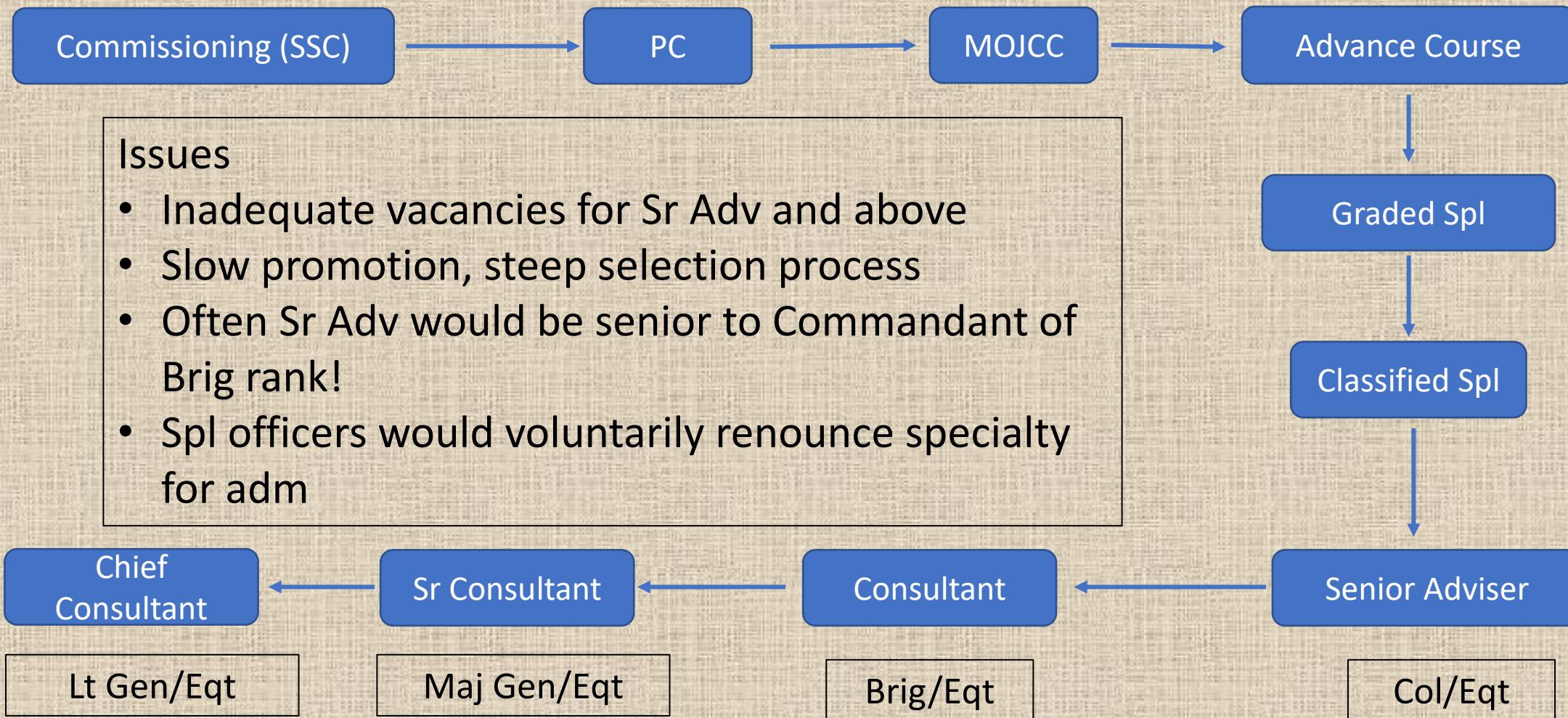


# Posting of specialists in administrative duties is wasteful

Surg Cmde RW Thergaonkar, MD, PhD

Why the debate?

# Life of a Spl AMC Offr pre-1985

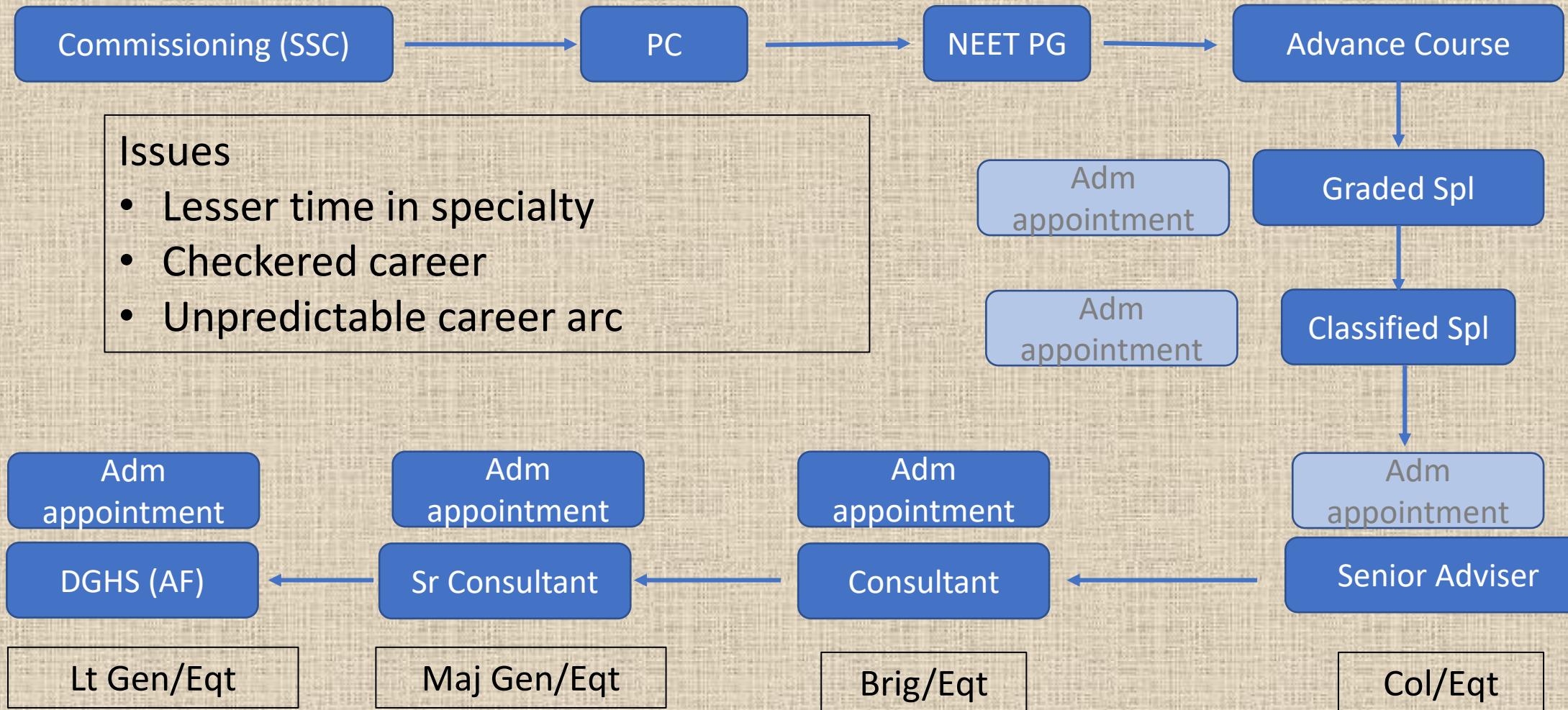


# Changes: 1985 to date

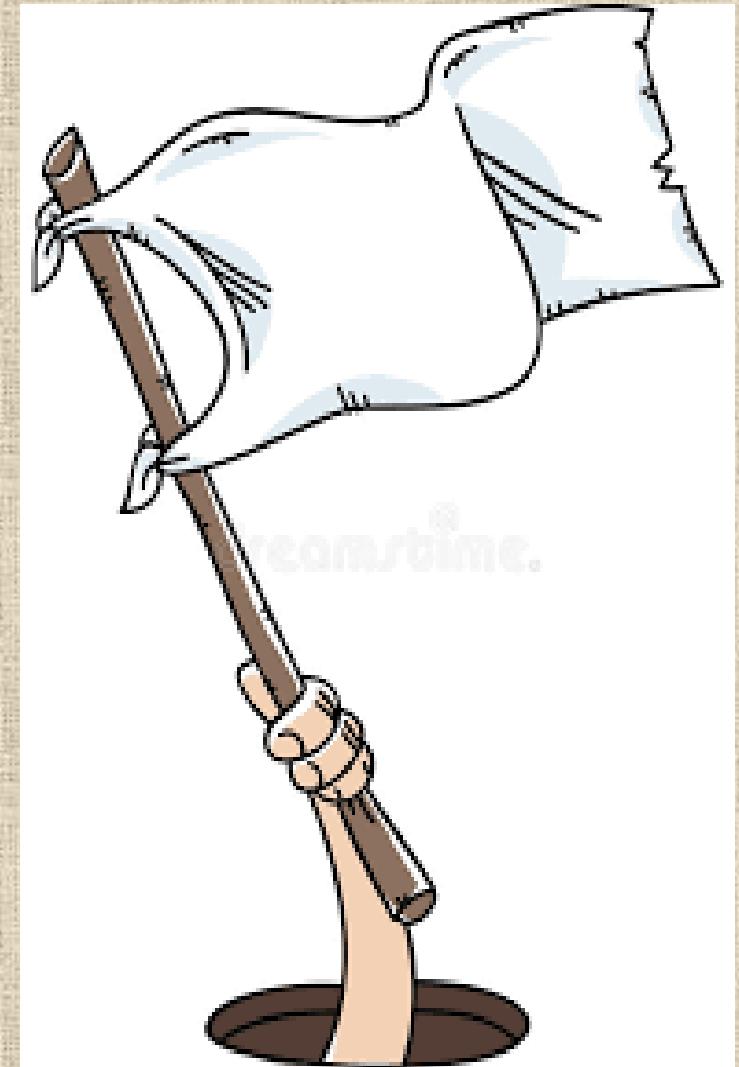
- Merger of cadres – Spl and Adm in common executive cadre - Parity with MOs
- AV Singh commission: more vacancies in senior ranks – faster promotion
- Newer promotion policies – marks for specialty and super spl: 90% feeder into selected ranks



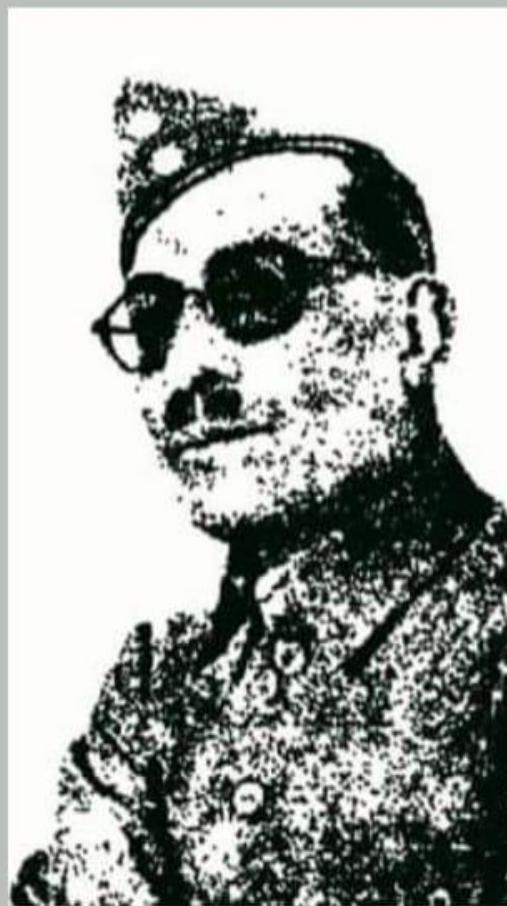
# Life of a Spl AMC Offr post-1985



Some points conceded  
upfront



# Doctors can be good administrators



# Administration is integral to clinical work

## Components of good medical practice

- Knowledge, skills and performance
- Safety and quality
- Communication, partnership and teamwork
- Maintaining trust

Ensuring good  
medical practice  
requires  
administrative effort  
on behalf of the  
clinician !

# Specialists need to perform communal administrative duties

- Integral to military life
- Inseparable part of clinical care
- “My part of the ship” – pride of maintenance
- Integral to a managed care system
- Inadequate MOs
- Certain high-end tasks may be feasible for spls only
- Need to connect with clientele in their environment

So have I thrown  
in the towel?



Not at all!

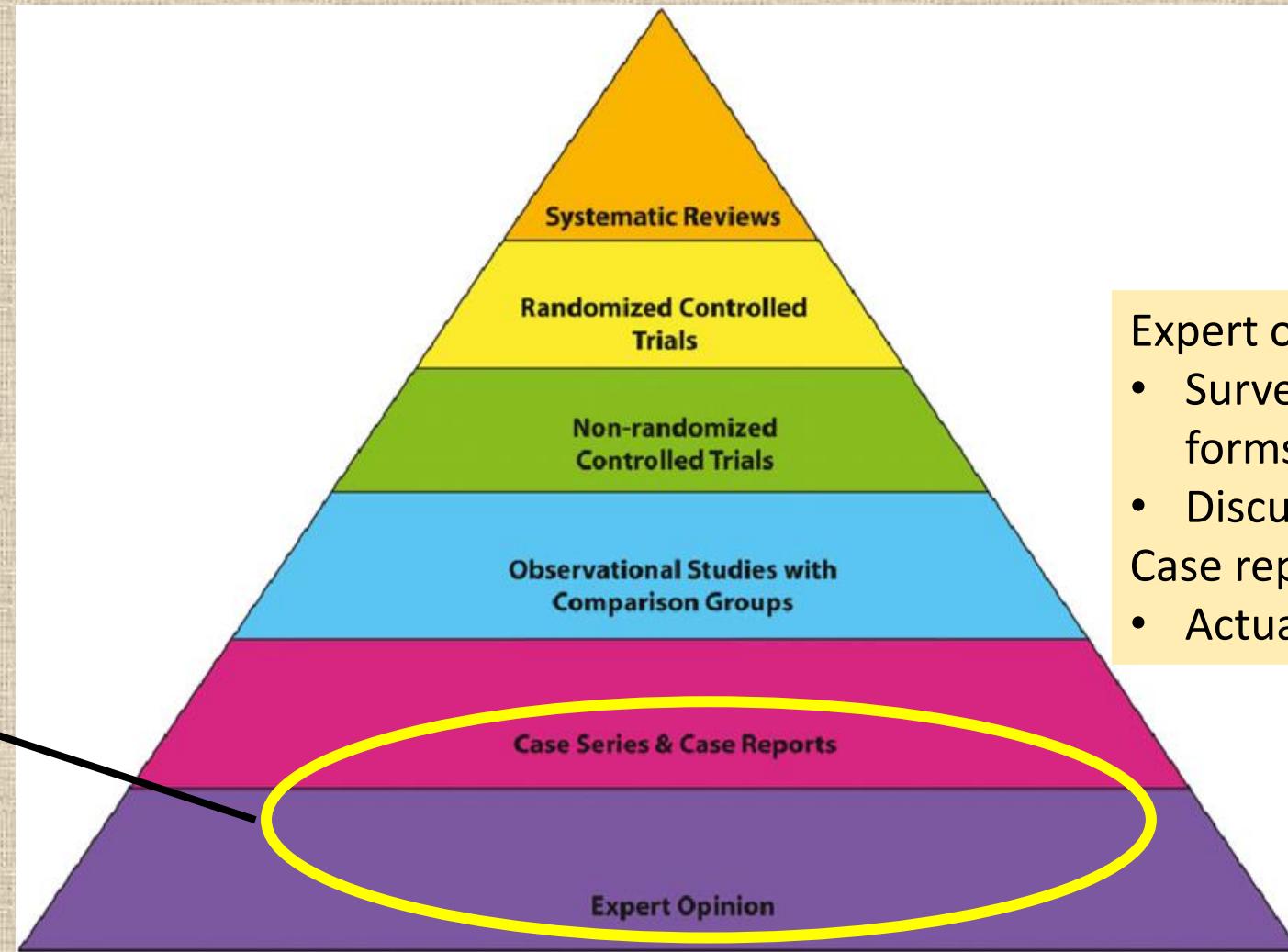


# Let us examine the question closely

Posting of specialists in administrative duties is wasteful?

P	Persons	Specialists
I	Interventions	Posting in administrative posts
C	Comparison	Continuation in specialty
O	Outcome	“Wastefulness” – not clearly defined – most probably reference to loss of specialist services
T	Time	Duration of tenure and beyond – not stated

# Levels of evidence

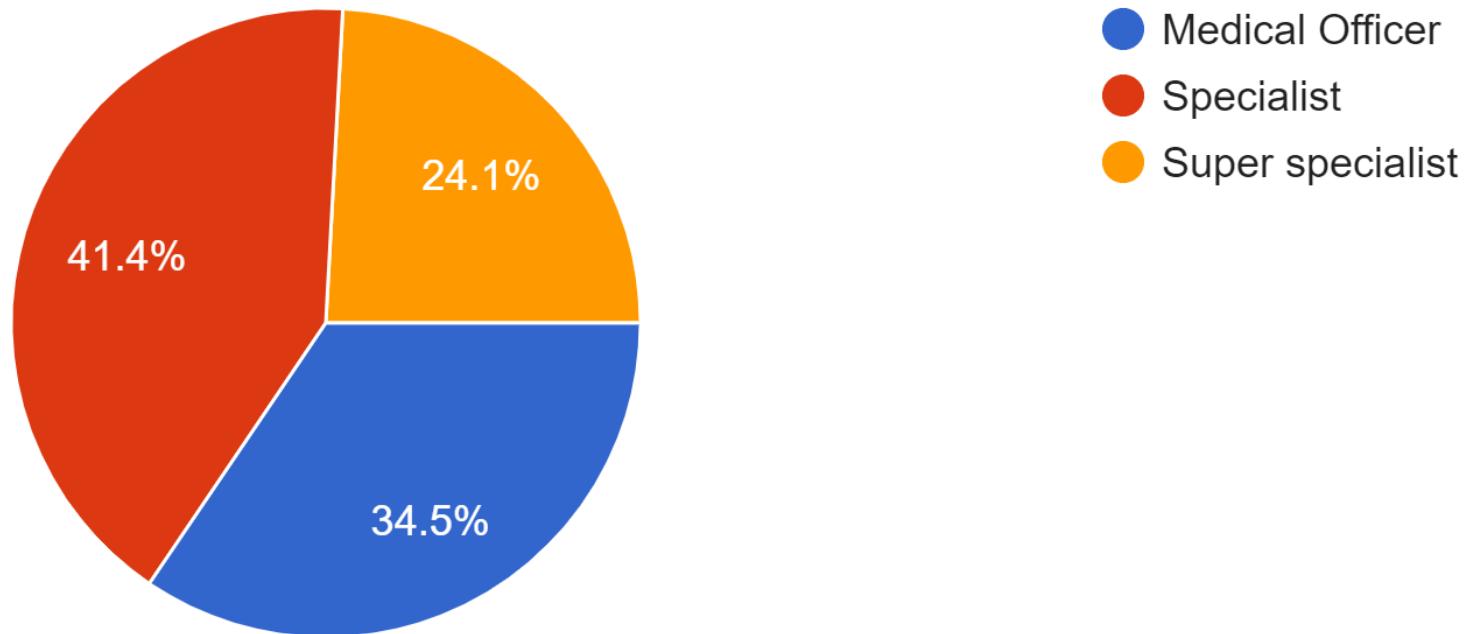


## Expert opinion

- Survey by google forms
- Discussion with HR
- Case reports
- Actual case scenarios

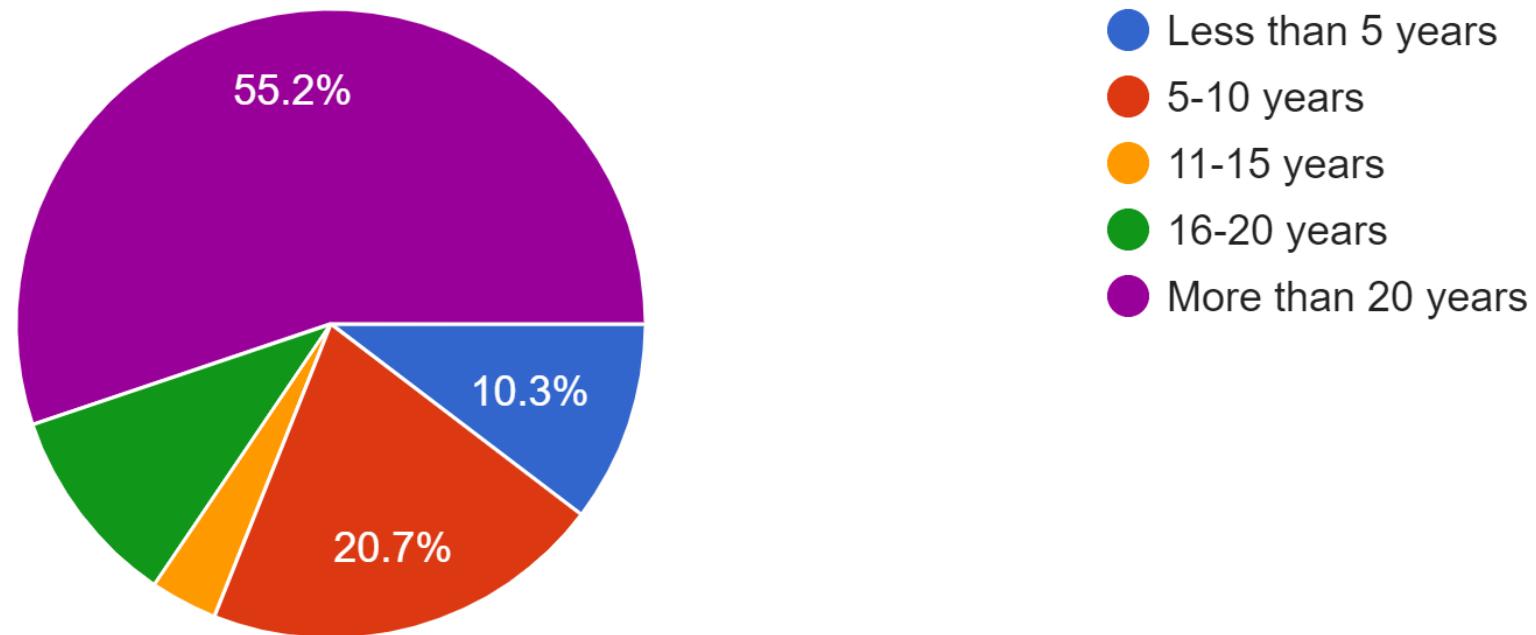
## What is/was your role in AFMS?

29 responses



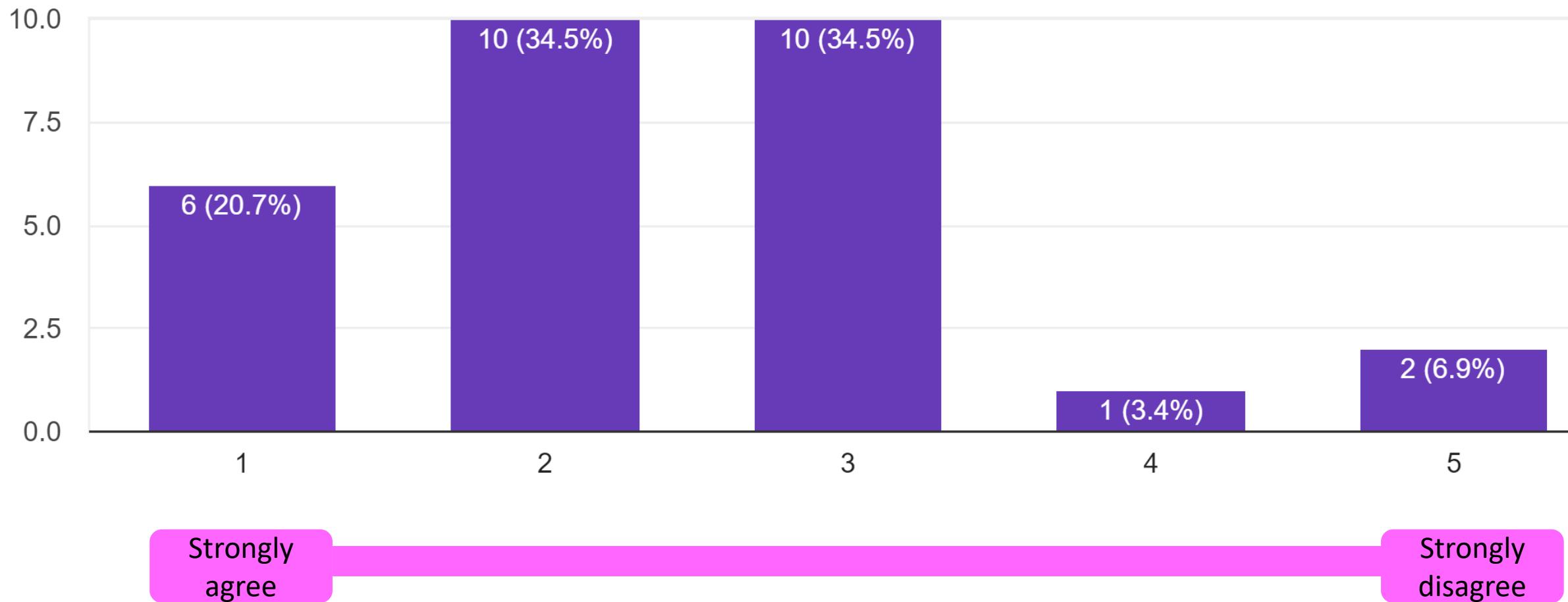
## How many years of service do you have?

29 responses



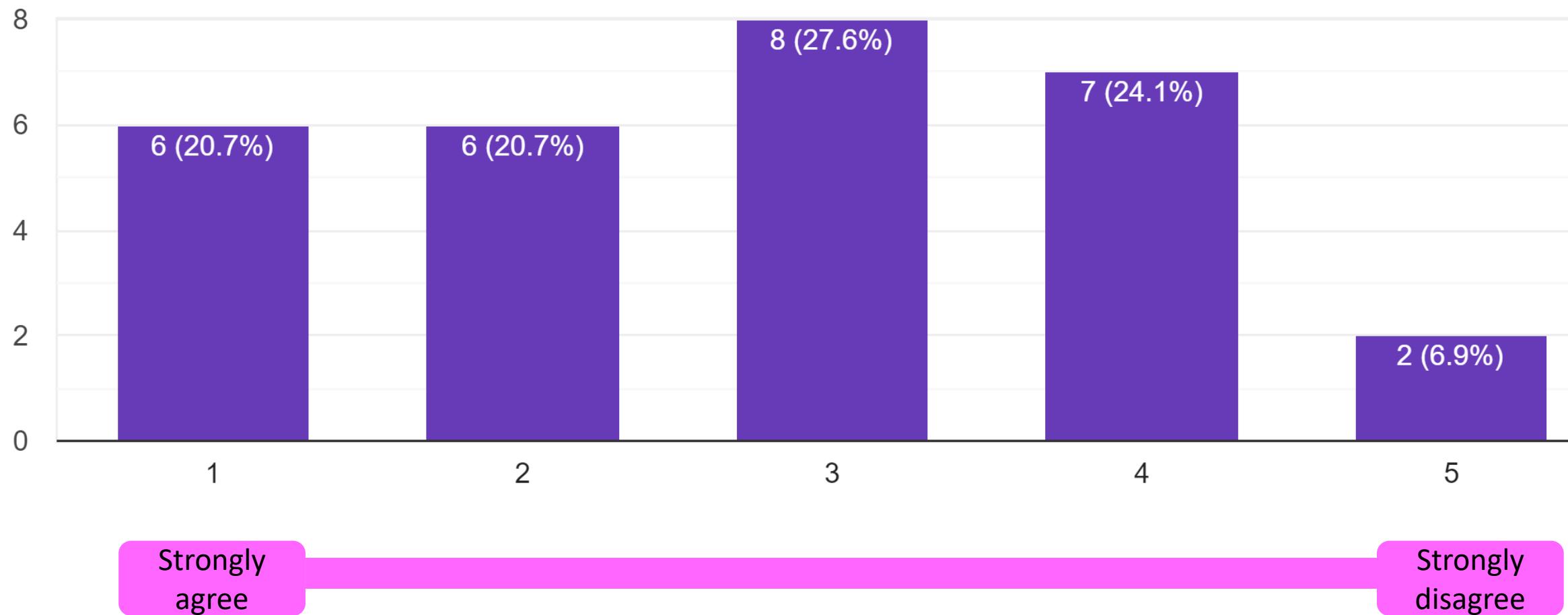
Specialists posted in administrative duties are unhappy/disgruntled.

29 responses



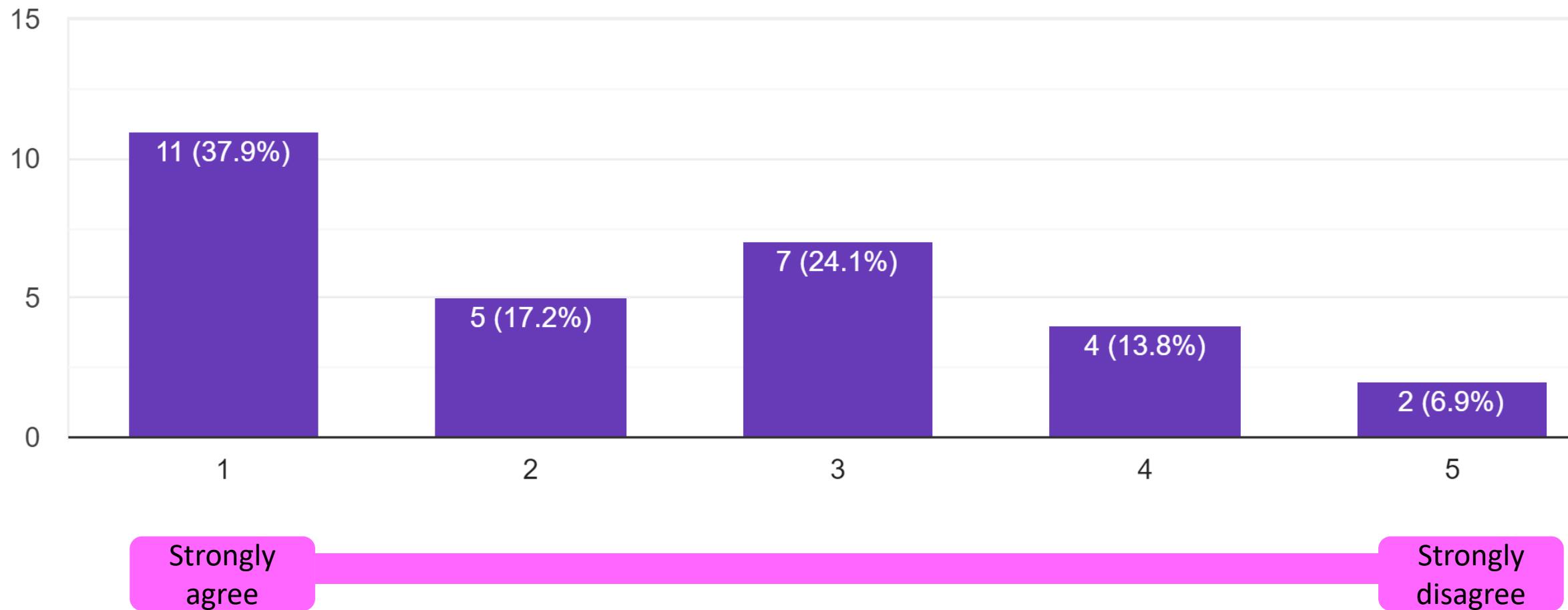
Specialists posted in administrative duties bring a fresh perspective to the post.

29 responses



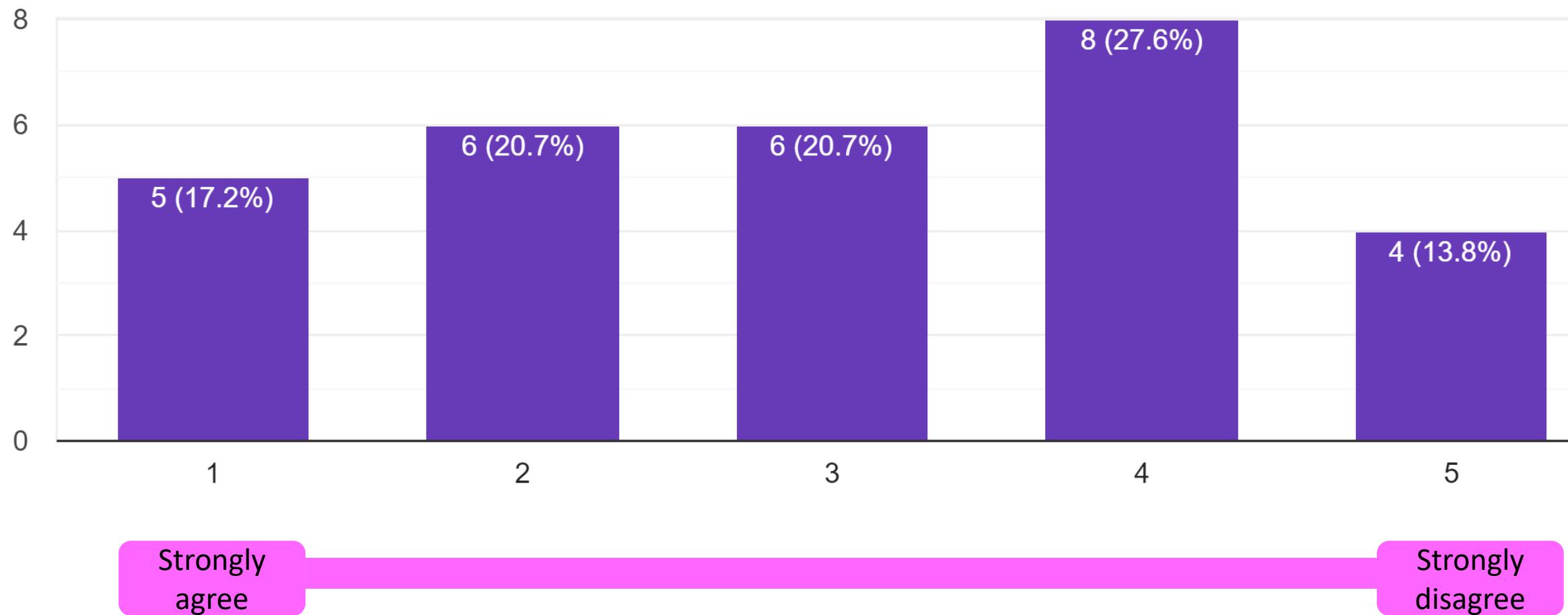
## Specialists posted in administrative duties lose their professional skills

29 responses



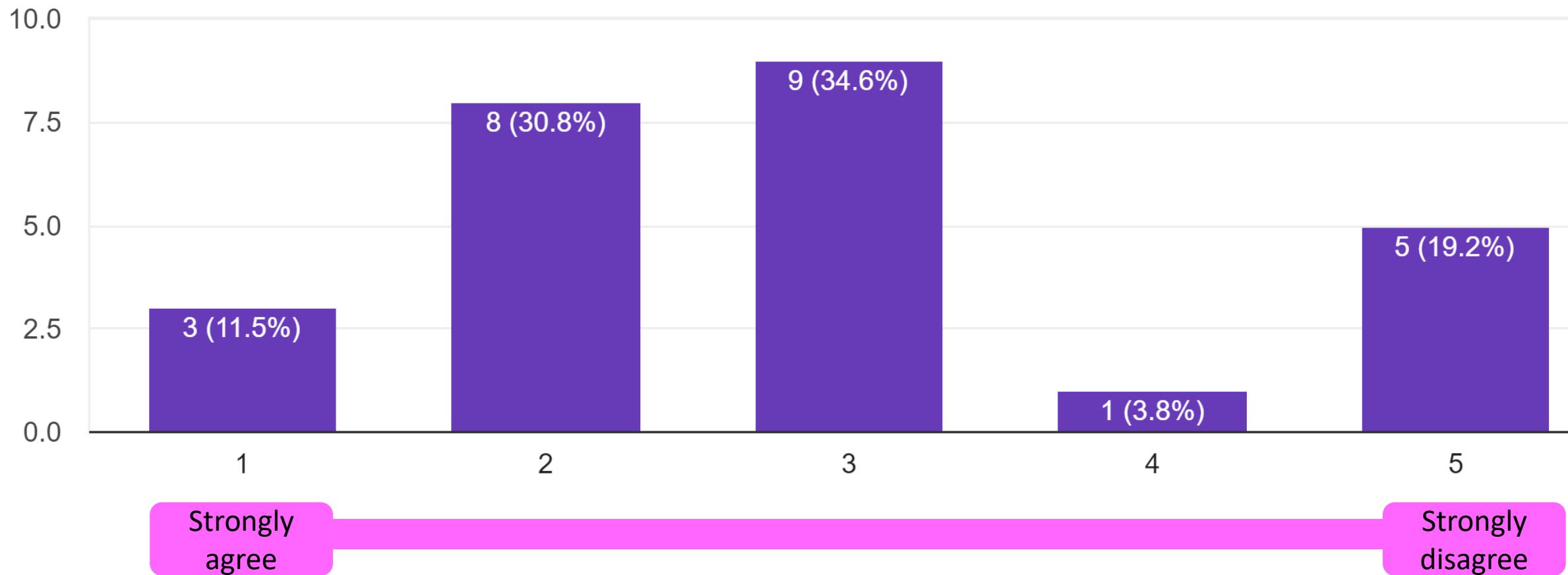
Specialists posted in administrative are ill-equipped to handle their appointment.

29 responses

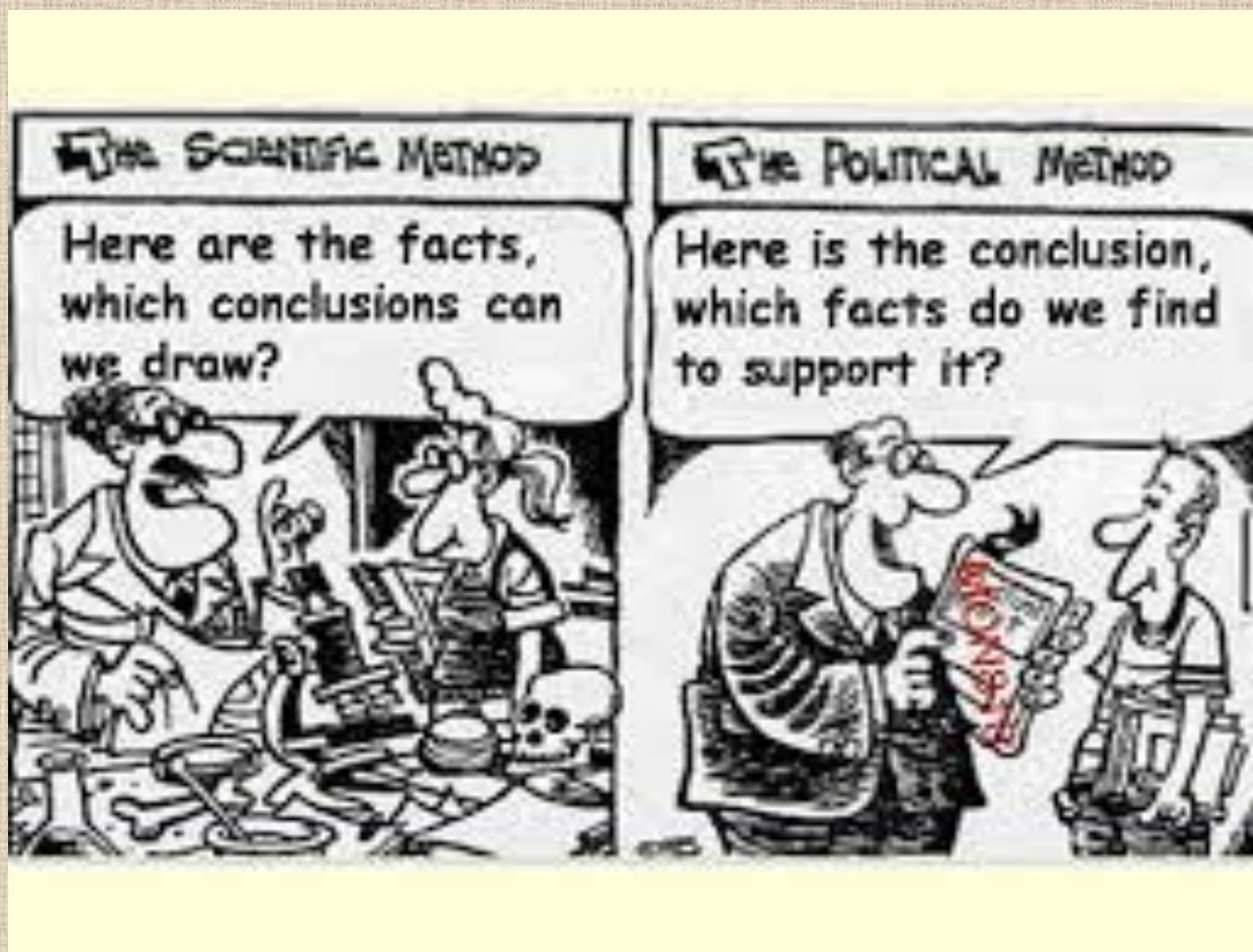


Specialists posted in administrative duties are biased towards or against their specialty in decision making.

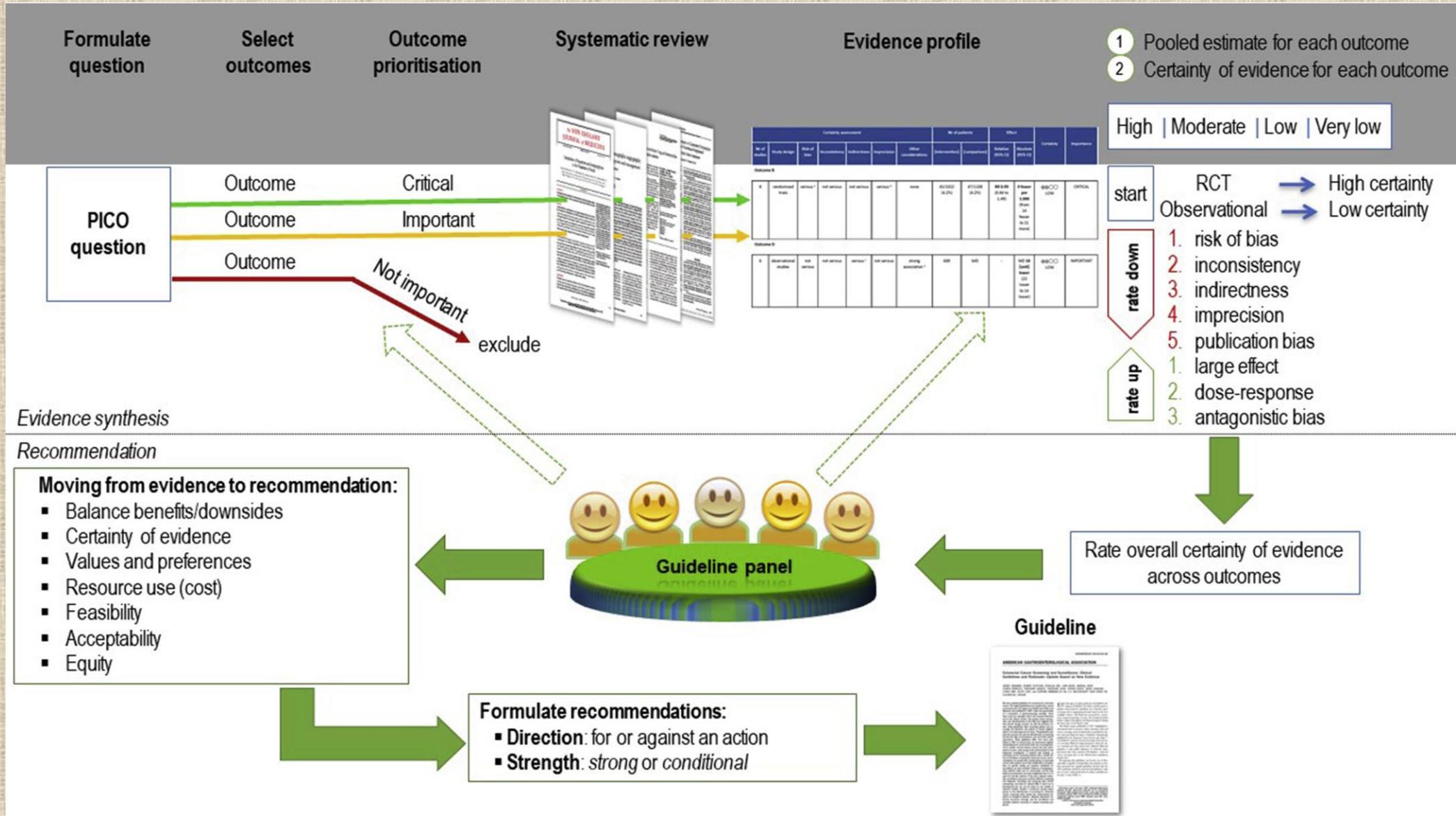
26 responses



# Is evidence everything?



# The GRADE approach to making guidelines



# Balancing benefits and downsides

## Benefits

- Stability in cadre
- Benefits on return to specialty
- Immersion in service – preparation for higher posts
- Solution to burnout

## Downsides

- Loss of skills
- No SOP for career break/refam courses
- Client and peer perception as a specialist
- Short career in specialty
- Challenges in providing state-of-the art care

# What facilities are/were affected? Some examples

Specialty	Facility	Comment
GI Surgery Gastroenterology Pediatrics	Liver transplantation	Program interrupted because skilled operators assumed administrative appointments
CTV Surgery	Pediatric CTV Surgery	Program interrupted when skilled operators assumed administrative appointments
Forensic medicine	Specialties not established outside AFMC/ACMS	Trained specialists used as GDMOs/administrators
Clinical Pharmacology		
Neurosurgery	Neurovascular surgery Deep brain stimulation	Skills affected by long learning curve and short shelf-life as specialists

# Values and preferences

## In favor

- Evolution in service – the FDC paradigm

## Against

- Against the grain of pride of profession
- Clientele prefer clinicians with length of experience
- Clientele may not be comfortable with doctors with a background of career breaks
- At the end of the day, clientele just want good quality care

# Other considerations

## Resource use

- Waste of trained specialist manpower
- Breach of undertaking in sponsorship letters

## Feasibility

- Till such time the system comes under nuanced scrutiny from an external agency

## Acceptability

- Always a regret as a specialist

## Equity

- ???

# Conclusion

Posting of specialists in administrative duties is wasteful

Operational research is required to quantify the loss



Should specialists not be posted  
in adm appointments

# Perspective



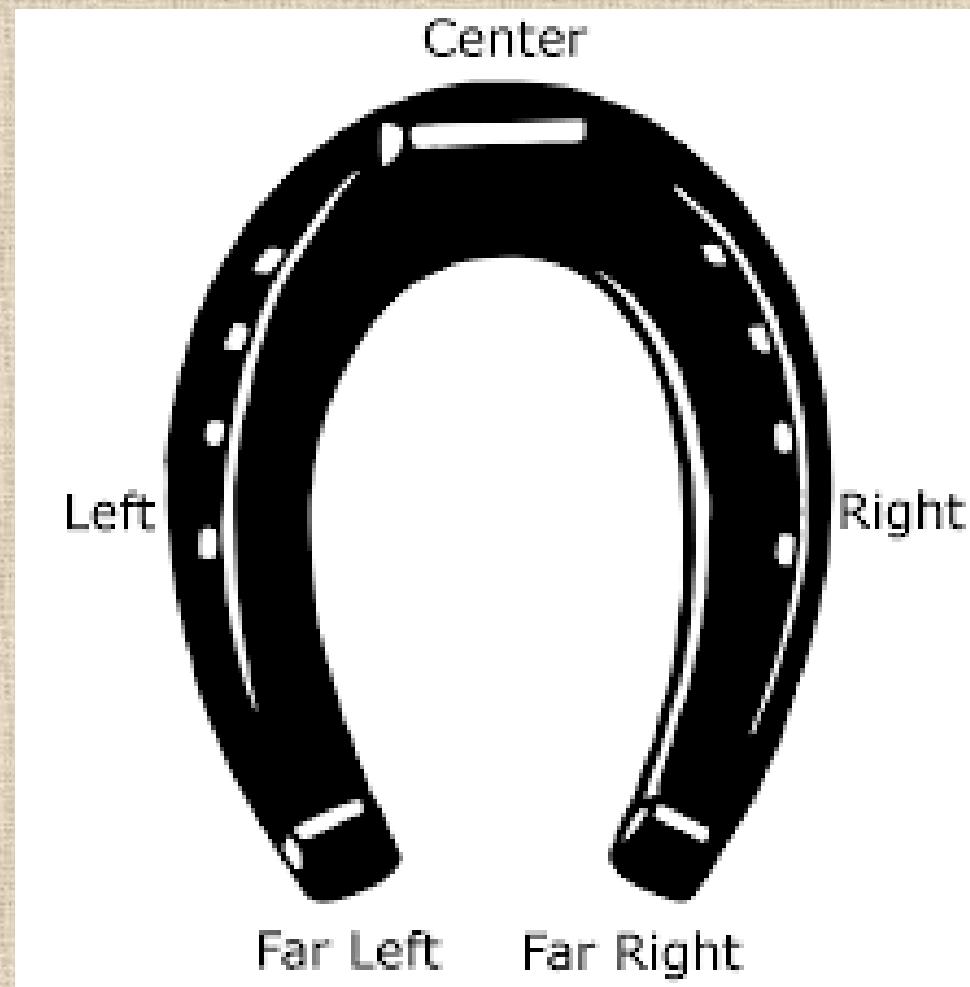
# Are there alternatives?

- Revised WE/PE scales - cutting down administrative vacancies, increased specialist vacancies
- Cadre review – promotion on volunteering for adm (batch average system)
- Revise promotion policy
- Would we like to go back to the pre 1985 days?
- Hiring/outsourcing of spl services – re entry of spls after PMR
- Adm services by non medicos

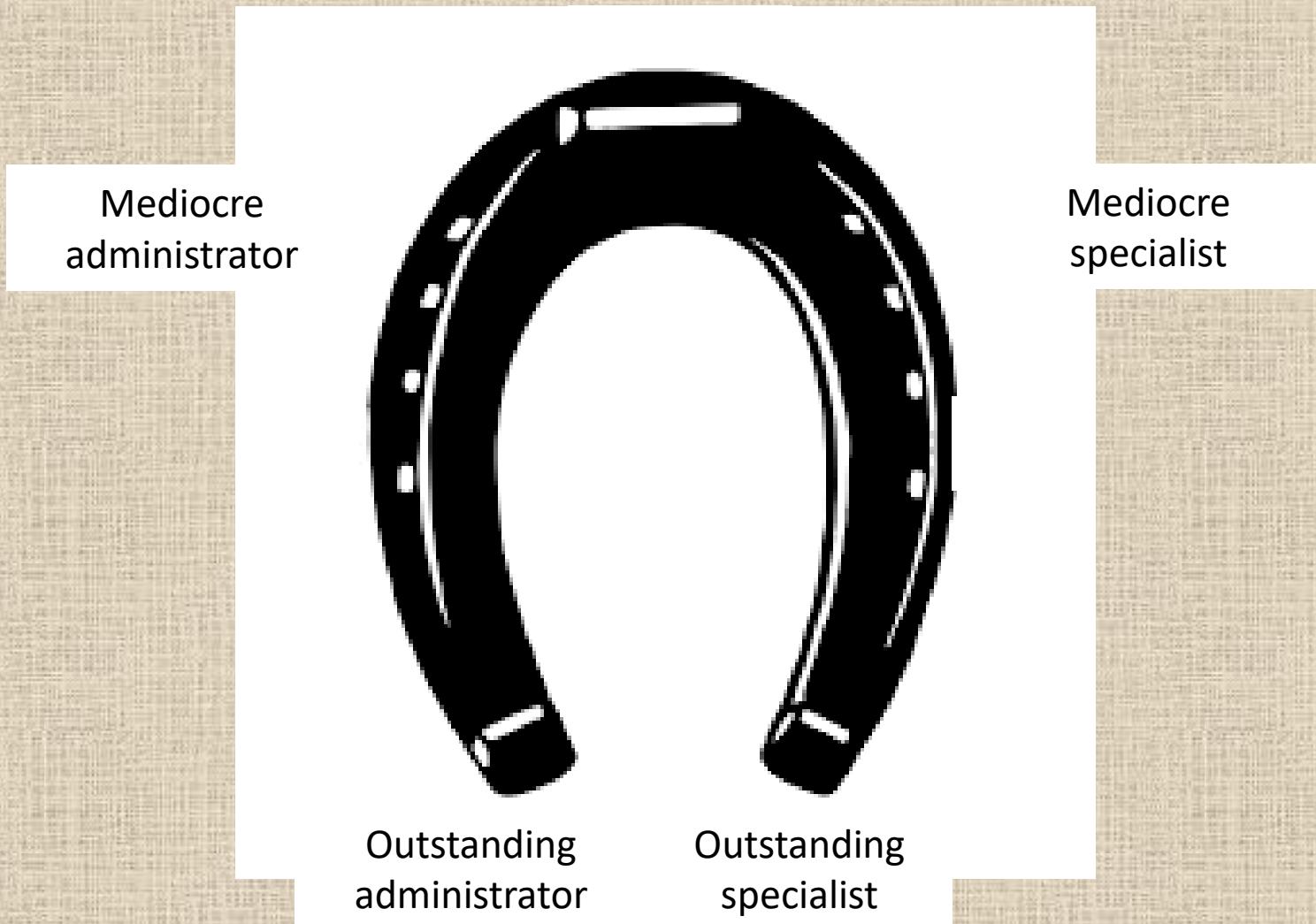


Are we prepared to ask ourselves unpleasant questions?  
Are we prepared for more change?

# The horseshoe theory in political science



# The horseshoe theory in medical administration



To sum up

Posting of specialists in  
administrative duties is  
wasteful

Let us think out of the box !



Thank  
you

