

From: BUNDABERG HOSPITAL ENQUIRY

31/05/2005 17:26 #001 P.002/028

Bundaberg Hospital Commission of Inquiry

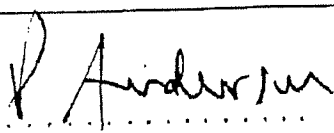
STATEMENT OF PITRE EDWARD ANDERSON

I Pitre Edward Anderson, Consultant General Surgeon of c/- the Bundaberg Specialist Centre, 102 Woondooma Street, Bundaberg in the State of Queensland swears:

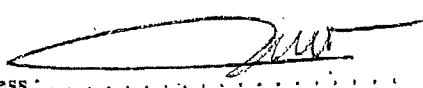
1. I am a Consultant General Surgeon in private practice in Bundaberg;
2. I hold a bachelor of medicine and a bachelor of surgery from the University of Adelaide;
3. I am a fellow of the Royal Australasian College of Surgeons, and I am also a fellow of the Royal College of Surgeons in Edinburgh;
4. I moved to Bundaberg in the 1994 and commenced work as the Director of Surgery at the Bundaberg Base Hospital ("the Hospital"). I worked at the Hospital for about 6 years. After 5 years I took a 3 month sabbatical and then returned to work at the Hospital.
5. In my time at the Hospital I experienced years of administrative incompetence and the abuse of bureaucratic power by the Hospital administrators.
6. In my experience the administration of the Hospital developed a culture of complaint and criticism of its staff members often involving what I consider to be false allegations.
7. I am aware of numerous suspensions and enquiries into the staff of the Hospital including:

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Signed:



Witness:



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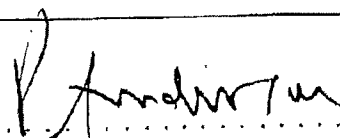
MAASH

PA


- a. Dr ~~Marsh~~ May ~~had been~~ the hospital psychiatrist for 20 years;
 - b. Dr Malcolm Stumer the staff obstetrician and gynaecologist;
 - c. Chris Royan who was one of the administrative officers who was suspended;
and
 - d. Myself, the circumstances of which I detail below.
8. The management of the Hospital showed no leadership or ability to communicate with the medical staff. No effort was made to empower the medical staff or involve them in decision making. I found the administration to be closed and secretive and interested in maintaining their position of ultimate authority. I believe that the main reason was to limit hospital spending without any concern for doctors programs or for the welfare of patients.
9. During my initial time at the hospital I worked closely with Dr Charles Nankivell, a general surgeon and the Director of Medical Services, Dr Brian Thiele and together we built up a strong surgery department.
10. The Department achieved high standards which allowed both Junior and Senior Registrars of the Royal Australian College of Surgeons to rotate through the Hospital as part of their trainings.
11. To achieve this standard it was necessary to ensure that the Hospital had an adequate case load, appropriate education programs and an audit and peer review process.
12. In my opinion an appropriate audit system with peer review would have prevented the present crisis involving Dr Patel. When I was the director of surgery the Hospital used the Otago audit system which is a computerised audit system. The system collected data on activity, deaths and complications and were presented at a monthly audit meeting. At the time there were a number of surgeons in private practice who attended these meetings to provide peer review.
13. When Dr Thiele was the Director of Medical Services, I entered into an informal agreement where Dr Thiele permitted me to work one afternoon per week in private practice whilst continuing to work as the Director of Surgery.

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Signed:



Witness:



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14. Dr Thiele resigned from the position of Director of Medical Services when he became frustrated as a result of the refusal of Queensland Health to fund VMO sessions for Dr Michael Delaney an orthopaedic surgeon who wanted to live and work in Bundaberg

15. When Dr John Wakefield and Peter Leck started with the Hospital I requested an additional surgeon be appointed to the Hospital as the workload had become enormous, that request was refused.

16. At that time I had 9 schedules sessions per week. These sessions included four operating, three outpatient and two endoscopy lists. After hours I was rostered on-call every second day and every second weekend, except Monday night which was covered by a colleague, Dr Howard Kingston. When Dr Nankivell was on holidays or absent from work for personal reasons I was on-call every night, although Dr Kingston would sometimes cover for me.

IN 1999 RA
17. Before I went on sabbatical I verbally requested an additional surgeon and VMO sessions however this was refused. On 17 July 2000 I wrote to Dr Collie the Acting Director of Medical Services I requested that I be granted a 5 session VMO arrangement and offered to resign from Director of Surgery to enable a new staff surgeon to take up that position if suitable. Annexed to my statement and marked with the letters "PEA1" is a copy of my letter of 17 July 2000.

MA
18. I also asked whether I would be able to become a half time Visiting Medical Officer (VMO) so that I could also work in private practice. The response I received was to the effect that if I resigned as a full time staff specialist they would appoint another full time surgeon and that there would be no VMO sessions.

19. I had also been able to obtain an option B salary package which allowed me to treat private patients in the Bundaberg Hospital. As part of this arrangement the money received from the private patients was held in a trust fund to enable the hospital to purchase additional equipment and resources. This began to bring money into the hospital and enable the surgical department to purchase equipment without needing to go to the executive.

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Signed:

Witness:

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20. The option B package accrued approximately \$40,000.00 to \$50,000.00 per year into a trust account which allowed the purchase of new surgical equipment. I recall that some of the equipment that I purchased included:

- a. A number of surgical instruments
- b. A fiberoptic light source for use in proctoscopy and sigmoidoscopy clinic;
- c. A ~~urethroscope~~ ^{ureteroscope} and lithoclast which cost approximately \$40,000.00
- d. Text books, journals and education sessions for staff;
- e. Office furniture including a surgeon's desk, chairs, and bookshelves;
- f. I also believe that the funds were used to purchase ~~the~~ ^{IN THE OUTPATIENT} Otago audit system described above.

~~The funds were also used to convert and old ward to surgical offices.~~

21. Some months later Dr John Wakefield initiated disciplinary action against me claiming, among other things, that I was in breach of my contract because I was working ~~one~~ ^{afternoon} in private practice. Annexed to my statement and marked with the letters "PEA2" is a copy of a letter written to me by the Acting District Manager, Kate Young detailing the allegations made against me by Dr John Wakefield;

22. I wrote to Ms Young on 3 August 2000 setting out my response to the allegations. I advised that my private practice clinic had been changed to Monday evening after hours, and my private endoscopy list to Wednesday morning before 8AM. I also provided a history of my agreement with the former administration that I was permitted to engage in private practice. Annexed to my statement and marked with the letters "PEA3" is a copy of my letter of response.

23. On 4 August I received a letter from Ms Young confirming that notwithstanding my response the investigation would continue and that I was to be suspended and was not permitted to attend the Hospital. Annexed to my statement and marked with the letters "PEA4" is a copy of that letter.

24. On 10 August 2000 I wrote a letter of resignation to Lindsay Pine, the zonal director offering to forfeit my long service and recreational leave. I also asked to be

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VMO 14

reappointed as a ~~staff surgeon~~ so that I could continue to care for my patients. I was also concerned about the workload of my colleague Dr Nankivell. Annexed to my statement and marked with the letter "PEA5" is a copy of my letter of resignation.

25. On 17 August 2000 I received a letter from Kate Young accepting my resignation and asking that I repay to the hospital \$15,050.00. Annexed to my statement and marked with the letters "PEA6" is a copy of that letter.

26. I couldn't understand why the executive seemed determined to get rid of me as, with my colleagues, I had built up a good surgical practice at the hospital.

27. Dr Nankivell continued on as Director of Surgery but soon grew tired of being on call one in two nights due to the hospital's refusal to put on additional surgeons.

28. I believe Dr Nankivell is now practicing in Logan.

29. After my resignation I left the Hospital and now have a successful private practice in Bundaberg. I remember writing to the local paper saying how I thought that it was terrible that Dr Nankivell was leaving the Hospital. Annexed to my statement and marked with the letters "PEA7" is a copy of the letter that I wrote to the Bundaberg News-Mail.

30. After that letter the then Minister for Health, Ms Wendy Edmond criticised me in parliament for that letter. Annexed to my statement and marked with the letters "PEA8" is a copy of an article in the News-Mail which reports what was said about me by the Minister in parliament.

31. I wrote to the Minister for Health on 3 December 2001 regarding what had been said about me in parliament. Annexed to my statement and marked with the letters "PEA9" is a copy of my letter.

32. On 3 September 2001 I wrote to Matt Varghese, the Queensland Public Sector Union representative at the hospital. That letter was a statement for the single bargaining unit

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about my treatment at the Hospital. Annexed to my statement and marked with the letters "PEA10" is a copy of that letter.

33. ~~Dr Sam Baker, took over as Director of Surgery at the Hospital.~~

WHICH WAS IN CRISIS

34. After that incident I recall that Premier Beattie came to the Bundaberg for a cabinet meeting and visited the hospital. Following that visit the hospital offered me some VMO sessions to help. I believe that the Premier may have been instrumental in that decision. Annexed to my statement and marked with the letters "PEA11" is a copy of the letter from the Hospital offering me a VMO position.

33
35. Dr Baker took over as Director of Surgery, but again grew tired of administrative obstruction and the lack of support ^{FROM} management, in particular the difficulties in obtaining new equipment. Dr Baker was a skilled laparoscopic surgeon and wanted the hospital to purchase more advanced laparoscopic equipment however, he had no response from the administration for that request. The AMAQ issued a media release about the resignation. Annexed to my statement and marked with the letters "PEA12" is a copy of that media release.

AFTER DR NANKIVELL LEFT

36. I also remember Dr Laxman Jayasekura, who was a Sri Lankan trained doctor who was very experienced and about 50 years of age. He was a very competent surgeon who had done 2 years registrar work before obtaining a fellowship of the Royal Australian College of Surgeons. I recall he had tremendous difficulty with his salary when he started as a Staff Surgeon and the Department attempted to pay him as a first year Staff Surgeon rather than a seventh year as had been agreed and documented during his interview. Their reason, as I recall, was that he had only recently completed his fellowship.

37. He subsequently applied for the position of Director of Surgery which was then vacant. He was not successful in his application instead I recall that a Yugoslavian Doctor was successful but he decided not to take up the position.

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38. I then suggested to the hospital that they should have given the position of Director of Surgery to Dr Jayasekura, however for some reason they chose not to, even though he was interested in the job and working in the Hospital.

39. However, administration chose not to offer the job to Dr Jayasekura and instead the position was readvertised.

40. I believe that Dr Jayasekura was offended at not being offered the job and he resigned and decided to move to the Gold Coast where I understand he now works at the Gold Coast Hospital.

41. After Jayasekura left the hospital I raising this at a medical staff advisory committee meeting on 13 February 2003. In that meeting the members of the committee tabled a vote of no confidence in the administration of the Hospital. Annexed to this statement and marked with the letters "PEA13" is a copy of the minutes of that meeting.

42. As I recall Dr Patel was appointed the Director of Surgery after the position was readvertised.

1994
M 43. Up until that point since 1994 when I joined the hospital the Director of Surgery at the hospital had always been a doctor with Australian qualifications.

44. Annexed to this statement and marked with the letters "PEA14" is a copy of my letter to the Queensland health Investigative Committee appointed to review the Bundaberg Hospital. In that letter I identify those areas of the Hospital which, in my opinion and experience require reform in order for the Hospital to become an effective provider of health services.

Dated this 31 day of MAY 2005

Pitre E Anderson

Dr Pitre Anderson



Witness

"PEA1"

PA/ns

DEPARTMENT OF SURGERY

17 July 2000

Dr Jean Collie
Acting Director of Medical Services
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Jean

Re: Surgical VMO position

Thank you for the opportunity to talk over the above position with you recently. I have decided that I would like a five session VMO position and I would ask you to initiate processing of this new position with the Executive. I would like to take up this position in three months or so when I have arranged alternative accommodation etc. It may however be less disruptive to clinical services to dovetail the transition in with the arrival of the new Staff Surgeon whose position is being negotiated at present. I am agreeable to relinquish the Director of Surgery position so that the new Staff Surgeon may become the Director of Surgery if he is suitable for that job. Would you be good enough to let me have a copy of the VMO award and contract for my further information.

With kind regards

Pitre Anderson
Director of Surgery

BUNDABERG HEALTH SERVICE DISTRICT

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

2 August 2000

I WOULD LIKE TO ANSWER ALLEGATIONS
OR HAVE THEM WITHDRAWN

Dr Pitre Anderson

BUNDABERG 4670

Dear Dr Anderson

I refer to correspondence of 1 September 1999 and your response of 9 September 1999 wherein concerns regarding the level of your private practice commitments were raised and of subsequent agreement reached by both parties. I have recently been made aware of significant breaches of your Option A contract requirements and further allegations of clinical negligence have been made against you.

The nature of these allegations are as follows

- That you continue to work in a private capacity at a number of private health facilities during your normal rostered hours of duty, despite previous clarification of the terms of your contract that you cease any private practice during rostered hours outside of Option A. Instances of your breaching this contractual obligation on your part include Wednesday morning and afternoon sessions at Bundaberg Friendly Society Private Hospital, and some Thursday afternoon sessions at the Mater Hospital, Bundaberg.
BEFORE 8 AM ERECT / CYSTOSCOPY LIST AT BBH
- You have falsified timesheets insofar as claiming payment for periods where you have not been on duty at the public facility but are performing clinical procedures at various private health facilities.
- That an abdominal retractor ^{BELONGS TO ME PERSONALLY} was removed from the Bundaberg Public Hospital by yourself for use in private surgery offsite without approval, compromising major abdominal surgery scheduled for the following day due to the unavailability of that essential equipment
- That on the 21 July 2000 a Principal House Officer (PHO) was instructed by yourself to perform a laparoscopic appendicectomy which they were not competent to perform without your required supervision. Additionally, that on the 24 July 2000, a further incident involving a forty two year old patient, wherein the PHO was again instructed to perform surgery which they were not competent to perform without your required supervision. During these two incidents, you were absent from your rostered public duties undertaking clinical work at a private health facility.



After giving careful consideration to the nature of these allegations, it appears that you may be liable for disciplinary action pursuant to section 87(1) of the Public Service Act 1996 on the grounds of misconduct for:

- fraudulently claiming payment for hours worked when this was not the case;
- breaching, without reasonable excuse, the Queensland Health Code of Conduct in that you removed equipment from the public health facility and used said official resources, without authority, for other than official purposes and,
- carelessness in the discharge of duties for neglecting to provide the necessary clinical supervision to a junior staff member directed by yourself to perform an operation for which they were not competent, potentially placing the patient/s at serious risk; and

I am required to ascertain whether there is any evidence to either prove or disprove these allegations on the balance of probabilities. Therefore, in accordance with my responsibilities detailed under section 37(2) of the Criminal Justice Act 1989, I am required to report matters which may constitute official misconduct to the Criminal Justice Commission, via the Audit and Operational Review Branch, Queensland Health, for further investigation.

Any investigation into these allegations will be fair and unbiased and conducted in accordance with the principles of natural justice.

You are entitled to, but are not required to, submit a written explanation in response to these allegations. Any such response you wish to make should be submitted to me within fourteen (14) days of the receipt of this letter.


I will advise you of the terms of reference for the conduct of this investigation in due course.

It is my belief the efficient and proper management of the District might be prejudiced if your services continue during the period of the investigation. As a result, I am immediately suspending you from duty pending the outcome of this investigation. Because these are extreme allegations, pursuant to my delegated authority under the Public Service Act 1996, I am considering that your suspension be without pay pending the outcome of the investigation. In accordance with the principles of natural justice, I am giving you the opportunity to show cause why I should not suspend you without pay from 4th August 2000. Please respond in writing within 48 hours of receipt of this letter. If you do not respond within that time, the suspension without pay will occur.

The Employee Assistance Service offers a confidential counselling service to all employees of Queensland Health / Health Service Districts and you may wish to discuss with them your situation. To make an initial appointment, please contact Mr Alan Prince.

Should you have any queries in relation to this process, please do not hesitate to contact Dr John Wakefield.

Yours sincerely


Kate Young
A/ District Manager

BUNDABERG HEALTH SERVICE DISTRICT

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

PA/gs

DEPARTMENT OF SURGERY

3rd August 2000

Ms Kate Young
A/District Manager
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Dear Kate,

I am writing to reply to your letter of the 2nd August 2000. The way this situation has been approached shows little regard for me or the contribution I have made to Bundaberg Base Hospital over the last 6 years. It has caused me and my family considerable pain and stress.

You have not extended to me natural justice as I have had no second warning or "preliminary interview" and you have proceeded to a formal disciplinary process and demanded a response within 2 days rather than the prescribed 14 days. In any case I am making a preliminary response to the allegations in an effort to clear my name and avert further disruption to services.

I will reply to each allegation in turn:

Private Practice Outside Bundaberg Base Hospital:

I spoke with Dr John Wakefield on this topic following a letter from him in September 1999 and I took measures to rectify the situation. I changed my private clinic to a Monday evening out of working hours and my endoscopy list to a Wednesday morning before 8.00am. If there are surgical cases I perform them on my Wednesday afternoon off in lieu of the heavy on call load that I have at the Base Hospital (1 in 2 rotation). It should be clarified that the Thursday afternoon session is a regular ERCP/endoscopy session at the Base Hospital and no private practice has been conducted at the Mater Hospital in this session.

The history of my outside private practice goes back to Paul Kelly, Regional Manager, who encouraged some outside private practice so long as 40 hours were worked in the Base Hospital. This process was further encouraged by Dr Brian Thiele, Medical Superintendent. My outside private practice has built up over a number of years. After the discussion with Dr John Wakefield I have made every reasonable effort to comply with his directive. However, no hospital in Bundaberg has operating theatres available out of hours for elective cases so I have not been able to comply completely.

I have however taken the next step and applied for a 5 session Surgical VMO position which would solve the problem. I have had no response to this request (copy enclosed). New contracts were due in July and it would resolve our differences if management had responded to my request for 5 session VMO status.

.....2/

Falsified Time Sheets:

I am paid for 40 hours rostered work per week and perform at least this much work. I often take book and paper work home to perform before working hours or in the evening and feel sure that I contribute a full 40 hours work each week. My time sheet does not defraud or claim hours which I have not worked.

The Rochard's Abdominal Retractor:

This retractor was purchased by me early after my arrival at the Bundaberg Base Hospital and is my private possession. I have been happy to have it used by all surgeons in the Base Hospital and for this to continue at present.

Unsupervised Registrar Surgical Procedures:

The Registrar involved has had considerable experience with laparoscopic appendicectomy but had some difficulties in the case of 21.07.00. I was available for assistance and came immediately. It is recognised and accepted in surgical training that Registrars embark on basic surgical procedures unsupervised so long as they have a Consultant who can be called to assist if difficulties occur. This occurred and no harm came to the patient. The question of a Registrar's competence to perform a procedure must rest with the Consultant responsible, who operates with him and knows his training and skill level.

PREVIOUS REGISTRAR
DID ALL LAPAROSCOPIC
APPENDICECTOMIES
UNASSISTED


On the 24th July the case you refer to I think was performed after hours with Dr Kingston in attendance and being the supervisor so no negligence was involved.

Suspension Without Pay Pending Investigation:

My above explanation has, I feel, laid to rest the accusations against me. I don't think there are grounds for suspension which will result in considerable disruption to clinical services and put patients' well-fare in jeopardy, as well as throwing enormous stress on Dr Nankivell.

I am keen to contribute to the Bundaberg Base Hospital as a 5 session VMO and the loss of my sub-specialist interest in urology and biliary endoscopy (ERCP) would be a major retrograde step. So I do hope we can work positively towards allowing me to start work again and take the necessary steps to create a VMO position for me. Another option would be an 8 ~~hour~~ session staff surgeon position.

Kind regards


Pitre Anderson
Director of Surgery

copy to: Dr John Wakefield – Director of Medical Services

Enc.

BUNDABERG HEALTH SERVICE DISTRICT

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

4 August 2000

Dr Pitre Anderson

BUNDABERG 4670

Dear Dr Anderson

I refer to my previous correspondence to you of the 2nd August 2000, advising you of significant breaches of your Option A contract requirements and allegations of clinical negligence. This correspondence provided you with the opportunity to submit a written explanation in response to those allegations within 14 days of receipt of that letter, in addition to further providing you the opportunity to show cause, within 48 hours of receipt of that letter, why I should not suspend you from duty without pay.

I am now in receipt of your response dated of 3rd August 2000. Firstly, your statement that I have not extended you natural justice by demanding a response to the allegations within 2 days rather than the prescribed 14 days is not correct. What I have sought from you within 48 hours of receipt of that letter is your response as to why I should not suspend you from duty without pay.

I have noted your response to each of the allegations put to you. Given the conflicting information before me at this time, (ie the allegations before me together with your response) I have no alternative other than to progress an investigation process to ascertain whether there is any additional evidence to either prove or disprove those allegations against you. Accordingly, your response of the 3rd August 2000, will be passed on to the Investigating Team for them to consider in the context of the overall investigation.

I note your comments that you do not believe there are grounds for suspension and indeed that your suspension from duty would cause considerable disruption to clinical services. However, it is my view the nature of the allegations are of such a serious nature to warrant suspension and that clinical services could be maintained during a period of suspension. Further, it is my belief that continuing your services during the period of investigation will prejudice the efficient and proper management of the Bundaberg Health Service District. Having regard to my considerations, and that you have not identified any compelling reason to show why I should not suspend you from duty without pay, I have now determined to suspend you from duty without pay until further notice, pending the outcome of an investigation into the allegations against you. This administrative action is taken pursuant to section 89 of the *Public Service Act 1996*.

YES. TO ATTEND POST-OPERATIVE
CASES

My correspondence of 2nd August 2000 also advised at that time that you were immediately suspended from duty pending the outcome of the investigation into these allegations against you. I have been advised that you have presented yourself on the premises of the Bundaberg Hospital subsequent to your receipt of that letter. I wish to restate, in very clear and unequivocal terms, that I have suspended you from duty and as a consequence of this suspension, you are not to present in the vicinity of the Bundaberg Hospital without my prior permission, other than to seek necessary medical treatment for yourself or your family members.

Please be advised that this constitutes a lawful direction to you. Should you fail to comply with my instructions in relation to your suspension and present yourself on the hospital premises without my permission, you will be in breach of that lawful direction and may be subject to further disciplinary action.

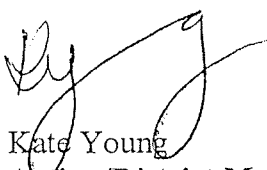
Further, I require that you immediately return to me all property of the Bundaberg Health Service District, including any keys, equipment and your government owned and maintained motor vehicle.

Upon completion of the investigation and on receipt of the Investigating Team's report, I will decide whether to initiate disciplinary action against you at that time. In terms of the principles of natural justice, I will again give you an opportunity to show cause why I should not take disciplinary action. This process will provide you access to documentation concerning the allegations that is reasonably a consideration and detrimental to your interests. You would then have the opportunity to formally respond to the allegations and available evidence within fourteen (14) days.

I wish to restate to you the offer of confidential counselling through the Employee Assistance Service. To make an initial appointment, please contact Mr Alan Prince.

Should you have any queries in relation to this process, please do not hesitate to contact Dr John Wakefield.

Yours sincerely



Kate Young
Acting/District Manager

FAX "PEAB" DR P. E. ANDERSON

— 2 PAGES

BUNDABERG

TO LINDSAY PINE
ZONAL DIRECTOR
FAX 32340790

10.8.00

Dear Lindsay.

I am writing to let you know that I wish to take up your offer which we discussed by phone 2 days ago. I understand that I can compensate for my Option A contract transgression by resigning and forfeiting my long service and holiday leave. We can discuss the exact details when you visit Bundaberg next Tuesday. I would also hope that the other allegations be dropped or seen to be answered by my reply to Kate Yarning.

I am keen to get back to work immediately if possible. I had requested a 5 session VMO position but this may take months to process. Consequently I would request a 5 session Staff Surgeon appointment, which could start immediately. I am concerned about the

welfare of my patients whose care has been interrupted by the present problem. As you know I am the only Surgeon doing Urology at Bundaberg and I devote about half my time to this field. There are many problems summing on my Urology waiting list which need attention which cannot be easily provided by the other Surgeons. I am also concerned ESPECIALLY 40 PATIENTS WITH CA BLADDER ON CYSTOSCOPY SURVEILLANCE PROGRAM about my colleague, Dr NANKIVELL who is at present shouldering an enormous clinical and after hours call load and could not be expected to keep it up for long.

I look forward to talking with you next week and hopefully resolving these issues. Thank you for your positive and conciliatory approach to my situation

Yours Sincerely

Peter E Anderson

BUNDABERG HEALTH SERVICE DISTRICT

INCORPORATING - Bundaberg, Gin Gin, Mount Perry and Childers Hospitals and Community Health Services

17 August 2000

Dr Pitre Anderson

BUNDABERG. QLD. 4670

Dear Dr Anderson *Petre*

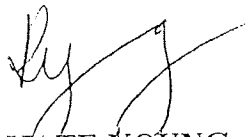
I am in receipt of your resignation, which I recognise as being effective from 16 August 2000.

It was understood at your meeting with Mr Lindsay Pyne, Zonal Manager Central Zone Management Unit, that you have agreed to repay seven (7) months of Option A payments to the amount of \$15050. This being \$20,800 less \$5750 being the cash value of accrued annual leave. This amount to be paid to the Health Service over a period up to 12 months ending August 2001.

It is also understood that after receiving your resignation, no further action in relation to the allegations made against you will be pursued by Queensland Health.

With regards to the hospital residence which you currently occupy, it is anticipated that this will be vacated by October 31 2000.

Yours faithfully



KATE YOUNG
A/DISTRICT MANAGER



TO THE EDITOR , BUNDABERG NEWS MAIL
"PEA7"

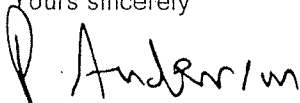
13-11-01

Surgeon's resignation a major setback for Base Hospital

Dr Nankivell's recently announced resignation from the Base Hospital (News-Mail 1.11.01) is a major setback for surgical care for Bundaberg patients. His departure could have been prevented by providing him with half-time Visiting Medical Officer (V.M.O) sessions. The fact that administration did not do that reflects the low esteem in which specialists are held and lack of importance attached to continuity of patient care. Queensland Health need to realise that the retention of specialists in the rural public hospitals is an important issue and would be facilitated by providing specialists with a career pathway from full-time staff specialist to part-time sessional V.M.O. At present administration is obsessed with balancing the hospital budget but supports an enormous administrative bureaucracy at the expense of providing specialist clinical services. There needs to be a change of priority in hospital thinking and planning to provide the clinical services and specialists which the Bundaberg people deserve.

Doctor Nankivell's exit from the Base Hospital is not without precedent. Fifteen months ago, my departure from the Base Hospital was precipitated by a similar lack of V.M.O. opportunity. With greater foresight and different administrative priorities the Base Hospital could have had a strong and comprehensive surgical team with Doctor Nankivell and I as V.M.O.'s and Doctor Baker as Staff Surgeon. Now the Base surgical service, already stressed by enormous demand, is at risk of collapse.

Yours sincerely



Pitre Anderson
(Ex-Director of Surgery
Bundaberg Base Hospital)

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FRIDAY

November 30, 2001 Serving the Coral Coast

Phone 4153 8555 \$1

Hospital crisis

By Lucy Ardern

THE resignation of the second general surgeon from Bundaberg Base Hospital yesterday prompted the call for an independent inquiry into the organisation.

Staff surgeon Sam Baker tendered his resignation on Tuesday, just three weeks after director of surgery Charles Nankivell announced he was leaving because he was "physically worn out".

The news came on top of the early retirement of the Base Hospital's orthopaedic surgeon.

Dr Baker, who has only worked at the Base for 11 months, said yesterday the main reason he was resigning was the demand placed

on general surgeons to work 12 days before getting two days off.

"There are other reasons I am leaving, but I can not comment on them because of Queensland Health's code of conduct policy," he said.

Dr Nankivell said he could understand why Dr Baker resigned, given the fact he could have been forced to staff the surgery roster alone from January 11.

He said the staffing shortages created serious safety issues.

"Would you want to be operated on by a doctor that was dog tired?" Dr Nankivell said.

Australian Medical Association Queensland (AMAQ) president Bill Glasson called for an independent inquiry into the hospital after hearing about the recent developments.

"Everybody has lost confidence in the management of the hospital because of the events," Dr Glasson said. "It needs an outside person to come in and take the bull by the horns."

"We forewarned Queensland Health about this situation, but they have done nothing to address it."

Dr Glasson said it would be extremely difficult to fill the two positions left by the resignations of Dr Baker and Dr Nankivell.

"Once a hospital gets a bad name it is impossible to attract people," he said.

Burnett District Local Medical Association president Martin Strahan said immediate action was needed to address the staffing

problems.

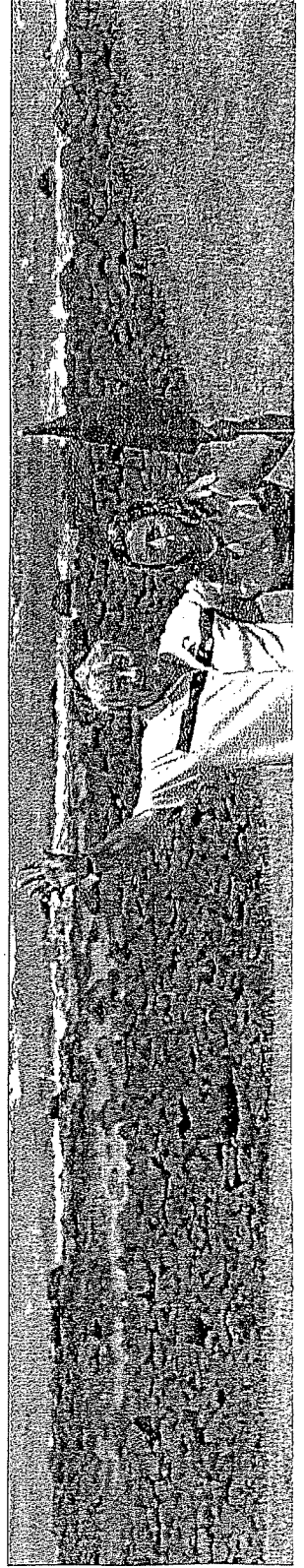
The problems at the Base gained a wider audience this week when Health Minister Wendy Edmond was questioned in State Parliament about the issues.

Ms Edmond said there had been a lot of "deliberate misinformation spread around" about administration problems at the hospital, and then launched an attack on the "previous head of surgery Peitre Andersen, who had been vocal about the issues."

CONTINUED - page 2

"PEAS"

Hinkler recount begins



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The sale is expected to be finalised on December 14.

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"I can understand Dr Andersen's

Dressed for the Harry Potter Premiere at Reading, Cinemat's is Sue

Gammon (left), Savannah and Alex Kloeden and Tracey Rose.

Photo: TANYA BRADSHAW col29/11a

Bird Hospital in crisis as second surgeon quits get v

FROM page one

"I FIND these observations extremely intriguing from a person who resigned from Queensland Health last year to avoid facing a CJC inquiry for alleged official misconduct including undertaking private work when he was required to be treating public patients and misappropriation of taxpayers funds."

Ms Edmond said. "Thankfully, Dr Andersen's wife has repaid the \$15,000 in question to Queensland Health through her salary."

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his double dipping and disservice to the public patients whom he was employed to care for."

Dr Andersen was shocked by the incident, saying "the minister should try to concentrate her energies on solving the crisis in surgical staffing at the Base Hospital rather than conducting personal attacks."

"My departure from Base Hospital could have been prevented by the provision of a Visiting Medical Officer (VMO) position, which is what I requested six months before my unfortunate resignation," he said.

"The situation has arisen because of insufficient numbers of surgeons participating in an after hours call roster."

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A BUNDABERG Council chief executive said its bird number investigation 200 birds were on

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"PEA9"

Dr Pitre E Anderson

MBBS FRCS FRACS

Consultant General Surgeon

Bundaberg Specialist Centre
102 Woondooma Street
Bundaberg 4670
Ph: (07) 4153 0746
Fax: (07) 4153 0747
Mobile: 0402 411775
Provider # 135505X

OPEN LETTER

3 December 2001

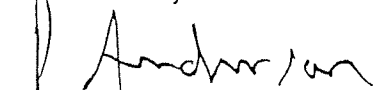
To The Hon. Wendy Edmonds
Minister for Health

I am writing to respond to your recent words in the Parliament regarding my resignation from the Bundaberg Base Hospital last year. I would like you to understand that during my six years as Director of Surgery I put in a tremendous effort and with Dr Nankivell the surgical service built up to be a very good one. I feel confident that Bundaberg patients and doctors will attest to this statement. It is a shame to now see the surgical service falling apart as Queensland Health has not moved with the needs of the patients for a third part-time VMO general surgeon. I had applied for such a position six months prior to my resignation but had not been accepted.

The circumstances of my unhappy resignation are old news but the process involved many serious accusations. I would remind you that some were false and all were unproven and were dropped when I resigned. I feel that good negotiations, respect and humanity could have avoided my resignation. The big losers from the process were the Base Hospital patients, particularly the urology patients, as urology services ended with my departure from the Base.

Let's hope the New Year will bring a better deal for Bundaberg patients. The Base Hospital needs better funding. It has historically been underfunded and a realistic formula needs to be used to fund the hospital according to the population it serves and activities it performs. There is also a need to revise the attitude to specialists. They need to be empowered to have a real role in the running of the hospital and the defining of their employment situation. Specialists need to be nurtured and flexibility is needed to allow them to take VMO positions so that their talents are maintained in the public sector as well as the private.

Yours sincerely



Pitre Anderson
Consultant General Surgeon

"PEA10"

Dr Pitre E Anderson

MBBS FRCS FRACS

Consultant General Surgeon

Bundaberg Specialist Centre
102 Woondooma Street
Bundaberg 4670
Ph: (07) 4153 0746
Fax: (07) 4153 0747
Mobile: 0402 411775
Provider # 135505X

3 September 2001

Matt Varghese
QPSU union delegate
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

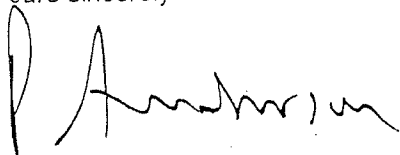
Dear Matt

Re: Statement for the Single Bargaining Unit
Re: Resignation of Dr Pitre E Anderson
(Director of Surgery) from Bundaberg Base Hospital
in August 2000.

I am writing to make a number of statements regarding my resignation from Queensland Health in August 2000. I have enclosed a copy of the allegations made against me and my answer to them. As you can see the allegations were made in an extremely aggressive way. There are also a number of false allegations made and major pressure was applied to secure my resignation without having any formal enquiry. I was not afforded the due process of natural justice in that I was not given any prior warning regarding my immediate suspension. Despite negotiating a settlement with Queensland Health I still remain guilty as charged and have been denied access to the hospital for the treatment of intermediate patients. At Bundaberg Base Hospital there is a culture of criticism and complaint on the part of management combined with inflexibility of beaurocratic power and control. This oppressive attitude has made a very unhappy workplace and prompted a number of resignations of consultant staff.

I hope this information is of use to you in your assessment of management practice at the Bundaberg Base Hospital.

Yours sincerely



Dr Pitre Anderson
Consulant General Surgeon

pa/kk

Department of Medical Services
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG 4670

Telephone No: 4150 2210
Fax No: 4150 2029



Queensland
Government

Queensland Health

LH/lm

4 December 2001

Dr Pitre Anderson
Consultant Surgeon
Bundaberg Specialist Centre
102 Woondooma Street
BUNDABERG 4670

Dear Dr Anderson

In follow up to our meeting yesterday, I thank you for your interest in a future Visiting Medical Officer position at the Bundaberg Base Hospital.

As you are aware, surgical services at the Bundaberg Hospital would benefit greatly with additional specialist services in both the after hours roster, and in the provision of urological services, which are currently not available publicly.

I am pleased to be able to offer you two specialist sessions per week in urology, which will consist of one outpatient clinic and one theatre session, as well as participation in our after hours general surgery roster on at least a one in three nights and weekends basis. This will increase to one in two during periods of leave for the full time staff specialists.

Commencement dates are flexible, and the position will report to the Director of Surgery for general operational matters. Please feel free to contact Dr Sam Baker or myself directly at any time, should further information be required. I look forward to receiving your response.

Yours sincerely

Dr Lynn Hawken
A/Director of Medical Services

After hours/
urological
emergencies

Copy: Dr Sam Baker
Mr Peter Leck

4150 2210

"PEA12"

MEDIA RELEASE



Tel: (07) 3872 2222

Thurs. 29 Nov 2001

2ND SURGEON QUILTS HOSPITAL, DISGUSTED WITH CONDITIONS

A second surgeon has resigned from Bundaberg Base Hospital, fed up with poor work conditions, along with the hospital's constant funding shortfalls and its irresponsible management.

Young, graduate doctor Sam Baker resigned from his position as staff surgeon at Bundaberg Base Hospital yesterday. He has been working at the hospital for just 11 months.

AMA Queensland President Dr Bill Glasson today slammed Health Minister Wendy Edmond for allowing management of the State's public hospitals to deteriorate to the point where staff are resigning in disgust, simply sick and tired of beating their head's up against brick walls asking for action on hospital problems.

"What we are seeing here is a case of abominable personnel management. Doctors at Bundaberg Base Hospital have no confidence in the hospital's management.

"Minister Edmond's so-called hospital managers need to go back to management school," he said.

The AMAQ President said good communication between medical staff and management was fundamental to the proper functioning of a hospital.

"If you lose the confidence of your medical staff you will lose their efforts of goodwill when times are tough and resources and funding are stretched," Dr Glasson said.

"These doctors have been ignored to point where they are not willing to give any more."

Dr Glasson said medical and nursing staff at Bundaberg Base Hospital were clearly under enormous pressure to perform on a shoestring budget.

"Dr Baker and Dr Charles Nankivell (who has also resigned from his position at the hospital) are ludicrously being forced to work a one in two on-call roster – this is a workload that is neither safe or sustainable...and the Minister wonders why Queensland doctors are turning their backs on public hospitals."

Dr Glasson said the Queensland Government's Cabinet meeting to be held in Bundaberg this weekend is an opportune time for the Health Minister to address the crisis at Bundaberg Base head on.

"I would suggest that Minister Edmond schedule an appointment management and medical staff at the hospital for during her visit to the city.

"The Minister will not be able to fob this issue off, the AMAQ won't allow it," he said.

Ends.

CONTACT: Sarah Harding on 3872 2209 or 0419 735 641

Queensland Branch of Australian Medical Association

Doctors dedicated to the health of all Queenslanders

"PEA13"

SL16

MOTION FOR MEDICAL STAFF ADVISORY COMMITTEE MEETING 13.2.2003

That this meeting

- 1 Accepts the recent resignation of Dr Jayasekera with great regret and notes that this is one of many resignations leading to the effective demise of General Surgery at the Bundaberg Base Hospital
- 2 Believe that this process has been largely due to the dictatorial, unresponsive, myopic and inflexible approach of management who have little regard or respect for specialists, their needs or aspirations

Proposed	P Anderson
	M Stumer
	A Chaudhry
	N Robinson
	H Kingston
	L Jayasekera
	J Joiner

"PEA14"

Dr Pitre E Anderson

MBBS FRCS FRACS

Consultant General Surgeon

Bundaberg Specialist Centre
102 Woondooma Street
Bundaberg 4670
Ph (07) 4153 0746
Fax (07) 4153 0747
Mobile: 0402 411775
Provider # 135505X

*Received
20/4/05
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18 April 2005

The Investigative Committee -
Administrative Services at Bundaberg Base Hospital

Dear Sir/Madam

Years of administrative incompetence and abuse of bureaucratic power by Bundaberg Base Hospital administrators fueled by ingrained Queensland Health attitudes and processes has finally led to the collapse of the Bundaberg Base Hospital. The Dr Patel saga has been the culminating event in the process which has gone on for many years. As a previous Director of Surgery and current VMO at the Bundaberg Base Hospital I would like to give information to assist the committee for the investigation of administrative services at Bundaberg Base Hospital in their deliberations. Naturally my submission will have a surgical bias.

Initially I need to point out that it is out of order to have Dr John Wakefield on any Committee assessing administrative services as he was part of the problem when he was the Director of Medical Services at the Bundaberg Base Hospital. ~~He was active in bringing me down and with his co-henchmen Lindsay Pine set a~~ new level of bureaucratic bullying towards Dr Malcolm Stumer when he was undergoing disciplinary proceedings. Dr Wakefield left Bundaberg essentially tarred and feathered by the medical community here as he had effectively destroyed the Departments of Surgery and Obstetrics and Gynaecology at the Bundaberg Base Hospital.

Bundaberg Base Hospital could have had an excellent Department of Surgery if it had been nurtured and supported by administration and Queensland Health. I arrived in Bundaberg in 1992 as Director of Surgery and together with Dr Charles Nankivell and Director of Medical Services, Dr Brian Thiele we built up a strong department and achieved standards which allowed both Junior and Senior trainees of the Royal Australian College of Surgeons to rotate through the Bundaberg Base Hospital. Registrar training standards include adequate surgical case load, education programs and audit process with peer review. An adequate audit system with peer review could have headed off the present crisis involving Dr Patel.

After five years I went to Dr John Wakefield and Peter Leck to request an additional surgeon as the work load had become enormous. I also wanted to become a half-time VMO so I could do half-time in private practice. The reply was "If you resign we will appoint another staff surgeon and there will be no VMO sessions". Such was the respect and thanks I received for my efforts in setting up a buoyant Department of Surgery. A few months later I came under disciplinary action for doing private practice one afternoon a week and was forced to resign.

Dr Nankivell carried on as Director of Surgery but burnt out doing a one in two on-call roster and he was also refused a third surgeon to spread the work load. He consequently resigned and transferred to Logan Hospital. What a loss for the people of Bundaberg! Dr Sam Baker became the new Director of Surgery but soon tired of administrative obstructions to progress and the "third world" standard of surgical facilities at Bundaberg Base Hospital. He resigned and left for Townsville. Dr Brian Thiele had also resigned and happily had received some VMO sessions in vascular surgery. He had been frustrated by executive obstruction and the refusal of Queensland Health to fund VMO sessions for Dr Michael Delaney, a new orthopaedic surgeon, wanting to work and reside in Bundaberg.

SL16

- 2 -

Dr Laksman Jayasekera had come to Bundaberg as staff surgeon in 2002. He was an experienced Sri Lankan surgeon who came to Australia and passed his FRACS after doing two years as a surgical registrar with a six month rotation in Bundaberg. He liked Bundaberg and was keen to settle here. His term started on a negative note when after signing a contract with 7th year surgical pay rate Queensland Health reduced his pay rate. After some time in Bundaberg he applied for the Director of Surgery position vacated by Sam Baker. There was another applicant for the position and he was offered the job but declined the offer. Administration did not then offer Dr Jayasekera the position but readvertised it and Dr Jayant Patel received the Director of Surgery position. Aggrieved and offended Dr Jayasekera resigned and went to the Gold Coast Hospital. I have enclosed a copy of a motion tabled at the Medical Advisory Meeting showing clinicians' dismay at Dr Jayasekera's treatment by administration. In conclusion the Department of Surgery has lurched from crisis to crisis over the years due to management devaluing and squandering the hospital's most precious resource, its specialist staff.

It should be noted that up to this point all general surgeons at Bundaberg Base Hospital had had Australian qualifications and a strong Department of Surgery could have been developed if supported and financed adequately by administration and Queensland Health. Unfortunately administration seemed to have a psychopathic indifference, even antipathy, towards clinicians (second only to their lack of regard to patients). Administration frustrated and ignored the needs and aspirations of clinicians rather than supporting and facilitating their proposals and programs. Administration maintained dictatorial power and controlled every aspect of hospital activity. The power obsession effectively excluded clinicians from the decision making process and communication between the two groups broke down.

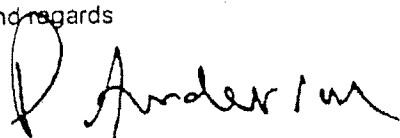
It is worth mentioning the opportunities which administration has missed in recruiting newcomers to Bundaberg. These include Dr Geoff De Lacy, a general surgeon, and Dr John Elphinstone, an ENT surgeon. Both these surgeons were keen to have VMO sessions at Bundaberg Base Hospital but administration treated them with ignorance and no positions were provided. This situation reflects administration's indifference to the needs of Bundaberg patients who have to travel to Brisbane for ENT services to see a specialist.

~~I do have some proposals which may allow the Bundaberg Base Hospital to reform and become an effective health provider again~~

- 1 The current administration needs to be dismissed and not replaced by similar bureaucrats
2. A new management model needs to be formulated so that clinicians have a major say in hospital management and programs.
- 3 There needs to be a major scaling down of the huge bureaucracy at Bundaberg Base Hospital to free up financial resources for more effective clinical programs and clinical staffing
- 4 Administration needs to develop a new and positive attitude to clinicians including appreciation and respect, a will to communicate and co-operate, and a responsibility to help and support clinicians' needs and aspirations
- 5 Bundaberg Base Hospital needs a major budget increase to make it equitable with other hospitals in Queensland and to allow adequate medical staffing at all levels.
- 6 Administration needs to have the foresight and funding to promptly offer VMO positions to new specialists who come to Bundaberg and have interest in working at the Bundaberg Base Hospital
- 7 Administration needs to help and facilitate specialists in their careers and offer VMO positions when requested so that the expertise and numbers of specialists is maintained at Bundaberg Base Hospital. The notion of "Staff Specialists" at any cost needs to be abandoned and flexibility in specialist's employment arrangements encouraged.

I hope these thoughts are of help to the investigatory committee

Kind regards



Dr Pitre Anderson
Consultant General Surgeon

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