Ex 431

QUEENSLAND PUBLIC HOSPITALS *COMMISSION OF INQUIRY*

STATEMENT OF MORGAN NEELAN NAIDOO

I, **MORGAN NEELAN NAIDOO** of in the State of Queensland, state on oath:

1. Background

1.1 I am an Orthopaedic Surgeon and have been a registered Medical Practitioner in the State of Queensland since 1976. I have been a registered Orthopaedic Surgeon in the State of Queensland since 1981. Annexed to this statement and marked **"MNN-1"** is a copy of my current Curriculum Vitae

1.2 Since 1997, I have been employed by Queensland Health as the Director of Orthopaedics at the Hervey Bay Hospital and the Maryborough Hospital.

1.3 I am aware that certain broad allegations have been made against me concerning my performance as Director of Orthopaedics at the Hervey Bay and Maryborough Hospitals and I have sought to respond to these allegations as best I can given their lack of particularity.

1.4 I reserve the right to expand upon, or to clarify matters, if and when I am given more details of those complaints.

2. Absent on Leave

Leave Taken

2.1 I have been working for Queensland Health as a doctor since 1975 and accordingly, I have accumulated significant leave entitlements.

2.2 Every year I accrue:

(1) 5 weeks recreational leave plus any scheduled public holidays (unless I am rostered to work);

(2) 2 weeks sick leave; and

(3) 1 week of conference leave.

2.3 Recreational leave cannot be allowed to accrue for more than 2 years so it must be taken leave within the 2-year period.

Deponent

A J.P., C.Dec. / Solicitor

2.4 When I started as a specialist in 1982 I also commenced accumulating 13 weeks study leave for each 5 years of continuous service. The minimum period that can be taken at one time is two weeks.

2.5 I have also accrued 13 weeks long service leave for every 10 years I have worked for Queensland Health.

2.6 I moved from a full time position to a visiting medical officer in 1986 and this reduced my leave entitlements somewhat, but not dramatically. I then returned to fulltime employment in 1996.

2.7 The Human Resources Manager of the Hervey Bay Hospital keeps all the records of my leave entitlements and when I have taken leave. I have not kept these records myself and simply rely upon my unaided recollection.

2.8 My recollection is that over the past 2 years I have taken:

(1) 5 weeks study leave in March and April 2004;

(2) 6 weeks study leave starting in September 2004;

(3) 3 weeks sick leave in December 2004;

(4) 2 months study leave in February and March 2005;

(5) 2 months long service leave in May 2005;

(6) conference leave from 21 July to 23 July 2005;

(7) the total number of days allocated to me for sick leave for 2004 and now for most of 2005;

(8) almost all my entitlements for recreational leave for 2004 and 2005.

Stress leave and related problems

2.9 I have been on stress leave since 15 August 2005 following the distress caused to me by the matters raised in the Inquiry.

2.10 In or about August 2000, I was diagnosed as suffering from depression by Dr Andrew Christiansen, a specialist psychiatrist.

2.11 This illness is ongoing but controlled. I have been taking prescribed anti-depressants intermittently since my diagnosis and am currently taking them daily.

2.12 I have been hospitalised at the New Farm Clinic for depression three times: once in 2000, in 2003 and again in December 2004. The major cause of my depression at those times was marital problems.

Deponent

A J.P., C.Dec., Solicitor

2.13 In 2000 I was hospitalised for 3 weeks and then for 2 weeks each in 2003 and 2004.

2.14 The periods of hospitalisation would generally be followed by 2 weeks sick leave during which I undertook counselling as an outpatient of the New Farm Clinic.

2.15 The Director of Medical Services of the Fraser Coast District, Dr Terry Hanelt, was aware of my periods of hospitalisation for depression and of my diagnosis. I asked Dr Hanelt to keep my medical details private and as far as I am aware he abided by my request.

2.16 Other members of the Hervey Bay Hospital staff and executive would have been aware of my hospitalisation but not the reason for it.

2.17 Prior to my hospitalisation in December 2004, I had decided to take planned study leave and long service leave. I discussed this plan with Dr Hanelt who was in agreement. I had a lot of study leave accrued at that time and was conscious of using my entitlements while I could.

2.18 In order to facilitate my taking leave for such a long period of time, Dr Hanelt and I had discussed organising a locum for that period.

2.19 We began advertising for a locum in or around September 2004.

2.20 Ultimately Dr Kwon accepted the position in or around November, December 2004 but was unable to start work until January 2005.

2.21 In January 2005, following my period of hospitalisation, I came back to work on a fulltime basis to guide Dr Kwon and assist him in becoming familiar with the routine at Hervey Bay Hospital.

2.22 Dr Kwon also did work at Maryborough once he started but later restricted himself to Hervey Bay because of staffing issues.

2.23 Dr Kwon took over all my services when I commenced my leave. This included clinic sessions and operative sessions but not the hand clinic for which he did not have any training.

2.24 Dr Kwon resigned when services at Hervey Bay Hospital shut down following the publication of Dr North's report. He did however complete a follow up of the patients he had operated on.

Approval for Leave

2.25 Whenever I was taking planned leave I always filled out a leave form and sent it via the clinical support person to Dr Hanelt, who would then send it on to the hospital's Human Resources Manager.

Deponent

A J P, C Dec, Solicitor

2.26 Whilst my leave was always approved, the system was not such that I would receive a letter confirming that it had been approved. This only occurred 2 or 3 times for planned leave.

2.27 However, I always received written approval for any study leave I was taking as the process for approval was more formalised and I would need to make a submission about the study being undertaken and how much it would cost.

2.28 There was one instance where the expenses for conference leave I took in July 2005 for 3 days study leave was not approved. I paid for this meeting in Melbourne myself and have been informed verbally by the Director of Medical Support that the expenses would be retrospectively approved. The actual leave days I took however, was approved.

Measures in place when leave taken

2.29 When taking planned leave I always prepared a memorandum setting out what was to occur in my absence and provided a copy of that memorandum to Dr Hanelt, the District Manager, Nurse Practice Manager of both Hervey Bay and Maryborough Hospitals and the Nursing Unit Managers of all wards. Almost everyone affected by my absence would receive a copy of my memorandum. Examples of these memorandums can be downloaded from my computer at Hervey Bay Hospital.

2.30 When I took unscheduled leave I would report to the clinical support person and that person would let the Human Resources Manager know and then arrangements would be made. Usually Dr Hanelt would take control.

2.31 The standard practice when taking leave was to inform the Clinical Support officer who would make arrangements for clinics scheduled.

2.32 Over the last 12 months the system has changed and now everyone reports direct to a call centre.

3. On Call

3.1 My wife and three children all reside in Brisbane. In order to preserve family stability, my wife and I decided that she and the children would remain in Brisbane and I would leave Brisbane to go to Hervey Bay on Monday morning at about 5.00am in order to start work at 9.00am. I would then reside in Hervey Bay until Friday afternoon till about 4.00pm, when I would return to Brisbane for the weekend.

3.2 If I were on call for the weekend, then I would stay in Hervey Bay for the weekend as well. I have never been away from Hervey Bay whilst on call at the Hervey Bay Hospital.

3.3 When I am on leave I would not be in Hervey Bay.

Deponent

A J.P., C.Dec., Solicitor

3.4 There were occasions when I would be in Brisbane for a weekend and someone would call me for advice over the phone when there was an emergency. However, I was not on call at those times.

3.5 When Dr Kwon arrived he requested to be on call as much as possible. This is why the roster reflects him being on call so frequently.

4. Supervision of Doctors

Role of SMOs

4.1 On 22 July 2002, Dr D Krishna commenced at Hervey Bay Hospital as a Senior Medical Officer (**SMO**).

4.2 On 3 March 2003, Dr D Sharma commenced at Hervey Bay Hospital as a SMO.

4.3 Both Drs Krishna and Sharma had previously worked in orthopaedic units. At the time they were employed, I understood that Drs Krishna and Sharma were registered by the Medical Board of Queensland without any special conditions regarding supervision.

4.4 I had received letters from other orthopaedic surgeons at Toowoomba Hospital recommending the employment of Dr Krishna. Annexed to this statement and marked **"MNN-2"** are copies of such letters.

4.5 I was the only full time orthopaedic surgeon at the time of their appointment and because of my clinical commitments it was impossible to provide personal supervision of the SMOs for the entire working day.

4.6 However, clinics and operation sessions were arranged in such a manner that as much direct and indirect supervision as possible could be provided. The daily duty rosters for each of the SMOs and myself reflect this. Annexed to this statement and marked **"MNN-3"** is a copy of the daily duty rosters for the RMOs, the SMOs, the peri-operative units and my own personal roster for Hervey Bay and Maryborough Hospitals.

4.7 The Rockhampton Hospital also works on the same supervision principle, as can be seen form its duty roster, a copy of which is annexed to this statement and marked **"MNN-4"**.

4.8 When each of Drs Krishna and Sharma first commenced work at Hervey Bay Hospital I clearly instructed them that they were to only treat patients within their skill level and all other patients that could not be managed by them should be transferred to Nambour, Royal Brisbane or Princess Alexandra Hospitals, as is the normal practice in other departments at Hervey Bay Hospital and in other Queensland hospitals.

4.9 In a letter dated 13 November 2003, Dr Hanelt asked me to more accurately define the role of the SMOs and the scope of the work they were performing at

Deponent A J.P., C.Dec., Solicitor

Hervey Bay Hospital. Annexed to this statement and marked **"MNN-5"** is a copy of the letter of 13 November 2003 and my reply dated 16 January 2004 together with an outline of the scope of works for Drs Krishna and Sharma.

4.10 Of the documents marked Annexure"MNN-5":

(1) I prepared the scope of services for Dr Krishna;

(2) Dr Krishna prepared a summary of orthopaedic surgery that he had performed from 17 July 2002 to 19 November 2003;

(3) I prepared the scope of service for Dr Sharma;

(4) Dr Sharma prepared the list of procedures.

4.11 I personally gave Drs Krishna and Sharma a copy of the documents marked annexure "MNN-5" and I recall emailing a copy to them.

4.12 Dr Hanelt and the District Manager also received copies of the documents marked annexure "MNN-5".

4.13 Dr V Padayachey, a SMO, commenced on 20 September 1978 and his work was confined to Maryborough Hospital except when he was on call for the District. The same level of supervision was accorded to him as was accorded to Drs Krishna and Sharma.

4.14 SMOs are senior doctors. Accordingly, they are skilled enough to make a clinical judgment as to what they can deal with.

4.15 I was on call one to two nights per week with the Surgical Principal House Officer. I was also available to be called on the telephone for advice by the SMOs when the SMOs were on call during the weeknights of Monday to Thursday.

4.16 If a patient came in on a Sunday night, sometimes the SMOs, rather than evacuating the patient, would hold them over until I arrived on Monday morning. Whether or not the patient could wait until the morning to be seen by a specialist was a matter for the SMOs to assess.

4.17 I could be contacted on my mobile phone at all times and whenever I recognised calls from the SMOs, Drs Krishna and Sharma, (as I could identify their phone numbers in my mobile) I would respond immediately or as soon as possible.

4.18 I would not take general calls from the Hospital switchboard, as there was an SMO rostered on duty for each day that could deal with routine situations.

4.19 If the SMO who was rostered on had difficulty, then they could contact me. If I took those calls then I would have to see the patient and that's not the procedure. Sometimes Hospital staff try to bypass the SMOs (because they're

Deponent

A J.P., C.Dec., Solicitor

more junior) to go straight to the specialist but that's not feasible day to day. The SMOs must be the first port of call.

4.20 The SMOs supervise the resident doctors and emergency staff so the resident doctors and emergency staff look first to the SMOs before calling me. If the SMOs couldn't handle the situation, then I was to be called.

4.21 The on-call rosters clearly state that the first contact person during the day is the relevant SMO.

4.22 Before the SMOs came to Hervey Bay Hospital in early 2003, I would field all calls that came into the Hervey Bay Hospital.

4.23 Based upon what I had seen of Dr Krishna's and Dr Sharma's clinical abilities and their paperwork, I was confident they could handle the role. Drs Krishna and Sharma are not gung-ho people and I knew they would call me if they were uncertain about an issue.

4.24 I would discuss any concerns the SMOs had at the weekly meetings we conducted and on the ward rounds each morning. I would also be available to see any patient they were concerned about.

SMO's named as Consultants on Rosters

4.25 It was an error on my part to name the SMOs on the on-call rosters as consultants.

4.26 However, similar processes for rosters were followed at other hospitals as well, such as Rockhampton.

4.27 The on-call roster we used was adapted from one that had the same columns and we just used that same layout.

4.28 I never deliberately intended to mislead anyone into thinking that the SMOs were in fact consultants.

Clinical Audits / Morbidity and Mortality Meetings

4.29 At Hervey Bay Hospital we produce a discharge summary and an audit. Most hospitals have an electronic audit but Hervey Bay doesn't have that facility.

4.30 The District Manager will have completed audits for the years 2003 and 2004 and completed discharge summaries for the years 2003 and 2004 for patients from Hervey Bay and Maryborough Hospitals.

4.31 We had morbidity and mortality meetings at Hervey Bay Hospital every three months.

4.32 As we were a small group and had weekly meetings, if nothing had come up in the weekly meetings or an issue had been adequately discussed at the weekly

Deponent A J P, C Dec., Solicitor

meeting, then sometimes I would determine that it was not necessary to have a formal morbidity and mortality meeting.

4.33 All peri-operative and orthopaedic staff were invited to the weekly meetings as well as the VMOs.

Training & Education Initiatives

4.34 About four to six times per year I organised in-service training on a Wednesday or Thursday afternoon for the orthopaedic staff and doctors. I would dictate flyers and send them out to all staff inviting them to attend.

4.35 Over the years I have arranged for visiting surgeons from Sweden, USCLA, Phoenix Arizona, New Delhi and Germany to come and speak to our orthapedic staff at Hervey Bay and the surrounding regions.

4.36 The turnout to this training by the peri-operative staff at Hervey Bay was abysmal. The peri operative staff and the SMOs from Maryborough always came to the training events. The Visiting Medical Officers did not attend these events.

4.37 The SMOs and RMOs of Orthopaedics at Hervey Bay always attended the events. Nurses from Hervey Bay would also attend.

5. Lack of Clinical Support

5.1 In my first 5 years at Hervey Bay Hospital I had no other specialist orthopaedic support except for overseas trained junior doctors.

5.2 This placed a lot of pressure on me and made it difficult to provide a proper service to our patients.

5.3 The junior staff would fill out the audits and I would look at them each week and supply the district manager with them. This was done manually as until recently there was no software program in place to do this.

5.4 I had no real administrative support. If I had been in Brisbane I would have had my own secretary and other doctors to support me.

5.5 Before the SMOs commenced in 2003 I had to run all the fracture clinics. The lack of any support for me was essentially the reason it was determined that Hervey Bay Hospital would be allocated two SMOs. This then allowed me to concentrate on the major procedures and took the day-to-day pressure off.

5.6 Maryborough Hospital had a SMO for 25 years and the general workload at that Hospital was less than at Hervey Bay.

5.7 From when I first started at Hervey Bay Hospital I made regular complaints to Dr Hanelt and the District Manager about the lack of administrative support and

Deponent A J.P., C.Dec., Solicitor

the shortage of junior staff and RMOs. I would make these complaints at the surgical management committee meetings that took place once per month, at the senior medical staff meetings that took place one per month or on a casual basis.

5.8 I was frustrated by the frequent shortage of junior medical staff. While the executive of the Hervey Bay Hospital was sympathetic to the problem, I understood that they were limited by the fact that there was no staff available to employ.

5.9 I understood that the executive had similar problems in recruiting a locum orthopaedic surgeon to assist when I was on leave.

6. Cancellation of Surgeries

6.1 Generally what would happen when I was on leave, at least in the past two years, was that the other orthopaedic surgeons on staff, usually Dr HJ Khursandi, would cover both hospitals. Dr Khursandi worked mainly at Maryborough.

6.2 Surgery was usually cancelled if it involved procedures that either Dr Khursandi couldn't cover or procedures that the SMO, Drs Krishna and Sharma, who were appointed in early 2003, couldn't perform.

6.3 Before I would take planned leave I would organise with the elective surgery co-ordinator to reschedule any elective surgeries that I had been scheduled to perform

6.4 Prior to the arrival of the SMOs elective surgical procedures needed to be cancelled to accommodate emergency procedures. This also occurred to some extent after the arrival of the SMOs in circumstances where they could not handle a procedure such that I would have to reschedule my procedures to accommodate the SMOs' emergency.

6.5 As discussed above, emergency patients that could not be managed by the SMOs, I was unavailable, were transferred to Nambour, Royal Brisbane or Princess Alexandra Hospitals, as is the normal practice in other departments at Hervey Bay Hospital and in other Queensland hospitals.

6.6 There were also occasionally problems related to:

(1) patients having skin lesions or general health problems; and

(2) the peri-operative unit not being able to obtain implants and instruments which would result in surgeries being cancelled.

Deponent

A J P., C.Dec., Solicitor

7. Relationship with Dr Sean Mullen

7.1 It is fair to say that Dr Mullen and I did not get on well.

7.2 Dr Mullen was a Visiting Medical Officer (**VMO**) to the Hervey Bay Hospital from 2000. Initially he would perform one operating session and one clinic session per week and be on call one weekend in four and one weeknight.

7.3 I found it difficult to communicate with Dr Mullen and often after we had met I would find that Dr Mullen's understanding of the outcome of our meeting was different to mine. Because of this, I was reluctant to meet with Dr Mullen one on one. I would always ensure that a third person was present at the meeting and that it be minuted so that there could be no misunderstandings about what had been agreed.

7.4 My recollection is that Dr Mullen only ever attended one morbidity mortality meeting during the time he was at Hervey Bay and he never attended weekly meetings, although he was always invited.

7.5 In or around September 2002, Dr Mullen's commitment to Hervey Bay Hospital seemed to drop off. He refused to do any weeknights and would pick and choose the weekends he wanted to do. I understood this was because he had a new baby and wanted to spend time with his family, not because of any problems he perceived with the services being provided at Hervey Bay Hospital.

7.6 I would have to work around when Dr Mullen was available and his inconsistency in this regard made things very difficult.

7.7 On 16 January 2004, a meeting was held between myself, Dr Hanelt and Dr Mullen. At the meeting we discussed teaching sessions, mortality meetings, review reports for the Australian Orthopaedic Association and the ongoing work Dr Mullen would do at the Hervey Bay Hospital.

7.8 At one stage Dr Mullen offered to be on call one in two weekends.

7.9 I was unhappy with this idea because Dr Mullen had become unreliable and I felt that I would end up being on call every weekend, which is just not feasible. Also, a one in two call would not work if someone went on leave. For these reasons, with which the Director of Medical Services agreed, I rejected Dr Mullen's offer.

7.10 When Dr Mullen came back from leave in or about March 2004 the understanding was that he would do one whole day on a Wednesday, one week night and one weekend in four on call. However, Dr Mullen did not keep the weekday call commitment.

7.11 Dr Mullen eventually resigned after Dr North's report was published but I am unsure of the exact date.

7.12 Annexed to this statement and marked **"MNN-6"** are copies of various letters relating to Dr Mullen's work at Hervey Bay Hospital.

Deponent

A J.P., C.Dec., Solicitor

8. General Performance

8.1 I am unable to respond in detail to allegations about my performance and specific instances of alleged incompetence without being able to inspect the patient file for each of these instances so I can accurately recall the circumstances.

8.2 I have attempted to respond generally to some of the allegations made below.

Hip Replacement – time taken

8.3 My average time in surgery for a knee replacement is 1 hour and my average time in surgery for a hip replacement is just over an hour. The time allocated for a revision hp surgery is approximately 4 hours

8.4 I understand that reference has been made to a hip procedure that took me 5 hours. I recall a hip replacement that took 4 and a 1/4 hours however this procedure was a revision hip replacement, which is a lot more complicated than a standard hip replacement. A revision surgery involves the removal of the existing prosthesis and bone cement, if present; this may involve an osteotomy (a splitting of the femur).

8.5 Some hip replacements seem no different to primary hip replacement. Other ones are more complicated and need special prosthesis, bone grafts etc.

Amputation of Elderly Lady's Arm

8.6 In or about July 2000 (which was prior to the arrival of the SMOs) I recall that an elderly demented lady had been admitted to the hospital and that she presented with a fracture of the arm, which initially was not a compound fracture.

8.7 She was a resident at Torbay Nursing Home with severe dementia and cardiac problems. She was therefore initially admitted under the care of the medical unit rather than the surgical unit.

8.8 I first saw the lady on or about 27 July 2000 and that same day I performed a procedure where I placed her arm in a plaster splint. Because of her general medical condition the anaesthetist chose to perform the procedure under sedation rather than a full general anaesthetic.

8.9 The splintage procedure was not ideal and the alternative would have been an open reduction and internal fixation with a plate and screws.

8.10 In my opinion this would have failed because of the nature of the fracture and the extent of her osteoporosis. She was also very difficult to control and needed to be frequently sedated.

8.11 The ideal procedure would have been an intramedullary nail with some supplementary fixation. This would have been a much sturdier construct for this

type of fracture. However, we did not have the equipment available at the Hervey Bay Hospital and we would have had to request a loan from Brisbane. This would have been a long procedure and she would have been at significant risk of mortality because of her general medical condition.

8.12 I was then on leave from 31 July to 2 August 2000. Accordingly, Dr Mullen became involved with the patient at that time.

8.13 Because it became an open wound Dr Mullen debrided the wound put an external fixator with screws in the bone and constructed a frame to give it support. This failed because of the lady's advanced osteoporosis and the difficulties with physically controlling her.

8.14 When I later examined the patient upon my return from leave, I took the external fixator down because it had become extremely loose with dislodgment of the proximal pins and further fragmentation of the fracture. Bone fragments were protruding through the wound. There was also further muscle and skin necrosis and no obvious anaerobic infection.

8.15 I realised that applying another fixator was not going to work and the only other option was amputation.

8.16 I spoke to the Director of General Surgery Dr Bruce Griffiths who he agreed with my assessment.

8.17 I spoke to her family about the amputation and explained the risks to her if the arm wasn't amputated. The family agreed with the clinical decision.

8.18 In my opinion there was nothing else that could reasonably have been done, leading up to the amputation, because of the high risk of bone infection which could spread throughout the body with possible fatal consequences.

Clinical Performance

8.19 I usually see 6 new patients per outpatient session. Each outpatient session is three hours, which translates to a half hour per patient.

8.20 At the review clinic I would usually see about 18 recall patients in 3 hours. A recall patient is one that has already been to the clinic as an outpatient and does not usually require as much time as a patient who has been previously unseen.

8.21 The time taken and procedure adopted by me is the same as that of Dr Mullen.

8.22 If I were on leave then I would have to cancel the outpatient clinics because there was generally no one else available to do them. The appointments for the outpatients are then rescheduled.

Deponent A J.P., C.Dec., Solicitor

9. Types of Employment

Option A vs Option B

9.1 All full timers have a right to also practise privately, for which there are two options, known as A or B.

9.2 Under Option A the hospital bills all private patients. The surgeon is paid a minimum salary and the private hospital aspect is worked out at 45% of that minimum salary, which the surgeon is then paid in addition to the minimum salary.

9.3 Under Option B and until recently, the surgeon is paid 50% of the total billed by the hospital in addition to the minimum salary.

9.4 Now under Option B the surgeon is paid 100% of the total billed by the Hospital and the Hospital charges a facility fee.

9.5 Under Options A and B the hospital facilities are to be used to see the private patients.

9.6 The Director of Medical Services has a special discretion to allow a surgeon to work in a private hospital if it can't provide the required facilities for you.

9.7 I was on Option B until 30June 2001 but because of the constant fight for clinical support and facilities, I changed to Option A on 1 July 2001.

9.8 I'm still currently on Option A.

Extra Work

9.9 Normal working hours are between 8.00am and 6.00pm although there is no stipulated minimum number of hours. A specialist cannot be rostered for more than 45 hours per week.

9.10 Private work that is done outside the hospital facilities is permissible in free time provided the doctor is not on call. The doctor issues the bills for this type of work privately, not through the hospital.

9.11 Over the years I have worked as a consultant and doing medical legal reports. I would generally carry out the extra work on one day of the week, usually a Monday, between 6.00pm and 9.00pm ie outside my normal hours of work. I carried out this work in private office space I shared with Dr HJ Khursandi.

9.12 I stopped doing this type of work on or about 19 December 2002.

9.13 I was also appointed as a consultant on the Medical Assessment Tribunal on the Workers Compensation Board on 8 June 1995. Dr Hanelt was aware of this appointment and approved of it.

Deponent

~~A J.P., C.Dec.~~, Solicitor

9.14 The Tribunal met in Brisbane and I would take unpaid leave in order to attend. This was generally on a Wednesday.

9.15 I stopped doing work for the Tribunal in or about June 2000.

10. Photocopying of Outpatient Notes

10.1 As discussed above, when I started at Hervey Bay Hospital I had no administrative support.

10.2 When I was under an Option B arrangement I could exercise my discretion about whether to make clinical notes and keep them to myself. I decided to write patients notes then take a copy for myself so that when I was contacted about a patient I knew what I was talking about.

10.3 Also, clinical notes were often mislaid. It shouldn't happen but it does, so I used to photocopy the notes as an extra record.

10.4 Another reason I photocopied notes was because often I would perform surgery at Maryborough and see the patients as outpatients at Hervey Bay. Two files would be kept at each Hospital. I would photocopy the notes so that the files at each Hospital read the same.

10.5 I never photocopied my notes for WorkCover purposes. Any WorkCover work I was doing was done through my computer by my typist and I charged WorkCover for this.

10.6 A further reason for photocopying my patient notes was for use in medical presentations.

10.7 When I photocopied notes it was always for a legitimate reason.

11. Involvement with Link Pty Ltd

11.1 I have no financial interest in Link Pty Ltd and did not receive any financial inducement for using their orthopaedic prosthesis or instruments used in surgery at Hervey Bay Hospital.

11.2 Link Pty Ltd was the only company that was prepared to consign instruments and prothesis to the hospital so that delays for surgery for patients with fractured neck or femur requiring hemi-arthroplasty was minimised.

11.3 The actual number of Link prosthesis used was small compared to the standard Duracon and ABC prosthesis.

11.4 Link Pty Ltd did sponsor evening meetings for the peri-operative Unit but this was for the benefit of all staff from Orthopaedic Department and Peri-operative Units of Hervey bay and Maryborough Hospitals.

11.5 Other companies such as Duracon provided similar sponsorships.

12. Continuing Education

12.1 I am required to attend two category one meetings per year and one major overseas meeting to satisfy my continuing education requirements.

12.2 I have maintained my required level of continuing medical education. All conferences I have attended that are registered meetings of the Australian Orthopaedics Association are documented and I have certificates for each meeting I have attended.

12.3 Furthermore, for the last 5 years the Australian Orthopaedic Association has required that a report be submitted every year to the Secretary of the Australian Orthopaedic Association in Sydney setting out all the meetings attended for that year. A copy of my latest report is attached. Annexed to this statement and marked **"MNN-7"** is a copy of reports setting out my continuing medical eduation for 2002, 2003 and 2004.

13. Current Status

13.1 Following the recommendation of the report prepared by Dr North for the AOA, Orthopaedic Services at Hervey Bay Hospital were shut down.

13.2 I was scheduled to return to work on 19 June 2005 but returned on 12 June 2005 to attend to some of the problems raised in the report.

13.3 I was unable to resume any clinical work and was informed by the District Manager and Dr Hanelt that I would only be allowed to carry out administrative work in orthopaedics.

13.4 This only accounted for three sessions in my weekly roster and I found the inability to do any clinical work to be humiliating and denigrating.

13.5 I eventually went on stress leave on 15 August 2005 and remain on stress leave to date.

13.6 My physician has determined that I should remain on stress leave until 15 October 2005 at which time I am due to be reviewed.

13.7 I am not doing any work of a medical nature whatsoever during the period of my stress leave.

Deponent ~~A.J.P., G.Dec.~~, Solicitor

13.8 As Hervey Bay is a very small town I feel uncomfortable and find it extremely stressful to be there as a result of what has been said about me at the Inquiry and in Dr North's report.

13.9 My family support is in Brisbane so that is where I am residing at the moment.

SWORN by MORGAN NAIDOO at Brisbane on 28 September 2005 in the presence of:

Deponent

A J.P., C.Dec., Solicitor