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QUEENSLAND

COMMISSIONS OF INQUIRY ACT 1950

BUNDABERG HOSPITAL COMMISSION OF INQUIRY

STATEMENT OF JOHN GREGORY WAKEFIELD

1. I, **JOHN GREGORY WAKEFIELD, Executive Director of the Patient Safety Centre,** of c/- Block 6, Royal Brisbane Hospital, Herston in the State of Queensland, acknowledge that this written statement by me dated 16 August 2005 is true to the best of my knowledge and belief.

2. This statement is made without prior knowledge of any evidence or information held by the Inquiry which is potentially adverse to me and in the expectation that I will be afforded procedural fairness should any adverse allegation be raised against me.

3. I am a registered medical practitioner in the State of Queensland. I graduated bachelor of medicine, bachelor of surgery in England in June 1988. I also hold a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) from the United States. I hold fellowship of the Royal Australian College of General Practitioners ("FRACGP"), Australian College of Rural and Remote Medicine ("FACRRM") and a Graduate Certificate of Health Management.

Initial Appointment at Bundaberg Base Hospital

4. I initially arrived in Bundaberg from England in December 1989. I was employed on a one year contract as a resident medical officer at the Bundaberg Base Hospital ("BBH"). At that time, the BBH had eight junior medical staff, most of whom were from the United Kingdom, and very few specialist staff. As a result, the BBH relied heavily on the clinical services provided by the Medical Superintendent. The junior medical staff were required to work long hours and shoulder responsibility well beyond that expected from their metropolitan peers, and frequently with little supervision. There were periods of time without even basic general medical specialist services. However, the staff were dedicated and worked hard to deliver the best care possible to the community.

5. My wife and I enjoyed living in Bundaberg and elected to extend my one year contract. Between July 1989 and January 1993, I worked as a Senior House Officer, Principal House Officer and then Senior Medical Officer in the Emergency Department at the BBH.

Medical Superintendent at Gin Gin Hospital

6. After four years working at the BBH, I applied for the Medical Superintendent position at Gin Gin Hospital. I commenced as Medical Superintendent with rights of private practice at Gin Gin Hospital in January 1993. In this role, I provided hospital and primary care to the community for six years. I believe that I provided a quality service to the community and was able to provide the 'cradle to grave' service that has now largely disappeared from medical practice.

7. It was during this time that I commenced a Masters in Health Service Management.

8. My experience in managing trauma was useful in my position at Gin Gin Hospital as this was one of the worst stretches of highway on the East Coast for motor vehicle accidents. During this period, I was required to be on continuous call with 48 hours off duty in every two weeks. This is common for rural medical superintendents. Despite asking for funds for an additional position, this was not provided and I eventually resigned. I was exhausted and I wanted to spend some time with my family without the restriction of being permanently on-call. My intention was to move to Brisbane to work in an emergency department, however, there was a vacancy at Bundaberg for a Director of Department of Emergency Medicine.

Director of Medical Services at Bundaberg Health Service District

9. I was appointed by Dr Brian Theile, Director of Medical Services at Bundaberg Health Service District ("DMS"), to the position of Director of Department of Emergency Medicine at the BBH in January 1999. At that time, I had ten years experience in emergency medicine and procedural general practice

10 In March 1999, Dr Theile resigned as DMS and recommended that I take on this role in an acting capacity.

11 I applied and was formally appointed to the position of DMS in January 2000. A copy of the position description is **ATTACHMENT 'JGW-A'**.

12. During the period I was DMS, the Bundaberg Health Service District faced significant difficulties in addressing the health needs of the community. This was due to inadequate funding, difficulty in attracting and retaining medical staff, lack of clarity of definition of the scope of services, and unsustainable services. Examples of the difficulties include:

    a) Specialist services which necessitated on-call rosters of 1:2.

    b) High level vascular surgical service funded when basic general surgical service was unable to cope with demand.

    c) Inexperienced junior doctors providing emergency department cover unsupervised after-hours.

13. The Bundaberg Health Service District funding was not based upon an assessment of what was required to deliver a defined service. It was based on an historical model. This grossly underestimated the resources needed to deliver a contemporary health service. I formed the opinion that the Bundaberg Health Service District was underfunded based on:

a) It struggling to deliver basic services within its base budget.

b) Bundaberg was well below the State and National average casemix costs for DRGs.

c) My knowledge that the Fraser Coast Health Service District had a similar output in weighted separations to the Bundaberg Health Service District (Bundaberg was slightly higher) but had a base budget 40% greater than Bundaberg.

14 The only discretionary funding available to the Bundaberg Health Service District was for additional elective surgery. This funding was contingent on meeting:

a) Activity targets. In conjunction with the Surgical Access Team, an activity target in terms of number of weighted separations was set. Although activity targets are understandable, they are very dependent on the availability of medical staff and competing demands of emergency surgery.

b) Waiting list performance targets. In order to qualify for additional money, no more than 5% of category 1 and 2 patients were allowed to wait more than 30 days for surgery. If this target was not met for 6 months of the year a penalty was applied. Waiting list performance is related to demand and not primarily throughput of elective surgery. Therefore waiting lists are very difficult to manage As a result, a Health Service District could spend all their funds in meeting activity targets only to be penalised for not meeting waiting list targets.

15. Upon my appointment as Acting Director of Medical Services, in addition to managing the operational requirements of the position, I set about identifying the priorities for action I met with all the senior medical staff at the hospital as well as representatives of the local community. Based on this advice, I developed a plan to address key priorities.

16. As DMS I addressed many issues including:

a) On my appointment as DMS, there was no formally constituted Medical Advisory Committee for the Bundaberg Health Service District. A number of medical staff indicated that they wanted to have more transparency in these meetings. I established a minuted monthly meeting, with defined Terms of Reference, and an elected Chairman to ensure that the medical staff could drive the agenda and provide independent advice This meeting was well attended and provided advice to the District Executive.

b) To further respond to the request for direct senior medical involvement in decision-making, the District Manager agreed to the formation of an Executive Council. This comprised monthly meetings of the District Executive and Clinical Directors focussed on clinical issues.

c) There was no formal credentials and privileges process in place on my commencement. I established a Credentials Committee. I ensured that all existing and new staff had written privileges consistent with their credentials **ATTACHMENT 'JGW-B'** a copy of the *"Credentialling and Appointment Procedures for medical Practitioners at Bundaberg Health Service District"*.

d) I responded to the needs of the junior doctors by establishing a formal junior doctor training program. I obtained funding to support and recruited a medical education officer (**ATTACHMENT 'JGW-C'**), purchased manikins, and personally ran training programs including Trauma Life Support. I re-invigorated the position of Director of Clinical Training, personally taking on the role until I could enlist the assistance of Dr Nydam.

e) I developed a submission in consultation with senior medical staff to attract funding and students from the Rural Medical School of University of Queensland (**ATTACHMENT 'JGW-D'**). This led to the support of 3rd year clinical medical students to be based in Bundaberg.

f) I addressed key human resource issues within the medical division. I established an orientation program and developed a handbook to support new starts. I also commissioned a review of junior medical staff rostering to address concerns of safe-hours, supervision and experience (**ATTACHMENT 'JGW-E'**). Following this, I successfully obtained funds to increase the seniority of medical staffing in the Emergency Department with an extended span of hours

g) I reviewed the Private Practice contracts and billing arrangements as was a requirement of my role. As part of this process I developed a handbook to assist existing and new specialists and administration staff to understand the requirements of this contract (**ATTACHMENT 'JGW-F'**). In addition, I set up the appropriate Committee to oversee disbursement from the Option B trust fund in line with the audit requirements.

h) I ensured that contracts were appropriately managed and that recruitment was in line with policies and legislation. This required review of the working arrangements of several doctors that had been in breach of contractual and award provisions

i) During my tenure as Director of Medical Services of BBH, I was able to address some of the medical staffing issues. Below is the net increase in medical staff in comparison with when I started:

- 0 3 FTE Orthopaedic VMO
- 1FTE Obstetrics and Gynaecology specialist
- 0.3FTE Palliative Care specialist
- 1FTE Medical specialist (renal and general medicine)
- 2FTE Anaesthetic specialist
- 1FTE Paediatric specialist
- 0 2FTE Gastroenterology specialist in the form of a visiting from RBH

17. My time as Director of Medical Services at Bundaberg was very difficult. The Executive and the clinical staff were constantly working with inadequate resources in trying to deliver quality patient care Despite these challenges, the staff of BBH were dedicated and committed to doing the best they could to care for the community.

18. In the four years since I have left Bundaberg, the medical workforce shortages have deteriorated. This has been exacerbated by a range of issues including improved work conditions in the United Kingdom and other Australian States, generational changes resulting in unwillingness of Australian doctors to work long hours and under poor conditions and lack of competitiveness of Queensland Health. This has resulted in an unstable medical workforce heavily reliant on locums and medical practitioners from a non-English speaking background. This situation imposes increased risks to safety and quality

Dr Pitre Anderson

19. On about 21 July 1999, I received complaints from hospital staff and from private surgeons, that Dr Anderson (Director of Surgery) was conducting private practice during paid time outside of the private practice contract. **ATTACHMENT 'JGW-G'** is a copy of handwritten notes I made about those complaints dated 21 July 1999 and a letter I received from Dr David Little dated 31 August 1999.

20. By a letter dated 1 September 1999, I advised Dr Anderson that under his option A contract, he was not entitled to engage in private practice during normal working hours (0800 to 1800) or on rostered overtime or on call hours (**ATTACHMENT 'JGW-H'**). I also requested that he cease conducting private practice during normal working hours.

21. In a letter dated 9 September 1999, Dr Anderson advised me that he was rescheduling his private clinic so that it will take place outside business hours. **(ATTACHMENT 'JGW-I')**.

22. In a memorandum dated 10 September 1999 **(ATTACHMENT 'JGW-J')**, I suggested that Dr Anderson cease his private practice during business hours within 2 weeks

23. As a result of our correspondence and discussions in August and September 1999, I assumed that Dr Anderson had ceased conducting his private practice during business hours.

24. In about July 2000, I received further complaints that Dr Anderson was compromising the care of patients by allowing his registrar to perform surgery that he was not competent to perform whilst he was off site conducting private practice. Dr Charles Nankivel had been called in on several occasions when he was not on call to cover for Dr Anderson. I was also informed of allegations that he was removing hospital property without permission.

25. On 28 July 2000, I sought advice from Elizabeth Piper-Cruikshank of Employment Relations in Corporate Office in relation to Dr Anderson. **ATTACHMENT 'JGW-K'** is a copy of my memorandum to Ms Piper-Cruikshank dated 28 July 2000. I was advised that the matter would be immediately investigated and that I should document the allegations

26 Based on the advice I received from Employment Relations, a letter was sent by the Acting District Manager, Kate Young, to Dr Anderson dated 2 August 2000 **(ATTACHMENT 'JGW-L')**

27 On 2 August 2000, I also attended a meeting with Kate Young and Dr Anderson to discuss the issues raised in the letter of 2 August 2000.

28. I was advised that following further meetings, Dr Anderson resigned and agreed to pay back certain Option A private practice payments to the Hospital.

29. At all times, I maintained confidentiality in relation to this issue for the benefit of Dr Anderson and his patients. I believe that I acted appropriately and according to my legal and ethical responsibilities in this matter.

Dr Sam Baker

30. Dr Anderson's resignation created significant difficulty for the remaining surgeon, Dr Nankivell, and compromised surgical services. After obtaining locum support and sessional support from local Visiting Medical Officers, Dr McGregor and Dr Marsden, I recruited Dr Sam Baker to a staff surgeon position.

Dr Malcolm Stumer

31. Also during my tenure, questions were raised about the competence of the Director of obstetrics, Dr Malcolm Stumer. There had been multiple complaints

about his clinical decision making associated with several poor outcomes in a high risk area of medicine. The details of this are covered in the attached letter to the Medical Board (**ATTACHMENT 'JGW-M'**). This option was pursued after the failure of all other avenues open to me to receive independent advice as to his competence.

32. In the interests of patient safety, I elected to follow the advice of several senior clinicians, and withdraw clinical privileges until I could be satisfied by an independent assessment, that he was safe to continue working as a specialist obstetrician. This difficult decision was done to protect patients and without prejudice to Dr Stumer. I maintained strict confidentiality to protect Dr Stumer during the investigation, and he was maintained on full pay. Although I personally referred this matter to the Board, I was never contacted to give evidence I contacted the Board by phone during this time to ascertain how things were progressing and was told that I could not be provided with any information. I left Bundaberg before any decision was made. I understand that it took two years to complete the investigation.

Signed at **Brisbane in the State of Queensland** on **16 August 2005**.

JOHN GREGORY WAKEFIELD
Executive Director of the Patient Safety Centre
Queensland Health