

Dr Michael Cleary

**Associate Professor
School of Health Sciences
University of Queensland**

DEGREES AND DIPLOMAS

- . ***Bachelor of Medicine. Bachelor of Surgery (Qld)***
- . ***Master of Health Administration (UNSW)***
- . ***Fellow of the Australasian College for Emergency Medicine***
- . ***Associate Fellow of the Australian College of Health Services Executives***
- . ***Certified Health Executive***
- . ***Colonel Consultant to the Australian Defence Force***
- . ***Instructor - Early Management of Severe Trauma Course***
- . ***Instructor - Care of the Critically Ill Surgical Patient***
- . ***Instructor - Disaster Medicine Training Program***
- . ***Instructor - Pre Hospital Trauma Life Support Course***

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1. PERSONAL DETAILS

Name: *Dr Michael Ian CLEARY*

2. ACADEMIC QUALIFICATIONS

Primary Education: *Drillham State School, Drillham, Qld.
Miles State School, Miles, Qld*

Secondary Education: *Toowoomba State High School, Toowoomba, Qld.*

Undergraduate Education:

Bachelor of Medicine, Bachelor of Surgery, (1983), University of Queensland

Postgraduate Education

Royal Australasian College of Surgeons, Part One examination completed April 1987

Australasian College of Emergency Medicine, Fellowship examination completed July 1989

Master of Health Administration, University of New South Wales, completed 1993

Australian College of Health Services Executives, Associate Fellowship awarded April 1993

Certified Health Executive, Australian College of Health Services Executives awarded 1993

Certificate in Disaster Medicine, Emergency Management Institute awarded 1994

Senior Instructor, Early Management of Severe Trauma Course awarded 1990

Senior Instructor, Pre Hospital Trauma Life Support Course awarded 1998

Instructor, Care of the Critically Ill Surgical Patient awarded 2001

Awards

Buchanan prize, Australasian College for Emergency Medicine Fellowship Examination July 1989

RACMA Challenge Award Medallion. October 1993

Queensland Health Excellence Award (Elective Surgery) 1999

Director General's Special Commendation (Toowoomba Health Service) 2000

Premiers Award for Excellence (Pre Hospital Trauma Life Support Course) 2001

Medical Registration:

Medical Board of Queensland No 850735 (Emergency Medicine) Medicare No 696 355

3. Staff Appointments

CURRENT APPOINTMENT:

Executive Director of Medical Services, The Prince Charles Hospital and Health Service District

(April 2000 – current)

In April 2000 I was appointed Executive Director of Medical Services for The Prince Charles Hospital and Health Service District. For a significant proportion of this time I acted as District Manager

Major initiatives that I lead during this period included -

- *Innovation within clinical services that has seen the establishment of*
 - *A comprehensive Pre-admission Centre including leading edge pharmacy service*
 - *A Surgical Outreach program within the Central Zone*
 - *A District Diabetes Service (community focused)*
 - *A District Palliative Care Service (home care focused)*
 - *A coordinated approach to cardiac services within the Zone*
 - *Pulmonary hypertension service*
 - *Pulmonary endarterectomy service*
 - *VAD service*
- *Enhanced private practice service.*
- *Leadership in clinical practice*
 - *Facilitating the development of clinical guidelines in all clinical areas*
 - *Facilitating clinical pathway's for common clinical conditions*
 - *Fostering evidence based medicine initiatives in particular relating to nursing practice*
- *Leadership in research that has seen the development of*
 - *An academic Department of Orthopaedic Research (Significant funds were attracted from external agencies)*
 - *A Research Management Advisory Committee to coordinate research activities*
 - *Development of a centre of excellence in cardiac MRI*
- *Development and implementation of a District Communications plan that incorporates staff forums, newsletters, and for the first time this year a Hospital Week that incorporates a medical conferences and open day.*
- *Enhanced reporting and budgeting at Divisional level. This included a Balanced Scorecard reporting system, which included an analysis of activity, staffing, and performance against target, surgical utilisation and bed management*
- *With the core executive achieved accreditation of all of the District's facilities. This includes the Prince Charles Hospital, the District's Mental Health Services and in particular Eventide Nursing Care Unit, which received 9 commendations*
- *Planning, developing and implementing the District's Operational Plan*
- *Developing and implementing a Vacancy Control System.*
- *Developing and implementing a bed management plan*
- *Revision of medical staffing in line with the AMA Safe Hours Project*
- *Supervising the commissioning of new facilities including the expanded acute services, Community Care Unit, Medium Secure Unit, and Chermiside Community Health Centre*
- *Enhanced benchmarking through the establishment of the Cardiac Surgery Round Table*

I continued my role as Chair of the Australian Casemix Clinical Committee where I have been instrumental in facilitating a wide range of casemix developments in Australia until it was concluded. These include -

- *Coordinating recommendations to the Commonwealth Department of Health and Family Services on modifications to Australian casemix classifications (such as AR-DRG's)*
- *Sponsoring the national Sub-Acute and Non-Acute Casemix Classification Study, the Mental Health Classification and Service Costs project, the Expanded DRGs Project and the National Ambulatory Casemix Classification*
- *Sponsoring the production of specialty-coding booklets*

I have been a member of the Australian Medical Services Advisory Committee which oversees the review of medical technology for the Commonwealth Department of Health

COMMITTEES AND WORKING PARTIES

Honorary Appointments

Consultant-	Colonel Australian Defense Force
Chair -	National Casemix Conference Committee (1999 -)
Member -	A.C.E.M. Court of Examiners (1994 -)
Section Editor -	Emergency Medicine (1995 -)
Member -	Micromedex Editorial Board, Micromedex Inc Denver ,Colorado USA. (1992 -)
Member -	Medical Journal of Australia Review Panel (1999 -)

Government Appointments

A/Medical Director -	Prehospital Trauma Life Support Program (2000 -)
Deputy Chair -	Australian Casemix Clinical Committee (March 1993 -)
Chair -	A.C.C.C Injury Classification and Coding Group (1993 -)
Sponsor -	QIEP Incident Monitoring Program (2000 -)
Member -	QIEP Program Area Boards (2000 -) (Pharmacy, Clinical Information System, Credentials and Privileges)

PREVIOUS APPOINTMENTS

Acting Executive Director of Medical Services, Toowoomba Health Service District

(March 1999 – December 1999)

In March 1999 I was appointed by the Director General to act in the role of Executive Director of Medical Services for the Toowoomba District. This was a challenging role as the District Executive had been replaced and the new executive team was charged with restructuring the services

With the Executive Team I was responsible for a major organisational change initiative which saw the establishment of a District management structure which was underpinned by a clinical divisional structure. The Clinical Divisions being responsible for operational management while the District Executive took on the role of strategic management. Throughout this process the new divisional chairs required support

A comprehensive review of expenditure, activity and the capital works plan was undertaken

I provided corporate sponsorship for quality improvement within the health service which targets increased consumer participation, evidence based practice, developing partnerships with the private sector, establishing information systems that focus on risk management, executive reporting framework, and development of clinical and administrative systems. A program for achieving ACHS accreditation was also established

A range of benchmarking activities were also undertaken including the establishment of the Regional Health Improvement Network (RHIN). This health round table, which I was instrumental in establishing included all the major regional hospitals in Australia and focused on using the tremendous expertise that already existed in our hospitals to learn from and share operational management techniques to achieve innovation in patient care and efficiency

Acting Executive Director of Medical Services, Princess Alexandra Hospital

(July 1998 – February 1999)

In July 1998 I was appointed Acting Executive Director of Medical Services of the Princess Alexandra Hospital. The hospital is a Tertiary Adult Teaching Hospital with approximately 900 inpatient beds. The Hospital is managed through a divisional structure

As Executive Director of Medical Services I was responsible for the overall management of medical staff on the campus. This included recruitment and selection through to individual development planning

I was also responsible for selected operational units including Diagnostic Imaging and Health Information Management. I facilitated the restructuring of this service to allow it to become more customer and information focused. To achieve this the Health Information Management Service established a Health Information Centre took on the role of risk management within the organisation. This included the introduction of the Respond 3 Information System.

Organisational change was a major consideration as work progressed on a new facility. This required the formation of an Organisational Change Team, which reviewed and made recommendations on a range of issues including Workforce Management and Information Management. I took a lead role with these groups and facilitated many of the changes that took place

Director of Medical Administration, Princess Alexandra Hospital

(July 1997 – July 1998)

In July 1997 I was appointed Director of Medical Administration (Deputy Medical Superintendent) for the Division of Medicine at the Princess Alexandra Hospital. Divisions are accountable for maintaining budget integrity and for achieving activity targets

The Division of Medicine has a budget of \$72 million, employs approximately 1000 staff and is managed through a departmental structure. All sub-specialties of Medicine are represented. The Divisional Executive is made up of a Chairman of Medicine, a Director of Medical Administration, a Chair of Nursing, and a Business Manager. My role was to oversee Medical Human Resource Management issues in the Division and to facilitate clinical developments. Major initiatives coordinated through my Division included:-

- *Decentralisation of HRM responsibilities*
- *Introduction of a Clinicians Taking the Lead Program*
- *Clinical budgeting at departmental level*
- *Realignment of clinical services (providing outreach services at Redlands and Logan)*
- *Evaluation of staffing levels*
- *Information Technology initiatives including Technology Upgrade Program, Hospital and Departmental Intranet and Technology trials such as Voice Dictation*
- *Introduction of Clinical Practice Guidelines, Clinical Pathway's and evidence based medicine initiatives*
- *Introduction of new clinical services including Musculo-skeletal Medicine, Clinical Genetics, Home ventilator program for spinal patients.*
- *Implementation of a hospital wide Balanced Scorecard reporting system which included an analysis of activity, staffing, and performance against target, surgical utilisation and a real time bed management system*
- *Implementation of a range of initiatives to achieve a reduction in medical overtime.*

I represented the Division on a number of essential management committees including the Hospital's Ethics Committee and the Information Management Steering Committee

During this time I have been fortunate to be able to maintain a clinical role. This has been very fulfilling as it allows me to maintain my clinical skills while participating in the Teaching and Research Programs maintained in the Department of Emergency Medicine. As a Staff Specialist I provided clinical care in the Department and participated in the on-call rosters for Clinical Coordination and Retrievals

Medical Adviser, Elective Surgery Team, Queensland Health

(February 1996-July 1997)

In February 1996 I was appointed by the Director General to the position of Medical Adviser within the Division of Policy and Planning. My principal role in this position was to manage the implementation of the Elective Surgery Strategy within Queensland Health. This required the development of a comprehensive action plan and the initiation of a substantial and complex project within Queensland Health.

The Surgery on Time plan for enhancing elective surgery services and reducing waiting times was approved by Cabinet on 1 July 1996. The plan takes a coordinated and comprehensive approach to managing the major elements that

impact on elective surgery services in Queensland public hospitals. It details three phases: a planning phase ending 30 June 1996, and implementation phase ending 31 December 1996 and a consolidation phase ending 31 December 1997. Targets were proposed that essentially focused on the more urgent Category 1 patients in Phase 2 and Category 2 patients in Phase 3.

The major elements of the project included:

- Implementation and enhancement of the Elective Admissions Systems,
- Initiation of the implementation of the Operating room Management Information System,
- Establishment of a performance reporting system to the senior executive and key stakeholders,
- Recruitment and establishment of Peri-operative Nurse Educators to enhance the training and education of operating room nurses,
- Supply of surgical equipment and completion of minor works,
- Funding for the development of Post Acute Care in the community,
- Initiation of projects to increase Day Surgery,
- Establishment of working parties to develop agreed models of preferred clinical practice,
- Funding for increased elective surgery activity and for special initiatives.

The Phase 2 target of less than 5% of Category 1 patients waiting clinically inappropriate times for surgery have been achieved. In recognition of this, Outstanding Achievement awards have been presented to the participating hospitals on behalf of the Government and Queensland Health.

Timing for Phase 3 of the project was revised following consultation with specialist colleges. The focus of activity in Phase 3 was on the reduction of Category 2 patients waiting clinically inappropriate times while maintaining Category 1 achievements. Service agreements with districts were established which included elective surgery targets.

As the Manager of this project I established and coordinated the Ministerial Taskforce and Clinical Advisory Committee. I played a leadership role by convening the "Elective Surgery Round Table". This was the first national meeting of States and Territories to discuss policy issues that relate to elective surgery.

This role required high level internal and external communication skills. Examples of the complexity of these communications include appearing before Parliamentary Committees, providing detailed advice to the Minister and Director General and producing high quality external communications such as the Surgery on Time Plan.

To achieve the required outcomes in a rapidly changing environment was extremely difficult and required me to have a capacity to lead effectively and keeping the team focused on the outcomes.

Medical Superintendent, Queen Elizabeth II Hospital

(September 1996-July 1997)

The QEII Hospital is a 161-bed district hospital, which lies within the greater Brisbane Metropolitan Area. The hospital has a focus on elective surgical services in the areas of Orthopedics, Gynecology, Urology and General Surgery. QEII established a large acute care service including the development of a level 3/4 Emergency Department and a Level 1 Intensive Care service during the hospital redevelopment (\$10 million).

The QEII Hospital was a complex environment with the introduction of a new working environment requiring consideration to be given to the process of organisational development. This included recruitment and selection of new staff, upskilling and training of existing staff and the introduction of continuous improvement processes.

Acting Director Division of Emergency Medicine & Ambulatory Care

Royal Brisbane Hospital, Queensland

(May 1994 - July 1995)

In 1994 I was appointed Acting Director of the Division of Emergency Medicine and Ambulatory Care at the Royal Brisbane Hospital (RBH). The Department is the largest physical facility of its type in Australasia and has the highest number of admissions (23,000) and patient attendances (70,000 p.a.). Some authorities currently regard the operational performance of the department as "benchmark", not only in Australia, but also internationally.

I was responsible for the overall coordination of clinical and management activities within the Division and had a responsibility for the emergency medical planning of major events. I progressed four significant change strategies during this period. They included the:

- *Implementation of an Emergency Medicine Information System*
- *Establishment of a Hospital Wide Integrated Patient Monitoring System*
- *Establishment of a Health Communications Network with the Division of General Practice*
- *Establishment of an upgraded Neuro-radiology service*

I have a particular interest in emergency medical technology and was involved with the evaluation and introduction of a number of new technologies into Queensland and Australian emergency departments. This included Pulse Oximetry & Capnography, Computerised Spirometry, ICU Linked Monitoring Systems, Disaster Communications Systems, Micromedix CD ROM Computerised Clinical Information System, Robotics remote pathology Stat Lab., and Kurzweil Voice Analysis Medical Record Systems

I had an extensive involvement in teaching at both undergraduate and postgraduate level. I also take part in education programs for emergency and critical care nurses, ambulance officers, rural and urban general practitioners, and a variety of management and community groups

My major area of research focused on the development of the Australian National Triage Scale with Dr Richard Ashby. This classification system has now become the National standard and has been implemented in hospitals throughout Australasia. This instrument is also currently being assessed by the UK Audit Commission and the Canadian Association of Emergency Physicians for implementation in their respective countries

• Staff Specialist, Department of Emergency Medicine & Ambulatory Care

Royal Brisbane Hospital, (1989 -1996)

In addition to my clinical role my major non clinical duties related to the establishment and coordination of the Aeronautical Retrieval Program which uses both helicopter and fixed wing aircraft to deliver critical care retrieval teams throughout rural and remote Queensland and Northern New South Wales. Together with Careflight [Sydney], this service was the busiest service of its type in Australia

With the introduction of Casemix in Queensland in 1993, I was nominated as the hospital's sponsor for casemix implementation

In January 1995 I was also nominated to take on the additional responsibility of sponsoring the development of Health Informatics within the Region. I was responsible for the strategic implementation of information systems and the development of a Regional Strategic Plan. The development and implementation of this service was extremely successful and is recognised as benchmark for information services in Queensland.

• Acting Director of Emergency Medicine

Queen Elizabeth II Jubilee Hospital, August 1989

• Emergency Physician (Visiting Specialist)

Priority Emergency Centre, Mater Private Hospital, (1989-1993)

COMMITTEES AND WORKING PARTIES

Honorary Appointments

Member -	A C E M Casemix Sub Committee (1992-1998)
Examiner -	Queensland Ambulance Service, Coronary Care Program (1995)
Director -	Emergency Medicine Research Foundation (1994-97)
Representative -	Technical/Advisory Group, Ambulatory Research & Pilot Program (CDHFS) (1994-1995)
Councillor -	Australasian College for Emergency Medicine (1993-1997)
Treasurer -	Australasian College for Emergency Medicine (1993-1997)

Representative -	A.C.E.M. Committee of Chairpersons of Queensland Medical Colleges (1993-1996)
Chair -	Queensland Faculty A.C.E.M. (1993-1996)
President -	Queensland Accident and Emergency Association (1993-1994)
Coordinator -	A.C.C.C Infectious Disease Working Party (1993-1995)
Vice President -	Queensland Accident and Emergency Association (1991-1993)
Examiner -	Queensland Ambulance Service, Air Attendant Program
Examiner -	Brisbane Ambulance Championships

Executive Appointments

Member -	Queensland Health – Casemix Steering Committee (1996 - 1998)
Member -	Elective Surgery Clinical Advisory Committee (1995 - 2000)
Coordinator -	A.C.C.C Orthopaedic and Rheumatology CCG (1993 - 2000)
Member -	A.C.C.C Ambulatory Classification Sub-Committee (1995 - 2000)
Faculty -	Medical Disaster Training Program, AMDCG (1994 - 1999)
Member -	State Disaster Coordinator (1995 - 1999)
Member -	Queensland Health Aeromedical Advisory Committee (1998 - 2000)
Member -	Queensland Health ICD-10 Implementation Steering Committee (1997 - 2000)
Member -	Queensland Health SAP Advisory Board (1996-1997)
Member -	A.C.C.C. ATSI Costing Project (CDHFS) (1995-1997)
Member -	Queensland Health Ambulatory Casemix Reference Group (1995)
Member -	Queensland Health Information Privacy Reference Group (1995)
Member -	Queensland Health Emergency Medicine Program Management Group (1994-1995)
Member -	Ambulatory Care Research and Pilot Program Management Group (CDHFS) (1994-1995)
Member -	Government Aviation Committee, Technical Subcommittee (1994-1995)
Member -	Queensland Health Patient Transfer Advisory Committee (1993-1995)
Member -	Queensland Health Information Technology Managers Forum (1993-1996)
Member -	Australian Medical Disaster Coordinator Group, (1993-1996)
Member -	Queensland Health Information Vision Group (1993-1994)
Member -	Queensland Health Multi Casualty and Disaster Planning Committee (1992-1995)
Member -	Brisbane Regional Emergency Medical Services Committee (1992-1995)
Member -	Queensland Health Casemix Clinical Committee (1992-1995)
Member -	Clinical Co-ordination Committee (1992-1995)
Chairman -	Queensland Health Prehospital Care Committee (1992-1993)
Member -	Queensland Health Clinical Co-ordination Team (1992-1993)
Chairman -	Queensland Health Multi Casualty Sub Committee (1989-1991)

TEACHING APPOINTMENTS

Tutor	Australasian College for Emergency Medicine, Registrar Training Program (1989-1999)
Lecturer	University of Queensland, The Australian Health Care System (SMB61) (1998-1999)
Lecturer	Queensland University of Technology, Information Technology in Health (1997)
Lecturer	ACHSE, Finance for Non-financial Managers (1994 -1998)
Lecturer	Paediatric Retrieval Workshops, Royal Children's Hospital (1992-1994)
Lecturer	Paediatric Emergency Medicine, Mater Children's Hospital Queensland (1990-1995)
Lecturer	Emergency Nursing, School of Nursing- Royal Brisbane Hospital (1989-1995)
Lecturer	F.F.A. Refresher Course, Faculty of Anaesthetists - Brisbane (1989-1993)
Lecturer	Medical Students (IV & VI), Royal Brisbane Hospital (1989-1994)
Lecturer	Disaster Management and Co-ordination Course, Queensland Police Service (1989)
Lecturer	University of Queensland, Health Issues in a Changing Society (ID 826)

Postgraduate Medical Education Committee

UNIVERSITY OF QUEENSLAND ROCHE RURAL FELLOW 1992

The Post Graduate Medical Education Committee of the University of Queensland sponsored a 2 week continuing medical education program in rural and remote Queensland

RURAL EDUCATION - CASEMIX 1994

Sponsored by the Sisters of mercy Health Services I undertook a lecture tour of Central Queensland visiting the towns of Bundaberg, Rockhampton and Mackay.

RURAL EDUCATION – DISASTER MEDICINE 1998

This program included a two-day course on Disaster Medicine at Charleville Hospital for local medical practitioners.

4. RESIDENCY PROGRAM - EMERGENCY MEDICINE

BASIC TRAINING

<u>YEAR</u>	<u>STATUS</u>	<u>HOSP</u>	<u>SPECIALITY</u>	<u>SUPERVISOR</u>	<u>DURATION</u>
1984	Intern	GCH	Medicine	G. Entsch	13 weeks
			Surgery	R. Borton	13 weeks
			Rehabilitation	I. MacPherson	6 weeks
			Psychiatry	G. Jennson	7 weeks
			Medicine	I. Whyte	13 weeks
			Emergency	P. Kay	13 weeks
1985	Resident	PAH	Emergency	N. Stevenson	6 weeks
			Anaesthetics	J. Solomos	7 weeks
			Neurology	R. Boyle	6 weeks
			Cardiology	S. Woodhouse	7 weeks
			Endocrinology	D. Cameron	13 weeks
			Relieving		6 weeks
		Country PAH	Emergency	N. Stevenson	13 weeks

ADVANCED TRAINING

<u>YEAR</u>	<u>STATUS</u>	<u>HOSP</u>	<u>SPECIALITY</u>	<u>SUPERVISOR</u>	<u>DURATION</u>
1986	Registrar	PAH	Emergency	N. Stevenson	52 weeks
1987	Registrar	PAH	Emergency	N. Stevenson	39 weeks
			Medicine	P. Kenneally	
	Registrar	PAH	Intensive Care	M. Wright R. Whiting	13 weeks
1988	Registrar	PAH	Emergency Medicine	N. Stevenson R. Thomas	26 weeks
	Registrar	MMH	Paediatric Emergency Medicine	R. Pitt	26 weeks
	Registrar	MMH	Paediatric Intensive Care	M. Pabari M. Harris	26 weeks
1989	Registrar	QEII	Emergency Medicine	R. Ashby I. Brandon T. Harrington	52 weeks

HOSPITAL CODES

GCH:	Gold Coast Hospital, Southport, Qld 4215 Ph (07) 518 211
PAH:	Princess Alexandra Hospital, South Brisbane, Qld 4101 Ph (07) 840 8111
MMH:	Mater Misericordiae Hospital, South Brisbane, Qld 4102 Ph (07) 840 8111
QEII:	QEII Jubilee Hospital, Private Bag 2 Coopers Plains Qld 4109 Ph (07) 275 6111

TEACHING APPOINTMENTS

Coordinator	Queensland Accident and Emergency Association Conference, (1987)
Coordinator	Intern Training Program, Princess Alexandra Hospital (1986-1988)
Lecturer	Postgraduate Emergency Medicine Training Program, Queensland (1986-1989)
Lecturer	Intensive Care and Spinal Injuries Course, Princess Alexandra Hospital (1988)
Lecturer	School of Nursing, Princess Alexandra Hospital (1986-1988)
Lecturer	Queensland Ambulance Services Board, South Brisbane (1986-1988)
Tutor	Medical Students, Princess Alexandra Hospital (1986-1988)

MAJOR PRESENTATIONS

- *Management Of The Violent And Aggressive Patient*
- *Queensland's Aeromedical Transfer*
- *Aeromedical Retrievals In Queensland*
- *Aerial Transfer Of The Critical Patient*
- *Acute Neuroradiology In The Emergency Department*

RESEARCH PROJECTS

- *Aeromedical Transfer of the Seriously Ill*
- *Neurosurgical Investigation of Acute Head Injuries*
- *Dipstick Tests For Identification of Urinary Infections*
- *The Role of Atrovent in Acute Asthma*
- *The Application Of Dry Chemistry In The Emergency Units*
- *Oxidimetry and Capnographic Assessment in Acute Asthma*

5. PUBLICATIONS AND REPORTS

REFEREED JOURNALS

1. Emergency Medicine - What is New - The Lifeflight Programme
Cleary MI, The Bush Pulse October 1990
2. Emergency Medicine - What's New - A Kit for all Occasions
Cleary MI, The Bush Pulse December 1990
3. Man Impaled on a Rod - Medivac Team Support
Cleary MI, Emergency March 1994
4. Peripheral Intravenous Cannulation
Cleary MI, Family Medicine
5. Blunt Carotid Trauma
Cleary MI, Ashby RH, Pillay R; Emergency Medicine Vol 4 No 1 March 1992
6. Crush Syndrome
Cleary MI, Dunjey SJ, Brown AFI, Myers C; Emergency Medicine Vol 4 No 2 June 1992
7. Medical Negligence - The Impact of Rogers vs Whittaker
Cleary MI, Lee CA; Emergency Medicine Vol 5 No 3 September 1993
8. The use of antibiotics by the Lifeflight Program Antibacterial Chronicle
Cleary MI, Anti-Bacterial Crinkle No 5 October 1993
9. The Application of Information Technology to Emergency Medicine
R.A.C.M.A Newsletter Vol 26 No 3 October 1993
10. Information Technology and Emergency Medicine
Australian Casemix Bulletin, Vol 5 No 3 October 1993
11. The Future of Casemix in Emergency Medicine & Ambulatory Care
Cleary MI, Ashby RH, Jelenek GJ & Lagiada, R
12. Aboriginal Health Care in Western Model of Health Care
Cleary MI, Emergency Medicine
13. Aboriginal and Torres Strait Islander Casemix Study
Fisher DA, Murray JM, Cleary MI & Brewerton RE; MJA Vol 169 October 1988,
14. Outpatient costing and classifications: are we any closer to a national standard for ambulatory classification systems
Cleary MI, Murray JM, Michael R & Piper K, MJA Vol 169 October 1988
15. Predicting Length of Stay for Rehabilitation Patients using Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Classification
McKenna K, Tooth L, Strong J, Ottenbacher K, Connell J, Cleary M; American Journal of Occupational Therapy (Accepted for Publication)
16. Rehabilitation outcomes for brain injured patients in Australia: functional status, length of stay and discharge destination
Tooth L, McKenna K, Strong J, Ottenbacher K, Connell J, Cleary M, Brain Injury Vol 17 2001
17. Decline in Hospital Autopsy Rates
Ward H, Clarke B, Zimmerman P & Cleary M, MJA Vol 176, No 2 January 2002
18. Queensland Health Incident Monitoring Program: Identify Manage and Learn
Cleary M, Queensland AMA Newsletter, March 2002
19. Predicting Discharge Outcomes for Stroke Patients in Australia
McKenna K, Tooth L, Strong J, Ottenbacher K, Connell J & Cleary M, American Journal of Physical and Medical rehabilitation, Volume 81 No 1 January 2002.
20. Queensland Health Incident Monitoring Program: Identify, Manage and Learn
Cleary M, AMAQ May 2002

ABSTRACTS

1. Review of 240 Acute Neurosurgical Patients
Proceedings, ACEM Annual Scientific Meeting, Melbourne 1989
2. Skull X-rays: The use of Restriction Criteria
Proceedings, ACEM Annual Scientific Meeting, Melbourne 1989
3. Retrievals for emergency care
Proceedings, Health Care Symposium, Brisbane November 1991
4. An Integrated Helicopter Emergency Medical System
Proceedings, The First International Conference on Pre Hospital Emergency Care, Gold Coast October 1992
5. A System of Trauma Care - Queensland
Proceedings, Hospital Health Care Symposium, Brisbane November 1992
6. Information Systems in Emergency Medicine
Proceedings, ACEM Annual Scientific Meeting, Sydney November 1992
7. Non Operative Approach to the Management of Crush Syndrome
Proceedings, ACEM Annual Scientific Meeting, Christchurch August 1993
8. Voice Recognition Systems: An Australian Experience
Proceedings, ACEM Annual Scientific Meeting, Christchurch August 1993
9. Prospective Research in the Emergency Department: A Difficult Task
Proceedings, ACEM Annual Scientific Meeting, Christchurch August 1993
10. Focus on Imaging
Proceedings, ACEM Annual Scientific Meeting, Christchurch August 1993
11. A National Triage Scale and Minimal Dataset for Australian Emergency Departments
Proceedings, ACEM Annual Scientific Meeting, Christchurch
12. The Application of Information Technology to Emergency Medicine
Proceedings, RACMA/ACHSE Annual Conference, Brisbane August 1993
13. The Application of Information Technology to Emergency Medicine
Proceedings, 5th National Casemix Conference, Canberra August 1993
14. Hospital Based Disaster Medical Assistance Teams
Prehospital and Disaster Medicine Vol 10 Supplement No 1 1995
15. Another Bus Crash
Prehospital and Disaster Medicine Vol 10 Supplement No 1 1995
16. The Implications of Clinical Practice Guidelines
Emergency Medicine Vol 7 No 4 December 1995
17. Process on an Australian Ambulatory Classification System
Emergency Medicine Vol 7 No 4 December 1995
18. Communication Clinical Information
National Classification and Classification Seminar, Coolumb 1996
19. Surgery on Time Program
Elective Surgery Seminar, Brisbane November 1996
20. Right Time, Right Place, Right Price
Elective Surgery Seminar, Brisbane November 1997
21. National Day Surgery Benchmarking Basket
Casemix Conference, Brisbane September 1997
22. Data Developments for Hospital Admitted and Non-Admitted Patients for 2000 and Beyond
Casemix Conference, Cairns 2000
23. Data definitions for Y2K for Hospital Admitted and Non-Admitted Patients
Casemix Conference, Cairns 2000
24. Case Study: Centre of Excellence in Cardiac MRI
Cleary M, Slaughter R; Queensland Health Technology Forum, march 2002

REPORTS

1. Report on the International Conference on Prehospital Emergency Care
Dr Michael Cleary, August 1992

2. Submission by the Australian Casemix Clinical Committee to the Casemix Development Project Board on Strategic Directions for the Casemix Development Program
Australian Casemix Clinical Committee, February 1993
3. Report on the 10th Annual Scientific Meeting of ACEM
Michael Cleary, August 1993
4. Report on the 5th National Casemix Conference
Dr Michael Cleary & Dr Pam Chick, September 1993
5. Report on the Australian Medical Disaster Coordination Group Meeting
Dr Michael Cleary & Dr Diana Lange, November 1993
6. Australian Casemix Clinical Committee Report on the Clinical Review of the Second Version of the AN-DRG Classification
Australian Casemix Clinical Committee, December 1993
7. Report to the ACCC on Casemix Funding Formula Options
Dr Michael Cleary, December 1993
8. Report to the ACCC on Clinical Budgeting
Dr Michael Cleary, March 1993
9. Report to the IARG on the Ambulatory Research & Pilot Programme
Dr Michael Cleary, March 1993
10. Report to the Executive Committee on the Victorian Experience with Clinical Costing Software
Dr Michael Cleary & Mr Tony Price, August 1994
11. Report on the Health Financing Workshop
Dr Michael Cleary & Mrs. Tina Burnham, August 1994
12. Report on Emergency Medical Services and capital Works Programs in the USA and Canada
Dr Michael Cleary, August 1994
13. Report on the 11th Annual Scientific Meeting of ACEM
Dr Michael Cleary, August 1994
14. Report on Casemix Developments in the U.K.
Dr Michael Cleary, December 1997
15. Casemix, DRG's and clinical coding (First Edition)
Commonwealth of Australia 1988
16. Report Evidence Based Health Care (Study leave Oxford University)
Dr Rob Stable, Dr Michael Cleary & Dr Chris Davis, December 2000
17. Report on Clinical Govenants (Study leave Cambridge University)
Dr Rob Stable, Dr Michael Cleary & Dr Chris Davis, April 2001
21. Predicting Length of Stay for Rehabilitation Patients using Australian National Sub-Acute and Non-Acute Patient (AN-SNAP) Classification
McKenna K, Tooth I, Strong J, Ottenbacher K, Connell J, Cleary M, 2001
22. Queensland Health Incident Monitoring Program: Identify, Manage and Learn
Cleary M, 2001

MAJOR PRESENTATIONS

1. Review of 240 Acute Neurosurgical Patients
A.C.E.M Annual Scientific Meeting, Melbourne 1989
2. Skull X-rays: The use of Restriction Criteria
A.C.E.M Annual Scientific Meeting, Melbourne 1989
3. Management of Multiple Trauma
RACGP Update Course, Brisbane October 1990
4. Aeromedical Evaluation
Medicine on the Mountain, October 1990
5. Medivac and Pre Hospital Care
Queensland Fire Service: Heavy Rescue Course, March 1991
6. Recent Advances in Emergency Patient Care
RACGP Continuing Education Course, Brisbane October 1990
7. Emergencies in General Practice

- Richmond Valley Clinical Society - Clinical Meeting, Lismore August 1991
- 8 Emergency Medicine Update
RACGP/FMP Update Course, Brisbane October 1991
- 9 Retrievals for Emergency Care
Health Care Symposium, Brisbane November 1991
- 10 The Medivac Programme
Queensland Police College, Brisbane March 1992
- 11 Emergency Medicine
University of Queensland - Sports Medicine Elective, May 1992
- 12 Medivac Team Support
Queensland Fire Rescue Course, April 1992
- 13 Lifeflight: An overview
Emergency Air-Medical Service, Gold Coast Hospital July 1992
- 14 The Management of Multiple Trauma
Central Queensland Medical Superintendent's Conference, Rockhampton, September 1992
- 15 Emergencies and Evaluation
Family Medicine Program, Brisbane September 1992
- 16 An Integrated Helicopter Emergency Medical System
The First International Conference on Pre Hospital Emergency Care, Gold Coast October 1992
- 17 A System of Trauma Care - Queensland
Hospital Health Care Symposium, Brisbane November 1992
- 18 Networking Men and Machines
Queensland Accident & Emergency Association Annual Scientific Conference, Noosa November 1992
- 19 Information Systems in Emergency Medicine
A.C.E.M. Annual Scientific Meeting, Sydney November 1992
- 20 Non Operative Approach to the Management of Crush Syndrome
A.C.E.M. Annual Scientific Meeting, Sydney November 1992
- 21 Emergency Medicine
University of Queensland - Sports Medicine Elective, May 1993
- 22 Casemix - A Clinical Perspective
Ambulatory and Sameday Classification Workshop, Sydney June 1993
- 23 Voice Recognition Systems: An Australian Experience
A.C.E.M. Annual Scientific Meeting, Christchurch August 1993
- 24 Prospective Research in the Emergency Department: A Difficult Task
A.C.E.M. Annual Scientific Meeting, Christchurch August 1993
- 25 Focus on Imaging
A.C.E.M. Annual Scientific Meeting, Christchurch August 1993
- 26 A National Triage Scale and Minimal Dataset for Australian Emergency Departments
A.C.E.M. Annual Scientific Meeting, Christchurch August 1993
- 27 The Application of Information Technology to Emergency Medicine
RACMA/ACHSE Annual Conference, Brisbane August 1993
- 28 The Application of Information Technology to Emergency Medicine
5th National Casemix Conference, Canberra August 1993
- 29 Casemix - An Overview Allied Health - Casemix Seminar
State Public Service Federation, Brisbane - August 1993
- 30 Casemix - Determining costs and allocating budgets
RACMA - Continuing medical education program, Brisbane - August 1993
- 31 Casemix, A Clinical Prospective
AMA Casemix Workshop, Brisbane September 1993.
- 32 Casemix for Clinicians
Paediatric Grand Rounds, RCH, Brisbane November, 1993
- 33 The American Health Care System
Queensland Accident and Emergency Association, January, 1994
- 34 The American Health Care System
Faculty Meeting, Australasian College for Emergency Medicine, April, 1994

35. The Community Response to a Disaster
Health and Medical Disaster Workshop, Mt Massindon, April 1994
36. Casemix : A Clinical Perspective
Metropolitan Accident and Emergency Liaison Group, Adelaide, April 1994
37. Hospital Based Disaster Medical Assistance Teams
Prehospital and Disaster Medicine, Mainz September 1995
38. Another Bus Crash
Prehospital and Disaster Medicine, Mainz September 1995
39. The Implications of Clinical Practice Guidelines
Emergency Medicine Conference December 1995
40. Process on an Australian Ambulatory Classification System
Emergency Medicine Conference December 1995
41. Clinical Information Systems in Australia
Queensland Health Clinical Information Systems Forum, Brisbane, October 1995
42. Trauma Systems or QEMS
Nambour General Hospital Spring Clinical Meeting, Nambour October 1995
43. The Implication of Casemix for Hospital Management
Australian Association of Gerontology Annual Conference, Brisbane October 1997
44. Communication Clinical Information
National Classification and Classification Seminar, Coolumb 1996
45. Queensland Medical Services System
Spring Clinical Meeting, Nambour October 1995
46. Surgery on Time Program
Elective Surgery Seminar, Brisbane November 1996
47. Hospitals in the 21st Century
AMA Convocation, Brisbane May 1997
48. Dummies Guide to Health
IT & T Symposium, Brisbane November 1996 & 1996
49. Emergency Medicine
DMS Exercise, Brisbane October 1997
50. Casemix : Implications for Clinicians and Managers
Corporate Development Program, Brisbane April 1997
51. Right Time, Right Place, Right Price
Elective Surgery Seminar, Brisbane November 1997
52. National Day Surgery Benchmarking Basket
Casemix Conference, Brisbane September 1997
53. Beyond Casemix Issues of Isolation Multiple Morbidity and Chronic Care
Casemix Conference, Brisbane September 1997
54. Planning Session: Can We Achieve Better Quality by 2000?
Casemix Conference, Brisbane September 1997
55. Aeromedical Services in Australia
World Congress on Emergency and Disaster Medicine, Mainz September 1997
56. Risk Management for Aeromedical Services in Australia
ISAS: Air-medicine in Australia, Surfers Paradise, August 1998
57. Powers of Attorney Act
ANZICS Meeting, Brisbane, August 1998
58. Using Casemix to manage change
Health Outcomes 98', Melbourne August 1998
59. Planning Session : The Unfinished Agenda
Casemix Conference, Darwin September 1999
60. Developments for Hospital Non-Admitted Patients
ACHSE Conference, Sydney July 2000
61. Data Developments for Hospital Admitted and Non-Admitted Patients for 2000 and Beyond
Casemix Conference, Cairns September 2000
62. Case Study: Centre of Excellence in Cardiac MRI

SATELLITE BROADCASTS AND VIDEO PRODUCTIONS

<u>Emergency Medicine,</u>	Brisbane September 1990
<u>Raised Intracranial Pressure,</u>	Brisbane November 1991
<u>Envenomation,</u>	Brisbane January 1992
<u>You Can Make a Difference,</u>	Emergency Management Australia 1992
<u>Health Information Systems</u>	Distance Education Program
<u>A Focus on Ambulatory Care</u>	May 1995
<u>Casemix Over Coffee,</u>	April 1998

DEBATES

The Great Debate "Pre hospital Emergency care: Only a doctor will do"
The First international Pre-hospital Emergency Care Conference, Gold Coast November 1992
The Great Casemix Debate: That Casemix is Essential to the Reform of the Australian Health Care System
The 6th National Casemix Conference, Hobart, 1994
Clinical Pathways: Issues and Pitfalls
The 12th National Casemix Conference, Cairns, 2000

CONFERENCES ATTENDED

1. Health Care Symposium, Brisbane - November 1991
2. Emergency Air-Medical Services, Gold Coast - July 1992
3. Central Queensland Medical Superintendent's Conference, Rockhampton - September 1992
4. Pre Hospital Emergency Care Conference, Gold Coast, November 1992
5. Queensland Accident & Emergency Association, Noosa- November 1992
6. Australasian College for Emergency Medicine Annual Scientific Conference, Christchurch - August 1993
7. RACMA/ACHSE Joint Conferences, Brisbane - August 1993
8. 5th National Casemix Conference, Canberra - August 1993
9. 6th National Casemix Conference, Hobart - August 1995
10. Australasian College for Emergency Medicine Annual Scientific Conference, Melbourne - November 1994
11. World Congress on Disaster and Emergency Medicine, Israel - June 1995
12. 7th National Casemix Conference, Adelaide - August 1995
13. Australasian College for Emergency Medicine Annual Scientific Conference, Fremantle- November 1995
14. Elective Surgery Seminar, Brisbane - November 1996
15. 9th National Casemix Conference, Brisbane - September 1997
16. 20th World Congress on Emergency and Disaster Medicine, Mianz - September 1997
17. Elective Surgery Seminar, Brisbane - November 1997
18. 11th National Casemix Conference, Darwin - September 1999
19. ACHSE National Congress, Sydney - July 2000
20. 12th National Casemix Conference, Cairns - September 2000

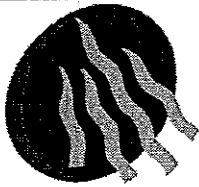
WORKSHOPS ATTENDED

1. Ambulatory Care Sameday Workshop, Sydney - June 1993
2. AMA Casemix Workshop, Brisbane September 1993
3. Funding and Funding Formula Options Workshop, Canberra- November 1993
4. Clinical Budgeting Workshop, Sydney - February 1994
5. The Total Health Response (Disaster Medicine), Victoria - April 1994
6. Coding in General Practice, Melbourne - November 1994

7. Disaster Medicine Course, Victoria - December 1995
8. Function and Threat Specific Workshop, Queensland - March 95
9. Project Management Workshop, Brisbane - March 1995
10. The Role of Teaching Health Services in Queensland Towards 2000, Brisbane - November 1995
11. Disaster Medicine Course, Victoria - December 1995
12. Health Round Table – Medical Patients, Melbourne – November 1997
13. Media Training Workshop, Brisbane – 17 June 1999
14. Regional Health Improvement Network, Sydney – November 1999
15. Care of the Critically Ill Surgical Patient, Auckland – March 2001

STUDY LEAVE

1. Emergency and Aerohealth Services in Canada and USA: September 1994
Evaluation of emergency medical and aerohealth services including hyperbaric medical services
2. Casemix Developments in UK: September 1997
Review of casemix developments in the United Kingdom at both the strategic and operational level Evaluation of the Health Benefit Group classifications to determine if it had utility in the Australian setting in terms of assisting with health planning
3. Nuffield International Clinical Leadership Initiative (conducted at Cambridge University & Oxford University: September 2000.
The Program covered Clinical Governance & Clinical Process Control, Applied Health Informatics, Evidence-Based Health Policy, Values for Leadership, Achieving Quality & Performance, and a intensive four day International Evidence-Based Clinical Practice Workshop conducted by the Oxford University Centre for Evidence-Based Medicine The Oxford workshop, developed skills in formulating answerable questions, effectively search for evidence, critically appraise evidence for its validity and applicability, understanding basic measures of efficacy such as numbers needed to treat and likelihood ratios and understand the basics of decision analysis and cost-effectiveness.



Queensland Government

Queensland Health

The Prince Charles Hospital Health Service District

VRN: PCHA
Closing Date:
Contact Person:

JOB DESCRIPTION

JOB TITLE:	Executive Director Medical Services
POSITION ID:	14804
WORK UNIT:	Medical Administration
PROGRAM:	District Administration
LOCATION:	The Prince Charles Hospital
CLASSIFICATION LEVEL:	MS12
VERSION DATE:	2 August 2005

Our Vision is to create a Health Service District of 'Choice' where:

- *Patients and clients choose to be treated within our health services because of the high quality of care provided;*
- *Staff choose to work within our health services because of our values, our commitment to training and development, and teaching and research opportunities; and*
- *Volunteers and the community choose to support an organisation that values community input, and all members of the health team, in a supportive way to achieve health service excellence for consumers, patients and communities.*

Our mission is to improve the quality of life for people accessing the District's health care services and living within the District catchment populations.

PURPOSE OF POSITION:

The Executive Director Medical Services is the principal medical officer for the district and in association with the Executive Director Nursing Services is responsible for supporting the District Manager in the management of the District's clinical services. Clinicians in all District Programs are responsible to the Executive Director Medical Services for their clinical practice.

The Executive Director Medical Services is responsible for Junior Medical Staff, Research Ethics Coordination, Medicolegal Services, and the operational units as detailed in the District organisational structure. The Executive Director Medical Services may be required to act as District Manager from time to time.

ENVIRONMENT

Organisational Information:

The Prince Charles Hospital Health Service District (TPCHHSD) provides acute, aged, mental and community health services in a number of facilities in the northern suburbs of Brisbane.

The Prince Charles Hospital is the major tertiary level cardiothoracic referral hospital for Queensland, the largest such unit in Australia and one of the largest services of its type in the world. The Hospital is also the District hub for specialist needs in psychiatry, geriatric medicine, aged care and orthopaedics, together with outreach specialist services throughout Queensland.

A range of community health services are provided through the District's Community Services Program from the City through the northern suburbs from the Brisbane River up to and including the Pine River Shire. Services provided include Alcohol and Drug, Sexual Health and AIDS, Home and Community Care, Community Health, Indigenous Health, Medical Aids Subsidy Scheme and Young Peoples' Health Services. The Program is also responsible for the management, administration and coordination of Centre facilities at Chermside and Pine Rivers where services are delivered alongside other services provided by the Royal Brisbane and Women's Hospital and the Royal Children's Hospital Health Service Districts.

Aged and extended care facilities are located at Ashworth House (Zillmere) and Eventide (Brighton). The Jacana Centre at Bald Hills and Brighton cares for residents with acquired brain injury.

Approximately three thousand seven hundred (3,700) staff are employed within The Prince Charles Hospital Health Service District.

Work Unit:

The incumbent provides professional leadership to all Medical Officers in the District. He/she participates as a member of the District Health Service Executive. The Executive Director Medical Services reports directly to the District Manager, by whom performance planning and review is conducted.

Reporting Relationships:

The Executive Director Medical Services will report directly to the District Manager, The Prince Charles Hospital Health Service District.

PRIMARY DUTIES AND RESPONSIBILITIES

Queensland Health is committed to achieving its mission to improve the health and well-being of all Queenslanders. To sustain the trust of the people of Queensland in fulfilling this mission, and for staff to achieve their full potential, four core values are shared across the organisation. These are quality and recognition, professionalism, teamwork and performance accountability. Implementation of these values in the workplace requires the commitment of management and staff. The primary duties and assessment criteria outlined in this job description reflect the commitment to core values which is required by this position.

Roles and Responsibilities:

1. Function as a member of the Executive Management Team and provide high quality support, advice and information to the District manager on key issues impacting on the District. This includes collaboration on strategic planning for services provided by the District.
2. Ensure the development and maintenance of an ethos which aspires to the delivery of the highest possible quality of patient care, education and research as well as the management/administration of medical services within the District. This incorporates:
 - Policy development and implementation
 - Integration, planning, coordination and evaluation of clinical services
 - Medical Services Staff development and training
 - Surveillance of standards of clinical care, including medicolegal matters
3. Work in conjunction with other Executive Members, Divisional Heads and Facility Managers to develop and maintain a District structure which facilitates participatory management, decentralisation of decision making and empowerment of staff to make decisions and to accept responsibility and accountability.
4. Identify and lead resolution of issues of concern in the provision of medical services within the Health Service District.
5. Initiate, monitor and evaluate new and innovative approaches to healthy care delivery in response to emerging trends and demands.
6. Initiate, monitor and evaluate systems which ensure adequate and appropriate day to day provision and coordination of medical services within the District.
7. Act as spokesperson on medical matters as appropriate.
8. Contribute to the activities of health and medical professional associations.
9. Provide and participate in appropriate educational activities for Junior Medical Staff, Trainee Specialists and others.
10. Initiate, monitor and evaluate research activities within the District.
11. Represent the medical service and District Manager in consultations and negotiations with tertiary institutions, professional medical bodies, and organisations within the health industry.
12. Be responsible for the development of any system/service nominated by the District Manager, ensuring that the system/service becomes sustainable and well managed by the conclusion of the nominated development period.

13. Support the development and maintenance of management and leadership skills of Senior Medical Staff, and of any other Staff allocated by the District Manager.
14. Attend to the performance management (planning and review of the directors of medical services from a professional perspective).
15. Ensure there is a strategic approach to the development of contemporary human resource practice and policies.
16. Have line management responsibility for Junior Medical Staff, Research and Ethics Coordination Staff, and other staff as described in the District organisational structure.
17. Accept other responsibilities delegated by the District Manager.

QUALIFICATIONS

Educational/Qualification Requirements:

- Position of a medical degree registrable by the Medical Board of Queensland is mandatory.
- Eligibility for registration as a specialist in Medical Administration is highly desirable. Without this eligibility, tertiary qualifications to degree level in Health Administration of the active pursuance of this qualification are desirable.
- Possession of postgraduate management qualifications of Fellowship of the Royal Australian College of Medical Administrators would be desirable.
- Involvement in professional organisations is highly desirable.

Skills and Abilities:

- Demonstrated high level of skill in oral and written communications.
- Demonstrated high level of interpersonal skills.
- Demonstrated ability to act on own initiative to establish policies and guidelines, and then to function within these.
- Demonstrated reliability in the meeting of deadlines and commitments.
- Demonstrated strategic, conceptual and analytical skills with a record of success in strategic and operations management and negotiation of achievable outcomes / response to complex problems.
- Demonstrated ability to work as a member of an executive team in a rapidly changing organisational environment.
- Demonstrated ability to represent the District at senior managerial level.

Knowledge:

- Comprehensive knowledge of the responsibilities and organisational structures that apply to the management and delivery of medical services at primary, secondary and tertiary levels of care.
- Knowledge of all functional areas accountable to this position.
- Knowledge of hospital administration policies and procedures, relevant legislation, Queensland Health requirements and Public Sector management principles and standards.
- Knowledge of contemporary human resource practices and policies, including workplace health and safety, equal employment opportunity and anti-discrimination.

University Links:

- It is expected that the successful applicant will be offered an appropriate academic position on appointment with the University of Queensland or the Queensland University of Technology.

SPECIFIC DELEGATIONS

- The Executive Director Medical Services is accountable and reports directly to the District Manager, The Prince Charles Hospital Health Service District. He/she may be required to deputise for the District Manager as required.
- Delegations as set out in the District Finance and Human Resource Services Delegations Schedule.

ADDITIONAL INFORMATION

- A non-smoking policy is effective in Queensland Government buildings (including corridors, passageways, walkways, and balconies), offices and motor vehicles.
- The Prince Charles Hospital Health Service District is an equal employment opportunity employer.
- This position may be subject to a "pre-employment history check" which could include criminal history, working with children, identity, bankruptcy, and/or previous disciplinary history checks. Any one or a number of these checks may be conducted in accordance with legislative provisions or Directives issued by the Public Service Commissioner.
- Probation will apply to all new permanent employees. There is a three-month probationary period for all new appointees from outside the Public Sector in the operational stream, the administrative stream and for AINs and ENs, and six-months for all other new employees. Probation does not apply to casual or temporary engagements, transfer-at-level or appointment on promotion.
- The Prince Charles Hospital Health Service District requires all employees to adopt appropriate and recognised measures to minimise the risk of infection to themselves, other employees and clients to adhere to approved infection control guidelines.
- All Queensland Health, health care workers, involved in patient contact or contact with patient contaminated material (for example blood and other body fluids) must be immunised against hepatitis B according to NHMRC guidelines or as updated by infection control policy. Hepatitis B immunisation is a condition of employment. Staff must be prepared to be immunised or submit evidence of current immunisation.
- Water conservation as a way of life is encouraged not only at work, but also at home for our employees. To that end, The Prince Charles Hospital Health Service District is committed to developing and maintaining a comprehensive water-saving management program which will maximise water use efficiency and help ensure our continued ability to grow as well as to provide an increased dollar-saving potential.

ASSESSMENT CRITERIA

Your application for this position must specifically address each assessment criterion below. It should also contain the names and contact numbers of at least two referees, one preferably from your current/previous supervisor, who may be contacted with respect to your application.

Mandatory Qualifications

Registration or eligibility for registration with the Queensland Medical Board as a Medical Practitioner.

- C1** Demonstrated experience and exemplary operational practice at senior medical management level, particularly with tertiary clinical services.
- C2** Demonstrated personal qualities of leadership, motivation, initiative and well developed interpersonal, analytical and communication skills.
- C3** Demonstrated commitment to education, research and continuous quality improvement.
- C4** Demonstrated experience and success in implementing and managing innovative and strategic approaches to health service delivery whilst promoting and supporting participative decision making.
- C5** Sound knowledge at a strategic level of human and financial management issues, including workplace health and safety, equal employment opportunity, anti-discrimination, program management and demonstrated commitment to their implementation.

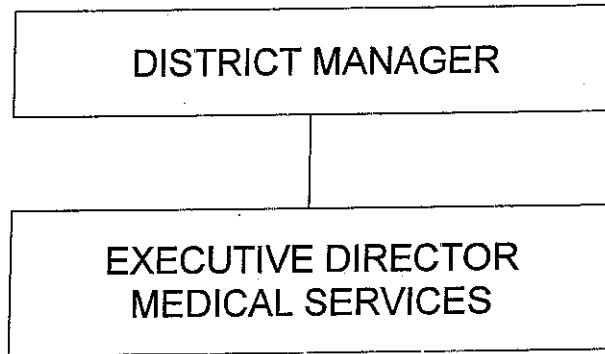
ENDORSED:

Date:

APPROVED:

Date:

ORGANISATIONAL STRUCTURE DIAGRAM



This Application is for:

! Granting of New Privileges (new and additional)

Please Note: *If this is your first Application for Clinical Privileges within The Prince Charles Hospital Health Service District it is imperative that you complete each of the sections in this document and provide the requested documentation to support this application.*

! Renewal of Privileges (end of probation, every 3 years or if requested)

! Extension of Privileges (new procedures etc)

Please Note: *If you have been through the process of Clinical Privileging within The Prince Charles Hospital Health Service District previously it is only necessary for you to advise of any changes that are different from your previous application/s. Notations in each section "same as previous application" if there have been no changes would be appreciated.*

1. PERSONAL/CONTACT DETAILS:

Name: _____
(Please print name in full)

Home Address: _____

Practice Address: _____

Telephone: _____ **Mobile:** _____

Fax: _____ **E-Mail:** _____

Date of Birth: _____ **Gender:** M F

If you are not an Australian Citizen please advise the Category and Type of Visa you are travelling on.

Category: _____ **Type:** _____

2. PROFESSIONAL QUALIFICATIONS:

Degree / Diploma	Issuing Body	Year

The nature of the appointment / proposed appointment at The Prince Charles Hospital Health Service District to which I am applying for privileges is:

- ☐ Visiting Medical Officer
 ☐ University Medical Officer
 ☐ Emeritus Consultant
☐ Senior Medical Officer
 ☐ Surgical Assistant
 ☐ Temporary Medical Officer
☐ Other- please specify below

3. PLEASE PROVIDE EVIDENCE OF INVOLVEMENT IN POST GRADUATE MEDICAL EDUCATION/QUALITY ACTIVITIES:

(Certificate of participation in Specialist College PME/MOPS Program sufficient)

4. MEMBERSHIP & REGISTRATION:

As part of your employment within The Prince Charles Hospital Health Service District it is essential that you be currently registered with the Medical Board of Queensland.

Registration Number: _____

Please specify specialties registered with Medical Board of Queensland

5. OTHER RELEVANT INFORMATION:

Are you required to be accredited through the relevant medical college for specific procedures and/or skills on a regular basis?
Yes No

If yes, please provide details

Have you ever had clinical privileges rejected from any health service facilities that you have applied for?
Yes No

If yes, please provide details

Have you any physical or any other condition, which may limit your ability to practice your discipline?
Yes No

If yes, please provide details

Are you the subject of disciplinary proceedings in any state, territory or country, or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner?
Yes No

If yes, please provide details

Have you ever been refused medical indemnity insurance?
Yes No

If yes, please provide details

6. PRIVILEGES SOUGHT:

Specialty: _____

Speciality Procedures:

Surgical:

- | | |
|---|--|
| <input type="checkbox"/> Off Pump Procedures | <input type="checkbox"/> Transplantation – Lung |
| <input type="checkbox"/> Complex Congenital Surgery(Paed) | <input type="checkbox"/> Transplantation – Cardiac |
| <input type="checkbox"/> R.F. Ablation | <input type="checkbox"/> Laproscopic Surgery |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Medical:

- | | |
|--|---|
| <input type="checkbox"/> Echocardiology | <input type="checkbox"/> Broncoscopy |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Trans Broncial Biopsy |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Fine needle Biopsy(Lung) |
| <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Paediatric Cardiology | <input type="checkbox"/> Endoscopy/colonoscopy |
| <input type="checkbox"/> Other _____ | |

PLEASE NOTE:

Where seeking privileges for these specific procedures, please attach copy(s) of supporting certification or other evidence of expertise.

7. UNDERTAKING

In applying for Clinical Privileges within The Prince Charles Hospital Health Service District I agree to the following:-

- I agree to adhere to the By-Laws, Regulations, Legislation and Codes of Conduct within Queensland Health, and current State and Federal Laws.
- I agree to abide by the policies and procedures of The Prince Charles Hospital Health Service District.
- I will ensure that my registration with the Medical Board of Queensland remains current. I acknowledge that failure to do so will lead to suspension of clinical responsibilities until rectified.
- I hereby authorise the approved officers of the Health Service District to seek confidential reference reports (where necessary) in relation to this application.
- I agree to participate in continuing professional education activities and quality improvement activities as required by my professional college or association and The Prince Charles Hospital Health Service District. Evidence of maintenance of professional standards and Continuing Medical Education from Specialist Medical Colleges must be included with this application for Clinical Privileges.
- I confirm all information contained in this Application Form is correct and accurate.

(Signature)

(Date)

This application is to be forwarded to: Medical Administration, Education Centre, The Prince Charles Hospital.

For granting of New Privileges:

Please attach the following documents with this application:

1. **Curriculum Vitae which includes 3 referees**
2. **Evidence of qualifications as detailed**
3. **Evidence of maintenance of professional standards and CME.**

For Office Use Only:

Date considered by Credential and Privileges Committee: _____

Credentials and Clinical Privileges Committee Minute Number: _____

Notification Letter Date: _____

Period Granted for Clinical Privileges: _____ years

Clinical Privileges Expiry Date: _____

Date for next Review: _____

Database Updated: _____

COMMENTS:

THE PRINCE CHARLES HOSPITAL HEALTH SERVICE DISTRICT

MEDICAL ADVISORY COMMITTEE

TERMS OF REFERENCE

1. Purpose

To facilitate input by the District's senior medical staff into the planning and management of the District's Health Services.

2. Objectives

- To provide advice regarding the strategic direction of clinical services across the District's Health Services
- To provide advice regarding the clinical service development priorities
- To ensure appropriate planning and development of medical workforce
- To ensure appropriate utilisation of medical resources throughout the District
- To provide advice regarding teaching and research as it pertains to the medical workforce

3. Terms of Reference

The Medical Advisory Committee is a forum that undertakes the following functions:

- To provide advice to the District Executive in relation to District medical issues, including new medical procedures, clinical practice and processes, quality care and other patient/client issues
- To provide advice to the District Executive in relation to clinical risk management including clinical audits, communications and risk management
- To provide advice to the District Executive in relation to clinical service planning and development within the District
- To provide advice to the District Executive in relation to clinical information systems and their development
- To formulate, develop and implement policies and processes for the management of medical practice in line with legislative and professional requirement
- Identification of, and planning for, medical training and development requirements
- Identification of, and planning for, medical research requirements
- Advise Executive Director Medical Services and Medical Program Directors on their appointment of Visiting Medical Officers and senior medical staff
- Advise Executive Direct Medical Services on the credentialling and privileges for senior medical staff
- To receive advice from the District Executive on corporate activities including budget activity and strategic planning
- To liaise with the Nursing Advisory Committee and Allied Health Advisory Committee
- Other issues as determined from time to time by the District Manager

4. Membership

The membership will comprise the following:

- Program Medical Directors (Cardiology, Thoracic Medicine, Cardiothoracic Surgery, Orthopaedic Surgery, Acute Geriatric, Community & Palliative Care, Mental Health and Critical Care)
- Executive Director Medical Services
- Deputy Director Medical Services
- Chair of Diagnostic Imaging
- Director of Alcohol and Drug
- Director of Sexual Health
- Chair, Medical Staff Association
- Representative from University of Queensland Medical School
- Representative from Medical Training within the District
- Representative from Research within the District
- Representative from QHPSS

- Three members nominated by the Medical Staff Association who will represent the interests of young medical leaders within the organisation. Nominations from the Medical Staff Association will be provided to the District Manager with a recommendation from the Medical Advisory Committee.

In the event a member is unable to attend it is their responsibility to nominate a proxy.

Individuals will be invited to specific meetings to provide balanced approach dependent on the topics for discussion

Chair of Committee

The committee will nominate a Chair from within membership. Once approved by the District Manager, the Chair will be appointed for a period of one year with the ability to be re-elected for a second term.

5. Meetings

To be held monthly.

6. Reporting

- The District Medical Advisory Committee will report to the District Manager through the Executive Director Medical Services. Minutes of meetings will be forwarded to the District Executive Committee.
- Medical Administration will provide secretarial support to the committee.
- Broader feedback will be provided to medical staff through agreed processes developed by the committee.

Committees reporting to the Medical Advisory Committee will include:

- Credentials and Privileges Committee
- Postgraduate Medical Education Committee
- Appointments Committee
- Senior Registrar Groups

The Prince Charles Hospital Health Service District
APPLICATION FOR CLINICAL PRIVILEGES

This Application is for:

! Granting of New Privileges (new and additional)

Please Note: *If this is your first Application for Clinical Privileges within The Prince Charles Hospital Health Service District it is imperative that you complete each of the sections in this document and provide the requested documentation to support this application.*

! Renewal of Privileges (end of probation, every 3 years or if requested)

! Extension of Privileges (new procedures etc)

Please Note: *If you have been through the process of Clinical Privileging within The Prince Charles Hospital Health Service District previously it is only necessary for you to advise of any changes that are different from your previous application/s. Notations in each section "same as previous application" if there have been no changes would be appreciated.*

1. PERSONAL/CONTACT DETAILS:

Name: _____
 (Please print name in full)

Home Address:	Practice Address:
_____	_____
_____	_____
_____	_____

Telephone: _____ **Mobile:** _____

Fax: _____ **E-Mail:** _____

Date of Birth: _____ **Gender:** M F

If you are not an Australian Citizen please advise the Category and Type of Visa you are travelling on.

Category: _____ **Type:** _____

2. PROFESSIONAL QUALIFICATIONS:

Degree / Diploma	Issuing Body	Year

The nature of the appointment / proposed appointment at The Prince Charles Hospital Health Service District to which I am applying for privileges is:

- | | | |
|--|---|--|
| <input type="checkbox"/> Visiting Medical Officer | <input type="checkbox"/> University Medical Officer | <input type="checkbox"/> Emeritus Consultant |
| <input type="checkbox"/> Senior Medical Officer | <input type="checkbox"/> Surgical Assistant | <input type="checkbox"/> Temporary Medical Officer |
| <input type="checkbox"/> Other- please specify below | | |

The Prince Charles Hospital Health Service District
APPLICATION FOR CLINICAL PRIVILEGES

3. PLEASE PROVIDE EVIDENCE OF INVOLVEMENT IN POST GRADUATE MEDICAL EDUCATION/QUALITY ACTIVITIES:

(Certificate of participation in Specialist College PME/MOPS Program sufficient)

4. MEMBERSHIP & REGISTRATION:

As part of your employment within The Prince Charles Hospital Health Service District it is essential that you be currently registered with the Medical Board of Queensland

Registration Number: _____

Please specify specialties registered with Medical Board of Queensland

5. OTHER RELEVANT INFORMATION:

Are you required to be accredited through the relevant medical college for specific procedures and/or skills on a regular basis?

Yes No

If yes, please provide details

Have you ever had clinical privileges rejected from any health service facilities that you have applied for?

Yes No

If yes, please provide details

Have you any physical or any other condition, which may limit your ability to practice your discipline?

Yes No

If yes, please provide details

Are you the subject of disciplinary proceedings in any state, territory or country, or preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a health practitioner?

Yes No

If yes, please provide details

Have you ever been refused medical indemnity insurance?

Yes No

If yes, please provide details

The Prince Charles Hospital Health Service District
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6. PRIVILEGES SOUGHT:

Specialty: _____

Speciality Procedures:

Surgical:

- | | |
|---|--|
| <input type="checkbox"/> Off Pump Procedures | <input type="checkbox"/> Transplantation – Lung |
| <input type="checkbox"/> Complex Congenital Surgery(Paed) | <input type="checkbox"/> Transplantation – Cardiac |
| <input type="checkbox"/> R F Ablation | <input type="checkbox"/> Laproscopic Surgery |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Medical:

- | | |
|--|---|
| <input type="checkbox"/> Echocardiology | <input type="checkbox"/> Bronchoscopy |
| <input type="checkbox"/> Angiography | <input type="checkbox"/> Trans Bronchial Biopsy |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Fine needle Biopsy(Lung) |
| <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Sleep Medicine |
| <input type="checkbox"/> Paediatric Cardiology | <input type="checkbox"/> Endoscopy/colonoscopy |
| <input type="checkbox"/> Other _____ | |

PLEASE NOTE:

Where seeking privileges for these specific procedures, please attach copy(s) of supporting certification or other evidence of expertise.

7. UNDERTAKING

In applying for Clinical Privileges within The Prince Charles Hospital Health Service District I agree to the following:-

- I agree to adhere to the By-Laws, Regulations, Legislation and Codes of Conduct within Queensland Health, and current State and Federal Laws
- I agree to abide by the policies and procedures of The Prince Charles Hospital Health Service District.
- I will ensure that my registration with the Medical Board of Queensland remains current. I acknowledge that failure to do so will lead to suspension of clinical responsibilities until rectified.
- I hereby authorise the approved officers of the Health Service District to seek confidential reference reports (where necessary) in relation to this application
- I agree to participate in continuing professional education activities and quality improvement activities as required by my professional college or association and The Prince Charles Hospital Health Service District. Evidence of maintenance of professional standards and Continuing Medical Education from Specialist Medical Colleges must be included with this application for Clinical Privileges.
- I confirm all information contained in this Application Form is correct and accurate.

(Signature)

(Date)

This application is to be forwarded to: Medical Administration, Education Centre, The Prince Charles Hospital.

The Prince Charles Hospital Health Service District
APPLICATION FOR CLINICAL PRIVILEGES

For granting of New Privileges:

Please attach the following documents with this application:

- 1. Curriculum Vitae which includes 3 referees**
- 2. Evidence of qualifications as detailed**
- 3. Evidence of maintenance of professional standards and CME.**

For Office Use Only:

Date considered by Credential and Privileges Committee:

Credentials and Clinical Privileges Committee Minute Number:

Notification Letter Date:

Period Granted for Clinical Privileges:

_____ years

Clinical Privileges Expiry Date:

Date for next Review:

Database Updated:

COMMENTS:

Meeting Notes**Specialist Panel Review of Carotid and Endovascular Stenting Procedures**

Dr Cleary convened a Specialist Review Panel to review the clinical appropriateness and safety issues associated with the treatment of two patients (carotid artery stenting and thoracic aortic aneurysm stenting). The patients were to participate in a satellite program which was part of the Cardiac Society of Australia and New Zealand Conference.

The conclusions of the Specialist Review Panel are detailed below.

Case 1 – Carotid Artery Stent

Clinical Details: privately insured
patient had a history of a right CVA complicated by a second ischemic event while on medical therapy. She has an 80% stenosis of her left carotid artery. Her related medical problems include mild ischemic heart disease and arrhythmias treated by AV node ablation and the insertion of a pacemaker.
The patient has been under the care of a private Vascular Surgeon who advised did not believe that the patient is currently a candidate for surgical treatment (Carotid Endarterectomy)

Informed Consent: No Specific Queensland Health Consent Form exists for this procedure. A specific consent form will be developed for the procedure.

(Vascular Surgeon, RBWH) has indicated that he is not involved in the care of the patient.

Process by which principle operators reviewed the patients: The patient is currently being reviewed by _____ who has recently been sent relevant clinical material.

Risk management strategies to manage any complications of the procedures: The procedure will be undertaken using distal protection mechanisms to minimise the risk of cerebral embolus. The procedure is undertaken under local anaesthetic.

The patient will be recovered in CCU.

Risks of the procedure include embolus, thrombosis and dissection. These complications can not be treated surgically except in the situation where there is a carotid dissection below the bifurcation.

There were no plans to involve a vascular surgeon or neurologist. _____ had no problems with their involvement.

Preferred site for the procedures (Catheter Lab, Operating Room): Preferred site for the procedure is a Catheter Lab.

Financial Arrangements to support the proposed program: Medical and surgical supplies are being provided free of charge by an external company. _____ is not charging for her time. Staff participating at TPCCH are working and will not charge overtime but take time off in lieu with the exception of radiographers. _____ has advised that the Conference will pay any overtime costs related to radiographers. Patient charges will be levied as a private patient.

Summary and recommendations:

The Committee noted that there was a body of evidence supporting carotid stenting in high risk patients. High risk patients included patients with severe cardiac and lung disease that would not be able to cope with anaesthetics, patients with lesions high in the carotid and patients with anatomical abnormalities of their necks (hostile neck's). The patient proposed for the procedure was thought to qualify under the first of these indications i.e. anaesthetic risk. There is emerging evidence that patients over 80 years of age may not gain significant benefit from this form of treatment. The strength of this evidence is weak at this time.

In comparing endarterectomy and stenting, endarterectomy is considered the gold standard at present. RBWH performs approximately 100 endarterectomies annually.

The assessment and management process should be multidisciplinary and reflect the same process used at RBWH for these cases. A vascular surgeon and neurologist will therefore need to be involved. A vascular surgeon and interventionalist both scrub in for the procedure at RBWH.

RBWH has performed 4 carotid stenting procedures.

Actions recommended prior to the procedure being approved:

1. Media Consent form to be completed by the patient prior to the procedure.
2. be requested to scrub in for the procedure as is the protocol at RBWH where the vascular surgeon scrubs in for the procedure.
3. Privileges be reviewed for and including a request for to provide referee's and procedure specific complication rates.
4. Arrangements for medical and surgical supplies are reviewed by Materials Management.
5. A multidisciplinary assessment of the patient is required that includes (Vascular Surgeon), (Cardiologist), (Cardiologist) and (Neurologist). All staff to sign a letter indicating their support.
6. advice on the appropriateness of the case following her review.
7. A finalised consent form is to be reviewed by the EDMS.

Case 2 – Thoracic Aortic Aneurysm Stenting

Clinical Details: suffered a post traumatic aneurysm distal to the subclavian artery. Angiography confirms that the lesion is appropriate for stenting.

Informed Consent: No Specific Queensland Health Consent Form exists for this procedure. A specific consent form will be developed for the procedure.

Names, medical registration and experience of the principle operators:
(Vascular Surgeon) and proposed to do the procedure with the assistance of a scrub nurse from RBWH. He also proposed to bring his surgical instruments with him from RBWH.

had placed 110 aortic stents at RBWH. Twenty of these were in the thoracic aorta. He expressed the view that he would prefer to undertake the procedure at RBWH with his experienced team. is credentialed for the procedure at RBWH (advice from

Process by which principle operators reviewed the patients: Patient has been extensively reviewed by the RBWH vascular surgical unit who believe he is appropriate for a stenting procedure.

Risk management strategies to manage any complications of the procedures:
Staff available to assist with the procedure includes (Vascular Surgeon) and Director of ICU), (Anaesthetist). An ICU bed has been booked post-operatively.

Preferred site for the procedures (Catheter Lab, Operating Room):
expressed a clear preference to undertake the procedure at RBWH with his existing and experienced clinical team. He also indicated his preference for performing the procedure in the operating theatre which is larger than a catheter theatre.

Financial Arrangements to support the proposed program: Medical and surgical supplies are being provided free of charge by an external company. is not charging for her time. Staff participating at TPCH are working and will not charge overtime but take time off in leu with the exception of radiographers. has advised that the Conference will pay any overtime costs related to radiographers. Patient charges will be levied as a private patient.

Summary and recommendations:

The Panel considered that was best placed to assess the risks associated with the procedure. They also considered that arrangements could be put in place to allow the procedure to be performed at TPCH. The panel recommended that further discussions occur with

Dr Cleary subsequently contacted who advised that immediate access to an operating theatre would be required and that this would mean staffing the TPCH operating theatre on Sunday 8th August. He also confirmed that he had a preference for performing the procedure at RBWH for reasons of patient safety.

Actions recommended prior to the procedure being approved:

1. The procedure be undertaken at RBWH.
2. That contact with be made to advise of the recommendations of the panel and to ascertain if the RBWH could assist in relation to the management of the patient.

subsequently confirmed that RBWH would be able to assist and provide the facilities for the patient to be treated.

later advised that proposed to do the procedure at RBWH on Friday 6 August 2004 and that the procedure would be pre-recorded and then later broadcast as part of the satellite program on 8 August 2004.

Dr Michael Cleary
Chair, Specialist Review Panel
4/8/2004

-END-