block funding rather than activity- or outcome-based funding,” he wrote in a submission to the NSW Special Commission of Inquiry into Healthcare Funding.

“Managers have lived in an atmosphere of fear and bullying, and respond with dysfunctional parsimony, unwilling to do or change anything that may result in a budget overrun, even if it will clearly improve efficiency and effectiveness of patient care.”

One classic example of this “dysfunctional parsimony” was when managers were reluctant to allow staff to work overtime in theatres.

This had resulted in a culture of working “steadily but slowly” so that semi-urgent patients, admitted through ED, sometimes waited in hospital two to three more days before surgery.

“It is a bizarre paradox: a unit within the hospital will institute policies to save money on their own budget even though the global increased cost to the hospital greatly outweighs the ‘saving’ that the unit may have made,” he wrote.

Professor Kerridge said he had witnessed numerous examples of surgeons being willing to operate on a patient, but managers insisted the theatre finished ‘on time’.

“I’ve seen this happening where you’ve got the surgeon sitting there,” he told *6minutes*.

“Everyone’s ready. And you just have one case left over to be done.

“But we’re told, ‘Oh, no, we’ve run out of time. We’re not going to go overtime, and pay two orderlies extra to keep the theatre running.’

“The surgery could be done and the patient could go home in the evening or first thing tomorrow morning.

“Fractured necks of femur are the classic.

“They can hang around waiting for days for an operating theatre.”

Professor Kerridge said management and clinicians had experienced an especially “antagonist and disengaged” relationship at his Hunter New England local health district over the last 15 years, although he stressed this situation had improved dramatically in the past year.

And the problems experienced by Hunter staff were not unique to that health district.

“You see the damage that it causes over 15 years — it’s like the story of the frog in the pot. You sort of don’t even notice that it’s happening,” he said.

“But after a while, everyone’s grumpy, and key clinicians, particularly surgeons in our case, walk.

“People get disengaged and the nurses are grumpy and you know, it just builds up over time.”

Professor Kerridge is approaching the end of a 43-year career, intending to wrap up clinical work at the end of 2024, but he is still hopeful of advocating for change — if anyone will listen.

“It would be nice in some ways to still have some involvement and be listened to,” he said.

“Whether I’ll be able to finesse that I’m not sure.

“But I’ve been very lucky to be in the right place at the right time on multiple occasions and have been involved in some really exciting changes in my specialty.

“I’d like to think that other people will have the same experience, as I think there are still amazing things going on in healthcare.”

Hearings for the inquiry started this week.

Read more:

- [Doctors’ revolt over hospital working conditions triggers government inquiry](#)
- [Bullied registrars, toxic hospitals and why medical colleges are now under the spotlight](#)

More information: [NSW Special Commission of Inquiry into Healthcare Funding: Submission: 1 November 2023](#)