

the medical director in an assistance firm to be, say, a doctor or a nurse, to make any clinical decisions and provide strategic leadership, ‘a medical degree qualification is highly recommended’.

“The decisions that I make on a daily basis are deeply clinical and I can stand behind my medical licensing when making them, as well as through my advanced training with my Certified Independent Medical Examiner (CIME), Advanced Trauma Life Support (ATLS) and over two decades’ experience in the prehospital and hospital space,” Dr Quinn explained. “The insight and expert guidance I give to the team is highly dependent on my clinical acumen and experience, as well as through accepted best practices. So an MD degree or other higher degrees are certainly very helpful. The rest of our clinical advising team are all certified Independent Medical Examiners (IMEs), consultants in their respective fields and contribute greatly to the overall clinical efforts.”

At marm in Turkey, sentiments are similar. Dr Handan Umur, a medical doctor with the assistance provider, told *ITIJ*: “At least three to five years of field experience to provide healthcare directly to patients is a requirement for our company. In the current healthcare environment, the most effective medical directors combine clinical expertise and credibility with forward-thinking, hands-on management ability. They serve as vital links connecting and addressing the needs of customers, providers, physicians, administrators and other key stakeholders, influencing all aspects of healthcare decision making. It is a demanding but rewarding role, benefiting from solid medical experience, strong

leadership skills and resilience.”

There are other non-medical skills that are desirable here too. HTH Worldwide Medical Director Dr Frank Gillingham asserts that the ideal assistance company doctor should be multilingual and have a thorough understanding of ‘cultural, economic and capability differences in healthcare systems around the world’, while Dr Patel explains that an understanding of healthcare systems around the world,

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along with regional capabilities, helps in making an informed decision on whether appropriate treatment is available locally, or if the member needs to be evacuated. “We at Aetna International routinely visit hospitals and facilities around the world to enhance our understanding of different healthcare systems and identify regional centres of excellence where our members can expect to receive the best treatments and have a positive clinical outcome,” he said. “By doing this, we can also identify

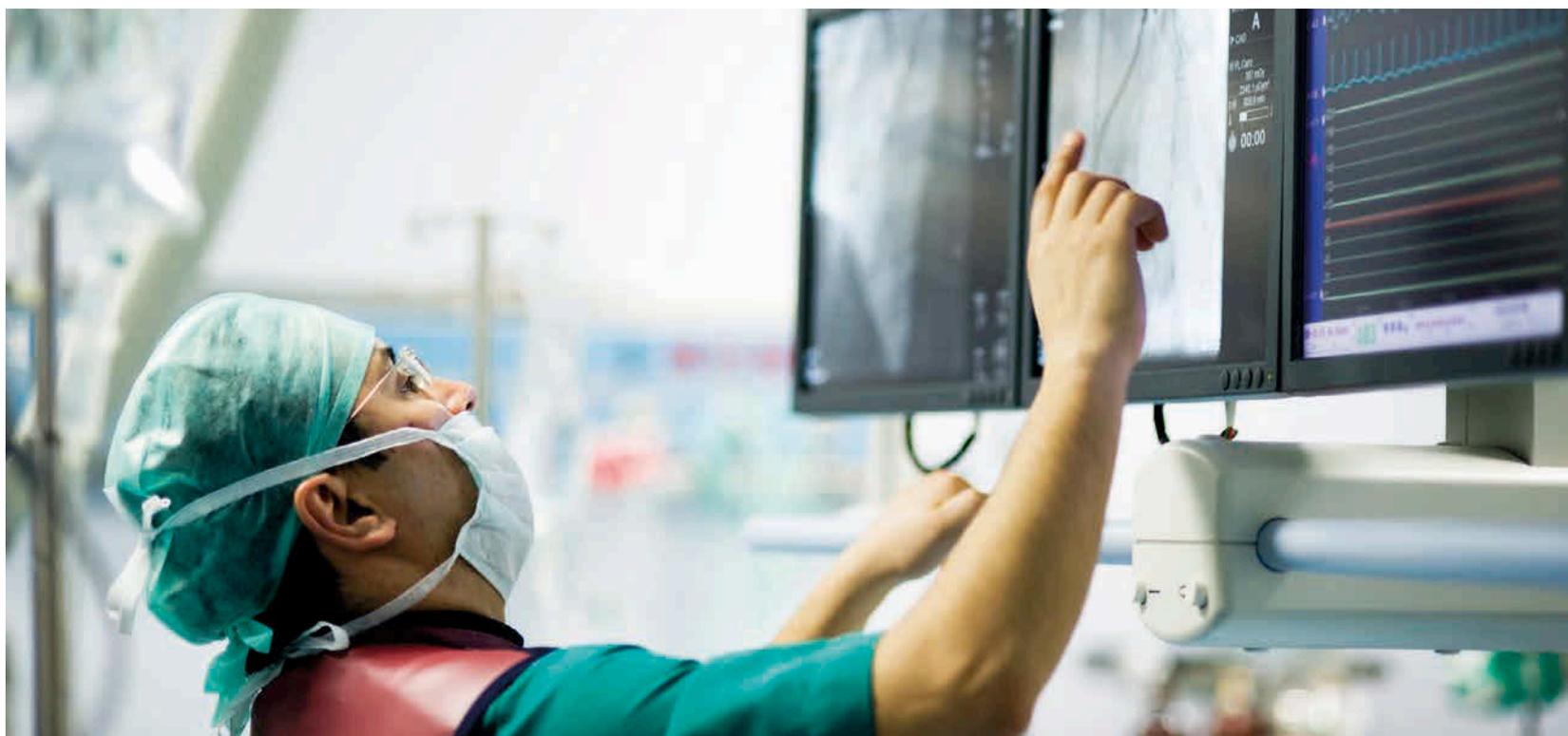
centres that are not abiding by international best practice and, where possible, advise members about alternative facilities.”

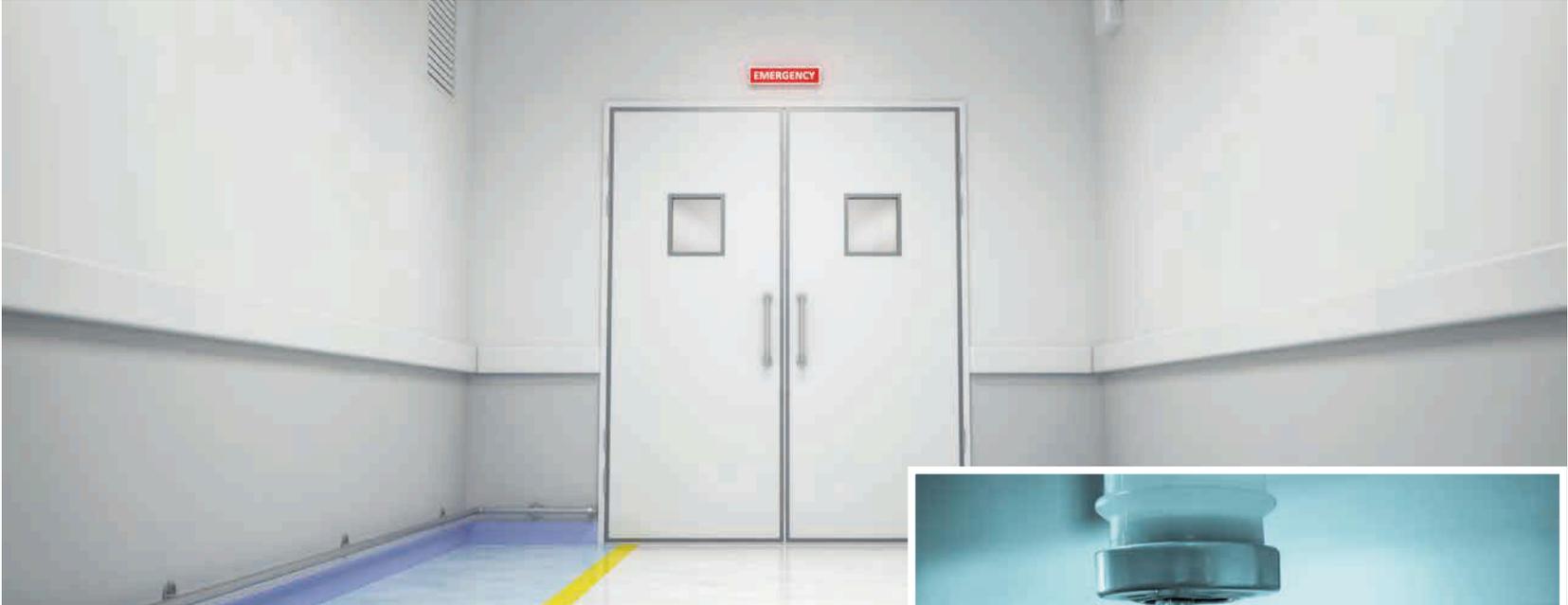
In terms of experience, this clearly isn’t a role that you’d want to enter straight from med school. A medical director should have ‘at least 10 years of clinical experience in a specialty such as emergency medicine or intensive care’, said Dr Gillingham, and also have a thorough understanding of aviation medicine. Similarly, for Dr Patel the ideal candidate should have as broad an experience as possible, including emergency medicine and anaesthesiology, along with experience in general medicine and the surgical specialties.

Robin Ingle, Chairman of Ingle International, part of the Ingle Group, which provides travel insurance and emergency assistance services, concurs that emergency experience is important: “Emergency room experience is good, as they will often be required to make decisions with limited information.” He also highlights the value of ‘travel medical experience’, such as knowledge of infectious diseases, air and ground evacuations, and unusual, remote and distant medical treatment.

Continuous development is also useful, Ingle adds: “It’s important to find a medical director who can get additional certification over time. That could include dealing with air evacuation, unusual medical conditions, infectious disease and cardiac issues.”

Today’s medical directors are a new breed of leaders, says Dr Umur, with a widely expanded range of responsibilities and a greater external focus: “These evolving responsibilities include substantial





involvement in strategic issues such as organisational direction, business structure and investment decisions, and operational efficiency. In addition, day-to-day responsibilities generally include clinical performance, quality improvement, provider and patient satisfaction and medical informatics.” A broad and deep understanding of healthcare delivery systems and market dynamics should

be paired with a working knowledge of different business disciplines, she agrees: “Medical directors need to keep abreast of regulatory and accreditation standards, the implications of healthcare law, and delivery system trends.” There is another aspect to consider here. A medical director’s knowledge and experience can carry weight when a third-party medical >>

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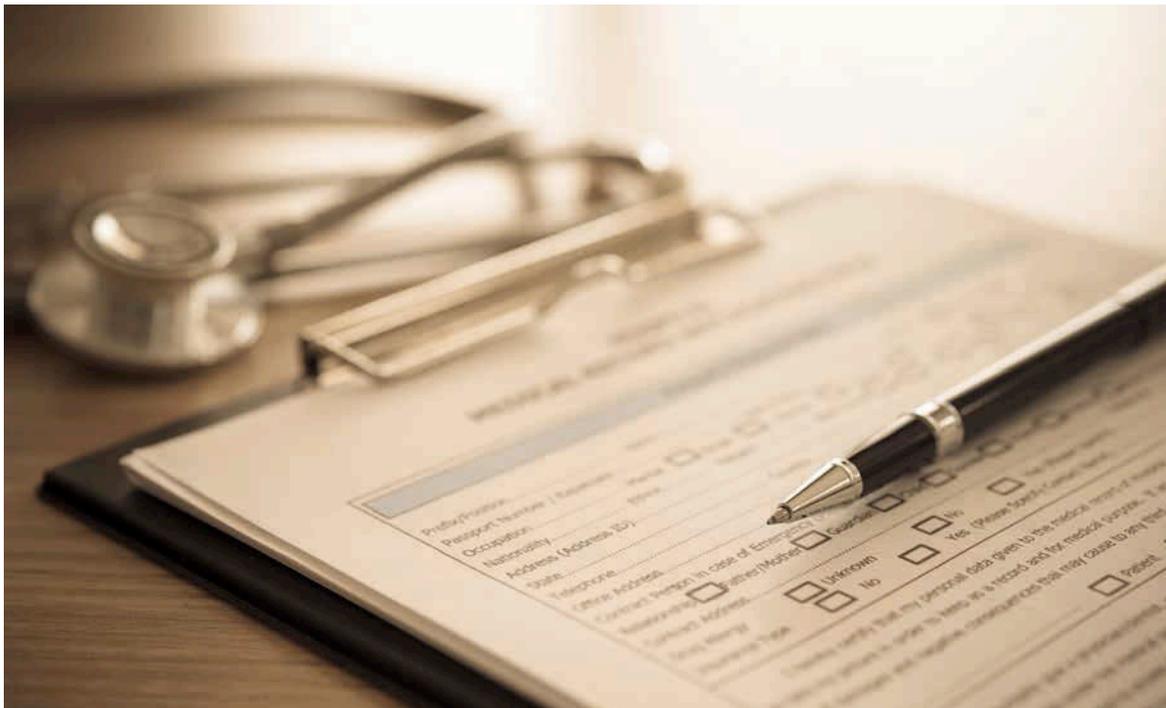
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provider – not least a local doctor treating the insured – wants to deal with a senior medical practitioner. Ingle said: “Medical professionals have a different level of credibility and can communicate with other healthcare providers, since healthcare is a hierarchical industry. We have had cardiologists and oncologists on staff because they are better at talking to other physicians who are dealing with our patients or insurance.” Having the immediate assessment of medical treatment or a medical emergency, he suggested, helps assistance companies to move quickly in urgent cases.

Licensing requirements

Aside from development, is it also necessary to be licensed and continue to practise medicine in a clinical setting in order to maintain skills? For Dr Patel, being a licensed doctor is ‘an absolute must’: “Being a practising physician in my opinion is important to maintaining clinical currency in an environment where changes in healthcare are happening at a rapid pace. This enables you to act from a position of authority when discussing clinical issues with colleagues around the world, and when working in the best interests of the insured.”

Dr Gillingham considers medical licensure in the country of jurisdiction ‘mandatory’. On whether the medical director should continue to practise, he added: “Active practise [is] ideal unless the assistance physician is diligent about keeping up with the rapidly changing landscape in medicine (technology, role of artificial intelligence, and so forth).”

As an example of this, Dr Quinn said that he maintains a minimum of five clinical shifts per month: “This ensures my clinical

relevance and staying up-to-date clinically. Maintaining clinical practice adds value to all decisions made for patients, for leadership and in offering clients the best option at a most challenging time.”

The fact that many decisions have to be made quickly is an important factor here, suggested Dr Quinn: “Having a very well-rounded understanding of identifying pre-existing medical conditions, conditions that can have a rapid onset and are not necessarily related to past medical history, and the risk factors that contribute to many pathologies, is very helpful in making

A MEDICAL DIRECTOR’S KNOWLEDGE AND EXPERIENCE CAN CARRY WEIGHT WHEN A THIRD-PARTY MEDICAL PROVIDER – NOT LEAST A LOCAL DOCTOR TREATING THE INSURED – WANTS TO DEAL WITH A SENIOR MEDICAL PRACTITIONER

emergency decisions. The ability to assess patient needs, best practices and the use of excellent clinical resources is a skill and talent that needs good balance with clinical practice.” He added that decisions to move patients are ultimately for the benefit of the patient’s condition, and not just ‘pressure from the family to get them home’ or just to ‘save insurers money’: “Indeed, having deep experience from both sides of the equation on the evacuation chain and offering best possible decisions to maximise patient outcomes requires a

practising doctor.”

At marm, having a medical director who is a licensed doctor is also a ‘must rather than a preference’. Dr Umur told *ITIJ*: “Broadly speaking, 21st-Century medical directors need to be financially, politically and clinically savvy. Therefore, being a practising doctor is a preferable competency, which is encouraged for medical directors at our company.”

Ingle International also prefers medical directors to be licensed and ‘in good standing’, said Ingle: “Being licensed usually results in better quality and better recognition for healthcare providers, as well as the possibility of having a strong network of doctors that they can rely on for additional support who are specialists in their fields.” However, he stops short of saying that being licensed is a must: “You can be an unlicensed physician as long as you have the required experience, background and knowledge.” Physicians can also be non-licensed to practise in the country they are currently in, but licensed in their home country, he suggested, although this may depend on the regulations in the particular country concerned.

Whether a medical director is required to be registered and licensed to practise can come down to whether the regulating body determines that their work involves actually ‘practising’ medicine. This can be a grey area, as highlighted in a report by a UK medical practitioners tribunal issued in 2016 after a hearing involving an experienced doctor whose work was described as advising travel insurers (the doctor was applying to reregister after registration had lapsed some years earlier, simply due to non-payment of fees).

The report states that an expert witness ‘could not cite any published guidance’ from the relevant authorities ‘on what you actually need a licence to practise to do’. The doctor’s lawyer submitted that ‘giving medical advice is not defined in law as necessitating registration and/or a licence’, and the tribunal chair noted in the report: “Whilst the Medical Act is explicit about what medical activities cannot be carried out by a non-registered doctor, it is not explicit ... regarding what medical activities can be undertaken by a non-registered doctor.”

There are many ingredients that go together to make a good medical director, but evaluating a case from all sides is the ultimate challenge, concludes Dr Gillingham: “A good assistance physician should be able to consider the needs of all parties (e.g. insurer, member, treating doctor) without compromising patient safety and wellbeing – perhaps the most formidable challenge of the job.” ■