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18 July 2005

Mr Anthony Morris, QC
Commissioner of Bundaberg Hospital Commission of Enquiry
PO Box 13147
George Street
BRISBANE 4003

Dear Mr Commissioner

Re: Discussion Paper No 6

In regards to discussion paper No 6 we strenuously oppose the comments under heading 11 regarding the advantages of VMOs vs Staff Doctors. We do acknowledge the importance of having both VMOs and full time staff doctors within the public hospital system. Our comments are as follows.

The Discussion Paper needs to distinguish clearly between full time doctors *with Australian qualifications* (including overseas trained doctors with qualifications recognised as equivalent to Australian qualifications) and full time staff such as overseas trained doctors in SMO positions *without Australian qualifications*. *These two groups are entirely different*. Our comments relate to Australian trained VMOs versus Australian trained full time staff doctors.

Regarding the section 11 sub-points, we make the following submission.

- 11.1 VMOs are *not* generally more experienced and better qualified. Full time staff surgeons undergo the identical training, exit examination and ongoing continuing medical education as do VMOs. It is simply a matter of employment choice. For various reasons some doctors choose to be full time on staff. This has nothing to do with experience or qualifications.
- 11.2 It is doubtful if VMOs are in any way more efficient than staff doctors. We each operate on elective surgical lists and we each run outpatient clinics which are parallel in all respects. There is no way at all they make better use of public hospital facilities and resources as they are frequently absent from the hospital during the day whereas the full time staff are present during the day, on the spot and able to perform emergency surgery as it occurs, able to stratify patients' needs as situations arise and able to rationally order tests in daylight hours. The VMOs frequently have to come back in the evening using facilities and resources out of hours when costs incurred are higher.

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20 JUL 2005

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Re: Discussion Paper No 6

- 11.3 We *strenuously disagree* with this. The standard of care for all doctors is totally unrelated to employment contract. Put simply the highest level of care is demanded of all staff and is subject to audit meeting requirements for both VMO and full time staff, and quality assurance indicators are measured and are available to be analysed for all staff. We would in fact claim that the *full time Staff Specialists provide a better standard of care*. The reason for that is simply that they are here every day. In our case we both do a ward round of our patients every morning and every afternoon. We are usually available to operate on emergencies during work hours without the need to put them back to the end of a busy day. When a patient develops an acute illness they are likely to be seen straight away if they are under our care, whereas if they are under the care of a VMO they may not be able to be seen by the particular VMO in charge because he or she is absent at an outside institution or clinic operating etc. In that scenario the VMO frequently requests the full time staff doctors to take over the management of the patient.
- 11.4 This claim is *totally wrong*. Junior doctors and medical students see little of the VMOs, the reason being that VMOs come to the hospital infrequently, whereas the staff doctors are here all day. It is the staff doctors who do most of the formal and non-formal teaching sessions for both training doctors and medical students. Moreover, if a junior doctor finds himself or herself unable to cope with a complex problem during the day they often turn to the fulltime staff members for help because the VMO is absent.

We welcome the opportunity to participate in the discussion and caution that the view of the AMA or any individual within the AMA should not be seen as representative of the views of all doctors.

Yours sincerely



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