Dr Adam Rehak MBBS FANZCA
Chair, Medical Staff Council & Consultant Anaesthetist, RNSH

Dr Adam Rehak has been the Chair of the Medical Staff Council at Royal North Shore Hospital (RNSH) for the past two years and is also the Chair of the Medical Staff Executive Council for the Northern Sydney Local Health District.

He is a Consultant Anaesthetist with the Department of Anaesthesia & Pain Management and is also a Senior Instructor and Director (Anaesthesia Stream) at the Sydney Clinical Skills and Simulation Centre at RNSH. He is also a former Chair of the “Resuscitation and Emergency Response Committee” at the hospital.

Dr Rehak is heavily involved with medical education at all levels, from undergraduates to senior clinicians, with a specific focus on clinical crisis management, human factors and avoidance of medical error. He is the NSW supervisor of the “Effective Management of Anaesthetic Crises” course.

Dr Rehak’s thoughts on the NSW Government’s redevelopment plans for RNSH

“The idea that a public hospital should be required to fund their own up-keep and renewal by selling land or assets seems fundamentally flawed to me. You can only repeat this “sell off” a finite number of times before there is nothing left to sell.

RNSH is in the middle of a catchment area experiencing massive population growth. It defies logic to sell off part of the campus when clinical activity is increasing.

In 2011 the staff and community sent a clear message that any sale of hospital land would not be accepted. It is particularly infuriating that the same plan to sell land is back on the table, but this time with even less transparency and consultation than before.

The planning and implementation of the entire RNSH redevelopment has been flawed at every stage, largely due to a failure to consult with, and listen to, the key stakeholders in the hospital. The result is a hospital with beds and wards split inefficiently between a number of buildings, inadequate open space to aid patient recuperation, and a number of critical services omitted or displaced.

Significantly, it has also meant the redevelopment process has taken far longer, and been far more expensive, than it should have. Punishing the hospital, by selling part of the campus, for the mistakes made by planners, architects and bureaucrats in the redevelopment process, is illogical and will likely contribute to an overcrowded and inefficient hospital in the future.

If Royal North Shore Hospital is going to continue as a centre of excellence, and a hospital that the staff and local community can remain proud of into the future, we need to retain all of our already limited resources for future growth.”

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