

Royal Newcastle Hospital to 1965

What made it an icon of Australian
medicine?



McCaffrey 1932-65



Flexner 1910



Haldane 1913



Rankin 1913-1951



Starr 1932-9

“In order...to reconstruct a London medical school in modern lines it would be necessary to completely reconstruct the staff, to break up the present method of appointment by seniority, to salary teachers of medicine in order that they may devote their main time and thought to teaching and investigation...”

Flexner 1913

“clinical teaching in London remains an incident in the life of a busy consultant who...visits twice weekly in the afternoon, perhaps between two and four.”

Flexner 1913

“The problem is to place....teachers...in the same relation to the University as the Professors of Physiology or Physics...[in] a department ...in which the three functions of a hospital [patient care, teaching and research] may be utilised.”

Osler 1913

1932: Ken Starr- Medical Superintendent

1936: recommends staff classification, RMOs,
teaching

1939: Chris McCaffrey Medical Superintendent

1947: Staff Specialist appointments

Ethel Byrne

Peter Hendry

Ivan Schalit

1955: Blueprint of Medical School

1965: McCaffrey's precipitous departure

Royal Newcastle Hospital Principles

- Patient welfare is the first consideration,
- There must be a critical, questioning approach to health care,
- Health care should be cost effective,
- Health care should be safe and efficient,
- There must be a genuine concern for the welfare of the staff.

Underlying Agenda

- Fulltime medical staff head of departments and teaching
- Fee for service risks overservicing
- Outpatient Contribution Scheme facilitates care
- Outpatient care promotes continuity
- Inpatient care is an episode in a continuum

Nursing reorganization

Cleaning —→ cleaning staff

Food service —→ dietary department

“Sterilizing” —→ CSD

Stores —→ impress system

Tutoring —→ trained tutors

Messages —→ courier service

Management training and specialization

By 1951:

- RMOs on 3 year training program
- Waiting list for nursing
- RMO/ medical staff dining room: all ranks join in discussion

HAPPY ENVIRONMENT

McCaffrey Maxims

- “Question everything- but particularly the facts.”
- “A hospital is a machine for the care of the sick. It is not a workshop for the benefit of doctors or nurses or anybody else.”
- “If you hear a young man say “I wonder... listen carefully. It may be the beginning of an exciting idea which is a very fragile thing.”

Innovations 1

1. Salaried full-time specialists*
2. Structured RMO training: 3 years
3. Domiciliary care *
4. Professionalization of nursing*
5. Unit Record System*
6. Audits, peer review, death meetings
7. Intensive care/recovery ward*
8. CSD with graduate Director

* Still present

Innovations 2

1. Antibiotics restriction
2. Rooming in: Obstetrics*
3. Clerical Training School
4. Universal Request Form
5. Dictating machines:OP/OT/records*
6. Functional OPD layout – Mayo Model
7. Radical Mastectomy out*
8. IV bicarbonate in DKA*

* Still present

Happy Hospital

- Common Dining/Tea Room (Medical)
- Teaching Environment
- Beach and Beach Hotel
- Quasi Equality
- Guided Democracy

Opposition

- AMA
- VMOs
- Profession
- Sydney Establishment
- “Reds under the bed”

Wash up

- No succession plan
- Too radical for the times
- AMA/Profession/Health Department largely destroyed it

GHETTO MENTALITY

Successes

- Altered(?) Health care practice
- Its trainees
- Recognition/ Colleges/AMs
- Newcastle Medical School