COMMISSION OF INQUIRY

STATEMENT OF WENDY MARJORIE EDMOND

My full name is Wendy Marjorie Edmond. I was Minister for Health in the Queensland Government from June 1998 to February 2004.

Upon retirement from politics I have endeavoured to have a complete break from a consideration of health issues and for the past 18 months I have been focussed on anything but such matters. The Commission has invited me to answer a series of questions and I do so as follows. However, it must be understood that my recollection of events going back to the time inquired about, may be less than perfect, but I answer the questions to the best of my recollection.

1. I was regularly briefed by Queensland Health about emerging issues in Queensland's public health system. There were formal briefings from the Department including briefings from the Director-General and other senior staff. There were at least weekly meetings with the Director-General to go through current issues and we had a "*no surprises*" policy. I read and researched widely before and during my Ministerial period. There were regular meetings with major stakeholders such as Unions, the AMAQ and the QNU and other lobby groups. There were monthly meetings with zonal managers. There were meetings with specialists' colleges and meetings ad hoc with specialist groups. I had regular meetings with the RDAQ, the ADAQ and other professional bodies and advisory committees. I visited health facilities to enable me to see what was happening on the ground and talk to staff. I had meetings with academics in the health area and meetings with Health Ministers from the Commonwealth and other States through the Ministerial Council process.

2. During my term as Minister, my office did monitor media reports concerning public health.

3. & 4. In October 2003 I was made aware that a journalist, Hedley Thomas, had requested a copy of a report, now referred to as "*The Lennox Report*". I recall being told, and I think by my Media Officer, to the effect that Dr. Lennox had a draft working document for discussion. I was also advised at around this time that the document reiterated known concerns in relation to overseas trained doctors. I understood that Queensland Health staff were working, with others, to address these concerns. Dr. Lennox was one of the staff in that unit.

I do not recall discussing any specific response to the request for a copy of the report.

I would not expect a draft working document be provided to me and to the best of my knowledge, the document had not been to my office at that time. As far as I can recall I have only received the document recently when provided by my solicitors for the purpose of answering these questions and giving evidence at the Commission of Inquiry.

I recall articles published in the *Courier Mail* in November 2003 alleging problems with overseas trained doctors with inadequate qualifications.

Prior to any request for a copy of "*The Lennox Report*" and publication of the articles, I was aware that with the shortage of doctors there was an emerging concern that if Queensland continued to rely upon increasing numbers of overseas trained doctors, given the competition with other countries, the shrinking pool could affect the quality of overseas trained doctors being employed in Queensland. This is what Queensland Health and others were addressing.

I also recall that in November 2003 I was briefed for a meeting with the AMAQ. That briefing referred to a number of things including a joint Queensland Health/AMAQ working group set up to address matters relating to Temporary Resident Doctors and referred to one of the documents developed by Dr. Lennox being tabled at this committee, which document contained concerns referred to in the newspaper articles. This working group comprised representatives of Queensland Health, AMAQ, the Medical Board, the Centre for Overseas Trained Doctors, the Australian Government Department of Health and Aging and the Department of Immigration, Multicultural and Indigenous Affairs.

The briefing also referred to the Medical Training Review Panel (Commonwealth) having convened a sub-group to review issues concerning the employment of overseas trained doctors and the sub-group was due to report in early 2004.

The briefing also referred to the fact that the Australian Government Department of Health and Aging had established a taskforce to address overseas trained doctor issues.

In relation to specific allegations in the newspapers articles I sought advice in relation to the doctors referred to. I was advised that the doctors were not employed as specialists and were being supervised by a senior orthopaedic surgeon.

As to communication of concerns to my successor, when I retired, all of my files were left to the new Minister to use as he saw fit. I indicated to the incoming Minister that I would be happy to give him background briefings on any issues he wished.

5. In relation to the article published in the *Courier Mail* on 4 November 2003 in which the Honourable Peter Beattie is reported as saying in relation to "*The Lennox Report*": "*When this final report is completed as opposed to the draft, then obviously Cabinet will want to have a very close look at it ...If the reports in the Courier Mail and the draft report are sustained in the final report then we will need to change our systems and we will*", I do not specifically recall the Premier making these comments at the time. However, I do not have any problem with the response attributed to the Premier. I too understood the document to be a draft. To the best of my recollection, I did not advise the Premier that the report was in draft or anything about the report, but my office probably advised the Premier's office in response to a question from the Premier's office. I was unaware that the report had been completed.

6. It has generally been acknowledged that doctors in the public health system have traditionally worked long hours. In earlier days, hours worked after the normal shift were unpaid. Overtime is now paid. This issue has been raised on not infrequent occasions with me. I have always required that Medical Superintendents were reminded that it was their duty to ensure that necessary operational hours of a hospital were addressed by appropriate rostering of medical staff and, where possible, not by simply extending the duration of a shift. I recall sending Memoranda to this effect on a number of occasions to the Director-General and I am aware that the Director-General acted upon these Memoranda.

7. I recall being made aware of complaints made by Dr. Nankivell. As I recall the complaints conveyed to me, Dr. Nankivell complained that he could not keep going with so few staff. Dr. Nankivell was on call far too much and I understood the rostering problems to arise because of the shortage of surgeons in Bundaberg. I understood Dr. Nankivell moved to Logan. I also recall a complaint in relation to the length of time before a patient could get a diagnostic scope. That complaint was met by allocating extra funding for a specialist to go to Bundaberg to perform additional diagnostic scopes. Unfortunately, I subsequently found out that the doctor in Bundaberg who had also been doing diagnostic scopes in the public system ceased seeing public patients after the allocation for funds for the additional help. Consequently, Bundaberg was in no better position as far as that waiting list was concerned. I have a recollection that the

doctor may have resumed, at least to some extent, seeing public patients after an approach to him by the Director-General when in Bundaberg.

8. "*Reversal of flow*" was an outcome rather than a policy. The policy really was that that patients be treated as close as possible to where they lived. I do not know whether the policy is recorded anywhere. However, the policy is tied up with planning of hospitals which took place back in the mid 1990s before I was Minister. Plans for new hospitals such as that at Logan and Caboolture were made to accommodate patients in those areas with the expected consequent effect of reducing the need for general patients to be treated at the Royal Brisbane Hospital and Princess Alexandra Hospital.

9. I was generally aware of the process for allocating funds to public hospitals in Queensland. The amount of elective surgery expected at a hospital had a bearing on the funds allocated but I did not understand that there was any excessive emphasis on elective surgery targets. Funding was district based, not hospital specific. Within that, there was an historical budget basis plus anticipated add ons for such things as expected growth, new initiatives, increase in salaries, anticipated new services, new equipment etc.

   In relation to assessing the performance of public hospitals in Queensland, generally speaking, the performance was assessed as follows:

   (a) Accredited through the appropriate body;

   (b) Patient satisfaction audit of public hospitals (on one occasion during my term);

   (c) Quality and risk management programmes (being introduced towards the end of my term).

10. The elective surgery figures were first published by me when I took up the portfolio in 1998. I was at all times aware that the published elective surgery list did not include the waiting lists for specialist out-patients appointments. I publicly disclosed at that time that the waiting list for specialists out-patients appointments was not part of the elective surgery figures.

11. I have at all times been briefed by the Director-General and others that there were concerns of under funding for public health. Any under funding was not for want of trying to get additional funds out of Treasury. However, I do not believe it entirely accurate to refer to a steady decline in the resources of public hospitals over the last ten years. The budget over time increased

significantly and there were huge increases in resources to hospitals across the board. However, the public health system was certainly stretched by an increase in population, increasing demand on the public system, increased expectations of patients from the health system, increased demands of an aging population and advancements in medicine and technology. I persistently lobbied for funds both Federally and State.

12. I inevitably discussed with the Director-General and others about low morale amongst staff in the public system and increased funding may have addressed some of the problems. Further, Queensland Health tried to get the right people into the right jobs. The status of morale varied from hospital to hospital and district to district. I am surprised to see the suggestion that there is a lack of or a perception of a lack of a role for clinicians in management in hospitals. My understanding has been that clinicians play key roles in management of hospitals.

13. To my knowledge, only the Director-General was on a contract which included a performance bonus.

14. I indicated in my answer to 3 and 4 above the advice that I was given in relation to the two doctors referred to in the *Courier Mail* articles.

    I have also indicated above that I left all files for my successor with an invitation to be briefed by me on any issue.

15. I do not believe that Queensland Health had a policy of discouraging the engagement of VMOs in favour of more staff specialists. I have never been briefed that such a policy existed.

16. To the best of my recollection, I was first briefed in relation to the Berg matter by Mr. O'Dempsey of the Medical Board of Queensland on 4 December 2002 and I was made aware of the anomalies in relation to the registration concerning Berg. I received a Ministerial brief from the Medical Board dated 4 December 2002 but I believe it was received on 5 December 2002. In that brief the anomalies are referred to and, as I read it, the Medical Board sets out when it first became aware of the circumstances surrounding Berg. I cannot recall that the Medical Board explained the delay in advising me in relation to the Berg matter. To the best of my recollection, I did not participate in a decision not to disclose information concerning Berg to the public nor, as far as I can recall, was I made aware of any specific decision not to disclose the information to the public. I note that I was on holidays from 15 January 2003 to 29 January 2003.

If the matter had been discussed with me I would have been accepting of the view not to go public. It would be a difficult decision. From reading parts of the evidence given at this Inquiry, I can see that Allan acknowledges some risk to patients in going public.

The steps taken by me to ensure a prevention of a reoccurrence are documented. See the memorandum to the Director-General dated 4 December 2002 and letter to Mr. O'Dempsey dated the same date. I recall that at zonal meetings I was informed that the audit of patients had gone well. The Legislation Projects Unit advised that no legislative amendments were necessary or warranted. I was also advised that the Medical Board had put in place a process for ensuring that employing authorities are notified if it is discovered that a person does not hold qualifications.

17. As I mentioned above, I have endeavoured to have a complete break from a consideration of health issues since I retired from politics. I am aware that the Commission of Inquiry has received a wealth of material to assist it. Without a consideration of the material, I do not think that any comments which I may make would be of any value to the Commission of Inquiry.

18. Historically there has been a medical workforce crisis. Queensland has had a significant reliance on overseas trained doctors, more than other States and increasing. A figure used while I was Minister was between a quarter and a third of Queensland's medical workforce trained overseas. The vast majority of these practitioners are highly skilled, well integrated into the workforce and serve Queensland extremely well.

Queensland's high reliance on overseas trained doctors comes from two key areas:

1. There have been restrictions on medical skill places at universities throughout Australia for a lengthy period. This is particularly so in Queensland, leaving Queensland as the most disadvantaged State with regard to doctor/population ratios. This flows on to GP and specialist training places, and Medicare provider number restriction.

2. Because of Queensland's decentralized population and the reluctance of Australian trained doctors to move outside metropolitan areas, overseas trained doctors are sought for these areas.

The major issues relating to overseas trained doctors are briefly as follows:

1. There has been an over reliance on overseas trained doctors and it must get to a point of being unsustainable in the face of increasing worldwide shortages of medical practitioners. In 2001 UK officials indicated that they were seeking to increase the number of GPs in the UK by 10,000 over a number of years. Such a move would effectively take up the number of young doctors who traditionally come from the UK to Australia.

2. There is the obvious moral question associated with luring doctors from under developed countries to come to Australia when their own countries are in such great need.

3. There are increasing difficulties in assessing overseas trained doctors. As the recruitment net is needed to be cast wider to medical schools unknown in Australia, the qualification assessments become a significant problem.

4. As regard the quality of overseas trained doctors, whilst I was Minister, I was briefed that the number of complaints against overseas trained doctors was similar to those against Australian trained doctors. However, as I have mentioned above, there is an emerging problem in relation to the quality of overseas trained doctors given the worldwide competition for doctors.

Briefly, the steps taken to address this problem were as follows:

1. Both prior to, and after becoming Minister, I lobbied the Federal Government on the urgent need for extra medical student places in Queensland to at least bring Queensland up to the national average. This initially targeted a new medical school at James Cook University in Townsville and extra places at UQ. I also strongly lobbied for and supported new medical schools at Griffith University and Bond University. All three medical schools are now in existence. The increase in funded university places should over time decrease the reliance on overseas trained medical staff to meet Queensland's growing demands.

2. Queensland Health continued to fund and support overseas trained doctors through the Centre for Overseas Trained Doctors to attain Australian qualifications and accreditation.

3. Queensland Health supported the expansion and role of Telehealth to provide expert support to regional and rural centres (not just for overseas trained doctors – all non-metropolitan areas need support, second opinions, mentoring etc.).

4. Queensland Health encouraged the development of clinical networks with senior tertiary hospital specialists providing support and mentoring to specialists in smaller hospitals eg vascular surgery, orthopaedics and paediatrics on the southside. This clearly needed the active support of clinicians.

5. The establishment of a skills development centre at the Royal Brisbane Hospital to provide a centre for training health providers in new skills as well as improving and assessing current skills and to evaluate new techniques. The centre was opened after I retired but it was an initiative that I investigated, funded and advocated.

6. I had ongoing discussions with specialist colleges about ways to improve training and training numbers and improving the processes for assessment of overseas trained specialists, especially in regional areas. We had experienced the loss to regional areas of highly regarded doctors because of the inability to have the required supervision and assessment in the regions.

7. I introduced the Doctors-for-Bush Programme to attract experienced general practitioners to particularly isolated areas usually in the position of medical superintendent with Federal Government approval for their immigration and Medicare status.

19. I was advised of the threatened collapse of the Centre for Overseas Trained Doctors when the Commonwealth withdrew funding. Queensland Health continued to fund the Centre. In my view the Centre is needed to assist the integration of overseas doctors.

20. Queensland Health competed for budget funds by lobbying as rigorously as possible both the State and the Commonwealth. At the end of the day, the Treasury and the Commonwealth determined how much would be allocated, in the context of their overall budgets.

    Clinicians and bureaucrats submit budget requests through management which are then incorporated into the Queensland Health budget submission to the Budget Review Committee.

Signed at Brisbane on 24 August 2005.

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WENDY MARJORIE EDMOND

October 16, 1998

LABOR PLAN REVEALS "HIDDEN" WAITING LISTS

Health Minister Wendy Edmond's investigation into hospital waiting lists has revealed a massive "unofficial" list of would-be patients who haven't even made the official list.

Ms Edmond said the investigation confirmed her long-held fears but represented a major step towards tackling the issue.

"I am now working with the whole picture, knowing where the real bottlenecks are in Queensland's public hospital system," she said.

"We can target the bottlenecks with Labor's waiting list strategy and get more patients into surgery faster."

Patients referred to public hospitals by their doctors have to wait to be allocated appointments to see a specialist at an outpatient clinics. The specialist assesses the patient and it is only then that the patient is placed on a hospital elective surgery waiting list.

Ms Edmond said in July that she was concerned about the untold story of the waiting list to get an appointment.

She told the launch of the first quarterly waiting list report that more than 650 non-urgent patients were waiting for an appointment at the Gold Coast Hospital and Townsville Hospital had around 350 patients in the same situation.

Ms Edmond said Queensland Health had made some progress on her instruction to develop standardised and improved procedures for allocating appointments and collecting information.

"The downside is that I now know that the waiting list to get on the waiting list for surgery is almost as long as the waiting list for surgery," she said.

"The upside is that we can now tackle the problem systematically."

Ms Edmond said Queensland Health was collecting appointment waiting list data manually because no computer systems currently doing this.

Data collected so far showed that about 36 000 people are waiting to see a specialist - roughly the same as the number of people waiting for surgery.

"Of the 36,000 people waiting, around 8,500 have not yet been given an appointment," she said.

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"About 20,000 patients are waiting to see a specialist in orthopaedics, ear nose and throat, opthalmology and general surgery."

Queensland Health's investigation team is expected to make recommendations, including computerising the data collection, by the end of the year.

The State Labor Government's existing elective surgery waiting list strategy involves:

- $6.8 million in recurrent funds for extra complex surgery
- evening out waiting lists by moving people where appropriate to a hospital where their procedure can be performed more speedily
- using holiday times to keep operating theatres working
- increasing day surgery
- working with specialist colleges to expand training places for new specialists

Media inquiries:

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