AJJ-5

Queensland Government
Queensland Health

A BRIEFING TO THE MINISTER

BRIEFING NOTE NO:	DG034570
REQUESTED BY:	Lorraine Bettinson
DATE:	9 January 2003
PREPARED BY:	Dr John Allan, Director of Integrated Mental Health Services Ms D Fawcett, Manager of Integrated Mental Health Services Through Dr A Johnson, Acting District Manager, Townsville Health Service District
CLEARED BY:	Ms V Coughlin-West, Acting Zonal Manager, Northern Zone
DEPARTMENTAL OFFICER ATTENDING:	N/A
DEADLINE:	13 January 2003
SUBJECT:	Unqualified Practitioners

MINISTER'S COMMENTS:

Wendy Edmond MLA
MINISTER FOR HEALTH
Date:

PURPOSE:

To update the Minister in relation to the situation where an unqualified psychiatry registrar was working within the Mental Health Unit Townsville Health Service District.

BACKGROUND:

- Dr Vincent Berg applied for appointment to a Psychiatry Registrar position within the Mental Health Unit of the Townsville Health Service District in late 1999. The appointment was for the year 2000 medical intake.
- Dr Berg stated that he was Russian born and had Russian qualifications in the field.
- He stated that he had fled Russia because of political and religious persecution and claimed to have refugee status and had been in Australia since December 1992.
- He claimed to have changed his identity since moving to Australia because of concerns for his security.
- Dr Berg was granted conditional registration by the Medical Board of Queensland to undertake approved training in psychiatry under section 17C(a) of the Medical Act 1939.
- Advice and references were also sought from Dr Petchovsky of the Gold Coast with whom Dr Berg was working in an observation role.
- Dr Berg took up a position as a Psychiatric Registrar at the Mental Health Unit of the Townsville Health Service in January 2000.
- In early August of 2000, the newly appointed Executive Director of Medical Services Dr Andrew Johnson discussed issues relating to clinical and behavioural problems relating to Dr Berg with Dr John Allan, Director of the Mental Health Unit.
- Dr Allan and Dr Johnson met with Dr Berg regarding a Performance Management Plan for Dr Berg which commenced in August 2000.
- In spite of this plan, Dr Berg's clinical and behavioural problems continued for the rest of his term and he was not re-employed in 2001.

KEY ISSUES:

- During an unrelated conversation with the Registrar of the Royal Australian and New Zealand College of Psychiatrists on Thursday 28 November 2002, it was discovered that the College had investigated Dr Berg's qualifications and had discovered that his claimed psychiatric qualifications were false. Dr Berg had identified that both his undergraduate and postgraduate qualifications were from the Voronezh State University.

- The RANZCP have provided the following advice

> *"Dr Berg's application for Advanced Standing/Specialist Assessment via the Australian Medical Council was considered by the Fellowships Board Training and Examination Exemptions Sub-committee on 20 September 2001. As part of the standard RANZCP assessment process, applicants' overseas psychiatric qualifications are confirmed with the relevant College/University or Authority. The Voronezh State University in Russia were contacted first by email and then by fax and post to verify Dr Berg's qualification in psychiatry. Dr Berg submitted qualifications in a name he now no longer uses, attaching a Statutory Declaration dated 1 August 2001 stating the change of name to Vincent Victor Berg.*
>
> *The Voronezh State University replied informing the RANZCP that they did not produce the diploma indicated in our letter and moreover the educational program stated was not in*

existence at that time. The Voronezh State University reiterated this statement again in writing after reviewing the faxed documents, adding that they were crude forgeries.

The Australian Medical Council were notified of the above on 16 October 2001 and subsequent discussions with the AMC lead the College to contact the Queensland Medical Board on 23 January 2002 about the veracity of information and documentation submitted by Dr Berg for Advanced Standing/Specialist Assessment with the RANZCP."

- The Townsville Health Service had not been previously informed of these findings.

- During the time Dr Berg was employed Townsville he had seen patients in his capacity as a Psychiatry Registrar within the Acute Mental Health Unit, the Community Mental Health Unit, the Dual Diagnosis Unit (formerly Mosman Hall) in Charters Towers and had also seen patients in the Emergency Department through involvement with the intake assessment team.

- Upon becoming aware of this information the Townsville Health Service District developed and instituted an audit process. It was seen as imperative to ensure no patients were at clinical riskbecause of these concerns. The Audit was conducted by the THSD Director of Mental Health Services under the auspices of THSD Executive Director Medical Services.

- A total of 259 patients were identified as having been seen by Vincent Berg during his period of employment, ten of these resulted in Vincent Berg signing Mental Health Act documents which we have been advised remain valid as he was a registered Medical Practitioner at the time. It is believed that this is a reasonably accurate number of patients collated from a range of different sources however it is possible that a small number of clinical files and therefore patients seen by Vincent Berg may have been missed. We would estimate this to be no more than 10 patients.

- Of the 259 patients:
  - Six (6) have died – the audit did not directly attribute any of these deaths to Vincent Berg
  - Ten (10) patients have been identified as "highest priority" relating to clinical risk and assessed as a "potential serious adverse event" and require immediate clinical follow up
  - Forty (40) patients have been identified as "high priority" and will require clinical follow up as a matter of urgency
  - Leaving 203 patients where the audit identified either there was an issue that does not affect their current position or there are no particular issues. It is not possible to guarantee that other issues do not exist for some of these patients, which are not discernible from reading clinical file notes.

Identified Risks:

- There is potential for adverse media comment when the clinical review process commences.

- Although the process has been thorough, there may be patients who have been missed in the audit process.

<u>BENEFITS AND COSTS:</u>

N/A

<u>ACTIONS TAKEN/ REQUIRED:</u>

A senior Psychiatrist audited the clinical file/s of each of these 259 patients. A rating was recorded as to the clinical necessity/priority of follow up. As necessary, a second opinion from another Psychiatrist has been sought. Following this exhaustive process, it is the clinical opinion of the

psychiatrists involved, that 50 patients require urgent clinical review for possible changes to their treatment.

PLANNED STRATEGY FOR CINICAL FOLLOW UP

Highest Priority and High Priority Patients:

- The 50 patients or their relative be contacted by telephone by the Director of Mental Health Services and assessed as to their relative urgency / necessity for physical follow-up, and invited to appointments with a psychiatrist as required.

- The focus of these telephone contacts will be to establish whether actual harm has occurred and whether a formal assessment is required to review treatment.

- An attempt will be made to contact all these patients over a two-week period.

- A suitable time to commence this strategy would be the week beginning 27th January 2003.

Other actions required:

Many clinical staff maintain that there exists an ethical obligation on Queensland Health to inform patients that they have been receiving care from a person whose qualifications to provide that care have been found to be invalid. This raises serious concerns about the potential for adverse public comment. Direction is sought from GMHS as to whether any of the patients subject to this audit are to be informed of the validity of Vincent Berg's claimed qualifications.

DRAFT MEDIA RELEASE:

N/A

CONFIDENTIAL AUDIT

Relating to DR. VINCENT BERG

INTRODUCTION

The Townsville Health Service District employed Mr Vincent Berg as a Psychiatry Registrar for the period January 3, 2000 to January 7, 2001. He saw patients between January and November 2000.

Dr Vincent Berg worked as a Psychiatry Registrar in Townsville at Community Mental Health Services, Cambridge Street and the Kirwan Rehabilitation Unit. He also provided an outreach service to Charters Towers Health Service District visiting the Mosman Hall Hospital and occasionally Charters Towers Community Mental Health Service. Additionally Dr Berg was scheduled to the Psychiatry Registrar on-call roster for the Townsville Health Service District Mental Health Service which entailed patient contacts in the Emergency Department, Townsville General Hospital and the Acute Psychiatric Unit.

Throughout the period of his employment Dr Berg was a registered Medical Practitioner with provisional registration from the Medical Board of Queensland. As a Psychiatry Registrar, Dr Berg was supervised in his practice. Questions had been raised about his competence whilst employed by the Townsville Health Service District.. Consequently the Townsville Health Service District pursued the first stages of disciplinary action in October and November 2001. At the time of his taking sick leave in November 2001this was still in process. His contract lapsed on 7th January 2002.He performed no clinical work after November 2001.

One of the issues that resulted in disciplinary action was his tendency to ignore or dispute Supervisors instructions. There was also a question about his care of patients whom he may not have discussed with his Supervisors because of his assertion that he was already a qualified psychiatrist. This could have occurred despite the efforts of his Supervisors because of the above reasons, which resulted in the disciplinary action.

Later, evidence arose that Dr Berg's qualifications were not bonafide. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) wrote to the Russian University which Dr Berg claimed had issued his degrees and were advised the degrees were forgeries. The RANZCP notified the Medical Board in January 2002. The Townsville Health Service District became aware of this serendipitously on November 29, 2002.

Upon becoming aware of this information the Townsville Health Service District developed and instituted an audit process. It was seen as imperative to ensure no patients were disadvantaged because of these concerns. The Audit was conducted by the THSD Director of Mental Health Services under the auspices of THSD Executive Director Medical Services.

AIMS OF AUDIT

1. To identify all patient contacts made by Dr Berg whilst he was employed as a Psychiatry Registrar by the Townsville Health Service District including on-call and one off contacts.

2. To review the clinical file notes of each of these patients. This task to be done by a Psychiatrist. The THSD Director of Mental Health Service to review any clinical files where concerns have arisen.

3. To note any problems arising at the time of treatment or that have a potential to arise later for patients. Particularly to note any serious adverse events or outcomes related to contact with Dr Berg.

4. To ensure all patients seen by Dr Berg received an appropriate review by a qualified Psychiatrist or supervised experienced Psychiatry Registrar during their treatment or immediately afterwards.

5. To create a database to record audit tool information, in part to collate information from the various sites and to act as a record of the audit.

6. To identify those patients who for clinical reasons require:
(a) Follow up because of apparent ongoing deficiencies in their management
(b) To be informed of adverse events or potential adverse events related to their contact with Dr Berg

AUDIT TOOL

The audit tool recording document (Attachment A) consisted of 2 sheets - a clinical file notes review and a summary of findings and appropriate actions.

Clinical judgement was required when reviewing clinical file notes to ascertain a range of details and specifically to identify and record apparent problems. It was then important to know that any potential problems that arose were addressed either at that time or later in the patient's treatment. Identifying whether a clinical review had occurred subsequent to each patient's contact with Dr Berg was critical. Reviews by an appropriate person ie. qualified Psychiatrist or a competent supervised Psychiatry Registrar following Dr Berg's involvement were noted. Full instructions are noted in the appendix.

The audit also noted:

- Whether there are particular things the patient should be informed about ie. immediately or in the fullness of time.

- Is the person's current treatment appropriate.

- Does the patient need a review by a Psychiatrist.

- Should the current treating person eg. General Practitioner be informed and asked to conduct a review.

There was a priority listing relating to the degree of seriousness and urgency.

A. Highest Priority
A serious issue.
(this must be directed to the THSD Director of Mental Health Services and the patient should be seen urgently)

B. High Priority
An issue that requires rapid attention but is not serious.
(the patient will need to be informed early. This could be handled by their usual treating person who may require direction from the Mental Health Service where there are issues)

C.
An issue which does not affect the current position of the patient.
(the patient will need to be informed via a routine discussion with their usual treating doctor)

D.
There appear to be no particular issues
(the patient could be informed of the situation by a letter)

E. Second Opinion
Where the Auditor would like a second opinion, this could be indicated and brought to the THSD Director of Mental Health Service's attention. (All second opinions required have been completed and are included in th eaudit results.)

METHODS

A total of 259 patients were identified from:

- Cambridge Street appointment diaries and paper databases.
- CESA contacts for Cambridge Street, Charters Towers and after hours call in.
- HOSPAK - A Mental Health Act data base
- Timesheet records of after hours call in from records in Pay Office where UR numbers were identified

It is believed that this is a reasonably accurate collation of patients seen by Dr Berg during the period of his employment with THSD. Some inaccuracies in recording UR numbers from records such as timesheets were identified by the Administrative Staff and where possible the appropriate UR numbers substituted. Despite the fantastic efforts of the Administrative Staff, it is possible that a small number of clinical files and therefore patients seen by Dr Berg may have been missed. We would estimate this to be no more than 10 patients.

The clinical file/s of each of these 259 patients were audited. For many of the clients this entailed reviewing a number of clinical files located across Health Service Districts at Townsville Hospital, Charters Towers Rehabilitation Unit,

and the Cambridge Street Service. Charts for follow-up were also obtained from Charters Towers Hospital and Child and Youth Mental Health Service.

All of the data was entered into an Excel database. An electronic copy of which is attached (Attachment B).

RESULTS

A total of 259 patients were identified as having been seen by Dr Berg during his period of employment. Ten of these resulted in Dr Berg signing Mental Health Act documents which we have been advised remain valid as he was a registered Medical Practitioner at the time.

Of the 259 patients:

Deceased

Six (6) have died – the audit did not directly attribute any of these deaths to Dr Berg. One person died of suicide, but it would appear that Dr Berg's interventions had little bearing on this patient. The other five died of natural causes. There is one case of an inpatient at Charters Towers Rehabilitation Unit who had a fall and subsequently died of a haematoma, where changes of medication, may have contributed to dizziness and his fall. These changes were not directly attributable to Dr Berg however the audit identified that this case would warrant a further assessment.

Audit Review Rating A and B (Highest and High Priority)

It is the clinical opinion of the psychiatrists involved, that 50 patients require clinical review for either possible changes to their treatment, to inform them of potentially adverse events which occurred or may occur or to inform them of potentially sub-optimal treatment.

Ten (10) patients have been identified as "highest priority" relating to clinical risk and assessed as a "potential serious adverse event" and require immediate clinical follow up.

Forty (40) patients have been identified as "high priority" and will require clinical follow up as a matter of urgency .

Rationale for highest priority – rating A

Four of these patients who had been either suicidal or seriously depressed and had been discharged with follow-up arrangements that were unclear or not adequately made. It would be important to follow up these patients to determine their outcome.

Other patients include ones where a wrong diagnosis was made or inadequate or inappropriate treatment was given and the reviewer cannot determine that this diagnosis or treatment has been corrected.

Additionally in this group there are three patients who are noted as being distressed by Dr Berg's clinical interventions. Given the nature of the illness and these particular patients, this distress has had an effect on their treatment alliances within the Mental Health Services or with other treating Practitioners. This patients should be corrected as quickly as possible.

Rationale for second-highest priority – rating B

Other patients are generally ones where there has been inappropriate treatment such as rapid change of medication or use of inappropriate medications but where the potential side-effects are not as serious as in priority rating A. Most of these have been corrected by the follow-up and there are potential harmful effects such as increased risk of tardive dyskinesia. For some patients it is not clear what the correction has been because they have been referred on and we would need to contact them to check.

The most common deficiency identified was the rapid change of anti-psychotic medication before it had adequate time to work, or the prescribing of multiple anti-psychotics. In general these were corrected under supervision or at review, but there are significant breaches of practice guidelines and potential for side effects that could occur for these patients. In addition there were some bizarre prescribing practices such as the use of testosterone in women that defy logic and require follow-up with the patient.

Audit Review Rating C and D

Leaving 203 patients where the audit identified either there was an issue that does not affect their current position or there are no particular issues. It is not possible to guarantee that other issues do not exist for some of these patients, which are not discernible from reading clinical file notes.

Audit Review Rating E

As necessary, a second opinion from another Psychiatrist has been sought and this information has been included in determining the above.

Mental Health Act Implications:

Of the ten forms signed by Dr Berg, only one could be seen as possibly clinically inappropriate. This patient was discharged from an order in the ED and is included in the Rating A group. If Dr Berg was registered the forms are valid.

SUGGESTED STRATEGY FOR FOLLOW-UP

Highest Priority and High Priority Patients:

- The 50 patients or their relative be contacted by telephone by the Director of Mental Health Services and assessed as to their relative urgency / necessity for physical follow-up, and invited to appointments with a psychiatrist as required.

- The focus of these telephone contacts will be to establish whether actual harm has occurred and whether a formal assessment is required to review treatment.

- An attempt will be made to contact all these patients over a two-week period.

- A suitable time to commence this strategy would be the week beginning 27th January 2003.

Other Patients:
- A letter be drafted and sent out to each patient with a strategy in place for these patients to have access to the information.

Patients Not Yet Identified:
- A strategy be put in place to manage those patients identified as a result of the anticipated media coverage.

IDENTIFIED RISKS

1. All 259 patients could argue that they are entitled to be contacted if it is accepted that Dr Berg's qualifications are indeed false. This strategy applies only if we accept the Medical Board's view that his qualifications cannot be proven and that he was a registered Medical Practitioner at the time.

2. Although the process has been thorough, there may be patients who are not identified who should be subject to this Audit. Without publicity it will not be possible to identify them.

3. There are a number of patients and their families in the Audit who have quite sensitive psychiatric, medical and social situations. Although informing them of these issues may make them more anxious, there are many such patients who would feel that not informing them was a breach of their rights and our responsibilities. The culture of disclosure in Mental Health Services and Consumer Participation and knowledge is much stronger than in other health services.

4. Although there is advice that we should not release Dr Berg's name publicly, it would be harmful to Mental Health Services if people thought that other doctors who had practiced during the period in question were the person under scrutiny.

5. It is an almost certain fact that when we inform patients, there will be media coverage. Such media coverage can be used to demonstrate the completeness of our investigation into this matter and the seriousness with which we regard it.

ACKNOWLEDGEMENTS
It is important to acknowledge the very hard work of the Administrative Staff of the THSD Mental Health Services in compiling the data and the clinical staff who helped compile and review the audit material.

DR. J. ALLAN
Director
Integrated Mental Health Service
07/01/03

CONFIDENTIAL AUDIT

Relating to DR. VINCENT BERG

INTRODUCTION

The Townsville Health Service District employed Mr Vincent Berg as a Psychiatry Registrar for the period January 3, 2000 to January 7, 2001. He saw patients between January and November 2000.

Dr Vincent Berg worked as a Psychiatry Registrar in Townsville at Community Mental Health Services, Cambridge Street and the Kirwan Rehabilitation Unit. He also provided an outreach service to Charters Towers Health Service District visiting the Mosman Hall Hospital and occasionally Charters Towers Community Mental Health Service. Additionally Dr Berg was scheduled to the Psychiatry Registrar on-call roster for the Townsville Health Service District Mental Health Service which entailed patient contacts in the Emergency Department, Townsville General Hospital and the Acute Psychiatric Unit.

Throughout the period of his employment Dr Berg was a registered Medical Practitioner with provisional registration from the Medical Board of Queensland. As a Psychiatry Registrar, Dr Berg was supervised in his practice. Questions had been raised about his competence whilst employed by the Townsville Health Service District.. Consequently the Townsville Health Service District pursued the first stages of disciplinary action in October and November 2001. At the time of his taking sick leave in November 2001this was still in process. His contract lapsed on 7th January 2002.He performed no clinical work after November 2001.

One of the issues that resulted in disciplinary action was his tendency to ignore or dispute Supervisors instructions. There was also a question about his care of patients whom he may not have discussed with his Supervisors because of his assertion that he was already a qualified psychiatrist. This could have occurred despite the efforts of his Supervisors because of the above reasons, which resulted in the disciplinary action.

Later, evidence arose that Dr Berg's qualifications were not bonafide. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) wrote to the Russian University which Dr Berg claimed had issued his degrees and were advised the degrees were forgeries. The RANZCP notified the Medical Board in January 2002. The Townsville Health Service District became aware of this serendipitously on November 29, 2002.

Upon becoming aware of this information the Townsville Health Service District developed and instituted an audit process. It was seen as imperative to ensure no patients were disadvantaged because of these concerns. The Audit was conducted by the THSD Director of Mental Health Services under the auspices of THSD Executive Director Medical Services.

AIMS OF AUDIT

1. To identify all patient contacts made by Dr Berg whilst he was employed as a Psychiatry Registrar by the Townsville Health Service District including on-call and one off contacts.

2. To review the clinical file notes of each of these patients. This task to be done by a Psychiatrist. The THSD Director of Mental Health Service to review any clinical files where concerns have arisen.

3. To note any problems arising at the time of treatment or that have a potential to arise later for patients. Particularly to note any serious adverse events or outcomes related to contact with Dr Berg.

4. To ensure all patients seen by Dr Berg received an appropriate review by a qualified Psychiatrist or supervised experienced Psychiatry Registrar during their treatment or immediately afterwards.

5. To create a database to record audit tool information, in part to collate information from the various sites and to act as a record of the audit.

6. To identify those patients who for clinical reasons require:
(a) Follow up because of apparent ongoing deficiencies in their management
(b) To be informed of adverse events or potential adverse events related to their contact with Dr Berg

AUDIT TOOL

The audit tool recording document (Attachment A) consisted of 2 sheets - a clinical file notes review and a summary of findings and appropriate actions.

Clinical judgement was required when reviewing clinical file notes to ascertain a range of details and specifically to identify and record apparent problems. It was then important to know that any potential problems that arose were addressed either at that time or later in the patient's treatment. Identifying whether a clinical review had occurred subsequent to each patient's contact with Dr Berg was critical. Reviews by an appropriate person ie. qualified Psychiatrist or a competent supervised Psychiatry Registrar following Dr Berg's involvement were noted. Full instructions are noted in the appendix.

The audit also noted:

- Whether there are particular things the patient should be informed about ie. immediately or in the fullness of time.

- Is the person's current treatment appropriate.

- Does the patient need a review by a Psychiatrist.

- Should the current treating person eg. General Practitioner be informed and asked to conduct a review.

There was a priority listing relating to the degree of seriousness and urgency.

A. Highest Priority
A serious issue.
(this must be directed to the THSD Director of Mental Health Services and the patient should be seen urgently)

B. High Priority
An issue that requires rapid attention but is not serious.
(the patient will need to be informed early. This could be handled by their usual treating person who may require direction from the Mental Health Service where there are issues)

C.
An issue which does not affect the current position of the patient.
(the patient will need to be informed via a routine discussion with their usual treating doctor)

D.
There appear to be no particular issues
(the patient could be informed of the situation by a letter)

E. Second Opinion
Where the Auditor would like a second opinion, this could be indicated and brought to the THSD Director of Mental Health Service's attention. (All second opinions required have been completed and are included in th eaudit results.)

METHODS

A total of 259 patients were identified from:

- Cambridge Street appointment diaries and paper databases.
- CESA contacts for Cambridge Street, Charters Towers and after hours call in.
- HOSPAK - A Mental Health Act data base
- Timesheet records of after hours call in from records in Pay Office where UR numbers were identified

It is believed that this is a reasonably accurate collation of patients seen by Dr Berg during the period of his employment with THSD. Some inaccuracies in recording UR numbers from records such as timesheets were identified by the Administrative Staff and where possible the appropriate UR numbers substituted. Despite the fantastic efforts of the Administrative Staff, it is possible that a small number of clinical files and therefore patients seen by Dr Berg may have been missed. We would estimate this to be no more than 10 patients.

The clinical file/s of each of these 259 patients were audited. For many of the clients this entailed reviewing a number of clinical files located across Health Service Districts at Townsville Hospital, Charters Towers Rehabilitation Unit,

and the Cambridge Street Service. Charts for follow-up were also obtained from Charters Towers Hospital and Child and Youth Mental Health Service.

All of the data was entered into an Excel database. An electronic copy of which is attached (Attachment B).

RESULTS

A total of 259 patients were identified as having been seen by Dr Berg during his period of employment. Ten of these resulted in Dr Berg signing Mental Health Act documents which we have been advised remain valid as he was a registered Medical Practitioner at the time.

Of the 259 patients:

Deceased

Six (6) have died – the audit did not directly attribute any of these deaths to Dr Berg. One person died of suicide, but it would appear that Dr Berg's interventions had little bearing on this patient. The other five died of natural causes. There is one case of an inpatient at Charters Towers Rehabilitation Unit who had a fall and subsequently died of a haematoma, where changes of medication, may have contributed to dizziness and his fall. These changes were not directly attributable to Dr Berg however the audit identified that this case would warrant a further assessment.

Audit Review Rating A and B (Highest and High Priority)

It is the clinical opinion of the psychiatrists involved, that 50 patients require clinical review for either possible changes to their treatment, to inform them of potentially adverse events which occurred or may occur or to inform them of potentially sub-optimal treatment.

Ten (10) patients have been identified as "highest priority" relating to clinical risk and assessed as a "potential serious adverse event" and require immediate clinical follow up.

Forty (40) patients have been identified as "high priority" and will require clinical follow up as a matter of urgency .

Rationale for highest priority – rating A

Four of these patients who had been either suicidal or seriously depressed and had been discharged with follow-up arrangements that were unclear or not adequately made. It would be important to follow up these patients to determine their outcome.

Other patients include ones where a wrong diagnosis was made or inadequate or inappropriate treatment was given and the reviewer cannot determine that this diagnosis or treatment has been corrected.

Additionally in this group there are three patients who are noted as being distressed by Dr Berg's clinical interventions. Given the nature of the illness and these particular patients, this distress has had an effect on their treatment alliances within the Mental Health Services or with other treating Practitioners. This patients should be corrected as quickly as possible.

Rationale for second-highest priority – rating B

Other patients are generally ones where there has been inappropriate treatment such as rapid change of medication or use of inappropriate medications but where the potential side-effects are not as serious as in priority rating A. Most of these have been corrected by the follow-up and there are potential harmful effects such as increased risk of tardive dyskinesia. For some patients it is not clear what the correction has been because they have been referred on and we would need to contact them to check.

The most common deficiency identified was the rapid change of anti-psychotic medication before it had adequate time to work, or the prescribing of multiple anti-psychotics. In general these were corrected under supervision or at review, but there are significant breaches of practice guidelines and potential for side effects that could occur for these patients. In addition there were some bizarre prescribing practices such as the use of testosterone in women that defy logic and require follow-up with the patient.

Audit Review Rating C and D

Leaving 203 patients where the audit identified either there was an issue that does not affect their current position or there are no particular issues. It is not possible to guarantee that other issues do not exist for some of these patients, which are not discernible from reading clinical file notes.

Audit Review Rating E

As necessary, a second opinion from another Psychiatrist has been sought and this information has been included in determining the above.

Mental Health Act Implications:

Of the ten forms signed by Dr Berg, only one could be seen as possibly clinically inappropriate. This patient was discharged from an order in the ED and is included in the Rating A group. If Dr Berg was registered the forms are valid.

SUGGESTED STRATEGY FOR FOLLOW-UP

Highest Priority and High Priority Patients:

- The 50 patients or their relative be contacted by telephone by the Director of Mental Health Services and assessed as to their relative urgency / necessity for physical follow-up, and invited to appointments with a psychiatrist as required.

- The focus of these telephone contacts will be to establish whether actual harm has occurred and whether a formal assessment is required to review treatment.

- An attempt will be made to contact all these patients over a two-week period.

- A suitable time to commence this strategy would be the week beginning 27th January 2003.

Other Patients:

- A letter be drafted and sent out to each patient with a strategy in place for these patients to have access to the information.

Patients Not Yet Identified:

- A strategy be put in place to manage those patients identified as a result of the anticipated media coverage.

IDENTIFIED RISKS

1. All 259 patients could argue that they are entitled to be contacted if it is accepted that Dr Berg's qualifications are indeed false. This strategy applies only if we accept the Medical Board's view that his qualifications cannot be proven and that he was a registered Medical Practitioner at the time.

2. Although the process has been thorough, there may be patients who are not identified who should be subject to this Audit. Without publicity it will not be possible to identify them.

3. There are a number of patients and their families in the Audit who have quite sensitive psychiatric, medical and social situations. Although informing them of these issues may make them more anxious, there are many such patients who would feel that not informing them was a breach of their rights and our responsibilities. The culture of disclosure in Mental Health Services and Consumer Participation and knowledge is much stronger than in other health services.

4. Although there is advice that we should not release Dr Berg's name publicly, it would be harmful to Mental Health Services if people thought that other doctors who had practiced during the period in question were the person under scrutiny.

5. It is an almost certain fact that when we inform patients, there will be media coverage. Such media coverage can be used to demonstrate the completeness of our investigation into this matter and the seriousness with which we regard it.

ACKNOWLEDGEMENTS
It is important to acknowledge the very hard work of the Administrative Staff of the THSD Mental Health Services in compiling the data and the clinical staff who helped compile and review the audit material.

DR. J. ALLAN
Director
Integrated Mental Health Service
07/01/03

Communications Plan – Draft #1
Prepared 3/12/02

Acute Mental Health Unit Issue – Vincent Berg

Objective:

To inform target audience on all aspects of the recently identified fraudulent clinical practice issue of a 'Dr' Vincent Berg within the Mental Health Service of the Townsville Health Service District.

Target Audience:

Internal:

- All staff, Acute Mental Health Unit
- All staff, Kirwan Rehabilitation Unit
- All staff, Community Mental Health Unit Cambridge Street
- All staff, Charters Towers Dual Diagnosis Unit (Formerly Mossman Hall)
- All staff, Emergency Department
- District Manager, Charters Towers Health Service
- All staff Charters Towers Health Service
- Other staff, Townsville Health Service District
- Zonal Manager
- Director General
- General Manager Health Services
- Dr Peggy Brown
- Minister for Health

External:

- Patients of 'Dr' Berg
- Patient's families and support people
- Other patients of the Mental Health Unit
- Mental Health Consumer Action Groups
- AMAQ President (NQ)
- Division of GPs
- Local Members of Parliament
- Townsville District Health Council
- General public via the media

Issues:

- Concerns from patients who were seen by 'Dr' Berg regarding breaches of trust and the appropriateness of the clinical care received during these visits.
- Community/media concerns about how a person could masquerade as a Doctor for so long in spite of managements obvious concerns with his clinical and behavioural practice.

Key Messages:

- Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023

- Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

- All patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously. Immediate steps have been taken to review patient medical records and provide any necessary follow up support to the patients involved.

- So far we have identified that ?? patients had clinical contact with 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation.

- As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service.

- Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- Follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families.

- 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District. 'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to undertake post graduate training at the then Townsville General Hospital for a period of one year.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland. At the time there was no reason to believe that the qualifications were not genuine.

- During 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in

him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001.

- Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

STRATEGIES

Timeframe	Target Group	Strategy	Key Message	Responsibility
6/12/02	• Patients of "Dr Berg" • Patient's families and support people	Letter or telephone call depending on risk Fact sheet Hotline number for counselling and support	As per above	Dr Andrew Johnson Dr John Allan Karen Vohland
9/12/02	▪ All staff, Acute Mental Health Unit ▪ All staff, Kirwan Rehabilitation Unit ▪ All staff, Community Mental Health Unit Cambridge Street ▪ All staff, Charters Towers Dual Diagnosis Unit (Formerly Mossman Hall) ▪ All staff, Emergency Department	Staff meetings Fact sheets	As per above	
3/12/02	▪ District Manager, Charters Towers Health Service	Phone call/Email	As per above	Dr Andrew Johnson
9/12/02	▪ All staff Charters Towers Health Service ▪ Other staff, Townsville Health Service District	Email Fact Sheet	As per above	Peter Sladden Dr Andrew Johnson
2/12/02	▪ Zonal Manager ▪ Director General ▪ General Manager Health Services	Phone Call/Email/briefing note	As per above	Dr Andrew Johnson Karen Vohland
3/12/02	▪ Dr Peggy Brown	Phone Call/ Email/ briefing note	As per above	Dr Andrew Johnson
3/12/02	• Minister for Health	Briefing Note	As per above	Via Zonal Manager
From 9/12/02	• Other patients of the Mental Health Unit	Fact sheet available in MH Facilities	As per above	MH Staff Karen Vohland
9/12/02	• General public via the media	Media conference and media release	As per above	Dr Andrew Johnson Karen Vohland
9/12/02	• Mental Health Consumer Action Groups	Phone call and fact sheet given to group	As per above	Dr John Allan
6/12/02	• AMAQ President (NQ)	Phone Call	As per above	Dr Andrew Johnson
6/12/02	• Division of GPs	Phone Call	As per above	Dr Andrew Johnson
6/12/02	• Local Members of Parliament	Phone Call	As per above	Ministers office/ Dr Andrew Johnson
11/12/02	• Townsville District Health Council	Meeting attendance and fact sheet	As per above	Karen Vohland

Evaluation:

Monitor uptake of media releases, representation of issue in media, response from staff, response from other target audiences.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Media release

Queensland Government
Queensland Health

(DRAFT)

Patients records reviewed following concern over previous employees' medical qualifications

Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

Dr Andrew Johnson Executive Director of Medical Services, Townsville Health Service said all patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

"Although 'Dr' Berg would have worked as part of a broader care team and under supervision, we are still taking this matter very seriously. We have taken immediate steps to review patient medical records and provide any necessary follow up support to the patients involved".

"We have so far identified that ?? patients had clinical contact with this person while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation."

"As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service."

"Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service."

More...

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

"However follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families."

According to Dr Johnson 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District.

"'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to undertake post graduate training at the then Townsville General Hospital for a period of one year."

"Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland."

"At the time we had no reason to believe that the qualifications were not genuine."

"However during 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001."

Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Ends...

Media enquiries to Karen Vohland 47 96 1023

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Qualification Issue – Acute Mental Health Unit
Fact Sheet

- Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

- Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

- All patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously. Immediate steps have been taken to review patient medical records and provide any necessary follow up support to the patients involved.

- So far we have identified that ?? patients had clinical contact with 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation.

- As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service.

- Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- However follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families.

- 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District.

- 'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

undertake post graduate training at the then Townsville General Hospital for a period of one year.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland.

- At the time we had no reason to believe that the qualifications were not genuine.

- However during 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001.

- Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Media release

Queensland Government
Queensland Health

(DRAFT Reactive Media Release)

Specialist staff from the Townsville Health Service District Mental Health Service have taken the precaution of reviewing patient medical records after clinical practice concerns were raised when the authenticity of medical qualifications of a former staff member were called into question.

(Spokesperson and title) of the Townsville Health Service said that patient records have been reviewed by Senior Psychiatrists from the unit after suspicions were raised about the validity of the 'Drs' qualifications.

"The person concerned was employed as a Psychiatry Registrar which is a doctor in training within the Mental Health Service between January 2000 and January, 2001."

"At the time of his appointment and during his employment he had temporary registration with the Medical Board of Queensland which meant he was eligible to be employed as a Psychiatry Registrar. At the time we had no reason to believe that his qualifications were not genuine."

"Since then we understand that some questions have been raised regarding the validity of his qualifications. As a result we have taken a responsible approach to the matter and as a precaution reviewed the notes of all patients seen by the doctor during his employment with the Townsville Health Service."

"It is important to remember, a the time of his employment with us the Doctor did have temporary registration with the Medical Board."

"As a 'doctor in training', his clinical practice would have been supervised and scrutinized by qualified Psychiatrists for the entire time that he worked within the Mental Health Service. Although he worked as part of a broader care team and under supervision, we have still taken this matter very seriously."

Immediate steps were taken to review all relevant patient medical records and all patients seen by the former staff member have now had their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

Investigations revealed that 259 patients had clinical contact with the doctor while he was working in Townsville at the Acute Mental Health Unit, Kirwan

Rehabilitation Unit, Community Mental Health, the Charters Towers Rehabilitation Unit (formerly Mosman Hall) and rostered on call duties for the Mental Health Service.

"Because the employment period was over two years ago, the review of the notes has shown that most of the patients involved have subsequently had clinical care decisions reviewed through ongoing contact with other psychiatric professionals within the service," spokesperson said.

"We have identified fifty patients who may require a precautionary followup. These patients are now being/have been contacted and follow up visits if clinically necessary have been/will be arranged with the Director of the Mental Health Unit or other healthcare professional of their choice," he said.

Ends...

Media enquiries to Karen Vohland 47 96 1023

TELEPHONE CONTACT - SCRIPT

Hello, my name is Dr John Allan, I'm the Director of the Mental Health Services in Townsville.

Then affirm the person's identity

I would like to talk to you about some of the treatments that you have received from our service. We have recently had some concern about the practice of a doctor that you saw in 2001, Dr Vincent Berg. We did an audit of all the charts of all the patients that he saw and there were some follow up questions I wanted to ask you to make sure that you were OK and that your treatment was now proceeding on the right lines.

Would you be happy to talk to me about that? We can do that over the telephone, or if you'd like you could come into my office to see you. If that is difficult I can make some other arrangements for you. You may also like to talk about it with your treating doctor or you might like me to give that person the information if that is easier.

Then some talk about the consent

The particular things that I was concerned about are .....
This comes from the patient chart

If they ask "Why are you doing this?" I will say:
This is simply a precaution to make sure that you are currently OK and that no problems arose during your treatment.

I will either say I identified these particular issues *or* I identified only some general issues but wanted to make sure.

If they ask "What about Dr Berg?"
There are privacy issues about the conduct of doctors. I can really only talk to you about his clinical practice in your particular case, which as I said I am happy to do.

How would you like to handle this from here? *The full range of options would be:*

- *Talk to them over the phone then*
- *Have an appointment with myself*
- *Have an appointment with another senior doctor in the mental health service who may be their current treating doctor*
- *Take the matter up with their own GP or psychiatrist. In that case I would promise to supply a full copy of the file to their doctor with an outline of my concerns*

I would need to use clinical judgement to determine how much about the problems that I would reveal to them, especially in the case of the second forty. An example would be:

Dr Berg changed your medication on a number of occasions, the reasons for these changes were not recorded in the notes. There may have been good medical reasons to do that, but it is not usual practice to change so frequently. I wanted to make sure that you were now on a medication that suited you, or that if you didn't require medication you'd now had your treatment completed.

Another example would be:
You saw Dr Berg when you presented in crisis in the Emergency Department at the hospital. The notes indicate that you had settled down, that you had felt better when you left. We don't' have any record of your follow up and I wanted to make sure that you did have follow up or if that hadn't happened that we should be making sure that's arranged for you now.

Communications Plan – Draft #4
Prepared 21/01/03

Integrated Mental Health Services Issue – Vincent Berg

Objective:

To inform target audience about the management of the issue relating to concerns about qualification authenticity and subsequent clinical practice of 'Dr' Vincent Berg a former psychiatry registrar at the Mental Health Service of the Townsville Health Service District.

Target Audience:

Internal:

- District Manager, Charters Towers Health Service
- Senior staff Charters Towers Health Service
- Senior Staff Mental Health Service
- Zonal Manager
- Director General
- General Manager Health Services
- Dr Peggy Brown
- Minister for Health

External:

- Potentially 'at risk' patients of 'Dr' Berg (identified from audit)
- 'At risk' patients carers and families (identified from audit)

Issues:

- Concerns from patients who were seen by 'Dr' Berg regarding breaches of trust and the appropriateness of the clinical care received during these visits.
- Community/media concerns about how a person could masquerade as a Doctor for so long in spite of managements obvious concerns with his clinical and behavioural practice.

Key Messages:

- Specialist staff from the Townsville Health Service District Mental Health Service have taken the precaution of reviewing patient medical records when concerns about clinical practice were raised following the authenticity of medical qualifications of a previous staff member being called in to question.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January 2000 to January 2001. The Doctor had registration with the Medical Board of Queensland during his employment at the Townsville Health Service Mental Health Unit.

- Since that time some questions have been raised regarding the authenticity of his qualifications.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023

- The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for, the university indicated that the documents were not genuine.

- As a 'Doctor in training', his clinical practice was supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service. Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously.

- It is important to remember that the Doctor did have registration with the Medical Board during the time of his employment.

- Immediate steps were taken to review all relevant patient medical records and all patients seen by the former staff member have now had their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Investigations revealed that 259 patients had clinical contact with the 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Rehabilitation Unit (formerly Mosman Hall) and the on call roster for the Mental Health Service.

- It has been identified that because this incident occurred over two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- Fifty patients have been identified as requiring precautionary followup. These patients are now being/have been contacted and follow up visits if clinically necessary have been/will be arranged with the Director of the Mental Health Unit or other healthcare professional of their choice.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland. At the time there was no reason to believe that the qualifications were not genuine.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

STRATEGIES

Timeframe	Target Group	Strategy	Key Message	Responsibility
W/c 27/01/03	• At risk Patients of "Dr Berg" • At risk carers and families	Telephone call depending on risk – see attached script	As per above	Dr Andrew Johnson Dr John Allan Karen Vohland
W/C 27/01/03	▪ Senior staff, Mental Health Service ▪ Senior staff, Charters Towers Rehabilitation Unit	Staff meetings	As per above	
	▪ District Manager, Charters Towers Health Service	Phone call/Email	As per above	Dr Andrew Johnson
	▪ Senior Staff Charters Towers Health Service	Meeting	As per above	Peter Sladden Dr Andrew Johnson
	▪ Zonal Manager ▪ Director General ▪ General Manager Health Services	Phone Call/Email/briefing note	As per above	Dr Andrew Johnson Karen Vohland
	▪ Dr Peggy Brown	Phone Call/ Email/ briefing note	As per above	Dr Andrew Johnson
	• Minister for Health	Briefing Note	As per above	Via Zonal Manager
	• Media	Media release (if required)	As per above	Dr Andrew Johnson Karen Vohland
	• Mental Health Consumer and Carer Groups	Phone call (if necessary)	As per above	Dr John Allan

Evaluation:

Monitor media comment/representation of issue in media, response from staff, response from other target audience.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

AJJ-6

(50)

From: Andrew Johnson
To: Whelan, Ken
Date: 12/6/02 11:16am
Subject: Contact from Police re Dr Berg

Dear Ken,

as discussed yesterday, I had contacted the Acting Superintendant of Police regarding the Berg situation, seeking information about his whereabouts. This information is not yet to hand and will only be released if we formally request it. I would suggest that this formal request would be prudent, especially if we do need to go down the track of notifying any patients, or pressing charges, especially from a staff security perspective.

Acting Superintendant Reeves advised that Berg's behaviour would constitute a criminal offence under the fraud provisions of the Crimes Act, and as we discussed yesterday, the plan is for us to put the onus of this reporting back onto the Medical Board. I have dictated a letter for your signature in this regard.

Acting Superintendant Reeves contacted me again this morning to remind me that there is a mandatory notification required under S36 of the Crimes and Misconduct Commission Act for any suspected Oficial Misconduct in a current or past public officer. I am advised that OM is defined in S 15 and 16 of the Act and would include fraud.

I will leave it to you to determine how to proceed with this, I have cced Steve given our discussions yesterday.

yours
Andrew

Dr Andrew Johnson
Executive Director Medical Services
Townsville Health Services District
ph 61 7 4796 1003

File No 00/1876	Registration No 0506915
Date Received 10 12 103	Date Sent.
Action Officer	Copies
Reference	Action
Resubmit Date / /	

CC: Buckland, Steve; Vohland, Karen

AJJ-7

Pennell.Wayne[NR]

From: Andrew Johnson [Andrew_Johnson@health.qld.gov.au]
Sent: Tuesday, 10 June 2003 9:18 AM
To: Pennell.Wayne[NR]
Cc: Kitching.JoeJ[NR]
Subject: Re: BERG, Vincent Victor

Many thanks Wayne,
at this point we do not wish to proceed with any action against Vincent Berg.

Yours Sincerely
Andrew Johnson

Dr Andrew Johnson
Executive Director Medical Services
Townsville Health Services District
h 61 7 4796 1003

>>> <Pennell.Wayne@police.qld.gov.au> 06/04/03 03:40pm >>>
Andrew,

Andrew,

Sorry about the delay in getting back to you about this matter. In our last conversation I explained that if this matter were to become a police investigation then a formal complaint would have to be made to police. In addition to that formality, I as the investigator would require copies of the following material.

All employment records of BERG.
All records provided by BERG to Qld Heath where he claims legitimate qualifications.
Rosters or employment records to show that he was tasked to administer care etc.
Details of all patients seen by BERG [required as statements would have to be taken from each of them].

s also discussed with you, if it is decided that no complaint is forthcoming, then a simple response to this mail is sufficient.

I'm presently on leave at the moment, however I am available to discuss this with you further. If you wish to contact me, please phone me on the below listed mobile number.

Regards,

Wayne

Wayne Pennell
Detective Sergeant 5564
Townsville CIB
Ph: (07) 4759 9711 (wk); (07) 4759 9890 (fax); 0417783591 (mobile)
e-mail: Pennell.Wayne@police.qld.gov.au

NSA-8

File No: 96/0629 Document No: (8)
Date Received: 6/6/05 Registration No: 0533310
Action Officer: Date Sent: / /
Copies to:
Reference:
Resubmit Date: / / Action:

Andrew Johnson - N/S Cover - Don Mye

From: Andrew Johnson
To: Drummond, Shaun; FitzGerald, Gerry; HANSON, JACKIE; nwclinic@austarnet.com.au; Rossato, Reno; Whelan, Ken
Subject: N/S Cover - Don Myers Registration and TTH Employment
CC: PUGH, Brian; shannon; Syron, Samantha; Trujillo, Monica

Dear all,

I have had a long meeting with Dr Guazzo this afternoon.

- He is keen to welcome Don and to work with him as a colleague.
- Would prefer that DM had formal College assessment.
- Is prepared to continue 1 in 3 plus will be able to pick up some extras in Reno's absence (will advise Jackie on availability)
- Prepared to do first couple of lists (EG days) when DM arrives, working with DM to provide orientation and will let me know if he sees any issues of concern.
- Not happy to formally "sign-off" DM as competent given expected limited exposure.
- Not comfortable taking on "supervisor" role in Reno's absence as he has not been involved in selection and recruitment, has not seen logbooks etc

Have spoken with Wavelength (John Bethell)

- They have contacted College and will carry out instruction to seek expedited review to specialist status (Cost involved around $4500)
- They have been advised that new Board supervision requirements not yet formally activated when they contacted Board today

Previous discussion with Chief Health Officer, Gerry Fitzgerald, MBQ member

- Board clearly moving to tiered supervision requirement
- SMO without deemed specialist status needs / will need nominated direct supervisor at similar level to registrar

Have spoken with Reno

- Reno will call NSA Exec officer to ask for special consideration of expedited review

Other Facts

- DM registration as SMO in Neurosurgery has come through
- MBQ supervision requirements not yet formalised
- DM is en route from tomorrow as I understand it
- If we do not use DM we will need to send N/S patients to BNE
- College assessment normally takes 12 weeks for deemed specialist
- DM due to commence for 12 weeks from 20 June.
- RR away from 9 June to 4 July

My recommendation

- Short Term
  - Continue with appointment
  - Continue with College assessment process in background - expedite using any favours Reno or Gerry can pull in
  - When DM arrives orientation but no call or independent operating until he has done two lists with EG.
  - Eric to advise me of any issues of concern with operating technique, judgement etc
  - If no concerns, move to have DM on roster and operating independently thereafter with Reno as designated supervisor, Eric happy to provide collegiate support
- Medium to long term
  - All senior appointments to require deemed specialist status unless working in department where significant oversight / supervision is feasible... eg ED and anaesthetics

Rationale

- Minimum disruption to acute service in Reno's absence
- Minimises fallout on potentially very valuable long term recruit
- Provides a level of support that increases my level of comfort in signing off independent practise
- Works within existing Board requirements, respecting new, as yet unimplemented, requirements

- Clearly in current situation would be vastly preferable to have College assessment completed but timeframe may preclude this prior to scheduled commencement
- If we have well trained surgeon on our books but not using them we may put patients at unnecessary risk by protracted transfers and consequent delays to care
- CV looks good, observed surgery over a couple of lists should give reasonable indication of any potential problems and improve orientation.

Fallback Position

- Pull out of locum until Reno's return or College assessment complete
- Send patients to Brisbane when EG and RR unavaialble (most of 9 June to 4 July)

Requested Action

- All please confirm your agreement with planned approach detailed above or
- Detail concerns and potential solutions

TJJ-9

(60)

File No 96/0629	Registration No. 0533456
Date Received: 10/06/2005	Date Sent.
Action Officer:	Copies: NORTH WARD CLINICM.B.B.S., 65 EYRE STREET NORTH WARD
Reference:	Action: TOWNSVILLE Q. 4810
Resubmit Date:	PHONE : (07) 47722844 FAX : (07) 47722834 EMAIL: ngneurosurgery@austarnet.com.au

ERIC P. GUAZZO
M.D., F.R.C.S., F.R.A.C.S.
NEUROSURGEON

Associate Professor
School of Medicine
University of Queensland and
James Cook University

SPECIALIST MEDICAL CENTRE
207 LAKE STREET
CAIRNS, Q. 4870

6 June 2005

eg:km

Dr Andrew Johnson
Executive Director of Medical Services
Townsville Hospital
100 Angus Smith Drive
DOUGLAS QLD 4814

Dear Andrew,

I wish to follow-up on our discussions of Friday 3 January 2005, confirming by letter a number of matters.

I look forward to Dr Don Myers, Neurosurgeon, commencing his practice at The Townsville Hospital and I especially look forward to working with him as a colleague, I hope for the long term. As I have mentioned to you, I intend to support and assist him in any way I can to ensure he settles into practice in North Queensland. However, I am not willing to undertake his formal supervision and I have discussed the reasons with you. Most important is I was excluded from the processes of his selection, contrary to the assurance I had been given by Mr Whelan, the District Manager, this experience similar to past with the administration at the Townsville Hospital when excluding me from other important matters concerning the provision of neurosurgical services.

I also discussed with you the current state of Neurosurgical Services at the Townsville Hospital and you are well aware of our previous discussions. I have received from you and Mr Whelan a number of communications including a letter of 1 December 2004 which listed my concerns about neurosurgery services in Townsville and how they would be resolved.

I informed you that while I had met with Jackie Hansen, the Operations Director of Surgery on two occasions and intend to continue meeting with her on a monthly basis, the Director of Neurosurgery, Mr Reno Rossato has not attended either of these meetings. You will be aware that we have not had any audit process since I resumed practice in early February. I had discussed with Jackie Hansen the moving of the clinical meetings until Wednesday and I have asked her whether it would be possible that we could have the audit at that time on the first Monday of every month. I would also be suggesting to her that perhaps our business meetings could be moved to that time and would be part of the audit process. There have been no significant development of protocols for Neurosurgery at the Hospital, with the only new protocol being the one addressing the issue of paediatric head injuries, about which I have written to you indicating why it was unacceptable. I also confirmed with you that I had not been involved in it's drafting.

As you recall, the memorandum of understanding for Neurosurgical services addresses a number of these issues, but despite best endeavours by some, many of the solutions have not been implemented.

Lastly, as you know, I will be undertaking a four month sabbatical at the University of Cambridge at the end of September. I will be returning at the end of January 2006 to resume practice, both in private and public practice. I anticipate that I will continue to contribute to the public practice at my current commitment unless you see otherwise. For your information I enclose with this letter a copy of a letter I'll be sending to referring practitioners informing them of the temporary closure of my practice.

Yours sincerely,

ERIC GUAZZO.

CC: Mr Ken Whelan, District Manager, Townsville Hospital.