


Bundaberg Hospital Commission of Inquiry

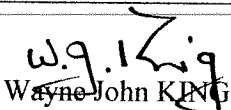
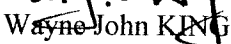
STATEMENT OF ERIC PETER GUAZZO

I Eric Peter GUAZZO of
of Queensland SWORN:

State

1. I am a duly qualified medical practitioner registered in the State of Queensland. I have a medical degree from the University of Queensland (1982 – MBBS). I am a Fellow of the Royal Australasian College of Surgeons (FRACS) in Neurosurgery (1991). I am a Fellow of the Royal College of Surgeons of England (FRCS Eng – 1992). I have a Medical Doctorate from the University of Queensland (MD – 2001). I am the Vice President of the Neurosurgery Society of Australasia and I am on the Board of Neurosurgery of the Royal Australasian College of Surgeons.
2. I commenced work in Townsville at the then Townsville General Hospital as a VMO in Neurosurgery on 01 October 1994. I also, at that time, began practice as a neurosurgeon in private practice. Since that time I have been in continued mixed public/private practice based in Townsville and providing outreach clinics to Cairns, Mt. Isa and Mackay.
3. Since that time there have been only two neurosurgeons practising in Townsville and serving the Northern Health Zone of Queensland which requires on call commitment of every second week. The Northern Health Zone encapsulates the area from Sarina to Torres Strait and west to Mt. Isa with the Zone neurosurgical service based in Townsville with all neurosurgical operative services based in Townsville. The other surgeon that I have mentioned is Dr. Reno ROSSATO who has been in practice in Townsville since 1979.
4. I was committed to my work in public practice and that is reflected by the volume of work I carried out at the hospital and the level of professional expertise that I provided. A couple of years ago my VMO status was raised to Senior VMO reflecting my commitment to the public practice. I have always envisaged that the service of neurosurgery to the Zone was one that required continued development

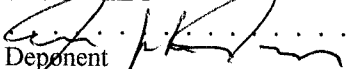
Eric Peter GUAZZO
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and expansion to meet the needs of the North Queensland community. Therefore, I have endeavoured to improve the service by making recommendations regarding the improvement of equipment and increasing of manpower.

5. In 1999 I began to make formal approaches to the Hospital Administration regarding the planning required for the initiative to attract a third neurosurgeon to North Queensland. This need was not only indicated by the volume of work and commitment required to meet the neurosurgical demand from the North Queensland community but also supported by the Australian Medical workforce study which indicates that a zone such as ours requires three neurosurgeons.
6. Over the time since all my approaches to obtain the services of third surgeon both in meetings and by letter to the Administration of the Townsville Hospital have been either ignored or not acted upon despite my demonstrated commitment to the Townsville Hospital and public practice of neurosurgery and my standing in the neurosurgery community. I have been excluded from the processes involved in the professional development and planning of neurosurgical services.
7. Up until 2003 both Dr. Rossato and myself were both VMO's when the hospital caused a review of the surgical services to be carried out and this was done by a professional from Canberra whose name I now do not recall. An issue that caused me concern at the time was that during this review at no time did any person make any contact with me to seek my input into such review. I felt at the time that I was being excluded from the process and to this day I have no idea why and later in this statement I will highlight other occasions when this has occurred. As a result of this review Dr. Rossato was appointed in a full-time capacity at the hospital and this significantly increased my work commitments particularly in private practice. This was because Dr. Rossato was no longer involved in private practice outside of the hospital.
8. The way I found out about his appointment was that I received an unsigned, faxed letter from his secretary at the hospital informing me of this.
9. At this stage I would like to make it abundantly clear that I have never had any personal interest in being appointed to the position that Dr. Rossato was. I have made this clear to both the District Manager and the Executive Director of Medical Services at the hospital, Mr. Ken Whelan and Dr. Andrew Johnson.

Eric Peter GUAZZO

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Deponent

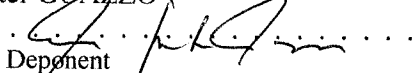

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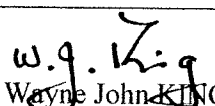
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10. This change in circumstances had brought my working situation to an intolerable circumstance and I now found myself in a position that I had attempted to avoid. I was now in a situation where I was providing one in two on call to the public hospital and essentially being a solo private practitioner in North Queensland.
11. My attempts to this stage to put in process a plan to attract a third neurosurgeon who would have ideally contributed to private and public practice to the zone had proved futile. Without the support of the Townsville administration to ensure that the third surgeon would have the ability to have a substantial commitment to public practice made it, in my view, impossible to attract the third surgeon. Additionally, the poor professional behaviour in the Townsville's hospitals dealings with me was well known in the neurosurgeon community which made it impossible to attract a third surgeon to come and work here.
12. Another issue that became increasingly problematic was the issue of on call and on call rosters. There were lengthy periods of time, sometimes up to four weeks, where I was expected to be on call continuously. There were other periods when I was not on call when I was called to the hospital when the other surgeon who had been rostered on call was not available for reasons unknown to me. Additionally, there were period where the on call roster was left incomplete and no arrangements made to cover the hospital zone for neurosurgery and I often and frequently brought this to the attention of Dr. Johnson to no avail and nothing was done about it.
13. Accumulation of these issues of poor professional conduct by the hospital administration towards me and what I perceived to be the increasing incidents of poor neurosurgical service delivery caused me to tender my resignation in May of 2004 effective November 30 2004. This resignation caused me a great deal of personal concern as I had envisaged that I would contribute to public hospital medicine throughout my professional career. I felt a strong professional and moral obligation to work in public practice. However, circumstances had reached a level where it became professionally impossible to continue.
14. After my resignation, I entered into discussions with Dr. Johnson and with Mr. Whelan regarding the reasons for my resignation and they asked me to provide them with a list of conditions which if they met I would find it reasonable to return to practice at the hospital. After 2.5 months I did return to practice at the hospital

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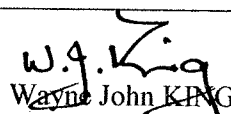
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on a conditional basis with a reduced commitment in hours. During my negotiations with the hospital at this time I began to wonder if they were negotiating with me in good faith. It seemed that what was sometimes said or written did not eventuate e.g. Dr. Johnson read to me a letter over the phone that he was to send to me, asking if I found the contents of the letter acceptable to me to allow me to return to work at he Townsville Hospital. Later I received a letter which was significantly altered to that what he had read to me over the phone and when I later asked why this had occurred he told me he had been instructed to do this by his superiors.

15. Another example was a letter that I received from the then A/District Manager whose substantive position is what I believe the Operations Manager, Mr. Sean Drummond. In that letter he indicated that my position relating to the reduced amount of on call that had been discussed with the Administration was now not acceptable to the Administration and that I should resign.
16. Later, after receiving this letter, I wrote to Miss Jacky HANSON, the Operations Manager of the Institute of Surgery at the hospital, stating that I was rather surprised at receiving this letter and asked her to clarify the situation for me and she did informing me that our earlier negotiated position was acceptable and I therefore resumed work at the hospital as a VMO.
17. Other assurances I was given at that time have not been fulfilled including the following: My participation in the selection process for a locum neurosurgeon; Monthly business meetings between Ms. Hansen and Dr. Rossato and me to ensure a proper channel of communication and allow the proper conduct of neurosurgery. While I and Ms Hansen have attended Dr. Rossato is yet to make an appearance; there has been no regular audit; no new clinical protocols to ensure appropriate level of clinical practice have been introduced.
18. Prior to my returning from my initial resignation there were a number of issues/incidents that caused me concern that contributed to the resignation. Without going into any detail about what they were they consisted of failure to accept patients for neurosurgery surgical care into the hospital for which I believe there can only be financial reasons; poor clinical outcomes that were not fully investigated; concern regarding the standard of neurosurgical care which was raised by not only myself but by other practitioners within the hospital and from referring

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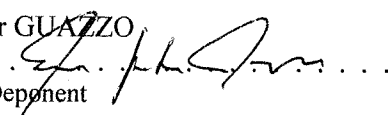
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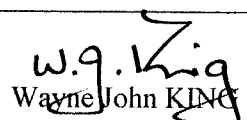

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practitioners to the hospital. This lead on occasions to patients who were refused admission to the hospital to be admitted after the referring doctor who had contacted me personally requesting that the patients be admitted under my care so that they could access neurosurgical care. On one occasion the referring doctor had contacted neurosurgeons in Brisbane to see if the patient could be admitted there as they were desperate to ensure their patient received the appropriate care.

19. Over recent months I have brought to the attention of the hospital administration a number of other further serious matters of patient care which include what I believe to be the interference to patient care by administrators, the ongoing issue of on call practitioners not being available when they should and their failure to ensure appropriate alternate arrangements when they are not available when on on call. These concerns have been made by me in writing and they are yet to be addressed satisfactorily.
20. The final issue that has now caused me great concern at the hospital and perhaps has made me even more acutely concerned after the recent highlighting of surgical issues at the Bundaberg Hospital was the process of the appointment of a locum neurosurgeon at the Townsville Hospital.
21. The comments I am now about to make are not a personal reflection on the person concerned or his professional ability. My concern is the process that was adopted in his appointment and the blatant lack of accountability by the hospital administration to ensure the competence of this surgeon.
22. As I have previously mentioned, once again I was completely excluded from the process in the selection of this surgeon in spite of the personal assurances that I had been given by Mr. Whelan that I would be involved. Considering my position and standing within the neurosurgical community, including my elected position of Vice-President of the Neurosurgical Society of Australasia, the representative body of Neurosurgeons in Australia and New Zealand, and my membership of the Board of Neurosurgery which is charged with the training and examining of neurosurgeons before they commence practice, I would have expected some role in the selection process that took place but I had been ignored and excluded.
23. What occurred was that an American trained neurosurgeon that had ceased practice in his field in 2000 and subsequently commenced limited practice in the American Virgin Islands was offered a locum position at the hospital. When he visited with

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his wife in November 2004 he was only able to contact me by a member of the hospital secretarial staff giving him my phone number. After this, we subsequently met and discussed professional neurosurgical practices in North Queensland. It was clear from our discussions that he had been involved in minimal practice for the last two years and no significant practice for about five years.

24. When I returned to practice at the Townsville Hospital as a VMO in February 2005 after the period of extended leave I made inquiries with Ms Hansen about the status of the new surgeon's appointment. I particularly stressed the issue of who had assessed his competence to fulfil the requirements of the job he was being offered as a specialist neurosurgeon at the Townsville Hospital. I inquired about this as the role that he was to fill meant that he would/could be called upon to manage complex neurosurgical problems which he had not managed for many years and would have to do this with a significant degree of independence because of the geographical isolation of North Queensland. She told me that he was in the process of being registered through the Queensland Medical Board as Senior Medical Officer to practice as a specialist neurosurgeon.
25. After my inquiry I was given an incomplete copy of his CV and despite my inquiry about this I am yet still to receive a full copy of his CV from administration. My concerns were raised with Ms. Hansen and Dr. Johnson about this issue on a number of occasions because I felt it was my obligation to ensure that a surgeon who was employed to practice within my speciality as a colleague would have the necessary skills to carry out this responsibility satisfactorily.
26. I raised the issue of the College of Surgeons accreditation process for Overseas Trained Doctors, a process that I am fully conversant with, and despite this the surgeon was appointed and he and his family were brought to Townsville for a three month locum appointment. He had been registered by the Medical Board to practice in Queensland as a Senior Medical Officer (SMO) and the hospital had then appointed him as a locum neurosurgeon. This, in my view, was the same situation that had occurred with Dr. Patel at Bundaberg.
27. My advice about this appointment to administration had been ignored particularly with regard to the assessment of the appointee's competency before that person was allowed to work independently as a neurosurgeon at the Townsville Hospital. I felt so strongly about what had now occurred that I spoke with a colleague who brought

this matter to the attention of Dr. Russel STITZ, the President of the RACS. My understanding is that Dr. Stitz then took this matter up with Queensland Health and the appointed person, though he had arrived with his family about 4 – 5 weeks ago, was not allowed to begin work as an independent practising neurosurgeon.

28. I then heard from a variety of hospital staff that I was the person who was to act as the supervising surgeon to overview the work of the new appointee. I made it clear to Dr. Johnson that I was not prepared to do this as I felt that I had been totally excluded from the process of his appointment and I believed that the process was flawed. I reassured him that I would be acting in the most appropriate collegiate manner to support the new appointee and I have fulfilled this obligation.
29. The current situation with this doctor is that he is residing in Townsville with his family after having been brought here at the expense of Queensland Health, provided with free accommodation, motor vehicle and running expenses and communication and office facilities, all at Queensland Health expense, yet he is unable to work as a neurosurgeon, the reason that he was brought here for, and is now spending time orientating himself within the hospital and observing and assisting at surgical procedures. He is also assisting the neurosurgical registrar in ward duties. Before this situation arose the hospital had prepared rosters for him to be on the on call system that was in place that would have meant that he would/could have been called upon at any time to carry out the complex surgeries expected of such a surgeon on call.
30. The situation was made more critical when, just before his arrival, the only other neurosurgeon at the hospital commenced leave for a three week period. Therefore, again, at short notice, I was asked to do, in my opinion, excessive amounts of on call which I agreed to do not because of my loyalty to the administration but my commitment the general public.
31. I want to make it abundantly clear that the reasons that I have come forward and provided this information are not because I have felt aggrieved at any person obtaining a position as an equal or superior to me. I would once again like to state that my views regarding the appointment of the locum neurosurgeon pertain to the process and not the individual. I sincerely hope that after proper accreditation by the RCAS that the person appointed as a locum will decide to stay and join us in neurosurgical practice in North Queensland.

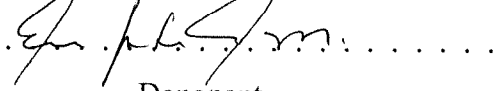
32. One of the motivations for me to provide this statement is that I believe for whatever reason Queensland Health and, in particular, the Townsville Administration have failed in their duty to properly plan, develop and deliver an appropriate standard of neurosurgical care to the population of North Queensland. They have also in their professional behaviour towards me over a number of years, I believe, been unfair, discriminatory and, at times, untruthful. I do not understand nor do I know their motivation for this behaviour.
33. In support of the information that I have provided in this statement I have also provided to the Investigators a collection of correspondence that relates to the issues that I have raised.

Affidavit SWORN on 13 July 2005

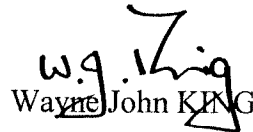
at Townsville

in the presence of:

Eric Peter GUAZZO



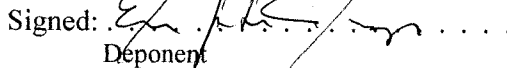
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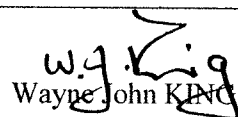


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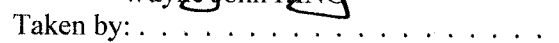
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