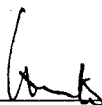


# Bundaberg Hospital *Commission of Inquiry*

## STATEMENT OF DR RENO GEORGE ROSSATO

I, Reno George Rossato, Neurosurgeon of an address known to the Commission makes oath and states:

1. I am currently the Clinical Director of the Institute of Surgery at the Townsville Hospital.
2. I am also a Staff Specialist neurosurgeon at the Townsville Hospital.
3. I completed my primary medical degree in 1966, being bachelor of medicine and bachelor of surgery (MBBS) from the University of Queensland.
4. I became a fellow of the Royal College of Surgeons in 1973 (FRCS) and a fellow of the Royal Australian College of Surgeons (FRACS) in 1975.
5. I am also a fellow of the American College of Surgeons (FACS), which I obtained in 1980.
6. I received an Order of Australia in 1987.
7. I have practised in Townsville as a neurosurgeon since January 1979. Until October 1994 I was the only neurosurgeon in Townsville until Dr Eric Guazzo began practising.
8. Until Dr Guazzo arrived in Townsville I was the only neurosurgeon and, as a result, I was on a 1 in 1 call which meant that I was effectively on call 24 hours a day 7 days a week.
9. After Dr Guazzo arrived I went back to a 1 in 2 call which, although still demanding was a significant improvement on my working conditions.



10. I was a Visiting Medical Officers (VMO) at the Townsville Hospital until 2003. In 2003 I closed down my private practice and became a full time staff specialist at the Townsville Hospital.

**Duties as Clinical Director**

11. As the clinical director of the Institute of Surgery ("the Institute") at the Townsville Hospital I am responsible for a range of administrative duties in addition to my clinical workload.

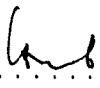
12. The operational director of the Institute is Ms Jackie Hansen who is responsible for the nursing and operational side.

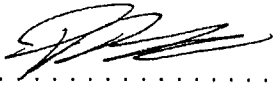
13. My responsibilities include the maintenance of professional and clinical standards within the Institute. I ensure that surgical audits are carried out and that there is a system in place for completing surgical audit across the Townsville Hospital.

14. I am involved in implementing Queensland Health policies within the Institute such as risk management and patient safety.

15. I am also involved in planning recruitment and hiring needs for the institute generally. As part of the recruitment and selection process I identify clinical gaps, or potential gaps in the level of service delivery at the Townsville Hospital and I recruit accordingly, in consultation with the Executive Director of Medical Services (EDMS) where appropriate.

16. For example in the middle of last year Dr Guazzo resigned from his position as a VMO at the Townsville Hospital. His resignation was effective from December 2004. That placed me in the position of, once again, being the only neurosurgeon covering the public sector and would have resulted on my being on call continually until another neurosurgeon could be recruited.

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
17. As a result of that I began to actively seek another neurosurgeon to work at the Hospital to replace Dr Guazzo. My goal was to eventually have three neurosurgeons employed by the Townsville Hospital either as VMO's or staff specialists.


**Recruitment of Medical Staff**

18. I am not actively involved in the mechanics of the recruitment process as that is the role of the Human Resource Management department in the Hospital. My role is to identify the clinical need and then I request HRM to start the recruitment process.

19. When recruiting medical staff Queensland Health has a reasonably stringent process that has to be followed. At a minimum the position must be advertised in the Queensland Health Service Bulletin and/or the Queensland Government Gazette and, further to this, in a national newspaper and a Queensland Newspaper. However in my experience that does not usually result in many high quality applications. If that process is not successful or does not result in any appropriately qualified applicants, then I can look further a field with advertising in the relevant clinical journal or through the use of a recruitment agency.

20. There has been considerable difficulty in recruiting a third neurosurgeon to Townsville for many years. There are several reasons for this difficulty. Firstly, there is a disparity of pay between the Australian jurisdictions which makes practice in Queensland less attractive than practise in other States. Secondly, the Townsville Hospital is the only neurosurgery unit servicing north Queensland from Mackay to Cape York and to the West. This results in a significantly busy practice with a significant amount of time on-call where there is a real probability of being called in to cover emergency transfers. Although, a third neurosurgeon would assist in reducing this workload. Furthermore, since the Rockhampton Hospital closed its neurosurgery practice, there has been an increase in transfers to the Townsville Hospital. Finally, there are only a small

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number of neurosurgeons who would be prepared to move to North Queensland. The availability of candidates willing to practice in North Queensland is limited to either recent medical graduates wishing to start their practice in Townsville or very senior practitioners who are seeking a change of lifestyle or a "sea change". It is rare to find an experienced neurosurgeon who wishes to move to Townsville.


21. The Townsville Hospital has an increasingly busy neurosurgery practice. It has grown considerably since the Rockhampton Hospital closed its neurosurgery practice recently when Dr John Baker closed his practice and moved to Brisbane. Since then all neurosurgery in North Queensland has been referred to the Townsville Hospital.

22. Currently the neurosurgery unit at the Townsville Hospital serves a population of approximately 640,000 dispersed over a large geographical area.

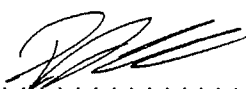
23. I have been attempting to obtain the services of a third neurosurgeon for some time. I will soon be approaching retirement and I want to ensure that there is a continuation of the service of neurosurgery services in North Queensland. Ideally I would like to see three neurosurgeons covering the public sector in North Queensland. The Townsville Hospital is also a training hospital and I hope to develop a registrar who would be prepared to take over my clinical duties upon my retirement.

24. At the time that I was seeking to replace Dr Guazzo, I was aware of two potential candidates for the position. One potential candidate was a South African trained doctor who was then working in New Zealand. That doctor was interested in the position in Townsville, however, due to the fact he was earning considerably more in New Zealand than he was going to earn at Townsville, he was not willing to take up the position.

25. The only other applicant was Dr Don Myers who was then practicing in the US Virgin Islands.

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
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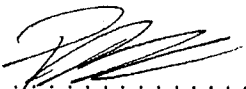
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**Recruitment of Dr Don Myers**

26. Dr Don Myers is an American trained neurosurgeon who was referred to the Hospital by Dr John Bethel of Wavelength Consulting.
27. Dr Myers' resume was provided to me on or about 14 December 2004. Annexed to my statement and marked with the letters "RGR-1" is a copy of a series of emails from Dr Bethel that attached Dr Myers' resume. Those emails were provided to me by Tracey Larcombe who was then a personnel officer at the Townsville Hospital.
28. Dr Myers' resume was impressive as his training in the USA is very good. He completed his training in the USA and passed his board exams on the first attempt. He also practised as a neurosurgeon in a large Pennsylvania hospital in Philadelphia. His resume suggested that he had the underlying training and experience necessary for the position.
29. He is a recognized neurosurgeon in the USA and is certified by the American Board. He also had previously held registration in a number of States in the USA at one time, although his current registration is in Pennsylvania.
30. My only concern was his recent experience. Dr Myers had retired from practice in the continental USA in 2000. I believe that he, along with a number of other neurosurgeons, had left practice in the US as a result of professional indemnity issues and the increasing insurance premiums for neurosurgeons. However, from his resume it appeared that Dr Myers was a well rounded neurosurgeon when he left the continental USA.
31. Dr Myers then moved to a holiday home in the US Virgin Islands where he had no significant practise for about 1 ½ to 2 years. He then resumed practise at a Hospital in the Virgin Islands. He had much more limited practice in the Virgin Islands than he would have had in the USA. Dr Myers was also the only neurosurgeon in the Virgin Islands.

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32. I spoke with Dr Myers by telephone in November 2004 and, based on that interview, I decided to check his references with a view to having him join the Hospital.

33. As there were no other neurosurgeons in the Virgin Islands I spoke with two anaesthetists who had worked with Dr Myers in recent years. I spoke with Dr Chiedoze Udeh MD a consultant anaesthetist in the Virgin Islands and with Dr Robert Bumann an anaesthetist. In my experience anaesthetists are usually a reliable source of information about the relative skills of surgeons.

34. Dr Udeh informed me that the number of procedures that Dr Myers performed in the past 2 years was small as the practice of neurosurgery in the Virgin Islands is quite small. However Dr Udeh advised that Dr Myers had done trauma, tumors and general neurosurgery. He advised that in his experience Dr Myers was a thoughtful and meticulous surgeon.

35. Dr Udeh also advised that Dr Myers had good interpersonal skills and worked hard. Both Dr Udeh and Dr Bumann thought that he was a very good surgeon. I discovered that Dr Udeh had been a locum at the Gold Coast Hospital so I contacted a colleague at that Hospital to inquire about how Dr Udeh had performed as I had no idea about whether Dr Udeh was a reliable referee.

36. I initially wanted Dr Myers to assume the position of Staff Specialist in neurosurgery at the Townsville Hospital.

37. Dr Myers and his wife visited Townsville for a week in January 2005.

38. I spoke with Dr Myers when he and his wife visited Townsville to see whether he might be interested in the position. Dr Myers and his wife have 2 children and it was a big decision for them to move to Townsville. I showed Dr Myers around the Townsville Hospital and gave him an introduction into the nature of the practice in Townsville. I also wanted to spend some time with Dr Myers to

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assess his level of skill and how he would fit into the practice at the Townsville Hospital. I felt that he would be a good addition to the Hospital and I was keen for him to take up a position.

39. I got the impression that Dr Myers was keen to return to a busier neurosurgery practice however he did not wish to return to the continental USA.

40. When he returned to the Virgin Islands I corresponded with Dr Myers by email regarding a number of tumour cases that he had performed in recent years and we exchanged some clinical information about patients and the mix of patients in Townsville.


41. In February 2005 a formal offer was sent to Dr Myers for the position of senior staff surgeon at the Townsville Hospital.

42. However, Dr Myers never took up that position. His family were uncertain about the move and he has a number of reasons why he did not wish to move to Townsville at that time. One of the reasons was that he and his wife owned a South African Grey Parrot that they were unable to import into Australia due to quarantine restrictions. Dr Myers and his wife were reluctant to move to Australia without the family pet. As a result Dr Myers did not take up the position offered in February 2005.

43. We then had further negotiations and between us we negotiated an arrangement where Dr Myers would work in the Hospital as a locum for a three month period from June to September. This would give him an opportunity to determine whether he and his family wanted to stay in Townsville. Dr Myers thought that if he came to the hospital on a strictly locum basis it might make it easier for he and his wife to decide whether they wanted to stay in Townsville.

44. This arrangement appealed to me, as I would then have an opportunity to assess whether Dr Myers was a good fit in the neurosurgery team.

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45. In assessing Dr Myers' suitability it was important to assess how he would work within the Queensland health care system. The health care system in Australia is different from that in the USA and I wanted to ensure that Dr Myers was compatible with the staff and the health care system generally.

46. It was then necessary to go through the area of need process for the locum appointment. On 6 May 2005 I filled out the relevant parts of the Area of Need application. Annexed to my statement and marked with the letters "RGR-2" is a copy of that application.

47. Dr Andrew Johnson, the Executive Director of Medical Services, signed off on the area of need application on 9 May 2005. Ken Whelan the District Manager signed off on the area of need application on 10 May 2005.

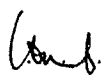
48. Under the Area of Need application I was nominated as his clinical supervisor.


49. Dr Myers has no independent clinical rights at the Townsville Hospital. His scope of practice has been limited. He has assisted both myself and Dr Guazzo in surgery and he has performed surgery under my supervision. He does not perform any formal "on call" however he often comes in when either Dr Guazzo or myself are on call.

50. When he first arrived his name was placed on the draft roster as being on call on one weekend. That was an error and as soon as I learned of the mistake I had the roster changed and I covered that weekend.

51. These arrangements will remain in place for the duration of Dr Myers stay at the hospital as a locum. However I am looking for a long term appointment for Dr Myers, as I believe it is in the best interests of the Townsville Hospital to have a third neurosurgeon.

52. From my observations of Dr Myers so far he has good surgical skills and good interpersonal skills. If I continue to be satisfied with Dr Myers performance I

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will have no hesitation in recommending him to the Royal Australian College of Surgeons as an appropriate candidate to sit the AMC exams. Alternatively, I would consider recommending that his US qualifications entitle him to direct specialist accreditation and registration in Queensland. The Townsville Hospital has recently paid Dr Myers subscription to the RACS to enable his application to be assessed at its meeting in October. The college may recognize his American Board certification and recognize him as a specialist outright without any need for him to sit further examinations or assessment.

53. From October Dr Guazzo is on sabbatical to the United Kingdom for several months and unless a third neurosurgeon is appointed I will be the only neurosurgeon in Townsville during Dr Guazzo's absence.


**Clinical Privileging of Dr Myers**


54. Dr Johnson the Executive Director of Medical Services has granted interim clinical privileges to Dr Myers pending Dr Myer's assessment at the next Clinical Privileges Board meeting.

55. In early May 2005 Dr Johnson asked me to send a memo to him seeking clinical privileges for Dr Myers. Dr Johnson gave me a "post it note" setting out what privileges I ought to seek for Dr Myers. That "post it note" listed the following clinical privileges: "General Adult Neurosurgery, including spinal surgery and tumour surgery"

56. On 9 May 2005 I wrote to Dr Johnson seeking interim clinical privileges for Dr Myers in those terms. Annexed to my statement and marked with the letters "RGR-3" is a copy of my letter applying for clinical privileges. The handwritten notes that appear on that letter is a copy of the "post it note" given to me by Dr Johnson.

57. As far as I am aware the clinical privileging board is yet to consider Dr Myers clinical privileges. I would expect that at that meeting either myself or Dr

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Guazzo, as the two neurosurgeons, will be included when considering Dr Myers privileges.

58. Ordinarily all medical practitioners working at the Townsville Hospital have their clinical privileges reviewed every 2 years.

**Dr Eric Guazzo**


59. Dr Guazzo is a VMO neurosurgeon at the Townsville Hospital. He has been a VMO since 1994 until he resigned last year citing family reasons. He has returned to the Hospital as a VMO in 2005 following negotiations between him and the Hospital concerning his involvement in the neurosurgery practice and his working conditions.

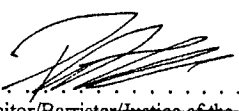
60. Dr Guazzo was not consulted during the recruitment of Dr Myers due to the fact that at the time he had resigned from the Townsville Hospital.

61. I believe that Dr Guazzo also felt that he was not being involved in decision making at the Hospital regarding the neurosurgery practice. I recall one example being the purchase of a stereotaxic frame for the Hospital. Dr Guazzo felt that he was not properly consulted in the decision to purchase one model over another.

62. From my time as a VMO I do appreciate the pressures that a busy private practice can place on a VMO. I recall that it was difficult to arrange mutually convenient times to discuss the operations of the practice or attend meetings when I was a VMO.

63. In my experience a VMO's time is often driven by their private practice. That can often make it difficult to involve a VMO in decision-making at the Hospital due to time pressures.

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64. Following Dr Guazzo's return to the Hospital Ms Hanson, the Operations Director of the surgical institute now meets with Dr Guazzo on a monthly basis to discuss issues concerning the neurosurgery practice.

65. I have also attempted to change surgical audit review dates to suit Dr Guazzo's availability.

66. As part of the agreement for Dr Guazzo to return to the Townsville Hospital he now performs 1 in 3 on call and I cover 2 in 3. The current state of the "on-call" roster is that Dr Guazzo selects the days that he is available to be "on-call" and I cover the remainder.

67. There has been some considerable effort to accommodate Dr Guazzo and include him in the decision making at the Townsville Hospital

68. Dr Guazzo reports to me operationally and to Dr Johnson professionally. He is a good surgeon and is independent of me when it comes to his clinical duties.

**Dr Andrew Johnson – Executive Director of Medical Services**

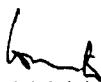
69. I report professionally to Dr Johnson.

70. Dr Johnson also signed off on the Area of Need Applications for Dr Myers, which includes the initial application for a staff specialist and the subsequent application for the position of locum neurosurgeon.


**Mr Ken Whelan – District Manager**

71. Mr Whelan is the District Manager for the Townsville Health Services District.

72. I have always found Mr Whelan to be accessible and I have found him to be a good District Manager.

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73. In the past I have found District Managers to be principally budget driven. By that I mean that in my experience the focus has been on providing services within a fixed budget.

74. Mr Whelan appears to me to have a different approach to his role as a District Manager. He seems to believe that it is his responsibility to take clinical arguments and use those arguments to advocate to the Zonal Manager and Corporate Office, for increased funding for the Hospital.

75. If Mr Whelan can be convinced that there is a clinical need at the Hospital then he is prepared to argue for additional funding or resources from Corporate Office. Previous District Managers appear to have operated on the belief that the budget for the Hospital is fixed and cannot be changed. Mr Whelan appears to be prepared to negotiate for additional funding and resources where there is a clear clinical need.


76. An example of this is that currently Mr Whelan is arguing for the Hospital to have more beds to resolve problems such as access block.

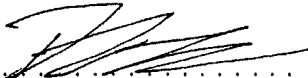
77. Access block is where the Accident and Emergency Department are unable to find a bed in the wards for an acute medical patient. This results in patients remaining in the emergency room for longer periods and adversely affects patient outcomes.

78. Mr Whelan is currently arguing for additional beds to address this problem.

79. I also sit on the executive committee meetings with Mr Whelan every second Wednesday.

**Elective Surgery Targets and Funding**

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80. The Townsville Hospital has an obligation to meet its elective surgery targets. However the Townsville Hospital has, and does, cancel elective surgery when it is necessary and appropriate.

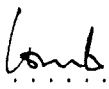
81. I am aware that the Townsville Hospital recently had to return money to Corporate Office as the Hospital did not meet its elective surgery targets for the last financial year. There are financial imperatives to meet elective surgery targets at the Hospital.


82. Canceling elective surgery is something that the Hospital attempts to avoid where possible.

83. However the Townsville Hospital is unusual in that it is the only tertiary referral Hospital in North Queensland. Unlike the Brisbane tertiary referral hospitals, the Townsville Hospital cannot go on "by-pass" and send emergency patients to another Hospital down the road. The Townsville Hospital has no choice but to accept all acute medical patients that are referred to the Hospital. This is a factor that contributes to access block.

84. As discussed above the Townsville Hospital serves a very large population over a wide geographical area. When determining which Hospital to refer an acute medical patient to, one of the key considerations is distance and flight time to the Hospital. That means that the Townsville Hospital receives acute medical patients from all over North Queensland.

85. There are certain times of the year when the Accident and Emergency Department is busier than others. For example in the winter months the Accident and Emergency Department is stretched thin and as a result the hospital cancels elective surgery in order to make beds available to acute medical patients. Those patients are accommodated in the surgical ward where necessary and that results in the cancellation of elective surgery.

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86. This cancellation of elective surgery is part of the Townsville Hospital's winter management program. However the Townsville Hospital has a responsibility to meet its elective surgery targets and as a result the Hospital decreases its elective surgery during winter and scales the program up during other months of the year to ensure that targets are met as much as possible.

87. I make no apology for attempting to maximize elective surgery in the Townsville Hospital as for many patients, although it is called elective surgery, the surgery is critical and potentially life saving. Accordingly, patients have as much right to receive elective surgery as any other service provided by the Hospital.

**Patient Safety**

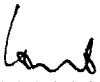
88. The Townsville Hospital has a Patient Safety Committee. I am not formally a member of the Patient Safety Committee however I have a good working relationship with Adrienne Whelan the Acting Patient Safety Coordinator.

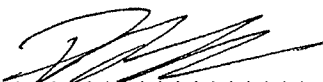
89. As far as neurosurgery is concerned, I have 2 audit meetings per month, one is a surgical audit and the other is a neuropathology audit.

90. As the Clinical Director of Surgery, I also attempt to have all surgery in the Hospital audited. I have had some difficulty with the Obstetric & Gynaecology practitioners, as they are not strictly part of the Institute of Surgery however, I attempt to have all of their surgery audited as well.

91. The surgical audit program runs by advising all unit heads of when their particular unit is to present their audit. The unit heads then perform their audit and present the findings to the Audit Committee.

92. I also spend a lot of time walking the floor of the Hospital and speaking with staff about what is going on in the wards. I believe that I have a good

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93. relationship with most surgical staff including both the medical staff and the nursing staff. I find that many staff may be prepared to discuss an issue with me, although they may be reluctant to put something in writing.

94. I believe that I am trusted by the nursing staff and that the nursing staff are prepared to approach me to discuss clinical issues.

#### Teaching Responsibilities

95. The Townsville Hospital is a teaching Hospital and has a good relationship with the medical school at James Cook University. Up until Dr Guazzo resigned the Hospital was an accredited teaching Hospital for neurosurgery, however it lost that accreditation when Dr Guazzo resigned.

96. However, as Dr Guazzo has resumed his duties, I have applied for reinstatement of the Hospital's accreditation. When received that will allow the Hospital to have a third year registrar to assist the neurosurgery unit.

#### Overseas Trained Doctors

97. In my experience the vast majority of overseas trained doctors do a good job and have good clinical skills.

All the facts and circumstances above stated are within my own knowledge and belief, save such as are from information only and my means of knowledge and sources of information appear on the face of this my Statement.

SWORN on 29<sup>th</sup> day of July 2005 at Townsville in the presence of:

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Deponent

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Solicitor/Barrister/Justice of the Peace/  
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