Bundaberg Hospital *Commission of Inquiry*

STATEMENT OF DR JOHN ALEXANDER ALLAN

I, Dr John Alexander Allan, psychiatrist, of an address known to the Commission makes oath and states:

1. I am currently the Director of the Integrated Mental Health Service for the Townsville Health Services District.

2. I completed my primary medical degree in 1979 from the University of Queensland.

3. I obtained my fellowship of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP) in 1987.

4. I am about to complete my PhD.

5. I have been a consultant psychiatrist since 1987.

6. I am on the exam committee of the Royal Australian and New Zealand College of Psychiatrists.

7. I have worked for Queensland Health for 16 years.

8. I have been working in the Townsville Mental Health unit since 1989.

General Responsibilities

9. As the director of the integrated mental health service I oversee a broad range of clinical practice. I practice predominantly in general adult

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psychiatry. I also practice in indigenous psychiatry, forensic psychiatry, and have some practice in rural and remote psychiatry.

10. My administrative work accounts for about 60% of my workload at present, although it does vary through out the year depending on what is going on in the unit. I try to do more research, clinical work and teaching where ever possible.

11. I have 8 full time consultant psychiatrists and 2 part time academic positions that have a part time clinical workload in addition to their academic responsibilities at the University. There are 9 Registrar training positions, three Junior House Officers that are either Interns or Resident Medical Officers.

12. I have a limited role in supervising the consultant psychiatrists however I do provide general supervision and give advice to the other consultants when requested. I also discuss clinical matters with those consultants generally and also supervise those consultants that may have limited registration.

13. At the moment there are three training Registrars out of the 8 available training positions. Those training Registrars are undergoing the College Training Program with a view to obtaining their Fellowship. The remaining Registrar positions are filled largely with overseas trained doctors who are Principal House Officers. Three of those overseas trained doctors are participating in a UK specialist training with a view to sitting the Royal College of Psychiatrists psychiatry exams in the UK.

14. I have had some difficulty in getting Australian trained psychiatrists and doctors to work in mental health, particularly in North Queensland. This shortage is for a number of reasons. However one of the factors is that there are not enough doctors who want to train in psychiatry.

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15. The Townsville Hospital is part of the Queensland rotational training scheme, which is a scheme where training registrars are rotated through different mental health units across the State as part of their specialist training.

Vincent Berg

16. Vincent Berg claimed that he was a Russian psychiatrist with degrees from a Russian University. He also claimed to have completed his specialist psychiatry training in Russia. He also claimed to be a refugee.

17. Mr Berg claimed that because he was already a fully qualified psychiatrist in Russia, he should be recognized as a specialist in Australia based on his prior training and experience. However from his resume it appeared that he had not been practising psychiatry for some time. In that situation often an applicant may choose to perform unpaid work under supervision to have his or her skills assessed. Mr Berg had performed about 12 weeks unpaid work at the Gold Coast Hospital.

18. He then applied to be admitted to the rotational training scheme. I was on the panel that meets to review applicants to that scheme. That panel is made up of all of the directors of the various mental health units in the State. The process is that all applicants to the rotational training scheme are interviewed and their references are checked.

19. Vincent Berg was not considered suitable for training as he had only limited recent experience in psychiatry. In those circumstances the panel often recommends that an applicant get some further experience and resubmit their application later.

20. At that stage the Townsville Hospital became interested in Vincent Berg as the Mental Health Unit was short staffed and there was a vacant Registrar position. He was offered a 12 months contract as a Resident Medical Officer.

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I felt that would give me an opportunity to assess his skills and whether he was suitable for the position.

21. Before he was offered a position I spoke to two of his referees; Dr Hamilton and Professor Morris. I did not speak to a third referee Dr Petrovsky who was a Russian speaking psychiatrist then working at the Gold Coast Hospital but read his report. The feedback that I received was that Mr Berg had worked as an observer at the Gold Coast Mental Health Unit. His referees said that there had been some adjustment and cultural issues with Mr Berg, but nothing serious or that caused them any concern.

22. I did not take any steps to verify his qualifications and relied on the Medical Board to verify that he was appropriately qualified when they granted him registration under the Area of Need system. I am aware that there was some difficultly with his registration at the Medical Board as apparently his qualifications were under a different name however he had changed his name. I understand that this was resolved and he was eventually registered by the Medical Board.

23. Mr Berg arrived at the Hospital in January 2000 with his contract period to end on 1 January 2001.

24. When he arrived at the Townsville Hospital there were problems with his performance almost immediately. Mr Berg felt that he already knew everything about psychiatry. He was difficult to supervise. He was unwilling to take direction. There were also situations where he would ignore directions that had been given to him by his supervisor. I was also aware that there were concerns about him practising independently where he had less supervision especially after hours when on call.

25. I recall that he also had a tendency to over analyse clinical issues and would come up with complicated diagnoses for what were uncomplicated conditions. He certainly appeared to have an understanding of psychology

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but I had real concerns about his performance and clinical judgment. Despite all attempts at supervision he was unwilling to take direction or work under supervision.

26. He was not responding to the consultant's directions. There were incidents where he changed medication that had been prescribed by the consultants.

27. I recall I asked Dr Barry Hodges about his registration. In April 2000 Dr Hodges contacted the Medical Board to confirm that he was in fact registered.

28. I also recall that he wanted to have his Russian "training" recognized by the Royal Australian and New Zealand College of Psychiatrists. I would not support his application and I felt that he ought to under go the AMC exams and then undertake the specialist training through the College. Mr Berg was adamant that he was a fully qualified psychiatrist and he should be allowed to practice as a consultant in Australia. He did apply to the Royal Australian and New Zealand College of Psychiatrist Exemptions Committee to sit his AMC exams and to undertake specialist training.

29. In early 2000 I sent him a letter setting out some of my concerns about his performance. By August 2000 the concerns had gotten to the stage where I had issued a formal show cause letter to Mr Berg about his performance. Annexed to my statement and marked with the letters "JAA-1" is a copy of that letter.

30. The show cause notice was given with a view to either improve his performance or alternatively terminate his employment. Shortly after the show cause notice was issued he went on extended sick leave citing stress. He then lodged a Workcover claim although that claim was not successful.

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31. Mr Berg was also a very tricky and persuasive individual. I was aware that he had made several complaints about me. He also made allegations about being treated poorly at the Mental Health Unit generally.

32. I also informed him at that stage that the Hospital would not be renewing his contract in January 2001. He did not return to work until one week before the end of his contract. I put him on limited duties with no patient contact. I also told him that he would not be re-employed. That caused some difficulties and I am aware that he was making attempts through various channels to continue his employment.

33. He left employment at the end of his contract and effectively disappeared as far as I was concerned. I recall that I was contacted for reference checks by some other hospitals that were considering employing Mr Berg. I told them about the difficulties that we had experienced with Mr Berg and advised that in my opinion he was unsuited to work in psychiatry.

34. In November 2001 I was in Melbourne attending a College of Psychiatrists Committee meeting when I spoke to Dr Peter Burnett. Dr Burnett asked me "what ever happened with that Doctor who was not a Doctor". I was surprised by his comment as I was unaware of whom he was speaking about. He then discussed the background an application by a Russian trained doctor for entry into the Specialist Training Program. I then realized that he was talking about Vincent Berg.

35. Dr Burnett told me that Vincent Berg had applied to the Exemptions Committee of the College and his application had been forwarded to the College for review. The College had contacted the Russian University that Mr Berg claimed to have graduated from and discovered that Mr Berg had never been a student at that University and that his certificates were in fact forgeries.

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36. Dr Burnett also informed me that the College had written to the Medical Board of Queensland informing it of these facts. I was surprised that the Hospital had not been informed.

37. The College had contacted the Medical Board in January or February 2001 however the Hospital was not informed until 9 months later.

38. My immediate reaction was that every clinical decision that had been made by Mr Berg was invalid. Even though he had been supervised whilst at Townsville my concerns were that he may have made a decision outside of supervision and as he had no qualifications his decisions were suspect.

39. I then decided to perform a full review of his clinical decisions. Annexed to my affidavit and marked with the letters "JAA-2" is a copy of an email to Terry Mehan, which attached my report. That email was copied to myself.

40. I identified that Mr Berg had seen 259 patients during his time at the Hospital. There may have been a few other patients that he was involved in but I identified 259. I felt that if the media were informed then there was a much greater chance of identifying all of Dr Berg's patients. I had real concerns about the treatment of approximately 50 of the patients that Mr Berg had seen, 10 of who were potentially serious adverse events that needed immediate follow up and assessment. 40 of whom were high priority that needed clinical follow up as a matter of urgency.

41. Initially I recommended that the Hospital should contact the media and reveal what had happened. I also felt that the Hospital should write a letter to all patients of Mr Berg advising them of what had occurred and asking them to come to the Hospital so that we could assess and review their treatment.

42. I felt that it was in the best interests of the Hospital to be open and transparent regarding what had occurred.

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43. I assisted in preparing a draft media release and a media strategy as I was of the belief that the Hospital would be going to the media about this issue. I also prepared a draft "script" for me to use when contacting all of the former patients of Dr Berg. This script reflected the instruction not to say that Dr Berg wasn't a registered doctor. Annexed to my Statement and marked with the letters "JAA-3" is a copy of that communications plan and media release. That communications plan was also provided to Terry Mehan along with my report in the email that is annexure "JAA-2". That media strategy was prepared by myself in consultation with Karen Vohland.

44. At that time all contact with the Media had to be cleared by the Minister's Office and the Director-General's office. In early January I assisted in preparing a briefing note to the Minister, Ms Wendy Edmond. That briefing note was forwarded on 9 January 2003. Annexed to my statement and marked with the letters "JAA-4" is a copy of that briefing note. That briefing note also attached my proposed media strategy.

45. I recall that I was subsequently told that I was not to contact the media regarding Dr Berg. I recall that those instructions came from the District Administration and would have come from either Ken Whelan or Dr Andrew Johnson, although I no longer remember specifically who gave me those instructions.

46. I was aware that Mr Whelan and Dr Johnson had received instructions from either the Director-General's office or the Minister's Office. My instructions were that I was not to mention the fact that Mr Berg was not a doctor and I was not to go public about what had occurred. I was not aware of the reasons why these instructions had been given by the Director-General's office or the Minister's office.

47. I was also instructed that when contacting patients for assessment I was not to inform them about Mr Berg not being medically qualified. It was felt that if the patients were informed then it was likely that the media would be

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contacted, I was given the impression that I was to ensure that the media did not find out about this matter.

48. To my knowledge this matter has never received any coverage in the media.

49. I was very disappointed by this decision as I felt that it resulted in the patients being let down by Queensland Health.

50. However, I did contact all patients, except three, whom I had identified as being at risk. I was unable to locate various patients via telephone or letter. When speaking to the other patients I was very constrained in what I would tell those patients and the questions that I could ask those patients, as I was unable to discuss all aspects of Mr Berg. That made it difficult for me to perform a meaningful analysis of their care and treatment.

51. I was also present when Ken Whelan first telephoned the Queensland Police Service about the situation. At that stage I was very concerned about my personal safety as I expected that the story was going to end up in the media. I had concerns about Mr Berg's mental stability and I was genuinely concerned for my personal safety and that of my family. I felt that given what had occurred he was quite unstable. The initial contact with the Police was to attempt to locate Mr Berg so that we had some idea of where he was when the issue was released to the media.

52. I was also concerned that a criminal offence had been committed and that the Police should be informed. However, as far as I am aware the Police never proceeded with a formal investigation of this matter.

53. I have recently seen a series of emails between Ken Whelan, Terry Mehan, Christopher Reeves and Steve Buckland that explains some of the reasons for this decision. I was not aware of those emails until a few days ago.

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54. In 2001 I received a telephone call from the Medical Board of Western Australia. A colleague of mine was on the WA Medical Board and had suggested that the registrar contact me regarding a recent application that the WA Board had received from Mr Berg. Mr Berg had applied for a job in Fremantle in WA. The registrar told me that the Medical Board had issued a certificate of good standing for Mr Berg with the qualification that the Medical Board of Queensland had not checked his documents.

55. I considered that the certificate was misleading and I informed the registrar of the WA Board about the difficulties with Mr Berg.

56. I completed the clinical audit in early January 2003 and had spoken to all of the contactable patients about which I had some concerns by early 2003.

57. I did not refer the matter to the Queensland Police Service or to the CMC as I assumed that those steps would be taken by the administration or Corporate Office that I had informed.

58. I was disappointed that no steps were taken to prosecute Mr Berg whom I had felt was guilty of a criminal offence.

Mr Ken Whelan

59. Mr Whelan is the District Manager and I have had a lot of interaction with him since he has arrived.

60. I take a lot of policy and funding issues to him for discussion and I receive instructions from him about the statewide Mental Health Policies implemented by Queensland Health.

61. I also have a reporting relationship to Mr Whelan. I have always found that he is prepared to listen to clinical argument and is also prepared to advocate on behalf of the Mental Health Unit for funding and resources.

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62. Mr Whelan has always respected my clinical decision making, however I have always felt that I have been able to approach him about clinical issues. His usual reaction is to leave psychiatric clinical decisions to me.

Dr Andrew Johnson

63. Dr Johnson is the Executive Director of Medical Services. In a sense he is my clinical supervisor. I have always found him approachable and he has not interfered in my clinical decision making on any occasion.

64. He has always been willing to support me in my role as Clinical Director.

Corporate Office

65. My relationship with Corporate Office is predominantly through the Mental Health Unit.

66. I have not had a great deal to do with the various other divisions of Corporate Office. Mental Health in Queensland has a separate funding scheme to the public hospital system. The Mental Health Unit has given me some corporate direction over the past years.

67. In recent years Queensland Health has had an increased focus on patient safety and I believe that is a good thing. It has also attempted to be more innovative and I am aware that there have been occasions where something developed by one of the Districts has been adopted by Queensland Health generally and I think that is a good thing.

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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 29/7 day of July 2005 at Townsville in the presence of:

.....
Deponent

.....
Solicitor/~~Barrister/Justice of the Peace/ Commissioner for Declarations~~

"DAR-1" → NSPE

QUEENSLAND GOVERNMENT Townsville Health Service District

Enquiries to: Psychiatric Unit

QUEENSLAND HEALTH

Telephone: 07 47 81 9195
Facsimile: 07 47 81 9606
Email:
File Number:
Our Ref.:
Your Ref.:

08 August 2000

Medical Administration
10 AUG 2000
Townsville General Hospital

Dr Vincent Berg
Community Mental Health Service
59 Cambridge St
VINCENT QLD 4812

Dear Dr Berg

Re: Concerns Over Your Performance

As we have discussed on a number of occasions I have raised with you various concerns about your performance. This letter outlines a number of allegations made about your performance and conduct from a number of sources. I would request a written response from you by close of business on Monday 14 August 2000. I will consider your responses and would like to meet with you on Tuesday 15 August 2000. These are serious allegations and may warrant disciplinary action. These are a list of allegations:

1. On Wednesday 02 August 2000 you did not attend the clinic at Charters Towers or make other arrangements for that clinic.

2. At Kirwan Rehabilitation Unit you refused to change the medication of the patient despite prescribing medication that was contrary to his agreed management plan and I quote from the e-mail I received from the Team Leader of Kirwan Rehabilitation Unit about this. "Is his decision to change a residents medication from a 2mg Risperidone tablet to half a 4mg tablet – on discharge. Although he spoke with the resident this resulted in the resident taking a double dose of medication for nearly 2 weeks. The resident had physical symptoms of the increased dose – agitation, anxiety. When we requested Dr Berg write another script he refused. Although he thought he was saving the resident money we explained this was not the case – he still refused. At case review he attended also by Dr Vorster with MDT input, Dr Berg again refused to rewrite the script – supporting the resident – saying if he couldn't understand his instructions he should be in Mosman Hall not in the community!"

"His reaction was irrational and seemed to be based on his perception of himself as always correct. The entire MDT was present, amazed and angry. He has frequently changed the medications of residents who are stable because he believes it is warranted – his reasons for changes have not been consistent. Will take some residents off depot and start others on depots – using opposite arguments or reasons.

3. At Kirwan Rehabilitation Unit after a clinical interview with a patient with Dr Vorster you did not write up antidepressant medication as requested by Dr Vorster and did not do so until he had repeatedly checked this with you.

4. At Kirwan Rehabilitation Unit you told a Consultant Psychiatrist that you would prove her wrong and alter the treatment of P394, even though you and I had discussed her management on previous occasions and I quote from Dr Boyes. "P394 is a lady well known to our Acute Inpatient Unit and was admitted for seven months in 1999. After extensive work up there seemed to be no doubt that she has schizophrenia and she has now been stabilised on Clozapine. Despite her seven month admission and numerous opinions from various Psychiatrists and neurologists that P394 does in fact have schizophrenia, Dr Berg disagreed with the diagnosis and felt that the main problem was anxiety. Although we value differences of opinion, of most concern to myself was what I regard as an error of judgement in that he communicated his doubts about the diagnosis to both P394 and her mother. This we felt severely undermined the psychoeducation that we had done with both P394 and her family and has complicated compliance with medication and the repercussions of him expressing his doubts to P394 and her mother continue. Regarding this patients treatment Dr Berg had the following to say, "I'll prove you wrong, let me treat her my way and I'll get her better in two months".

5. You stopped on medication on P395 against advice and without discussion causing P395 to relapse. I quote from Dr Boyes, " P395 has a long term history of both schizophrenia and intellectual impairment and was transferred up to us as a Restricted patient from Wolston Park where he had been hospitalised continually since 1991 and intermittently since 1972. Despite his history of having assaulted his father during a psychosis and a charge of murder against him for which he was found not guilty by reason of mental illness, Dr Berg stopped his medication, Olanzapine without discussing this with myself. I only became aware of these changes to his management when P395 relapsed."

6. You changed P396 medication causing his relapse without discussion.

7. You made a premature decision to stop P397 's Clozapine to the detriment of the patient. I quote Dr Boyes, " P397 was referred to Kirwan Rehabilitation Unit from Cairns with a diagnosis of schizophrenia and had been stabilised on Clozapine for many months prior to his transfer. For reasons, which I could not get a satisfactory explanation, Dr Berg requested that the Clozapine be stopped and that he be put on either Haloperidol or Olanzapine. The reason that he gave me was that the patient had "deficit features" and was "a social". Dr Berg documented his decision to reduce the Clozapine on his second contact with P397 , which was on 31/01/00 and when he saw P397 on 03/02/00 he made a decision to reduce and stop the Clozapine altogether. Considering that P397 had been well stabilised on Clozapine at Cairns Base Hospital were he had been known to them for eight years and in the light of the fact that he had only been admitted to Kirwan Rehabilition Unit the week before, on 27/01/00, I felt that Dr Berg's decision to stop the Clozapine was premature."

8. We have already discussed the case of P398 and her Thyroxin. Could you please explain your decision to stop the Thyroxin and I quote Dr Boyes, " P398 ; who was recenty discharged from Kirwan Rehabilitation Unit has intellectual disability with an intermittent behaviour disorder and a history of psychotic decompensation. She had been commenced prior to coming to Kirwan Rehabilitation Unit on Thyroxin by her general practitioner, which we believe according to the letters we have was as a result of haematological tests showing her to be hypothyroid. For reasons for which we cannot quite understand, but as a result of information Dr Berg received that P398 at times appeared lethargic, he stopped the Thyroxine on the basis that her current thyroid functions were normal. Dr Berg seemed surprised when the staff queried this decision of his and he did share with them that he felt it inappropriate that they should raise their concerns with myself or Dr John Allan. We were unable to understand Dr Berg's rationale behind stopping the Thyroxin, especially as P398 remained drowsy and lacking in initiative and he had not accessed her previous correspondence in order to confirm her hypothyroidism.

9. I have been informed by a member of the Intake and Assessment Team and the Director of the Emergency Department that you have been reluctant to assess patients when requested, citing as a reason that it was too far to come from your home. Could you please explain to me your on call arrangements, given that your home at Alligator Creek is beyond the recommended 20 minutes travelling time for Registrar remote call.

10. At Kirwan Rehabilitation Unit when you admitted P395 you told him he did not have a mental illness; this was based on one interview without reference to previous history. Could you please explain your judgement in this case.

I look forward to your written response to those issues.

Yours sincerely

Dr John Allan
Director
Townsville District Integrated Mental Health Services

cc. Dr Andrew Johnson – Executive Director of Medical Services
Mr Lindsay Phillips – Industrial Officer, Human Resources Department

"JAA-2"

(55)

From: Karen Vohland
To: Mehan, Terry; Whelan, Ken
Date: 1/22/03 6:38pm
Subject: Communications plan - Mental Health Unit - Medical practitioner issue

Terry

Attached are documents relating to the Vincent Berg issue. I have included the original communications plan and also the most recent version #4 (based on recent conversations) as well as John's report, the media release and the telephone script that John will be using.

John has set aside some time for next week to call patients, is he OK to progress as per Comms plan #4 which is scheduled for next week.

Please advise.

I am forwarding a copy of this to Steve Buckland via Helen Little also.

CC: Allan, John; FAWCETT, DEBBIE; Johnson, Andrew; Spencer, Rosalie

File No 00/1876	Registration No. 0306587
Date Received 10,1,03	Date Sent.
Action Officer	Copies.
Reference	Action
Resubmit Date / /	

CONFIDENTIAL AUDIT

Relating to DR. VINCENT BERG

INTRODUCTION

The Townsville Health Service District employed Mr Vincent Berg as a Psychiatry Registrar for the period January 3, 2000 to January 7, 2001. He saw patients between January and November 2000.

Dr Vincent Berg worked as a Psychiatry Registrar in Townsville at Community Mental Health Services, Cambridge Street and the Kirwan Rehabilitation Unit. He also provided an outreach service to Charters Towers Health Service District visiting the Mosman Hall Hospital and occasionally Charters Towers Community Mental Health Service. Additionally Dr Berg was scheduled to the Psychiatry Registrar on-call roster for the Townsville Health Service District Mental Health Service which entailed patient contacts in the Emergency Department, Townsville General Hospital and the Acute Psychiatric Unit.

Throughout the period of his employment Dr Berg was a registered Medical Practitioner with provisional registration from the Medical Board of Queensland. As a Psychiatry Registrar, Dr Berg was supervised in his practice. Questions had been raised about his competence whilst employed by the Townsville Health Service District.. Consequently the Townsville Health Service District pursued the first stages of disciplinary action in October and November 2001. At the time of his taking sick leave in November 2001this was still in process. His contract lapsed on 7th January 2002.He performed no clinical work after November 2001.

One of the issues that resulted in disciplinary action was his tendency to ignore or dispute Supervisors instructions. There was also a question about his care of patients whom he may not have discussed with his Supervisors because of his assertion that he was already a qualified psychiatrist. This could have occurred despite the efforts of his Supervisors because of the above reasons, which resulted in the disciplinary action.

Later, evidence arose that Dr Berg's qualifications were not bonafide. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) wrote to the Russian University which Dr Berg claimed had issued his degrees and were advised the degrees were forgeries. The RANZCP notified the Medical Board in January 2002. The Townsville Health Service District became aware of this serendipitously on November 29, 2002.

Upon becoming aware of this information the Townsville Health Service District developed and instituted an audit process. It was seen as imperative to ensure no patients were disadvantaged because of these concerns. The Audit was conducted by the THSD Director of Mental Health Services under the auspices of THSD Executive Director Medical Services.

AIMS OF AUDIT

1. To identify all patient contacts made by Dr Berg whilst he was employed as a Psychiatry Registrar by the Townsville Health Service District including on-call and one off contacts.

2. To review the clinical file notes of each of these patients. This task to be done by a Psychiatrist. The THSD Director of Mental Health Service to review any clinical files where concerns have arisen.

3. To note any problems arising at the time of treatment or that have a potential to arise later for patients. Particularly to note any serious adverse events or outcomes related to contact with Dr Berg.

4. To ensure all patients seen by Dr Berg received an appropriate review by a qualified Psychiatrist or supervised experienced Psychiatry Registrar during their treatment or immediately afterwards.

5. To create a database to record audit tool information, in part to collate information from the various sites and to act as a record of the audit.

6. To identify those patients who for clinical reasons require:
(a) Follow up because of apparent ongoing deficiencies in their management
(b) To be informed of adverse events or potential adverse events related to their contact with Dr Berg

AUDIT TOOL

The audit tool recording document (Attachment A) consisted of 2 sheets - a clinical file notes review and a summary of findings and appropriate actions.

Clinical judgement was required when reviewing clinical file notes to ascertain a range of details and specifically to identify and record apparent problems. It was then important to know that any potential problems that arose were addressed either at that time or later in the patient's treatment. Identifying whether a clinical review had occurred subsequent to each patient's contact with Dr Berg was critical. Reviews by an appropriate person ie. qualified Psychiatrist or a competent supervised Psychiatry Registrar following Dr Berg's involvement were noted. Full instructions are noted in the appendix.

The audit also noted:

- Whether there are particular things the patient should be informed about ie. immediately or in the fullness of time.

- Is the person's current treatment appropriate.

- Does the patient need a review by a Psychiatrist.

- Should the current treating person eg. General Practitioner be informed and asked to conduct a review.

There was a priority listing relating to the degree of seriousness and urgency.

A. Highest Priority
A serious issue.
(this must be directed to the THSD Director of Mental Health Services and the patient should be seen urgently)

B. High Priority
An issue that requires rapid attention but is not serious.
(the patient will need to be informed early. This could be handled by their usual treating person who may require direction from the Mental Health Service where there are issues)

C.
An issue which does not affect the current position of the patient.
(the patient will need to be informed via a routine discussion with their usual treating doctor)

D.
There appear to be no particular issues
(the patient could be informed of the situation by a letter)

E. Second Opinion
Where the Auditor would like a second opinion, this could be indicated and brought to the THSD Director of Mental Health Service's attention. (All second opinions required have been completed and are included in th eaudit results.)

METHODS

A total of 259 patients were identified from:

- Cambridge Street appointment diaries and paper databases.
- CESA contacts for Cambridge Street, Charters Towers and after hours call in.
- HOSPAK - A Mental Health Act data base
- Timesheet records of after hours call in from records in Pay Office where UR numbers were identified

It is believed that this is a reasonably accurate collation of patients seen by Dr Berg during the period of his employment with THSD. Some inaccuracies in recording UR numbers from records such as timesheets were identified by the Administrative Staff and where possible the appropriate UR numbers substituted. Despite the fantastic efforts of the Administrative Staff, it is possible that a small number of clinical files and therefore patients seen by Dr Berg may have been missed. We would estimate this to be no more than 10 patients.

The clinical file/s of each of these 259 patients were audited. For many of the clients this entailed reviewing a number of clinical files located across Health Service Districts at Townsville Hospital, Charters Towers Rehabilitation Unit,

and the Cambridge Street Service. Charts for follow-up were also obtained from Charters Towers Hospital and Child and Youth Mental Health Service.

All of the data was entered into an Excel database. An electronic copy of which is attached (Attachment B).

RESULTS

A total of 259 patients were identified as having been seen by Dr Berg during his period of employment. Ten of these resulted in Dr Berg signing Mental Health Act documents which we have been advised remain valid as he was a registered Medical Practitioner at the time.

Of the 259 patients:

Deceased

Six (6) have died – the audit did not directly attribute any of these deaths to Dr Berg. One person died of suicide, but it would appear that Dr Berg's interventions had little bearing on this patient. The other five died of natural causes. There is one case of an inpatient at Charters Towers Rehabilitation Unit who had a fall and subsequently died of a haematoma, where changes of medication, may have contributed to dizziness and his fall. These changes were not directly attributable to Dr Berg however the audit identified that this case would warrant a further assessment.

Audit Review Rating A and B (Highest and High Priority)

It is the clinical opinion of the psychiatrists involved, that 50 patients require clinical review for either possible changes to their treatment, to inform them of potentially adverse events which occurred or may occur or to inform them of potentially sub-optimal treatment.

Ten (10) patients have been identified as "highest priority" relating to clinical risk and assessed as a "potential serious adverse event" and require immediate clinical follow up.

Forty (40) patients have been identified as "high priority" and will require clinical follow up as a matter of urgency .

Rationale for highest priority – rating A

Four of these patients who had been either suicidal or seriously depressed and had been discharged with follow-up arrangements that were unclear or not adequately made. It would be important to follow up these patients to determine their outcome.

Other patients include ones where a wrong diagnosis was made or inadequate or inappropriate treatment was given and the reviewer cannot determine that this diagnosis or treatment has been corrected.

Additionally in this group there are three patients who are noted as being distressed by Dr Berg's clinical interventions. Given the nature of the illness and these particular patients, this distress has had an effect on their treatment alliances within the Mental Health Services or with other treating Practitioners. This patients should be corrected as quickly as possible.

Rationale for second-highest priority – rating B

Other patients are generally ones where there has been inappropriate treatment such as rapid change of medication or use of inappropriate medications but where the potential side-effects are not as serious as in priority rating A. Most of these have been corrected by the follow-up and there are potential harmful effects such as increased risk of tardive dyskinesia. For some patients it is not clear what the correction has been because they have been referred on and we would need to contact them to check.

The most common deficiency identified was the rapid change of anti-psychotic medication before it had adequate time to work, or the prescribing of multiple anti-psychotics. In general these were corrected under supervision or at review, but there are significant breaches of practice guidelines and potential for side effects that could occur for these patients. In addition there were some bizarre prescribing practices such as the use of testosterone in women that defy logic and require follow-up with the patient.

Audit Review Rating C and D

Leaving 203 patients where the audit identified either there was an issue that does not affect their current position or there are no particular issues. It is not possible to guarantee that other issues do not exist for some of these patients, which are not discernible from reading clinical file notes.

Audit Review Rating E

As necessary, a second opinion from another Psychiatrist has been sought and this information has been included in determining the above.

Mental Health Act Implications:

Of the ten forms signed by Dr Berg, only one could be seen as possibly clinically inappropriate. This patient was discharged from an order in the ED and is included in the Rating A group. If Dr Berg was registered the forms are valid.

SUGGESTED STRATEGY FOR FOLLOW-UP

Highest Priority and High Priority Patients:

- The 50 patients or their relative be contacted by telephone by the Director of Mental Health Services and assessed as to their relative urgency / necessity for physical follow-up, and invited to appointments with a psychiatrist as required.

- The focus of these telephone contacts will be to establish whether actual harm has occurred and whether a formal assessment is required to review treatment.

- An attempt will be made to contact all these patients over a two-week period.

- A suitable time to commence this strategy would be the week beginning 27th January 2003.

Other Patients:
- A letter be drafted and sent out to each patient with a strategy in place for these patients to have access to the information.

Patients Not Yet Identified:
- A strategy be put in place to manage those patients identified as a result of the anticipated media coverage.

IDENTIFIED RISKS

1. All 259 patients could argue that they are entitled to be contacted if it is accepted that Dr Berg's qualifications are indeed false. This strategy applies only if we accept the Medical Board's view that his qualifications cannot be proven and that he was a registered Medical Practitioner at the time.

2. Although the process has been thorough, there may be patients who are not identified who should be subject to this Audit. Without publicity it will not be possible to identify them.

3. There are a number of patients and their families in the Audit who have quite sensitive psychiatric, medical and social situations. Although informing them of these issues may make them more anxious, there are many such patients who would feel that not informing them was a breach of their rights and our responsibilities. The culture of disclosure in Mental Health Services and Consumer Participation and knowledge is much stronger than in other health services.

4. Although there is advice that we should not release Dr Berg's name publicly, it would be harmful to Mental Health Services if people thought that other doctors who had practiced during the period in question were the person under scrutiny.

5. It is an almost certain fact that when we inform patients, there will be media coverage. Such media coverage can be used to demonstrate the completeness of our investigation into this matter and the seriousness with which we regard it.

ACKNOWLEDGEMENTS
It is important to acknowledge the very hard work of the Administrative Staff of the THSD Mental Health Services in compiling the data and the clinical staff who helped compile and review the audit material.

DR. J. ALLAN
Director
Integrated Mental Health Service
07/01/03

Townsville Health Service District
Integrated Mental Health Services
Audit Information Recording Document

Name UR Site
First seen Last seen Number of contacts

Solo practice y n Case manager name Other Dr

Review 3monthly Review psychiatrist
Voluntary/Involuntary
Adequacy information New patient y n

History

Mental state

Diagnosis

Management

Medication

Adverse events

Follow up

Satisfied with information on file y n
Post VB
Current patient Discharge date

Review post Medical review post

Review satisfactory

Current Dr current casemanager other

Adverse events since

Medication

Other contacts /issues

Townsville Health Service District
Integrated Mental Health Services
Audit Information Recording Document

Summary

Name UR

Satisfied with information on file y n

Need other information y n what

Problems with contact with VB 2000 (occurred then or have future implications)

Problems since 2000 that could have been caused by contact with VB (now or future)

Has current issues of concern (eg suicidal/inpatient) y n
Current issues could affect telling y n unsure

Needs review by psychiatrist y n

Needs review by current treater y n

Patient to be informed of a particular event/ issue now y n

Dr needs information y n

Other agency needs information y n

PRIORITY

(a) JA needs to see

(b) Needs telephone/early contact

(c) Inform via treating Dr

(d) Inform via letter

(e) 2nd opinion needed to decide
   a. Don't tell now
   b. What to do

"DMA-3"

Communications Plan – Draft #1
Prepared 3/12/02
Acute Mental Health Unit Issue – Vincent Berg

Objective:

To inform target audience on all aspects of the recently identified fraudulent clinical practice issue of a 'Dr' Vincent Berg within the Mental Health Service of the Townsville Health Service District.

Target Audience:

Internal:

- All staff, Acute Mental Health Unit
- All staff, Kirwan Rehabilitation Unit
- All staff, Community Mental Health Unit Cambridge Street
- All staff, Charters Towers Dual Diagnosis Unit (Formerly Mossman Hall)
- All staff, Emergency Department
- District Manager, Charters Towers Health Service
- All staff Charters Towers Health Service
- Other staff, Townsville Health Service District
- Zonal Manager
- Director General
- General Manager Health Services
- Dr Peggy Brown
- Minister for Health

External:

- Patients of 'Dr' Berg
- Patient's families and support people
- Other patients of the Mental Health Unit
- Mental Health Consumer Action Groups
- AMAQ President (NQ)
- Division of GPs
- Local Members of Parliament
- Townsville District Health Council
- General public via the media

Issues:

- Concerns from patients who were seen by 'Dr' Berg regarding breaches of trust and the appropriateness of the clinical care received during these visits.
- Community/media concerns about how a person could masquerade as a Doctor for so long in spite of managements obvious concerns with his clinical and behavioural practice.

Key Messages:

- Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

- Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

- All patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously. Immediate steps have been taken to review patient medical records and provide any necessary follow up support to the patients involved.

- So far we have identified that ?? patients had clinical contact with 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation.

- As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service.

- Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- Follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families.

- 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District. 'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to undertake post graduate training at the then Townsville General Hospital for a period of one year.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland. At the time there was no reason to believe that the qualifications were not genuine.

- During 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001.

- Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

STRATEGIES

Timeframe	Target Group	Strategy	Key Message	Responsibility
6/12/02	• Patients of "Dr Berg" • Patient's families and support people	Letter or telephone call depending on risk Fact sheet Hotline number for counselling and support	As per above	Dr Andrew Johnson Dr John Allan Karen Vohland
9/12/02	▪ All staff, Acute Mental Health Unit ▪ All staff, Kirwan Rehabilitation Unit ▪ All staff, Community Mental Health Unit Cambridge Street ▪ All staff, Charters Towers Dual Diagnosis Unit (Formerly Mossman Hall) ▪ All staff, Emergency Department	Staff meetings Fact sheets	As per above	
3/12/02	▪ District Manager, Charters Towers Health Service	Phone call/Email	As per above	Dr Andrew Johnson
9/12/02	▪ All staff Charters Towers Health Service ▪ Other staff, Townsville Health Service District	Email Fact Sheet	As per above	Peter Sladden Dr Andrew Johnson
2/12/02	▪ Zonal Manager ▪ Director General ▪ General Manager Health Services	Phone Call/Email/briefing note	As per above	Dr Andrew Johnson Karen Vohland
3/12/02	▪ Dr Peggy Brown	Phone Call/ Email/ briefing note	As per above	Dr Andrew Johnson
3/12/02	• Minister for Health	Briefing Note	As per above	Via Zonal Manager
From 9/12/02	• Other patients of the Mental Health Unit	Fact sheet available in MH Facilities	As per above	MH Staff Karen Vohland
9/12/02	• General public via the media	Media conference and media release	As per above	Dr Andrew Johnson Karen Vohland
9/12/02	• Mental Health Consumer Action Groups	Phone call and fact sheet given to group	As per above	Dr John Allan
6/12/02	• AMAQ President (NQ)	Phone Call	As per above	Dr Andrew Johnson
6/12/02	• Division of GPs	Phone Call	As per above	Dr Andrew Johnson
6/12/02	• Local Members of Parliament	Phone Call	As per above	Ministers office/ Dr Andrew Johnson
11/12/02	• Townsville District Health Council	Meeting attendance and fact sheet	As per above	Karen Vohland

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Evaluation:

Monitor uptake of media releases, representation of issue in media, response from staff, response from other target audiences.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Media release

Queensland Government
Queensland Health

(DRAFT)

Patients records reviewed following concern over previous employees' medical qualifications

Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

Dr Andrew Johnson Executive Director of Medical Services, Townsville Health Service said all patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

"Although 'Dr' Berg would have worked as part of a broader care team and under supervision, we are still taking this matter very seriously. We have taken immediate steps to review patient medical records and provide any necessary follow up support to the patients involved".

"We have so far identified that ?? patients had clinical contact with this person while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation."

"As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service."

"Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service."

More...

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

"However follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families."

According to Dr Johnson 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District.

"'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to undertake post graduate training at the then Townsville General Hospital for a period of one year."

"Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland."

"At the time we had no reason to believe that the qualifications were not genuine."

"However during 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001."

Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Ends...

Media enquiries to Karen Vohland 47 96 1023

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Qualification Issue – Acute Mental Health Unit
Fact Sheet

- Specialist staff from the Townsville Health Service Acute Mental Health Unit are reviewing patient medical records following concerns raised regarding the authenticity of a previous staff members medical qualifications.

- Management of the Townsville Health Service recently became aware of the issue following a Royal Australian and New Zealand College of Psychiatrists (RANZCP) investigation into a former Health Service employee's qualifications.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January to November 2000. The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for the university indicated that the documents were not genuine.

- All patients concerned with the issue will have their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously. Immediate steps have been taken to review patient medical records and provide any necessary follow up support to the patients involved.

- So far we have identified that ?? patients had clinical contact with 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Dual Diagnosis Unit (formerly Mosman Hall) and we have notified these patients of the situation.

- As a Registrar, 'Dr' Berg's clinical practice were supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service.

- Because this incident occurred two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- However follow up visits will be arranged for patients as required with the Director of the Mental Health Unit. An information line has been set up to clarify any issues for concerned patients and their families.

- 'Dr' Berg made application to work as a Psychiatry Registrar through the Queensland Registrars Training Program towards the end of 1999 and through this avenue sought appointment to the Townsville Health Service District.

- 'Dr' Berg made application to register with the Medical Board of Queensland and was granted conditional registration under Section 17C(a) of the Medical act 1939 to

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

undertake post graduate training at the then Townsville General Hospital for a period of one year.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland.

- At the time we had no reason to believe that the qualifications were not genuine.

- However during 'Dr' Berg's period of employment with the Mental Health Service concerns were raised regarding aspects of clinical practice and behavioural problems. This resulted in him being closely scrutinised by a senior consultant from within the unit for the remainder of the year. He was not re-employed in 2001.

- Since this issue has been identified, the Townsville Health Service District has introduced even more stringent measures for verifying the professional qualifications of all people applying for professional positions within the District.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

Media release

Queensland Government
Queensland Health

(DRAFT Reactive Media Release)

Specialist staff from the Townsville Health Service District Mental Health Service have taken the precaution of reviewing patient medical records after clinical practice concerns were raised when the authenticity of medical qualifications of a former staff member were called into question.

(Spokesperson and title) of the Townsville Health Service said that patient records have been reviewed by Senior Psychiatrists from the unit after suspicions were raised about the validity of the 'Drs' qualifications.

"The person concerned was employed as a Psychiatry Registrar which is a doctor in training within the Mental Health Service between January 2000 and January, 2001."

"At the time of his appointment and during his employment he had temporary registration with the Medical Board of Queensland which meant he was eligible to be employed as a Psychiatry Registrar. At the time we had no reason to believe that his qualifications were not genuine."

"Since then we understand that some questions have been raised regarding the validity of his qualifications. As a result we have taken a responsible approach to the matter and as a precaution reviewed the notes of all patients seen by the doctor during his employment with the Townsville Health Service."

"It is important to remember, a the time of his employment with us the Doctor did have temporary registration with the Medical Board."

"As a 'doctor in training', his clinical practice would have been supervised and scrutinized by qualified Psychiatrists for the entire time that he worked within the Mental Health Service. Although he worked as part of a broader care team and under supervision, we have still taken this matter very seriously."

Immediate steps were taken to review all relevant patient medical records and all patients seen by the former staff member have now had their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

Investigations revealed that 259 patients had clinical contact with the doctor while he was working in Townsville at the Acute Mental Health Unit, Kirwan

Rehabilitation Unit, Community Mental Health, the Charters Towers Rehabilitation Unit (formerly Mosman Hall) and rostered on call duties for the Mental Health Service.

"Because the employment period was over two years ago, the review of the notes has shown that most of the patients involved have subsequently had clinical care decisions reviewed through ongoing contact with other psychiatric professionals within the service," spokesperson said.

"We have identified fifty patients who may require a precautionary followup. These patients are now being/have been contacted and follow up visits if clinically necessary have been/will be arranged with the Director of the Mental Health Unit or other healthcare professional of their choice," he said.

Ends...

Media enquiries to Karen Vohland 47 96 1023

TELEPHONE CONTACT - SCRIPT

Hello, my name is Dr John Allan, I'm the Director of the Mental Health Services in Townsville.

Then affirm the person's identity

I would like to talk to you about some of the treatments that you have received from our service. We have recently had some concern about the practice of a doctor that you saw in 2001, Dr Vincent Berg. We did an audit of all the charts of all the patients that he saw and there were some follow up questions I wanted to ask you to make sure that you were OK and that your treatment was now proceeding on the right lines.

Would you be happy to talk to me about that? We can do that over the telephone, or if you'd like you could come into my office to see you. If that is difficult I can make some other arrangements for you. You may also like to talk about it with your treating doctor or you might like me to give that person the information if that is easier.

Then some talk about the consent

The particular things that I was concerned about are .....
This comes from the patient chart

If they ask "Why are you doing this?" I will say:
This is simply a precaution to make sure that you are currently OK and that no problems arose during your treatment.

I will either say I identified these particular issues *or* I identified only some general issues but wanted to make sure.

If they ask "What about Dr Berg?"
There are privacy issues about the conduct of doctors. I can really only talk to you about his clinical practice in your particular case, which as I said I am happy to do.

How would you like to handle this from here? *The full range of options would be:*

- *Talk to them over the phone then*
- *Have an appointment with myself*
- *Have an appointment with another senior doctor in the mental health service who may be their current treating doctor*
- *Take the matter up with their own GP or psychiatrist. In that case I would promise to supply a full copy of the file to their doctor with an outline of my concerns*

I would need to use clinical judgement to determine how much about the problems that I would reveal to them, especially in the case of the second forty. An example would be:

Dr Berg changed your medication on a number of occasions, the reasons for these changes were not recorded in the notes. There may have been good medical reasons to do that, but it is not usual practice to change so frequently. I wanted to make sure that you were now on a medication that suited you, or that if you didn't require medication you'd now had your treatment completed.

Another example would be:
You saw Dr Berg when you presented in crisis in the Emergency Department at the hospital. The notes indicate that you had settled down, that you had felt better when you left. We don't' have any record of your follow up and I wanted to make sure that you did have follow up or if that hadn't happened that we should be making sure that's arranged for you now.

Communications Plan – Draft #4
Prepared 21/01/03

Integrated Mental Health Services Issue – Vincent Berg

Objective:

To inform target audience about the management of the issue relating to concerns about qualification authenticity and subsequent clinical practice of 'Dr' Vincent Berg a former psychiatry registrar at the Mental Health Service of the Townsville Health Service District.

Target Audience:

Internal:

- District Manager, Charters Towers Health Service
- Senior staff Charters Towers Health Service
- Senior Staff Mental Health Service
- Zonal Manager
- Director General
- General Manager Health Services
- Dr Peggy Brown
- Minister for Health

External:

- Potentially 'at risk' patients of 'Dr' Berg (identified from audit)
- 'At risk' patients carers and families (identified from audit)

Issues:

- Concerns from patients who were seen by 'Dr' Berg regarding breaches of trust and the appropriateness of the clinical care received during these visits.
- Community/media concerns about how a person could masquerade as a Doctor for so long in spite of managements obvious concerns with his clinical and behavioural practice.

Key Messages:

- Specialist staff from the Townsville Health Service District Mental Health Service have taken the precaution of reviewing patient medical records when concerns about clinical practice were raised following the authenticity of medical qualifications of a previous staff member being called in to question.

- 'Dr' Vincent Berg was employed by the Townsville Health Service Districts Mental Health Unit as a Psychiatry Registrar for a period of just under one year from January 2000 to January 2001. The Doctor had registration with the Medical Board of Queensland during his employment at the Townsville Health Service Mental Health Unit.

- Since that time some questions have been raised regarding the authenticity of his qualifications.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

- The former employee claimed that qualifications were from a Russian University however when contacted by the RANZCP about another position that the 'Dr' was applying for, the university indicated that the documents were not genuine.

- As a 'Doctor in training', his clinical practice was supervised and scrutinised by qualified Psychiatrists for the entire time that he worked within the Mental Health Service. Although 'Dr' Berg would have worked as part of a broader care team and under supervision, this matter has still been taken very seriously.

- It is important to remember that the Doctor did have registration with the Medical Board during the time of his employment.

- Immediate steps were taken to review all relevant patient medical records and all patients seen by the former staff member have now had their medical records reviewed by Senior Psychiatrists to identify if any inappropriate clinical practice occurred.

- Investigations revealed that 259 patients had clinical contact with the 'Dr' Berg while he was working in Townsville at the Kirwan Rehabilitation Unit and Community Mental Health and at the Charters Towers Rehabilitation Unit (formerly Mosman Hall) and the on call roster for the Mental Health Service.

- It has been identified that because this incident occurred over two years ago, most of the patients involved have subsequently had clinical care decisions reviewed, through ongoing contact with other psychiatric professionals within the service.

- Fifty patients have been identified as requiring precautionary followup. These patients are now being/have been contacted and follow up visits if clinically necessary have been/will be arranged with the Director of the Mental Health Unit or other healthcare professional of their choice.

- Townsville Health Service Staff involved with the appointment of this person followed the routine processes for recruitment and also verification of qualifications for registration with the Medical Board of Queensland. At the time there was no reason to believe that the qualifications were not genuine.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

(5

STRATEGIES

Timeframe	Target Group	Strategy	Key Message	Responsibility
W/c 27/01/03	• At risk Patients of "Dr Berg" • At risk carers and families	Telephone call depending on risk – see attached script	As per above	Dr Andrew Johnson Dr John Allan Karen Vohland
W/C 27/01/03	▪ Senior staff, Mental Health Service ▪ Senior staff, Charters Towers Rehabilitation Unit	Staff meetings	As per above	
	▪ District Manager, Charters Towers Health Service	Phone call/Email	As per above	Dr Andrew Johnson
	▪ Senior Staff Charters Towers Health Service	Meeting	As per above	Peter Sladden Dr Andrew Johnson
	▪ Zonal Manager ▪ Director General ▪ General Manager Health Services	Phone Call/Email/briefing note	As per above	Dr Andrew Johnson Karen Vohland
	▪ Dr Peggy Brown	Phone Call/ Email/ briefing note	As per above	Dr Andrew Johnson
	• Minister for Health	Briefing Note	As per above	Via Zonal Manager
	• Media	Media release (if required)	As per above	Dr Andrew Johnson Karen Vohland
	• Mental Health Consumer and Carer Groups	Phone call (if necessary)	As per above	Dr John Allan

Evaluation:

Monitor media comment/representation of issue in media, response from staff, response from other target audience.

Prepared by Karen Vohland, Senior Media and Communications Officer
Townsville Health Service District – 47 96 1023
Draft 1 - 3/12/02

"DAA-4"

Queensland Government
Queensland Health

A BRIEFING TO THE MINISTER

BRIEFING NOTE NO:	DG034570
REQUESTED BY:	Lorraine Bettinson
DATE:	9 January 2003
PREPARED BY:	Dr John Allan, Director of Integrated Mental Health Services Ms D Fawcett, Manager of Integrated Mental Health Services Through Dr A Johnson, Acting District Manager, Townsville Health Service District
CLEARED BY:	Ms V Coughlin-West, Acting Zonal Manager, Northern Zone
DEPARTMENTAL OFFICER ATTENDING:	N/A
DEADLINE:	13 January 2003
SUBJECT:	Unqualified Practitioners

MINISTER'S COMMENTS:

Wendy Edmond MLA
MINISTER FOR HEALTH
Date:

PURPOSE:

To update the Minister in relation to the situation where an unqualified psychiatry registrar was working within the Mental Health Unit Townsville Health Service District.

BACKGROUND:

- Dr Vincent Berg applied for appointment to a Psychiatry Registrar position within the Mental Health Unit of the Townsville Health Service District in late 1999. The appointment was for the year 2000 medical intake.
- Dr Berg stated that he was Russian born and had Russian qualifications in the field.
- He stated that he had fled Russia because of political and religious persecution and claimed to have refugee status and had been in Australia since December 1992.
- He claimed to have changed his identity since moving to Australia because of concerns for his security.
- Dr Berg was granted conditional registration by the Medical Board of Queensland to undertake approved training in psychiatry under section 17C(a) of the Medical Act 1939.
- Advice and references were also sought from Dr Petchovsky of the Gold Coast with whom Dr Berg was working in an observation role.
- Dr Berg took up a position as a Psychiatric Registrar at the Mental Health Unit of the Townsville Health Service in January 2000.
- In early August of 2000, the newly appointed Executive Director of Medical Services Dr Andrew Johnson discussed issues relating to clinical and behavioural problems relating to Dr Berg with Dr John Allan, Director of the Mental Health Unit.
- Dr Allan and Dr Johnson met with Dr Berg regarding a Performance Management Plan for Dr Berg which commenced in August 2000.
- In spite of this plan, Dr Berg's clinical and behavioural problems continued for the rest of his term and he was not re-employed in 2001.

KEY ISSUES:

- During an unrelated conversation with the Registrar of the Royal Australian and New Zealand College of Psychiatrists on Thursday 28 November 2002, it was discovered that the College had investigated Dr Berg's qualifications and had discovered that his claimed psychiatric qualifications were false. Dr Berg had identified that both his undergraduate and postgraduate qualifications were from the Voronezh State University.

- The RANZCP have provided the following advice

> *"Dr Berg's application for Advanced Standing/Specialist Assessment via the Australian Medical Council was considered by the Fellowships Board Training and Examination Exemptions Sub-committee on 20 September 2001. As part of the standard RANZCP assessment process, applicants' overseas psychiatric qualifications are confirmed with the relevant College/University or Authority. The Voronezh State University in Russia were contacted first by email and then by fax and post to verify Dr Berg's qualification in psychiatry. Dr Berg submitted qualifications in a name he now no longer uses, attaching a Statutory Declaration dated 1 August 2001 stating the change of name to Vincent Victor Berg.*
>
> *The Voronezh State University replied informing the RANZCP that they did not produce the diploma indicated in our letter and moreover the educational program stated was not in*

existence at that time. The Voronezh State University reiterated this statement again in writing after reviewing the faxed documents, adding that they were crude forgeries.

The Australian Medical Council were notified of the above on 16 October 2001 and subsequent discussions with the AMC lead the College to contact the Queensland Medical Board on 23 January 2002 about the veracity of information and documentation submitted by Dr Berg for Advanced Standing/Specialist Assessment with the RANZCP."

- The Townsville Health Service had not been previously informed of these findings.

- During the time Dr Berg was employed Townsville he had seen patients in his capacity as a Psychiatry Registrar within the Acute Mental Health Unit, the Community Mental Health Unit, the Dual Diagnosis Unit (formerly Mosman Hall) in Charters Towers and had also seen patients in the Emergency Department through involvement with the intake assessment team.

- Upon becoming aware of this information the Townsville Health Service District developed and instituted an audit process. It was seen as imperative to ensure no patients were at clinical riskbecause of these concerns. The Audit was conducted by the THSD Director of Mental Health Services under the auspices of THSD Executive Director Medical Services.

- A total of 259 patients were identified as having been seen by Vincent Berg during his period of employment, ten of these resulted in Vincent Berg signing Mental Health Act documents which we have been advised remain valid as he was a registered Medical Practitioner at the time. It is believed that this is a reasonably accurate number of patients collated from a range of different sources however it is possible that a small number of clinical files and therefore patients seen by Vincent Berg may have been missed. We would estimate this to be no more than 10 patients.

- Of the 259 patients:
  - Six (6) have died – the audit did not directly attribute any of these deaths to Vincent Berg
  - Ten (10) patients have been identified as "highest priority" relating to clinical risk and assessed as a "potential serious adverse event" and require immediate clinical follow up
  - Forty (40) patients have been identified as "high priority" and will require clinical follow up as a matter of urgency
  - Leaving 203 patients where the audit identified either there was an issue that does not affect their current position or there are no particular issues. It is not possible to guarantee that other issues do not exist for some of these patients, which are not discernible from reading clinical file notes.

Identified Risks:

- There is potential for adverse media comment when the clinical review process commences.

- Although the process has been thorough, there may be patients who have been missed in the audit process.

BENEFITS AND COSTS:

N/A

ACTIONS TAKEN/ REQUIRED:

A senior Psychiatrist audited the clinical file/s of each of these 259 patients. A rating was recorded as to the clinical necessity/priority of follow up. As necessary, a second opinion from another Psychiatrist has been sought. Following this exhaustive process, it is the clinical opinion of the

psychiatrists involved, that 50 patients require urgent clinical review for possible changes to their treatment.

PLANNED STRATEGY FOR CINICAL FOLLOW UP

Highest Priority and High Priority Patients:

- The 50 patients or their relative be contacted by telephone by the Director of Mental Health Services and assessed as to their relative urgency / necessity for physical follow-up, and invited to appointments with a psychiatrist as required.
- The focus of these telephone contacts will be to establish whether actual harm has occurred and whether a formal assessment is required to review treatment.
- An attempt will be made to contact all these patients over a two-week period.
- A suitable time to commence this strategy would be the week beginning 27th January 2003.

Other actions required:

Many clinical staff maintain that there exists an ethical obligation on Queensland Health to inform patients that they have been receiving care from a person whose qualifications to provide that care have been found to be invalid. This raises serious concerns about the potential for adverse public comment. Direction is sought from GMHS as to whether any of the patients subject to this audit are to be informed of the validity of Vincent Berg's claimed qualifications.

DRAFT MEDIA RELEASE:

N/A